

**The Evaluation of Merseyside Health Action Zone (MHAZ) -
Funded Projects, Focusing On Capacity-Building Strategies
At District Levels.**

Maureen Chendo-Thomas

**A thesis submitted in partial fulfilment of the requirements of
Liverpool John Moores University for the degree of Master of
Philosophy.**

**This research programme was carried out in collaboration
with Merseyside Health Action Zone**

May 2013

Acknowledgements

This thesis could not have been written without the support of Dr. Conan Leavey who not only is my supervisors but also encouraged and challenged me throughout this research process. You had confidence in me even when I doubted myself and refused to go on. Without your encouragement and constant guidance I could not have finished this thesis. Your patience is a virtue. I thank you so much.

My special ‘thank you’ goes to professor Fiona Irvine who painstakingly co-supervised this work. I would like to say huge thank you to my advisory team, Beth Milton, and all my colleagues in the Centre for Health for their support and time.

Many thanks to everyone who assisted me in the data collection, particularly to the young people and MHAZ project workers who willingly participated in this study. I thank you immensely Lindsay Troughton and Nick Hunt for painstakingly proof-reading the entire thesis.

I thank my family- my Children Nneka, Kene, Chuka, Nemy, Chino and my grandsons, Clay and Josh for easing out my tension in a play way method. I would like to extend my heart-felt gratitude to my mentor and best friend, Cosmas Osuji for his continuous support and advice. I acknowledge that sometimes I became hard to love but you were always there to listen and to give advice. Most importantly, you patiently and painstakingly guided me through the process, never accepting less than my best efforts, and forever asking me good questions that rescued me from various red tape crises. Thanks for everything.

Above all, I give glory God the author and finisher of my faith.

This study is dedicated to my Dad.

ABSTRACT

The study focused on the evaluation of capacity building strategies, as implemented by Merseyside Health Action Zones (MHAZ). The aim was to determine whether capacity building activities constitute as appropriate tools to tackle the underlying causes of poor health, including unemployment, and social exclusion especially amongst young people. This study also determined the MHAZ contributions towards increasing the employability towards enhancing the quality of life for young people, aged between 16-25 in the Merseyside areas. The Health Action Zones (HAZs), including MHAZ, were a government programme for action in local communities to tackle the root causes of ill health in order to reduce health inequalities. The qualitative evaluation methodology adopted for this study provided in-depth understanding of participants' experiences of both the processes and the impacts of the projects. 20 project workers and 18 beneficiaries from 5 local authorities in Merseyside were involved as respondents. Data collection involved semi-structured interviews, a focus group meeting, case studies, and an evaluation workshop using the 'theory of change' (TOC) approach to evaluation. The TOC enabled the project workers identify their programmes' logic models as well as enabled the assessment of complex community-based activities of capacity building that operated at many levels. A review of projects' reports and relevant literature provided an overview of project structure.

The study was carried out in three phases: the first phase explored the MHAZ project workers' perception and understanding of the term 'capacity building' in the context of HAZ. The second phase focused on identifying the MHAZ logic models and assessing MHAZ process, focusing on what worked what did not work so well and what could be done differently for better practice in the future learning and development. The third and final phase assessed the impact of capacity building on the project's participants, in relation to enhanced

learning (knowledge, experiences, attitudes or skill) and improved conditions, including increased employability and behavioural changes.

Key findings revealed that the MHAZ project workers characterised the activities of capacity building using a more community-friendly terminology such as 'personal development', 're-training-to reactivate-potential', and 'social capital', as their values seemed more in line with what they do. However, the term 'social capital' arguably seemed to have suffered the same fate as the term 'capacity building' at the project level as it seemed - not only is it jargonistic, it is a complex concept as well. Meanwhile the term capacity-building was viewed negatively by most project workers as its philosophy could not easily relate to what they do in the community. This indicates that capacity building can act to marginalize people rather than enhance skills.

Efforts were made to address social exclusion and many projects recorded successes in terms of increased self-confidence, personal qualities and enhanced social skills for both the project workers and beneficiaries. The relationship of trust and respect between the project workers and the young people was obviously very vital to the success of the MHAZ programmes, as positive changes were noted in attitudes and interaction with different groups of people.

The weakness of the MHAZ programmes was attributed to the short term nature of the projects and the uncertainty in the funding system, which had huge negative impacts on both the project workers and the young people. It was therefore not possible to determine on the shorter-term objectives if MHAZ achieved the reduction of health inequality status. Also the absence of a support structure with an inbuilt transitional period meant that the young people were left independently to find their own jobs with little or no confidence. Government could do more to address the real problems of social exclusion amongst young people. Perhaps, the Coalition government 'Big Society'

agenda comprising of integrated provisions where parental education, social and health care support provided to vulnerable families should be seen as crucial in addressing health inequality status while improving young people's wider wellbeing. This approach will enable young people to have a sense of belonging within a community network, even after the programmes and projects have drawn to an end.

Suggestions for improvement included: the need for increased funding to extend the life of the projects, and the development of a workable post support structure for the transition period to enable young people prepare their mind-set for employment as well as establishing education, and life skills programmes to gain employment at the end of project's duration.

Key words:

Capacity building.
Employability,
Merseyside Health, Action Zone,
Personal development,
Social Capital,
Social Exclusion

		List of Contents	Page
	Acknowledgement		i
	Abstracts		ii
1	Chapter One		1
	1.	Introduction	1
	1.1	Background History-Health Action Zones (HAZ)	2
	1.2	Merseyside Health Action Zone (MHAZ)	2
	1.3	Research rationale -	5
	1.4	Process and impact evaluation of MHAZ	8
	1.5	Overview of Methodology	9
	1.6	Summary	10
2	Chapter Two Literature Review		11
	2.1	Introduction	11
	2.2	Search Strategy	11
	2.3	The Social Causes of Health Inequalities	12
	2.4	Young People and Social Exclusion	15
	2.5	Introducing the term ‘Capacity Building’	18
	2.6	Capacity Building for human resources development	22
	2.7	Employability and young people: what is it?	24
	2.8	Individual versus community capacity building	26
	2.9	Capacity building techniques	29
	2.10	Barriers to capacity Building	30
	2.11	Summary	31
3.	Chapter Three Research design and methodology		33
	3.1	Introduction	33
	3.2	Process and Impact Evaluation	34
	3.3	Research design and methodology	34
	3.4	Data Collection	36
	3.5	Sampling and recruiting: how were MHAZ selected	46
	3.6	Phase one : sample population and criteria for selection	47
	3.7	Phase two: sample population and criteria for selection	48
	3.8	Phase three: sample population and criteria for selection	48
	3.9	Ethical issues	59
	3.10	Informed consent and the right of full disclosure	50
	3.11	Confidentiality of information, anonymity and the right not to be harmed	51
4	Chapter Four Data Collection and Analysis		52
	4.1	Introduction	52

	4.2	Phase One:-Exploring the term ‘Capacity Building	53
	4.2a	Introduction	53
	4.2b	Pilot study with Project workers	53
	4.2c	Semi-structured interview with project workers	53
	4.3	Phase Two: data collection- process evaluation	54
	4.3a	Introduction	54
	4.3b	Pilot study	54
	4.3c and d	Data collection :Phase two – Workshop: 1 st session	56
	4.3e	Semi Structured interviews- 2 nd session	58
	4.4	Data collection at phase three: Impact Evaluation	60
	4.4a	Introduction	60
	4.4b	Pilot Study	60
	4.4c	Semi-structured interviews with project beneficiaries	61
	4.4d	Focus group with project beneficiaries	61
	4.5	Data analysis: methodological approach	62
	4.5a	Applying framework analysis: Phase one	66
	4.5b	Applying framework analysis: Phase two	68
	4.5c	Interview Analysis: Second Phase	71
	4.6	Phase three analysis	74
	4.6a	Introduction	74
	4.6b	Familiarisation	74
	4.6c	Identifying recurrent and important themes	75
	4.6d	Organizing data into summary sheet	75
	4.7	Issues of reliability and validity	76
	4.8	Research Reflexivity	79
	4.9	Building Rapport: People did open up in the end	81
	4.10	Gaining access to interviews participants	82
	4.11	The experience of racism	83
5	Chapter Five: Findings		85
	5.1	Phase one: interview with project workers- what is capacity building	85
	5.2	Theme one: understanding of capacity building	86
	5.2a	Capacity building as personal development	87
	5.2b	Capacity building as retraining to activate potentials	87
	5.2c	Capacity building as social capital	87
	5.3	Theme two: Perception of capacity building	88
	5.3a	Capacity building as Jargon	88
	5.3b	Capacity building as buzzword/catchphrase	88
	5.3c	Capacity building as a negative word	89
	5.3d	Summary and conclusion	89
	5.4	Phase two findings: process evaluation	90
	5.4a	Introduction	90
	5.4b	Workshop: Identification of logic models	90

	5.5	Theme one- Context in which the projects operated	92
	5.5a	Low self-worth/lack of self-confidence	92
	5.5b	Category one: school Drop-out and social exclusion	93
	5.5c	Category two: Homelessness and substance abuse	94
	5.5d	Category three: fragmentation of community and family disunity	94
	5.5e	Category four: poverty and community deprivation	95
	5.5f	Category five: stigmatisation and mental ill health	95
	5.6	Theme two- Resources	96
	5.6a	Category one- Funds	97
	5.6b	Category two- Manpower	97
	5.6c	Category three- Machinery	98
	5.6d	Category four- Other resources	99
	5.7	Theme Three- Capacity building	100
	5.7a	Category one: Project activities	100
	5.7b	Strategies that worked well	102
	5.7c	Category two: Rationale for intervening	108
	5.8	Theme Four: The Expected Outcome	114
	5.8a	Category one: short term outcome	116
	5.8b	Category two: long term outcome	118
	5.9	Phase two Findings: Interview sessions	119
	5.9a	Theme one: project workers experiences of MHAZ Process	120
	5.9b	Theme two: successes of evaluation and feedback	125
	5.9c	Theme three: what could be differently	128
	5.10	Phase three findings: Impact evaluation- project beneficiaries	135
	5.10a	Introduction	135
	5.10b	Theme one: beneficiaries' experiences	136
	5.10c	Theme two: Beneficiaries perception of project structure & methods	139
	5.10d	Theme three: Impact of capacity building on the beneficiaries	140
	5.10e	Theme four: What could be done differently	144
	5.11	Summary	148
6	Chapter Six: Summary and Conclusion		150
	6.1	Introduction	150
	6.2	Areas of good practice: what worked?	151
	6.3	Evaluation and feedback process	162
	6.4	What did not work so well?	163
	6.4a	Projectism: the idea of short term goal	164
	6.4b	Argument for projectism	166
	6.4c	Capacity building: Jargon and community involvement	169
	6.5	Did MHAZ capacity building process contribute to reducing health inequality in Merseyside?	172
	6.6	Why this research was necessary	176
	6.7	Research Limitation	179
	6.7a	Methodological reflection	179

	6.7b	MHAZ Closure	180
	6.7c	Data Protection Act 1998	180
	6..8	Summary	181
7	Chapter Seven: Conclusion, Recommendation/Suggestions for improvement		183
	7	Conclusion	183
	7.2	Recommendation/ suggestions for improvement	184
	References		188
Figures, Boxes and Tables			
FIGURES			
Figure 1	Map showing the 5 local authority areas of Merseyside		2
Figure 2	Overview of methodology and methods adopted for this study		9
Figure 3	Illustration of Mortality Ratio in Merseyside		14
Figure 6	Phase Two :Theme 1 – Context in which the project operated		94
Figure 7	Theme 2- The Inputs and Resources		99
Figure 8	Theme 3- Capacity Building Process		102
Figure 9	Theme 4- Outcomes		117
Figure10	Theme 5- Experiences of MHAZ project workers		123
Figure 11	The Successes of Evaluation and Feedback Process		129
Figure 12	What Could Be Done Differently		132
BOXES			
Box 1	MHAZ Goals and Guiding principles		4
Box 2	Illustration of logic models using the symbol of apple tree		79
Box 3	Thick description of typical workshop session		83
TABLES			
Table 1	Summary of objectives, processes and methods for each phase		44
Table 2	Graphic presentation of Logic model		57
Table 3	‘At a glance’ diagrammatic expression of projects’ logic model		91
Table 4	Case studies showing major project activities		102
Table 5	Case studies showing MHAZ logic models		109
Table 6	Tabular representation of short and long term outcomes		116

Appendices

Appendix 1: List of ten projects selected for this study

Appendix 2: Sample Copy of Informed Consent Form

Appendix3: Interview questions for phase one study. What is Capacity Building.

Appendix 4: Interview questions for phase two study—Process Evaluation

Appendix 5: Interview questions for phase three study—Impact Evaluation

Appendix 6: Fusion 21

Appendix.7 Logic models at a glance

Appendix 8: Coding Frame

Appendix 9: Category tree

Chapter One

1. Introduction

The aim of this study was to find out whether the processes of capacity building as implemented by Merseyside Health Action Zone (MHAZ)-funded interventions had contributed to strengthening the employability of young people aged 16-25, and reducing health inequality in the districts levels of Liverpool, Knowsley, Sefton, St Helens and Wirral. These interventions were carried out via 10 projects as a critical step to enhancing healthy lifestyle in the local communities experiencing poor health. This study also explored the MHAZ workers' perception of the term 'capacity building' and then mapped out the different terminology used to refer to it in the local context.

The MHAZ social interventions, responding to the Labour government's commitment to tackle the underlying causes of poor health, provided employability-focused programmes using capacity building activities as ways of working to enhance healthy lifestyle and perhaps reduce health inequalities in the local communities experiencing poor health. These programmes were focused on transforming lifestyles and improving health for social change.

Employability strategy, in the context of capacity building activity, has been described as a process of strengthening peoples' soft skills by raising self-awareness, increasing communication skills and self-confidence, as well as building healthy relational skills that promotes job opportunities towards healthy society (Giaceman et al., 2002). In this case, capacity building activities not only provide educational activities towards gaining academic qualifications and college degrees, but also enhance personal attributes that enable one to gain and maintain successful employment (Heller et al., 2002; Brown et al., 2002). This, in effect, strengthens the individual's ability to use local resources and support systems to improve the quality of life for themselves and their community members. Based on this and other credible but modest experiences of many grassroots health promotion professionals, both in developed and developing nations (Heller, et al 2002; the WHO Report, 2006, the Human Development Report 2006), capacity building should be about programmes that nurture young people's skills and capabilities and instil core relationship values, which would aid them in tackling life issues while empowering them to improve themselves. In line with this premise, an approach to public health policy was introduced. The White Paper '*Saving Lives: Our Healthier Nation*' was introduced by the Labour government in 1997, as part of their strong commitment to tackle poor health and perhaps reduce health inequality status in local communities experiencing poor

health (Department of Health, 1999a & b). This approach emphasised the need to use a more socially-inclusive healthcare delivery system involving partnership working between the statutory health sector and local authority, including more community-friendly initiatives to tackle poverty, unemployment and social exclusion. This policy led to the establishment of health action zones.

1.1 Background history - Health Action Zones (HAZ)

HAZs were the first area-based initiatives to tackle the root causes of ill health, using a socially inclusive model of health care delivery system (HAZnet 1999). They were established as trail-blazers and were expected to lead the way by modernising and reshaping health services, to change the way people look at health and healthy living. HAZ was therefore encouraged to work in partnership with the National Health Service (NHS) and Local Authorities (LA), including voluntary agencies and the private sector, while looking at health issues that lie outside the NHS priorities, such as poverty, unemployment and social exclusion.

A total of 26 deprived areas in England were awarded Health Action Zone (HAZ) status, ranging from Luton to Merseyside and covering more than 13 million people (HAZnet 2001; Judge et al., 2000). This study primarily focused on Merseyside HAZ interventions using capacity building strategies at the local authority levels.

1.2 Merseyside Health Action Zone (MHAZ) was launched in April 1999 as part of the second wave of HAZs. It was one of the largest and most complex of the HAZ initiatives, with a population of 1.4 million and covering the four Health Authorities and five Local Authorities (LA) of Knowsley, Liverpool, Sefton, St. Helens and the Wirral (Barnes et al., 2005 see figure 1). Each

Figure 1: 5 local authority areas of Merseyside



district is shaped by different political, social, cultural, historical and economic factors with some communities more affluent and some more disadvantaged than others. This was one of the many tensions in Merseyside that made it difficult to integrate programmes such as action on employment opportunities and social inclusion while responding to the needs of improving the

quality of life for its most deprived communities. Secondly, my earlier interaction with the Merseyside Health Action Zones and Health Improvement Providers (MHAZ/HIMP) indicated further tensions; despite enthusiasm for this new approach, the conflict between the NHS-based agenda (a more curative and biomedical model of tackling health issues, focusing excessively on combating cancer, coronary heart disease and stroke, accidents and mental ill-health) and the contrasting HAZ performance management, focused more on looking at ill health as a product of individual socio-economic status and therefore requiring socially inclusive ways of tackling ill health while improving lifestyle choices (Povall, 2005).

Research suggests that 10 to 30% of ill health outcomes have been attributed to lifestyle-related behaviours across various socio-economic groups, indicating the way people live their lives – i.e. their personal attitude to life, what they eat, their sexual habits, how active they are, and whether they smoke - is central to improving health. Other factors, including people's educational attainment, employment and employability status, housing standards, and various anti-social behaviours, all explain the significant link between inequalities in health outcomes and the socio-economic environment (Graham, 2000; Marmot, 2006).

Fortunately, 10 years of 'Healthy Cities' work in Liverpool and 'Health for All' work in Wirral and Knowsley local authorities, including the MHAZ innovative and flexible ways of working, ensured that most activities at the local levels were integrated through emphasis on a holistic approach and multisectoral partnership at the local level (Armitage, 2002).

MHAZ was committed to enhancing local communities' quality of life, using partnership working and capacity building strategies to tackle poverty, unemployment, and social exclusion (MHAZ, 1999). They therefore established four major goals and seven clear guiding principles (refer to box 1 below) for intervention and social change, all of which reflected the concerns of the local community as identified by the MHAZ Steering Committee.

The first goal aimed to reduce levels of poor health through modernizing health and social care; the second goal aimed to regenerate and renew neighbourhoods through the provision of employment opportunities; the third goal consisted of neighbourhood services that aimed at increasing active independent living; the fourth goal focused on enhancing the overall quality of

life of the local communities, through creating better environments, tackling crime and disorder and involving the local communities by asking how best to achieve these objectives.

The seven guiding principles of equity, community and staff involvement, whole system, person-centred, evidence-based approaches and partnership were established in order to ensure that the implementation plans followed a logical sequence towards the achievement of these goals. The fifth goal - 'Making it Happen' - ensured that the guiding principles were understood and put into practice. The 'Making it Happen' team used co-ordination, communication, network, and evaluation strategies in order to ensure that the MHAZ community programmes were devolved across the local authorities for the purpose of generating learning for future practice improvement (Armitage 2002).

A total of 350 interventions being funded by MHAZ were expected to adhere to these guiding principles as a prerequisite to receiving funding from MHAZ.

Box1- MHAZ Goals and Guiding Principles

The MHAZ Goals

- **To reduce the levels of poor health through modernising health and social care**
- **To regenerate and renew neighbourhoods through the provision of employment opportunities**
- **To provide neighbourhood services that increase active independent**
- **To enhance quality of life of the local communities through creating better environments, tackling crime and disorder, as well as involving the local communities in how best to do this.**

The MHAZ Guiding Principles

- **Achieving equity,**
- **Engaging communities,**
- **Person centred,**
- **Involving staff,**
- **Partnership working,**
- **Evidence-based approach to service planning and delivery**
- **Whole system approach,**

1.3. Research rationale - is capacity building the right tool to tackle poverty in Merseyside?

This research study focused on the MHAZ second goal: to promote healthy lifestyle through providing employment opportunities, especially in young people. This goal was in line with the government's prime strategy for young people that emphasised the need to eradicate child poverty, through tackling anti-social behaviours and reducing social exclusion, using community-based capacity building approaches (Boateng, 2000). The capacity building strategy in this circumstance was expected to enhance self-awareness and self-confidence, while strengthening young people's employability for personal and community development. It was hoped that when young people were engaged in employability programmes and self-confidence was achieved, poverty and unemployment would reduce, and personal development would increase, thereby enhancing the quality of life in the local communities and perhaps reducing health inequality status in the Merseyside area (Armitage, 2002).

Various research evidence from both developed and developing countries has shown that capacity building activities have been used as successful tools to tackle the underlying causes of poor health, including unemployment, poverty and social exclusion, especially among young people (UNDP Index, 1990; Eade, 1997). For instance, authors such as Blane et al., (1999) and Eketon (2006), discussing the concept of development and regeneration for sustainable changes in the Sheffield local communities, indicated that the improved lifestyle of many young ex-offenders in the locality was as a result of the people-centred capacity building strategies. Furthermore, and in the context of the Non-Governmental Organisations (NGOs) overseas, capacity building initiatives seem to be amongst the most practical ways of involving young people in tackling poverty and promoting social change, as they recognise the importance of effective participation and the right of individuals towards defining what is important to them (Kellogg, 2006; UNDP, 2004). For instance, in the West African country of Sierra Leone, the general improvement in the young people's and vulnerable adults' lifestyle was linked to various capacity building activities in the community. The involvement of young people and vulnerable adults in vocational training after the district's school infrastructures were vandalised by a decade-long gruesome war resulted in a remarkable drop in crime rate and an increase in social

enterprises and social cohesion within the local community (Government of Sierra Leone, 2006). The vocational activities in this circumstance included team building and self-awareness programmes, carpentry and upholstery apprenticeship. This is supported by Eade (1997:24) in the following statement:

“Capacity building centred on people, therefore should be the process of transforming lives and transforming societies towards reducing health inequality status in the local communities experiencing poor health”.

However, there is little evidence to support the impact of capacity building for human development and regeneration in Merseyside (Judge et al, 2000). One of my motivations in embarking on MHAZ second goal was to find out how innovative the activities of MHAZ would be in tackling poverty and reducing health inequality status using capacity building strategies. Another reason for this study was to find out the processes of capacity building form part of the right tools to tackle child poverty and regenerate human resources in Merseyside. I also intended to find out whether the implementation of capacity building by the MHAZ contributed to the employability of socially excluded young people towards community development in Merseyside.

Meanwhile, the term ‘capacity building’ is now widely used across various organisations and a diverse range of disciplines. Many articles on public health suggest that it might mean different things to different people. The term ‘capacity building’ at strategic and health policy levels is conceptualised as a process of educating and training to impact new skills in people in order to advance the development of their organisation (Crisp, et al; 2000). Here, the emphasis is on those activities which ensure that frontline staff are equipped with new skills that would enable them to better manage their organizational structure and finances at the strategic level, handle conflict, and improve marketing.

At grassroots level and in the context of health promotion providers in Liverpool, capacity building was referred to negatively as academic jargon, used indiscriminately to spawn confusing controversy and undermine the morale of local community, as well as weakening their sense of working to a clear mission statement (Semoff, 2000). For Semoff, capacity building is more of a slogan rather than a meaningful concept set out to help the community function and

solve their problems. In this research, it was not intended to analyse these theoretical debates; rather, it was intended to explore the meaning of capacity building processes as understood by the project workers in the context of MHAZ.

This study was therefore carried out in phases to enable me to answer these questions; the first phase explored the MHAZ project workers' understanding of capacity building. This helped to map out their perceptions and the various terminologies used to refer to capacity building. The information generated at this first stage became fundamental to how project workers implemented capacity building activities. These activities would in turn reflect the selection of the process evaluation approach and methodologies intended to address the research question. The second phase of the study focused on the process evaluation of capacity building as was implemented by the MHAZ project workers. The aim was to find out the relevance of capacity building strategies in tackling the underlying causes of poor health.

It was important to note that the MHAZ initiatives have since come to the end of their term and funding has ceased at this stage of the research. The need for impact evaluation became necessary in order to assess the benefits of capacity building in the community. The third and final phase therefore assessed the impact of capacity building strategies on the project participants and the project workers, in relation to their perceptions and experiences of the process, as well as the difficulties encountered while going through the project. The impact evaluation was aimed at determining if the needs of the participants who went through the interventions were met. It also aimed at providing feedback on the validity of specific approaches of capacity building strategies as well as the effectiveness of the processes of MHAZ.

It was hoped that this study would provide useful learning experiences for practice improvement and for change. The research aims and objectives were developed from wider research questions seeking to examine the activities of capacity building, determine what worked and whether what worked constitutes the right tools to tackle the underlying causes of poor health and enhance the employability of young people in Merseyside.

1.4 Process and Impact Evaluation in Health Action Zones

An evidence-based approach to service planning and delivery was the key theme for evaluation in Health Action Zones. This process centred on the assessment of the on-going implementation of programme activities, finding out what worked, what did not work and what could be done differently for the purpose of sharing the best practice. In the case of MHAZ, the primary emphasis was to constantly evaluate and review their processes and where necessary adopt policies to ensure they achieve maximum effect on improving employability particularly in young people, as a key to tackling unemployment and poverty as well as changing the way people perceive healthy living (MHAZ, 1999).

Capacity building strategies are complex community-based activities that do not lend themselves easily to evaluation. This is because these activities are implemented at many different levels in the community and tend to have multiple goals. It was therefore very important to select an appropriate evaluation framework for analysing these activities, in order to determine whether they achieved the maximum effect in improving lives.

The first step to process evaluation is to identify the components of a programme's logic model in order to show what the project is supposed to do and how it aims to do so (Springett, 2001, Kirkpatrick, 2000). Then the use of a theory-based evaluation framework enables the evaluator to link up the specified goals to the problems being addressed in a way that the activities can be easily measured (Funnel, 1997; Harrell et al., 1998). Asking such questions as 'where are you now' (indicating the context/needs/problems to be addressed), 'where do you want to be' (expected short and long-term outcomes) and 'what do you want to do to be where you want to be' (activities/process) helps to identify the needs of the clients, and maps out the rationale for using the activities of capacity building in addressing these needs.

Furthermore, by asking the basic evaluation questions (Labonte and Feathers, 2000), the researcher determined the activities that worked, what did not work and why.

Process evaluation provides information on what the programmes are doing, as well as serving as a means of confirming the effectiveness of interventions. It also serves as an important tool for

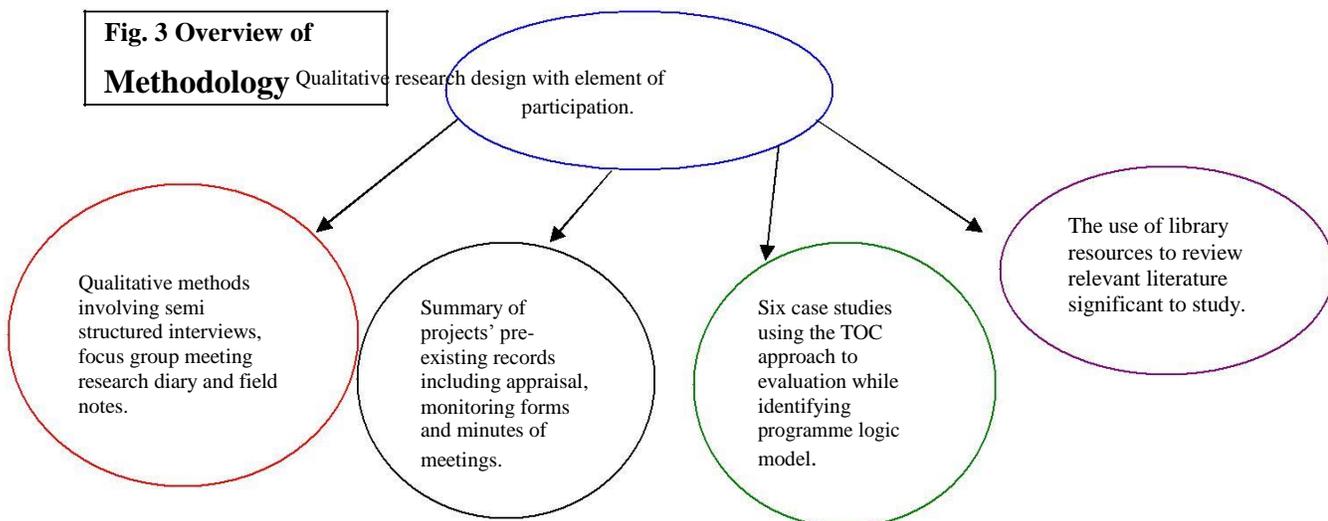
empowerment of individuals and the wider communities as long as all the stakeholders are involved and able to participate fully (Robson, 2006). Finally, evaluation also serves as a means to celebrate success in the eyes of those delivering the interventions (Robson, 2000; Springett, 2001). Impact evaluation in this study became necessary in order to determine the immediate effect of the capacity building on the programmes’ participants. Impact evaluation in the context of MHAZ centred around understanding how successfully the interventions achieved their goals and objectives. However, what is considered to be a successful impact would more than likely be informed by the judgment and experiences of the research participants through sharing reflections related to the key evaluation questions. They are less likely to assess the impact of many other prevailing environmental factors such as political and/or technical factors.

Drawing on MHAZ strategies, the impact evaluation of capacity building as implemented by project workers would seek to answer evaluation questions such as:

- What did you like best about the project and how has what you learned changed you? (Learning from the project).
- What new skills did you learn during the project and did that meet your needs? (Impact assessment).
- What should you suggest be done differently for future practice development?

1.5. Overview of methodology

Below is the overview of the research methodology, outlining methods and research respondents which are referred to in greater detail in Chapter Three.



In this research, the use of mixed methodology comprising of qualitative evaluation design with element of participation within the ‘theory of change’ approach to evaluation had been adopted.

Closely related to this view is Chen (1997) who expresses the view that the use of mixed methods becomes more reasonable as it involves accumulating evidence from a variety of sources, where the activities are perceived to be in the social context, aimed at enabling individuals and the wider communities to increase control over the determinants of health. The qualitative methods involving semi-structured interviews, focus group meetings and case studies would be used as they create room for flexibility in data collection. This provides a holistic view in exploring and explaining experiences and behaviours of research participants as they tell their story in their own words (Adele et al., 2000; the Principles of the Ottawa Charter on Health Promotion, WHO, 1986).

A total of 10 community projects/interventions funded by Merseyside Health Action Zone (MHAZ) were evaluated between 2001 and 2003. 20 project workers, two in each local authority and 18 project beneficiaries were involved in the face-to-face interviews. One ‘away-day’ focus group session was also held following the interview process.

1.6. Summary

This research study was carried out in three phases: first part explored the diverse meaning of capacity building processes in the context of MHAZ, mapping out various terminology used to refer to capacity building as well as the rationale for activity implementation. This first stage was expected to provide information that would enable the selection of research design appropriate for process and impact evaluation strategies. In the second part, attempts were made to evaluate capacity building processes in order to identify what activities worked, what did not work and what should be done differently for future development. The third and final stage aimed at assessing the impact of capacity building on the projects’ participants in relation to their experiences, their discomfort and dilemmas while going through the process. The objective at this stage was to determine if their needs were met and if capacity building is actually the appropriate tool for change and improved life style.

Chapter Two

2. Literature review

2.1. Introduction

The literature review is presented in two parts; firstly, a range of theoretical and empirical reviews on the fundamental social causes of health inequality status including poverty, unemployment and processes of social exclusion. This session of literature review helps to set the scene and explain the relevance of capacity building strategies in terms of governments' response in addressing the underlying causes of poor health in local communities in Merseyside.

Part two focuses on the definitions of capacity building across disciplines as necessary tools to tackle health inequality status, including its discourse in public health and impact on human resource development towards reduction in health inequality status in Merseyside. Here the discussion focuses on employability and strengthening of skills, relating to how people are enabled and motivated to participate in enhancing their confidence, and solving their health and social problems. This model of capacity building is embedded in the New Labour Government policies to tackle the underlying causes of poor health and modernise the health care delivery system, using a socially inclusive approach, with the overall aspiration of reducing health inequality status in the local communities.

2.2. Search strategy

Databases were searched using the following library search engines:

- Medline; Assia (Abstract of social Studies)
- ASSIA (Applied Social Science Index and abstracts); Pub med Sc.
- Haznet-CMHAZ appraisal
- Government Websites including national and local policy documents
- Various Texts (both electronic and print)

- Formal discussion with MHAZ/HAZHiP team including conferences, seminars on Community programmes and projects
- Informal discussions with colleagues and local community members
- Academic discussion including unpublished studies, abstract and dissertation

All literature was identified using snowballing techniques by searching through the reference lists of journals and all searches were restricted to English language texts only.

2.3. The social causes of health inequalities

Health inequality status has been described as the extent to which individuals or groups fail to access the wider determinants of healthy lifestyles, such as decent housing and employment, education and adequate incomes, including healthcare facilities (Moran and Simpkin, 2002). In this context, and from the health inequality discourse amongst the public health professionals, the dynamic social factors contributing to health inequality status in communities, including unemployment and poor income prospects, dilapidated housing and low educational qualifications as well as lack of social skill, all constitute the root causes of social exclusion, and consequently poor health (Shaw et al., 2000; DoH, 1999; Gideon, 1998). Social exclusion therefore is defined as the process of excluding an individual or a group of people from the labour market and/or from being involved or participating in other social activities such as community development.

Linking the processes of social exclusion to the social causes of health inequality status, Wilkinson (1996) argues that low literacy attainment, high unemployment rates, poor housing, prejudice, disability and unhealthy lifestyle behaviours such as tobacco smoking, alcoholism and drug abuse, have been identified as contributory factors to social exclusion. In this context the concept of social exclusion goes beyond a concern for economic resources and extends to participation and involvement to describe a process in which people are detached from their community and therefore may not be able to contribute to the market economy (Gideon, 1998; Department of Health 1999; Shaw et al., 2000). In addition, the British Heart foundation report

also indicates that people who are not able to contribute to the market economy due to poverty and other social activities including disability status, skin colour and sexual preference, even down to individual's character and/or an event in one's life, such as deteriorating physical and mental health conditions, or loss of family support, can all become barriers that exclude people from mainstream society thereby resulting to health inequality status (Social Exclusion Unit, 1999). For instance, the negativity associated with mental illness has led to devaluation and even further destruction of a person's sense of worth, resulting in the exclusion of such people from their community. Furthermore, the homeless, young people, the disabled, the long-term sick and ethnic minority groups can be stigmatised, thereby becoming isolated from social networks and other resources within society (Burchardt et al., 2002b).

Raphael (2010) argues that it is the result of such exclusion that contributes to the development of psychosocial stress intrinsically linked to relative poverty and low self-esteem, all of which underpin the polarization of health inequality statues prevalent in many local communities in UK. In line with this argument, March (2004) in his recent report argues that people who do not feel valued within a given society, and who are excluded from mainstream activities, usually suffer not only from a lack of access to health care and other mainstream services, but also from the psychosocial stresses of feeling vulnerable, angry, depressed and worried about debts, for example. These psychosocial stresses of relative poverty have been identified as the underlying causes of poor health outcomes including alcoholism, drug abuse, smoking and increased mental illness and high suicide rates, as well as various forms of anti-social behaviour such as vandalism and violence that adversely affect young people in today's society (Wilkinson, 2006). All of these factors can contribute to high mortality and morbidity rates, which are evident in the Merseyside locality (Judge et al., 1999).

Standardised Mortality Ratio for all causes of death by Government Regional Office (2000-2004)

Source: Index of local Deprivation, DETR, June 2004

Standardised Mortality Ratio 1

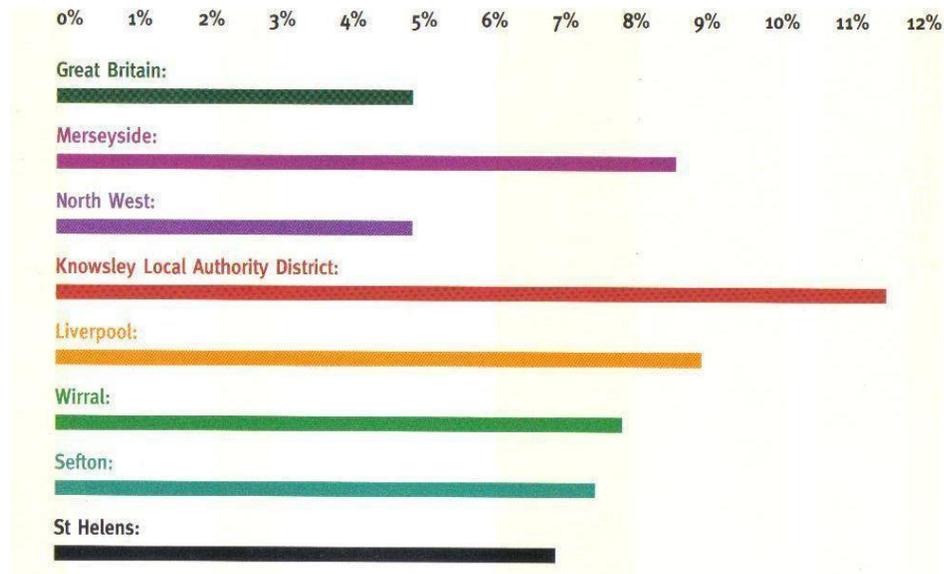


Fig. 3: Illustrates how Merseyside contains some of the highest mortality ratios in the country, with Knowsley being the worst after Liverpool. The Standard Mortality Ratio (SMR) measures death rates to determine the health of a society and is a marker of deprived and unhealthy communities. The Merseyside SMR is much higher than the average for England and Wales (DoH, 1999a). The high regional SMR may be explained by high unemployment rates in Merseyside which are nearly twice the national average. In a bid to tackle high unemployment rates, many communities across Merseyside have attracted sources of funding for regeneration and health improvement in recent years (Judge, 1999). For example, Kensington in the Liverpool Local Authority received a substantial financial investment to regenerate the area via Labour's New Deal for Community Regeneration (Kensington Regeneration, 2007).

In conclusion, social causes of health inequality status have been strongly linked to the dynamic underlying processes of social exclusion. The health outcomes due to these factors, at any level,

can be very stressful and carry with them the risks of unhealthy living, resulting not only from material deprivation but from the social and psychosocial problems associated with isolation, poverty and unemployment, all of which are very noticeable in many deprived communities in Merseyside and particularly amongst young people (Wilkinson, 2000).

2.4. Young people and social exclusion

In addition to poverty, low educational attainment, discrimination and prejudice, including break-down in family relationships, as well as lack of flexible legislation to integrate youth into the labour market are discussed by various health promotion practitioners (Wilkinson, 2000; Saraceno, 2001; Barry, 2002; Swann et al,2003), the Rowntree Foundation report (2003) also shows that low self-worth has been one of the most common psychological explanations for social problems amongst today's youth. This report contends that social exclusion amongst young people can be both a cause and consequence of the choices they made and/or behaviour they exhibited; the key risk factor was identified as low self-esteem. Wilkinson (2000) also identified low self-worth as fundamental to anti-social behaviour, low education attainment, unemployment, low income, and family conflict, all of which contribute to high rates of child poverty leading to health inequality status amongst young people. Colley et al, (2006) also identified, amongst others, the fragmented society due to loss of extended family systems and rejection due to stigmatisation and rigid school systems as the major underlying factors contributing to low self-esteem in young people. These writers believed that most young people facing these challenges on a daily basis tend to display low self- worth and behaviours that are not in line with the expectations of the education system and the norms of their immediate community. This has caused many young people to disengage from the mainstream activities and in many cases resulted in substance abuse, as well as teenage pregnancy, leading to low level and unhealthy lifestyle and hence health inequality status.

