



Doncaster Council

Report

**Date: 2nd September
2021**

**To the Cabinet Member for Public Health, Leisure,
Culture and Planning**

**Re-commissioning of the service Healthy Living for Ethnic Minority women in
Doncaster**

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Cllr Nigel Ball	All	Yes

EXECUTIVE SUMMARY

1. The current contract (called Healthy Living for BME Women in Doncaster) will expire on the 31st March 2022. Public Health requests approval to put out a tender opportunity ensuring that support for ethnic minority women remains in Doncaster. A literature review of academic research and findings from focus groups with ethnic minority women in Doncaster, including those that use the current service, as well as representatives from the Roma community and the Gypsy and Traveller community confirms there is a need for a service.
2. Ethnic minority women experience health inequalities due to their low socio-economic status. Language is a barrier to many women being able to access services. This contract will deliver ESOL (English for speakers of other languages) training for ethnic minority women in Doncaster to improve their communication skills. This will improve their ability and confidence in being able to access healthcare and other services. The provider will also deliver a range of health information, advice and guidance to the women for themselves and their families.
3. In addition, the service will provide a targeted outreach service ensuring that ethnic minority women, including women from the Roma and Gypsy and Traveller communities, who live across the borough are able to engage with the service. This part of the service will be tailored to the requirements of the women. For example, Gypsy and Traveller women will not need ESOL training

may need support with basic numeracy and literacy skills.

4. The cost of the service is £75,000pa. It will be commissioned for a period of 4 years with the option to extend the contract by up to another 24 months.

EXEMPT REPORT

5. Not exempt.

RECOMMENDATIONS

6. For the reasons set out throughout this report the Cabinet Member for Public Health, Leisure, Culture and Planning is asked to agree the recommendation to recommission a Healthy Living service for Ethnic Minority Women in Doncaster.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

7. The provision of a service targeting ethnic minority women beyond the current Contract period means that the service can build the resilience and confidence within the community.
8. In addition, the renewal for a minimum of a further 4 years will support the work focused within the ethnic minority communities, unblocking behavioural issues linked to accessing health services, advice and guidance, increasing opportunities to access ESOL and other numeracy and literacy training and also linking to the identified impacts and issues of the Covid19 pandemic within ethnic minority communities. In addition, it will enable longer-term prevention and early-intervention work in relation to health and wellbeing, with the aim to improve quality of life.
9. The Key Themes document (attached) outlines some of the personal impacts that the women who have used the service reported. Regarding the women's daily lives, they said the current service has supported them when they had no support themselves, particularly in stressful times. This has allowed the women to live more independently and confidently, knowing they have the full support of the service.
10. As well as ongoing support from staff, ESOL lessons had greatly improved their ability to communicate, especially when accessing health care or speaking with schools. Some women were now volunteering at the centre, which demonstrates that this service helps to reduce social and health inequalities by empowering them to become more directly involved.
11. Women said that the activities helped them with their mental health, learn new skills and make new friends. This not only has a positive impact on their health, but their families, friends and communities, as they were able to pass on knowledge and skills they had learnt. For example a lot of women would openly talk about the COVID-19 vaccine and encourage and share information within their social circles.

BACKGROUND

12. A review of literature regarding ethnic minority women and their health needs has been undertaken. The key themes below have been identified and include some examples of why these themes are relevant to ethnic minority women in Doncaster:

Health Literacy & Language Barriers

13. Low health literacy, potentially exacerbated by language barriers, can lead to unhealthy behaviours and poorer uptake of preventive services. (Kings Fund, 2021) Low health literacy can effect attendance of health screenings, for example, “BAME women have disproportionally lower breast screening attendance and a lack of knowledge is an essential barrier to overcome when addressing this health inequality” (Baird et al. 2021). This can be exacerbated by language barriers. For example, British-Pakistani women who have limited/no literacy in English sometimes have feelings of shame resulting from their reliance on others to translate private letters relating to health appointments, which is thought to lead to low uptake in screening appointments (Woof, et al. 2020).

