



# **Healthy Valleys: Reversing Decline in Eight Rural Communities**

## **Evaluation Report**



**Division of Community Education**

*Healthy Valleys is a community focused health improvement initiative and our operating principles are our strength – we adopt a community development approach, we are flexible, responsive to communities, effective and innovative. Healthy Valleys adds value when delivering services because we are effective at engaging with disadvantaged communities. Indeed Healthy Valleys engages local people and delivers services in local places, all of which contribute to making a positive difference.*

*Lesley McCranor (Co-ordinator - Healthy Valleys, 2007)*



This report was compiled in the Autumn of 2007 by Annette Coburn and David Wallace of the University of Strathclyde, Division of Community Education.

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## Contents

	<b>Section</b>	<b>Page No</b>
1	Executive Summary	4
2	Introduction	7
3	Research Objectives	8
4	Methodology	8
5	Analysis and Discussion	11
6	Gaps and Challenges	33
7	Conclusions and Recommendations	40
8	Bibliography	47

## Executive Summary

### 1 Introduction

This evaluation of the Healthy Valleys initiative and compilation of the evaluation report was conducted by staff from the University of Strathclyde. Working to objectives specified by Healthy Valleys, data was collected in the Autumn of 2007 by means of document analysis, literature search, interview, focus group and participant collage making. Those who participated in the data collection included board members and other volunteers, part-time staff, full time staff, programme participants and partners.

Overall, this evaluation presents a very positive picture of a Healthy Living Initiative that is effective in meeting its objectives. The findings of the study provided many examples of community-led approaches to health improvement that are consistent with the current policy priorities in Scotland. Furthermore, the amalgamation of health improvement and community empowerment that is evident in the practices of Healthy Valleys is resonant with the findings of a review of international health policy that recommended closer integration between health and social justice interests (Crombie, Irvine, Elliot & Wallace, 2005). Researchers found that the work of Healthy Valleys is perceived to be highly relevant and effective.

There is a great deal of consistency between the methods of Healthy Valleys and the success factors in the draft guidance on *community engagement and community development approaches to health improvement* to be published in 2008 (Programme Development Group, downloaded from [www.nice.org.uk](http://www.nice.org.uk) on 30 October 2007). This publication (ibid p.4) acknowledges that community involvement of socially and economically disadvantaged groups is “key to the success of national strategies to promote health and well being and to reduce health inequalities”. This evaluation found that in common with the findings of Attree and French (2007) the Healthy Valleys programme stimulates individuals and communities to work together as a means to achieving positive outcomes such as improvement in service delivery and/or health. This is accomplished across programmes through the provision of opportunities to gain:

- Experiential knowledge (leading to more effective cost effective and sustainable services)
- Social capital
- Empowerment (through for example co-producing services: participation increases their confidence, self-esteem and self efficacy and gives them an increased sense of control over decisions affecting their lives)
- More trust in government bodies by improving accountability (democratic renewal)
- Health-enhancing attitudes and behaviour (Attree and French, 2007)

## **2 Conclusions and Recommendations**

Given the positive findings of this evaluation, many of the conclusions and recommendations relate to continuing and extending current practice. However, there were areas identified in analysis that suggest scope for improved service.

**It is recommended that Healthy Valleys Board of Management considers the full report and its conclusions to help inform its thinking and planning for the future.**

It was evident that Healthy Valleys was making a meaningful impact in the area and was meeting the challenge of improving health in the Douglas and Nethan Valleys. Seven key areas of success were identified in the thematic analysis of data:

### **2.1 Partnership Working**

Partnership working was strong at two levels: firstly by involving local people in decision making and in developing community-led health improvement and then, by engaging in multi-disciplinary partnerships across the area to develop and deliver health improvement and community development programmes. It was found that

**Healthy Valleys took the lead in the creation and development of a range of innovative partnerships at every level and is recommended that it should continue to develop this collaborative approach to health improvement.**

### **2.2 Support for Problems**

Support for problems included a range of programmes that supported physical good health and subjective well-being. A problem-posing approach was determined as useful in enabling participants to build skills and knowledge to take responsibility for their own future problem solving. This often engaged them in double function activity that meant they consequently helped others while also helping themselves.

**Data suggests room for improvement in men's uptake of stress management programmes and it is recommended that the Board and staff should consider how best to develop these services in future.**

### **2.3 Personal Development**

Participants reported a process whereby personal hardship, ill health and isolation had been improved through participation in Healthy Valleys' programmes. This was often portrayed as an empowering or enlightening process that enabled people to gain confidence and in some instances employment.

**Such empowering interventions are indicative of a community development approach and therefore are recommended as the foundation of sustained community engagement.**

## **2.4 Essence of Community**

Healthy Valleys has been instrumental in developing new social networks through a variety of programmes across the area. It was evident that people's perception of community had widened as a direct result of their involvement with Healthy Valleys. The initiative also displayed signs of an emerging community of practice within the community health field. Here again this process is clearly grounded in the principles and value base of community development theory.

**It is therefore recommended that Healthy Valleys continue to work in this way and that staff should undertake action research around the development of this new community of practice.**

## **2.5 Community development**

Participants and partner agencies held the project in particularly high regard and demonstrated that the initiative made a very positive contribution to the development of communities across the area, and beyond. The community development approach was consistently identified as the critical element in this process that worked in coalition with a strong volunteering ethos.

**It is recommended that the community development approach be maintained and where possible Healthy Valleys should be extended to other communities across rural South Lanarkshire.**

## **2.6 Volunteering**

A strong volunteering ethos and volunteer development policy underpinned Healthy Valleys' capacity to sustain the infrastructure that supported many aspects of the programme. While the overt focus was one of health improvement, there was a strong and consistent sense of an emerging community cohesion, the sense of civic pride and a consistent reporting of the idea of giving something back through extensive volunteering opportunities.

**It is recommended that Healthy Valleys continues to seek and implement innovative ways of encouraging and supporting volunteers and retains the autonomy needed to facilitate ongoing volunteer development.**

## **2.7 Health Improvement and Well-being**

Taken together, the collages, focus groups, vignettes and other documentation, provided strong evidence of health improvement across personal, professional, operational and strategic levels. Seventeen vignettes of practice provided evidence of innovation. Use of positive language and developmental ethos helped nurture a dynamic, creative and effective approach to health improvement that many of those involved in the study claimed was not available elsewhere.

**Healthy Valleys should strive to maintain its focus on community led health improvement and to facilitate this it is recommended that renewed funding should be sought to continue this work.**

## 1. Introduction

Healthy Valleys is a Healthy Living Initiative established to reduce health inequalities within rural South Lanarkshire – specifically in the Douglas and Nethan Valley area. This initiative is part of a UK wide programme that targets the most disadvantaged areas or populations to address health inequality and socio-economic deprivation (Healthy Living Online, 2007;). It is integral to the Scottish Government’s emerging plan for health improvement, *Better Health, Better Care* (Scottish Executive, 2007). The initiative contributes to meeting these strategic objectives through a range of healthy living activities that are central to the priorities in South Lanarkshire’s Joint Health Improvement Plan (South Lanarkshire Community Planning Partnership, 2005 & 2006).

Although seeking to extend services in the wider area, funding was initially granted to develop programmes in eight villages: Rigside; Douglas; Glespin; Coalburn; Douglas Water; Lesmahagow; Blackwood; and Kirkmuirhill. Healthy Valleys staff employs a community development approach to involving and empowering local people and to helping improve their health and well-being. Staff, volunteers and partner agencies work together to create opportunities that aim to assist in the transformation of individual lives (promoting healthy living) as a means toward community development. Tackling inequality through health improvement and increased access to opportunity in rural areas are key objectives within Closing the Opportunity Gap, the Scottish Government’s strategy for tackling poverty and disadvantage (Scottish Executive, 2004).

Healthy Valleys is a registered charity and is a company limited by guarantee that is governed by a voluntary board of directors comprising representatives of the local community. Objects and principle activities, as reported by the directors (31 March 2007), are:

- To preserve and protect the mental and physical health of individuals resident in rural South Lanarkshire, and to assist in the relief of ill health and the provision of health education to such individuals.
- To advance education, in particular health education, among the residents of rural South Lanarkshire so as to develop their mental, social and spiritual capacities so that their conditions of life may be improved.
- To promote, establish and operate other schemes of a charitable nature for the benefit of the community within the operating area.

There are five full-time staff, two seconded members of staff, six part-time staff and a number of sessional workers who are collectively responsible for the day to day operations and development of the Healthy Valleys objectives. This work is also supported by a growing number of volunteers. Established in November 2003, Healthy Valleys is currently funded by The Big Lottery Fund, South Lanarkshire Council and NHS Lanarkshire. Grants and funding obtained in furtherance of the project’s objectives amounted to £349,418 (statement of income, 31 March, 2007).

Approaching a renewed funding cycle in 2007, the management team have commissioned an evaluation to inform future planning, taking stock to identify recommendations for future development.