The rising cost of living and financial instability has been discussed as factors contributing to the increasing instances of families bringing up children on a very low income (Aldridge et al,

2007). These have also been identified as major causes of social exclusion amongst young people in Merseyside. Consequently young people are deprived materially and financially and in many instances are exposed to various forms of anti-social behaviour in the community, leading to health inequality outcomes.

The financial hardship carries with it high risks of dropping out of educational systems and coupled with low educational attainment have equally been perceived as barriers that prevent young people from achieving their potential. This is frequently cited as a key factor contributing to lack of self-confidence and having insufficient experience (DoH, 2005). Furthermore, financial hardship also leads many young people to become involved in crime while many others develop complex problems of substance abuse and therefore struggle to gain access to many statutory services. A classic example can be related to one deprived local community in Liverpool where many young people who are experiencing financial hardship become attracted to illegal employment within the 'informal' economy and/or drugs and crime and consequently are either in prison for drug crime or have been driven into the criminal justice system for the sake of being used as drug couriers (Everton Telegraph, 2007).

The ripple effect of low self-worth amongst young people has created an image that stigmatises and demonises them as dangerous men and women who deflect from traditional moral standards. This identity, used by both the local communities and the media as a way of criminalising young people, has been defined as 'anti-social behaviour' (ASB) at community level. Though there is no precise definition of 'anti-social behaviour', in the housing sector ASB is defined as any threatening, intimidating or destructive behaviour that intimidates, and/or causes alarm and distress for law-abiding community members (Plus Dane Group of Housing, 2006). This could be any activity ranging from aggressive behaviour, street drug dealing or wall and fence graffiti, down to drunkenness and vandalism. The 'anti-social behaviour order' (ASBO) is a court injunction issued in response to these negative conducts, when the impact of such behaviour on individuals, families and community members could prevent them from enjoying a peaceful community life and degrades the environment generally. Such negative impacts and the labelling, though not classified as a criminal offence in itself, could lead to jail terms if breached, thereby contributing to multiple dimensions of social exclusion amongst young people and in the longer term contributing to negative health outcome.

Poor housing provisions and overcrowding have been directly linked to the increasing rate of health inequality status amongst young people in many deprived neighbourhoods in Merseyside. Young people who are living in unfit houses are most likely to experience ill health associated with overcrowding, such as respiratory problems, or contract a life-threatening disease such as tuberculosis or meningitis. They are also more likely to be low educational achievers, unemployed, poor and socially excluded. While financial hardship and lack of employability are known to contribute to social exclusion amongst young people, not listening to them and/or lack of a robust strategy that enables them participate in local governance and decision-making processes undermines their confidence and can exclude them from mainstream activities. March (2004) contends that young people are rarely consulted or listened to even on issues that directly affect them. As a result, they feel devalued, depressed, cheated, bitter, desperate, vulnerable, frightened, angry, worried about debts and lack of jobs. The lack of sense of having a place in a community can dominate people's whole experience of life leading to a detrimental health outcome and in many cases, becoming passive subjects in communal life.

In a bid to tackle some of the effects of deprivation and social exclusion, while reducing the health inequality status, socially inclusive training activities such as capacity building towards enhancing employable skills were developed as part of the government's MHAZ initiatives for local communities. This is with the hope that by adopting a holistic approach, it would enhance their capabilities, motivate and involve them to actively participate in addressing their problems. Though this was not fully achieved before the MHAZ came to an end, social inclusion policy was sustained by the present Coalition Government through the 'Big Society' framework, as part of their activities to improve access to mainstream activities, with the hope of transforming people into active citizens, instead of being passive recipients of services.

The Big society framework entails power distribution from central government to local communities, towards rebuilding fragmented society, reducing poverty and reducing health inequalities while promoting healthy lifestyle. However, given the scale and unprecedented extent of the proposed public sector cuts (in welfare benefits, local government, higher education, criminal justice, etc.), all evidences strongly suggest that the health of the poor will suffer and health inequalities between rich and poor further widen.

Meanwhile, emphasis has been laid on the importance of understanding the multidimensional factors that contribute to health inequality status in order to formulate the appropriate policies that aim to provide, preserve and ensure equal participation and access to education, training and employability for economic opportunities, especially for the young (Shaw et al., *op.Cit*). Blane and colleagues write:

“A society which nurtures people’s skills and abilities... which provides education and economic opportunities for all, and fosters a cohesive and integrated social environment through the use of well-structured community participatory activities would do more for health and development” (Blane et al., 1999 as quoted in Shaw et al.,233).

The necessity of focusing the activities of capacity building on human resources was therefore identified as being absolutely essential in the running of such regeneration programmes as Merseyside Health Action Zones (HAZnet 1999; Mackenzie, 2001). This entails the regeneration of human resources at local level as a necessary preliminary step towards tackling poverty and the effect of social exclusion, especially amongst young people. Meanwhile capacity building is still being conceptualised with a plethora of meanings and this was discussed in detail next.

2.5. Introducing the term ‘capacity building’

The term ‘capacity building’ has different meanings in various functional areas in public health, such as health promotion, social welfare and urban regeneration, although many of them are subject to debate. In general, capacity building is described in the context of providing educational and training activities that raise awareness of self and develop decision-making skills. Such activities, a number of grassroots project workers stress, ‘should be done by the people’ or ‘with them’ and ‘not on them’ (Eade in Williams, 1995; UNDP, 1998; MHAZ 2003).

In the public health circle, the purpose of capacity building is defined with a focus on a health promotion framework, in a way that its strategies for action are aimed at enhancing and enabling both personal and collective skills towards building healthy public policy, creating a supportive environment, strengthening community actions and re-orientating health services (WHO: 2001:2). This definition pays attention to activities that aimed to raise self-consciousness and

enhance confidence, while enabling people to participate in meeting their needs while taking control of the determinants of their health.

Meanwhile, the empowering discourse of the Ottawa Charter on health promotion considers the term ‘capacity building’ at a more strategic level, as education and training activities aimed at the acquisition of new skills that are more conducive to improving health (World Health Organisation, 1986). Capacity building in this domain means developing the capacity of people in a way that enables them acquire knowledge and skills to respond to changes in their circumstances, create a better future and participate more fully in society. These activities are considered as an end in themselves, suggesting that the activities may be ‘one off’ or time limited and the tendency is to perceive it as ‘value-added’, a process directed at developing ‘New Skills’ which are added to the problem-solving capabilities people already possess. This view has been associated with the underlying intentions and values made by government departments charged with funding and in many cases, with the implementation of top-down processes. The problems of top-down process in community programmes of this nature often can result in power imbalances between government and the local community, as well as distrust and cynicism, leading to under-resourcing of capacity building initiatives (Chapman and Kirk 2001).

However, capacity building in the context of grassroots health promotion practitioners within the NGOs both overseas and in Europe would be the focus of this study. This approach to capacity building describes the process as any set of training activities that strengthen and improve one’s capabilities to carry out, or assist others to carry out, efforts to improve the quality of life for the poor (Kelloggs 1999). The perception of capacity building which underpins the bottom-up process in this regard does not consider activities as imparting new skills to people, rather it is perceived as working with people while supporting them to enhance existing potential capabilities. This model of capacity building frames activities as a means to a more efficient and durable development, providing an enabling environment while enhancing a person’s potential skills leading to personal development and sustainable change. This approach emphasises the strengthening of people’s innate skills that improve active participation and enable people to build viable organisational structures, while raising awareness of their local resources and support systems to effectively address their local concerns and enhance their quality of life. This,

in effect, promotes social networking while decreasing isolation. For instance, the elevated quality of life of young disadvantaged Afro-Columbian women in Latin America had a strong linkage to bottom-up capacity building processes (Restrepo, 2000). This exemplary case study was the work undertaken at the Corporacion El Parche Youth Club, a youth organisation from a deprived neighbourhood of Cali, in inner-city Columbia. Through a comprehensive awareness education programme and enabling environment involving long- term commitment in a relationship of respect and trust, these young women were able to achieve self-confidence and subsequently job placements in various music and entertainment industries. The successes of the project also contributed to the improved relationship between these women and local community members while they gained recognition by diverse governmental bodies and NGOs, which led to their inclusion in the local planning committee.

Capacity building is also linked to idea of ‘social capital’, perhaps due the fact that both share the common domain of financial, human, physical and social resources development. Although the concept of social capital has no single definition, its characteristics have been linked to the features of social organisation, underpinning a relationship of trust between people, which enables the establishment of social networks and norms, as well as tolerance, which facilitates co-ordination and co-operation for mutual benefits (Putman, 1995; Hawe et al., 2000; Eva Cox 2001:2). Hawe et al., (2000) contend that the hallmarks of socio-economic ability, political success and enhanced quality of life in a particular society are direct consequences of the level of social skills including human relationships, trust and the existence of a social network. This indicated that individuals who are involved in social relations, consisting of tolerance and mutual respect as well as trust and confidence in fellow community members, tend to enhance their individual and collective skills. It is believed that these relational skills enable them to regain control over those living and working conditions seen as conducive to well-being. While Stickley (2009) observed that communities amply provided with the rhetoric of social capital underpinning employability and social networks are in a better position to deal with poverty and vulnerability as well as take advantage of new opportunities. Putman (2003), in his earlier report, credited the many benefits of social networks to higher educational attainment, resulting in sustainable jobs, low crime rate, and enhanced quality of life. This indicated that capacity building alone may not achieve its maximum benefits without the support of social networks. Social capital, therefore, can be beneficial in relation to its ability to facilitate the activities of

capacity building underpinning employability programmes and positive community interaction, which ultimately enhances the capacities of local communities to support themselves and solve their problems.

This concept can equally be seen as a liability due to its limitation, as evidence indicates that most communities are not homogeneous in nature (Jones, 2003). A typical community may comprise various voluntary groups with different interests, for example, church community, school community, work community or/and cultural community. Therefore where such disparities exist, including ethnic exclusion, gender and age discrimination, there may be constraints placed upon the full impact of social capital values in communities. For instance, in Merseyside and particularly Liverpool 8, it was observed that the existence of various ethnic minority groups comprising such communities as the four major tribes of Somali community, and the three major tribes of Nigerian community with the caste systems of the Indians and residential segregation, do not allow other people as much freedom as they would like to come together and participate in the entire community development. Further research evidence carried out in countries such as Kenya and Latin America indicated that despite the existence of commitments to active social participation and social networking in these local communities, they still experienced a high level of poverty (Narayan and Nyamyama, 1996), indicating that belonging to a community does not always lead to economic and community development due to the possibility of differences in view points and interest.

The concept of capacity building has also been closely linked to community involvement strategies by grassroots health practitioners (Napier, 2002). Capacity building in this domain has been described as having a community spirit, the degree to which a community can develop leadership skills that enable people to come together and participate actively in the building of viable organisational structures and addressing their health concerns. Intrinsic to this meaning of capacity building is the notion that community participation, irrespective of people's origin or their ethnic background, ultimately plays an active role in the economic and social regeneration of an area. At first glance, a comprehensive and well-structured capacity building programme within communities may seem to be an indispensable step for developing effective community involvement strategies. Underpinning this approach is the strategy to develop leadership quality skills that enable all members to come together to address their health concerns. However, a

good well-intentioned community involvement strategy might fall short of producing opportunities for all, if the activities were not inclusive and equitable enough to accommodate the diverse perspective of the people. For instance capacity building aimed at enhancing the skills of a few local community activists to enable them tackle crime effectively may be a service tackling the problems in isolation from the surrounding community. In this case, capacity building may limit the aspirations of other members of the communities, whose issues may include dealing with poverty, mental illness, isolation and unemployment. The capacity building process must therefore include a bottom-up approach, be inclusive, holistic and integrated into the bigger picture, enabling the entire community to participate effectively in ways that maximise the promotion of opportunity for all.

2.6. Capacity building for human resource development

The discourse on capacity building in health circles emphasised the importance of human resource development as one of the most effective and sustainable pathways to tackle poverty, reduce health inequality and improve living conditions in local communities. In the public health circle, including NGOs both at strategic and grassroots levels, it has been argued that rather than capacity building, strategies for regeneration and tackling poverty should be geared towards providing necessary information and enhancing peoples' skills towards employability, in order to improve their everyday life. This in turn promotes community participation while increasing their opportunities to solve their own problems rather than focusing on obvious life-style risk factors or specific diseases (UNDP Development Index, 1990; Blane et al., 1999). The outcome is to achieve fundamental and lasting skills that promote a healthy society. Eade (1997:23) states that:

“If ‘scaling-up’ was all the rage in the late 1980s, the latest current fashion for maximising the impact of NGO activities on increasing the proportion of people who enjoy a good quality of independent life, is capacity building centred on people.”

This view point has been widely accepted, thus ‘capacity’ is described as a potential for something to expand or increase, whether it is for an individual or community, where ‘building’

indicates the art of providing a supportive and solid environment for the achievement of potential (Bentley, 1998; Hawe et al., 2001).

The MHAZ steering teams equally believed that capacity building should be about human resource development, raising self-confidence and enhancing skills while enabling individuals to strengthen their full potential and bring about positive changes in their lives. Capacity building strategies should aim at building trust, making people feel safe enough to try new things and take risks without fear of feeling put down by their superiors. Capacity building should be about enabling people to participate in enhancing their own self confidence, in order to work on real growth aimed at personal development as well as for resolving interpersonal/social issues that challenge them. The MHAZ project team therefore recognised the importance of capacity building in the local communities by addressing their concerns and funded numerous interventions/ projects towards the employability of young people with the aspiration of reducing health inequality status at local level. Many of these interventions were intended to maximise the employability of the local community, especially young people, and achieve MHAZ objectives, using the activities of capacity building (MHAZ, 1999). For instance, the successful regeneration of the L20 Zone project in North Liverpool has been attributed to effective community participation in capacity building strategies, enabling the local communities to deal with a whole range of social, economic and physical community issues. The real impact of the initiatives, such as training young people as exercise instructors and benefit advisers who supported the establishment of a local gym, credit unions and fruit and vegetable co-operatives, helped them in their fight against social, economic and physical disadvantages, leading to improved quality of life (The Development Minister, David Hanson, May 2006). People-centred capacity building is presented therefore as essential if health promotion activities are to make a difference and if development is to be sustainable. Human resource development is the most important aspect of the entire enterprise - elevation of morale, spirit, mind-set, perspective, along with basic academic knowledge and operational skills. Intervention in this context refers to those projects that identified priority areas of action towards achieving the HAZ goals.

2.7. Employability and young people: what is it?

Employability, as with other buzzwords, has become associated with one of the latest government's frameworks for action, the rationale of which is to offer practical assistance that enhances not only individuals' academic qualifications, but also behavioural attitudes that lead to employment capabilities and economic wellbeing. Yorke et al., (2004) describe employability as a set of achievements in terms of acquisition of soft skills and intellectual knowledge, including personal attributes that make individuals or groups of people more likely to gain employment and be successful in their chosen occupations. These qualities in the long run benefit both the economic and social well-being of the individual towards community development. In the context of this description, employability requires capacity building strategies that aim to enhance self-confidence, problem-solving, communication and time management skills, all of which enable one to succeed in the work place. Employability is therefore not just about finding jobs after training and education; it's about gaining those attributes that enable one to be job-ready.

Contemporary education is focused on attaining formal university qualifications and the achievement of academic excellence by young people, which becomes a pre-requisite for obtaining the type of job to which they aspire. Brown et al. (2002), in a critique of this view, argues that academic degrees alone are often not necessarily sufficient to confer anyone a position in the labour market; at best, one is kept in the job race. This view was buttressed by the 2006 OFSTED report indicating that sixty-six percent of twenty- thirty year olds stated that school, college and university had failed to prepare them for their first job (Ofsted, 2006). A survey for the Guardian (2006) also indicated that eighty per cent of young people between the ages of twenty and thirty felt that their education failed to prepare them for the world of work in the future. Employers, on the whole, equally felt that educational institutions were focusing too strongly on academic skills and qualifications, at the expense of employability strategies that aim to equip young people for working life long after graduating from higher education (Yorke et al., 2004). This view was remarkably consistent with the principles underpinning the 'World of Work' (WOW) at Liverpool John Mores University (LJMU) graduate development centre (GDC), which recognised that most graduates, though achieving academic excellence, are still very hesitant and nervous to face today's employers, who tend to focus more on soft and

vocational skills as well as behavioural attributes in the recruitment process, with a less prominent role played by formal qualifications (Hesketh, 2000). A key feature of the ‘WOW’ approach to capacity building was that it recognised that ‘softer skills and behavioural attitudes such as self-awareness, self-confidence, communication skills, team-working ability, and organisational skills, amongst others, are all important factors, designed to enhance the employability of their students in readiness to work.

The relationship between unemployment, or low paid employment, and health has a range of consequences on people’s lives, materially, socially and psychologically (Kivimaki et al, 2003). Unemployment and job insecurities have been consistently linked to poor health including higher rates of hospital admissions, increases in heart disease and deterioration in mental health, all of which are at high levels in Merseyside (Wilkinson, 2000; Armitage, 2003). The result of a survey carried out by the volunteer services in Merseyside indicated that unemployed young men were almost a third more likely to suffer heart attacks, with a 4.9% risk rate compared to a national average of 3.8%. The region's young unemployed women had a 2% chance of heart attack, compared to a 1.7% national average. Lowest educational attainment and the poorest housing provision contribute immensely to the worklessness amongst young people. Unemployment status equally results in a lack of transport which deters people from accessing training and employment opportunities as well as other community services that enhance healthy lifestyles.

Recognising that education and skill training programmes are needed to build capacity for tackling poverty with the intention of reducing health inequality, the Labour Government intentionally commissioned awareness-raising initiatives (Health Action Zones) for health sector staff as part of their overall goals to tackle health inequalities (HM Treasury, 2002; Mackenbach et al., 2002). In line with this policy, the MHAZ took a strategic decision and adopted a more focused approach to capacity building by enhancing social skills and other attributes such as self-awareness programmes, and team-building activities, etc, that are relevant to employability in the locality while connecting young people to the world of work.

Building on this, the Education Secretary Michael Gove, in a White Paper ‘Transforming Young Lives and Driving Up Skills for the Future’ (DoH 2010), proposed fundamental change in

educational policy and the national curriculum in order to deliver apprenticeship programmes that underpin vocational and technical skills, including academic qualifications that meet the challenges of the workplace, while contributing to the social and economic well-being of the learner.

2.8. Individual versus community capacity building

Capacity building strategies in the context of MHAZ are understood to provide opportunities for people to enhance their existing skills through partnership working and participation, consequently encouraging people to become involved in the development of self and the wider community. The tension between community capacity building and individual capacity building has become the subject of controversy in the health sector (Hounslow 2002). Community capacity building has become one of the latest buzzwords in both government and private agencies, where the process has been directed at strengthening the ability of local community members in such a way that they are better able to identify their needs and use their local resources and support systems to solve their own problems. This approach focuses on the premise that the community is neither a single nor a homogeneous entity and that training members of the wider community within the context of public health strategies would promote trust, community participation and co-operation, leading to lasting skills and a healthy society.

It has been argued that individual capacity building is a more effective means of achieving employability and sustainable change. Van Den Broucke (2003) and Ellis et al., (2006) refer to individual capacity building as a personal development strategy towards challenging poverty and discrimination, which perhaps may lead to community development. In discussing the concept of personal development, Eades (1997) describes it as a training process in practical and appropriate ways, according to the needs of the recipients, directed at the raising of self-awareness and strengthening personal abilities in order to build confidence as a basis for sustainable community change.

Kelloggs (2000) of the Kelloggs Foundation, an NGO committed to strengthening the capabilities of individuals in communities, also refers to capacity building as personal

development and describes the process as structured education and training activities designed to meet the needs of individuals. This, in effect, helps them solve their own problems, in readiness towards solving the problems of the wider society. Capacity building in this context stresses the importance of personal development as a key strategy to problem-solving capabilities, leading to sustainable socio-economic empowerment and community development. The underlying key assumption in this respect is the achievement of personal enhancement that reduces the dependency culture and transforms individuals from passive recipients of services to active participants in the process of community development.

The concept of capacity building where individuals constitute the main domain seems more relevant to the MHAZ second goal of promoting employment opportunities, especially for the young (MHAZ, 1999). MHAZ strategies tended to focus on the training and acquisition of skills and knowledge that are consistent with the needs of the young, in relation to the learning and growth necessary for their personal development and relational skills.

Though individual capacity building could be seen to encourage, promote and enhance individualism, it could also be seen as the precursor of alienation with anti-social disposition/tendencies. Raeburn (2004) argues that socio-economic development is intrinsic to community capacity building, as partnership with various community stakeholders could be very crucial in reducing social exclusion and poverty in communities with a well-established social capital. Arguing in favour of community capacity building, individual capacity building in westernised societies where there is little or no extended family system, and where people tend to function predominantly as individuals, could be narrow and may tend to lead to individualised changes which are often obstacles to sustained development. It may give rise to competition, waste of resources, conflict and subsequently increased inequality (Crisp *et al.*; 2000). On the other hand, it has been argued that the activities of community capacity building entail real power gain towards changing behaviours and living conditions for significant wellness, and that ‘personal behavioural change is a collective product that the individual alone, therefore, is not able to achieve a transformation in behaviour to be more or less healthy without the influence of the societal group’ (Restrepo, 2000:23-24). After all ‘a tree does not make a forest’, according to one African proverb.

Though several models of capacity building within health promotion emphasise a strong sense of community attachment and the ability to increase participation, what if the influence of the predominant societal group creates a negative health effect on the less represented groups in society? It is common knowledge that there are groups whose capacity is enhanced primarily by denying the same to others. People can enjoy a social network that can be regarded as a kind of social capital if they are a member of a network where trust, respect for one another and tolerance prevail; nevertheless, people appear to be negatively influenced if they are excluded from a network of mainstream activities. Such positive and negative effects of social capital become more obvious depending on how deeply people are integrated into a community. For instance, private development and economic decisions that may favour the more privileged and materially better-off members may fail to consider their effects on distributive justice or environmental sustainability, thereby putting the less privileged members in a position of resentment and antagonism, which would invariably create capacity suppression leading to negative health effects (Department of Health, 1999; Putman, 2000). Research evidence has shown that many negative health effects are due to the psychological power over others often exerted by the 'superior' members of the social group through the imposition of their assumed superior knowledge and power (Labonte et al., 2001). This situation has led to various psychosocial stresses including isolation, mental illness and complete breakdown in community cohesion (Yamamura 2008).

Striking a balance, one would want to express the opinion that no single approach to capacity building is more effective than the other. Both individual and community capacity building, though they may operate differently, are likely to be interrelated and complementary; this is because change in one domain will often impact on another. Based on the researchers' experiences of working in the community, capacity building can occur in many ways; it could be used as a means to help an individual or community groups achieve employability, which in turn enhances their problem-solving capabilities or team-building skills with the hope of achieving community development. The key factor is to identify and motivate them in achieving the goals of capacity building towards sustainable development. Indeed, it is sometimes argued that capacity building has not occurred unless more than one domain has been impacted upon (McLaughlin et al., 1997; Murphy, 1999; Broucke, 2003). This indicates that capacity building

of any kind means working at multiple levels, i.e. people, organisations and communities do not exist in isolation, each is part of and affected by the other.

The meaning of capacity building still varies widely. The first stage of this research, therefore, explored the diverse meanings of capacity building in relation to MHAZ-funded interventions at district levels. Attention was focused on activities that aimed at raising self-awareness and described personal development especially in the case of the socially excluded young people in Merseyside.

The subsequent stages centred on process and impact evaluation of capacity building respectively. Firstly, the study mapped out what activities worked and why, as well as what could be done differently for future practice improvement. Secondly, the impact evaluation determined if the project activities were implemented as planned, indicating whether the needs of projects' participants were met.

2.9. Capacity building techniques

Another controversy concerning capacity building lies in its methods of application. Although skill training ranks high on the priority list of methods, in the application of capacity building training is still recognised as limited in value due to its provision of technical assistance only (Eade, 1997). It is argued that the lack of certain skills may make people unable to challenge or change situations (The Urban Institution and International City Management Association, 1992; Eade, 1997). For instance, a housing officer who is well trained in physical regeneration involving 'bricks and mortar' may fail in neighbourhood development and people management, due to lack of skills in networking and building relationships with people via community engagement strategies (Plus Dane Housing, in Liverpool Housing Newsletter, 2008). In order to develop widespread environmental literacy and to capture best practices, there should be an increasing emphasis on installing the knowledge, research and analysis, monitoring and evaluation, networking and gender sensitivity necessary for capacity building to achieve sustainable change in the way individuals and the members of the local communities deal with issues that affect them. For instance, the goal of the capacity building activities provided by Plus

Dane Housing, a housing association in Liverpool and Cheshire, was grounded in experiences that have been established as best practice, leading to their achievement of ‘Gold Standard’ in the communities where they do business. These activities incorporate the bricks and mortar management skills to include those intrinsic abilities that enable all staff members to build trust, establish relationships with tenants and work with both formal and informal leadership towards creating a balance between process and action. Thus, Hawe et al. (2001) state that capacity building initiatives should involve multidimensional processes of change, including strengthening managerial skills and enhancing people’s life and social skills rather than a set of discrete or pre-packaged technical activities intended to bring about a part of defined outcomes. Capacity building techniques should be focused on employability assets involving skill-development activities which seek to enhance individual technical skills and vocational self-awareness skill sets, as well as softer skills such as leadership qualities and communication skills. Furthermore, capacity building should not be about telling people what to do or how to do it. Rather, it should create respectful and trusting relationships that enable individuals and communities to build and sustain partnerships, thereby ensuring that programmes are multi-dimensional and rooted in local context with local people (Raeburn 2004).

2.10. Barriers to capacity building

One of the major reasons for embarking on capacity building strategies in MHAZ was the inherent assumption that the underlying values could bring about employability and promote change in health behaviours while enhancing quality of life, with the hope of reducing health inequality. Unfortunately, the top-down perceptions of what constitutes ‘better quality of life’ by the government do not always coincide with the real needs of the local community. The government ‘quick win’ policies on community initiatives that were aimed at bringing about change in health behaviours have reduced most MHAZ programmes of interventions to a collection of short term projects (Bauld et al., 2006). The lack of indigenous participation in the policy formulation and implementation process had conveyed certain values that are not related to the ideas of healthy lifestyles and social justice at local levels and this has resulted in cynicism and disappointment. For instance, the problematic nature of the language of policy formulation,

particularly capacity building, actually led to many community members feeling that the term ‘capacity building’ represents a patronising view by government officials, which as a consequence seems to lower the morale of local community members and marginalise them (Semoff, 2002).

Furthermore, many health promotion initiatives in the past have equally been influenced by government mandates, policies and guidelines in the implementation of capacity building strategies, regardless of the needs of the beneficiaries in the community. For instance, the provision of recycle bins in the Liverpool local authority and the training of some local resources to enable appropriate mobilization of the programme failed due to lack of recognition of their immediate needs (Everton Telegraph 2003). It has been argued that providing capacity building activities at the wrong time and to the wrong people, rather than working with community members and within the community structures, tends to prolong rather than alleviate poverty in local communities (Craig, 2002). A key dimension of capacity building for communities is therefore the need to use a participatory approach by working closely with individuals, leaders and members of the wider community in order to understand what interventions will trigger the most positive response and benefit the entire community. It would also be appropriate for government decisions on policies for development and implementation of capacity building to be relevant to the health pre-requisites of the local communities.

The researcher strongly believes that government will reach out to more people in the community in a promotional sense if policy and programmes aimed at reducing health inequality are centred on bottom-up processes that underpin strengthening of skills and the provision of information and education that is required for the basic needs of employment, housing and nutrition, rather than strict policy on tobacco and alcohol regulations (HM Treasury, 2000).

2.11. Summary

The literature review has explored in depth the diverse meanings and various approaches of capacity building strategies in public health and at community levels. The health promotion discourse on capacity building stressed the need to strengthen individuals’ capabilities as a critical and important preliminary step towards tackling poverty and reducing health inequality status. This same necessity was identified by the MHAZ working team as an essential tool

towards enhancing the employability of young people in Merseyside. Underpinning this approach is the view that using training and educational processes that are sensitive to their needs will enhance young people's skills, while increasing their opportunities to access mainstream services and working towards solving their own problems in the future with little or no assistance.

The critical literature review points to the public health response to the issues of health inequality status, which focused on the importance of applying the activities of capacity building towards achieving the basic needs of the recipients. It also focused on the promotion of wider community participation in human resource development leading to a sustainable and healthier society, rather than providing abstract policies and regulation that are not commensurate with tackling the underlying causes of poverty and social exclusion.

Whilst there is much evidence that capacity building for human resource development is effective in tackling poverty and reducing health inequalities, especially amongst young people (Restropo, 2006), there is also evidence that the understanding of the term 'capacity building' can be misleading and therefore can marginalise rather than motivate and enhance skills.

Chapter Three

3. Research design and methodology

3.1. Introduction

The main aims of this study were developed from wider research questions that seek to discover whether the activities of capacity building constitute the right tools to tackle the underlying causes of poor health in Merseyside. The aims and objectives of this study focused on MHAZ goal two, which centred on strengthening the employability of people, particularly those aged 16-26. This goal was part of the Labour Government's policy to tackle poverty and enhance healthy lifestyle while reducing health inequality status in local communities experiencing poor health. In order to provide suitable key answers to the set of research questions developed for this study, a three phase study was conducted using a number of different approaches to research and evaluation. Furthermore, the three-phase study provided a checklist for easier comprehensive assessment of both the process and impact of capacity building, and for better management of research data collection from stakeholders across different geographical, political, social and cultural backgrounds.

The first phase of study examined the MHAZ project workers' perception and understanding of the term 'capacity building' in the context of MHAZ. My objective was to determine what capacity building meant to them and then map out the various terminology used to refer to capacity building. A suitable evaluation framework for process and impact assessment would also need to be developed. The second phase therefore focused on the process evaluation of capacity building activities as implemented by the MHAZ, identifying the logic models behind the project workers' programme of work, and utilising them as framework for evaluation. Additionally, all HAZs were required by the government to constantly evaluate their processes in order to demonstrate that their activities were achieving their defined objectives (MHAZ, 1999). The process evaluation of MHAZ centred on what worked and why, including what could be done differently for future learning and development.

The third and final phase centred on an outcome-based evaluation, assessing the impact of capacity building on the project's participants in relation to enhanced learning (knowledge, experiences, attitudes or skill) and improved conditions, including increased employability, self-reliance and behavioural changes. The impact evaluation also certifies the use of capacity building as the right tool to reduced health inequality status in Merseyside.

3.2. Process and impact evaluation of MHAZ

An evidence-based approach to service planning and delivery was the key theme for Health Action Zones, in which the project workers needed to find out what activities worked and how they worked for the purpose of sharing discoveries and guiding future practice (MHAZ, 2000). Process or formative evaluation in Health Action Zones was centred on the assessment of on-going implementation of a programme's activities, as a means of providing information on what the programmes were doing (Robson, 2000) and measuring what activities worked. It was also a way to find out what did not work and could be done differently for improvement. Process evaluation also serves as a tool to celebrate success in the eyes of those delivering the interventions (Springett, 2001).

Impact evaluation, in the context of MHAZ, centred on the interventions' degrees of success in achieving their goals and objectives (Chen, 1990; Sullivan et al., 2004). In this study, what is considered to be a successful impact would more than likely be informed by the judgment and experiences of the research participants through sharing reflections related to the key evaluation questions, weighed against the impact of many other prevailing environmental factors such as political and/or technical factors.

3.3. Research design and methodology

In this study the activities of MHAZ initiatives, including capacity building processes, were perceived to be set within the social context and aimed at enabling individuals of various cultural backgrounds increase their control over the determinants of their health. A multiple research approach consisting of ethnographic research design underpinning the qualitative paradigm was therefore thought to be the most likely means of realising the aims and objectives of this study

(Mason, 2002; Chen, 2006). Rubin and Rubin (2005) argue that an ethnographic research design underpinning the qualitative paradigm and interpretative epistemology will provide suitable answers to key evaluation questions as they will enable the researcher to enter the everyday social world of the researched. Patton (2001) equally advocates the use of triangulation as an important methodological qualitative approach to evaluation, as this can mean using several methods of data collections and data analysis. This approach also provides a diversity of interpretative techniques that seek to explore meanings, values, experiences and opinions as well as inconsistencies and conflicts in people's thoughts and the reasons for their actions (Mason, 2002). However the idea of using triangulation is challenged by Barbour (1998), as she argues "that mixing methods within one paradigm, such as qualitative research, can be problematic since each method within the qualitative paradigm has its own assumption in terms of theoretical frameworks we bring to bear on our research" (p.353). From this perspective, Healy and Perry (2002), who do not disregard the notion of triangulation in the qualitative paradigm, advocate the use of a triangulation approach in designing an appropriate evaluation framework, as the strategy controls bias and establishes the validity and reliability of research.

Another paradigm in qualitative research that was adopted for this study is constructivism, which views all knowledge as socially constructed and may change depending on the circumstances. Crotty (1998) describes constructivism within qualitative paradigms as a contingent upon human practices that are being constructed in and out of interactions between human beings and their world and are being transmitted in a social context. In this qualitative research, my aim is to engage in the process that searches for deeper understanding of the meaning being transmitted by the research participants, rather than examining surface features; the use of constructivism may facilitate this aim. Constructivism values the multiple realities that people have in their minds and the notion that these realities can change indicates possible diverse constructions of reality. Therefore to investigate valid and reliable multiple and diverse realities, multiple methods of gathering data are in order. Based on this premise, engaging multiple methods such as interviews, case study processes and focus group meetings in this study provided answers to the exhaustive list of possible purposes of evaluation. This enabled a more valid, reliable and diverse construction of realities while analysing data.

There was equally the need to be pragmatic in designing this research's methodology, as this would provide answers to key evaluation questions from community-based capacity building activities occurring at different levels. One of the major advantages of a pragmatic approach with an interpretative epistemology is that it provides opportunities for the researchers to adjust their approach in response to data which may run contrary to their initial assumptions and theories (Ezzy 2002). Furthermore, the researcher is less likely to become stuck in pre-existing ideas and ways of thinking.

Though this study embraced interpretivist approach throughout its design, Mason (2002) argues that most qualitative researchers would reject the idea that a researcher can be a completely neutral collector of information about the social world. In this case, however, interpretivist approaches are distinct in that they not only see people and their interpretations, meanings and understandings as primary sources but also seek their perceptions of the 'insider view', indicating that the researcher is seen to be actively constructing theories about the world according to certain principles derived from their epistemological position. This design therefore enables me to gain an understanding of the experiences of the MHAZ project workers at community level and in relation to what capacity building meant to them, while interpreting the data in relation to their own priorities. The subsequent phases (two and three) explored how the different research subjects (project workers and beneficiaries) perceive their experiences of the process, while eliciting valuable information on their respective logic models and the impact of their strategies in order to find out whether their objectives were achieved.

This design indicates that the researcher situates themselves in a position that seeks to understand how the research participants construct their own social realities by associating meanings with certain action, before interpreting the data using subjective experiences (Rubin and Rubin, 2005; Bryman, 2001). Then, focusing on subjective meanings and interpretive techniques, the researcher is able to explain the process of people's decisions and actions based on what is important in their day-to-day life (Glaser & Strauss, 2001; in McClelland et al., 2003).

3.4. Data collection methods

Capacity building being the 'process', directed towards enabling people to take charge of their lives, indicates that it is not an activity done on people or to people but done with an individual

or a group of individuals. Many health promotion writers argue that such processes can be difficult to evaluate due to the complexities in their activities operating at many levels in the community (Springett, 2001; Schwartz, 2005; Ashworth, in Cassell and Symon 1994). These writers advocate the use of a multiple qualitative method towards developing an appropriate evaluation framework, one that provides answers to the list of possible purposes of evaluation when considering health promotion processes that operate in a social context (cited in Ross and Freeman, 1993). Chen (1997) expresses the view that the use of pluralistic qualitative methods becomes more reasonable, because they involve accumulating evidence from a variety of sources. The more consistent the evidence produced for different evaluation questions operating at different levels, the more reasonable it is to assume that the programme has produced the desired effect and the more reliable the information gathered. The importance of these combined methodologies towards evaluating complex processes of capacity building is that they ensure increased validity and authenticity of findings and are therefore more credible (Miles and Huberman, 1994; Strauss & Corbin, 1990; Patton, 1990). For instance, telephone surveys are usually based on a sample of the population and their responses can sometimes be skewed toward certain types of individuals. It is recommended that focus groups or interviews with key informants corroborate and complement the survey findings. Based on this premise, in-depth qualitative mixed methods of data collection, comprising of focus group meetings and semi-structured interviews within the theory-based approach to evaluation, were the main data collection tools. These tools were used to answer the key evaluation questions and document the complex subjective experiences of the research subjects within the social context (Robson, 2000; Ross and Freeman, 2003). They were valuable because they involve listening to people, giving voice to those whose views are rarely heard (Springett, 2001) and giving me the opportunity to explore the relationship between beliefs and behaviours (Jaye, 2000) while reflecting on previous experiences. Jaye (2002) argues that the value of reflexivity and engagement of the research respondents in the qualitative research process contributes to moving the research process from being prescriptive and following a 'cookbook' approach, to being justifiable in terms of achieving the aims of the research.

In this research therefore, these methods were useful means of providing rich descriptions of the meaning and complex processes of capacity building as it occurs in the real world (Robson, 2000; Cropper, 2001). For instance, qualitative semi-structured interviews utilised open-ended

and flexible questions that allowed the evaluator to capture in detail the perspectives of the research respondents regarding their feelings and experiences, including their concerns regarding the programme's operation, processes and outcomes (Loftlands and Loftlands, 1995; Cassell and Symon, 1995; Cropper, 2001). The interviews also gave me the opportunity to understand the respondents' interpretation of the meaning of capacity building. During the process, all participants were engaged in a dialogue; they spoke freely in their own words providing meanings and responses regarding their view points. I, on the other hand, listened, watched for body language, behaviours and attitudes that were not easily generally observed, while taking notes and providing feedback for mutual learning experiences and improvement.

At phase three of the study, a focus group meeting with the five MHAZ programme beneficiaries was found to be an efficient way of combining the interview process and the researcher's observation to generate a large amount of data within a short space of time, as well as providing insight that would be unlikely to emerge during one-to-one interviews (Kitzinger, 1997). In this study the focus group became one of the best evaluation techniques for understanding group interaction, reflection and learning (Cropper, 2001), as it offered the opportunity for interactive discussions and observation of group dynamics. According to Kitzinger (1997), a focus group provides the researcher with examples of many different forms of communication that people use in day to day interaction, including jokes, anecdotes, teasing, and arguing. Such a variety of everyday communication is useful, as it can tell me more about what people know or experience. In this sense, focus groups reach the parts that other methods cannot reach, revealing dimensions of understanding that often remain untapped by more conventional data collection techniques.

As with many other methods of qualitative data collection, the focus group meeting, although it may have its advantages, may discourage people who are perhaps not very confident or articulate from speaking up in a group discussion, thereby losing the potential salient points from such individuals. Furthermore, the moderators may have very little control over the interactions between the respondents and therefore less control over the data produced (Morgan et al., 1998).