Lifestyle & Behaviours

14. Healthy Eating – found in the literature that much of the public health guidance around healthy eating is not culturally sensitive and does not consider the importance of traditional foods. Also found that women were often the ones preparing the meals, so could have significant impact on the rest of the family if her attitudes changed.
15. Exercise – In a study with South Asian women, it was found that certain issues increased barriers to exercise - such as modesty, lack of time linked to childcare (crèche for service), lack of knowledge about exercise, and language barriers which made the women feel vulnerable when walking in public spaces.
16. Alcohol – There has been a suggestion that alcohol is becoming more acceptable within Asian communities living in the UK despite religious restrictions and that this can be seen across generations. However, drinking remains more taboo for women who are therefore less likely to speak openly about drinking.
17. Smoking – A study showed that gypsy/traveller community are aware that lifestyle factors such as diet, smoking, alcohol, sun exposure contribute to cancer. However, there is a widespread lack of confidence in the effectiveness of interventions to address this, particularly with smoking.

Mental Health

18. There is a strong stigma attached to mental health preventing those affected from getting psychological help. The consequences of stigma can be worse for ethnic minority communities as they are more likely to experience other

disadvantages including, poverty and discrimination within policies and institutions.

COVID-19

19. The Covid-19 pandemic has had a disproportionate impact on ethnic minority communities, who have experienced higher infection and mortality rates than the white population. The reasons for this are multi-factorial and not fully understood, but there is overwhelming evidence that existing socio-economic inequalities as well as co-morbidities have played a key role. Covid-19 has shone a light on inequalities and highlighted the urgent need to strengthen action to prevent and manage ill health in ethnic minority communities.

Interventions

20. This service has been in operation for a number of years, the scope continues to be to provide ESOL, and health information and advice and guidance to ethnic minority women in Doncaster. Through the procurement exercise and consultation with ethnic minority women, this service will have an increased emphasis on outreach to ensure women, unable to access the central base are still able to engage. The most successful interventions to tackle health inequalities in Gypsy and Traveller communities have taken an asset based approach and relied on outreach and building up trusting relationships over time.

For Pakistani women, family and community dialogue is invaluable for sharing knowledge about breast screening.

OPTIONS CONSIDERED

21. Two options have been considered:
- A) Not to recommission a service.
 - B) To recommission a Healthy Living service for Ethnic Minority Women in Doncaster.

REASONS FOR RECOMMENDED OPTION

22. Option B is recommended ensuring ethnic minority women across Doncaster have access to ESOL, or other numeracy and literacy skills training where required, as well as providing a broad range of health information, advice and guidance and the opportunity for peer support.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

23.

	Outcomes	Implications
	Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives	By enabling ethnic minority women to increase their language, literacy and numeracy

	<p>them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	<p>skills they will be better placed to pursue their ambitions, which may include work and further education.</p>
	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	<p>The service will aim to increase the women's confidence and self-efficacy and connect them to a wider supportive network to enable them to engage with and contribute to their communities. In addition to this, they will be more able to navigate health and support systems, and promote their own health and that of their families.</p>
	<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	<p>By enabling ethnic minority women to increase their language, literacy and numeracy skills they will be better placed to pursue their own learning ambitions and to support their family and wider community.</p>
	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	<p>The service targets a specific vulnerable community, aiming to empower and connect and provide holistic support that specifically meets each person's needs and strengths.</p>

	Connected Council: <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance 	<p>The service targets aims to empower and connect individuals and communities, providing them with a voice, and increasing skills and confidence. It will provide holistic support that specifically meets each person's needs and strengths and will link to a range of local partners.</p>

RISKS AND ASSUMPTIONS

24. If this service is not recommissioned there will be no specific service for Ethnic Minority women in Doncaster, this would result in a reduced provision of ESOL within the borough. The service also provides a crèche facility enabling women to attend ESOL and other health promoting activities. The provision of a crèche, free at the point of contact, is important because feedback from the women using the service currently tells us that they do not have the option of leaving their children with anyone else and they are not able to afford childcare. As a result, it would make it very difficult for them to attend any of the sessions. Ultimately, it would have a negative impact on their health as many women and their families would struggle to know how or where to access services.
25. If there is no service, it reduces the opportunities for ethnic minority women to receive support, advice and guidance in relation to a number of services, in particular health services and health and wellbeing information. It would also negatively impact upon their confidence and wellbeing which is improved through connectivity with other women with shared experiences, where a natural support mechanism begins to form. This is particular pertinent for

those women who will have recently arrived in the country and in Doncaster and for those who are isolated by circumstance.