## **2. The Research Objectives**

The University of Strathclyde has been commissioned to conduct the evaluation and to compile this report. The evaluation was specifically concerned with the following objectives:

1. Identifying the nature of participation in the Healthy Valleys programme.
2. Identifying the advantages and benefits of participation to individuals and the rural communities of the Douglas and Nethan Valleys.
3. Recording any barriers to participation and highlight how these might be overcome.
4. Demonstrating how the initiative offers good value for money.
5. Drawing on the experiences of participants involved in the various programmes to make recommendations for future development.

## **3. Methodology**

The research approach to this evaluation was both qualitative and quantitative and included use of collage, semi-structured interview, focus group and individual data capture to gain insight into the experiences and perceptions of participants and partner agencies. A review of relevant literature and policy documents was also undertaken to inform the final report.

### ***Collage and Interview Sessions***

The collection of visual data (Prosser, 1998) is a proven qualitative method for research investigation. Collage making is an extension of this method and is essentially an opportunity for participants to portray their own experiences and perceptions – in this case, of Healthy Valleys. Using a variety of magazines, leaflets and other printed matter, participants were invited to cut out images or text that represent ideas, emotions or feelings they have on a particular theme or question and which can be assembled by pasting together on a piece of paper to tell a story visually. Participants were invited to produce individual (and unique) images as a means of articulating what they want to portray in their story. The title of the collages in this evaluation was *Past, Present and Future*.





### **Focus group 2 - Collage Making**

Gauntlett (2007, p.96) refers to activities (such as collage making) where participants are given something to do and being observed in the process of doing it as “activity-based ethnography” and “ethnographic action research”. Moss (1993, p.179) suggests that this type of process is a means of making “implicit knowledge explicit”. Like Gauntlett (2007, p.102) we kept observation notes, recorded participants explaining their collages and obtained a digital photograph of each collage for further analysis. Recorded data was transcribed and made available for the second stage of thematic analysis in which content was drawn together and categorised to identify with the recurring themes portrayed by participants. Finally, the collages were reviewed for the overall narrative that the participants had constructed from the various images they had chosen. Although the focus in this evaluation was to obtain participant views at the review stage, the method could be extended to facilitate a deeper Freirean (1972) decoding process through which richer and more critical reflection may take place. The work of Wang and Burris (1994) and Wallerstein and Bernstein (1988) provide illustrations of this empowering process in action within healthy living contexts.

For this exercise participants were encouraged to reflect on what life in the project area was like before their involvement with Healthy Valleys (the past); what it is like now (the present); and what their aspirations for the future in Healthy Valleys may be (the future). Collages subsequently included individualised and personal reflections together with participant overview of their more general perceptions and aspirations. The process of creating the collage enabled rich data to be captured that represented the authentic experiences of participants rather than being guided in their response to a set of predetermined questions (Hallgren, 2005). Some initial prompt questions were used in groups to facilitate round table discussion where needed. While these discussions were not electronically recorded, data was captured through use of researcher field notes and observation. This approach therefore has similar intentions to a study by Whetton and McWhirter (1998) who showed how children’s drawings could be used to explore their understanding of health campaigns.

### ***Focus groups***

Drawing on or extending the data captured through collage and interview, focus groups brought together carefully selected people to explore emerging themes in detail (Hart, 2007). Insight into three different perspectives was obtained by a mix of dimensional and opportunity sampling (Robson, 2002). The dimensions of the sample allowed data gathering whether people were participants, staff, volunteers or from partner agencies. In addition, criteria such as age, gender, accessibility and willingness to participate were also used to ensure variation between individual participants 'whose main credential is [was] experiential relevance' (Rudestam and Newton, 2001, p93). In this instance 'experiential relevance' meant that they had first hand experience of Healthy Valleys but as participants were largely self selecting; the sample was in some respects opportunistic in terms of who was available and inclined to take part.

It has been argued that use of focus groups raises consciousness and helps to empower participants (Johnson, 1996) through, for example, collective resistance to being led by the researcher. Focus groups are also acknowledged as an efficient and effective way of gathering data whereby the group dynamic facilitates focus on key topics and enables the researcher to gain insight into 'the extent to which there is a consistent and shared view' (Robson, 2002). The capacity of focus groups to be used together with other instruments to increase the reliability of research findings (Sloan, 1999; Evason & Whittington, 1997) informed decisions on their use in this evaluation.

The role of moderator in managing the focus group is critical to ensuring that a small number of participants do not dominate or lead the group and to maintain focussed discussion on the topic (Robson, 2002). In particular, having a second researcher present was useful in capturing additional data about the focus group experience, including non-verbal cues and the overall group dynamic. This method was therefore used to gather evidence in combination with the collage and interviews that enabled checking of perspectives in relation to key topics and emerging themes (Simon, 1999). This facilitated detailed discussion of the *Past, Present and Future* themes developed through collage and enabled participants to share their views on how Healthy Valleys had impacted on the health and well-being of those who take part in its various programmes. The creation of an informal and non-threatening environment helped people to relax and be more open to discussion of sensitive issues (Blaxter, Hughes and Tight, 2001). The combined effect was the collection of a rich data set that both determined and exemplified the findings and best practice included in this report.

### ***Ethical Considerations***

As the purpose of the study was to evaluate progress within a named initiative there was a requirement to change the names of participants and omit some specific details during reporting to protect their right to anonymity.

#### **4. Analysis and Discussion**

Once transcribed and collated, content analysis of the various documents identified categories that could be analysed (Cargan, 2007). The emerging themes throughout the respondents data were identified as:

- 1. Partnership Working**
- 2. Support for Problems**
- 3. Personal Development**
- 4. Essence of Community**
- 5. Community development**
- 6. Volunteering**
- 7. Health Improvement and Well-being**

The elaboration and investigation of these themes was undertaken in conjunction with a documentary and literature review. It was this process that assisted in refining the evaluation and contributed to the identification of a set of gaps and challenges. Each of these themes form a sub heading for the next section of the report and will be subject to a wider exploration.

##### **4.1 Partnership Working**

The following exemplars of the partnership ethos are extracts from the annual report to Directors, 31 March 2007.

###### ***Young People Support Project***

...Healthy Valleys in partnership with NHS Lanarkshire Family Planning Service and Clydesdale Locality

###### ***Walk Tall***

...successfully piloted with Lesmahgow High School and Lanark Grammar

###### ***Fit for Life***

...a partnership project between South Lanarkshire's Outdoor Resource Base, Youth Learning Services, the Leisure Trust, and Healthy Valleys.

###### ***Routes To Health Clydesdale***

...a partnership project with Routes to Work South, Integrated Children's Services, and Up for It?

###### ***Community Development and Capacity Building***

...our continued partnership with Rural Development Trust and the WRVS

***“People Like You”:* Healthy Valleys Befriending Project**

...contracted out to the Volunteer Centre South Lanarkshire (SOLVE)

...referrals to the project from Integrated Children’s Services, Lanarkshire Alcohol and Drugs Service, Clydesdale Counselling, G.P,s, and community Psychiatric Nurses...

Partnership, as can be seen in the above extracts, is central to the Healthy Valleys ethos. Project documentation provided evidence of both intent and success in building partnership (in planning and running services) with local people and with a wide range of agencies. Examples of contributions to multi-agency partnerships were cited across project documentation such as *The Food and Nutrition Group*, in which Healthy Valleys is a partner; and in several reports there are multiple connections to other agencies eg *Find Out* in which seven other agencies were cited as working in partnership with Healthy Valleys.

Although there are merits to working in partnership, it is clear from the literature that partnership working is not an easy option or a fast fix (Thomson, 2007, p.46; Gilchrist, 2004, p.39). However, where time, energy and resources are devoted to partnerships (as evidenced in this evaluation) they enable the development of trust, facilitate association and build social capital. Gilchrist confirmed the potential in partnership working as exemplified in Healthy Valleys initiatives when she argued that:

The lifeblood of communities flows through the capillaries of personal relationships and inter-organisational networks. Well-connected communities are vibrant, tolerant and relatively autonomous of government agendas.

Gilchrist (2004, p.50)

Gilchrist’s sentiment in the above was captured by Frank who, in explaining his collage, commented:

*The Healthy Valleys workers have engaged more with communities at grassroots level ..there are barriers, but (we are) building relationships and encouraging people to do things they are comfortable with so that they can sustain that new lifestyle rather than going back to their old ways....*



*There was always a need for this...Healthy Valleys has brought everyone together..we don't always get it right...people are not often confident at the start...but the befrienders...the community development finding people... sharing life skills...passing on information and approaches ...it all helps.*

FG 2 Participant

*Well for the youth side we work with YLS and Police, it's not just the voluntary sector they need us as much as we need them.*

FG 2 Participant

Commitment to partnership was evident at two levels: involving a wide variety of local people in decisions rather than making decisions for them (Thomson, 2007, p41); and partnership in terms of multidisciplinary work engaging with a range of partner organisations and agencies (Gilchrist, 2004). By its very nature this process calls for an emphasis on the creation of networks – among local people, among local agencies and among local people and local agencies. There was clear evidence - in the feedback from participants, in project documentation and in our observations - that Healthy Valleys exemplifies an ethos and prioritisation of partnership and networking which meets with these emphases. This is also consistent with Scottish health improvement policy that, ‘recognises the value of collaborative working and know[ing] how to make alliances (to) deliver in practice’ (Morris, 2004, p 2) and, ‘will require a range of mechanisms as well as different organisations and individuals working together differently, often in new, or more focused ways’ (Scottish Executive, 2003) to achieve change in the health of Scotland’s people. Taking a collaborative approach was evidently beneficial on both a personal and professional basis and helped to consolidate belief in the efficacy of working together for common good and to achieve programme objectives for healthy living within the context of joint health improvement (Taylor, 2006).