Both data sets in this study were based on evidence of individuals telling of their experiences and perspective or interpretations; the different data sources provide a wider range of perspective and balance. Mason (2002) argues that what you see as a potential data source, or what you see as a

method of generating relevant data, will depend upon your ontological and epistemological position. This requires the consideration of what project participants, as individuals, and what project workers as service providers within MHAZ, might tell me and which phenomena and components of social reality these data sources could help to address. In line with this argument, Ashworth states:

'it is the participants' perspectives and interpretations of a given situation that are of value in understanding behaviour' (Ashworth, in Cassell and Symon 1994:5). Through this consideration, the conclusion was reached that both participants and project workers would be best placed to gain relevant and meaningful data, using methods that yield in-depth, rich data.

Though qualitative design and its methods of data collection have been perceived to be more in line with the process and impact evaluation of community health promotion initiatives (Lincoln & Guba, 1985; Schwartz, 2005), the fact still remains that what is required is a flexible approach that helps clarify the design and the implementation of initiatives as well as help to answer many important questions posed by the complex processes in capacity building activities.

The evaluation of capacity building has been identified as difficult and challenging, as in any other health promotion initiative (Judge et al., 1999). This is due to the complexity of its activities, comprising of multiple strands and broad goals operating at different levels in the community (Chen, 1990; Fulbright-Anderson et al., 1998). Perhaps this was why most MHAZ planners could not easily explain how their strategic activities would achieve the intended outcome, although they were efficient in identifying problems and highlighting specific targets (Judge et al., 2001). The first step towards selecting appropriate evaluation frameworks for measuring complex activities such as capacity building is to understand clearly the programme's goals. Coffman (2009) contends that in order to evaluate any given complex community initiative, one needs to explore the logic models within the projects using the 'theory-base evaluation strategy'. That way the evaluator clearly links up the specified targets to the problems and the strategic activities of the initiatives in a way that lend themselves to evaluation. The next step therefore is to identify logic models that show how the programme works, then use the theory-based approach to evaluation to trace the expected causal linkages between the specified

targets to the problems and, finally, highlight the possible mechanisms by which certain outcomes are achieved (Springett, 1999; Harrell et al., 2000; Sullivan et al., 2004).

The use of fundamental evaluation questions (Labonte and Fearthers, 2000), comprising of the ‘what questions’, the ‘why questions’, the ‘how questions’ and the ‘so what questions’, enables the evaluator to identify the relevance of the projects and the needs of the clients, as well as the rationale for using the activities in addressing these needs. These basic evaluation questions will also enable the evaluator to identify the activities that worked and what could be done differently for future improvement.

Although there are different forms of theory-based evaluation frameworks, the ‘Theory of Change’ (TOC) approach was more prospective and preferable in this study, as it enabled me to evaluate the complex activities of capacity building, while providing the workers with the opportunity to explain the reasons for applying such models towards achieving their goals. TOC is seen as a link that reconciles the processes and the mechanisms of change within projects (Hughes and Tranor, 2000). This approach was central to HAZ and other high profile community-based initiatives such as New Deal and Objective One, which were, in part, both concerned with reducing health inequalities in England (Patton, 1997, Weiss, 1999). It helps to specify the targets in advance and guides, in a logical process, the strategic activities that need to be implemented and measured in order to achieve their intended outcomes. TOC ensures that the causal linkages within logic models are sharpened and realistic, the objectives clear and measurable (Connell & Kubisch, 1998).

Although the TOC approach has its clear advantages, there are some difficult aspects in adopting this design. Many evaluators recognised that the approach requires an analytical stance that is different from the emphatic, responsive and intuitive stance of many practitioners. Another difficulty is that gaining consensus and eliciting the ‘theories of change’ amongst various stakeholders involved in planning and implementing initiatives can be a resource-intensive exercise, especially where individuals’ theories of change are viewed as dynamic. Theories of change, therefore, have no fixed guidelines, indicating that no single model meets the entire needs of all stakeholders (Macaskill et al., 2000). Arguably, difficulties can be overcome if the evaluators are skilled in the techniques of coping with conflicting personalities and the

complexities of social programmes, issues common in health promotion programmes (Jacobs, 1999).

Though the TOC was used by the National Evaluation Team for process and impact evaluation of HAZ funded interventions, involving multiple stakeholders (Judge et al., 1999), it was focused at strategic levels. In this study, it was used at project level, particularly in evaluating capacity building activities aimed at socially excluded young people in Merseyside.

The TOC was considered a useful framework for this research as it relies on qualitative techniques that encourage participation from a range of stakeholders. The participatory method at this stage of study was considered a suitable evaluation framework, as it required active collaboration between the project's key stakeholders and the evaluator in identifying their project's logic model. This would involve gaining insight into their underlying assumptions when using such a model to enhance the employability of their beneficiaries, thereby providing knowledge on their perceptions and understanding of their project, as well as creating a more accurate picture of how their projects work in the real world (Weiss, 1977; Green, 2000). A participatory method therefore serves the important functions of not only involving the participants in the evaluation process, but also allowing their voices to be heard when the research is disseminated (Kirk and Miller, 2006). Evidence indicates that when stakeholders are involved in research processes, addressing issues that affect them, the research process tends to be transparent and hence more accessible (Robson, 2000). This, in effect, increases the relevance and the credibility of the evaluation results, which in turn increases the commitment to utilise them for further learning and improvement (Springett, 1999; Robson, 2000; UNEP discussion Paper, 2006).

Finlay (2004) argues that participatory methods could be very time consuming, and individual differences both in character and attitude could be a barrier in obtaining a consistent response to relevant research questions which are key to developing appropriate action plans; several pre-research visits and phone conversations with the MHAZ working team to identify key research respondents as well as speaking with the local communities helped me to manage the research process well. This also helped in striking a balance between getting the work done efficiently and on time.

In this study, it was intended that the projects' logic models would be identified prior to the use of the theory-based approach to evaluation. The purpose was to display the internal logic of a project and communicate the underlying 'theory' or assumption behind the use of capacity building strategies in tackling the root causes of poor health amongst young people. The logic models depict the purpose of each project, while showing graphically whether actions are likely to lead to desired goals.

Though a logic model graphically illustrates the programme's components, thereby helping the evaluator and the stakeholders identify what the outcomes, inputs and activities are, it does not show whether the activities and the expected outcome may be met or not. For instance, a logic model indicates that team building is an activity in the capacity building process and improved communication is an output /outcome, but may not show that regular attendance to the project activity is an indication that the project goal is being achieved. The TOC approach to evaluation becomes very appropriate in this case, as it's concerned with linking the outcome and the activities to explain how and why an initiative should produce a desired goal. It requires justification at each step while articulating the reason why a particular activity produces an effect. For instance, TOC indicates that regular attendance to project activity is an indication that the expected outcome can be achieved. While using a logic model shows at a glance the basic input, activities, output and outcome of a programme's work plan, the TOC explains why an initiative works or not, what went wrong and at what point in the process.

Even though the task of fully specifying all the relevant linkages within any one complex system is outlined, there would be likely difficulties associated with the use of logic models (Springett, 2002). The most daunting of these can be the time-consuming tendencies in the overall task of mapping linkages, which involves interviewing the key stakeholder while concentrating on dividing different subsystems. It is also possible that when mapping actual and potential linkages some linkages will be overlooked, which carries the implicit danger of overlooking key relationships and interactions between different subsystems.

Despite those limitations, logic models are a very powerful method for evaluating the success of any complex activity. Most of the limitations can be overcome by involving a wide range of stakeholders in building the models and by having multiple methodologies with subdivisions

(Gasper, 2000). Such methodologies in the case of this study involved case study and participatory research designs underpinning qualitative methods of data collection.

In this study, the major evaluation questions were focused on providing information that elicited the diverse meanings of capacity building in the context of MHAZ, and their impact towards the employability of young people who are socially excluded in Merseyside. Questions were also focused on finding out what activities worked, and what could be done differently for future project improvement. These questions were answered using both process and impact evaluation strategies, and are presented in phases one, two and three.

In order to elicit in-depth what individual project workers felt had or hadn't worked with regards to projects' implementation, projects were identified as case studies, focusing particularly on the MHAZ logic models. Case study as a strategic qualitative research methodology also became particularly useful in this study, as it enabled me to obtain more detailed accounts of individual project participants' unique experiences, as they relate to specific processes of real-life activities and issues encountered (Robson, 2000). Case study, through a process of 'thick description', seeks a holistic understanding of events in a real-life context. Yin (1993) identifies three classes of case study research, namely the exploratory, the descriptive and the explanatory case study. The exploratory case study, otherwise known as pilot case study, can be used to gain an early understanding of the questions that need to be explored in a research process. It can also be used as a basis to test a hypothesis. The descriptive case study aims at describing what happens to a particular project and how, starting from when it was launched, while explanatory case study is useful when processes are being studied. Within this study, elements of all three types of case study were employed, enabling the researcher to contextualise and understand in detail the logic models underpinning the activities of capacity building in each project. This showed what was planned as well as generating a better understanding of the subject matter, capturing the holistic essence of why such logic models were used. Yin (1993) argues that the collaboration of multiple case study techniques within the same study will most likely enhance the validity and reliability of research, thereby instilling more confidence in the overall result.

Though these qualities of case study are welcome, they have been criticised for lack of scientific rigour and failure to address the issues of generalizability (Noor 2008). However in this case

study. The focus was not on generalisation but on understanding; while gaining a holistic view of the series of MHAZ capacity building strategies operating at different levels, as these unique processes will enable me determine which approach contributes to best practice.

Table 1: The summary of objectives, processes and methods for each phase

	Objectives	Process / Participants	Methods
Phase one	<p>What is Capacity Building?</p> <p>Exploration of the diverse meaning of capacity building in the context of MHAZ-funded projects</p>	<ul style="list-style-type: none"> • Examine the project leads' and front line workers' understanding of the term capacity building; • Map out terminologies used to refer to capacity building in their respective localities • Sample size: 20 project workers from 10 projects 	<ul style="list-style-type: none"> • Investigation of projects' documents, including appraisals and monitoring forms, in order to gain knowledge into how they operate, their locations, their goals and actual activities, as well as their target population; • Semi-structured interviews to find out what capacity building meant to them
Phase two	<p>Process Evaluation</p> <p>Exploration of MHAZ process for capacity building strategies and identified projects' logic models, including their rationale for using such models</p>	<ul style="list-style-type: none"> • Identification of the components of programmes' logic models by the project leads and examination of projects' underlying key assumptions for choosing such design to achieve their intended outcomes; 	<ul style="list-style-type: none"> • A case study approach for in-depth knowledge of projects' logic models and their uniqueness, using 2 step process; • Step1. The Participatory Workshop: The use of apple tree as a symbol to identify components of logic models and illustrate the theory of change

		<ul style="list-style-type: none"> • Map out various activities of capacity building in each project; • Assess the capacity building processes in each project; • Determine which activities worked, which did not work and why; • Determine what project workers would do differently for future improvement 	<p>approach to evaluation, while linking the context to the activities and the intended outcomes in such a way that they could lend themselves to evaluation.</p> <ul style="list-style-type: none"> • Step 2. The Interview session: The use of basic evaluation questions in order to assess the processes of capacity building and to determine what activities worked and what did not work. • Research diaries were kept to record the added values to the expected outcomes
Phase three	<p>Impact Evaluation</p> <p>Assessment on the impact of capacity building, focusing on personal development strategies aimed at employability</p>	<ul style="list-style-type: none"> • Examination of the perceptions of the project beneficiaries and their experiences of the projects; • Assessment of the extent of their achievements as a result of participating in the projects 	<ul style="list-style-type: none"> • Face-to-face interviews with the selected beneficiaries. • Focus group ‘away-day’ meeting with project beneficiaries who volunteered

Phases one, two and three’s analyses and findings are presented in Chapters Four, and Five.

3.5. Sampling and recruiting: how were MHAZ projects selected?

A total of 68 projects were fully funded both at strategic and local levels under the MHAZ second goal. 51 projects had incomplete documentation held in their files, and therefore it was not easy to extract the required information from their monitoring files to decide if they were appropriate for the study. 17 projects were identified as having comprehensive documentation in which they indicated how they intended to achieve their project goals using capacity building strategies. However, for the case studies and in-depth investigation of the individual MHAZ programmes at community levels, including the ability to manage the analysis of documentary resources, ten projects were finally identified, two in each of the five Local Authorities of Liverpool, Knowsley, Sefton, St Helens and the Wirral. These documents included the minutes of meetings; appraisal, monitoring and evaluation forms; individual file records; newsletters; pilot studies; interview transcripts and other printed materials that were made available for the purpose of the research.

Several meetings with MHAZ major stakeholders were held at the onset of this research, including with the HAZ/Himp coordinators and the steering committee groups, towards the selection of the projects and in consideration of the parameters of the research respondents that I was interested in. The HAZ/Himp coordinators worked directly with the projects' workers and were very resourceful in the implementation of most MHAZ processes at district levels. I later met with the HAZ/Himp coordinators at district levels and the project workers of the selected projects to discuss the theme of the research. The research respondents were recruited during community visits and those who could not be reached during the visits were recruited through telephone contact.

Firstly, the research proposal was presented to the MHAZ working team, including the HAZ/Himp coordinators, who were very supportive in providing smooth access to the projects. The MHAZ team prioritised the benefits of capacity building, including self-esteem and employability, as the basis for their local evaluation strategy. The team later worked closely with me to develop a suitable evaluation framework using the theory based approach (Table 2&Box2).

I was then introduced to those project workers whose major projects' aims and objectives in the five districts of Merseyside focused on the programme for young people, using capacity building strategies. Each project was introduced via telephone contacts, during which the purpose of the evaluative study was explained. Follow-up correspondence was sent by post, reiterating the purpose, the procedure, the time frame of the research, and the importance of a pilot study in preparation for the main interviews, as well as to redefine interview questions if needed.

The projects were subsequently visited and the MHAZ project workers authorised access to their working documents, consisting of appraisal forms, monitoring forms and minutes of meetings. Sample copies of appraisal and monitoring forms are attached. At this stage the project workers were given the option of volunteering and becoming involved in the pilot study. Time was also given to consider the implication of the research study by giving a consent form to complete and send back to the researcher. These forms, if and when sent back, indicated that informed consents were obtained (appendix 2). Confidentiality was assured during the visits.

The research respondents (project workers) were then selected in collaboration with the MHAZ working team through purposeful sampling (Silverman, 2001). A purposive sampling procedure was employed based on two major criteria: firstly, that their activities focused on the socially excluded young people aged 16-25; and secondly that two or more of their goals aimed at using capacity building as a tool to increase employability of their client group. Furthermore these selections were done subjectively by the researcher, based upon specific characteristics that the study was interested in exploring in relation to the research question (Patton, 1999; Silverman, 2001).

3.6. Phase one: sample population and criteria for selection

At the first phase of study, research respondents were recruited as volunteers. They were selected on the grounds that their project activities were based on implementing capacity building at community levels and that they had comprehensive documentation of project activities that could provide the necessary information for this research. A total of 20 research correspondents were identified, two in each project, including one leader and one member of frontline staff.

3.7. Phase two: sample population and criteria for selection

At phase two, a total of six projects out of the ten that participated in phase one were selected to attend the case study data collection workshop; two projects in Knowsley and one each in St Helens, Sefton, Liverpool and the Wirral. The selection process was based on two criteria. Firstly, that the strategic activities of the projects were geared towards employability programmes using the approaches of personal development, re-training activities and social capital strategies. Secondly, the project workers were able to identify their programme's logic model and the underlying assumption for implementing the activities of capacity building, and thirdly that the project workers operated a tracking system for monitoring the progress of clients who had taken part in the project's activities. The tracking records were considered as part of the criteria to enable the researcher to contact the project beneficiaries and involve them for the impact evaluation in phase three of the research.

All the six project leaders and their frontline staff volunteered and were contacted by telephone to be included in the study, which included the workshop session and subsequent interview sessions. Prior to the workshop session each project was visited, during which the researcher introduced the purpose of the second phase of the study and explained the workshop procedures. The researcher used this opportunity to involve the project workers in articulating the likely evaluation questions that seemed relevant to their aims and objectives. Subsequently, a return slip and pre-paid envelopes were sent through the post to all the project workers, reiterating the procedures for the workshops and interviews. The return slip and pre-paid envelope were used to obtain consent and confirm the dates and times for the workshops and main interviews, which were held in locations convenient to them.

3.8. Phase three: sample population and criteria for selection

The six projects previously involved at phase two were again involved at this phase. The criteria for selection were based on the fact that each project had a tracking system with which to monitor progress of their programmes' beneficiaries. A total of 115 young people enrolled on

the six selected interventions for the period of this study and 72% completed. The selection of research participants in each district was carried out with the full support of the project leader. The beneficiaries were selected from the first generation of young people, who had left the project in the first 12 months of this study. The second group, however, comprised beneficiaries that finished within the last 12 months. This process enabled the researcher to have the maximum number of participants and analyse a wide range of differences in their perceptions and experiences relating to the projects. The researcher was not involved in the selection of the research participants, as she was not privy to their attendance records due to constraints imposed by the 1998 Data Protection Act.

The initial telephone contacts were made by the project workers, in order to introduce me and inform the project beneficiaries about the purpose of the evaluation process. Afterwards, letters were posted to each project beneficiary, setting out the purpose of the evaluative study and the procedure for the focus group meeting. Enclosed with the letter was a consent form which was to be signed and returned to me; those who returned the forms consented to participate in the research study. Barriers created by the Data Protection Act of 1988 made it impossible to contact those beneficiaries who failed to complete the programme in order to discover their reasons for dropping out.

3.9. Ethical issues

In conducting social research within qualitative paradigm and ethnographic methods, requiring interaction with people, there is a strong need for ethical considerations in order to ensure that the interests of the research participants are not harmed in the process. For example, when selecting and involving participants, researchers must ensure that full information about the purpose and uses of their contributions is given (Homan 1991). Typically, most universities including Liverpool John Moores, as well as many other research institutions, lay down ethical principles and guidelines to follow when conducting research. A survey of the LJMU indicates that some particular ethical issues to be considered in relation to this study include: informed and voluntary consent; confidentiality of information shared; anonymity of research participants and no harm to participants (Halai, 2006). This section briefly summarises ethical issues relevant to

qualitative research. It is intended to provide a context for discussion on procedures for safeguarding research participants' interests.

3.10. Informed consent and the right of full disclosure

The underlying principle of informed consent centres on the idea that researchers are required to provide the participants with comprehensive information on the purpose, procedures, risks and time period of the research and be give opportunity to agree or not agree to participate in the research process (Hemming, 2005; Halai, 2006). This requires that the rights of research respondents should be respected and that participation should be voluntary and as fully informed as possible, while ensuring that the group is not disadvantaged by routinely being excluded from consideration.

Since this research study relied on interaction using the case study approach, with focus group meetings and interviews as methods of data collection, being honest and keeping participants informed about the expectations of the group and topic was good practice in the research process, as was not pressurising participants to speak. This is based on the assumption that all research participants have the right to know what is happening to them (Homan, 1991). These principles also adhere to the issue of respect to the participant, ensuring that they are not coerced into participating in the research process. In this study, informed consent was obtained via telephone conversation and a follow-up letter to each potential research participant including a copy of written consent form (appendix 2). The written consent form contains the purpose of the research, the procedures to follow, including the time frame, and a clause informing them that their participation is voluntary, additionally clarifying their right to withdraw should they at any stage feel uncomfortable continuing. They were also informed that the signing of the consent form and sending it via a pre-paid envelope was an indication of informed consent to involvement in the research process.

3.11. Confidentiality of information, anonymity and the right not to be harmed

Because qualitative research involving interviews, focus group meetings and case study typically considers conversation and interaction with more than one person in a group, it is not uncommon for these conversations to become confessional. They entail, in most cases, people speaking freely and expressing their feelings and experiences of the process, leading to the disclosure of a large amount of detailed personal information. It became important in this circumstance to obtain their consent (appendix 2). It also became important to respect privacy and the protection of research participants through assuring confidentiality of information and anonymity (Hemmings, 2005). Adherence to this principle would ensure not only the right of people's privacy, but that they were not to be used simply as a means to achieve research objectives. In this research the respondents' confidentiality was reassured by informing them at the onset of all interviews that any information they give would only be utilised for the purpose of this research and not for public consumption. The dignity of all participants was respected and anonymity was provided by ensuring that the identity of the individuals and organisations involved in the research process would not be revealed in the presentation of the research findings. Furthermore all tapes were stored in a safe place and quotes from the transcripts were coded to ensure that only the researcher could access this private information from the research respondents. Hemmings (2005) stresses the importance of 'Respect' for persons, which requires a commitment to ensuring the autonomy of research participants and, where autonomy may be diminished, to protect people from exploitation of their vulnerability. Meanwhile, many qualitative researchers in the social context argue that maintaining confidentiality and anonymity maybe difficult to achieve in a process that involves a coalition of partnerships working together in close collaboration (Hemmings, 2005; Kerkale, et al., 2006). In order to demonstrate that confidentiality was achieved in this study, it became important to build a relationship of trust and mutual respect with the research participants, so they all understood that their contributions could be shared with each other and that the researcher was responsible for anonymising data from the group in order to ensure no risk of harm to them. Participants were encouraged to keep confidential what they heard during the meeting.

Chapter Four

4. Data collection and analysis

4.1. Introduction

An initial paper-based investigation of the projects' appraisal forms, monitoring forms and minutes of meetings provided an overview of the projects' profiles, in terms of the location of projects, aims, lists of projects' activities and their rationale for intervening. The monitoring forms provided a bi-annual update of the projects' progress along with output achieved so far. This documentary evidence helped to cross-validate information gathered from interviews, given that sometimes what people say maybe different from what they do (Denzin et al., 1994). The documentation also helped to map out the various approaches to capacity building as implemented by the project worker and their rationale for using their unique approaches. In addition, discussions with academic/MHAZ supervisors and research students from other universities were held and valuable information elicited in order to enable the researcher construct a framework for this study. Opinions from various community activists and local champions were also useful in gaining an early understanding of topics that needed to be explored. These then provided guidelines that assisted with the development of research questions (Johnson, 1994).

Interview protocols for phase one and two studies were formulated with the support of MHAZ stakeholders. The interview schedule for phase three study was constructed with the support of the project workers, according to their project objectives. All interview protocols were piloted as they allowed me to test the feasibility of research instruments before starting the main research, thereby achieving clarity for the main interviews, which in turn improves validity of research findings (De Vaus, 1988; Wilson, 1996). In this study, three sets of pilot interviews were conducted, one in each phase, to time the main interview protocol and highlight potential issues that might arise during the main interviews. It was also used to ensure that the language used was simple to understand, friendly and elicited data of varying depth and quality. All pilot interviews

took place at the project's work premises. The project leads who met with the criteria for the main study were recruited as volunteers.

4.2. Phase One - Exploring the term 'Capacity-Building'

4.2a. Introduction

Phase one explored the diverse understanding of the term 'capacity building', in the context of MHAZ-funded projects/interventions. Twenty project workers, including project leads and frontline staff volunteered as research respondents, two in each project.

4.2b. Pilot Study with the Project Workers

Two project workers from a Liverpool project were involved with the pilot study, which was conducted in the premises of the research respondents. It soon became apparent that the main interview process needed to be modified to accommodate the second respondent, who was part of frontline staff. The frontline staff tended to be directly involved with the implementation of project activities and so provided valuable information regarding the process. Frontline staff were therefore recruited to sit in attendance, act in support and clarify issues on projects activities, through which different levels of meaning relating to the way they perceived capacity building needed to be explored. Furthermore, the researcher was warned to use more accessible language for easier comprehension while in the community, since most projects' frontline staff are not likely to be educated beyond GCSE. The main interview questions were therefore modified, using a more community-friendly term for the sake of clarity.

4.2c. Semi-structured interview with the project workers

The main interviews took place in nine sessions, immediately after the pilot study, over a period of six months. A total of eighteen project workers, two in each of the nine selected projects, volunteered as respondents and were involved in the qualitative interviews. The interview questions (Appendix 3) were semi-structured around the topic guide, in order to explore the meaning of capacity building in the context of MHAZ interventions. These questions were flexible in order to allow the respondents to offer their knowledge and share information on their

perceptions and understanding of capacity building in the context of MHAZ (Patton 1990; Pietro, 1983). In line with this premise, the respondents were engaged in dialogue where they spoke freely in their own language and the researcher listened, watching their body language, while taking notes and providing feedback for mutual learning experiences and improvement. The key interview questions also focused on eliciting information on the various terminologies used by the project workers to describe the concept of capacity building in their respective Local Authority. In addition, the questions helped the respondents map out the actual activities being implemented, establishing the relationship between the unique meaning of capacity building and the projects' rationale for choosing such activities. Each set of interviews lasted for approximately one hour and were collected using a tape recorder, after consent was obtained.

4.3. Phase two data collection - process evaluation

4.3a. Introduction

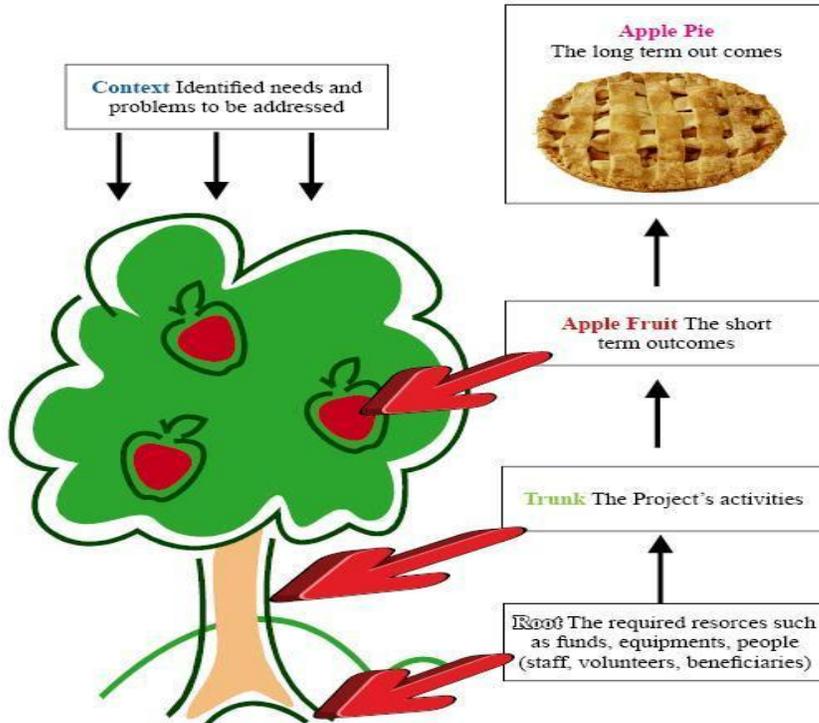
Phase two centres on the evaluation of MHAZ capacity building activities for the employability of socially excluded young people aged 16 to 25. Data were collected using a pilot study, an evaluation workshop which was conducted in an 'away day' format. The forum was used to collect information on the project's unique logic models. Semi-structured interviews were also used.

4.3b. The pilot study

Two workers from the St. Helens project volunteered to participate in the pilot study. The analysis of interview protocols indicated that the term 'logic model' was perceived as jargonistic and made it difficult to deal with the respondents. The main interview questions were therefore modified for language appropriateness and the concept of logic models restructured to use less jargon and adopt a more community and reader-friendly approach. This modification drew on the use of the 'apple tree' metaphor (Wakefield HAZ, 2000) mostly used during MHAZ workshops. This enabled the project workers to understand clearly their rationale for intervening using the

activities of capacity building and then identify their logic models in a symbolic way (Refer to box2).

Box 2
A diagram of Apple Tree Illustration Logic Model



4.3c. Data collection: phase two session (workshop and interviews)

One programme coordinator and one frontline staff member from each of the five remaining projects volunteered to take part in the one-day evaluation workshop. The evaluation workshop was held in a venue of their choice and was facilitated by me and my colleague (co-facilitator), who took notes and acted as the moderator for the session. At the beginning of the workshop, each set of research participants received an A4 sized notebook to enable them to document their experiences and what they had learned as a result of their interactions during the workshop sessions. The notebooks also enabled me to document and identify both the importance of and the unexpected results from the feedback process. I also kept a diary of my personal experiences during the overall research journey, including the respondents' impressions of the interview process.

The workshop lasted for five hours and comprised of two main sessions; firstly the identification of components of the programme's logic model using the apple tree diagram, secondly an explanation of their rationale for intervening using the TOC framework. This first session lasted for two hours, followed by five separate sessions of semi-structured interviews and the plenary discussion after a half hour lunch break.

The researcher interacted with the research participants as much as possible during the workshop while they identified their logic models using the 'apple tree' symbol (figure 2). The rest of the data were collected via feedback from research participants at the end of the workshop session.

4.3d. Workshop: first session

The first session was participatory and involved:

- Presentation of the apple tree diagram and explanation of the concept of logic models by the researcher (box 2);
- Identification of logic models by the research participants;
- Illustration of reasons for intervening, using the TOC approach to evaluation.

Each project was selected as case study and the participatory workshop was undertaken in order to gain comprehensive knowledge about the uniqueness of MHAZ projects, in terms of how they designed their logic models and their reasons for using such models. This process was valuable in providing rich descriptions of the complex processes of capacity building in each project.

The apple tree diagram allowed the respondents to identify the components of their programme's logic model, describing their action plans, explaining their specific designs for capacity building and outlining how their expected outcomes would be achieved.

Then, the TOC framework, using the apple tree diagram, showed the linkages in the logic models by asking such questions as 'where are we now?' (the context/needs/problems to be addressed), 'where do we want to be?' (expected short and long term outcome) and 'what do we want to do to achieve this / get where we want to be?' (activities/process). This enabled the research participants to describe the issues being addressed in the context of their intervention, articulate the desired expected outcomes and determine measurable activities intended to achieve the designated goals.

The TOC evaluation framework provided the project workers with the opportunity to participate in the evaluation process, while being challenged to think more about the importance of evaluation as an on-going process for the duration of the project. In addition, the participatory approach provided room for feedback sessions and reflection, so the event became a process through which the respondents learned, from the use of evaluation questions, how to determine which actual activities of capacity building made a difference in their interventions.

4.3e. Semi-structured interviews – second session

The interview session aimed at eliciting information on what capacity building activities worked, what did not work and why, including what could be done differently for future development. The research participants were encouraged to sit in groups of two representing their projects and a brief introduction of the interview session was provided. The semi-structured interviews were conducted face-to-face with the five sets of project workers, each session lasting 30 minutes. The fundamental evaluation questions were flexible, open ended and probing (Lanbonte and Feathers, 2000) and focused on the ‘why?’, the ‘what?’, the ‘how?’, and the ‘so what?’, to determine whether the actions were implemented as planned and whether they met the projects’ goals(appendix 4).

A plenary discussion followed immediately after the interviews, providing the opportunity to ask further questions regarding the evaluation and record informal discussions. The contents of the feedback notes were also discussed. This process enabled me to validate information on the unexpected outcomes from the interventions and record what could be done differently so as to improve practice.

The workshop and interviews were tape recorded with the research participants’ permission. A flip chart containing the post-it notes were kept as a record of proceedings and were later analysed.

Box 3: Thick Description of Workshop session

Workshop materials

At the beginning of the session, each group of two project workers received a diagram of apple tree on an A3-sized worksheet, 5 different sticker pads (Blue, White, Red, Pink and Green), a marker pen and A4-sized notebook.

What is a logic model?

I explained the concept of a logic model (which is the diagrammatic representation of what the project is supposed to do, how and why it is implemented), using the apple tree diagram. Then attaching the 5 different colour sticker pads (Blue, white, red, pink and green) to the different parts of the tree assisted in the identification of the components of logic models. The A4 sized notebook enabled the project workers to record their thoughts and what they had learnt from the evaluation workshop and feedback process.

Identification of Logic models

The use of the apple tree diagram enabled the respondents to identify their logic models while filling in the details on the coloured sticker pads. The 5 different colour sticker pads attached to the parts of the tree were used as symbols to show at a glance the input, activities, and output programme's work plan, thereby describing the structure of the program.

For instance;

- The blue sticker attached to the surroundings of the apple tree represents the context, showing the nature of problems/needs in the community addressed by the projects, respectively.
- The white sticker attached to the root symbolises input, indicating the available resources used in order to achieve the context.
- The trunk with the symbol of green sticker identifies the activities/processes necessary to address the problems.
- The apple fruit with the red sticker symbolises the project's desired short-term outcomes.
- The pink label attached to apple pie identifies the expected long term outcomes in the context of the projects.

Then, using the 'theory of change' (TOC) approach to evaluation framework and showing the linkages in the components of their logic model, project workers were able to explain how and why their project activities could produce desired effects. Furthermore, they were able to describe their activities in such a way that they lent themselves to evaluation (Refer to box 2).

The first session was followed by a 30 minute break.

The next session involved semi-structured interviews to enable the respondents to assess the capacity building process in the context of the project. This was followed by a plenary session, enabling all participants to discuss what they had learnt regarding the evaluation.

4.4. Data collection at phase three: impact evaluation

4.4a. Introduction

The third and final stage of this study explored the impact of capacity building on the MHAZ programme beneficiaries, in other to find out if their needs were met. The main purpose at this stage was to obtain information from young people relating to what they felt had been particularly successful in the project in terms of knowledge gained, their employability and behavioural changes. Interviews also explored whether the MHAZ-funded interventions had met with the aims and objectives set out in their appraisal forms.

A total of thirty-six beneficiaries, six in each of the interventions, were originally contacted with the intention of running a focus group for all the projects. One focus group meeting was later held for the five beneficiaries from the Wirral project, who could all agree on a particular date. However, it was not possible to convene beneficiaries from the other Local Authorities because many of them could not agree on the meeting times and others could not honour the appointments. A few indicated their unwillingness to continue with the research process due to personal reasons, thereby depleting the ideal number of at least five participants required for a focus group meeting (Cropper 2001). Face-to-face semi-structured interviews were therefore held for the beneficiaries who indicated that they were interested in participating.

4.4b. Pilot study

Two respondents from a project in Liverpool were involved in separate face-to-face interviews at a venue of their choice. Pilot study was held at the onset to test the protocol for the main interviews, in terms of duration and language appropriateness and whether the questions were realistic and easily understood.

The analysis of the pilot interview indicated that the time frame would need to be extended for the main interviews, to allow for intermittent cigarette breaks as well as for a relation of trust to be developed between the respondents and the researcher. The relationship seemed to have given the research participants enough confidence to offer detailed information about their experiences of the MHAZ programmes.

4.4c. Semi-structured interviews with project beneficiaries

The face-to-face interviews involved 11 respondents in all: four each from St Helens and Sefton, three from the first Knowsley (K1) intervention. In the second Knowsley (K2) intervention, six respondents were originally selected and informed about the purpose of the interviews, but none attended the actual interview sessions. Three respondents forwarded their apologies, while another two indicated that they preferred not to be interviewed without giving a reason and the last one could not be located. The interview process therefore took place only with the respondents that showed up.

Each respondent was contacted by telephone and later interviewed at a venue of their choice and at a time convenient for them. The key questions explored the impact of capacity building, knowledge gained, behavioural changes and the differences the project had made in their lives. The questions also explored their perceptions about the MHAZ processes, particularly difficulties both past and present.

4.4d. Focus groups with project beneficiaries

Five project beneficiaries in the Wirral were involved in an 'away day' focus group meeting organised and facilitated by the researcher as the moderator. A co-moderator was also involved in the focus group meeting to take notes and record observations while the researcher concentrated on asking questions, facilitating the group and enabling transition from issue to issue (Cropper, 2001).

The focus group session began with a standard introduction that explained the purpose of the session. The participants introduced themselves and then explained whether they were in employment or jobseekers, stating their job title or the type of job which they were looking for, or whether they were in full time education. The ground rules governing the session were explained in order to maintain respect for one another's opinions, as well as to guide the flow of the conversation and minimise unacceptable language, such as swear words. The same questions as for the semi-structured interviews were asked, seeking their general overview of the projects' activities. They also aimed to find out the impact of the projects' activities regarding their employability and to discover what has changed as a result of their participation. Participants were asked to provide their views on the negative feelings and barriers encountered during their involvement in the projects. Opportunities were provided for them to suggest ways of doing things differently in the future. The focus group meeting

encouraged interactions and group discussions that enabled the participants to both reflect and learn, as well as giving a good insight into the impact of the intervention on their lives.

In total, 18 people aged 17 to 25 volunteered as respondents and participated in the research study as follows:

- Pilot Study – two from Liverpool (L2)
- Face-to-face interview – four from St Helens (St.H1), four from Sefton (S1) and three from Knowsley (K2)
- Focus group Meeting- five respondents from the Wirral (W1)

All project participants were referred to as respondents and identified using codes as set out above.

4.5. Data analysis: methodological approach

Data analysis in qualitative evaluation research has been identified as very challenging due to the complexity of data (Miles and Huberman, 1994), which in this research comprised field notes and numerous pages of interview transcripts, including case study notes and focus group transcripts. Ritchie et al. (2003) suggest that the researcher requires a process of systematic exploration, including patience and competence, in order to ensure that the data are comprehensively reviewed and interpreted.

However, despite the complexity of the analytical process, the semi-structured interview schedules for phase one allowed for qualitative analysis, as data sets provide a window on people's social world. The open questions gave the respondents a greater freedom to answer the questions according to their own interpretation. Responses were analysed by systematically coding them and drawing out common themes. The data collected from open-ended questions were coded and analyzed using an established qualitative data analysis process. To some extent the data was already quite organized, as the questions had been structured around the various meanings of capacity building and the projects' unique strategic activities, which meant that the data was already coded into broad categories. This enabled the researcher to explain in detail the factors that contribute to successful, and not so successful, delivery of the interventions' strategies, as well as the outcomes and how they occur.

Tecschi (1991) has identified a range of different approaches to qualitative data analysis. The first approach is based on language: discourse analysis, symbolic interactionism and ethnomethodology. Second is a 'descriptive or interpretative approach' which seeks to establish a coherent or inclusive account of a culture from the point of view of those being researched, such as classic ethnography and life-history studies. Finally, there are theory-building approaches, where the generation of theory is the primary goal, such as grounded theory.

Initially, discourse analysis was considered as an approach to data analysis for this study, but this was eventually discounted. Potter (1996) argues that using such an approach with interview data can be problematic, in that the interaction can become swamped by the interview's own categories and constructions. Even the most open ended of interviews is guided by a schedule, which specifies topics and themes as important. In addition, even when an interview is understood as an interaction in its own right, the structural nature of its dominant question and answer format is not ideal for getting at the turn-by-turn displays of action and understanding that discourse analysis upholds. Partly for these reasons discourse analysis is increasingly applied to the study of records of natural interaction.

Another distinctive feature of discourse analysis is the focus of the analysis on features such as corrections, hesitations, pauses and intonational features, rather than the simple rendition of words within an interview. In addition to this, discourse analysis tends to present extensive amounts of raw data for readers to draw their own conclusions. This differs from the way in which ethnographic interviews work, whereby interpretations are taken on trust and the data is largely pre-coded and pre-theorized. Furthermore, discourse analysis focuses on talk and text as social practices, with a focus on issues of accountability, looking at the way people manage issues of blame and responsibility (Antaki, 1984; Potter, 1994; Gill, 1996).

In line with the research paradigm described earlier, taking an interpretivist position would require searching the data for relevant interpretative categories or themes and organizing them accordingly. This would require the development of systematic and transparent mechanisms for arriving at these interpretations and for drawing on lay conclusions.