LEGAL IMPLICATIONS [Officer Initials SRF Date 11.08.21]

26. The Health and Social Care Act 2012 gives each local authority a duty to take such steps as it considers appropriate to improve the health of the people in its area. The contract being considered is in line with that duty. The appointment of any contractor should be carried out in accordance with Contract Procedure Rules and any other relevant requirements.
27. It is advised that the consultation responses must be taken into account in finalising the decision. The process has complied with the established consultation principles:
 - Consultation should occur when proposals are at a formative stage;
 - Consultations should give sufficient reasons for any proposal to permit intelligent consideration;
 - Consultations should allow adequate time for consideration and response;
28. The decision maker must demonstrate that it has considered the consultation responses or a summary of them, before taking its decision.
29. The decision maker must also comply with the Public Sector Equality duty to consider the need to promote equality for persons with “protected characteristics”: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation and have due regard to:
 - i) eliminate discrimination, harassment, and victimisation;
 - ii) advance equality of opportunity
 - iii) foster good relations between persons who share a relevant protected characteristic and those who do not share it.
30. In order to do this the decision maker will need to have sufficient information about the effects of the proposed changes on the aims of the Equality Duty. The Equalities implication section paragraph 15 below is designed to assist with compliance with this duty and so the decision maker must take that into consideration and the public sector equality duty before taking the decision. It is recommended that a due regard statement is also completed as the tool for capturing the evidence to demonstrate that due regard has been shown to equalities when the council plans and delivers its functions.

FINANCIAL IMPLICATIONS [HR 13/08/21]

31. The Council has not yet received notification of Public Health grants beyond the current financial year. In 2021/22 the Council received a ring fenced Public Health grant of circa £24.6m to tackle health inequalities in the borough. The current contract has an annual budget of £51k any increased

costs will need to be fully funded from this grant.

HUMAN RESOURCES IMPLICATIONS [Officer Initials EL Date 13 August 2021]

32. There are no direct hr implications in relation to this report.

TECHNOLOGY IMPLICATIONS [Officer Initials...PW Date...11/08/21]

33. There are no technology implications in relation to this report.

HEALTH IMPLICATIONS [Officer Initials...KH.....Date ...03.8.21.....]

34. This service aims to have a positive impact on the health and wellbeing of a local communities and families who experience multiple disadvantage and health inequalities, and can thus be expected to have positive health implications.
35. Ethnic minority communities experience a range of health inequalities. The national picture is complex, both between different ethnic groups and across different conditions. People from the Gypsy or Irish Traveller, Bangladeshi and Pakistani communities have the poorest health outcomes across a range of indicators. Whilst incidence of cancer is highest in the white population, rates of infant mortality, cardiovascular disease (CVD) and diabetes are higher among Black and South Asian groups.
36. Compared with the white population, disability-free life expectancy is estimated to be lower among several ethnic minority groups and people from ethnic minority groups are more likely to report being in poorer health and to report poorer experiences of using health services than their white counterparts (King's Fund, 2021).
37. Some inequalities have been exacerbated by COVID-19. Recent work undertaken by Public Health England, (PHE 2020) has provided emerging evidence regarding excess mortality due to COVID-19 in BAME populations. The analysis have clearly shown that nationally there is an association between some ethnic groups and increased risks associated with COVID-19 transmission, morbidity, and mortality although it is important to note that all BAME groups are not affected equally. During COVID-19, compared to previous years, all-cause mortality for females of Black, Mixed and Other ethnicity the mortality was over 3 times higher.
38. Local work to support our ethnic minority communities in Doncaster during 2020/21 has highlighted existing inequalities in income, housing and work conditions but it is also important to recognise that language and stigma will also have played a part. It is essential that the conditions are created for healthy families in order to ensure that they are resilient enough to weather future challenges, be healthy and thrive. This service will play an essential role in improving the health and wellbeing of those who engage with the service and their families as it seeks to strengthen individuals, build knowledge skills and confidence and connect them with support and community networks.

EQUALITY IMPLICATIONS [Officer Initials...CT..... Date.....02.08.21.....]