Partnership working and networking approaches were also evidentiary in helping people to resolve their own health problems and were suggested as a cost effective way of creating synergy in service development and delivery throughout the area. There was evidence (in focus groups and project documentation) to suggest that Healthy Valleys was often at the forefront of partnership working in the area and that even where they were not the lead agency, they played an active role in facilitating partnership working arrangements across sectors.

#### **4.2 Support for Problems**

Developing the capacity of local people to resolve their own health problems was clearly at the heart of Healthy Valley’s aim to ‘promote positive lifestyle change through creating access and opportunity for those living within the area’ (McCranor, 2006). While work is focused on general health improvement, the initiative adopted a problem-based approach to targeting resources where they are needed demonstrating a high regard for cost effectiveness.

Problem based approaches to learning have been developed over many years to help create authentic learning opportunities that are located in practice experience, that foster knowledge retention, understanding and increased capacity for self-directed learning (Savin-Baden, 2000; Finucane, Johnson and Prideaux, 1998). This approach to learning encourages people to think more deeply about problems and in doing so develop solutions that serve as an ‘apprenticeship for real-life problem solving’ (Stepien and Gallagher, 1993).

Helping people to develop their learning, knowledge and understanding through thinking about and resolving their own problems as modelled within Healthy Valleys, is arguably an effective way of building problem solving skills for the longer term (Boud, 2007). As participants gain knowledge and understanding of what works for them and how to resolve their problems this means that support programmes enable them to gain skills and insights that can help sustain their good health. This was evident in collage, focus groups and documentation.

### Jake’s Collage



*The black is me before.. I was moody and into rock/ grunge...then after a few things happened... the word I used in the collage was suicide.. ...I needed to get rid of my old self and find my new self....*

**Jake, 2007**

*Before becoming involved with Healthy Valleys my days were about booze, drugs and boredom – they gave help, advice and positive things to do.*

**Focus Group Participant**

The range of problems supported connected effectively to local and national health improvement targets such as those in mental health and well-being (eg. Routes to Health Clydesdale and the Befriending Project), coronary heart disease (eg. Combating Obesity Programme and Fit for Life) and improvement in young people’s health (eg. Find Out and Positive Images). Programmes covered both individual and community wide initiatives and often combined to address a variety of problems within one activity.

For example Elaine, coming into winter, had regularly found her mood changing affecting her capacity and ability to lead a healthy lifestyle. She was subsequently identified as suffering from Seasonal Affective Disorder (SAD). Through Healthy Valleys she became involved in befriending. Offering this support incorporated ‘double function activity’ (Coburn, 2006) that meant she was able to provide a valuable service to others while also meeting her own needs in terms of subjective well-being. Elaine identified a number of benefits through use of specific images in her collage – beginning a journey as the glum and unhappy image on the left, through active engagement and access to therapies, through to the flower on the bottom right which represents her blossoming through the winter. These images helped her to describe how Healthy Valleys had enabled her to work through her problems and had changed her outlook on life.

### Elaine’s Collage



*Healthy Valleys gives you the feel good factor... the flower is about growth and development....you have a connection with other people and its just like a flower it blossoms and keeps you going all through the winter...well that's how I see it.*

**Elaine, 2007**

Stress management was another successful area within the initiative that helped to resolve problems experienced by local people in ways that were tailored to meet their individual needs.

*Healthy Valleys (staff) helped more than school at exam time – with homework support and relaxation exercises”*

**FG 3 Participant**

Other examples of this included,

*In our area...there's been a lot of declining work... big factories [closing].that had a major effect on health and well-being because people were getting stressed and that..... Healthy Valleys came along and gave us an opportunity to address some of those issues....things like drugs and alcohol, that seemed to be increasing...Healthy Valleys has helped with that.*

**FG 2 Participant**



*I knew a girl... who was depressed and went out in her car to commit suicide... I mentioned it to [name]from Healthy Valleys and a fortnight later she was enrolled at therapy and doing an awful lot better.... In fact now she's so damned cheerful she's annoying.*

**FG 2 Participant**

In particular, partner agencies reported that Healthy Valleys had greatly improved access to support, especially in the evenings and for vulnerable young people who had left school (Focus Group One). In addition it was noted that,

*Before, if young people had problems with drugs or alcohol abuse, there were very few places we could approach....very few agencies were able to help... there were a few places to go but not many...Healthy Valleys has provided help and support to these young people.*

**FG 1 Participant**

There was further evidence of success in helping to remove barriers to participation through the Fit for Life Programme that facilitated access by provision of crèche, transport or locally based facilities. And again it seemed that every aspect of the programme did double function or double duty and thus, helped build sustainability (Boud, 2000; Coburn, 2006).

For example in addition to providing access, the Lanark Market bus had become a key element of the local social scene and had been the catalyst for additional trips outwith the area involving increased use of community transport,

*..people on the market bus have asked for things out-with the Healthy Valleys stuff...so we've been doing day trips in addition to our work with Healthy Valleys.....and some people who've come on the day trips have found out about Healthy Valleys through participating in them...so it's like a big circle.. they have formed their own social group..... inter-village social working..... we need to keep an eye on this and think about operationally how we can build on this or continue it.*

**FG 1 Participant**

Consistently, there was evidence of success in helping people to resolve an extensive range of problems in ways that were well connected and creative. However, one future challenge was identified in regard to men experiencing stress problems. Given concerns in Scotland about the level of male deaths through suicide (Leon, Morton, Cannegieter & McKee, 2003) it appears that uptake of services could be improved and may require further consideration by project staff.

### 4.3 Personal Development

In discussing the creation of conditions for learning, Tones and Green (2005, p 213) point to a model of health education as empowerment. This model is concerned to strengthen individual capacity to achieve social and political change and is consistent with objectives and implementation observed in the context of this evaluation. Within Healthy Valleys' documentation there were a range of indices relating to personal development aspirations in the context of healthy lifestyle promotion. This was founded on the ideal of creating "access and opportunity" through tailored healthy living programmes which run within and across the target communities (Summary Report: Combating Obesity, 2006).

The various programmes were founded on objectives related to engaging individuals in a health education process as a route to well-being and wider community development. Participants reflected the personal development process in a number of ways of which the following are indicative:

*Before I came here I was quite shy but now I talk to people and I am more confident...you'll never believe how we all became friends...that's about us all coming together...not really friends to start with but as you talk to each other it gets easier to make friends...they (Healthy Valleys staff) make us feel special.*

And

*The people at Healthy Valleys are really nice...they are approachable...I feel confident about talking to the adults here ...I don't usually trust adults...like in school I don't trust teachers.*

***Youth participant describing her collage.***

Personal development was nurtured through a wide range of initiatives, examples of which included training (phase two of the Combating Obesity Programme), providing activity and workshop programmes (Positive Images) through activities and coaching (Fit For Life) and through the development of a range of services providing therapies and treatments to support well-being (Routes to Health Clydesdale). Though not a comprehensive list, the overall objective of the programmes is to reduce health inequalities and promote positive lifestyle change. Most of the programmes that featured aspects of personal development were also notable for their concern to create opportunities for people to work together towards the creation of supportive and social networks.

It was evident from the literature that such programmes, concentrating on personal development as part of healthy living initiatives, were multi faceted. For example a clear sense of well-being, confidence and assertiveness was communicated in interviews and focus groups. These features of well being grew from engagement in and across the range of Healthy Valleys' activities. Furthermore, these characteristics are consistent with various instruments designed to map positive aspects of mental health (Taylor et al, 2007, p. 13). Stewart-Brown identified key elements of these tools as:

- Agency
- Capacity to learn, grow and develop
- Feeling loved, trusted, understood and valued
- Interest in life
- Autonomy
- Self acceptance and self esteem
- Optimism and hopefulness
- Resilience

(Stewart-Brown, 2002 in Taylor et al, 2007, p.13)

All of these elements were evident in representations made by participants in the course of the evaluation. The following collage and its accompanying story illustrated how these characteristics were evidenced in practice. The young participant was open, confident and reflective. He demonstrated in his collage and in his explanation of the images he had chosen how involvement in Healthy Valleys had supported his transformation – supporting an inner confidence and developing self-esteem through trusting relationships, encouragement and learning with peers.