Potter (1994) argues that the key roles of qualitative analysis are about detection and the tasks of defining, categorizing, theorizing, explaining, exploring and mapping. Phase one of this research can be considered to be concerned with defining concepts of capacity building and mapping the resulting range of meanings. Phase two centred on finding out what worked,

while finding associations and seeking explanations to why they worked. In phase three, outcome evaluation explored and determined whether such activities of capacity building as implemented served the needs of the beneficiaries. It was therefore essential to find out a method, or methods, of data analysis that would support these differing functions. A method of qualitative data analysis called 'Framework Analysis' developed by Richards and Richards (1994) was found to be particularly applicable to this study. The framework approach to data analysis is a matrix-based method, which provides the researcher with the five key processes involved in qualitative data management (Ritchie & Spencer, 1994).

This analytical approach typically explores inductively the content of the data while providing a transparent account of the analytical process to others, including research colleagues and funders. Framework analysis provides procedural structure to the qualitative data with differing aims and objectives, indicating that all data are analysed based on their own terms, within premises that are central to their purpose, nature and conduct. Framework analysis ensures that the entire data are systematically and comprehensively placed in a way that discourages anecdotal 'cherry picking', as well as shows how data could be traced back to their original form (Miles and Hiberman, 1994; Silverman, 2000).

The five key stages of analytical processes involved in the framework approach as identified by Spencer et al. (2003) include:

1) Familiarisation — referred to as immersion in the raw data (or typically a pragmatic selection from the data). This stage involves listening to tapes, reading transcripts and studying notes in order to list key ideas and recurrent themes.

2) Identifying a thematic framework —identifying all the key issues, concepts and themes by which the data can be examined and referenced. This is carried out by drawing on priority issues raised by the respondents themselves as derived from the questions, based on the aims and objectives of the study. The end product of this stage is a detailed index of the data, which labels the data into manageable chunks for subsequent retrieval and exploration.

3) Indexing, sometimes referred to as Coding (Richards and Richards (1994) —applying the thematic framework or index systematically to all the data in textual form, by annotating the

transcripts with numerical codes from the index. Indexing involves reading the fine details as they occur and re-occur in order to decide what each phrase and sentence entails, leading to a refinement of categories. At this stage, a single passage of different themes has to be recorded, usually in the margin of the transcript.

4) Creating thematic charts and ordering the data — this stage involves rearranging the data according to the appropriate part of the thematic framework and forming charts. Main themes and their associated subtopics are also identified in separate thematic charts, which could contain distilled summaries of views and experiences. Once the main themes to be used are decided, each is allocated a column and a number to allow for easy referencing between columns on the chart. Thus the charting process involves a considerable amount of abstraction and synthesis. The key activity in charting is summarising the content of main theme in the best way possible, retaining the essence of the point without losing the language or voice of the research participants. This is where patience and creativity is required of the researcher, in order to get the right balance between not overloading the chart with undigested materials and including enough data to enable full understanding of the point being made (Spencer et al., 2003).

5) Mapping and interpretation —this stage is influenced by the original research objectives, as well as by the themes that have emerged from the data themselves. At this stage the charts are used to define concepts, map the range and nature of phenomena, create typologies and find associations between themes with a view to providing explanations for the findings.

The framework approach to analysing was found to be particularly useful for the data analysis within this study, as it has been designed to facilitate systematic analysis within the demands and constraints of applied policy research. These different stages are there to facilitate a range of activities the researcher undertakes to identify and conceptualise issues, as well as to refine, classify and interpret qualitative data so that themes, categories and classes contained within a single topic are defined. Currently there are more than twenty software packages that can help researchers manage their data in different ways, many of

which are required by those working in a team and with a large set of data (Williams et al., 2004). Computer software packages may be useful in qualitative analysis of large sets of data, as it is able to focus on the 'pivotal conceptual' work associated with qualitative research (Hamill and McAleer, 1996: p78). However, the philosophical stand point of this evaluation research focuses on the researcher interpreting the meaning of research participants' accounts. Webb (1999) contends that issues of rigour and of the researcher being alienated from analysing her own data could easily occur with the use of a computer-based software package. I opted for the manual processing of data analysis at the initial stage as it helped me to develop an intimate knowledge of the data.

Furthermore, I decided to use framework analysis for the process of identifying, coding and categorising the main patterns in the data, since it adequately captures the levels of thought and feeling needed to fulfill the aims of this research, including different meanings of the personal experiences of research participants.

In this study this process involved transcribing tapes from interview sessions and reading the transcript several times in order to familiarize myself with the text. The data were then summarised with a view to identifying patterns of common and different emerging opinions. The subsequent stage involved the organisation of data into the most frequently occurring points. At this stage, the recurring points were summarised into scripts and then electronically sorted into categories and sub- categories according to similarities and differences in the emerging themes. Drawing from the emerging themes, while using quotes from the transcript and referring back to the relevant literature, I built a valid argument for choosing the themes and formed a comprehensive picture of the participants' collective experiences. Member checking (Russell et al., 2003) was thereafter conducted, whereby the respondents were presented with the summary of the scripts for corrections, verification of impressions and general comments.

4.5a. Applying framework analysis: phase one

Data collection centred on the MHAZ workers' understanding and perceptions of the term 'capacity building', within their own experiences and in the context of their projects' activities. To explain the process in more detail, data collected from ten interviews, including the pilot study, were transcribed verbatim by listening to tape recordings and reading through

transcripts on numerous occasions to ensure familiarity with the content of each individual interview.

While undertaking this process I was jotting down key points that emerged from the responses and which were consistently mentioned throughout the interviews. This process also involved extracting significant information from the data, under each project. The data were then colour-coded based on the perception of capacity building, while identifying meaningful units in relation to patterns of commonality and differences in opinions. These codes were then written up and then rechecked against the transcripts in their original format in order to ensure that no themes had been missed out. These final sets of codes then formulated the thematic framework.

Following this, the processes of indexing and charting included exploring the data again and assigning themes to individual paragraphs or statements. It was necessary to return once more to the original transcripts, coding the data accordingly into two dominant themes that best reflected the responses of the project workers. This was done in relation to the views and the meanings expressed around the terminologies, indicating their understanding of the term ‘capacity building’ in terms of their strategic activities. It also incorporated their perceptions and negative views in describing capacity building activities in relation to project values and impact in the community (refer to coding frame: appendix 8).

The most critical part of the analysis was the ‘mapping and interpretation’ stage, whereby each theme was explored in more detail and interpreted or explained. Each theme was further classified into three categories according to the projects’ beliefs and values as ascribed to the MHAZ rationale for the use of capacity building.

The final matrix for each project, comprising of the breakdown of responses by the project workers, including the meaning units, was returned to them to confirm and affirm data accuracy and the meanings ascribed to their experiences of capacity building. This process of feedback contributed towards enhancing the validity of the data as well as ensuring that the true views of the respondents were represented (Tuckett, 2005).

This stage enabled me to map out quotes from the original transcripts that interpret and best illustrate each category. Though quotes were grouped together under each designated category, in order not to breach confidentiality the projects were coded, distinguishing respondents according to their geographical location and thus preserving their identity.

4.5b. Applying framework analysis: phase two

Following the review of the literature on methods for qualitative data analysis described in phase one study, it was decided that Richie and Spenser's (1994) framework analysis would again be most appropriate tool for analyzing the data collected in phase two. This was because it had been found to be useable and systematic when applied to the analysis of the qualitative data collected in the phase one study. However, due to the large quantity of data collected in phase two, it was decided that although framework analysis would be the principle method of analysis, this process would be assisted by the use of a Computer Aided Qualitative Data Analysis Package (CAQDAS).

Analysis at this phase was therefore carried out in two stages, one after the workshop session and then another after the interviews session. At the workshop session, each project was treated as a case study and the purpose of the analysis was to describe in detail how each set of project workers identified their unique logic models using the apple tree metaphor. The second session, which centred on qualitative interviews, was analysed using the framework approach (Ritchie and Spencer, 2003).

To explain the process in more detail, at first the labelled apple tree diagrams were studied very closely. Then the content of the workshop interviews was transcribed verbatim and analysed project-by-project using the 'thick description' process (Lincoln et al., 1985). This was to help me develop an understanding of how each set of project workers defined their individual project's objectives. For instance, the blue stickers symbolised the context and described the needs or problems being addressed in the community. Problems such as low self-worth, community vandalism and scarce employment opportunities were predominant themes. Other colour-coded stickers including the white, green, red and pink were respectively used to describe the allocated resources that were needed to operate the projects, the unique project activities and the expected short and long term outcomes. Project workers were also expected to describe their rationale for intervening using their unique models (Refer to box 4 – thick description).

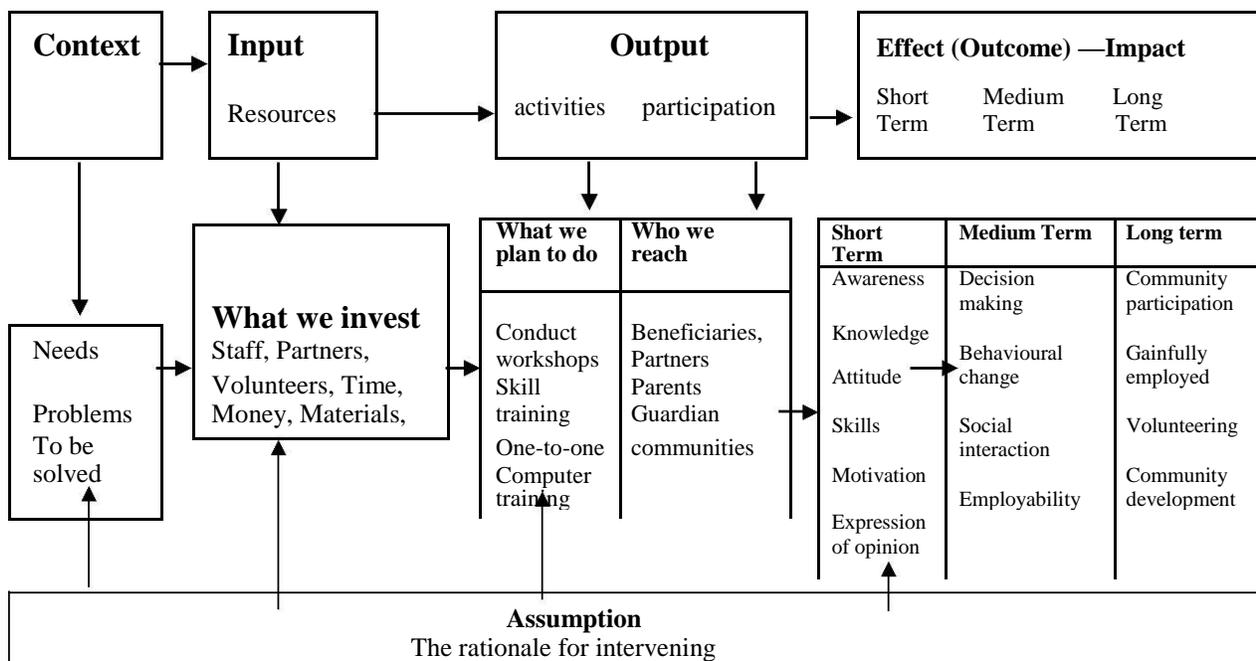
Once this was achieved, the compiled data were then examined in detail, making it possible to begin to tentatively jot down ideas for codes depending on the content of individual logic models. Following this, it was necessary to read through all the transcripts a few more times to compare them with the draft lists of codes that had been produced, in order to identify any

codes that may have been missed, or to identify any discrepancies and ensure a rigorous and systematic process of analysis. This took a considerable amount of time, as it consisted of returning to the transcripts to actively search for responses that were different from the developing themes. Once sure that the list was exhaustive, it then became the thematic framework for the analysis of the data. At this stage, meanings were coded into recurrent themes and were considered in relation to the projects' structures and explanations about projects' logic models, as well as how the overall programmes worked. Atkinson (1992) describes the coding of transcripts as a well-established process of exploring the data for categories and instances.

This procedure provided a detailed understanding of how project workers identified their logic models while describing their unique process for the implementation of capacity building. It identified their rationale for intervening, explaining what happened in their programme and how the programme's activities were related to its outcomes. Like a road map, these logic models indicated the route travelled in order to reach a certain destination (Wakefield HAZ, 2000).

Following the detailed description of project logic models, using the apple tree metaphor, a summary sheet was created for each case study using the graphic representation overleaf:

Table 2- diagrammatical presentation of Logic Model (Kelloggs, 2003)



The diagram above is explained as follows:

- 1) The context/problems indicating the needs to be solved,
- 2) The inputs indicating the resources needed in order to achieve outcomes,
- 3) The output showing the most successful capacity building activities,
- 4) The assumptions identifying the projects' rationale for using such activities,
- 5) The expected short and long term outcomes, indicating changes that could likely come about as a direct or indirect effect of the activities.

This procedure made it easier to see at a glance the viewpoints of each set of respondents in relation to the meaning expressed around projects' logic models, including beliefs and values ascribed to their rationale for intervening. Each summary sheet was presented for member checking and later fed back to the respective project workers for their comments and confirmation of their logic models. The process of feedback enabled the validity of data accuracy, ensuring that the views of the project workers were truly represented (Hammersley, 2002).

Interpretation and mapping of the data involved exploring for commonalities and patterns while trying to understand the stories beneath the text, also taking into account the latent content of their logic models. Rose (1982) makes an important distinction between participant concepts and theoretical concepts. Participant concepts are created by informants and couched in their everyday language. Theoretical concepts are created by myself and not immediately recognised by the informants as part of their terminology. This was considered to be of particular importance in this study, since the participants would often speak in terms of the intensity of their feelings on the perceived meaning of capacity building, which could obscure the actual meaning of capacity building. For instance, terms such as personal development, social capital or even ‘negative’ words used by MHAZ project workers to refer to the term ‘capacity building’ require an understanding of the depth and complexity in people’s situated or contextual accounts and experiences, rather than analysis of surface comparability between accounts of large numbers of people. The analytical principles I developed were conceptual rather than straightforwardly empirical, and inductively generated through the data.

At this stage, while drawing from the emerging themes and using quotes from the transcript while referring back to the relevant literature, I built a valid argument for choosing the themes. This enabled me to form a comprehensive picture from the participants’ collective experiences while developing a story line. Though quotes were grouped together under each designated theme, in order not to breach confidentiality, the projects were coded to distinguish respondents according to their geographical location thereby preserving their identity.

4.5c. Interview analysis - second session

The first analysis of data, using the CAQDAS package NVivo, was coded using a series of recurring topics based around what capacity building activities worked, what did not work and why, including project workers’ views and experiences of their individual project, as well as what impact they thought it had had, if any, on the lives of the beneficiaries. However, this analysis of data on its own failed to provide a sufficient insight into both the complex activities of capacity building and experiences of project workers, including the relationships between the two.

Further exploration revealed that much has been written both on promoting and condemning the use of CAQDAS. Bryman (2004) described the process of using NVivo to code qualitative data. The computer takes over the physical task of writing marginal codes, making photocopies of transcripts, cutting out chunks of text relating to different codes and pasting them together. This could be considered to represent stages three and four (indexing and charting) of the framework analysis process. CAQDAS does not automatically do this for the analysis; the analyst must still interpret the data, code and retrieve.

It has been suggested that CAQDAS has the tendency to reinforce the code-and-retrieve process that underpins most approaches to qualitative data analysis, but could result in a fragmentation of the textual materials on which researchers work (Weaver and Atkinson, 1995). As a result, the narrative flow of the interviews maybe lost. It has been argued that the fragmentation process of coding text into chunks that are then retrieved and put together into groups or related fragments risks decontextualising data. It is sometimes suggested that CAQDAS enhances the transparency of the process of conducting qualitative data analysis. On the other hand, it is often noted that the ways in which qualitative data are analysed are unclear in reports of findings (Bryman and Burgess (1994). Using CAQDAS may force researchers to be more explicit and reflective about the process of analysis.

The framework method of qualitative analysis was found to be particularly useful to the data analysis within this phase, as it ensures that all data are systematically and comprehensively placed in such a way that they are analyzed based on their own terms and purposes, thereby discouraging anecdotal 'cherry picking' (Richer and Spencer, 1994). To explain the process in more detail, stage one involved reading and re-reading the transcript in order to become familiar with the text, while tentatively jotting down and listing key ideas for codes. At this stage, the recurring points were organized using the framework process, centred on coding the transcripts and establishing the process of exploring the data for categories and instances. This was later summarised with a view to identifying patterns of common and different emerging opinions.

Silverman (2001) argues that theoretically defined concepts can drive good qualitative research and can be very helpful in organising data for analysis. They are also useful in helping develop analysis of field data after a research problem has been clearly defined. For this reason, the use of thematic framework analysis to structure the interview schedule will have helped with the data analysis further down the line, in terms of helping to organise the

data in preparation for analysis. However, Silverman also highlights that coding schemes and predetermined theoretical concepts can have the disadvantage of deflecting attention away from uncategorised activities. For this reason, an extra effort was made to return on a number of occasions to the original transcripts to identify new emerging themes not outlined in the original theoretical model.

Initially, each set of the six interview scripts were read through a number of times and the texts were summarized in relation to interview questions. It was necessary to ensure that the content retained the essence of the point without losing language or felt voice, including the feelings and thoughts of the research participants (Webb, 1999). For instance, the first question assessed the process of delivering the activities of capacity building in relation to the most popular activities of projects working towards the employability of socially excluded young people on Merseyside. Each data set was analysed entirely separately. Indexing was then undertaken, a process that involved extracting significant information from the data under each project. The recurring themes that appeared to be relevant to the questions were then colour-coded with different highlighter pens, indicating patterns of reoccurring experiences and feelings that emerged from the respondents in each project (Taylors & Bogdan, 1989). This was followed by creating thematic charts and sorting the main themes, categories and subcategories into columns. The meaning units were identified in relation to categories and subcategories that emerged from the data, according to the theme that best reflected the views and meanings ascribed to project workers' rationale for intervening.

The most critical part of the analysis at this stage was the mapping and interpreting stage, whereby all the six data sets were explored in detail and later mapped together under one big summary sheet. This was undertaken in order to understand the links between and across projects. Coding and indexing the data at this stage did not always take place in a linear fashion but involved revisiting the original transcripts one question at a time, often to identify new emerging categories, related to the differences and similarities in various responses and based on their unique approaches to capacity building.

Interpretation of data was based on three major themes according to the range of perspectives expressed by the respondents. The main themes were summarised into manageable chunks, then organised into categories and subcategories to reflect similarities and differences in respondents' opinions and responses. After this it was possible to merge some of the categories, thereby linking key themes across and between projects. This procedure made it

easier to see at a glance the viewpoints of each set of respondents in relation to the meaning expressed around projects' logic models, including beliefs and values ascribed to their rationale for intervening. It also made it easier to highlight the differences and similarities in their responses. The summary sheets therefore provided all the six projects' logic models with their corresponding twelve respondents' views and verification.

4.6. Phase three analysis

4.6a. Introduction

This phase focused mainly on eliciting information on project beneficiaries' experiences of MHAZ interventions, including the impact of capacity building strategies on their lives and what could be done differently for improvement.

The 17 interviews, including one 'away day' focus group meeting, produced over 20 hours of audiotaped data and over 200 pages of single-spaced transcripts. This data was subjected to the process of framework analysis, as similarly applied to the project workers' interviews. It was therefore important to organise the data using the main stages of familiarisation, identifying recurrent themes and colour coding to indicate themes and categories and who said what in response to the key interview questions (Ritchie and Spencer, 1994; Krueger & Casey, 2000; and Cropper, 2001). The findings were then presented with quotes to illustrate themes and categories.

4.6b. Familiarisation

The tapes were transcribed *verbatim*, project by project, in relation to the individual respondent. All transcripts were read several times so as to familiarise myself with the information contained therein. Any ambiguities in the transcripts required a return to the audiotapes for clarification. Thereafter a number of themes were generated, which were summarized in terms of the respondents' views and narratives around an emerging set of topics, ideas, or experiences. Some of the themes directly reflected each question and some arose from common concerns about what was important to them. These were complemented by the observational notes. Each summary note was then fed back to the respondents for review, correction and verification. In this case all the summary notes were returned without

major revisions, as the respondents verified that the summary transcripts were the true records of their interviews.

4.6c. Identifying recurrent and important themes

The summary transcripts were re-read in order to acquire a sound grasp of the interview proceedings before breaking them down into categories and sub categories. This procedure involved copies of transcripts being made; I then reviewed them each again and coded them under category headings, writing short phrases at the margin of the texts. With the use of highlighter pens I began to identify commonly used words and recurrent patterns that appeared to emerge as important. The following themes represented respondents' views:

- The respondents' experience of MHAZ projects.
- The impact of the capacity building.
- The barriers to attending the programme.
- What could be done differently: the suggested improvement.

Each transcript was manually cut up and reorganised so that all categories relevant to a theme were brought together on a new sheet. At this point I have easy access to everything all the respondents said. In terms of respondents' experiences of the MHAZ process, for example, two major categories emerged; one directly answered the main interview questions and the other focused on what was important to them, their perceptions of project structures and delivery methods. The responses on 'important issues' were a result of the interviewer's selected prompts according to the levels of intimacy emerging in the interviews. Personal prompts were employed only when a prior confidence had been made as it required the highest level of intimacy. The theoretical prompt required the least degree of intimacy as the respondents could answer in the third person, providing a degree of emotional detachment and anonymity from the opinions expressed.

4.6d. Organizing the data into summary sheets based on most frequently recurring points

A summary sheet was created which précised the content of interviews in the form of data segments. This provided me with an 'at-a-glance' summary of the respondents' views for any

given theme but preserved something of the context of the original interview. The procedure identified major groups and sub-groups, each containing different themes, categories, and units of meaning. Copies of summary sheets were manually cut up and sorted by category and subcategory under each theme. This procedure involved sorting the concepts and responses, each containing meaning units that reflected information on a range of ideas and feelings that individuals had, as well as highlighting the differences and similarities in individuals' perceptions. This method of sorting data into meaning units was both a process of data simplifications and data complications (Joffe and Yardley 2004; Krueger et al., 2000), which cut down the amount of information the researcher had to deal with when looking at respondents' views and experiences. Tesch (1990) has described this as a process of 'recontextualisation', where data segments are reorganised and assigned to a new 'pool of meaning' different to their original context in the interview. This was also designed to open up data to possible interpretation by juxtaposing respondents' views in the context of relations the researcher was interested in understanding. This process generated categories under each theme heading. For instance, under theme one the respondents' experiences of the project were subcategorised under the meaning units of social networking: fun ways to learn new strategies; positive ways to gain self-worth and new skills. This brought into focus the overriding themes and the range of perspectives expressed by each respondent. Such extrapolations were supported by returning to the original transcripts' data and retrieving extracts which exemplified the themes. In this way, using direct quotes that are relevant to particular themes, the research was able to illustrate the major ideas or perspectives that were identified.

4.7. Issues of reliability and validity

Some of the theoretical issues relating to reliability and validity in qualitative research will now be explored in relation to the research practices in this study. To understand the meaning of reliability and validity, it is necessary to present their various definitions as given by many qualitative researchers from different perspectives.

Joppe (2002) defines reliability as the extent to which results are consistent over time (p.1). For Charles (1995), the research instrument is considered to be reliable if the result of a study can be reproduced under a similar methodology. Embodied in these citations is the idea

supported by the positivist or scientific paradigm, in which the researcher's methods involve the use of standardized measures so that the varying perspectives and experiences of people can be fitted into a limited number of pre-determined response categories, to which numbers are assigned. For example, a quantitative researcher may prepare a list of behaviours to be checked and using a predetermined procedure as an instrument, administer in standardised manner what it is supposed to measure. In a broader sense, the validity of such an instrument of measurement and the significance of this procedure according to Patton (2001) is focused on ensuring replicability or repeatability of the result.

Within the positivist terminology, validity resides heavily in quantitative research (Joppe, 2000) in that it measures how truthful the research results are. These definitions of reliability and validity in quantitative research so far reveal two major strands: firstly, in relation to reliability, whether results are replicable; secondly, with regards to validity, whether the instrument measured accurately what researchers intended to measure. In most cases results are presented using statistical data. However, the concepts of reliability and validity are viewed differently by qualitative researchers who consider these concepts as inadequate if defined in qualitative terms. Firstly, qualitative research by definition is stronger on long descriptive narratives, which emphasise 'authenticity' rather than statistical data. In this particular study, for example, I used a naturalistic approach that seeks to understand and interpret human interaction in the social world setting. This suggests that there are areas of social reality that statistics cannot measure. For instance, qualitative interview studies are often conducted with small samples of people and the interviewer-interviewee relationship may be defined through political circumstances happening in the social world, rather than in scientific terms.

Silverman (2001), in his book 'Interpreting Qualitative Data', argues that the concept of reliability in qualitative research is often misleading and challenging, as the aim of qualitative data collection centres around gathering authentic understanding of people's experiences. For instance, in this study the member-checking process and student/supervisor progress meetings were used to establish the 'authenticity' of findings, in other words the validity and reliability of the study. During the course of data analysis, regular feedback was received from the team, who were themselves familiar with the interview transcripts. This process allowed for agreement that the main themes had been identified, to establish the authenticity of the findings.

Although the terms ‘reliability’ and ‘validity’ are regularly used in testing quantitative research, if we see the idea of testing as a way of establishing quality in information gathering, then Patton (2001) states that these two factors should be of equal concern to any qualitative researcher when designing a study, analyzing results and judging the quality of the study. This corresponds to the question “how can the qualitative inquirer persuade his or her audiences that the research findings are worth paying attention to?” (Lincoln & Guba, 1985: p.290). Responding to this question, Healy and Perry (2000) argue that the idea of discovering the truth through measures of reliability and validity in qualitative study should be replaced by the idea of trustworthiness, which is defensible while establishing confidence in the findings. The idea of trustworthiness is concerned with assessing the essential criteria for ascertaining quality of study in the quantitative paradigm in terms of: a) credibility (in preference to internal validity); b) transferability (in preference to external validity/generalisability); c) dependability (in preference to reliability) and d) confirmability (in preference to objectivity). They therefore assert that examination of trustworthiness is crucial to ensure reliability and validity in qualitative research. Seale (1999), while endorsing the concepts of trustworthiness and consistency as forms of establishing reliability and validity in qualitative study, suggests that the ‘usual canons of good science’ require redefinition in order to fit the realities of the qualitative paradigm. She also states that consistency of data will be achieved when steps of research are verified through examination of such items as raw data, data reduction products and process notes (Seale 1999 in Nahid, 2003).

From the constructionist perspective, one way of achieving reliability in qualitative study is to present interviews’ data in the way that expresses interpretive procedures. Conversational practices should present what both the interviewer and the interviewee are doing through their talk and non-verbal actions. This means exploring how interview participants actively create meaning, resulting in more valid, reliable and diverse constructions of realities. There is also the need to follow standardised interview protocols. The implication of this is that each interviewer should ask each question in precisely the same wording and in the same order outlined in the schedule. The interviewer should not respond to an answer with surprise or disapproval, try to offer explanations of questions, suggest replies or skip questions, all of which could lead to bias in the measurement. This point of view would suggest that unstructured interviews are an inherently unreliable research instrument. However open-ended or structured interviews have the benefits of being more flexible and allow for more

intensive investigation of perceptions and feelings. These practices were employed during this study.

Furthermore, high reliability in qualitative research can be achieved by recording data in terms that are as concrete as possible, including tape recording all face-to-face interviews. In addition, the researcher should transcribe what people are saying verbatim rather than reconstructing the general sense of remarks, since this could allow the researcher's personal perspectives to influence the reporting. Presenting long extracts of data in one's report could also contribute to high reliability in qualitative research.

Respondent validation was another method used to increase reliability and validity in this study. This involved taking one's findings back to the respondents for verification, utilising a feedback process that took stock of the perspectives of the project workers and the beneficiaries of the projects. In addition, the findings of this study have been corroborated through detailed comparisons with the wider literature, which increases its validity. Deviant case analysis is a further method for testing validity in qualitative research as it is concerned with actively seeking out and addressing not only for commonalities and themes, but also discrepant cases that appeared to be at 'odds' with other participants' perspectives.

Although regular feedback was received from the supervisors who had read through the data transcripts before analysis, the use of 'member-checking' analysis was deliberately included. The researcher was clear that their absorption in the topic, and knowledge through having been involved in transcribing the interviews, was required to provide additional insight in the interpretation of data used in order to establish the required level of reliability. Creswell and Miller (2000) posit that member-checking provides a procedure whereby data is continually revisited and scrutinised for accuracy of interpretation and for meaningful, coherent conveyance of the participants' narrative contributions; that way reliability, as well as the trustworthiness of the findings, is ensured.

4.8. Researcher reflexivity

Reflexivity in qualitative research is about the researchers recognising their influence on the development of the research and the engagement of research participants. Also included in this regard is the construction of meaning throughout the research process. One way to

engage in reflexivity is for researchers to keep journals that reflect upon the ways in which personal thoughts, feelings, uncertainties, values, beliefs, and assumptions that surface throughout the research process have shaped the research (Curtin & Fossey, 2007).

Researchers' bias is not necessarily viewed as problematic in qualitative research as long as their preconceived beliefs are explicitly discussed and aspects of their backgrounds that could influence the interpretations are disclosed (Lincoln, 1985). It became important for me as the researcher to 'come clean' about my stance and position in this research process. This was done by exploring the ways in which my identity has influenced and informed the accounts of the interviewees. This is particularly important in qualitative data collection, as it is often criticized for a lack of objectivity. It was also important for me to reflect on the methodological process and how this fitted into the participants' responses and prevailing discourses in public health.

In terms of my previous research experiences, I had some knowledge of researching into the cycle of child poverty, social exclusion and bad behaviour amongst young people in a rural all black community in Nigeria. Part of my motivation to embark on similar research here in UK was to compare the concept of child poverty in the communities where I received my values and grew up to that within my present community, where my own children are being brought up. I also wanted to find out how the use of capacity building in MHAZ's implementation strategy would contribute to tackling child poverty and gain understanding of why so many young people are disenchanted, embark in antisocial behaviours and are subsequently poor.

I have no specific experience of doing similar research in all white local communities here in Merseyside, so I welcomed all the contact available to help me access my initial sample participants of MHAZ project workers, who later provided me with the opportunity to acquaint myself with the young people. After gaining ethical approval, there was a sense of having to 'sell' the benefits of my research, which centred on process evaluation, to the project workers. At that time they still regarded evaluation as a requirement of 'proof-of-effectiveness' and therefore feared the criticisms that might come if the project failed to achieve its set target. Most workers therefore regarded evaluation as a threat, rather than as a tool to explore and amend their weaknesses and difficulties.

I was aware that first and foremost I would have come across to participants as either a health or academic professional, which might have created a barrier. I was an adult stranger, whom they might have considered to be from a different social class than themselves and in some cases of a different ethical background. During the interviews, they might have felt the need to give me a public account rather than an intimate account of their experiences, suspecting they might be judged by me. Meanwhile, during the course of this study I was employed as part-time project monitoring officer within the MHAZ-steering group and this situation helped to create a greater rapport between myself and the participants, who by now seemed more accepting of this evaluative study. My employment also gave us common interests to discuss, which might have added to the richness of the information I was able to collate from the MHAZ project workers and the project beneficiaries. The data collected and the fact that they discussed sensitive topics with me and described their negative experiences of the process indicated their desire to be as truthful as possible. I was able to empathize with the difficult circumstances brought about by the uncertainty in the funding stream and the idea of projectism, through which all projects must seem to be performing irrespective of lack of resources necessary to enable good outcomes. Looking back and recounting my experience of this research, I have come to the conclusion that to break the cycle of poverty and for sustainable community development to prevail, every child in any locality of the world deserves an equal chance to comprehensive capacity building programmes that will prepare them to be productive citizens.

Although the qualitative design provided a wide range of advantages for the purpose of this study, I also want to describe some other more subjective methodological dilemmas encountered during this research. These included: the initial inability to build rapport with research participants – although they did open up later in the process; gaining access to interview the project workers and the beneficiaries; and my experiences of racism.

4.9. Building rapport - people did open up in the end.

I repeatedly interacted with the young people over several months, attending youth centres and clubs, as well as discussing sports and other personal interests. This approach provided me with the opportunity to cultivate trust, familiarise myself with young people and enhance confidence in the research process. In addition, I was able to develop valuable long-term

relationships with young people as well as noting certain events relating to their personal values and dreams which were otherwise not reported. In conclusion, long-term commitment, encouragement, trust and belief in young persons will enable them to achieve their full potential, thereby hailing the community project as a success.

4.10. Gaining access to interviews - the project workers and the beneficiaries

The primary strategy in gaining access was to obtain the respondents' informed consent at the onset of the research process through their mentors, while maintaining confidentiality, fully disclosing what the study entailed and the importance of their participation. As I have mentioned previously the MHAZ/HIMP co-coordinators were involved in identifying the suitable projects for this study, and linking the researcher to those being researched. The project workers in turn identified and introduced the potential project beneficiaries for the process.

One of the dilemmas encountered using a qualitative design in this case was gaining access to interview the project workers and particularly the young people. Collection of qualitative data seemed difficult as it was hard to get people involved in face-to-face interviews and focus group meetings, especially when there was no obvious and immediate reward for their involvement. Most project workers worked on tight schedules and seemed very busy working towards various deadlines. They were therefore less inclined to offer their time for a few hours of interviews. On the other hand, most young people seemed very elusive and those who expressed a willingness to be interviewed sometimes refused to be involved when there was no financial gratification or other form of immediate reward. Mitchell (1998) argues that reimbursing research participants for their time, inconvenience and participation in the research tends to be avoided. This is because many researchers are still suspicious of rewarding research subjects, due to the uncontrolled bias that the reward system might introduce. On the other hand May (2001) affirms that rewarding research participants is increasingly being considered to be both ethical and appropriate for research, as it acknowledges the participants' contributions to the study as well as attributing value to their time and inconvenience. It is indeed considered to be a very effective strategy when it comes to recruiting young people (Duke University Health System: Human Research Protection Program; 2008). In this research, though there was no budget earmarked, for this process I

personally felt it was appropriate to compensate the young participants with such incentives as to enable their engagement in the first place. However, I discovered the best incentive was to make a commitment to keep them informed of how the project was moving forward.

4.11. The experience of racism

Gaining access was further complicated with high levels of inter-personal mistrust, particularly amongst young people who took a dim view at being interviewed by a black researcher. One young person who refused to be involved in the evaluation process displayed very disappointing attitudes, remarking “I don’t talk to a nigger’ and ‘What do you know, so as to talk to me?’ Though these situations were appalling and very disappointing, in these cases openness, tact and persistence on my part became essential throughout the research process.

I have engaged with a number of respondents in interview sessions where my personality has been challenged with blatant prejudice, for instance a particular respondent, in conversation, classified my intelligence as inferior to my white counterparts in the field of research. This respondent took more than half my interview session to lecture me on why black people may be more talented in sports and less in research and science than their white counterparts. She described two symmetrical parts of the brain, of which the left side is superior and more analytical and tends to specialise in functions such as maths and science, while the right side of brain is more recreational and the area for music, dance and sport. In her opinion, white people are better on the left, which informs their high level intellectual engagement, while black people are better on the right as they tend to engage more in sports and other physical activities that require lower level talent. My experience in this case is a classic example of expression of racial prejudices that are particularly difficult, if not impossible to grasp empirically, even though their manifestations may be subtle and masked by professional ideologies. The power of what might otherwise be a ‘trivial’ incident of blatant racism such as the ones I encountered is overwhelmingly alarming. However this incident gave me insight into the overt expression of racism, which of course is better than the racist communication which takes place in non-verbal ways nevertheless unmistakable to those on the receiving end.

Opportunities are increasing for people from ethnic minorities to undertake research, particularly in all white communities. While some people may respect and tolerate your person, many others who have been unconsciously acculturated into prejudicial and stereotypical thinking may respond to you with attitudes that suggest racism. However, seeing some of these prejudiced behaviours on a consistent basis, I have come to realise that some people may not be aware that certain attitudes can be unfair and harmful, particularly when they focus on skin colour rather than on personality and subject matter.

Though my initial research plan did not include the appropriate ways to deal with such unforeseen circumstances, Williams et al. (2003) stressed the importance of planning for unforeseen circumstances as part of initial preparations prior to commencing any research study. Such planning should include modelling non-violent responses to conflict, using clear communication, showing empathy and taking thoughtful and fair decisions when interacting with local community, particularly young people whose exposure to authority figures might be limited or have been threatening in the past. In addition, steps should be taken to review materials and current information particularly when undertaking research in deprived and perhaps remote communities. This would enable the researcher be abreast of developments affecting potential research participants, as many locales may not have developed tolerance to deal with people they are less frequently associated with (www.partnersagainsthate.org.-29/05/10).

Furthermore, as part of initial preparation it is important that one acknowledges that intolerant thinking will surface in the field of research from time to time and be prepared to either overcome it or access support, if the prejudices leave the researcher distressed.

In this research though I was silent in the face of injustice, conveying the message that prejudiced behaviour is not worthy of attention. On the other hand and based on the experiences of many researchers such as Williams et al., (2003) such negative behaviour should be reported and not be condoned, particularly if the researcher is left distressed. Reporting the issues will provide opportunities to resolve the conflict. Researchers are equally advised to be prepared to respond purposefully and directly to the act of racism, particularly when dealing with young people. Furthermore, Williams et al., (2003) affirm that providing non-violent responses to such conflict on a consistent basis will send children strong messages about fairness and will help them internalise a sense of cooperation and community.

5. Findings

5.1. Phase one: interviews with project workers: what is capacity building?

Findings at this phase were based on key interview questions and in relation to what is important to the respondents. Two dominant themes were identified and were coded as follows:

- The MHAZ project workers' understanding of the term 'capacity building' in the context of their interventions.
- The MHAZ project workers' perceptions and views in describing the term 'capacity building', as well as the use within the professional context and with beneficiaries.

Three clusters of categories were thereafter constructed under each theme to reflect the responses of project workers that characterized the data. This was in relation to views and meanings expressed around the terminologies, as ascribed to the MHAZ rationale for the use of capacity building strategies.

The final matrix for each project, comprising of the breakdown of responses by the project workers and including the meaning units, was returned to them to confirm data accuracy and the meaning ascribed to their experiences of capacity building (Tuckett, 2005). This process of feedback contributed towards enhancing the validity of the data and ensured that the true views of the respondents were represented. Though quotes were grouped together under each derived theme, in order not to breach confidentiality the projects were coded to distinguish respondents by title and geographical location of project, thereby preserving the identity of the respondents.

5.2. Theme one

Theme one was based on the understanding of the term 'capacity building' by the MHAZ project workers and their preferred terminologies when referring to capacity building in their localities. These terminologies were centered on diverse meanings in the context of the MHAZ interventions and in relation to the project workers' description of their process and

what is it they actually implemented. This was classified under three categories and centered on (a) personal development, (b) retraining to reactivate potentials and (c) social capital. These approaches to capacity building in relation to their differing strategies are explained in detail as follows:

5.2a. Capacity building as personal development

Many MHAZ project workers understood the term ‘capacity building’ as personal development, which they described as a process of assisting and encouraging an individual to raise self-esteem and attain their maximum potential for better quality of life. Many of the project workers’ opinions reflected this view of capacity building as the following extracts illustrate:

“I refer to capacity building as ‘personal development’ because it is more in line with what I do in this project. In this project, I engage the young people on a one-to-one basis, encourage them to take part in team building activities that gear towards self-development as well as give them the opportunity to participate at their own pace while developing themselves” (L1).