39. Reducing health inequalities is at the heart of the Public Health White Paper: Healthy Lives, Healthy People. It advocates an approach that empowers individuals to make healthy choices and gives communities the tools to address their own particular needs.
40. This service will provide an opportunity to engage with women from ethnic minority communities living across Doncaster with a focus on improving the health and wellbeing of themselves and their families.
41. In Doncaster, health inequalities can be seen in some of the most deprived communities and it is in these areas that the majority of the ethnic minority populations reside. Evidence shows that ethnic minority women are often excluded from services that seem 'alien' and intimidating due to unfamiliarity, cultural and religious beliefs and lack of language services. A literature review highlighted that poor literacy and poor use of English remains one of the main barriers to accessing health services.
 - a. Lifestyle behaviours are such as smoking are prevalent within some ethnic minority communities and that these groups are generally under-represented in services. This could be linked to several factors such as lack of knowledge of the link between smoking and disease, problems accessing healthcare, or basic information about where to go for support.
 - b. The Gypsy and Traveller population in Doncaster is quite significant and this group of people experience a high level of inequality. There are high rates of limiting long-term illness, high smoking rates, poor birth outcomes and low immunisation rates.
 - c. Language is a barrier to accessing health services therefore the service will address this through the provision of English for Speakers of Other Languages (ESOL) accredited courses. The provider will also facilitate health promotion activity for the client group; this work will dispel the myths.
 - d. Many ethnic minority women are vulnerable therefore safety and trust are important to them. Low confidence levels and cultural barriers means that many of the women are unable or find it difficult to access any mainstream service. This service will work to improve the confidence levels of the women and help them to understand how and when to access services.
 - e. Developing a system of peer support will mean that as women progress through the service and their knowledge and confidence grows they are able to support those that are less confident and/or new to the service.

CONSULTATION

42. A consultation has been carried out in the form of three focus groups with: a) women who have previously engaged with the current service; b) women from Doncaster's Gypsy/Traveller community who had not yet engaged with the current service; c) women from Doncaster's Roma community who had not yet engaged with the current service.
43. **KEY FINDINGS:** Women who had engaged with the service benefit greatly from ESOL classes as well as various health promotion and social activities, which teach women about health issues (e.g. breast screening, and mindfulness classes) and tackle social isolation. Women from the Gypsy/Roma/Traveller communities were keen to engage with the service in the future provided an outreach service was available. All women stated that a crèche was essential for their engagement with the service. Women from the Gypsy/Traveller community stated that mental health is a big taboo in their community and people are reluctant to talk about it. Whereas, women who had engaged with the service stated that the service had helped them to talk about mental health and understand how to manage their mental health better. Women from the Gypsy/Traveller community said that they did not intend to get their COVID-19 vaccination but would be open to changing their attitude if they had the opportunity to talk to someone and learn more about it. Women who had engaged with the service said that the service had dispelled any fears they had about the vaccine and so had all been vaccinated.
44. We found evidence that the service positively impacts the women who attend, and also positively impacts their communities as they were able to pass on the knowledge and skills they had learnt.
45. See attached for further detail.



Focus Groups - Key Themes.docx

BACKGROUND PAPERS

46.

GLOSSARY OF ACRONYMS AND ABBREVIATIONS

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EQUALITY, DIVERSITY AND INCLUSION

DONCASTER METROPLITAN BOROUGH COUNCIL

Due Regard Statement Healthy Living for Ethnic Minority Women in Doncaster

How to show due regard to the equality duty in how we develop our work and in our decision making.



Due Regard Statement

A **Due Regard Statement** (DRS) is the tool for capturing the evidence to demonstrate that due regard has been shown when the council plans and delivers its functions. A Due Regard Statement must be completed for all programmes, projects and changes to service delivery.

- A DRS should be initiated at the beginning of the programme, project or change to inform project planning
- The DRS runs adjacent to the programme, project or change and is reviewed and completed at the relevant points
- Any reports produced need to reference “Due Regard” in the main body of the report and the DRS should be attached as an appendix
- The DRS cannot be fully completed until the programme, project or change is delivered.