### Ian's Collage



In the collage Ian essentially adopted a column for each of the past (far left) present (middle column) and future (third column) elements. He characterised the past in terms of fighting, dental problems, lounging around and smoking.

*Before I came to Healthy Valleys I was aggressive and my teeth were a mess..I used to be angry and frustrated.*

**Ian, 2007**

Engaging with the Healthy Valleys programme was characterised in the central column by growth in assertiveness, active lifestyle and clarifying what life was about (with growing aspirations to join the army).

*When Healthy Valleys started we thought it was just a short project but now we hope it stays...coming to the drop- in has helped me to speak my mind and to speak up for what I believe in. Healthy Valleys has taught me about sexual health, and I got my braces...and I did my food hygiene certificate...the staff even encourage us about getting work, finding a job, college and things like that.*

**Ian, 2007**

The third column was characterised by the use of an image of an eagle which signified

*“natural beauty, as you see it through your own eyes.”*

**Ian, 2007**

Researchers were also able to observe (in his demeanour, body language and gestures) how this image also encapsulated a sense of liberation from a former and more negative persona and the growth of a more confident and positive persona. Ian also noted that,

*When we were doing our exams Healthy Valleys (staff) helped us to prepare for exams..like how to relax and that...they helped us more than school.*

**Ian, 2007**

The image of the bottle of whisky in the collage signified an impending celebration since a birthday was looming.

This trend in personal development was consistently represented in other collage, focus group and interview data. Many participants portrayed a process in which hardship, ill health or isolation was mediated by their subsequent participation in Healthy Valleys programmes – both as recipients of services and as contributors to services. Routinely this process was characterised by the growth of a sense of personal purpose that was often connected to a renewed motivation to put something back into the community. This appears to exemplify a sense of worth and well-being that is largely attributable to the Healthy Valleys programmes and which was absent prior to involvement in Healthy Valleys programmes. The following is an illustration of this process from collage work provided by Jake an 18 year old participant (see collage on page fifteen):

***The Past:** The black (in the collage) is me before, moody...the word I used in the collage was suicide...I needed to get rid of my old self and find my new self.*

***The Present:** Since coming here (Healthy Valleys) its been great. Healthy Valleys has changed my life a lot...some of the folk I used to hang about with were doing me no good...but now the champagne (image in the collage) is there because I am welcoming my new self...its to celebrate the arrival of my new self.*

***The Future:** In future I'd actually like to help young people myself, in fact I'd like to become a volunteer myself...I'd like to volunteer at Healthy Valleys.*

Evidence of empowering personal development was also found among the focus group participants.

There was evidence of a cycle of personal development gains. Participants reported positive results from their engagement in therapies and, as confidence and a sense of well-being grew, well-being appeared to be multiplied by the satisfaction of becoming involved in supporting others. This in turn stimulated a renewed cycle of development through the engagement of others:

*People gain so much individually and personally...they turn that into helping others. My befriending experience involved someone who did nothing..didn't go out or meet other people...we started just by going for a walk and then in somewhere for a cup of tea...just getting out was a big achievement - gradually her confidence built up and now she is a volunteer and the week after I finished with her she got a job.*

**FG 2 Participant**

*I have been involved in all therapies...I really needed support...put it this way...I wouldn't be here now if it wasn't for Healthy Valleys.*

**FG 2 Participant**

Discussing the gains in confidence, one participant (a local volunteer) related to a conference at which she had presented, for the first time, on behalf of Healthy Valleys. She stated that she definitely would not have had the confidence or motivation to be able to do so in the past. She attributed her growth in capacity to the support, guidance and coaching obtained through involvement in Healthy Valleys. This participant had clearly grown through the experience – finding voice and agency in the process. To her evident delight and surprise she noted:

*Yeah!, I stood up at the Hilton Hotel and talked about all of the different things we do!*

**FG 2 Participant**

Other participants told stories about people assisted by Healthy Valleys who were suffering from a range of factors including alcoholism, depression and domestic violence. They recounted stories of how well these people were doing following intervention and of the quality and responsiveness of Healthy Valleys' services:

*...a fortnight later she was enrolled in therapy and doing an awful lot better...*

**FG 2 Participant**

*...she came out of rehabilitation and there was nobody to talk to and she was beginning to fall back on drink...but I called Healthy Valleys..and now that lassie is getting help and someone to talk to about her problems...now where else in our health service do you get that kind of help as quick as that...that's why I got involved with Healthy Valleys to bring people to the therapy sessions"*

**FG 2 Participant**

The process of personal development exemplified in participant responses fits with elements of empowering practice (Barnes and Bowl, 2001, p 24-25) viz: personal growth and development; gaining greater control over life choices; increased influence over services received individually; and gaining a presence within political systems from which you have been excluded. In turn Barnes and Bowl (ibid) suggest that these empowering interventions with individuals build on to more social and collective elements associated with community development. Personal development, evidenced in feedback from participants, appears therefore to form the solid foundation on which community development strategies such as those advocated by Healthy Valleys are founded. This process will be exemplified in the next two sections which both illustrate the sense of community engendered by those who are contributing to Healthy Valleys and the impact of this on community development.

#### **4.4 Essence of Community**

The concept of *community* is contested and takes many diverse forms beyond simple notions of place to include common interest and function (Tett, 2006) or sets of social relations and the quality of these relationships (O'Donnell, 1997). Arguably the most common usage of the term is applied to geographical and interest based definitions and this was also evident throughout this evaluation as participants talked about localities or specific interests.

In exploring his collage, Andy referred to what he thought was important in both individual and collective terms, for example,

*Healthy Valleys listens to you.... a lot of voices get drowned out and your confidence is lost... but at Healthy Valleys people listen to you and helps you to feel more confident.*

**Andy, 2007**

With this statement, Andy ascribes human attributes to Healthy Valleys (it listens and is hearing) and introduces the symbolism of ‘drowning collective voices’ to illustrate why Healthy Valleys is effective. This was resonant with the symbolic construction of community (Cohen, 1985) and was evident in other collages, interviews and during Focus Groups and contributes to defining the essence of community:

...whether or not its structural boundaries remain intact, the reality of community lies in its members’ perception of the vitality of its culture. People construct community symbolically, making it a resource and repository of meaning, and a referent to their identity.

Cohen,1985 p118

In this way, the rituals associated with community (in Healthy Valleys terms participants referred to the swim bus, healthy eating and annual events) are inextricably linked to notions of personal and collective identity. However, rather than engage in an extensive theoretical debate about whether community is real or imagined Delanty (2003) has expressed community in terms of communication. This view enables locally based people to construct their own communities through common language and the creation of personal and collective identities that facilitates empowerment by raising consciousness and increasing possibilities for transformative action (Ibid, 2003).



Participants also noted the demise of community through industrial decline and the subsequent negative effects on health such as increased stress or lack of positive and frequent social scene that had resulted in communities having a ‘bad reputation’ (FG 1). Yet, it was suggested that Healthy Valleys had helped reverse these negative effects by bringing people together to address common issues and create new social networks (FG 2 and Collages).

*Some people don't know each other very well....so they get to know each other through things like the Therapy centre...or the bus to Lanark market...they meet people from other areas make friends and socialise.*

**FG 2 Participant**

*We've noticed a big difference....people are going into the different villages to access the services that are being provided...that wouldn't have happened two or three years ago...*

### **FG 1 Participant**

This is interesting because the benefits of social cohesion and networking have been linked to health improvement since the early twentieth century and, 'the evidence that people with more social capital are likely to live longer and have fewer health disorders, is reasonably conclusive' (Field, 2003, p 58). Additional benefits include challenging negative stereotypes through increased participation to create more positive images (Henderson & Thomas, 2002).

This was further exemplified in Andy's collage that enabled him to reflect on how Healthy Valleys had transformed his life through participation and networking. The central image represented Andy's past life,

*This was me about a year ago....I used to stay in all the time watching TV and thinking about my photography but not doing very much.. just thinking about things.*

**Andy, 2007**

### **Andy's Collage**



Since becoming involved in Healthy Valleys he had engaged in a range of social and physical activity that had changed his life and increased his confidence,

*I got involved in Healthy Valleys because of my photography and now I'm involved in sport, and healthy eating...things I'd never done before....I go on the swim bus and meet people I'd never have known....everyone just comes together and...like.. its good because you make new friends and we all help each other.*



And,

*When I was younger I never went out...now I feel more confident and I feel good about that....its a really good feeling and that's all down to Healthy Valleys.*

Further revitalisation of communities was achieved through a deliberative process that could be described as an emerging community of practice. Dimensions of practice which contribute to the creation of communities of practice (Wenger, 1998) include the development of cohesion through mutual engagement of a diverse range of practitioners, jointly negotiated endeavour and a shared repertoire of practice such as, 'routines, words, tools, ways of doing things, stories, gestures, symbols, genres, actions or concepts' (Ibid, p 83). Much of this was manifest throughout the study and is exemplified in the following comment,

*I've only come in as a volunteer and never come through as a participant but for me its very much a sort of 'can-do' philosophy ...matching people with the right volunteering opportunity... making opportunities for each individual.. its about how the staff approach things....*

#### **FG 2 Participant**

There was evident connectivity between the personal and broader community health advantages of this initiative and the consequent benefits accrued in the creation of new ways of working. These were evidently designed for learning and transcended the immediate health needs of both participants and service delivery agencies. The initiative displayed signs of an emerging practice that not only contributed to the health and well-being of people living in the area but has also introduced a new community of practice within the community health field.