“Capacity building in this project is about providing motivational activities that encourage young people to participate at their pace, with the intention of raising self-awareness and enhancing their self-confidence as a means to strengthening their employability and subsequently developing their community” (K1).

“Capacity building is providing motivational activities that encourage young people to participate in personal and community development, with the intention of enhancing their self-confidence and strengthening their social skills to achieve employment opportunities” (St. H1).

5.2b. Capacity building as retraining to activate potential

Many MHAZ project workers have understood the term capacity building as retraining activities geared towards activating and enhancing existing skills while providing a supportive and enabling environment for the purpose of social inclusion and higher achievements. Retraining has also been described as activating a pathway to promote self-esteem. This conceptualization of capacity building focuses on activating the existing capabilities in people while providing training to achieve one’s life potential. Capacity building characterized by this approach was re-enforced by more than half the respondents and highlighted as follows:

“Capacity building simply means encouraging the potential in a person and providing the opportunities for the potential to take action...most people have innate ability to do and

achieve things for themselves... what people need is an enabling environment and adequate support that strengthen these capabilities” (K1).

“Capacity building, in the context of this project is about re-training and increasing people’s knowledge and skills and giving them informed choice to make a change for a new improved lifestyle... many people are socially excluded from the mainstream activities, maybe as a result of major life changes such as sickness, being gay, divorce or anti-social behaviour. We therefore aim at including individuals into the mainstream activities through activating their potential skills while providing them with practical work experience” (L1).

Another respondent stated that:

“Capacity building means encouraging the clients to achieve their dream through a network of informal activities such as 'talking-with-them', not 'talking-at-them', 'doing-things-with-them', not 'doing-things-for-them'. Hence, when we talk about capacity building in the context of this project, it is about 'holding their hands' as in encouraging and motivating the young people and then providing appropriate information, training activities and a suitable environment to enhance their skills and realize their life potentials, live sensibly and then help to build their community” (S1).

“Capacity building is providing high quality, person centred and flexible mentoring support and retraining activities towards encouraging young people who are recovering from mental illness to maximise their potentials and gain confidence to live independently in the community” (K1).

5.2c. Capacity building as social capital

Respondents in the more affluent areas of Wirral understood the meaning of capacity as social capital, a process that establishes social networks, social cohesion and norms between persons, and which enables a particular community to act collectively involving relationships of trust and respect for mutual benefits. As highlighted by one respondent;

“Capacity building in this project is about releasing social capital that underpins the relationship of trust and respect while providing a supportive environment and skill enhancement programmes that will enable young people to enhance their self-confidence and strengthen their potential capabilities towards gainful employment and healthier lifestyle” (W2).

Further explanation on the application of social capital using the underlying values of respect to oneself and others, as well as mutual tolerance and trust to one another, indicated that it enables young people to participate in personal and community development.

This was illustrated by this respondent as follows:

“We do not work in the context where we have to build capacity. I think it is too arrogant a word to be used in this project...we rather talk in terms of the release of social capital that involves the relationship of trust and respect that enables the young people to gain self-confidence, increase their employability and be a useful part of the wider community” (St. H2).

5.3. Theme two: perceptions of capacity building

Perceptions were centered on terminologies that tended to represent the project workers’ discord and negative aspects of the term ‘capacity building’. Such words as ‘buzzwords’, ‘catchphrase’ and ‘jargon’ identify the dilemma and the uneasiness felt by the respondents related to the term ‘capacity building’.

5.3a. Capacity building as jargon

Many respondents perceived the term ‘capacity building’ to be jargon used indiscriminately to spawn confusing controversy and undermine the morale of the local community. Others though said that, in their neighbourhood, capacity building may mean ‘putting on weight’, or, as this respondent put it:

“If you ask anybody around here the meaning of capacity building, they will probably be looking at the size of the building, or it may probably mean nothing to my clients and therefore I find it not so easy to relate to as a doing- word especially with regards to the activities of these projects” (K2).

5.3b. Capacity building as buzzword/catchphrase

Capacity building was also referred to as a buzzword, a technical term that can only be used when “one is working with government documents or associating with professionals’ (St. H.1). Hence, one respondent confessed that the term capacity building and its philosophy became too technical and they therefore might not use it, while another respondent advised strongly that:

“Government should apply the concept of KIS (Keep It Simple) to all these buzzwords meant to be used for the benefit of the local community; that way the grass root workers may find it easier to carry out their duties without first of all finding the meaning of what is expected of them” (BSt.H.1).

Many others preferred not to use the word in their project implementation because it would probably mean nothing to their project participants. Almost all the respondents preferred to use more friendly and approachable terminology such as ‘personal development’, ‘retraining activities’ and/or ‘social capital’.

5.3c. Capacity building as a negative word

Those who referred to it as negative word expressed the view that capacity building means a load of nonsense, indicating that “I am going to develop you” implicates some measure of paternalism that tends to make people, particularly young people, feel uncomfortable. Many MHAZ project workers emphasised that they were not in the business of building capacity, rather: *“We work with people and do things with people in order to enhance their potential, believing that these people already have capacity”* (S2).

Another respondent highlighted that:

“Capacity building does not only convey the wrong message but is also a negative word around here because of its association with writing bids to access funding through SRB, SURE-Start and other government promises that were never fulfilled in this community”(K1).

Most respondents stressed that this negativity surrounding the term capacity building would deter them from using it. Many stressed that though they understand the full meaning of capacity building and its underlying philosophies, it is not a ‘doing’ word and therefore they would avoid using it.

5.3d. Summary and Conclusion

Despite the discord around the term ‘capacity building’, the importance of applying its activities for human development has been recognised and practiced in MHAZ-funded interventions. While the empowering discourse of the Ottawa Charter for Health Promotion (World Health Organisation, 1986) considers the process that develops individuals’ new skills as an end, at project levels the processes are cast primarily as a means to enhancing one’s confidence and self-esteem as a basis for achieving employability and life skills. The interview processes revealed that the MHAZ project workers referred to capacity building as a means to activating and enhancing potential skills and therefore preferred to use a more community friendly terminology, such as ‘personal development’, ‘retraining-to-reactivate-potential’, and ‘social capital’. These terminologies were perceived to be more in line with

the activities of their projects and their values, focusing on providing choice, enhancing self-confidence and self-esteem as well as strengthening employability for increased opportunities.

It is important to note that the Health Action Zones initiatives have come to the end of their term and their funding has ceased. There is a need for process evaluation to assess the impact of these capacity building strategies in Merseyside and determine the extent to which the projects' activities contributed to the MHAZ goals and whether the needs of the projects' participants were met.

The next section details the findings on process evaluation of capacity building in the context of MHAZ.

5.4. Phase two findings: process evaluation - workshops and interviews

5.4a. Introduction

Firstly, during the workshop session all projects were treated as case studies and key findings were based on the components of their logic model, using the apple tree metaphor. At this stage, information was elicited on project structures, including their unique approaches to implementing the activities of capacity building.

Secondly, during the interviews, basic evaluation questions were used to provide information on projects' key activities that worked well and were most successful, as well as the differences the project activities have made to the project beneficiaries, focusing particularly on the project workers' views.

This section also reported on the successes of evaluation and feedback processes and how the respondents intended to share their learning for future best practices.

5.4b. Workshop - identification of projects' logic models

Key findings - Four major themes were identified based on the 'thick descriptions' model of analysis, using the apple tree diagram to illustrate project structure. Logic models were revealed in relation to the views most frequently raised by respondents. These included:

1. Context/Problems, indicating the needs to be solved.
2. Inputs, indicating the resources needed to achieve outcomes.
3. Capacity building activities that were most successful and the project rationale for using such activities.
4. The expected short and long-term outcomes.

In each theme, clusters of categories and sub categories were constructed to reflect the responses of the project workers that characterized the data.

Key findings are presented in relation to specific projects involved in the case study and each is coded to distinguish projects by geographical location and role of each respondent.

Table 3 shows at ‘a glance’ the MHAZ case studies in relation to their logic models

Case study one	L2
Case study two	S1
Case study three	W1
Case study four	St. H1
Case study five	K1
Case study six	K2

Refer to appendix 7 for full representation of MHAZ logic model

The themes indicated that two projects designed their programme logic models using the approaches of ‘personal development’ strategies, (L2) and ‘social capital’ strategies (W1), respectively. Another two projects, K1 and K2 used the approaches of ‘retraining-to-reactivate-potentials’. The last two projects, St. H1 & S1, used a combination of approaches towards achieving their expected outcomes.

5.5 Theme one – context in which the project operated:

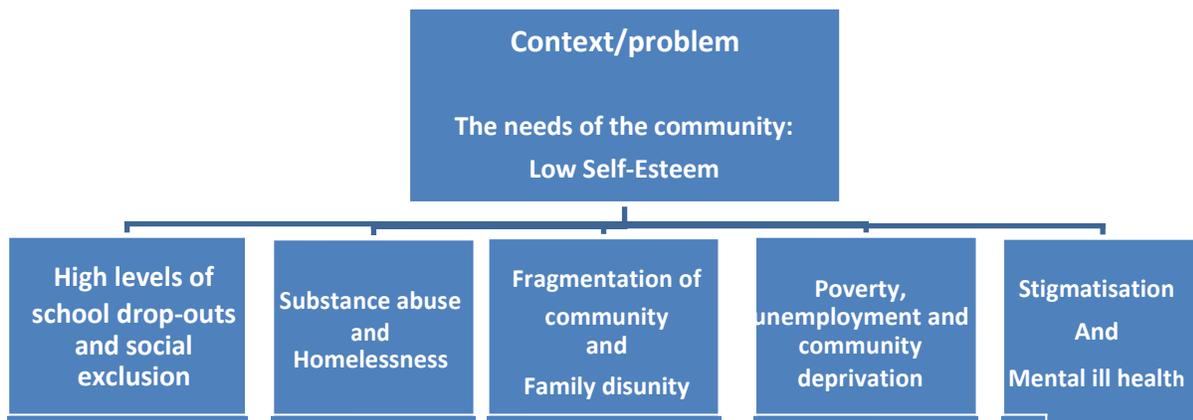


Fig. 6- Phase Two: Theme One Context in which the project operated

Theme one encompassed the context and described needs/problems being addressed in the community. Low self-esteem was identified as one of the main underlying problems of young people in the today's society. The category clusters allocated to this theme were: high level of school drop-outs and social exclusion; homelessness and substance abuse; fragmentation of community and family disunity; poverty, unemployment and community deprivation; stigmatization and mental ill health.

These were explained as follows:

5.5a. Low self-worth/lack of self-confidence

Almost all the respondents identified low self-worth as the contemporary scourge of most young people in Merseyside, as a result of which they displayed high levels of anti-social behaviour, leading to social exclusion, poverty and lack of social and employable skills.

As described by one respondent:

“Low self-esteem tends to take away power from young people... instead of saying ‘I won’t, they are saying’ I can’t’ and ‘I won’t’ implies choice and some sense of power, while ‘I can’t’ suggests no choice and powerlessness” (W1).

Another respondent highlighted that

“Low self-esteem has come to be seen as the cause for a wide range of personal and social ills amongst young people, from crime and drug addiction, to educational failure and even down to suicide attempts” (L2).

One respondent indicated that:

“Being part of a community/culture that has no aspirations, no goals, no objectives, no understanding of achievement tends to strip young people of their self esteem... and this has contributed to the development of a whole range of low self-worth resulting in mental health illness and perhaps social exclusion” (K2).

5.5b. Category one: school drop-outs and social exclusion

Most respondents’ descriptions of the underlying factors contributing to young peoples’ problems included low self-esteem, leading poor employability and social skills. However respondents in other projects identified problems of young people in their community that included social exclusion from mainstream educational activities and high levels of school drop-outs because they seemed to be overburdened, a result of challenges posed by various domestic responsibilities in the communities they live in.

As highlighted by this respondent:

“Such challenges as care work in the community and working as a shop assistant before attending school seemed a bit too heavy on a young person who might not have the capacity to bear such a burden and most schools do not have the mechanisms in place to meet these young people at their point of needs and as such many young people are often being branded, labelled and excluded from mainstream education” (L2).

Respondents in these projects also indicated that most young women who enrolled into their programme experience low self-esteem due to low educational qualification, lack of social and employable skills and many cases mismanagement of alcohol and drug abuse, resulting in a high level of teenage pregnancy in the area.

This was illustrated by the following respondent:

“Many young women in this community are socially excluded from mainstream activities, due to low self-worth, drug abuse and high substance dependency ... many lack self-esteem and in many cases end up being pregnant ...leading to high levels of teenage pregnancy in this area... this cycle of poverty seems to be the norm of this community as many young women tend to centre their life activities around pushing prams and not seem to bother about education or acquiring employable skills for survival and future success...”(K1).

Another project linked low self-esteem in young people with lack of social skills and nutritional education, such that obesity led to a poor self-image.

As highlighted by this respondent:

“The worthlessness being perceived by most of our clients is due to the fact they feel fat and lack the confidence in portraying positive self-image... this often lead to low self-worth which contributes immensely to various anti-social behaviours including substance abuse” (K2).

5.5c. Category two: homelessness and substance abuse

Interviews revealed that most clients in these projects were homeless young adults experiencing major life changes with little or no coping mechanisms; some had been on long-term sick leave, while others were single parents. They seemed to lack essential social skills that would enable them to cope with adverse life circumstances. They therefore lacked self-confidence and most were socially excluded from mainstream activities.

This respondent illustrated this:

“Most of our clients are excluded from the social circle due to no fault of theirs. Many are victims of homelessness and others are long-term sick, as a result many experience adverse challenging and financial situations. Not being able to withstand life’s adverse effects can hinder healthy living, good chances of getting a job or being in further education... Our aim was to provide the young people with choices that would enable them enhance their existing skills and improve their quality of life” (S1).

5.5d. Category three: fragmentation of community and family disunity

The respondents identified community fragmentation and lack of close family units as part of the issues to be tackled in their community. As a result of these factors most of their clients seem to have lost all sense of family values and therefore lack self-confidence and mutual trust, with no respect for others’ property; in many circumstances this results in vandalism and antisocial behaviour.

One respondent highlighted it as follows:

“Many community set-ups in this area are fragmented and isolated and many young people seem to have lost all sense of family values, as well as those of an extended family system” (St. H1).

Another respondent indicated that

“Most of our clients in this project express the feeling of isolation and low self-worth as result of individualised and fragmented communities and therefore lack self confidence. Our project served as a ‘big brother’ to the disadvantaged young people while workers acted as family members, confidantes and befriended the young people rather than just fulfilling their role as community workers” (W1).

5.5e. Category four: poverty and community deprivation

The respondents identified the young peoples’ problems in their community as lack of self-confidence, self-esteem, and relationship, social or domestic skills. They also thought that many young people in their community lacked critical thinking skills due to poverty, high generational unemployment and community deprivation, all of which contribute to low self confidence.

This was stated by one respondent in the following terms:

“Most young people in this neighbourhood experience low self-worth as a result of poverty, deprivation and generational unemployment. Many indulge in drugs and excessive alcohol consumption while others attempt to escape poverty through prostitution and in most cases end up pregnant” (K2).

Another said:

“Many young people in our local community are finding it very difficult to communicate or engage with the authority due to lack of self-confidence, social skills, and substance abuse...many others have not have the opportunity to be involved with any type of community participation because they do not know how to... they therefore end up being excluded from the mainstream activities”(L2).

5.5f. Category five: stigmatisation and mental ill health

The respondents in this intervention identified problems of young people who were enrolled in their projects including stigmatisation and mental ill health, resulting in low self –esteem, social exclusion and unemployment. This was illustrated by the following respondents:

“Many of our clients suffer isolation and rejection as a result of stigmatisation and prejudice associated with their mental condition.” (K1).

“On a daily basis, we deal with a lot of gay and bi-sexual young people who are often stigmatised and socially excluded from their immediate environment because of their sexual

preferences. Some are also stigmatised because they prefer cross-dressing...such people are often stripped of their self-confidence and employment is often a very hard task” (St.H1).

Based on these interviews, respondents indicated that young people tend to suffer low self-worth due to mental health problems and social stigma while others exhibit feelings of insecurity and have little respect for other people or community facilities. It also indicated that many lack proper communication skills and the appropriate language to express themselves, leading to lack of social and employable skills, while others are confused and seemed isolated from mainstream activities, perhaps due to unacceptable and anti-social behaviours such as vandalism, stealing, drug abuse and alcoholism. These negative behaviours have been identified as most likely to exclude young people from mainstream activities in many communities across Merseyside.

5.6. Theme two - resources

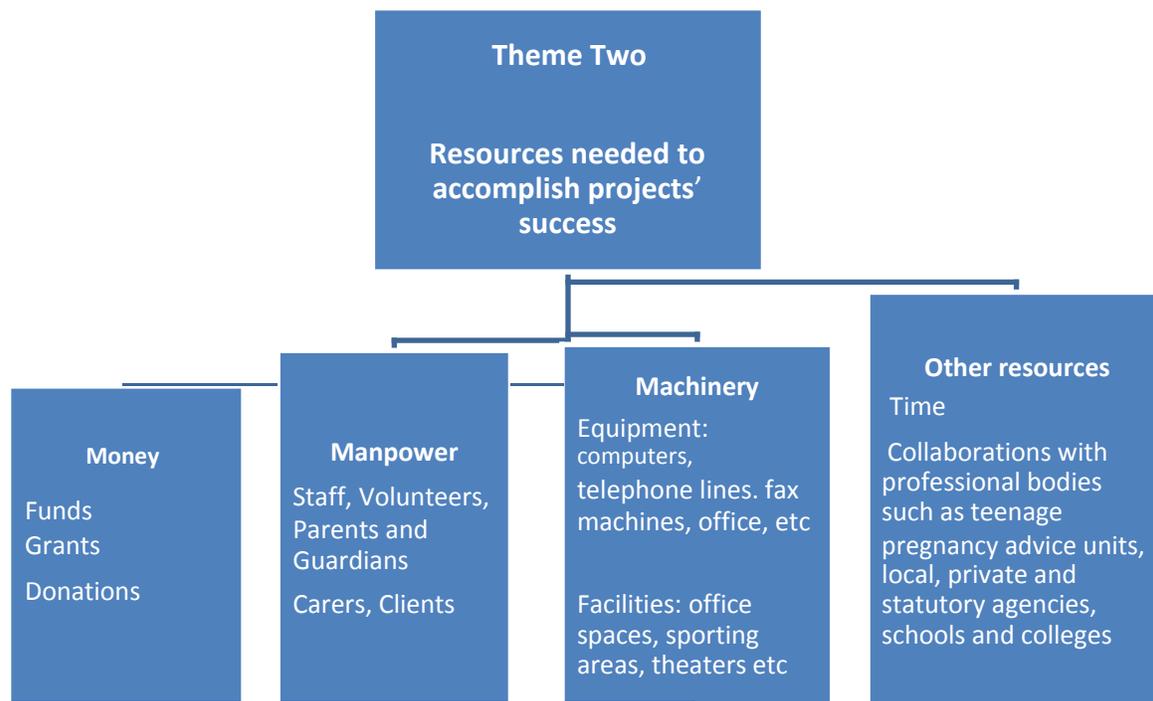


Fig. 7- The Inputs and Resources

Theme two focused mainly on both internal and external resources that were needed in order to implement and accomplish a programme’s activities. The category clusters in this theme were made of the management tools, consisting of money, manpower and machinery. Other resources included in this theme were the professional bodies needed for collaborative and

team work and time for appropriate planning and execution of the programme's strategies.

These are explained as follows:

5.6a. Category one - funds

In this category, funding was identified as pivotal to the success of projects by all the respondents. Almost all the respondents stressed the importance of adequate funding to enable them not only recruit both the staff and beneficiaries of the project, but also carry out projects' activities. The sources of funding could be internal or external, ranging from grants to donations. This was illustrated by the following respondents thus:

“Funding this project is very paramount to the engagement of these young people. In the project activities... funding enables us keep good committed staff. It also boosts the morale of both staff and young people... We cannot stress enough the benefits of adequate funding to enable us do this work to the fullest (W1).

“Engaging our clients to participate in the project activities all depends on strength of external funding. Adequate funding gives us the confidence to organise meaningful and achievable project activities” (S1).

“We rely greatly on external funding and donations from various charities to enable us to achieve our goals... it's so important that funds are available for the success of the project” (L2).

5.6b. Category two - manpower

Category two shows that most respondents listed good quality staff and committed volunteers as some of the most important resources enabling them to achieve the projects' expected outcomes. In addition, many others identified the input of parents, guardians and carers to be part of the set of resources that would enable them achieve their goals.

These points were illustrated by the following respondents:

“The support of good quality staff is simply a powerful tool towards effective project management... you cannot underestimate the power of skilled staff in the achievement of your goals” (S2).

“The key to a successful project on the enhancement of the lives of young people is the recruitment of skilled volunteers who will help in the management of day to day project activities” (L2).

“As a project manager of this organisation, it is important that you are confident in your ability to recruit staff and volunteers whose skills are geared towards the needs your projects

are to address...the strength of their skill determines the extent your project goal is achieved” (W1).

Many respondents stated that in addition to working with parents and guardians in monitoring young peoples’ progress, their input in the therapeutic and rehabilitation process tends to impact on their learning and skill development as well as on the implementation and management of project activities.

Almost all the respondents recognise that their client group contributes immensely to the success of the project; without them there would be no project in the first place, as highlighted by this respondent:

“Without a doubt, I will attribute the improvements made to our project activities to the individual demands by our beneficiaries... without which we might not have further acquired skills for development (W1).

5.6c. Category three - machinery

Category three centered on the respondents identification of the need for project management tools. In this regard, most respondents identified the need for various equipment and facilities as resources that would enable them achieve project objectives and business successes. These were listed as follows:

- a. Equipment: desks, work stations, chairs, tables, lamps, office supplies such as stationery, computer software/accessories, telephone and fax, all of which are consistent with the roles and responsibilities of project team members.
- b. Facilities: premises comprising of work/office space, theatres and sporting facilities. In this subcategory the need for office space was consistent with the different purposes of project teams and the nature of project work. For instance, a project in Wirral identified as a requirement the need to accommodate access for disabled clients. Another project in Knowsley required kitchen space and additional equipment to meet the needs of their clients, while another project in Liverpool identified the need for theatres and sporting facilities to enable team building activities amongst their clients.

In addition, respondents also identified miscellaneous resources as important contributory factors to the success of projects. These included repairs and maintenance units, rents and utilities such as water, electricity and gas.

5.6d. Category four – other resources

In category four, the respondents identified other resources, including collaborations with professional bodies such as teenage pregnancy advice units, local communities, private and statutory agencies, as well as schools and colleges. Almost all the respondents agreed that structural methods of collaboration and partnership working encourage good communication between organizations, as well as increase shared responsibilities in relation to engaging young people in both personal development and community participation and development.

One respondent indicated:

“Our educational partnership with the local Community College had impacted positively on our clients... I believe dealing with appropriate professional teachers tend to enhance the quality of education of our clients” (S1).

Other respondents thought that collaboration with other agencies helped them to share responsibility in relation to strengthening the capacity of young people, as well as increase creativity amongst both staff and student.

This respondent stated that:

“local entrepreneurs in our community help to provide hands-on experiences in a work place and this kind gesture we believe allows not only for a better communication on young people but also enables them to develop respect, a strong sense of trust and better still empower their social and economic capacity” (L2).

Another respondent indicated that:

“We involve other agencies such as local shops, or mechanic outreach workshops in our process because we believe that their strategies would support young people to develop their skills and talent for innovation and creativity and perhaps raise their attainment and ambition” (K2).

5.7. Theme three: capacity building process:

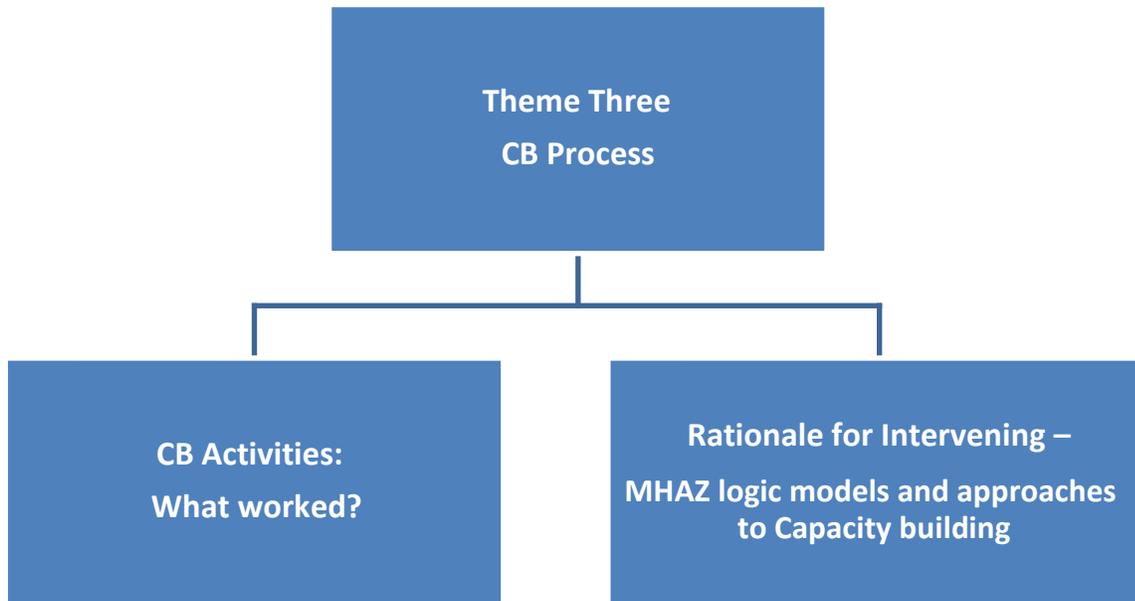


Fig. 8- capacity building process

In this theme, attention was focused on MHAZ processes using various approaches to capacity building activities, as tools to tackle the underlying problems of young people. The category clusters under this theme are the projects’ key activities including the ones that worked well towards achieving the desired goals. Their rationale for intervening was also identified which explored project workers’ underlying reason for choosing their unique activities.

5.7a. Category One: Project Activities

Firstly, the major activities across all projects were listed as follows:

Project	Case study	Activities
L2	One	<p>One-to-one confidential sessions; English Language and Mathematics; basic IT.</p> <p>Time management, team building, communication skills and rehabilitation programmes consisting of workshops and seminars on drug and alcohol management, job education and taster programmes.</p>

S2	Two	<p>One-to-one confidential sessions; information and guidance, drug and alcohol management education.</p> <p>Employment education; communication skills, interview skills, basic computing skills, CV writing, time management, planning and budgeting skills, and internet job searching.</p> <p>Referral for job taster.</p>
W1	Three	<p>Coffee bar activities including one-to-one sessions.</p> <p>Residential team building and relationship building/mentoring.</p> <p>Communication and assertive skill training.</p> <p>Drug and alcohol education, community bus ride (travel training skill).</p> <p>Vocational training including sewing, brick laying, plumbing and catering services.</p> <p>Job education and job placement.</p>
St. H1	Four	<p>Drama and theatre.</p> <p>Basic Mathematics , English Language and IT skills.</p> <p>Out-reach programmes involving evangelisation, bereavement and hospital visits.</p> <p>Workshops and seminars on life education including social skills, relationship building, marriage and alpha courses.</p> <p>Job training including CV writing, computer job search.</p> <p>Work placement in local community and churches.</p>
K1	Five	<p>One-to-one confidential session: information and advice on housing and benefits.</p> <p>Confidence building skills: travel course, self assertiveness and shopping skills.</p> <p>Therapeutic workshops on coping mechanisms: stress management, financial management, drug and alcohol management, nutrition education</p> <p>Retraining activities for employability: CV writing, interview technique, office management skills and work placement as well as referrals.</p>

K2	Six	<p>Getting connected: one-to-one confidential session, information, education and advice on benefit agencies and housing, communication skills and assertiveness training and confidence building, team building and food values.</p> <p>Workshops focusing on family education, drug and alcohol management, and food shopping skills and financial management.</p> <p>Job education: Interview skills, basic computing, CV writing, creative writing, work placement to provide ‘hands-on’ experience in a real work situation.</p>
----	-----	---

Table 4: Case Studies showing major project activities

5.7b. Strategies that worked well

Then, most respondents spoke about what particular strategies worked well when involving young people in the projects, including the following:

- a) One-to-one confidential session including ‘Getting Connected’;
- b) Outreach Programme;
- c) Confidence building: travel course, assertiveness training shopping skills
- d) Job awareness education;
- e) Food education and food values (Cookery).

These strategies are described in detail as follows:

One-to-one confidential session

There was a definite emphasis on the one-to-one sessions from all the respondents. These sessions were used by most project workers to provide safe environments to assess the real needs of the clients. This was followed by constructive guidance and the support requisite for providing self-awareness programmes and subsequently enhancing self-confidence towards achieving personal development. Also the one-to-one session provided a relaxed and safe

atmosphere for meaningful interaction with the project beneficiaries and for them to express themselves without fear or intimidation.

In addition, a frontline worker stated that confidential sessions provided a forum “*whereby the young people are engaged at their individual pace, encouraged to speak about their needs, aspirations and expectations and be listened to without blame or judgment*” (W1).

The following quotes, though provided by the project workers, are further evidence as to why the beneficiaries preferred the one-to-one sessions to group sessions:

“At first, many of our clients indicated that they were intimidated because they did not feel safe and felt that they would be laughed at when they talked, some felt uncomfortable to speak as they felt that their accents are different...but they felt more at ease as they engage in the one-to-one session” (L2).

“Our client told us that the one-to-one session made it for them as they were given the opportunity to speak freely without feeling that they were being laughed at due to their unique accents” (S2).

Another respondent stated that:

“ at the onset, Most of our clients were not really keen on talking or expressing themselves because they did not know how to do so but through the one-to-one session, they were encouraged to have a good argument without being aggressive and this has increased their self confidence” (W1).

‘Getting Connected’

This was a very popular strategy amongst one MHAZ-funded intervention in Knowsley. The strategy, ‘Getting Connected’, or ‘Stir up your gift’, involved various activities pitched around one-to-one confidential sessions; a strategy that centred on ‘knowing yourself’ and ‘building-up your self esteem’ while finding out who you are through a one-to-one session. Self-awareness and enhancing personal development while encouraging independent decision- making activities such as team building, sporting activities, dance and drama presentation, assertiveness training, time management skills and communication skills are amongst the most mentioned activities of this strategy.

Buttressing this point this respondent stated that:

“We spend a lot of time on self-awareness activities focusing on the range of primary and fundamental needs of our participants which are directed to achieving self-worth, using the approaches of social capital... and by the end of the fourth week into the programme we note that perceptions of worthlessness change to the feeling of self-worth” (S2).

The outreach voluntary programme

Many project out-reach programmes consisted of various workshops focusing on life and social skill education, seminars on mental health issues, therapeutic and rehabilitation seminars etc. The interviews revealed that one particular project focused on a unique programme involving ecumenical services with such activities as community visits, sharing God's love and spreading their faith to the hospital patients as well as visits to the bereaved in the community.

The major activities of this model of capacity building, while applying the principles of social capital (trust respect and tolerance), centered on life skill education and ecumenical services based on Christian values. Activities included a hospital support programme and visiting the needy and bereaved in the community. A key element to this strategy is to fortify the spirituality of individuals while encouraging young people to share by praying with the vulnerable people in the community and sharing God's love to mankind using Christian values. The overall aim is to enhance their self-esteem, support and equip them with practical social skills for life. The respondents argued that directing young people towards recognising the awareness of God tends to give them power to make positive choices that uplift them spiritually, improve their physical and mental well-being, as well as enhance their set of life values.

Stressing the importance of the presence of God in one's life, one respondent highlighted:

“If in the process of this intervention, the young people develop faith and awareness of God, they are most likely to steer away from those behaviours that are offensive to God ... such as drugs and other anti social behaviour and seek better ways of improving their standard of living” (St.H1).

Many respondents re-iterated that young people who are socially excluded, although may tend to display anti-social behaviours due to lack of self-confidence and self-esteem, feel valued and appreciated and tend to do more good when they realise that they could support and help others. Therefore, they referred to their particular types of outreach programmes as confidence boosters. Respondents referred to police statistics that had apparently shown a considerable reduction in anti-social behaviours across the area, as a result of the engagement of young people in their unique programme activities. One respondent stated that:

“We see people on a long-term basis, we have a lot of stories from reluctant young people who have stuck to the projects became personally motivated to do hospital visits and do a lot of good work... they are not only enjoying it but seeing the actual benefits of it”(St.H1).

Confidence building strategies: travel course, assertiveness training and shopping skills/financial management

The interviews revealed that many respondents implemented such activities as travel course, assertiveness training and shopping skills as key crucial steps towards achieving self confidence in young people.

Travel course was a strategy adopted by two projects that enabled the project participants to move from point A to point B in order to attend community seminars, while in the process interact with members of their immediate community. This activity was designed to break down the stigma experienced by different kinds of clients, such as recovering mental health patients, gay people and homeless people, by encouraging them to integrate with other members of the community. Beneficiaries were encouraged to travel in the company of support workers or could choose to travel in the company of fellow participants which increased participation and provided the opportunity for friendships to develop. It also gave beneficiaries the opportunity to make their own decisions and do things on their own which of course enhances self-confidence and increases self-esteem. One respondent stated that:

“Our activities include travel course to increase participation, and creative job force activities are aimed at re-activating their potential skills in readiness to work” (S2).

Another respondent highlighted:

“We don’t underestimate the power of open space phobias on self confidence...We provide bus ride education and also support on how to shop as part of our key activities to enable them manage their finance, help them break down open space phobias and in the process, enhance self confidence”(W1).

One respondent from St. Helen identified:

“Assertiveness training as one major source of enhancing self confidence in our clients...you could see the blossom anytime after the training... I will recommend that support any time” (St.H1).

Underpinning this approach is the need to raise self-awareness, enhance self-esteem and provide choices which make the young people actively participate in the process of personal and community development.

Food education and food values (cooking)

Food strategies, although the methods of its implementation varied from project to project, count amongst the most popular activities used by many project workers for creating social cohesion and enhancing personal development. One intervention focused its activities on the nutritional values of food while three others centred their activities on both its social values and nutritional elements. Most respondents regard the preparation of different kinds of food as a consolidating activity on its own, as highlighted by this respondent:

“Young people who have completed this programme learned a lot about food and its values just by washing vegetables and preparing them or setting the table for meals”(L1).

The interview revealed that through cooking food, the beneficiaries learnt about the social values of food as well as vital nutritional elements of food thereby allowing them the opportunity to eat more healthily. Another respondent commented:

“Our most popular activity centred on food and food values. Food is big in terms of social values and qualitative elements...preparing food offered the opportunity to learn about food values thereby bringing down their weight. When they are slim and healthy, they feel good about themselves thereby enhancing their self esteem” (K2).

Another respondent highlighted:

“Sitting on the same table and eating food together broke a lot of social barriers and sent communication vibes such as love, safety, and acceptance and respect for one and others. When they feel safe they will trust you and will therefore engage in the other activities of the project leading to employability and improved lifestyle’ (St. H1).

Job Education

The respondents revealed that the most successful capacity building strategies for training and job education provided three levels of activities, in response to the identified clients' needs and interests. Once the basic needs are met, higher needs are activated indicating the preparedness to take part in job training activities.

The first tier of activities, generally referred to as entry-level strategies, involve the one-to-one confidential sessions, getting connected and reach-out activities, all aimed at promoting

self-awareness and achieving self-esteem. Most respondents likened the first tier activities to Maslow's Hierarchy of Needs, while indicating that implementation and participation in the capacity building process depends on the extent to which a person has been able to meet a range of basic and primary life skills.

This was illustrated by this respondent:

“As the basic needs are met, the higher needs are activated resulting in many of our young clients being more prepared to take part in the second tier activities” (W1).

Another respondent reiterated that

“capacity building processes, especially when geared towards the socially excluded young people experiencing severe low self-worth, must first and foremost aim at enhancing self-awareness and achieving self-esteem” (St. H1).

Respondents indicated that people are more likely to be achievement-orientated if there is some congruence between the positive perception of themselves and their environment.

The second tier activities comprised skill training workshops and school education in an informal setting, including basic Maths and English, team building and interpersonal skills. Respondents also indicated that job education comprising interview techniques, CV writing and communication skills, time management, basic computing skills and internet job searching were provided at this level. Other skills training were: care work, small carpentry and wood technology, dress making, pastry, cookery, nursery and office education.

The third tier activities involved other work placements with private or public agencies as an avenue for 'hands-on' experience in a real work situation. It also involved referral to employment agencies. Many respondents indicated that they had provision for follow-up activities consisting of track records as a way of monitoring their clients' progress.

Although these strategies differed in their implementation methods, they all served as mechanisms to tackle the common problems of young people, including poverty, unemployment, and social exclusion as well as family disintegration. The interviews indicated that all their values were structured to promote self-awareness, improve self-esteem and enhance employability, of which the main underlying deficiency is low-self esteem.

The next category describes the MHAZ project workers' underlying reasons for choosing these activities.

5.7c. Category two: rationale for intervening – MHAZ logic models and various approaches to capacity building

The interviews revealed that most respondents designed their project's logic model based on their rationale for intervening and this was shaped by their unique approaches to capacity building strategies. These were further subcategorized and highlighted as follows:

Project /case study1-6	Logic model/	Unique CB Strategy
L2- case study one	Personal Development Strategies	School Curriculum, using informal system of education and at the pace of the learner.
W2- case study two	Social Capital	Big brother and extended family system and applying social capital values of trust and respect for one and others.
S1 and K2 case studies three and four	Retraining to reactivate potentials towards employment and rehabilitation	Information, guidance and advisory services on housing and other benefits for informed choices Workshops on life coping mechanisms including travel course, stress management Retrain to reactivate potentials Time and financial management and job education
St. H1- Case study five	Combined approaches of Social capital and personal development underpinned by ecumenical support services and spiritual belief.	Voluntary work programme and ecumenical services, underpinned by hospital and community visits while using the word of God.

<p>K1 Case study</p>	<p>Combined approaches of social capital and personal development underpinned by nutrition education.</p>	<p>Unique activities focused on nutrition education comprising of food and food values while applying the principles of social capital.</p>
--------------------------	---	---

Table 5: Case study showing MHAZ Logic Model and unique approach to Capacity building

In explaining the rationale for intervening, specific quotes were used under each case study as key examples of the discussion about the projects.

Case study one: Personal Development Approach to Capacity building

Rationale for intervening: In this case, the research respondents were aware that many young people were either excluded from mainstream education or voluntarily left school as a result of pressures such as caring responsibilities being placed upon young people in the community. The need to recognise the individual learning pace and family background, while developing and providing educational and training activities was stressed by the respondents. The logic model was therefore designed in such a way that the basic school curriculum was implemented informally at the learners’ pace. Such activities as basic Maths and English as well as IT training were said to be provided at the learners’ pace, to enhance their literacy and numeracy, using informal systems of education. These were also said to increase motivation and engagement in project activities for young people, enhancing their self-confidence, reducing anti-social behaviour and improving the employability of the socially excluded young people in Merseyside. These notions were captured by this respondent as thus:

“Our intervention is designed to implement the school curriculum informally in a supportive and enabling environment in order to engage the young to participate fully at their pace and in the project activities. We hope that in the process their self confidence would be enhanced which in turn would promote their employment prospects with the objective of helping to re-build their community” (L2).