<p>1 Name of the 'policy' and briefly describe the activity being considered including aims and expected outcomes. This will help to determine how relevant the 'policy' is to equality.</p>	<p>Name of Contract: Healthy Living for Ethnic Minority Women in Doncaster</p> <p>The aim of the Service is to improve the health outcomes of ethnic minority women by improving their literacy skills, knowledge of health and other local Services, and building confidence so that the women are able to take control over their own health and that of their family.</p> <p>The Service will be delivered by Staff experienced in community development approaches and where required (for example English for Speakers of Other Languages) by qualified Staff.</p> <p>To achieve the aims the Contractor will:</p> <ul style="list-style-type: none"> • Create a safe and trusting environment where the women feel safe to learn and socialise. • Provide English for Speakers of Other Languages (ESOL) accredited courses. The courses will be delivered using a range of methods that are appropriate to the needs of the client group giving considerations to the diversity and learning styles of the women. • Provide literacy, numeracy and IT classes. The courses will be delivered using a range of methods that are appropriate to the needs of the client group giving considerations to the diversity and learning styles of the women. • Facilitate the delivery of a range of health promotion activities including, but not limited to: <ul style="list-style-type: none"> ○ Mental health ○ Tobacco control (stopping smoking and illicit tobacco messages) ○ Drug and alcohol misuse ○ Nutrition ○ Physical activity and the effects of sedentary behaviour ○ Sexual health ○ Health screening ○ COVID-19 • Deliver outreach sessions to ensure the Service is wide reaching and inclusive.
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		<p>This will particularly useful for women from the Gypsy, Roma, and Traveller communities in Doncaster.</p> <ul style="list-style-type: none"> • Identify, develop and support a pool of ethnic minority women that are able to use their skills to act as peer supporters for women new to the Service. • Put actions in place that will reduce or remove barriers enabling women to make full use of the Services available. • Provide a crèche service to ensure that women who have childcare responsibilities have an equal opportunity to access services. • Signpost women to Services that are beyond the remit of the Contractor. • Encourage the Service User to access other local services that impact positively on health and wellbeing. • Set up a process of evaluation to ensure the Service provision is fit for purpose and can demonstrate the impact it has on the client group.
2	Service area responsible for completing this statement.	Public Health, Adult Health and Wellbeing
3	<p>Summary of the information considered across the protected groups.</p> <p>Service users/residents</p>	<p>It is recognised that the following protected characteristics will be impacted by the above proposal.</p> <ul style="list-style-type: none"> • Race • Sex <p>The service will focus delivery to ethnic minority women.</p>
4	Summary of the consultation/engagement activities	<p>Information has been gained from a range of sources:</p> <ul style="list-style-type: none"> • A consultation has been carried out in the form of three focus groups with: a) women who have previously engaged with the current service; b) women from Doncaster's Gypsy/Traveller community who had not yet engaged with the current service; c) women from Doncaster's Roma community who had not yet engaged with the current service. • A soft marketing event was held to open

		<p>up discussion to gather views about the key components of the service and how the service might be delivered going forward.</p> <ul style="list-style-type: none"> • An updated literature review has been undertaken to look at the evidence relating to the health of ethnic minority populations. <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Focus Groups - Key Themes.docx </div> <div style="text-align: center;">  Literature Review.docx </div> </div>
5	<p>Real Consideration:</p> <p>Summary of what the evidence shows and how has it been used</p>	<p>Reducing health inequalities is at the heart of the Public Health White Paper: Healthy Lives, Healthy People. It advocates an approach that empowers individuals to make healthy choices and gives communities the tools to address their own particular needs.</p> <p>This service will provide an opportunity to engage with women from ethnic minority communities living across Doncaster with a focus on improving the health and wellbeing of themselves and their families.</p> <p>In Doncaster health inequalities can be seen in some of the most deprived communities and it is in these areas that the majority of the ethnic minority population resides. Evidence shows that ethnic minority women are often excluded from services that can seem intimidating due to unfamiliarity, cultural and religious beliefs and lack of language services.</p> <p>The Gypsy and Traveller population in Doncaster is quite significant and this group of people experience a high level of inequality. There are high rates of limiting long term illness, high smoking rates, poor birth outcomes and low immunisation rates.</p> <p>Language is a barrier to accessing health services therefore the service will address this through the provision of English for Speakers of Other Languages (ESOL) accredited courses. For those women who speak English, but struggle with reading, writing and IT skills, Literacy, Numeracy and IT classes will be provided. The provider will also facilitate health promotion activity for the client group; this work will dispel the myths.</p> <p>Lack of childcare support has been identified as</p>