Taking all of this together, suggested that Healthy Valleys has contributed to reversing the decline in social capital (Putnam, 1999) in the Douglas and Nethan Valley area through increasing social networks that have brought benefits not only to individual participants but also to the whole community (Field, 2003). It was evident that people's perception of community had increased and improved as a direct result of their involvement with Healthy Valleys. These impacts can be connected and grounded in the principles and value base of community development theory. This takes us to the theme of community development that became evident in the data.

#### **4.5 Community Development**

*...and its not just been run-of-the -mill health improvement projects.....a lot of thought invoking stuff.....people [at Healthy Valleys] have thought out of the box about how to reach and engage the young people.....What I really like about Healthy Valleys is their approach.....that community development approach is different...certainly the approach with individuals and families is something that Health have not been good at....being too clinical in approach...*

#### **FG 1 Participant**

Community Development has been described by Croft and Beresford (1992, p.29) as having an emphasis on collective rather than individual action and as having objectives that range from encouraging self-help and mutual aid to politicisation and pressure group activity. Labonte has written about the community development process in health, noting that it involves “organising and or supporting community groups in identifying their health issues, planning and acting upon their strategies for social action/change, and gaining increased self-reliance and decision making power as a result of their activities” (Labonte, 1993, p237).

Consistently participant responses provided evidence that this process was being enacted via the Healthy Valleys programme. The importance of the approach is particularly relevant given the rural nature of the area and the consequent number of villages involved. This has apparently led to a sense of isolation and a diminishing of both social networks (partly through loss of industries) and a sense of community. Healthy Valleys’ programmes were seen as an antidote to this decline. Tomes and Tilford (2001, p.64) analysing effectiveness and empowerment in healthy public policy argue that the effectiveness of empowering strategies are revealed by:

- The removal or minimisation of social and environmental barriers to choice
- The creation and strengthening of active participating communities eg by increasing social capital
- The strengthening of individuals’ capacity to take action

In so far as Healthy Valleys has developed a community development approach there were significant illustrations of the project’s specific success in each of these three areas, evidenced in feedback from participants and project documentation. For example, reflecting on the situation prior to the inception of Healthy Valleys, one participant commented that:

*...there certainly wasn’t a lot of communication between the different villages...except for the Masons or the Star...*

**FG 1 Participant**

And another noted

*When the works closed.. that was the end of the villages.. we used to have bands [colliery] and that....but when the works closed that was the end of that...we had nothing.*

**FG 2 Participant**

The impact of Healthy Valleys in building participation and networks was evidenced in further comments vis:

*When I first started...it was like “Z” village..oh no I’m not going there. NOW there’s a big difference...we’ve noticed just in the last year people are going into different villages to access the services that are being provided...and*

*we've had a lot more calls from a lot more people wanting to go...and that wouldn't have happened two or three years ago when I first started.*

And

*Yeah I'd agree...because of the engagement/community development part of it ...this has meant that a lot more people are involved...one that springs to mind is Find Out where the number of people who have been accessing family planning services is far greater than in similarly types of purely NHS based services.*

*Healthy Valleys has brought DNV areas together...many people had heard of [X & Y villages] but didn't ever go there or get to try out the different things that were on....they would never get together before.. no one ever went from one village to the other.*

### **3 x FG 1 Participants**

The process of working with communities on health improvement is often associated with strategies for empowerment but is problematic in that there are divergent practices, differing tactics and strategies. Tomes and Tilford (2001, p.429) however argue that the principles of empowering practice, which are evident in the activities of Healthy Valleys, are “compatible with core values and desirable goals...” of healthy living.

*Because we're community- based the community, local people, have a say in the things that are developed...its not a statutory body telling people what to do or what's good for them....people have a say in the future.....*

### **FG 1 Participant**

Tomes and Tilford (Ibid) go on to acknowledge that these practices associated with wider community development are “resource intensive”. That they are worthwhile and a mark of the success of Healthy Valleys was apparent in several comments about the aforementioned decline in old community values and networks which to some extent were seen to be replaced by the networks and programmes of Healthy Valleys.

*What we are describing (about Healthy Valleys) ...a lot of what you are saying here is about how communities used to work...its not rocket science...its sustainable...being part of something...like having civic pride...this is how we did things before.*

### **FG 2 participant**

And

*That's a really good point your making... because without being positive communities just die...and having people like Healthy Valleys in communities they can only thrive.*

### **FG 2 participant**

Thus, both participants and partner agencies held the project in particularly high regard and demonstrated that the initiative makes a very positive contribution to the development of communities across the area and beyond. The community development approach was identified as the critical element in this process that worked in coalition with another emerging theme of voluntarism as an essential ingredient. This was consistent with many third sector agencies that, 'rely on voluntary labour and the 'voluntary' commitment of employees, giving extra time for no financial reward' (Hudson, 2006, p19).

#### **4.6 Volunteering**

It has been estimated that approximately twenty two million people volunteer in the UK every year (Hudson, 2006). Consistent with this there was clear evidence of a strong volunteering ethos within Healthy Valleys,

*In my experience Healthy Valleys compares very well in how it supports volunteers...it has a good support structure and people are encouraged to get involved and give something back.*

**FG 2 participant**

This idea of giving something back was represented in a number of the interviews and conversations with participants.

What is it about Healthy Valleys that helps people to move from participant to volunteer?

*I got roped in...I wanted to provide something in my own community....*

So where does this 'roping in' come from?

*From the staff...and like there is a sense of pride in putting something back into your own community.....then there's the healthy weaning and healthy eating*

It sounds to me like the workers actively encourage people to become volunteers when they have been involved in different programmes....

*That's it... you've hit the nail on the head.. the workers really encourage people to get involved.*

**FG 2 Participants**

There was further evidence of how the specific approach adopted within Healthy Valleys contributed to sustaining this volunteering ethos,

*But the good part about Healthy Valleys is that its not as structured as statutory agencies... its much more flexible....for example, the weaning programme.....was 'poo pooed' when we were recruiting volunteers to run it...now there are about ten in the current class..... local people delivering to local people..... that's now one of our biggest success stories.....and it's the*



p.181) notes that the literature on well-being often suggests a direct relationship between participation and well being. There is a case therefore to suggest that the strong traditions of volunteering in Healthy Valleys programmes makes a direct contribution to well-being. This was certainly reinforced by representations made by participants in focus groups:

*Healthy Valleys is very good at the empowerment of volunteers...previously Health agencies were very quick to put a plaster on but that doesn't help the individual to develop the skills they need to deal with things themselves...yet through a lot of the projects its clear that what Healthy Valleys is very good at is building skills in volunteers to be able to help themselves in future..and you can't put money on that.*

**FG 1 Participant**

*As a voluntary organisation we're always focused on keeping a small pool of volunteers...but the challenge is to grow our volunteer base so that we are able to support the work of Healthy Valleys and still continue to support and not marginalise others who aren't included in Healthy Valleys. Like for example people on the market bus days have asked for things outwith the Healthy Valleys stuff..so we've been doing day trips in addition to our work and some people who have come on the day trips have found out about Healthy Valleys...so its like a big circle..they have formed their own social group..inter-village social networking.*

**FG 1 Participant**

*Before I worked in Healthy Valleys I used to be a coach in the area and had to travel over 20 miles each way because there was a lack of skilled people in the area*

**FG 1 Participant**

There was repeated evidence of participants becoming volunteers to make a positive contribution to their own localities.

*Now we have a bank of volunteers who have certificate qualifications... we're developing the capacity of local people in their own area....[people are saying] I can offer other things to my community by volunteering..."*

**FG 1 Participant**

Meanwhile, a European-wide study of community involvement in regeneration programmes between 1987 and 1992 examined the contribution of the community and voluntary sector and,

...estimated that one hour of skilled community development can mobilise around fifteen hours of volunteering in community groups.

Bell (1992 p 136)

This statistic is indicative of the value of the approach to volunteering adopted by Healthy Valleys. It is clearly one that helps to galvanise the outputs of a strong volunteering ethos to both develop and sustain community development. The evidence obtained in both vignettes and focus groups confirm an emphasis on health improvement and the growth of well-being through community development activities. This takes us then to the final theme identified in the data collected.

#### **4.7 Health Improvement and Well-being**

The Government White Paper, Towards a Healthier Scotland (1999) identified that,

Good health is more than not being ill: we need to work on a broad front to improve physical, mental and social well-being, fitness and quality of life.