Case Study two: The ‘Social Capital’ approach to Capacity Building

Rationale for Intervening: The respondents indicated that most of their clients were experiencing isolation and low self-worth. They also identified fragmented communities that might have lost all sense of family values and extended family system as part of problems facing some of their clients. The intervention activities therefore served as a ‘big brother’ to the disadvantaged young people while workers acted as family members, confidantes and befriended the young people rather than just fulfilling their role as community workers. The logic model was underpinned by the values of social capital, consisting of strategies that aimed at building trust, self-respect and openness towards one another. The underlying assumption was that through providing a relationship of trust and respect to one another in an enabling environment, young people could trust you enough to participate in capacity building activities. It was assumed that the longer they were engaged in project activities, the more they enhance their skills. This in turn improves their employability leading to a better quality of life.

One respondent stated that:

“The coffee bar became our most popular place where we sat and engaged young people in a one-to-one session, listening, talking and interacting while keeping the lines of communication open to discover their real needs. Then opportunities were provided using social capital values, which involves trusting and respecting one another along with mutual tolerance... the underlying assumption was that when people trust and are trusted, there is the tendency to respect one another and feel valued as a useful part of the ‘extended family’ which in turn raises one’s confidence” (W2).

The coffee bar programme seemed to be the most popular capacity building activity as it provided young people with a one-to-one confidential opportunity to talk and be listened to. Other activities such as residential team building and assertiveness skills training were designed to enhance relational skills and increase the motivation to succeed. The underlying assumption was that creating opportunities that contribute to raising self-awareness is the key strategy to increased self-confidence, leading to increased employability and community development.

Case Study three and four -The retraining-to-reactivate-potential for employability and rehabilitation

Rationale for Intervening: The interview revealed that two projects indicated that their unique activities were aimed at employability and rehabilitation respectively. This approach to capacity building was designed to increase knowledge and informed choices through the provision of adequate and appropriate information, advisory and guidance services and via one-to-one confidential sessions.

One respondent indicated that most of their project beneficiaries are recovering from mental illness and that their programmes strategies focused on re –training to strengthen their employability while restoring to rehabilitate them back to community.

Major project activities including one-to-one sessions were aimed at strengthening time management and communication skills, assertiveness skills and financial management. Job education and therapeutic programmes were also designed in order to adequately equip the recipients for community rehabilitation.

“our client group is most mentally ill young people...Our project’s logic model was based around the provision of a supportive environment, while providing therapeutic and re-training activities. These activities are used to activate potential skills for rehabilitation from mental illness and perhaps enhance employable skills’... ‘Our activities include a travel course to increase participation, creative vigour for new therapies while pre- employment activities aim to re-activate their potential skills’. Underpinning this approach is the need to raise self-awareness, enhance self-esteem and provide choices which make the young people actively participate in the personal development regime and perhaps contribute towards community change” (K1).

The other respondent indicated that their clients were victims of adverse financial circumstance due lack of life coping mechanism. In addition to providing information and guidance for informed choices and job education for employability, free workshops and seminars focusing on life coping mechanism were also provided. These were seminars on mental health awareness, designed to include the clients’ immediate family and community members, in order to increase mental illness awareness. Other activities included a travel programme - a strategy designed to enable clients to interact with the local community and conquer their fears, stress management programmes etc. All these were said to be vital in raising self awareness and enhancing employability with the goal of integrating individuals into mainstream activities. The underlying assumption was to transform young people from passive recipients of government ‘hand-outs’ to predominantly self-sufficient participants and

in the delivery of services and perhaps community change. The overall aim therefore was to improve quality of life, as highlighted by these respondents:

“Most of our clients are excluded from the social circle due to no fault of theirs. Many are victims of homelessness as a result of adverse financial situations. Not being able to withstand life’s adverse effects can hinder healthy living, good chances of getting a job or being in further education...Our activities include workshops financial management, benefit advice and various coping mechanisms to support and motivate them, then re-train them to activate their own potential skills, all of which enable them to tackle life’s adverse effects and make informed decisions and subsequently gain employment... Our aim was to provide the young people with choice that would enable them enhance their existing skills and improve their quality of life” (K2).

Case study five: Combined approach of Social Capital and Personal Development underpinned by religious beliefs.

Rationale for intervening: This logic model centred on combined approaches underpinning values of social capital and the principles of personal development to capacity building, with religious/spiritual undertones. The wide range of capacity building activities were designed to engage young people and increase their interaction with other members in the community, using religious activities and spiritual beliefs as a medium. There was an emphasis on church outreach services, which included community and hospital visits while sharing the word of God. According to this respondent:

“Our project activities are designed to reach out and touch them spiritually through the word of God and working by faith in a relationship of trust and self respect. Our outreach programmes include visiting and interacting with community members who are bereaved or hospitalised or any persons requiring assistance and support to shop and generally get about in the community. We believe that young people who were involved in the project activities tended to develop the awareness of God in their lives by exercising their faith and those who did, expressed the feeling of increased self worth by staying away from the pressures of drug misuse and other anti-social behaviours, hence seemed more stable... once they are fully engaged in the project activities they are provided skills that link them to job opportunities...” (St H1).

Respondents identified that their activities also gave the frontline staff the chance to be part of valuable learning experiences in a challenging and rewarding environment.

“Once self-awareness was established which in turn leads to increased self-confidence, the youths are engaged in the project’s skills training activities towards achieving employable skills...hoping that their lifestyle will change for better” (SH1).

These activities were viewed as powerful force that provided new activities for young people in a positive and safe setting way to raise self awareness, enhance their life skills potential and support community initiatives.

Case study six: Combined approach of Social Capital and Personal Development using nutrition and food education strategy

Rationale for intervening: The logic models used combined approaches of social capital and personal development strategies to enhance self-esteem. The project activities, which included food and nutrition education, were implemented using the values of social capital. The respondents felt very strongly that applying the values of social capital, while providing a ready opportunity for young girls to participate in a relationship of trust and respect, would increase their self-worth and in so doing strengthen their employment prospects and simultaneously reduce the dependency culture.

The interview indicated that the project activities were designed to increase self-worth thereby promoting self-confidence all of which lead to change in attitudes about food.

Their experiences indicated that when they are slim and healthy, they feel good about themselves, potentially increasing self-esteem. The one-to-one sessions, based upon extended family support underpinned by a relationship of trust and respect, provided opportunity for self-expression and improved communication strategies thereby increasing self-confidence.

As highlighted by this respondent:

”Our most popular activity centred on ‘getting-connected’, a strategy that involved knowing yourself, finding out who you are and what your dreams are. This approach focused on food and food values. Food is big in terms of social values and qualitative elements...preparing food offered the opportunity to learn about food values thereby bringing down their weight. Sitting at the same table and eating food together broke a lot of social barriers and sent communication vibes such as love, safety, and acceptance and mutual respect. When they feel safe they will trust you and will therefore engage in other activities of the project which would provide them with the employability leading to an improved lifestyle” (K2).

Summary of case studies

Although most logic models differed in their implementation methods, which in effect determined how projects were run, their designs served as mechanisms to tackle the common problems of young people, including poverty, unemployment, and social exclusion most of all family disintegration, of which the main underlying deficiency is low-self esteem. The interviews indicated that all their values were structured to enhance self-awareness, and promote self-esteem towards achieving employability.

In addition to poverty, unemployment and the decline in the extended family system, respondents also identified the rigid school systems as the major underlying factors contributing to social exclusion amongst young people in Merseyside. Recognising the importance and benefits of capacity building strategies, logic models were designed using such activities as employability programmes comprising of team building, time management, and one-to-one sessions and delivered in a supportive environment within communities to increase self-confidence and self-esteem. The underlying key assumption is that improving self esteem would likely improve behaviours and attitude while transforming their lifestyle.

5.8. Theme four: outcomes

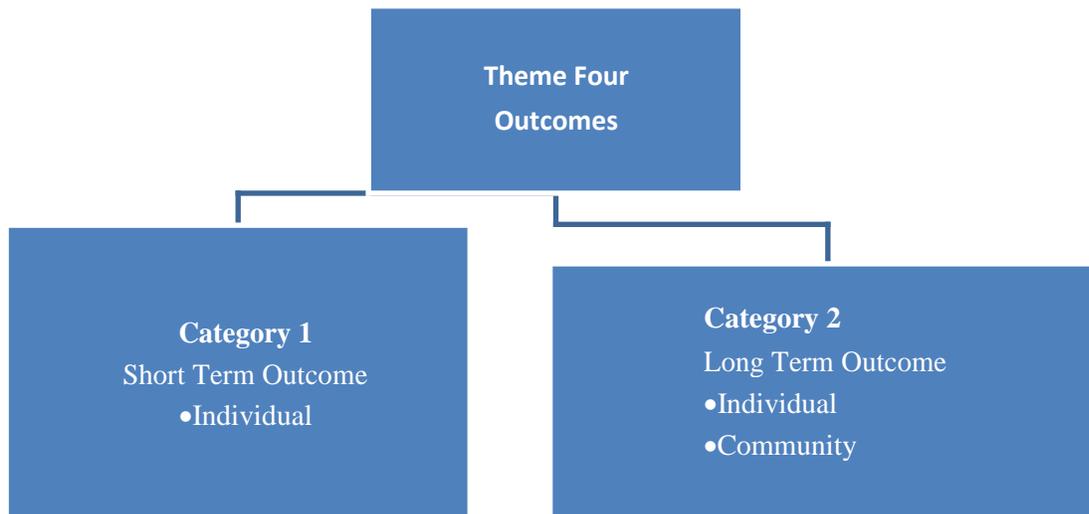


Fig. 9 – Expected outcomes – short and long-term outcomes and related category clusters

In this theme, attention was focused on projects' expected short-term and long-term outcomes, indicating the most likely behavioural changes that would come about as a direct or indirect impact of project activities.

In this report both short and long-term outcomes are listed in relation to the respective projects involved in the case study and presented at a glance in table seven as follows:

Project	CB approach	Short-Term outcome	Long-Term Outcomes
L2	Personal development using basic school curriculum presented informally.	Ability to engage in projects' activities, regular attendance and enhanced time management skills.	Expression of desire to do voluntary work to other services indicating increased self awareness, self confidence and self worth, respect to self and community property.
S1	Retraining to reactivate potential, for informed decision making and taking. And for enhanced existing skills.	Increased self confidence. Ability to communicate and make healthy choice based on available information and advice. Ability to manage time and finances, cutting down on life excesses.	Enhanced social skills and ability to cope. Desire to do voluntary work and increased community participation. Exhibiting role model qualities to younger ones. Ability to work and stay in jobs.
W2	Values of Social capital underpinning trust respect and tolerance	Self respect and respect to others, desire to volunteer into community services. Increased participation in project activities	Increased social and employable skills Ability to tolerate and respect others and increased community skills. Increased desire to work or express desire to attend higher education, gainful employment and ability to stay in jobs.
St. H1	Combination Approach to CB, underpinning Social Capital with religious beliefs and ecumenical services.	Regular project attendance and full engagement into life education and job training. Volunteering into the programmes and acting as mentors to other young people (Indication of increased confidence and self worth as well as	Reaching out spiritually and sharing their faith with their families and showing God's love to the wider community.

		awareness of God in their lives)	Gainful employment and improved quality of life.
K1	Re-training to Rehabilitate	<p>Willingness to attend workshops using public transport and unaccompanied.</p> <p>Ability to give proper account of day's activities.</p> <p>Ability to make independent choice and expression of the desire to move to another level of the programme activities.</p> <p>Ability to communicate their feelings in an attempt to find solution.</p>	<p>Increased participation into the community mainstream activities</p> <p>Ability to make healthy decisions for and high achievements not staying at the survival line.</p> <p>Employed and the ability to stay employed</p> <p>A healthy community who are less dependent on government's hand outs and who are adequately housed.</p>
K2	A combination of Social Capital and Personal Development Approach using Nutrition and Food education.	<p>Engagement in the programmes activities and regular attendance indicating increased time management skills;</p> <p>Eating healthy and changing the status of obesity—asking for yoghurt and salad instead of chips.</p> <p>Willingness to fill job application or higher education forms and requesting for assistance to complete them.</p>	<p>Increased participation into the community mainstream activities.</p> <p>Ability to make healthy decisions for and high achievements not staying at the survival line.</p> <p>Being employed and the ability to stay employed.</p>

Table 6: Tabular representation of the short and long-term outcome of the case study

5.8a. Category one: short-term outcomes

In the category of short term outcomes, attention was focused on immediate impact of projects' activities on the development of individuals. Many respondents viewed the short-term outcome as a pointer to achieving the project main goals, which is categorized as the long-term outcome. A number of respondents spoke of their short-term outcome to include

ability to engage in project activities when proper time management and regular attendance are maintained. Others indicated the ability to communicate and make healthy choices based on available information, all of which enables self-awareness while promoting self-confidence, in readiness to engage in personal development programmes. This was illustrated by one respondent thus:

“Providing communication skills, and strengthening the self-confidence amongst our clients I will say it’s our critical and important preliminary step towards tackling poverty, unemployment and social exclusion in our local communities”(W1).

Others indicated that their short-term outcome is measured in relation to young people’s ability to be engaged in the projects’ activities, while many others indicated that their short-term outcome was being able to complete job application forms or even expressing enthusiasm for further education. Some respondents discussed the ability to trust and respect one another indicating increased levels of self-awareness and self-confidence, while expressing desire to volunteer and show commitment in the projects community outreach programmes.

Another respondent stated thus:

“We implement our school curriculum informally, in a supportive and enabling environment while we encourage them to strengthen their potential capabilities ... we hope that in the process their self-confidence would be enhanced which in turn promotes their employability... with the goal of helping them to re-build their community” (L2).

Another said:

“CB is releasing social capital that underpins the relationship of trust and respect while providing supportive environment and skill enhancement programmes that will enable young people enhance their self confidence and strengthen their potential capabilities towards gainful employment and healthier lifestyle” (W2).

A few others spoke about the ability to manage stress and exert coping mechanisms towards tackling life’s adverse effects as vital in raising self-awareness as a pointer to enhancing employability and improving health.

For instance this respondent highlighted that:

“Our activities include workshops on various coping mechanisms to promote motivation, then re-train them to activate their own potential skills, all of which enable them to tackle life’s adverse effects and make informed decisions and subsequently gain employment... Our aim was to provide the young people with choice that would enable them enhance their existing skills and improve their quality of life” (S1).

One specific discussion in terms of reference to short-term outcome was centred on spiritual enhancement as a pointer to achieving self-esteem. This was illustrated by this quote:

“Reaching out spiritually and sharing their faith with their families and showing God's love to the wider community indicates increased self-esteem and enhanced values to life...leading to employability and improved quality of life” (St.H1).

5.8b. Category two: long-term outcome

Discussions on the long-term outcome category were centered on the overall project goals, stressing the importance of strengthening self-confidence, and enhancing problem-solving capabilities towards achieving employability, healthier lifestyle and sustainable community change. Many project workers centered their discussion on achieving interpersonal skills, communication skills and raising self-esteem, leading to community rehabilitation as their short term outcomes. As highlighted by these respondents:

“Achieve interpersonal skills, i.e. good communication skills, Personal development towards achieving employment opportunities and healthier lifestyle” (L2).

“Our goal is to enhanced interpersonal skills, rehabilitated in the community, live sensibly, and achieve employability in readiness to work and improve lifestyle” (K2).

“Being rehabilitated into the local community ...Increased interaction and participation with the local community. Volunteering in the community activities increased employment opportunities and the ability to remain employed if employed” (K1).

While many others listed as their long term outcomes to include:

“Achieve self-confidence towards healthier lifestyle and economic wellbeing” (S1).

“Self confidence and skill enhancement training within vocational programmes will lead to healthier lifestyle, employment opportunities and community development” (W1).

Long-term outcomes was also discussed in terms of the benefits of capacity building at the community levels, addressing the unique need of reducing anti-social behaviours towards healthier lifestyle. This was illustrated by the following quotes:

“Our aim was to reduce anti-social behaviour leading to sustainable community development” (L2).

“Reduced anti social behaviours, leading to healthier living and subsequent community development” (W2).

Respondents also discussed as part of their long term outcomes to include

“Volunteering into job opportunities and increased participating in the community development” (K1).

While others perceived the goals of their project to be geared towards

“Achieving a healthy community, where young people, as a result of capacity building programmes, obtain gainful employment and become less dependent on government ‘hand outs’” (K2).

It was interesting to note that most respondents referred to the activities of capacity building in such a way that indicated that they may serve as suitable tools to enhance the capabilities of young people, increase their confidences while strengthening employability and health lifestyles. These, I think, provided valuable feedback that could be used to identify further evidence of success of capacity building in the long term.

5.9. Phase two findings- interview sessions

Findings were based on five major themes by bringing together components of experiences in relation to the interview questions and according to range of perspectives expressed by the respondents.

Themes were further classified into categories and subcategories to reflect similarities and differences of respondents’ opinions based on what were important to them. These responses were represented as follows:

Theme One

- Experiences of the MHAZ Process: Project workers’ perspective.

Theme Two

- The evaluation strategies and feedback process.

Theme Three

- What could you do differently?

Theme Four

- What difference did interventions make?

Theme Five

- How they intended to share learning.

5.9a. Theme one: experiences and perception of the MHAZ process

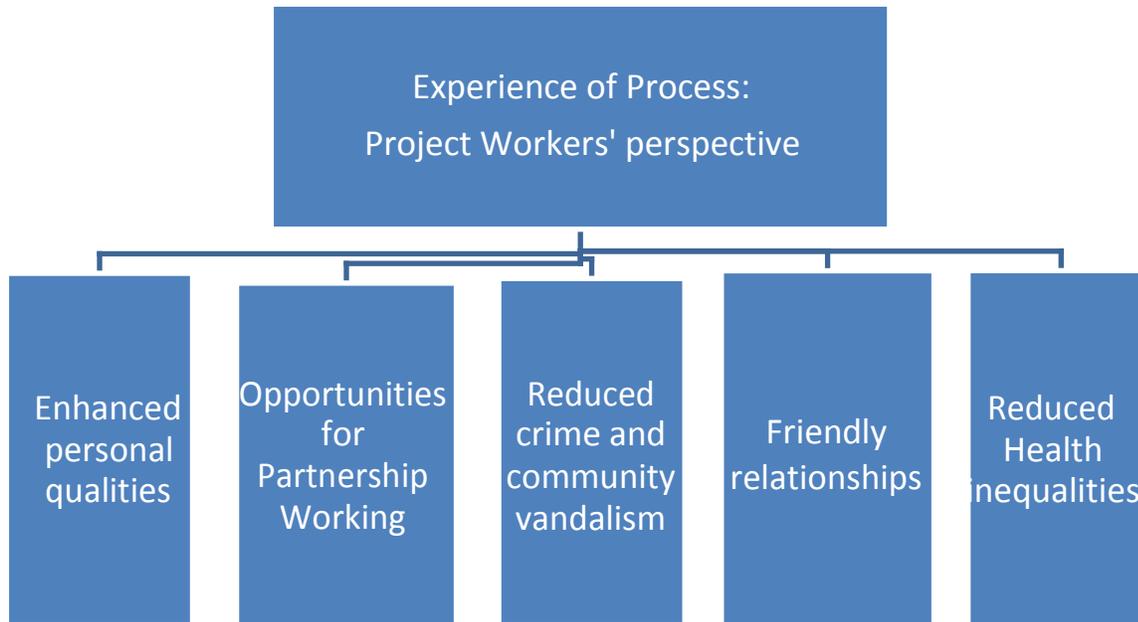


Figure 10: Project Workers Experiences of MHAZ Process

In this theme, information was elicited on the project workers' experiences of the MHAZ process as they implemented the activities of capacity building.

The category clusters allocated to this theme include the following:

- a. Enhanced personal qualities,
- b. Opportunities for partnership working,
- c. Reduced crime and community vandalism.
- d. Friendly relationships between project workers and clients,
- e. Reduced Health inequality status.

Enhanced personal qualities

Although the majority of respondents stated that they could not easily measure some of the positive outcomes in concrete terms, as it was too early and their logic models had just been established, many emphasized altruistic benefits rather than material or economic gains.

There was a strong sense of satisfaction and pleasure amongst respondents that their individual efforts made a great difference towards enhancing the employability status of many young project beneficiaries. This is illustrated by these respondents thus:

“The project’s participants often commence not far from the lower end of the scale on the one-ten continuum, the lower end indicating ‘survival’ and the other end indicating ‘achievement’ towards the end of the process they are not far from the higher end of the scale...I feel sad to let them go at the end though it really feels good to see a lot of changed attitude at the end of our programme” (L2).

There was also evidence that they were very proud of young people who ventured into higher education or volunteer into jobs, due to enhanced self confidence, social skills and self-esteem resulting from their participations in the project activities. This was highlighted as follows:

“The interim differences made by this project recently came to light from two of our clients who have been offered a place in the Army. These clients experienced severe low self-worth at their entry level, so much so that they could barely speak to their mates, let alone go for interviews. By the end of the sixth month into the project activities, they were motivated enough as to have a future vision in life... these process makes the journey worthwhile” (S1).

Many others felt that their personal qualities were improved as a result of their involvement in the process. Some respondents indicated that their own self-confidence was equally enhanced which enabled them to participate in the entire process and learn new activities. For instance, bid writing and grant applications for community development programmes were amongst many tools frequently mentioned that enabled many people to improve their writing skills and maintain credibility and confidence. These qualities seemed vital to the development of ideas for new projects, thereby equipping them to face the various challenges that may generate a wide range of project activities in the future.

As highlighted by this respondent:

“I could say that the training on bid writing really enhanced my confidence in teaching other project workers on how to write a winning bid... Since receiving that training by the LCVS, I have gone on to raise funds which had supported some of our clients into establishing other projects in the community” (W1).

Opportunities for partnership working

There was strong perception that project activities have led to a significant increase in the development of strong partnership working amongst local entrepreneur, statutory and private

agencies, including schools and colleges in various communities, thereby promoting community involvement and social cohesion, as illustrated in the following data extracts:

“We have developed links which has made an immense difference to the capacity of the network to be able to network. The project has brought together core team network development managers, PCTs, acute trusts and specialised trusts and cancer has been promoted on everyone’s agenda” (L2).

There was an indication that an increased number of young people were engaged in not only the project activities but also in other volunteering diversionary activities such as sports and physical fitness within the locality. As highlighted by these respondents:

“Our activities were evidently successful that many young people actually continued with other community even when the project finished... many of them had gone on to become local community football coaches while some became gym instructors” (K2).

“Our projects’ activities have created a gateway to higher education via community colleges through the use of transport network (W1).

There was an indication that some projects used some innovative approaches including ecumenical services and evangelism, festive meals and community visits to combat the problems of low self-esteem amongst young people, as well as fostering good relationships between young and old people. As a result, the data revealed a perception that many young people developed lasting relationships and were involved in caring for the older people in the community. This led to other young people volunteering their services in various local nursing homes, including hospices and hospitals. One respondent indicated that these particular project activities in St Helens provided evidence of good partnership practice and have been rolled out to other places across Merseyside.

Respondents indicated that they were successful in sign-posting their clients into a wider range of local businesses that provided ‘hands-on’ and taster programmes in a real work situation. As highlighted by one respondent:

“We work closely with parents, guardians, volunteers, local employers and various charity organisations, linking up our clients to practice 'hands-on' in a real work situation or as volunteers. About sixty per cent of the young people who moved on from this project are in the ‘job force’ programme” (K2).

Engaging both the communities and frontline staff and working in partnerships remained parts of the basic principles of the MHAZ agenda. These principles reflected what can be considered to be the basic building blocks of many MHAZ programmes.

Reduced crime and community vandalism

The majority of the respondents also indicated that their project activities had led to the removal of young people from the streets at key times, thus reducing the likelihood of them drinking/using drugs, leading to a noticeable drop in a crime rate across communities. For instance, respondents said:

“The police have less vandalism to deal with in the community... The local community said that they feel safer walking around in the neighbourhood without being mugged” (L2).

“I parked my car in front of the Methodist Church and forgot to lock up, leaving an important document in my briefcase, only to come back two hours later to find the car not vandalised. I can comfortably say that the neighbourhood is relatively safer” (K1).

“Our project activities are aimed at removing them from the street between 6-9pm at that time many of these young people are at risk and most vulnerable to crime and anti-social behaviours... It is a good feeling to know that people around here don't feel fear as much as it used to be... we have rolled this model of activities to projects in Knowsley and we are happy it sat well with them” (W1).

While a respondent from a project in Sefton indicated that

“High visibility police officers' presence in their community has now been replaced with a friendlier community police who were thought to have built up positive relationships with young people” (S1).

Good relationships between project workers and young people

The most notable and perhaps the most difficult aspect of this study to measure was the successful relationships that developed between the young people and the project workers. Respondents revealed that a high profile success has been the work of projects that centred their activities on building relationships of trust, tolerance and respect amongst community members, particularly between the young and the old, indicating that trust and respect were very crucial in this relationship. This was reflected in the following quotations as follows:

“We feel satisfied because we know that the children have come to trust and rely on us being there and turning up every week... We get a lot of respect from them... and we respect them too” (L2).

“They rely and trust on us every week being there at a certain time... like a family, being there” (S1).

“It's so rewarding and really satisfying doing this job” (St. H1).

These echoed common responses from the project workers. Many stressed that responding to young people with compassion and consistency, and a caring relationship embedded in strong family values helped them cope with life's adversities. It was thought that these caring qualities provided them with stability and control, all of which bolsters self-esteem thus leading to higher achievements.

Friendships amongst colleagues

It was also revealed that many successes of the projects were achieved through visible rapport and strong family-oriented relationships amongst colleagues. As highlighted by this respondent: *“the relaxing and friendly environment with loads of cups of tea made me want to return to work every day despite the uncertainty in the funding system”* (St.H1).

One respondent spoke about *“friendship and motivation by my colleagues in the office and the friendly attitude of the project co-ordinators and also the friendship from beneficiaries had helped me to escape the pressures of modern living”* (L2).

It was thought that these caring qualities provided them with stability and control, all of which bolsters self-esteem leading to higher project aspiration.

Reduction in health inequalities

Evidence from this research indicated that the MHAZ working team recognised the need for human resource development as part of reducing health inequality status in local communities while tackling the underlying causes of poor health. The respondents therefore laid more emphasis on a socially inclusive strategy, using various capacity building programmes that are relevant to increasing employability amongst marginalised young people. The respondents indicated that their projects' activities recorded many successes, notably in terms of enhanced positive attitudes to healthy lifestyles not only to themselves but also amongst young people, particularly in the promotion of employment opportunities, and the improvement of community relations. The most significant of these included creating self-awareness, and encouraging participation towards community development, as highlighted by this respondent:

“People are increasingly becoming more aware of our socially inclusive project activities in the community such as physical education, including walking and cycling... these are inexpensive activities that require no special skills and the potential benefits means an

increased sense of healthy lifestyle in our environment and a greater awareness and understanding of the needs to reduce stress levels leading to less visits to the doctor” (S1).

Programme documentation from the monitoring statement indicated that MHAZ flexible activities at the community levels raised awareness of the general understanding of what health is, thereby contributing to communities breaking down barriers, establishing connections with neighbouring communities and mutual support to tackle health issues using social models.

Some evidence of these other flexible ways of working included profile raising, authority to experiment and learn from mistakes as well as innovative positive steps of helping vulnerable people to be socially included using a variety of approaches to capacity building.

5.9b Theme two: the Successes of evaluation and feedback

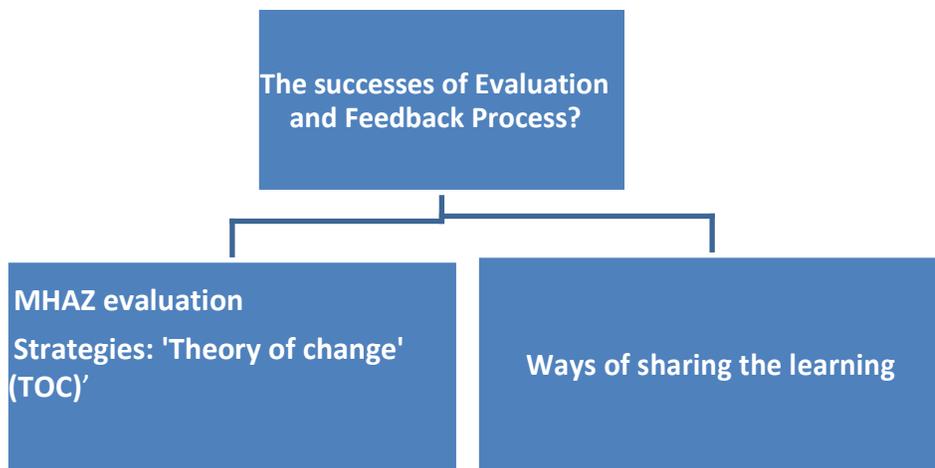


Figure 11: Successes of evaluation and feedback process

Theme two centred on successes of both the evaluation and feedback and findings, further classified into two categories based on the experiences of using the ‘theory of change’ approach to evaluation process, including how they intended to share their learning, as indicated in the box.

Findings were explained as follows: At the beginning of the evaluation process, the respondents were presented with notebooks and were requested to record what they learned

from participating in the evaluation and feedback processes. The workshop session, although set out to identify the projects' logic models and in readiness for the process evaluation of the activities of capacity building in the context of MHAZ project workers, turned out to be a training workshop/event. The 'theory of change' approach to evaluation (TOC) was the agreed standard framework, central to evaluating MHAZ process to ensure congruence between action plan and goal. The underpinning philosophy for this framework was that process evaluation should act as a vehicle for reflection and to encourage learning from what worked, rather than a technical approach to the evaluation process. However, it was noted that, though very few respondents reported that they used this approach to evaluate their process, most had not received any form of training on the use "TOC" evaluation framework. This was highlighted by this respondent:

"MHAZ at the onset indicated the importance of evaluation culture as the necessary step to accessing funding but what we asked them at the outset what the 'TOC' evaluation procedures were and they did not have a clue so we had to do our own thing" (W1).

Meanwhile most respondents involved in the evaluation sessions found the experiences of an apple tree metaphor to be very positive, both in learning how to identify their programmes' logic models and in developing a clear understanding of their interventions and processes.

The following were remarks made by the respondents:

"Going through this process helps people clarify what they are actually doing while looking at the long term outcomes" (W1)

Another respondent stated that

"It makes you focus on the problem and the need to be sorted, indicating the kind of services they are providing" (W1)

Many respondents also recorded that the process of 'TOC' approach to evaluation was very interactive, involving questioning and answering, watching and listening, as well as providing feedback and reflection.

This respondent highlighted:

"TOC" is very interactive which I think helped us to maintain the focus of the project instead of over concentrating on numerical output and project management. Standing back allowed focus on what projects were addressing and what needed to be changed" (St. H1).

Others stated that it enabled them to link up their strategies in a simple and symbolic way, understanding their implementation processes through which they determine whether their projects activities pointed in the right direction. Many other respondents stated that the process indicated the need to re-assess their programmes' performance against their action plans. Others regarded the process as a pointer to the many ways of sharing their learning which include increased local media, coverage using newsletters, and radio interviews as well as the organisation of training events within the various districts and across Merseyside.

Others expressed the wish to adopt the TOC approach to evaluation as their tool and requested further training sessions to enable other front-line staff to develop their own strategy and strengthen their evaluation capacity. A copy of a step-by-step guide to TOC approach to evaluation, using the apple tree metaphor, was presented to each project worker thereafter.

Project Workers' Evaluation Strategies

Many respondents revealed that they relied on the services of external evaluators for evaluation purposes, one respondent stated that

“Young peoples' performance levels and their success stories are used as a yardstick for assessing the effectiveness of our project activities”(S1).

Others use self-assessment questionnaires, celebratory events, monitoring forms, photographic and video evidence respectively, as evidence to celebrate their progress. Others kept diaries on what they have done, when and how things were achieved, including the level of success recorded on a particular activity. Another respondent said that they were developing new strategies in the form of scrapbooks on projects and individuals in order to capture those special moments.

The 'open day' events also created in peoples' minds a strong sense of evaluation and learning experiences, as many project workers used such days to display their successes as well as learn good practice from others, as highlighted by these respondents:

“ The open day event organised by the MHAZ served as a great evaluation tool for us in this project... as it enabled us the opportunity to celebrate our successes so far” (K2).

Another respondent stated that

“I recommend a quarterly open day event as it would enable us tell our success stories and how we achieved them” (K1)

Furthermore, all the respondents who participated in the second phase study kept track records, a system through which the progress of the project's participants are monitored and assessed in collaboration with the local employers and other community members.

5.9c. Theme three: what could be done differently?

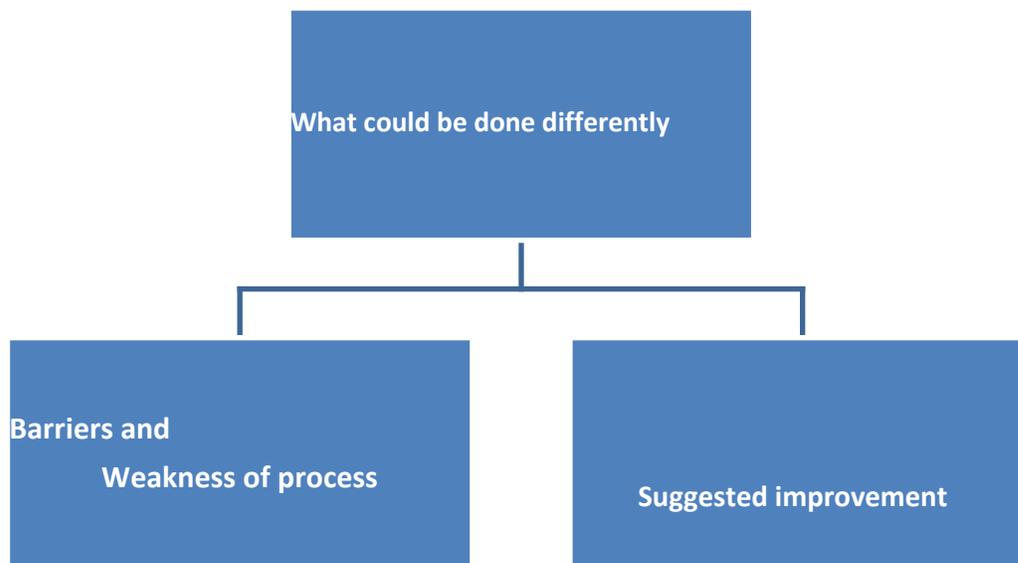


Fig.12- What could be done differently?

The main features of this theme centered on what the respondents thought could be done differently for future practice development. The two main categories under this theme were firstly the barriers encountered, which illuminated the weaknesses of the MHAZ process. These weaknesses included; lack of formal training of standard evaluation strategy, lack of standard information sharing strategies, funding difficulties and short-term nature of project implementation. The second category was based on what the respondents suggested could be done for future improvement.

Barriers and weaknesses

Lack of informed standard evaluation strategy: limitation of ‘TOC’

Though there was a standard evaluation framework across MHAZ, to enable consistency in the evaluation approach, the interviews indicated that two projects out of the six made little emphasis on the use of such a standard evaluation approach amongst the project workers. Rather, most respondents revealed that their efforts were concentrated on the monitoring process, much to the detriment of local evaluation. Most respondents indicated that the monitoring forms were mainly used to collect information about the purposes, targets and outcomes of projects, including recording information on what evaluation strategies had been arranged.

However, few Project workers who engaged in evaluation process indicated that they were able to establish their tracking system, a process that enabled them monitor the progress of their clients in the community.

It was also noted that most respondents still consider evaluation as just reviewing the impact of a particular initiative rather than as an on-going process at every stage of their project activities for planning and development. Those whose work schedules involved evaluation could not see the need and the potential benefits of an on-going evaluation at the onset and in their implementation process, as they considered that their project activities were in an early stage and therefore had not generated adequate concrete achievement. Hence this respondent stated that

“It is too early to consider the evaluation bit in our work... we are in the relatively early stages and have no achievements to measure their effectiveness” (W1).

Though some respondents indicated that they commissioned the services of an external evaluator, they seemed not to be happy with the results due to the confidential nature of their services, particularly projects with mental ill health clients. They acknowledge the importance of evaluation but required more support to do it effectively.

Limitations of ‘theory of change’ (TOC)

Although the theory of change approach has its clear advantages with regards to this study, it posed some difficulties. It was recognized that the approach requires a long-term commitment from both project workers and the researcher in understanding the TOC basic concepts as well as formulating the evaluation questions. Evaluating capacity building activities in local communities therefore requires long-term involvement of all stakeholders in order to generate desired changes in the programme. This process generally involves data collection, interpretation, feedback sessions and presentation of results in a long-term.

Unfortunately, most MHAZ interventions at the local level were involved in a ‘quick-win’ process, which was short-term in nature. It was therefore not possible to review the long-term impact of capacity building and make overall evaluative judgments about the merit of MHAZ interventions regarding employability amongst the socially excluded young people.

Lack of information sharing strategy

However, when respondents were asked to explain how they intended to share their learning experiences as part of the evaluation process, although many respondents acknowledged the importance of partnership working and learning from experiences of other initiatives working in diverse economic and cultural environments, none had really thought about how to share what they have learnt, hence “*I don't Know*” and “*We have not really thought about how best to share the learning*” (St.H1) reflect the views of more than half the respondents.

Some respondents revealed that they did share their information and lessons learnt in a very informal way but there was no formal structure for disseminating and sharing information.

“The steering group corresponds with mental health PCT leads and some of these are representatives on the group but we are not doing anything to communicate the lessons we have learnt due to lack of resources” (S1).

The interviews also revealed that many respondents were not aware of the existence of the HAZ Website available at www.mhaz.org.uk or other communication strategies established by MHAZ working team as a way of sharing their learning.

Hence these respondents highlighted that

“Though I have just started on HAZ projects as community worker, linking me to their website should have been the first step towards my introduction to team ... but I did not even know that they have a website or how to access it” (L2).

“The biggest impact of these success stories is not what we learnt but the capability of transferring what we have learnt on a broader level for sustainability... but not knowing how to disseminate these information for further learning becomes the big issue yet to be resolved amongst project workers ” (St. H1).

Meanwhile respondents commended the 'Open-Day' forum organised by MHAZ as a way of networking and sharing the learning and wished that such avenues be made more regular.

As highlighted by these respondents:

“Open Day provided us a very opportunity to share and what we are doing and in return learn good practice from what others have done and are still doing... we recommend that such day be quarterly instead of one-off activity” (K2).

“The MHAZ Open Days gave our client the opportunity to see what others have done and then ask general questions to the panel of presenters... some of them signed up for a one-to-one session where they can discuss specific issues in more details with other agencies such as the Connexions and the Army, and LCVS” (St. H1).

Partnership working and team building exercises were found to be very beneficial to all projects however some respondents mentioned that they had experienced difficulties when approaching potential partners. One respondent referred to the importance of

“... being on the same wavelength as people is very important in partnership working and this is fundamental... but it becomes an issue if you aren't on the same wavelength 'cos you cannot connect” (W1).

They had also experienced scepticism from some organisations that were not open to their non-traditional approach to health care. As indicated by this respondent:

“ some organisations do not want to be put in the limelight with regard to sensitive issues e.g. race or mental ill health... based on my past experience” (St.H1) .