	<p>a key barrier for women when accessing health and wellbeing support services, therefore it will be essential for the Provider to offer a crèche service.</p> <p>Many ethnic minority women are vulnerable and the focus group said safety and trust were important to them. Low confidence levels and cultural barriers means that many of the women are unable or find it difficult to access any mainstream service. This service will work to improve the confidence levels of the women and help them to understand how and when to access services.</p> <p>Developing a system of peer support will mean that as women progress through the service and their knowledge and confidence grows they are able to support those that are less confident and/or new to the service.</p> <p>Literature Review Key Findings</p> <ul style="list-style-type: none"> • Low health literacy, particularly when exacerbated by language barriers and low literacy levels, remains one of the main barriers to accessing health services. • Lifestyle and behaviour - Lack of culturally sensitive information about healthy eating can be an issue as it doesn't take into account the importance of traditional foods. Barriers to exercise for some women included: modesty, lack of time linked to childcare, lack of knowledge about exercise, and language barriers which made the women feel vulnerable when walking in public spaces. Research suggested that alcohol has become more socially acceptable in some ethnic minority communities, for example some Asian communities, however drinking remains taboo for women who are therefore less likely to speak openly about drinking. Smoking remains prevalent within some ethnic minority communities, such as Gypsy and Traveller communities. Research showed that although they are aware of the risks to health, there is a lack of confidence in the effectiveness of interventions to address smoking. • Mental Health - There is a strong stigma attached to mental health preventing
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those affected from getting psychological help. The consequences of stigma can be worse for ethnic minority communities as they are more likely to experience other disadvantages including, poverty and discrimination within policies and institutions.

- **COVID-19** - The covid-19 pandemic has had a disproportionate impact on ethnic minority communities, who have experienced higher infection and mortality rates than the white population. The reasons for this are multi-factorial and not fully understood, but there is overwhelming evidence that existing socio-economic inequalities as well as co-morbidities have played a key role. Covid-19 has shone a light on inequalities and highlighted the urgent need to strengthen action to prevent and manage ill health in ethnic minority communities.
- **Interventions** - The most successful interventions to tackle health inequalities in Gypsy and Traveller communities have taken an asset based approach and relied on outreach and building up trusting relationships over time. For Pakistani women, family and community dialogue is invaluable for sharing knowledge about breast screening.

Consultation Key Findings

A consultation has been carried out in the form of three focus groups with: a) women who have previously engaged with the current service; b) women from Doncaster's Gypsy/Traveller community who had not yet engaged with the current service; c) women from Doncaster's Roma community who had not yet engaged with the current service.

Women who had engaged with the service benefit greatly from English for Speaker of Other Languages (ESOL) classes as well as various health promotion and social activities, which teach women about health issues (e.g. breast screening, and mindfulness classes) and tackle social isolation. Women from the Gypsy/Roma/Traveller communities were keen to engage with the service in the future provided an outreach service was available. Whilst some women from the Roma community may benefit

		<p>from ESOL provision, the women from the Gypsy/Traveller community are more likely to benefit from literacy, numeracy and IT lessons. All women stated that a crèche was essential for their engagement with the service. Women from the Gypsy/Traveller community stated that mental health is a big taboo in their community and people are reluctant to talk about it. Whereas, women who had engaged with the service stated that the service had helped them to talk about mental health and understand how to manage their mental health better. Women from the Gypsy/Traveller community said that they did not intend to get their COVID-19 vaccination but would be open to changing their attitude if they had the opportunity to talk to someone and learn more about it. Women who had engaged with the service said that the service had dispelled any fears they had about the vaccine and so had all been vaccinated.</p> <p>This evidence has informed the key aims and outcomes that the Provider will be expected to achieve.</p>
6	Decision Making	Dr Rupert Suckling, Director of Public Health, DMBC
7	Monitoring and Review	<p>Monitoring and Review will be completed through:</p> <ul style="list-style-type: none"> • Completion of data recording templates detailing achieved actions and outcomes and also highlighting areas for improvement • Quarterly contract monitoring meetings over the contract period • Reporting into the Public Health Contracts and Finance Group
8	Sign off and approval for publication	Dr Rupert Suckling, Director of Public Health, DMBC