Scottish Office (1999, p 3)

Good health is not only dependent on physical fitness and lack of illness, but is also concerned with people's mental and social well-being as integral parts of overall good health (Tabbush and O'Brien, 2003). Within the provisions of the Local Government in Scotland Act, 2003 local authorities have the power to advance well-being and this has led to the development of a series of indicators that suggest, for example,

Quality of Life is a way of assessing levels of well-being, as opposed to illness. It includes economic, social and environmental factors for example employment, housing, quality of the natural environment, cultural and leisure facilities, noise pollution and safety.

Friedli (2003, p 26)

The strong volunteering ethos, commitment to partnership working, community development approach and increased social cohesion exemplified through Healthy Valleys were all taken as indicators of progression in this regard. Well-being has been defined as,

The condition(s) through which individuals or organisations are able to make a positive contribution to the quality of their own lives and to the communities they live, work and socialise in.

The conditions of well-being would include social harmony, happiness, contentment, caring and social justice.

And

The conditions would be achieved through a community based approach, strong volunteering ethos, creative networking and partnerships, positive use of language, relationships with others and the environment.

Coburn (2007, p 31)

Drawing on this definition provided a framework for analysis of health improvement impacts. Rather than simply recording frequency or uptake of services, which was already freely available and demonstrated improvement in relation to many key health agendas, this framework facilitated analysis of the lessons learned from the underpinning approaches that permeate the initiative. For example, decline in quality of life for people living in rural communities has been known to trigger increased interest in communal activity (Juska, Poviliunas and Pozzuto, 2005).

Thus, by providing opportunities for increased access (eg through the swim bus or local walking guides) people were able to come together to improve their physical health and develop increased feelings of well-being while being mindful of the role of mutual support,

*People sometimes think its just about apples, oranges, fruit...so there is still a lot to be done....like classes and things for the youngsters...*

**FG 2 Participant**

*Taking some one out for a walk doesn't cost anything...or a bit of gardening...  
...it doesn't take a lot to keep it going...Eventually groups take on their own ideas... can go it alone but they need help to get started....*

**FG 2 participant.**

Harriet's collage captured the spirit of emotional well-being.

### Harriet's Collage



*I've been thinking about what was behind me.. in my past job I had reached burn out....I needed to get out....the project (Healthy Valleys) makes things accessible to people...the future is about growth...Healthy Valleys.....I much prefer my time in [xxx village].*

**Harriet, 2007**



In addition, a number of practice vignettes were illustrative of innovation in Health Improvement. These included:

**Dance 4 Fun** described by one participant as, ‘encouraging new friendships, fitness and well-being’ by helping participants to feel good physically and mentally – *vignette 4*

**Find-Out** was suggested as an exemplar for the development of future partnership working – *vignette 6*, and by another participant as, ‘a safe trusting environment for young people to share concerns and issues and to access health information...that contributes to HEAT Targets’- *vignette 7*

**Strategic Working Group** that involved a top-level alliance of key partner agencies together to explore future sustainability options of the three healthy Living Communities across the Lanarkshire area – *vignette 9*

**Sun, Sea, Sangria and (Safer) Sex** was described as, ‘New, exciting and different...pushing the boundaries and removing barriers’, in relation to a new energetic and educational programme, developed in association with local young people for young people going on holiday abroad – *vignette 10*

Taken together, the collages, focus groups, vignettes and other documentation, provided strong evidence of health improvement across personal, professional, operational and strategic levels. Indicative of the systematic approach to health improvement is the evidence presented that innovative financial systems have been developed to facilitate transparency and accountability. The use of positive language and ethos was noted as contributing to the encouragement and promotion of innovation that was beyond routine expectation. Use of language and positive ethos seemed to nurture a dynamic, creative and effective approach to health improvement that many of those involved in the study claimed was not available (or that they had not experienced this) elsewhere.

However, while there was strong evidence that the Healthy Valleys approach works well in improving the health and well-being of people in the Douglas and Nethan Valleys, there were also a number of key areas identified for further consideration or for future development.

## **5 Gaps and Challenges**

### ***Keeping up momentum in participation and volunteering***

This evaluation has evidenced the importance of volunteer activity within Healthy Valleys’ programmes. Volunteering is commended by participants as a way of putting something back and as a means of developing and spreading services. The general impression created is of a sound infrastructure of projects that both provide opportunities for volunteering and create the possibility of new developments by offering the scope for consultation and participation. This was part of a systematic approach, within the Healthy Living initiative, to sustainable community development.

We conclude that there is a very positive trend in volunteering that is directly linked to the development of wellbeing. This reflects the conclusions of the “Well Being Manifesto” (NEF, 2004, p2) which records the importance attached in well-being to “developing as a person, being fulfilled and making a contribution to the community”.

However, in several representations of the future intentions of Healthy Valleys, participants indicated a concern for future funding and sustainability. There is an underlying concern therefore that, for some participants, they can begin to see limitations in programme growth and in the influence they may bring to bear on future developments. Although there had been a sense of momentum in participation and volunteering the growth in confidence in participants requires a growing and dynamic set of programmes through which there is a continued and renewed sense that people are making a difference. Dinham (2007, p190) coined the term “disappointed participation” in the context of a study he conducted in two New Deal for Communities (NDC) areas. In this study he discovered that experience and projections of participation diminished over time. His findings suggested that as participant confidence had grown they had come to feel disempowered by the degree to which their participation could make a difference within narrowly defined purposes in a given programme. Whilst the NDC experience may be qualitatively different from the Healthy Valleys programme, the lessons appear to be that gains in well-being may be diminished if participants begin to be constrained by limitations in the programmes. Healthy Valleys’ continued success in participation may therefore require ongoing evaluation of the range and levels of participation and consideration of how this can be harnessed to new developments, differing levels of challenge for participants and a careful blending of new experiences for existing participants.

The challenge is largely one of sustainability in that renewed funding may offer the opportunity to maintain the sense of progress and influence which seems to sit at the heart of motivation and participation in current Healthy Valleys programmes. Dinham’s findings also alert us to the need to harness and share the individual experience of participants in the interests of sustaining the sense of empowerment. Dinham used a version of Arnstein’s ladder (1971) of participation to gauge participants’ expectations about participation now and in the future (Burns et al, 1994, pp 162-163). This or a similar exercise may provide a means by which Healthy Valleys can aim to avoid “disappointed participation” and the possible undermining of current gains in participant well-being.

### ***Mainstreaming versus Local Autonomy?***

The following quote from a community development worker may signify the dilemma inherent in the above question:

*After years of implementing inequalities focussed initiatives, the “quick fix” mentality still means many projects are struggling to maintain funding. A long-term view of success would better facilitate mainstreaming of policy, project and practice levels.*

Health Development Agency, 2005

The backdrop to this evaluation is the continued need for Healthy Valleys to demonstrate effectiveness against objectives for health improvement. Connected to this developmental drive is the need to secure additional resources to ensure that the reach and impact of the Healthy Living Initiative continues to be relevant, effective and sustainable.

Sustainability and the desire to extend programmes and participation were continued and recurring themes across collage, interview and focus groups. Although not resolved in these deliberations, the associated challenge was one of whether Healthy Valley objectives may be mainstreamed or whether the local autonomy model (represented by the project's status as a company limited by guarantee) carried greater weight in future development of the Healthy Living Initiative.

The Health Development Agency (2005, p.1) acknowledges that mainstreaming poses a major challenge for projects tackling health inequalities. However, the Agency provides clarification that mainstreaming is not solely about continuation funding and consequently offers three levels of mainstreaming vis:

- **Project** – securing funding to continue activities
- **Practice** – ensuring a mainstream agency adapts, reproduces and embeds examples of practice from an initiative
- **Policy** – when lessons from work/experiences gained from initiatives have a direct influence on the policy process

The findings of this evaluation suggest that Healthy Valleys occupies a unique and specialist position in terms of service development and health education. Indeed the evidence accruing in this evaluation leads us to concur with the coordinator of the initiative in arguing that,

Our operating principles are our strength – we adopt a community development approach, we are flexible, responsive to communities, effective and innovative.

(McCranor, 2007)

Thus, rather than seeking to locate this initiative within mainstream provision, these findings suggest that as an independent, community-led organisation Healthy Valleys provides an innovative model for a long-term community role in delivering health outcomes (Taylor, 2006).

### ***Resolving Issues and Strengthening Connections***

The evaluation highlighted a number of unresolved issues and areas for improvement in terms of the connections between current or potentially future partners.

#### *a) Young People's Participation.*

Within a recent report on the Find Out, Youth Health Information Project (Kyle, 2007) it was noted that while a specific group of young people had taken to the project and engaged wholeheartedly in activities they may be, 'unwittingly preventing other young people from feeling able to access the service'. The suggested response to this was to discourage their attendance, as a matter of routine, when they had no pressing health needs.