Funding Difficulties

In addition to lack of information sharing for publicity and networking, various references were made to the uncertainty in the funding systems that led to massive brain -drain from community projects to other employment areas.

“The bidding system has created so much uncertainty in the funding of the projects and this has created a lot of stress for both the clients and the project workers and has caused us to lose qualified staff to other employment areas” (K2).

'Not knowing whether the project will be funded in next session leaves no room for long term planning'...I will therefore change the bidding system and bi-yearly funding to a three-year funding system' (St. H.1).

The instability in the funding system and sometimes outright shortage of funding for the MHAZ projects led to financial constraints in the running of the projects. These inadequacies were thought to be very stressful at the time, in terms of regeneration, causing massive brain-drain of key workers to other professions, resulting in a shortage of qualified and committed staff. Some project workers who could not immediately relocate to other jobs not surprisingly seemed uncommitted.

It was also noted that short term funding caused problems in being innovative.

One of the respondents highlighted:

"Lack of long term funding makes it difficult for us to be innovative in our activities" (L2).

Respondents also revealed that the lack of appropriate and committed staff had forced many projects to operate on a part- time basis, thereby shutting their doors to many more young people who might require their services regularly. Many respondents indicated that they would like to work with young people throughout the day including weekends, instead of twice a week on average as the case is at the moment. For example, a respondent stated that:

"We would like a 24 twenty-four-hour service rendered to the young people who may need the services and with a pool of committed staff that are readily available'...and making a change in this direction could only be made possible if the projects are adequately funded" (BK2).

Therefore, a wish to change to a more realistic system of funding that allows for a longer-term plan was noted.

Short-term nature of projects

Another set of weaknesses focused on the short-term nature of most community projects within MHAZ. Many respondents expressed feelings of anger that not enough emphasis was given to the time required to develop and sustain the projects in the longer term. Others felt disappointed at the imminent closure of some projects due to their short-term structure and logistics. This meant that there was little or no time to consolidate what was learned during the projects, let alone identify an interest from a young person.

“If a new project starts up, it’s going to take a couple of years to get where we are now. I don’t see the point of starting a project every six months” (AL1).

“There’s just no foresight. They haven’t thought things through. They see the six months and plan within that time and don’t see beyond that or what happens to the kid thereafter” (AL2).

While short-term funding has been criticised, some MHAZ project workers perceived the system as being very beneficial to society, particularly to the disadvantaged young people in deprived local communities. These workers contended that short-term projects serve as vehicles to improve educational status and stimulate young people’s potential towards learning new skills while changing their attitudes to a good healthy lifestyle. For instance, this respondent said:

“Personally I think that these projects, though short- term in nature, provided great and quickest way to mop-up some school dropouts from the local communities, and then direct them towards enhancing their capabilities” (ASt.H).

Another respondent reiterated:

“These projects, though they only last for six months, helps us ‘jump-start’ their career paths, while motivating them into gainful employment” (BSt.H).

Furthermore, it was hoped that the potential ripple effects of these short-term projects lie with those people who had benefited from the project and who might pass on what they have learnt to the future generation.

Suggested Improvements

What could be done differently for future learning and improvement?

The respondents were asked to comment on what should be done differently in order to increase the number of young people involved in their project activities. Many respondents indicated changing their methods of teaching arithmetic, English and IT courses from the rigid, too-academic and boring classroom methods to informal and play-way methods.

One respondent highlighted that:

“We recorded the highest percentage of lateness and excuses from arithmetic, English and IT classes and picking a cue from the high rate of boredom generated during these classes, we changed our methods of implementation (L1).

The underlying assumption for the change, as explained by this respondent, is to use a more reader-friendly strategy in an enabling environment, where the participants are relaxed, rather than plunge them back to a highly technical school system from which they were already excluded. However, it was evidenced from many projects that the innovative and practical ways of delivering their curriculum, using familiar language and play station equipment were very motivating and more valuable, as well as easier methods of engaging with young people.

As indicated by these respondents:

“We made teaching Mathematics more pupil-friendly by using play station ... not that I know how these play station work ... but I do know that we engaged more young people as we use these more modern gadgets” (L2).

“Furthermore, most respondents expressed the view that it was easier to work with the young people and engage them in the projects’ activities if the languages used were theirs and the environment is familiar” (St.H).

“Teaching young people can be a nightmare if they are not fully engaged however our methods of project delivery became very participatory and practical when we encouraged them to contribute to building up the language used in teaching them” (S1).

The ultimate goal was to enhance their capabilities while motivating them to seek knowledge and enrich their lives beyond the formal and traditional school educational system.

Respondents also indicated that their approach to providing learning experiences, particularly to vulnerable young persons, was based on informal education, as it was noted to be one of the best educational opportunities that provide the learner with the capabilities to acquire the majority of their personal lifetime experiences beyond the traditional school setting. One respondent stated that

“The majority of real learning in terms of acquiring positive attitudes, skills and knowledge happen in an informal setting within our one-to-one session, where young people feel less intimidated and can speak at their pace” (K1).

Another respondent indicated that their Coffee bar activities as the provision of capacity building are delivered in a flexible and informal setting. This, the respondent stressed

“tends to provide the opportunity for every individual to speak and be listened to, learn at their own pace, acquire skills and good attitudes from daily experiences and exposure to their own environment” (W1).

The majority of respondents in this study indicated that the informal and community friendly approach to providing learning opportunities achieved higher motivation and perhaps more skills and changes in attitude than the rigid school systems had done for them.

Another suggested improvement in relation to enhancing the capabilities of young people focused on person-centered learning strategy, whereas the use of one-to-one sessions became very popular as a means towards achieving self-confidence, self worth and employability. Respondents indicated that the person-centered delivery method aims to involve the whole person at their pace, and in relation to their needs and feelings, as well as their social and physical skills in the community.

As highlighted by this respondent:

“...capacity building delivered informally in a supportive environment and at an individual’s level and pace within the community, potentially promotes self-confidence and enhances self-esteem... The underlying key assumption was that developing self-esteem would be likely to transform their values in life from survival instinct to achievement orientation (L1).

The majority of respondents involved in this study indicated that they were successful in engaging young people using the person-centered approach to capacity building. As a result, increased self-esteem was achieved, including advancement in knowledge, technical skills and employability. These knowledge and skills were expected to be transferred into further education and perhaps volunteer work in their respective communities.

The next phase is centered on eliciting information from the project beneficiaries in order to ascertain whether their needs were met.

5.10. Phase three: findings - impact evaluation of capacity building on project beneficiaries.

5.10a. Introduction

This phase of study focused mainly on eliciting information on project beneficiaries’ experiences of MHAZ interventions, the impact of capacity building on their life and what could be done differently for improvement.

Findings were based on themes developed from both the research questions and from the research respondents’ narratives.

The themes were identified as follows:

- The respondents' experience of MHAZ projects;
- The respondents' perception of project structure and delivery methods;
- The impact of the capacity building;
- What could be done differently: the suggested improvement.

5.10b. Theme one – The respondent's experiences of MHAZ process

Theme one focused mainly on respondents' experiences of the MHAZ process while categories were constructed to reflect their opinions on social networking, partnership working, team building, awareness creation and sharing ideas and experiences. These are explained as follows:

Social Networking

Under this category, the projects' activities generated a lot of enthusiasm for respondents with regards to interacting with people and improving personal qualities particularly enhancing self-confidence. Most beneficiaries described the training programmes as avenues to socialise and keep away from trouble. Others perceived it as a fun way to learn team work, partnership with others in the community. They all indicated that being involved in social networking helped them to enhance their personal qualities. It was generally believed that project venues were a good forum for networking and meeting others, sharing experiences and ideas as well as socialising that would otherwise not have happened if they were stuck at home watching TV.

One respondent highlighted:

“I wasn't nearly so interested in these projects, particularly interacting with people I don't know. Now it's different... participating in the project together with people from other places broke down a lot of social barriers and sent communication vibes such as safety, respect and acceptance of me and others” (R3W1).

Many respondents thought that project activities provided them with something to do by fun ways of learning new strategies, raising awareness of a healthy lifestyle and stimulating their

interest in personal development, and perhaps community development. Others perceived it as a mechanism for enhancing confidence, gaining new qualifications while working in partnership with others which would enable them to look positively towards the future.

Partnership Working

Most participants reiterated that being involved in the project activities had led to the development of strong partnership working with people from both the public and private sectors. This has led to someone working as gym instructor, a motor mechanic and the establishment of community crèche, thereby increasing community involvement.

As re-enforced by these respondents:

“I learned how to write bids, now we are negotiating with the Tesco to establish a ‘Drop & Shop project that would encourage parents and guardians to drop their tots while shopping at our local’ Tesco” (R2W1).

“I am now a gym instructor with the Sefton Borough Council Family Fitness Programme’ I was signposted to the gym to work as volunteer and ended up as a member of staff” (R2S1).

Team work:

Many respondents indicated that the project activities enabled them to team up with members of the local community and participate in community activities towards development. This was highlighted by these respondents:

“By working together with our project workers as a team, we were able to write a winning bid and now a community crèche is established and funded by the ‘Sure Start’ initiatives” (R3&4 W1).

“The crèche has brought the community together, many parents are now wanting to take part in after school activities as they are assured that their children are safe in the crèche” (R1W1).

“As soon as my apprenticeship is completed, I will be working together with my boss in another branch which he is about to open in another area. I am happy about this proposal because I will be able to give something back” (R2L2).

Unanimously, respondents said that participating in the project enhanced their self worth and channeled their energies in a meaningful and positive way as opposed to getting involved in anti-social behaviour in their neighbourhood.

Typical comments included the following:

“Going through the process gave me an insight into different ways to be who I want to be but one major thing that stuck in my mind on the best way to improve myself and stay in a job was to work hard, apply common sense in my approaches to life and stay out of trouble” (R1 St H1).

“I have gained confidence in volunteering to work with autistic children in my locality, I am sure my mum is proud of the new person I have become lately and what I have done to improve myself“ (R2W1).

These comments support the views of programmes co-ordinators that social cohesion underpins the most important aspect of the project activities that gave young people the chance to interact with new faces and the local community with respect and tolerance, all of which provided an excellent opportunity to develop their social skills are illustrated by these young persons who stated:

“I found it difficult to interact with people whom I considered strangers but going through this programme helped me to change that attitude and now my best friend is from Somalia” (R1L2).

“The ‘Getting Connected’ programme made me learn to trust again after going through a major upheaval in life’ (R2 S1).

Creation of awareness

Respondents also thought that the process created awareness of what other agencies are doing which otherwise serves as avenue to promote one’s service to others with similar ideas. For instance one respondent indicated that:

“My project worker got Connexions to fund our team building holidays, and the Primary Care Trust (PCT) funded drug awareness programme of which many of us benefited from” (R1L2).

Sharing ideas and experiences

Others also indicated that attending the projects was a good way of sharing idea particularly on possible funding bodies in the community. This was highlighted by this respondent as follows:

“A good way to share ideas and experiences including how to access funding...it is good to know that one is not working in isolation” (R1S1).

5.10c. Theme two: the respondents' perception of project structure and methods of delivery

Respondents agreed that the structure of projects were practical, of a good standard, educative and the delivery methods flexible, the activities focusing on needs at individual learning pace within an informal and relaxed atmosphere.

There was a positive response to the one-to-one confidential sessions as most respondents showed a lot of enthusiasm in the 'getting connected' activities as well as relationship building sessions. These person-centred approaches to training and learning were very well received by most respondents, as is illustrated by the following comments:

"I enjoyed the one-to-one session which is about speaking and being listened to in a non threatening environment. It was quite an informal setting, you know the project workers and know that they were really friendly and you can talk to them...I thought it was good" (K2R3).

"I have to say that I enjoyed the training programme, especially the one-to-one confidential session and team building activities because the team co-ordinator is so relaxed and good at listening and providing ordinary everyday advice and information which contributed immensely to the huge success of the training programme"(St. H1R4).

"I enjoyed the 'getting connected' session which is about talking and listening and being respected. The project workers guide you into discovering who you are, your dreams, your strengths, and your weaknesses... then they will support you to improve yourself by providing information and advice on available options, in terms of activities and job opportunities." (R1S1).

"I think the project activities were fun and enjoyable and were planned to suit you. My parents run a shop and I do stay up late in order to assist them..., I don't get to sleep on time therefore I don't wake up early for normal school activities. The project structure gave me the opportunity to learn at my pace" (R1L2).

"I used to think that workshops/seminars were meant for government workers in ivory towers ... but after attending the budget control and financial management workshop I can say that it was fun, relaxed and very educative...I can now manage my finances with confidence" (R3W1).

It was noted that most projects' logic models tended to be structured in a way that involved the participants at their own pace, with the overall aim of engaging them in the project's activities and encouraging mutual respect while promoting self-awareness. The underlying key assumption was to focus on person-centred implementation strategies towards tackling

anti-social behaviours and enhancing employability, while promoting community involvement.

5.10d. Theme three and the related categories and subcategories

Theme three focused on the impacts of capacity building on the project beneficiaries and was characterised into two major categories that included the expected and unexpected outcomes. Under the expected outcomes, findings were further subcategorised into 4 main headings to reflect and illuminate the impact of capacity building on the project beneficiaries. These were increased self confidence, learning new skills and enhanced quality of life, including making a difference in the lives of others. The unexpected outcomes were also highlighted in the cause of discussion and these were good personal relationships that developed during the time of the project, as well as friendship amongst fellow participants during the process of implementing the activities of capacity building.

Increased self-confidence for improved personal skills

Most respondents expressed a positive outlook regarding their accomplishments as a result of participating in project activities. These ranged from increased self-awareness and confidence to learning individual skills such as managing own budget, time management, anger management and tolerance, employability involving writing a winning CV (Curriculum Vitae), volunteering, becoming tolerant towards other people and valuing others' property and possessions, as well as the development of new skills such as motor mechanics and the establishment of a crèche facility.

All the respondents agreed that the project activities provided them with the opportunity to improve their social skills and personal qualities via interaction with other young people and project workers and all this led to enhanced confidence towards being assertive and appropriate expression of self in public. This was demonstrated by the following quotes:

“I am not very confident in myself when I am around people I don't know, going through the programme gave me the confidence to change that attitude and I can attend jobs interviews on my own without being accompanied by mentor” (R2 St. H1).

“I do not normally have confidence in myself, let alone speak in public, but now I can speak to people and present myself appropriately' and everyone is fine about it” (R2 S1).

“I have gained confidence in handling tools and machines of any size and I am proud of what I have done to improve myself and more especially my outlook on life” (R1L2).

New skills

Other respondents indicated that the project's strategies based on process of capacity building provided them with the opportunities to gain new skills in areas they had not been exposed to previously.

A young person pointed out that:

"Cooking and food hygiene training offered me opportunity to learn about food values which helped me to lose weight and improve both my health and my image. When I am slim I feel good about myself and I am a more confident person than when I feel fat" (R1K2).

Another added that:

"Going through the programme gave me the confidence to try out new foods. For instance I would not have known that sweet potatoes are in the group of vegetables which provide a good source of Vitamin C" (R2K2).

As highlighted by one respondent:

"The project opened up new opportunities for us and many girls, including me, gained qualifications in child care and some of us got employed when they needed someone to work in the crèche at our local community centre" (R3W1).

There was an indication that the new skills learned as a result of participating in the projects were being transferred outside the project. This is demonstrated by these respondents as follows:

"Although I know a bit about motor mechanics and many ways to repair cars, the project provided me with new skills on how to service a vehicle... my friends now call me to repair and service their cars. This has given me more confidence to go about setting up my own motor mechanic garage business" (St. H1 R2).

"Completing the University admission application form is what made it for me. As you can see, I am now in Uni. training to be a mental health nurse. My Mum is made up" (R1W1).

"I am quite happy going through the programme. I think that I enjoyed myself as it was fun and raised my self-esteem quite considerably. I was able to complete the Army recruitment form and have now been drafted into the Army" (R2S1).

Some respondents expressed their own sense of achievements as the ability to operate a bank account and control their budgets while one young person expressed a strong sense of pride regarding what he had learned including proper time management:

“Being able to get out of my bed in the morning to go to work is one of the greatest impacts the project has had on me. I am not at my best when getting up in the morning and I got worried because I know that no employer will tolerate late coming especially in the mornings, but going through the programmes really motivated me” (St.H1R3).

Making a difference in the life of others

There was also a feeling of satisfaction that they are making a difference in the life of other young people.

“Yeah to be honest with you, yeah, though I have not got a permanent job yeah. I have been able to do a lot of volunteering as a youth worker in this area. I coach footy and can see the impact that I’m having on these young kids in their faces when I ‘m talking to them...yeah. I feel a lot happier knowing that a child is benefiting from my skills.. yeah. I think it’s my own way of making a difference by paying something back to the community. (R1K2).

“What I liked most is the relationship building and the cooking aspects of the training programme. I now have the confidence to combine different food groups and cook for the entire family. My friends have learned from me the benefits of these projects and are now being motivated to enrol on the project next session” (R2S1).

Enhanced quality of life

Quality of life was thought to have improved, and continues to improve for those involved in the projects. Many respondents indicated that the experiences gained from the project had given them the confidence and skills to improve not only their lifestyle but to contribute towards developing their community. Commenting at the focus group session, one of the respondents said that prior to participating on the project:

“I used to walk the streets, do drugs and drink anything in a bottle but being part of this family and participating in the project created awareness of many options available out there in terms of job opportunities, higher education and volunteering in community services” (R5W1).

Another respondent added that:

“I started off like a volunteer earning a few pounds and still dependent on government hand-out. I am now a part-time member of staff and very confident and optimistic that the quality of my life will be improved after training as a nursery nurse. At least I will be off the dole” (R2W1).

Improved social skills were also linked to an increase in young people’s quality of life.

“I met new friends here and I talked to more people that I wouldn’t maybe have talked to. My best mate is from Cuba and I have learnt a lot about Cuba and their transparent ways of life. I socialise a lot” (R1W1.)

Another young person stated that:

“On the Wirral as a whole, drinking and doing drugs was thought to have reduced by twenty per cent, because many of us have been given something to do and once young people are gainfully occupied, anti social behaviour is bound to reduce leading to a better quality of life not only for them but for the wider community” (R3W1).

The project’s unexpected outcome - good personal relationships with the project team and friendships amongst the participants.

Most project beneficiaries were lavish in their praise of the project workers conducting the training programme. Rapport and positive relations, trust and respect seemed to have been established with the project workers and amongst the participants themselves. This is particularly significant when you look at projects that designed their programme logic models to function as a part of an extended family using the approaches of ‘social capital’ and/or ‘personal development’. The young people developed trust and respect for project workers and came to rely on them for many of their needs, while the project teams acted as their confidantes even though this was not part of their role. Such relationships between the project team and the beneficiaries seemed unusual and could not be said to be typical of a student/teacher relationship. Many respondents revealed that the project workers were very accessible and showed a great sense of empathy and were truly committed in supporting them through the learning process. They stressed that their individual needs were recognised and the activities were person-centred. In addition, they were provided with a conducive and relaxed environment that encouraged interactions, discussions and demonstration. This type of relationship, which appeared to have been non-existent in the lives of some young people, contributed immensely to a more cohesive and successful running of the project, encouraging them to acquire and develop a better, healthier attitude towards achieving self-esteem and eventual employability.

“We feel satisfied because we know that we can trust and rely on the project team for emotional (expressions) support and other human needs... They give me respect as well. We get a lot of respect from them” (R2S1).

“I trust and rely on my mentor a lot. I look at her as my family. It feels good knowing that I can tell her anything about everything. She provides me with solid supporting in a safe and friendly environment. She often tells me that sky is my limit but if I fall on the roof top I have done well” (R3W1).

“Some of us haven’t got mums or dads that we can talk to and therefore see the project workers as our own big brothers and sisters” (R1W1).

“The secret of achieving self-esteem is having a family relationship around you, where someone loves you and you love back, where you trust and can be trusted and where someone guides and believes in you even when you repeatedly fail” (RW1).

Friendships amongst the participants

“I have to say (although I will embarrass Frank), that I enjoyed the training programme especially the cooking session because of my friendship with Frank. Frank is so good in the kitchen and he is very relaxed about doing the ordinary everyday cooking which contributed immensely to the huge success of the training programme” (S1R2)

“I met new friends here and I talked to more people that I wouldn’t maybe have talked to. My best mate is from Cuba and I have learnt a lot about Cuba and their honest ways of life. I socialise a lot” (St.H1 R4).

In line with this, many young people who participated in the project activities felt that the love and positive family relationship received from the project workers have helped them to improve their poor self image as well as providing them with more confidence in dealing with life’s adverse effects.

It was obvious that most successes achieved through the MHAZ projects were as a result of the nurturing role and strong family-orientated relationships between the project workers and young people. This was particularly significant for those young people from broken family backgrounds who had come to rely on the project workers as an extended family support system. It became apparent that such relationships should be nurtured and that such qualities should be addressed by future project planners to ensure that appropriate mechanisms are in place for young people.

5.10e. Theme four: What could be done differently and its related categories and sub-categories.

The main features of this theme centred on what the research respondents thought could be done differently for future practice development. The two main categories under this theme were firstly the barriers encountered, which illuminated the respondents’ negative feelings.

The second category was based on what the respondents suggested could be the way forward to improvement and perhaps, future practice development.

The barriers encountered - negative feelings

Despite the positive impact of the project activities on young people and the close relationships formed with project workers, many respondents expressed the feelings of frustration and resentment regarding inadequate funds and the short-term nature of the projects. Many young people felt that the planning and delivery of the projects did not provide them with sufficient time to acquire adequate confidence and experience to compete favourably in the job market. The interviews revealed that most project beneficiaries were ‘chucked out’ of the programme before they could acquire those skills.

“I feel personally alarmed and uncomfortable towards the end of the six weeks practical hands-on experience, although I have the skills, I must say that I don’t have enough confidence to make the big step towards applying these skills on my own or in another situation. This really made me feel unsure about what to do next” (St.H1).

Also the short timescales of projects mean that the scope is not comprehensive enough to award a certificate to recognise their participatory endeavours. A number of young people bemoaned that the absence of a certificate could very easily jeopardise their opportunities for gainful employment as they have to compete with those who are fully qualified with recognised certificates. They contended that employers would firstly provide jobs to people with higher qualifications and experience that require minimum supervision before they would be considered. They stated that not being able to work immediately after the training may lead to loss of knowledge and skills learned. Furthermore, they suggested that it would be better if the life and scope of these projects were extended with a view to awarding a recognised qualification.

“Going through the programme does not guarantee a job offer immediately. ‘Some of us must be seen to be doing something or lose their benefits. It’s easier to enrol on projects than rough out looking for jobs that match your skill. Remember we don’t have the required level of experience” (R1L2).

“At the end of the programme, I was actually signposted to various job opportunities within my locality, but I could not go all the way because I did not have enough confidence to even attend interviews...I don’t feel qualified enough to go all the way. So I find myself back on the dole... Sad isn’t it?” (R3W1).

“You know what, Maureen, it’s just one of those tick box things, I know it was too good to be true, yeah ...about the job things” (R4 W1).

Training programmes

This was perceived to be unduly short and therefore not structured in such a way that job offers were guaranteed at the end of the project. It was noted that the lack of formal structure to cover the transitional period while the beneficiaries searched for a job also contributed to feelings of disappointment. For instance, the ‘hands-on’ programme that provides young people with the opportunity to work in a real life situation does not take into consideration the individual differences in learning styles. Once the six to eight weeks of practices were up, it was wrongly assumed that participants were fully prepared for employment and had acquired enough experience to tackle whatever was presented to them. They were then expected to leave and look for a job. Some respondents were signposted towards job vacancies, but their experiences were not adequate to secure employment. Many others complained that they were left on their own to find jobs. This tended to be stressful as they lacked those skills and experience to go it alone. There were several references to young people being resentful and emotional due to the fact that they still went back on the ‘dole’ after the high expectations generated by the projects’ activities in terms of enhancing their employability. There were concerns that the aims of capacity building could be defeated if their efforts were not consolidated and/or they were not confident or experienced enough to be able to transfer what they had learned in a broader capacity.

The project logic models, though they were structured to promote self-confidence and enhance employability using informal learning methods, lacked the logistics of delivering certain activities, lacked room for creativity, and young people indicated that they were not personally challenged enough so as to make independent decisions and find independent solutions. While many relied on the support and experience of the training providers every step of the way during the training period, others felt that the project activities were boring and a waste of time and resources.

As highlighted by this respondent:

“Many of us start these activities yet again while still looking for employment opportunities. It’s no good for the people who are teaching it because you’re sitting there looking bored because you’ve done it all before but have to do it all over again to remain on the benefits list” (R1S1).

Accordingly, some of the respondents said that the boring bit could be attributed to the fact that they were compelled to join the programme so as not to lose their benefits. Many others

seemed disinterested in the fact that some training programmes were not structured in a way that would lead them to access employment. It also became apparent that respondents who attended projects in Liverpool and Sefton local authorities felt that they were being used as figures to obtain funds from the sponsors. Others felt that their individual differences and personal background were not taken into consideration at the planning and implementation stages of the programmes. Two young persons referred to two instances where they went unrecognised by private organisations and local entrepreneurs in the community, for example:

“I was sent to local shop X for my practical experience and my immediate supervisor didn’t even know I was there” (R1L1).

“I have been in this office for close to one week before anybody knew who I was in the office and I only got to know and communicate socially with other people in the office block at the leaving party. That was the only time I actually sat down and chatted” (R1S1).

Another expressed feeling intimidated due to the fact that some of the beneficiaries felt disrespected by a few local entrepreneurs who perceived them as ‘trouble makers’ and treated them with cynicism. Many felt strongly about this and felt that as a result they could be plunged back to the unenviable position of feeling socially excluded.

Despite these barriers, respondents were asked to suggest the best way these projects could be run for future practice improvement. These suggestions were highlighted by these respondents as follows:

“More time needed for to run project sessions” (L2R2).

Another respondent suggested increased funds to extend the life of the projects from the MHAZ previous duration of six months to about two and half years in the first instance in order to truly promote innovative approaches to community projects’ planning and implantation process. This was highlighted by these respondents as follows:

“Increased varieties in project activities and provide rooms for innovations from the project beneficiaries” (St.H1R2).

“We wish more time will be allocated to run this project, say 18 to 24 months instead of the current 28 weeks... at the moment, we attend this project 3 times a week” (L2R1).

“Increased funding to extend the life of the project from six months to two years” (W1R5).

Other respondents thought that local entrepreneurs who provide the taster programmes should be included in the project team to allow more commitment as well as offering constructive work experience, giving practical support and providing employment opportunities at the end of each group's work placement. This suggestion was highlighted by this respondent as:

“The local Entrepreneurs who provide the hand-on services should be included in the project team to allow more commitment and for the beneficiaries to be treated with more respects and trust instead of being treated as ‘birds-of-passage” (K2R1).

Respondents also spoke about establishing transitional periods so as to allow those that are not able to gain jobs immediately a proper sign posting opportunity to continue to upgrade their skills, instead of being ‘relegated’ to the community to fend for themselves.

This respondent suggested thus:

“Establishment of structure to support the transitional period and allow enough time to finish the ‘business of sign-posting after the ‘hands-on’ process, before taking on another batch” (St.H1R1).

5.11. Summary

Most young people were very satisfied relating to the person-centred approach of the programmes' implementation. Interventions were therefore perceived to have many positive effects on young people. These included increased confidence, social inclusion and community cohesion, leading to a reduction in anti-social behaviour and perhaps enhanced employability as a result of which many young people volunteered for community social enterprises.

The value-added dimensions of these interventions, particularly the improved relationships between the project workers and young people, though subtle, seemed just as important in young people's lives. Many vulnerable young people, particularly those from very deprived areas who lack strong family support, have come to rely on the project workers as stable and dependable features in their lives. These successful relationships have contributed to a strong foundation during the process of social inclusion and community cohesion, leading to a reduction in anti-social behaviour, enhanced employability and entrance to higher education.

Partnership working between young people and people in both private and public agencies also developed as a result, leading to increased social enterprises in the localities.

The short-term nature of the project implementations was perceived to be particularly detrimental to the process of behavioural change and employability amongst young people.

Project workers expressed great concern not only towards the uncertainty of continuous project funding and perhaps losing their jobs but also towards the negative impact on young people. Many young people were personally alarmed and uncomfortable at the abrupt ending of the programmes, as they could not acquire adequate confidence and experience to enable them compete in the job market. Others were disillusioned at the lack of commitment and support by adults and policy makers whose inclusion strategies and policy agendas could not provide job opportunities at the end of the skills development projects to help them to achieve relative economic prosperity.

6. Summary and discussion

6.1. Introduction

The research evaluated 10 community projects funded by the Merseyside Health Action Zone (MHAZ) and explored the extent to which the activities of capacity building had enhanced the employability of socially excluded young people aged 16-25. The study also evaluated the impact of capacity building on the beneficiaries, focusing on whether their needs were met as regards their self-confidence, self-esteem and employability. Results show that MHAZ identified the major problems of young people to include low self-worth due to poverty, social exclusion and high levels of unemployment, all of which contribute to anti-social behaviours and subsequently poor health. They therefore employed a socially inclusive health care system involving various approaches to capacity building in order to solve such problems.

Many successes were recorded in terms of increased self-confidence and enhanced social skills leading to enhanced employability amongst young people. Employability programme is amongst the capacity building strategies that consist of skill development activities which seek to develop an individual's social and vocational skills, comprising of effective communication, time management, and inter-relational training.

Results also show that the MHAZ frontline staff preferred to use a more community-friendly terminology and therefore referred to the term 'capacity building' as 'personal development', 'retraining-to-activate potential' and 'social capital'. Capacity building initiatives in this context aim to strengthen self-confidence and enhance employability while enabling young people to achieve their full potential. Many MHAZ workers also perceived the term 'capacity building' as jargon and too technical a term that conveyed very little or no meaning to most young people. While many others perceived the term negatively and criticised its use at community levels because the people it was meant for could not easily understand it in the first place. Such negative connotations indicate that the term 'capacity building' might serve to marginalise people rather than enhance their skills.

The relationship of trust and respect between the MHAZ workers and young people was obviously a crucial factor to the success of the many MHAZ intervention programmes, as positive changes were noted in the young people's attitudes towards healthier lifestyle.

The weakness of the MHAZ projects was attributed to the short-term nature of their programmes, the lack of follow-up strategies and uncertainty in the funding system, all of which had negative impact on both the project workers and the young people. In this chapter, discussions are focused on key findings and their implication on literature review. Discussion will also focus on the impact capacity building had in relation to the employability of young people and its potentials to reduce health inequalities, under the following headings:

- a. Areas of Good Practices - What Worked?
- b. Summary of Findings
- c. What did not work so well: the short term nature of MHAZ projects.
- d. Evaluation and Feedback Processes: successes and barriers.
- e. Jargon in Community Involvement strategies.
- f. MHAZ Interventions in Merseyside: Was Health Inequality status achieved?
- g. Limitations of Study.
- h. Summary.

6.2a. Areas of good practice - what worked?

The MHAZ workers, through a series of interviews, identified low self-worth as the contemporary scourge of most young people in Merseyside, as a result of which they displayed high levels of anti-social behaviours, leading to social exclusion.

Most MHAZ workers equally recognised the importance of capacity building to human resource development, particularly regarding young people, as a useful tool to tackle low self-worth, and promote employability towards reducing health inequality status in Merseyside (WHO, 1998; Eade, 2000; MacKenzie, 2005). Through various approaches to capacity building initiatives, the MHAZ project workers recorded many successes, notably in terms of improved social and interpersonal skills. The most significant of these included

enhancing self-confidence and self-esteem, thereby promoting good attitude and strengthening employability towards achieving healthier lifestyles. In line with the recent studies done by Mackenzie (2005), many MHAZ project workers, identified and discussed that the social inclusion programmes focusing on communication skills, one-to-one confidential sessions and outdoor sporting activities are conducive to promoting self-confidence amongst young people who are detached from education, training and employment.

Furthermore, based on other credible but modest experiences of many grassroots health promotion professionals both in developed and developing nations, capacity building initiatives underpinning social inclusion programmes comprise activities such as team-building, one-to-one confidential sessions, communication skills, and outdoor sports, and delivered in a supportive environment within communities can potentially promote self-confidence and enhance self-esteem (Asoka, 2000; Government of Sierra Leone, 2006; Marla, 2009; Paul et al., 1999).

In line with this report, Every Child Matters (2006) and the Regional Youth Caucus (2006) claim that building capacity and strengthening social skills are important ways to ensure that young people actively engage in their communities (the Regional Youth Caucus, 2006). Their claims are based on the street-based intervention projects that provide tangible evidence of the ways that capacity building initiatives can develop young people's community engagement skills. These youth workers from Connexion Services worked successfully, reaching out to large numbers of the many young people particularly the socially excluded in England and Wales, using various capacity building strategies. These projects, though they created problems with staff retention due to their short-term nature, actually highlighted the effectiveness of capacity building strategies. The report also identified assertiveness, self-awareness and employability programmes as very important strategies that helped the socially excluded young people into education, training and employment. Interviews with the MHAZ add weight to these claims, since the findings show that most of their capacity building programmes appeared to be successful in reintroducing young people to education, training and employment.

Furthermore, a project by the Women's movement at Campala community in El Salvador provided further evidence that young people's self-confidence was improved via a comprehensive capacity building process (Restropo 2000). The writer claimed that through a

sixteen-week comprehensive programme on self-awareness and employability programmes, many young women in this community of interest were encouraged to participate in the type of decision-making that affected their lives positively. These young people were reported to have actively participated in governance processes that added value to development efforts in their respective communities.

The underlying key assumption is that enhancing self confidence and interpersonal skills, while strengthening employability, would be likely to transform young peoples' lifestyles from being passive recipients of services to active participants in the process of self-actualisation and perhaps community change (Kelloggs, 2000; UNICEF, 2006; Wilkinson, 2008).

Furthermore, many project workers were very proud that their projects' strategies, involving diversionary activities including sports and time management in an enabling environment, made significant contributions in not only strengthening their self confidence but contributed immensely in keeping young people off the streets. Many MHAZ project workers claimed that their diversionary activities resulted in a sharp drop in vandalism and crime, thereby contributing to expanding their social network. For instance, one programme coordinator from Huyton in Knowsley referred to police statistics that had apparently shown a decrease in anti-social behaviour across the area:

“From this project, the sporting activities...including the social inclusion programmes, and all that relationship we established had made significant impact on their self confidence ... and all that contributed to the anti-social behaviour going down by twenty-five per cent on the Knowsley area” (K2).

In line with this comment, Crisp et al. (2000) remark that capacity building consistent with such activities as employability strategies potentially promotes self-confidence and enhances self-esteem. The underlying key assumption was that young people who display the qualities of self-esteem, in addition to having positive perceptions of themselves, can be more achievement-orientated and have more willpower to steer clear from anti-social behaviour.

These comments were in line with the recent research by Venemans (2009), whose report on the impact of robust social inclusion programmes on young people stresses the importance of social skills, consisting of interpersonal relationships, as key to the development of self-confidence. It was then claimed that all inclusive sporting activities provide emotional

stability as a crucial preliminary step to young people having positive perceptions about themselves, which in turn enables them to divert attention from anti-social behaviours.

In line with this premise, many MHAZ project workers believed that young people are more likely to steer away from anti-social behaviour and seek more positive avenues to improve their standard of living if their basic social skills are enhanced using well structured and targeted diversionary strategies.

One of the targeted approaches to reducing anti-social behaviours and addressing local needs was embedded in the government's 'Respect Agenda Policy (Casey, 2006). This agenda recognises that poor parenting, poverty, deprivation and low self-worth contribute to high levels of anti-social behaviour amongst young people, particularly in Merseyside (Case, 2006; MHAZ, 2000). Both private and statutory agencies at local and strategic levels are being encouraged to work together and establish connections with parents, guardians and members of extended family to develop a robust strategy for youth engagement (Every Child Matters 2004; Casey, 2006; Audit Commission, 2007). Casey (2006) reports that such a strategy contributes in breaking down social barriers, thereby reducing the rate of anti-social behaviours amongst young people. This means that the organisations involved with providing services to children - ranging from hospitals and schools to police and voluntary community groups – are teaming up in new ways to provide the support that every child needs to enhance their self-esteem, be employable and make a positive contribution as a citizen.

The Plus Dane Housing Groups, a housing association based in low income communities of North/South Liverpool and Sefton, had formulated a plan, formed a steering committee of parents and guardians and hired a youth inclusion manager in response to implement a youth inclusion strategy (Plus Dane quarterly newsletter, 2008). This is an exemplar of good practice strategy that is consistent with this research finding.

Linking lack of communication skills to low self-worth amongst young people, many MHAZ project workers identified that the deficiency in the use of appropriate language to best express themselves tended to exclude them from mainstream activities. This claim seemed to reiterate the findings of Fukuyama (1999) and Colley et al. (2005), who identify that it is commonplace to represent young people in general as deficient members of the community due to inappropriate language and vocabulary to express themselves. These studies indicate that negative behaviours such as the use of abusive language, loud noise and blatant bad

attitudes tend to exclude young people from mainstream activities including education and employment. This has resulted in many young people becoming detached from municipal life, hence unlikely to attend public meetings or contact anybody in a position of authority, of which could have been very pivotal in achieving self esteem and perhaps securing jobs (Putnam, 2000).

In this study, tackling the issues of low self-worth using social inclusion programmes was amongst many ways used by the MHAZ to reach socially excluded young people who are out of education, training and work. One other way one could address low self-worth amongst socially excluded young people could include raising young peoples' profile via media reports instead of portraying them as a group usually associated with anti-social behaviour. Recent research by the Young Research Network (2008) identifies that most stories in the press about young people are either false and lack reality or/and are sensationalist. In line with this story, a report by Acevedo-Garcia (2007) on youth behaviour shows clearly that a high percentage of young people living in local communities are unskilled, living on benefits and would likely commit crime or become victims of crime. Furthermore, a recent press report in 'Time Magazine' on British media tended to reinforce this view and stipulated that 71% of young people are either socially excluded or perpetrators of gang related crime and therefore are in prisons (Time Mag. May 2008). Though these negative reports reflect findings at the national level, in the majority of cases at the local levels such findings have been exaggerated. For instance, similar research by the Children Charity Commission (2008) contradicted these stories by showing that 80% of young people are in some form of education with only 10% doing nothing. Another report from a study by a local initiative in Everton that looked at young people's involvement in anti-social behaviour concluded that about 19% were culpable, whereas the remainder were well behaved (Everton Telegraph, August 2007). This report also claimed that many emotional problems emanating from fear and lack of self-confidence are fueled by these negative press reports. In support of this claim, the Report on Human Resource Management on Public Relations (USA Today, 2002), indicated that though the contemporary problems of today's young people are rooted in low self-worth, many stemmed from fear, disillusionment and resentment due to failed promises, sensational and negative headlines on young people and, most of all, lack of adult support. One MHAZ project worker in this study voiced similar concerns indicating that the feelings of resentment and anger also emanate from the local news reports. In addition, other statutory agencies including the police tend to overreact while tackling negative behaviours of a few

perpetrators (W1). They therefore lose opportunities to build a better relationship with young people, perpetuating the vicious cycle of poverty, unemployment and social exclusion in local communities.