During focus group, young people were asked if their close and supportive relationship might be a barrier to other young people wishing to access the service. Their response indicated that they thought they were welcoming and had not really considered this. However, at times the language they used in reference to 'other' young people from different style groupings was denigrating yet, when asked about this, they hadn't intended to group others negatively. In fact, one suggested,

*In future I'd actually like to help young people myself....in fact...I'd like to become a volunteer myself... I'd approach things in a way that was different from teachers...I'd like to volunteer at Healthy Valleys...*

**Jake, 2007**

This suggested that rather than discourage participant attendance, consideration of a peer education aspect of the Find Out Project could involve the core group in delivery of credible health messages, yet also help them to develop their own learning needs as the main focus of such an approach (Coburn, McGinley and McNally, 2007). This would facilitate learning about working with and respecting others rather than thinking of them in a demeaning way. Taking this approach may encourage them to think more deeply about the problems facing others and develop their capacity to engage in critical enquiry and learn more about a range of health topics themselves, through learning to teach (Pask, 1975; Topping, 2001). This is consistent with other aspects of Healthy Valleys which encourages local people to take on coaching, mentoring or tutoring roles with others (such as the Healthy Weaning Initiative) and therefore would be an extension of existing practice rather than entirely new activity. A number of potential funding and partnership opportunities are inherent in this process if it developed beyond the initial project, for example into schools across the whole area.

#### *b) Publicity, Marketing and Sharing Practice*

During focus groups and in interviews, a recurrent theme was marketing of Healthy Valleys. On one level this was about building on current success to encourage participation and share practice,

*It needs more promotion...trying to engage even more with the community....we should celebrate our achievements and things like the newspaper does that...but maybe we need a big advertising campaign because we have some really good things to feed back to communities.*

**FG 2 Participant**

*I personally think there is still a lot to do.....even four years down the line folk don't know about Healthy Valleys...all the different things we do....*

**FG 2 Participant**

While on another level this was about diversifying,

*One of the things we've never done is the employed.....people want to be involved in stress management/ smoking cessation....they need to be involved... we need to be involving all parts of the community*

*Yeah.. that's the war cry....all them on the broo get everything that's going...we should be looking to do more with those who are employed not just those who aren't.*

**FG 2 Participant**

There was clearly some scope to increase marketing and reach those people who, to date, were not aware of Healthy Valleys or had not participated in existing services. However, the levels of success that Healthy Valleys had undoubtedly achieved so far and within existing funding constraints was taken as vindication of the present targeted approach.

None-the-less, the challenge for Healthy Valleys is to maintain present levels of participation while extending and refreshing programmes to encourage increased engagement across the eight communities and beyond. This will include continuing to maximise opportunities to promote the initiative and spread good news stories.

However, as a relatively new and fairly small third sector agency (compared to some of its more established and bigger partners) Healthy Valleys was already found to be effective in this regard, for example it had attracted the interest of one Royal visitor, three Scottish Government Ministers and maintained ongoing political support in the area. Furthermore, the range of reported requests for information was indicative that the initiative already occupied a strong reputation within the health improvement field and therefore the focus of any new promotional activity may only be required in the immediate localities.

As word about Healthy Valleys had spread beyond its geographic boundaries, requests for information had included service delivery.

*Well, lately I've been singing its praises....and people have been asking me.. where can I get this kind of information.. what's their number....but there are still some people who don't know about Healthy Valleys... we need to contact more people by word of mouth.... Young people who are in training tell each other about it....for example when they talk to other young people about what they're doing they ask, why can't we have this...and Healthy Valleys are always looking for opportunities.....*

### **FG 1 Participant**

The evidence suggested that a range of mainstream services in other areas (such as those in health, youth work and leisure) would benefit from being able to tap into the supportive infrastructure that is manifest within Healthy Valleys. There was also evidence to suggest that localised provision was the key to success (Focus groups and vignettes).

Thus, the role of Healthy Valleys in disseminating and monitoring practice could be developed in two ways. One option, noted during discussions, was to extend or 'roll-out' services to a wider area. While this may be practical within the rural area of South Lanarkshire, anything beyond this would potentially place a significant strain on resources (especially in terms of transport costs for staff and volunteers) and would alter the 'unique and specialist position' previously discussed. It may also stretch individual capabilities requiring increased investment in staff and volunteer development both here and in the new location. This may of course provide many benefits to those people and communities involved but may not be consistent with the current objects of the initiative.

A second option would see Healthy Valleys emerge to maintain its current role within the wider rural area and would become the model for infrastructural development in other areas. Following this option, Healthy Valleys would extend practice dissemination by developing a range of support mechanisms, including Continuing Professional Development for Public Sector staff to support the development of similar health initiatives in other parts of Scotland and further a field. As a market leader in this approach to health improvement, Healthy Valleys could also capture a potentially lucrative quality assurance market by building capacity amongst staff and volunteers to undertake monitoring and evaluation. This could be achieved independently or in partnership with others, for example University of Strathclyde to facilitate the accreditation of CPD Activity.

The challenge for Healthy Valleys is to decide on the direction that best supports its primary constituents (local people in DNV) yet facilitates growth and learning from the benefits of this approach to health improvement.

c) *Partnership Working*

While there was strong evidence of successful partnership working this was an area that consistently merited further exploration and hard work to ensure its success. For example, one participant noted a change in the type and nature of support for befriending,

*...now that we have been befrienders for a while... and used to the support from Healthy Valleys five days a week this has been rolled out to another agency and the level of support is not as good as it was with Healthy Valleys.... We're not getting the support we need... it feels a bit like trial and error and its being run like a business more than a community based organisation so the level of support is not as good as it was before....*

**FG 2 Participant**

While others suggested the need to extend partnership working arrangements,

*There's certainly scope for this to be Mainstreamed through the CHP's....there is clearly an opportunity for this....there have been discussions.... so maybe some time in the future... with all the structural changes in Health.. its something I would like to see but its not in my gift to make it happen....*

**FG 1 Participant**

*But health isn't just about the NHS....Councils, the Scottish Government and many other partners from early years through youth to older people.... Everyone has an interest in and so should have responsibility for health.....all partners need to look at health....*

**2 x FG 1 Participants**

And,

*GP's are bad at not referring people....well some do and some don't... years ago you would never have thought about something like this.. but now its here more GP's need to connect people with Healthy Valleys.*

*Our GP's have no problem with referring but that's not the same in every area.*

All of these ideas represent a challenge to Healthy Valleys in developing and sustaining new and existing partnership working arrangements that help to deliver ongoing health improvement and build community capability within Rural South Lanarkshire.

## Conclusions and Recommendations

Structural inequality provides the context for public policy interventions in Scotland. The Poverty Alliance provide evidence on their website ([www.povertyalliance.org](http://www.povertyalliance.org) accessed September 2007) which confirms that in Scotland one in four children and one in five working age adults live in poverty. The NHS Health Development Agency stated that,

Inequalities in health and well-being are widening and the gap in life expectancy is large and continues to grow. The mortality rate for working-age men in the early 1970's was almost twice as high for unskilled compared with professional groups; by the 1990's it was almost three times higher

Health Development Agency, 2005, p.3

The Scottish Government publishes data relative to the Scottish Index of Multiple Deprivation (2006) which under the health domain confirms that (along with others) South Lanarkshire has shown the largest increases in the number of data zones in the 15% most health deprived data zones (downloaded October 2007 [www.scotland.gov.uk/Publications/2006/10/13142739/6](http://www.scotland.gov.uk/Publications/2006/10/13142739/6)).

These indices confirm the need for continuing activity in the Healthy Living Initiative and particularly in Healthy Valleys. The guiding principles which inform practice appear from this evaluation to have led to successful activity to date. The various documents associated with Healthy Valleys concur with Webster (2003, p159) who confirms community involvement takes place at three levels:

- The programme as a whole – through mission statements, aims and objectives as well as its themes and structures
- Its overall management board – in terms of representation from partners and the community
- And its individual projects – in terms of participation as volunteers, staff and participants

Further, Fordham (1995, p.33) argues that four key ingredients of sustainability are

- Local empowerment and capacity building
- Critical aspects of programme design
- Arrangements for the management of initiatives
- Effective exit strategies

All of these indices of sustainability were evident throughout programmes and in literature. Project documents confirmed a systematic approach to health promotion and creation of well-being. There is clear evidence of planning to develop participation, volunteer and community activities. Webster (2003, p.163) identifies five elements of a strategic approach to community development that assisted us in



building an objective account of the contribution of Healthy Valleys toward community development. The five principles are:

- 1 Clear and realistic role and remit**
- 2 Adequate and appropriate resources**
- 3 Appropriate management and evaluation**
- 4 Recognition of the wider environment**
- 5 Building in long-term sustainability**

<b>Webster</b>	<b>Documentary evidence</b>	<b>Collage evidence</b>	<b>Interview and focus group evidence</b>
<b>1 Clear and realistic role and remit</b>	<p>Aims and objectives are clearly expressed in project and other documentation</p> <p>Programme intentions are published</p> <p>There is local consultation and participation</p> <p>There is clear evidence of partnership and multi-agency involvement</p>	<p>Participants portray engagement consistent with programme aims;</p> <p>Collages consistently portray personal development</p> <p>Collages show evidence of participants playing a role in supporting the Healthy Valleys remit.</p>	<p>Participants were clear about project aims and remit</p> <p>Participants had involvement in contributing to services</p> <p>Participants consistently supported the objectives of Healthy Valleys</p>
<b>2 Adequate and appropriate resources</b>	<p>Funding and staffing appear to be deployed effectively to meet programme aims</p> <p>A new database has been developed alongside new financial systems ensuring increased accountability and transparency.</p> <p>A variety of funding sources are accessed to support the programme</p> <p>The combination of full and part-time staffing and volunteers appear to be effective in obtaining reach across the project target communities</p> <p>Creative use is made of local facilities and other resources</p> <p>Limitations in funding are acknowledged in</p>	<p>Participants acknowledged the support of staff</p> <p>Participants comment favourably about support and training opportunities</p> <p>There is an absence of adverse comments about facilities or other resources</p>	<p>Participants appear to be content with programmes and participation</p> <p>Participants advocate sustainable funding and additional resources to alleviate problems associated with short term funding cycles</p> <p>Participants acknowledge that the effect of programme development was to open up new areas of activity which subsequently draw on resources</p>

	planning for the future development of Healthy Valleys.		
<b>3 Appropriate management and evaluation</b>	<p>The various programmes operating under the auspices of Healthy Valleys appear to be effectively supported.</p> <p>Working relationships across staff, volunteer and inter-agency groups appears to be effective</p> <p>Aims and objectives are clearly defined</p> <p>Systems are in place for monitoring and evaluation.</p>	<p>Evidence of participation and influence</p> <p>Evidence of satisfaction</p>	<p>Evidence of participation and influence</p> <p>Evidence of satisfaction</p> <p>Evidence of new data base development and financial management systems that ensure increased accountability and transparency.</p>
<b>4 Recognition of the wider environment</b>	<p>Staff have consistently adjusted the programme to accommodate new priorities and to meet policy imperatives</p> <p>Reports indicated a culture of learning from programme work</p> <p>Multi level work is developed to enable inter agency partnerships</p>	<p>Evidence that participants are aware of developmental opportunities – involving others/ new partnerships/new programme ideas</p>	<p>Evidence that participants are aware of developmental opportunities – involving others/ new partnerships/new programme ideas</p>
<b>5 Building in long term sustainability</b>	<p>Sustainability is promoted across the programme.</p> <p>Sustainability is sought in funding a resource allocation</p> <p>The community development ethos is intended as a programme for sustainability</p>	<p>Participants are enthusiastic about continued involvement in programmes</p> <p>Participants indicate a desire to become involved in service delivery as volunteers</p>	<p>Participants are enthusiastic about continued involvement in programmes</p> <p>Participants indicate a desire to become involved in service delivery as volunteers</p> <p>Participants identify with the need for additional and secure funding packages to secure Healthy Valleys activity in the longer term</p>

Evidence secured in the course of this evaluation (summarised in the above table) confirms that Healthy Valleys has had major successes in building and implementing community development initiatives which target the growth of well-being and healthy

living. These successes were consistent with a range of evidence across discrete health education and healthy living studies. For example Hildson et al (2005, p.15) provide a summary of review led evidence for community settings concerned with promoting physical activity among adults. The four interventions credited with success in this particular area are all evidenced in Healthy Valleys programmes.

There is a great deal of consistency between the methods of Healthy Valleys and the success factors in the draft guidance on *community engagement and community development approaches to health improvement* to be published in 2008 (Programme Development Group, downloaded from [www.niace.org.uk](http://www.niace.org.uk) on 30 October 2007). This publication (ibid p.4) acknowledges that community involvement of socially and economically disadvantaged groups is “key to the success of national strategies to promote health and well being and to reduce health inequalities”. This evaluation found that in common with the findings of Attree and French (2007) the Healthy Valleys programme stimulates individuals and communities to work together as a means to achieving positive outcomes such as improvement in service delivery and/or health. This is accomplished across programmes through the provision of opportunities to gain:

- Experiential knowledge (leading to more effective cost effective and sustainable services)
- Social capital
- Empowerment (through for example co-producing services: participation increases their confidence, self-esteem and self efficacy and gives them an increased sense of control over decisions affecting their lives)
- More trust in government bodies by improving accountability (democratic renewal)
- Health-enhancing attitudes and behaviour (Attree and French, 2007)

Three other features of the operation of the Healthy Valleys initiative are worthy of further comment in informing our conclusions

### **1 The location of the initiative**

The location of the initiative in Rigside sends a clear message that Healthy Valleys is about challenging rural poverty and inequality. Locating this major initiative in a village in the target area that has been subjected to negative stereotyping we feel sends important signals about the ethos of the project. It locates the work as local and accessible. It is also useful in helping to transform the area (increased activity, refurbished building, coming and going of partners/ visitors) and in sustaining the local economy (employment of local staff and volunteers, local purchasing of goods and services).

## **2 Commitment to community involvement**

It is widely recognised that supporting effective and sustainable community participation is a complex process (Webster, 2003). Healthy Valleys, through the project staff and volunteers are engaged in a process of community development and health promotion through which they have demonstrated key elements of effective community involvement vis :

- A commitment to sustained involvement and addressing inequities of resource provision through continuous activities to fund and resource development
- Recognising the value of professional support at different levels and drawing on volunteering and training to extend the reach and longevity of developmental programmes
- The ability to adapt and to respond creatively to new developments

## **3 The personal and professional qualities of staff, participants and volunteers**

Throughout the process of conducting this evaluation the energy, drive and commitment of the staff, volunteers and participants associated with Healthy Valleys has been evident. There is clear evidence of the effectiveness of working relationships and of the existing and developing networks. Typically, the reporting on activities and involvement was constructive. There is a complete absence of the types of inter or intra disputes which may have been expected across such a range of initiatives, groups and areas. Although impossible to measure our observation is that this is due predominately to the personal and professional qualities of staff, volunteers and participants.

In concluding this evaluation it was evident that Healthy Valleys was making a meaningful impact in the area and was meeting the challenge of improving health in the Douglas and Nethan Valleys. Seven key areas of success were identified in the thematic analysis of data and these inform the recommendations that the Healthy Valleys Board should consider:

### **1. Partnership Working**

Partnership working was strong at two levels: firstly by involving local people in decision making and in developing community-led health improvement and then, by engaging in multi-disciplinary partnerships across the area to develop and deliver health improvement and community development programmes. It was found that

**Healthy Valleys took the lead in the creation and development of a range of innovative partnerships at every level and is recommended that it should continue to develop this collaborative approach to health improvement.**

## **2. Support for Problems**

Support for problems included a range of programmes that supported physical good health and subjective well-being. A problem-posing approach was determined as useful in enabling participants to build skills and knowledge to take responsibility for their own future problem solving. This often engaged them in double function activity that meant they consequently helped others while also helping themselves.

**Data suggests room for improvement in men's uptake of stress management programmes and it is recommended that the Board and staff should consider how best to develop these services in future.**

## **3 Personal Development**

Participants reported a process whereby personal hardship, ill health and isolation had been improved through participation in Healthy Valleys' programmes. This was often portrayed as an empowering or enlightening process that enabled people to gain confidence and in some instances employment.

**Such empowering interventions are indicative of a community development approach and therefore are recommended as the foundation of sustained community engagement.**

## **4 Essence of Community**

Healthy Valleys has been instrumental in developing new social networks through a variety of programmes across the area. It was evident that people's perception of community had widened as a direct result of their involvement with Healthy Valleys. The initiative also displayed signs of an emerging community of practice within the community health field. Here again this process is clearly grounded in the principles and value base of community development theory.

**It is therefore recommended that Healthy Valleys continue to work in this way and that staff should undertake action research around the development of this new community of practice.**

## **5 Community development**

Participants and partner agencies held the project in particularly high regard and demonstrated that the initiative made a very positive contribution to the development of communities across the area, and beyond. The community development approach was consistently identified as the critical element in this process that worked in coalition with a strong volunteering ethos.

**It is recommended that the community development approach be maintained and where possible Healthy Valleys should be extended to other communities across rural South Lanarkshire.**

## **6 Volunteering**

A strong volunteering ethos and volunteer development policy underpinned Healthy Valleys' capacity to sustain the infrastructure that supported many aspects of the programme. While the overt focus was one of health improvement, there was a strong and consistent sense of an emerging community cohesion, the sense of civic pride and a consistent reporting of the idea of giving something back through extensive volunteering opportunities.

**It is recommended that Healthy Valleys continues to seek and implement innovative ways of encouraging and supporting volunteers and retains the autonomy needed to facilitate ongoing volunteer development.**

## **7 Health Improvement and Well-being**

Taken together, the collages, focus groups, vignettes and other documentation, provided strong evidence of health improvement across personal, professional, operational and strategic levels. Seventeen vignettes of practice provided evidence of innovation. Use of positive language and developmental ethos helped nurture a dynamic, creative and effective approach to health improvement that many of those involved in the study claimed was not available elsewhere.

**Healthy Valleys should strive to maintain its focus on community led health improvement and to facilitate this it is recommended that renewed funding should be sought to continue this work.**

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