However, in this research evidence indicated that well-structured capacity building initiatives involving diversionary activities, in addition to good friendly community policing, had contributed immensely in tackling anti-social behaviour, thereby reducing crime rates particularly in the Wirral Local Authority.

Ghose (2008) points out the role that media reports, particularly local newspapers, could play in making life better for young people, by encouraging positive portrayals of young people during story coverage. Also, it may be valid for me to support many MHAZ workers who argue that as the young people today can be tomorrow's leaders and perhaps part of sustainable future development in any particular society, communities need to do better for their young people by providing support for them through the transition into adolescence and into adulthood. They should also help them shape their lives and their neighbourhoods by encouraging and enabling them to participate in making choices.

As Checkoway et al. (2003) point out, it is important to recognise and acknowledge that young people have responsibilities towards community development and rights of equal access to mainstream opportunities. Through the case studies and the interviews with beneficiaries, this study shows that young people and in particular the disadvantaged will benefit from being involved in the decision-making process as it promotes their self-confidence, personal development and ultimately a better awareness of what the service can offer.

Nowadays young people's views and perceptions of the way services operate have become an important element of Home Office policy, in relation to education, employment, health and social welfare. It is therefore suggested that a simple youth inclusion framework assembled with a partnership approach in mind should be provided (Checkoway et al., 2003). This should aim to listen to young people, take account of their views and get them actively involved in the decision making-process as regards service provision. They will not only benefit at a personal level from being involved in the decision-making process, they will also be better aware of what services are available and can offer suggestions as to how they operate (Grattan, <http://newvote.bbc.co.uk> accessed 19/5/10).

The UK Youth Parliament, just like many other government community-based initiatives such as MHAZ, has the potential of enabling young people to engage in decision-making, share ideas and develop interpersonal skills while promoting healthy lifestyle. Though the UK Youth Parliament are locally- based and all young people have equal chances of being a member and getting involved, my experiences from this research indicates that it is effective in giving voice to the middle class rather than those from socially deprived backgrounds. The fact still remains that many young people who are from low socio-economic backgrounds tend to lack reasonable levels of educational attainment and therefore lack confidence that would enable them gain access to such opportunity.

Widening participation in all sectors of the economy, particularly in higher education, is crucial in enhancing young peoples' capabilities and shaping the future of Britain. Poverty amongst many families, including harsh financial status, has been identified as one of the reasons for the under-representation of young people from the deprived neighbourhoods in universities and other places of higher learning (Widening Participation, Higher Education Report, April 2010). Nick Clegg, in a keynote address to members of Parliament, stressed the importance of 'AimHigher', a programme under the Coalition government's 'Widening Participation Agenda' design to tackle educational inequality by encouraging more than 50% of young people to gain access to higher learning. The aspiration of the Coalition Government between the Conservative and Liberal Democratic leadership was to promote and regenerate human resources development towards enhancing healthy lifestyle of local community (www.hmg.gov.uk/programmeforgovernment-24/05/10). Furthermore, Nick Clegg, the Deputy Prime Minister, in this address hoped that the 'AimHigher' programme would play a vital role in building a fair and equal society in which every young person has the opportunity to fulfil their life potential.

Another area of good practice as identified by this research included changing the methods of teaching basic school courses by the MHAZ project workers from the rigid, overly-academic and boring classroom methods to informal and user-friendly methods.

The underlying assumption for the change, as was explained by many project workers, was the use of a more user-friendly strategy based on an informal system of education, in an enabling environment where the participants are relaxed, rather than plunge them back to a highly technical school system from which they were already excluded. The MHAZ said that the innovative and practical ways of delivering their curriculum, including the use of familiar

language and play station equipment were more valuable, motivating and easier methods of holding young people's interest. Furthermore, most project workers argued that it was easier to work with young people and engage them in the projects' activities if the languages used were theirs and the environment is familiar. The ultimate goal was to enhance their capabilities while motivating them to seek knowledge and enrich their lives beyond the formal and traditional school educational system. This sentiment was borne out in the study by Goldsmith et al. (2004), who identified informal education to be one of the best educational opportunities to provide the learner with capabilities to acquire the majority of their personal lifetime experiences beyond the traditional school setting. Goldsmith and colleagues state that the majority of real learning, in terms of acquiring positive attitudes, skills and knowledge, could happen in an informal setting where young people feel less intimidated and less pressured to learn. This comment was affirmed by one MHAZ project in St. Helens and was highlighted as follows:

“informal training could take the form of interaction with friends, family and colleagues, and can happen at work, in the market place, at home, from travelling, reading newspapers or even listening to the radio or watching television” (St.H1).

Given that the needs of socially excluded young people were many and often complex, Comb and Ahmed (2000) contend that such training as the provision of capacity building at the community level should be delivered in a flexible and informal setting. This tends to provide the opportunity for every individual to learn at their own pace, acquiring skills and attitudes from daily experiences and exposure to their own environment. This contention is evidenced in the interviews conducted with beneficiaries who highlighted their appreciation of the less formal processes. Indeed, such sentiments are evident at a global level, for example a study in Nepal (Medved et al., 2000) reports significant improvement in the use of informal learning towards promoting people's ability to take up responsibilities for identifying and meeting their own and other peoples' needs. Medved et al. (2000) argue that informal learning encourages people to become involved in their community and wider society.

In this research, one of the major contributions of informal learning for young people was the emphasis on reduced pressure to perform. Here the delivery method aims to involve the young persons at their pace and in relation to their level of social and physical skills in the community (Atkinson et al., 2007). In this study and referring to the importance of this system of education, many MHAZ projects affirmed the use of informal training as one of the

successful capacity building approaches to engage young people. As a result, increased self-esteem was achieved, including advancement in knowledge and technical skills. These knowledge and skills, as highlighted in this research, were expected to be transferred into employable skills, further education and perhaps volunteer work in their respective communities. Furthermore, a research study done by Motsching-Pitrik (2005) on the impact of informal training on prison inmates showed how young people of between 16 and 21, in the Dallas County planetary, enhanced their self-confidence as a result of informal engagement on skill development strategies. It was reported that the capabilities of these young inmates were equally strengthened using vocational education, enabling them to enhance their employability, in readiness to accommodate life's daily problems more effectively, even long after their freedoms were secured. It was also noted that these young people, who mostly learnt by direct experiences on the job, were also fully rehabilitated, doing satisfying jobs in their communities and living fulfilling adult lives.

It could also be said that the informal approach to education is increasingly being favoured, compared to the rigid school system, by many stay-at-home parents (Whelan, 2007). This had been attributed to its focus on the family support-centred opportunities that offers these parents and other guardians the chance to be part of their children's education. Other benefits as identified by Sayed et al. (2003) and De-stefano et al. (2005) include the advantage of flexible educational opportunities at museums, community centres, after-school programmes, churches and many more.

Although the MHAZ workers preferred the informal system of education because of its all-in-one curriculum package that allows the learners to progress at their speed, it has been contended. Opponents of informal education such as Rogers (2003) and Woodhead (2009) raised concerns about the lack of socialisation with peers of different family backgrounds by young people who are involved in it, thereby creating potential for low social development. However this is countered by the proponents of informal education, who insist that emphasis on essential behavioural, communication and interpersonal skills is almost missing in classroom education (De-stefano et al., 2005). The side of debate in the literature was reflected in the findings of this research; of the young people who were interviewed, many expressed concern that some practical sessions were very academically structured, focused on standard school curricula and therefore lacked the space for providing the relevant 'soft skills', such as communication skills, assertive skills and time management skills, needed to

compete in the job market. Many others perceived training as lacking in creativity and insufficiently challenging to provide them with the opportunities to make independent decisions. Since these 'soft skills' continue to be of high priority to potential employers, the acquisition of these skills through informal approaches could help an individual not only in the job sector but also to be successful in social interactions and in the practice of good citizenship (*World Youth Report*, United Nations, 2003; Institute for Community Inclusion, 2004). In support, a majority of project workers claimed that the informal and community-friendly approach to providing learning opportunities achieved higher motivation and perhaps more skills and changes in attitude than the rigid school systems had done for the beneficiaries.

However, not all projects used the informal education approach to achieve capacity building. Other workers designed their approach to function as part of an extended family system to the disadvantaged young people, focusing on compassionate activities. This approach to capacity building was underpinned by love, respect, tolerance, openness and trust. Here, the promotion of these values was viewed as the most powerful way to encourage young people to form good relations, enhance social skills and develop positive attitudes with members of the community and respect other's property and possessions. In line with this statement, Paul et al., (1999) reiterates that a person who grows up in a relationship of trust, tolerance and sound values in life is more likely to possess high levels of self-confidence and self-esteem leading to good communication skills, as opposed to the person with low self-worth.

The positive relationships that developed between the workers and young people were a vitally important aspect of the MHAZ interventions' successes and this is reflected in the work of a project worker in Wirral borough, who highlighted that:

"Responding to young people with compassion and consistency, and providing caring relationships underpinned by strong family values helped them cope with life's adversities.... It was thought that these caring qualities provided them with stability and control, all of which bolsters self-esteem thus leading to higher achievements" (W1).

Also, some of the young people were very appreciative of their close relationships with the programmes coordinators as they had formed relationships of trust and mutual respect, learned new social skills, enhanced personal qualities and developed self-confidence. Other project workers were delighted by the enormous difference their programme activities made to young people's lives in particular and the local community in general. In line with research studies undertaken by a team from the Universities of Lincoln and Luton respectively, these

attributes changed their general outlook, leading to positive behavioural changes and as a result many young people were involved in outreach voluntary work in the community (Crimmens, et al., 2002; Factor et al., 2003). Many others equally sought opportunities to improve their educational qualifications and had a more positive outlook on life leading to enhanced employability.

The recent UNICEF reports on the overall well-being of young adults reiterated that a committed relationship with at least one family member is very important to the long-term physical and emotional development of a child (UNICEF 2006). The UNICEF Executive Director Anne Venemans has stressed the importance of strong family values that provide stability, offer support and protect children physically and emotionally, as crucial to young peoples' future success. This means working with young people to pursue their goals, while guiding and supporting them to build a picture of what the future may hold for them. In line with this, many young people who participated in the project activities felt that the love and positive family relationship received from the project workers has helped them to improve their poor self-image as well as providing them with more confidence in dealing with life's adverse effects. Many MHAZ project workers were thought to have perceived these qualities as vital in developing, promoting and sustaining community social enterprises as well as maintaining community cohesion.

Furthermore, according to Browne et al. (2006), they will have an increased possibility of improving the living and working conditions conducive to health than someone with poor communication skills and low levels of self-esteem.

This positive relationship with young people created a strong sense of pride in MHAZ workers. These workers felt that their own personal qualities, including self-confidence, were improved as a result of their relationship with the young people. This feeling was particularly strong when considering the promotion of educational and employment opportunities for people with disability. Kelloggs (2000) affirms that these programmes centre on providing therapeutic and retraining activities in a supportive environment while working with young people and enhancing their capabilities. The most significant of these outcomes included creating self-awareness and encouraging participation towards community development.

MHAZ workers' involvement in the programmes, while engaging with the local community in addressing their needs, created in young people a sense of well being. For instance, grant applications for community development programmes were said to have enabled many

project workers to improve their writing skills and maintained credibility and confidence. Their ability to display leadership qualities and engage their clients in a wide range of local businesses that provided 'hands-on' taster programmes was also identified. These acquired attributes led to a significant increase in the development of strong partnerships and community social cohesion. Programme documentation from recent research by Welch (2008) opines that these qualities seemed vital to the development of ideas for new projects, thereby equipping project workers to face the various challenges that may generate a wide range of project activities in the future.

Many successes achieved through the MHAZ projects were a result of the nurturing role and strong family-orientated relationships between the project workers and young people. This was particularly significant for those young people from broken family backgrounds who had come to rely on the project workers as an extended family support system. It became apparent that such relationships should be nurtured and that such qualities should be addressed by future project planners to ensure that appropriate mechanisms are in place for young people.

6.3. Evaluation and feedback process.

The MHAZ agenda stressed the importance of evaluation as a tool to review their processes, ensure their effectiveness and confirm success. The 'theory of change' (TOC) approach to evaluation was an agreed framework central to evaluating MHAZ processes (Judge et al., 2000) since it helped to ensure congruence between action plans and goals. The underpinning philosophy for this framework was that process evaluation should act as a vehicle for reflection, to encourage learning from what worked, rather than a technical process that centres on providing proofs (Springett et al., 2004).

This framework was particularly useful in this research as it involved the use of apple tree metaphor. This process played a vital role in motivating the MHAZ project workers to develop a clear understanding of the programme in a way that determined what activities worked, what did not work and what could be done differently so as to best respond to clients' needs.

The use of apple tree metaphor was first adopted by the Wakefield HAZ during workshops (Wakefield HAZ, 2000), though in this study the framework was modified in a symbolic way

to enable the MHAZ workers to understand clearly their rationale for intervening using the activities of capacity. The apple tree metaphor, based on the merits of its successful application in this study, proved to be a user-friendly tool for evaluating complex community-based activities (Wakefield HAZ, 2002). The latest thinking about evaluating projects at community level is that it should be used as a tool for celebration (Springett, 2001) as well as be a requirement for further funding (de Raadt et al., 2004; Judge et al., 2000). This makes a powerful case that most project workers be trained in a simple evaluation process through the processes adopted in the apple tree model.

Equally some MHAZ project workers used reflective diaries, in addition to open day events, as useful evaluation tools to document incidents that occurred during the life time of their programmes. During the interviews, the MHAZ projects' workers indicated that the use of reflective diaries provided them the advantages of examining in detail what went on in the project, while freeing them to do things differently and better in the future. Reflective writing, according to McDermott (1993), challenges one to think differently while providing the opportunity to learn from experience, avoid repeated mistakes and, at the same time, identify successful aspects of an experience and principles which might usefully be applied to other situations in the future. Similarly, Bogdan et al. (2003) in their discussion on the use of reflective diaries during a recent survey on young people and interpersonal skills indicated that they were able to engage young people to focus on a critical incident that took place in their classroom. Also, through the use of diary and reflective writing, the MHAZ workers indicated that young peoples' confidence was increased, providing further evidence that the use of a diary could be classified as a valuable tool for evaluation.

The open day event was also used as it created in people's minds a strong sense of evaluation and learning, as many project workers used such days to display their successes and learn good practice from others. For example, an intervention that experienced high levels of absenteeism used the apple tree metaphor to design better methods of engaging young people, such as using computer games to teach mathematics.

6.4. What did not work so well?

Though many outcomes were reported by MHAZ project workers to have had a positive impact on young people's confidence levels, significant issues around 'projectism' - short-

term nature of the projects and the use of jargon in the community-based projects - were perceived to be barriers to success. These issues were classified by the project workers as detrimental to the process of social inclusion and healthy lifestyle. Detailed discussions on these issues are as follows:

6.4a. Projectism: the idea of short term projects

The concept of projectism was identified to be a crucial issue in the processes of MHAZ interventions. Springett et al. (2004) describe 'projectism' as the tendency to run a series of short-term projects with separate objectives in a long-term policy development scheme. The emphasis on short-term gains or 'quick-wins' reduced most MHAZ initiatives to a collection of short-term projects, rather than focusing on capacity building strategies with long-term solutions. Health Promotion writers such as Crisp et al. (2000), Kelloggs (2000) and Calvachi et al. (2005), contend that capacity building centred on human resources development for sustainable change can only make a long term difference in the quality of life of people through a structured long-term plan. This is because these processes generally involve data collection, interpretation, feedback sessions and presentation of results in a long-term process, where the resultant effect could manifest in a changed behaviour (Chen, 1990; Judge et al., 2001).

The short-term funding for MHAZ projects also meant that there was insufficient time for lateral thinking and therefore few opportunities to develop programmes that could contribute to wider good practice or national bench-marking standards. A similar issue was highlighted in a research report by the University of Sheffield team of researchers, who claimed that the short-term funding could result in many workers using a defensive approach to address identified community needs, instead of being proactive and focusing on innovative activities that could have long-term benefits (Blank et al., 2003).

The uncertainty in the funding arena in these circumstances created a situation that resulted in many MHAZ programme coordinators leaving their post in favour of more secure employment. Forster et al. (2007) highlight this issue in their research with Barnardos community workers. The experiences of lack of funding in a community by many Barnardos community workers indicated that many trusted professionals left for more steady jobs, while those who could not easily leave were left unmotivated. Reporting on a similar issue, a

newspaper journal in the Guardian (April, 2006) revealed that a Youth Inclusion project in East London lacked the appropriate and committed staff and as a result many projects were forced to operate on a part-time basis, thereby shutting their doors to many more young people who might require their services regularly.

Another crucial issue regarding the short-term nature of MHAZ projects was the lack of structure for further support and signposting into employment or further education.

Many young people who participated in the focus groups and interviews were critical of the lack of certificated proof for their efforts and therefore very resentful. Others were emotional, and felt let down by the system due to the fact that they still went back on the 'dole' after the high expectations of the projects' activities. Some MHAZ project workers expressed concerns that the feelings of resentment, anger and a sense of lack of achievement among young people at the end of the programme could have the effect of discouraging potential clients, and that this situation could lead not only to a high level of drop-out in future programme participation, but possibly further drop-out in mainstream activities. Meanwhile a report by Obadara (2006) expresses concern that such negative feelings can create a situation in which young people can become detached from both home and school life, which might lead to many becoming involved with the wrong crowd, thus vulnerable to substance misuse or anti-social behaviour. The resultant effects include loss of hope and being detached from learning. This report also claimed that young people who experience loss of hope, becoming detached from school and learning, often end up having few or no skills that could have enabled them to obtain jobs. Project workers in this study voiced similar concerns indicating that poverty, high unemployment rates and increased social exclusion amongst today's young people in Merseyside could be linked to the potential ripple effects of hopelessness and disillusionment they experienced. According to Wilkinson (1999), the resultant effects are boredom, drunkenness, gun crime culture, excessive noise and complete dissociation from mainstream services, including family and educational systems. This in turn leads to deterioration in relationships between young people and adults in the community. This was reflected in my study, for example there was some evidence of young people's resentment of failed government promises, of which manifested itself in joy-riding. This resulted in problems; for many local residents who were directly involved in this mishap felt very unhappy, scared and unsafe in their own homes. Project workers anticipated that as a result of the joy-riding, many residents suffer from fear and anxiety-related conditions while others

relocate to a more conducive neighbourhood. Ortberg (2000) indicates that feelings of fear and panic amongst community residents causes stress, which tends to suppress the immune system as well as elevate the blood pressure, all of which have a negative knock-on effect on both mental and physical health outcomes. Furthermore, both Wilkinson (1999) and the DoH (2004) indicate that living in unhealthy neighbourhoods, in addition to low level social relationships, essentially has detrimental effects on housing investment and neighbourhood regeneration, all of which determine health and health inequalities in a given community.

6.4. Argument for projectism

Although the short-term nature of most MHAZ community-based projects was criticised, they were perceived to be beneficial to members of local community, particularly to the disadvantaged young people. This study revealed that the projects provided great opportunities and offered the quickest ways to engage many young people from the local communities who dropped out of main school system in meaningful activities, ‘jump-start’ their career paths while motivating them into gainful employment. Similarly, Anyangwe (2003) opined that the underpinning ripple effect of short term projects could serve as a vehicle to improve educational status and stimulate the potential of young people towards learning new skills while reforming their attitudes to good healthy lifestyle. Furthermore, it was hoped that they might likely pass what they have learnt on to the next generation.

The idea of projectism can also prove successful in many circumstances. For instance, experiences have shown that many Non-Governmental Organisations (NGOs) in West Africa, India and South America have successfully used short- term capacity building based initiatives, including carpentry and upholstery programmes, to contribute significantly to the development of human capital, leading to poverty reduction in many local communities (Council on Environmental Quality, 1980; Morris, 1982; Chambers, 1983).

The essential factors that made these short-term capacity building initiatives successful, as reflected in the experiences of many MHAZ project workers, included setting up realistic aims and objectives that are measurable, while using clear communication underpinned by trust, respect and community-friendly language, ensuring that the project is well focused. A similar study by the Youth Action Zones (2004) identifies similar factors as important towards providing young people with the platform to enhance their confidence, reclaim their respect and develop the community in which they live. Additionally, this study has also

shown that motivating and creating a successful relationship of trust and respect with the project beneficiaries had contributed immensely towards raising confidence, which seems to engage and subsequently involve the participants to achieve personal success.

Furthermore, arguments for projectism, sometimes referred to as ‘quick-wins’, remained strong on the present Coalition Government agenda, which portrays itself as addressing social issues while enhancing capabilities in local communities (The National Institute of Adult Continuing Education - England and Wales, 2010). In the past, a range of short and innovative projects have been used to support immigrants in overcoming skill shortages by promoting inclusive work practices in the United Kingdom labour market. Equally, the short term projects which have been used in the past have also been used to address barriers associated with accessing employment by refugees and migrant workers in the Kensington Local Authority in Liverpool. The Coalition government of Conservative and Liberal Democratic leadership has placed increasing emphasis on the use of short-term projects as a way of instilling confidence in local people while influencing public opinion towards educational, political and community gains ([http://www.cabinetoffice.govt.uk/media - 121/05/10](http://www.cabinetoffice.govt.uk/media-121/05/10)).

The short-term flagship project is a ‘quick win’ that does not require large amounts of time to develop, is cost-effective and a ‘one-off’, hence requiring significantly lower maintenance (Grub et al., 2002) and therefore should not be dismissed. In support of this argument, many MHAZ workers argued that ‘quick-win’ approaches in disadvantaged communities, where many people are disillusioned by unmet needs and expectations, might help to restore confidence in government funded programmes in a short period of time. Classic examples of the ‘quick win’ were the funding of various MHAZ community projects in Merseyside to address poverty, unemployment and social exclusion amongst young people within a period of six months. The positive effects of such intervention programmes have been linked to enhanced levels of self-confidence and satisfaction (Green et al., 2002), improved feelings of safety (Rooney, 2005) and social cohesion (Wilkinson et al., 2003), which may lead to increased community involvement, socio-economic benefits, and subsequently reduction in health inequality status (Rooney, 2005). In line with the benefits of short-term projects, a major housing association in Liverpool has recently been funded by the Liverpool City Council to enable a cyclical refurbishment of dilapidated council houses towards enhancing healthy lifestyle (the Plus Dane Quarterly Newsletter 2008).

The negative effects and the lessons learned from the short-term nature of HAZ initiatives might have led to the development of long-term skill development projects by many of the multi-skilled agencies in the local communities. For instance, the 'Fusion21' skill development and job placement programmes started a new wave of providing job opportunities for young people at the end of the project's activities. The Fusion21 is a new initiative, based in Knowsley in North Liverpool but working in collaboration with local entrepreneurs, social landlords and the construction industries across Liverpool, to provide job prospects and a long-term commitment dedicated to employment opportunities amongst young people. This opportunity gives rise to long-term effective planning, implementation processes and monitoring, accompanied by skills training to meet with particular job requirements (Appendix seven – Fusion21 brochure). The beneficiaries therefore learn and adjust to the demands requisite to achieve employability, while they acquire self-confidence, qualifications and certificates as well as having adequate time to adjust to their new circumstances. In its first three years, the initiative has secured employment for more than 350 young people in Merseyside (refer to Appendix seven).

Similarly the Graduate Development Centre team of the John Moores University, recognising the impact of high levels of unemployment amongst new graduates on the community, establishes the World of Work (WOW) initiative (www.ljmu.ac.uk/wow - 28/05/10). The principles underpinning the WOW initiative were remarkably consistent with the short-term project of which the aim here is to prepare the prospective young graduates for the world of work, enhancing their employability. This initiative in the last two years had achieved a remarkable success in the community by supporting new graduates to improve their employability and making it easier for employers to upload their vacancies (www.ljmu.ac.uk/wow - 28/05/10).

These initiatives complement the life-long learning agenda of the past Labour Government in a unique way by 'bending' the funding to provide what local people, including the young people, identified as important to them rather than what is decided by the policy. The Liberal Democrats were advocates of long-term funding for community projects that offer pre-employment training and work placements for unemployed people (<http://libdems.org.uk> - 19/05/10). Meanwhile the Coalition Government agenda considered similar opportunities where young people could obtain vital paid work experience whilst working towards qualifications and industrial certificates with real prospects of securing permanent

employment at the end of the programmes (www.cabinetoffice.gov.uk/media - 21/05/10). However, the document did not include how the local people could be actively supported to participate in shaping their own future.

It is important to note that the LJMU WOW initiative and the Fusion 21's long-term commitment to employability programmes, either by direct funding or via a fund-bending strategy, is necessary to ensure the successful realisation of government's long-term goals (the HM Registrar -<http://www.telegraph.co.uk> - 17/05/10). The interviews with the MHAZ project workers have demonstrated that long-term commitment on any affair that concerns young people could enable them to develop trust and confidence in similar initiatives while they participate in shaping their future. Furthermore, Ogili (2005) affirms that long-term community-based projects are vital in strengthening confidence and development of strong family relationships amongst young people, which in turn enhance employability, generate growth and reduce health inequalities.

Meanwhile, Tamkin et al. (2009), in their research findings, argue that changing attitudes and behaviours requires tremendous skill and leadership to find the balance between supporting the community to articulate their needs and providing guidance on what can be achieved with the time and budget available. Strengthening the employability of young people while reducing health inequality was one of the major HAZ commitments in Merseyside, it is therefore important to provide a long term platform with the opportunity to enable young people obtain a sense of purpose, enhance confidence and develop themselves.

6.4c. Capacity building: jargon and community involvement

Capacity building, both at strategic and grassroots levels, has been emphasised as one of the most effective and sustainable pathways to engage and enable young people (World Health Organisation, 1986; Tamkin et al., 2009). Capacity building at the strategic level focuses on the development of new skills which are combined with people's existing problem-solving skills (Crisp et al., 2000). The tendency is to regard the capacity building process as an 'end' in itself. On the contrary, most MHAZ intervention workers argued that the notion of building capacity in a person seemed too arrogant and patronising to be used in local communities that are already experiencing isolation, poverty and low self-worth. This research provides evidence indicating that though most MHAZ project workers applied the strategies of capacity building, they preferred to use more community-friendly terminology

and therefore referred to their approach to capacity building as ‘personal development’, ‘social capital’ and ‘retraining activities’.

However, even words such as ‘social capital’ were perceived as jargon by some project workers. ‘Social capital’, just like ‘capacity building’, is one of those specific buzzwords that expresses an idea distinctive to professionals working towards the government’s agenda.

While the concept requires little or no explanation when one is speaking to professionals in health promotion circles, in this research it was shown that many MHAZ project workers at community level were unfamiliar with the word and did not understand its meaning. The study by Ives (1999) uncovers that the use of such technical buzzwords may undermine and obscure the effectiveness of the information disseminated from government downwards.

Much has been said about the use of jargon in local communities, as very few people understand the actual terminology used by groups of professionals. For instance, Rima et al. (2004) indicate that most people in the medical and legal professions can easily converse in ‘occupational jargon’ which may keep outsiders from understanding the message being conveyed. This research shows that jargon in community-based programmes creates a negative effect if few people understand the actual terminology. Equally, interviews with the MHAZ project workers demonstrated that the use of jargonistic terms such as ‘capacity building’ in formulating and setting up community action based on government policies has left many community service providers and recipients of such services wondering if the government has a hidden agenda (Sharp, 2004; Magnusson, 2005). One of the frequent arguments with regards to the ‘hidden-agenda’ syndrome is that intentionally confusing jargon gives a select few the opportunity to continually manipulate local residents by designing public services in the way they want and by reducing people’s ability to participate in the decision-making process (Sharp, 2004). Highlights from this finding tend to suggest that answers to relevant questions are either orchestrated or suppressed by these very select few in order that resources are distributed in the way they have planned without recourse to fairness and equity. These notions were frequently raised during the interviews in this study. Many workers felt alienated and irritated by jargon as well as other professional terminology, and wished that they were no longer used. It can be argued that lay people have the right to a straightforward language that conveys meaning as clearly and simply as possible.

The question in this situation is why do professionals use jargon? Although on the one hand it may be a truism that jargon is used to obscure the truth and sugar-coat a concept, Ives (1999),

in defence of its use, contends that some professions cannot do without it. The medical profession, for instance, use a medical terminology as an efficient form of shorthand in order to avoid lengthy explanation. In this circumstance, jargon can be a useful and easier form of communication when used between members of the same or similar professional groups (Fleishman, 1999).

It is important to determine the boundaries within which jargon can be used. From the project workers' perspective, the use of jargon resulted in confusion and mistrust which often impacted adversely on their performance because they misunderstood their roles and responsibilities. The researcher suggests that the use of jargon should be limited to the circle or boundaries of the said profession. The use of jargon in both oral communication and written documents for community use should be minimised or completely eliminated, as it alienates people from mainstream activities and therefore polarises social exclusion (Ferenz, 2002; Carroll, 2005).

It was noted that many MHAZ workers became irritated as soon as the term 'capacity building' was mentioned and many others confirmed that they were not able to apply its principles as it was too technical and therefore full of clichés. MHAZ project workers would rather work with documents written in plain language without 'fancy occupational' terminology.

The rapid growth in the Plain English Movement (Bowen, 1986) in the last century is strong evidence that most people, particularly the local community, want clarity in all policy documents. The Plain English Movement gained momentum a century ago and influenced the way policy documents are written in both the public and private sectors; the impact has been more significant in some sections of the economy than others (Tauberer, 2007). For instance, most information brochures in community involvement strategies in the Housing Sector have been drafted using a reader-friendly approach (Community Involvement Guide, 2006). However, there are some areas within the public sector that have not responded to this need.

In order to tackle the use of jargon and buzzwords in programmes run for residents in their local community, I suggest that those who are involved in formulating and delivering these initiatives should consider using words that are community-friendly. For instance, instead of using 'capacity building', perhaps 'training and support' can be used. Using simple terms allows the individual to know from the outset what implications the initiatives would have on

them in relation to reduction in health inequality. Furthermore, the Plain Language in Government Communications Act of 2007 would facilitate transparency on the government's part, as well as participation in the democratic process at the community levels.

6.5. Did MHAZ capacity building processes contribute to reducing health inequalities in Merseyside?

This study indicated that many MHAZ projects achieved successes, notably in terms of developing positive attitudes geared towards a healthier lifestyle. The most significant of these included an initiative in the Wirral which supported teenage mothers towards gaining qualifications in child care and then moving on to establish a 'drop and shop' programme within the premises of the local 'Tesco' store. The key process here was seen as significant as regards the employability of young vulnerable groups, who would in the long-term contribute towards reducing health inequalities

The increase in partnership working, which was reflected in the MHAZ ways of working, also created awareness while influencing communities to take control of their health, helping them to foster social cohesion, break down barriers and building connections across the local authorities (Armitage, 2003). Further evidence of success included the MHAZ-funded intervention in Bootle that involved a number of partner organisations including the Community College, the bus companies, various local entrepreneurs and the Primary Care Trust (PCT). These organisations considered the best way to provide activities that are holistic in nature towards reducing health inequality status in the community. Furthermore, another project in Liverpool involved such agencies as Liverpool Health Authority (LHA) and various Housing Regeneration Units such as the West Derby Housing Office and Merseyside Fire Brigade. These agencies looked at the ways in which health, housing and other organisations could work more closely together to undertake specific actions to reduce the incidence of avoidable winter deaths and serious illness due to inadequacies in domestic heating, insulation and fuel poverty. The term 'fuel poverty' is referred to when households need to spend more than 10% of their income on fuel in order to maintain a satisfactory heating level. The Government at the time had encouraged the establishment of nationwide projects to improve energy efficiency and increase incomes (6th

Fuel Poverty Annual progress Report, 2008). This intervention ranked amongst the most

successful due to its clear and measurable objectives, defined boundaries and working relationships of trust and respect amongst partners. The evaluation report (Appendix eight) indicated raised awareness on the benefits of proper insulation which led to a reduction in fuel poverty, improved health and thus enabled young people to remain in their homes (Couch et al., 2003).

Though many MHAZ interventions claimed to be successful, on the other hand, it was difficult to judge in any real sense whether their innovative approaches to reducing health inequalities in the local communities were really achieved. Given the short-term nature of most HAZ initiatives and the limited resources at their disposal, the researcher identified that the MHAZ impact on employability was not achieved to the extent one might have expected. A critical point was that most MHAZ community initiatives with a long-term vision aimed at enhancing employability of young people in Merseyside were expected to change attitudes and behaviours within a short period of time, as well as developing into mainstream services (MacKenze, 2006). It was noted that community programmes such as capacity building strategies with long-term outcomes could not be easily assessed in the short-term, thereby making it difficult to explore the full impact of their activities (Kellogg, 2002). For instance, assessing the impact of capacity building activities that enable young people to change their attitude and acquire the skills necessary for the workplace may be difficult to observe in a short-term project, as they require a longer period of time to manifest (Crisp et al., 2000). It was, therefore, difficult to judge in any real sense whether the MHAZ innovative approaches towards improving health, particularly in the area of employability, really contributed toward reducing health inequalities in the local community. This is not a new concern as many evaluations have faced similar difficulties. For example, the lack of long-term government commitment to fund a social inclusion project in Birmingham meant lack of continuity in the process which undermined the project workers' evaluation of the project to establish whether it was effective (Cropper, 2001). In this case however, one may not be able to ascertain the workability of the project and this might lead to the premature demise of the project and so undo the progress already made with young people. This might explain the fact that in my research, many young people who went through the programme expressed feelings of anger and resentment regarding the abrupt nature of projects, which may have resulted in them being compelled to return to the 'dole' system of government hand-outs and perhaps anti-social behaviour.

Linking poor income prospects and health inequalities, there is now an overwhelming body of evidence stretching from the Black Report in 1980 to the recent Marmot Review that inequalities in wealth are key determinants of inequalities in health. In line with this, Wilkinson (1996) argues that people who are not able to contribute to the market economy are usually looked down upon by their peers and consequently excluded from mainstream activities. It is the result of such exclusion that contributes to the development of psychosocial stress intrinsically linked to relative poverty, all of which underpins the polarisation of the health inequalities status prevalent in many local communities in the UK. The complete lack of funds to run the programmes and the uncertainty in the funding system, leading to job insecurities, were believed to have significantly reduced MHAZ's ability to tackle health inequalities as expected. The Youth Action Zone (2004) evaluation report on one East London community project, provides further evidence that lack of government funding and long-term commitment to youth activities tends to perpetuate the cycle of poverty, unemployment and social exclusion amongst today's youth. A youth worker in this area linked the feeling of anger and high level of social exclusion amongst local youth to the untimely closure of neighbourhood youth clubs, due to lack of government funding.

One MHAZ targeted approach to reducing health inequality was to work in partnership with NHS Trusts while engaging the local communities in addressing local needs, with the belief that such action would help contribute to the reduction of poor health (MHAZ, 1999). However in this research, only small numbers of local community champions who appeared to have local knowledge were actively involved in community participation. Many members who could not be involved as much as they would have liked to indicated that they felt excluded from the MHAZ programmes. My interaction with the community members during the interview sessions identified that this situation was compounded by poor understanding of the language used to compile policy statements, which seemed too technical, jargon-loaded and paternalistic. Signal et al. (2007) indicate that community members were critical of institutional mechanisms that not only lack clear framework for addressing health inequities but also involve only a handful of influential members of the community. The MHAZ projects' workers and many members of the community equally expressed concerns about the model of health policy that does not encourage stronger community involvement by not training them up to be involved in tackling health inequality. This indicated that both community participation and involvement were dependent on the small minority of households who put themselves forward. The implication of this is that tackling health

inequality by only a small minority of people may not truly represent tackling the health inequality agenda at a broader national level (Countryside Agency, 2003) and therefore it could not be said that reduction in health inequality status was achieved in Merseyside.

The conflicts of top-down pressure and the bottom-up process were equally a real concern within MHAZ ways of working. The changes in the national policy context were seen to have had a considerable effect on the ability of the MHAZ to have an impact locally. In their second term in office, the Labour Government announced a significant change in local health policy agenda. This change changed the emphasis from local needs to national targets and saw a return to a more curative model of health services rather than the socially inclusive health care delivery system (Povall, 2005). Many authors including Bauld et al., (2002); Barnes et al., (2001); Povall, (2005) contend that the larger proportion of HAZ programmes in the community tackled health issues related to such diseases as coronary health that were more concerned with a curative model of health care services, rather than tackling the underlying causes of poor health including unemployment, social exclusion and self-confidence as proposed. These curative models focused on a relatively narrow range of programmes which viewed healthy living in the biomedical sense, which were interpreted as being ineffective when addressing the underlying causes of health inequalities such as unemployment, lack of education and poor housing, all of which are inherent in local communities experiencing poor health (Shaw et al., 1999 and 2000). This shift in the goal posts equally placed constraints on MHAZ work teams at grassroots level with their objective of developing a coherent framework to tackle the underlying causes of poor health.

Meanwhile the 'Big Society' agenda by the current Coalition government seemed to be the positive alternative to Labour's failed MHAZ agenda. The Big society framework entails rebuilding fragmented society, promoting healthy lifestyle and perhaps reducing health inequalities status. In addition, the a Big Society Bank was also created to enable social entrepreneurs to have better access to the strategic capital they need so Britain's financial sector is connected with more opportunities to invest for good. However, given the scale and unprecedented extent of the proposed public sector cuts, one might instead speak of 'risks' rather than challenges, including the risk of a catastrophic decline in public health as was seen following the collapse of the Soviet Union in 1991. This evidence strongly suggests that the health of the poor will suffer and health inequalities between rich and poor further widen.

Although HAZ initiatives were supposed to follow a seven year programme, within a period of three years they were expected to be sustainable, as well as innovative in their approach (Povall, 2005; Judge et al., 2000; MHAZ, 2000). As a result, most MHAZ programmes of work were target driven, focusing their activities on short-term gains rather than long-term solutions, notably in terms of playing the government's game directed at innovation and flexibility as opposed to focusing on the young people's needs. A typical example highlighting similar issues across HAZ projects emerged from the sport and art project in Wirral (Cropper 2004). In this case, a majority of project workers expressed concern that their project goals could not possibly be achieved in the short-term, as opposed to their long-term project plans that span across seven years. The negative feelings amongst project workers towards management of these projects were expressed for several reasons - firstly, the management of projects appeared to be structured towards achieving short term gains, thereby leaving limited time for flexibility and innovation upon the day to day running of projects. Secondly, the management approach was perceived as 'top-down' and distant, indicating that the policy at the top is in conflict with the values of those charged to implement it. Finally, some project workers felt angry that the successful relationship formed with the young people was compromised by the possible ending of projects.

The findings here reveal that rapid shifts in central policy and inflexible central control over the project implementations are counterproductive to the generation of networks and collaborative working in many MHAZ community projects. Bauld et al. (2005) argue the need to make time for people to engage with the new processes and form partnerships, towards planning programmes of work. Similarly, and based on the finding of this research, there is the need to build in time enough for people to be able to exercise their own skills and knowledge in addressing local issues while contributing to the change process.

6.6. Why this research was necessary and how it compared with the evaluation process of other HAZ initiatives.

Other evaluation documents on HAZ initiatives including projects in Wakefield and Sheffield (Bauld et al., 2002; SHAZ, 2002) focused their evaluation activities at strategic levels involving the policy makers and project leaders, who in many cases had little or nothing to do with the implementation of the project activities at grassroots level (Povall, 2005). This evaluation on the other hand focused on the MHAZ initiatives at the community level,

revealing the processes involved in implementation, as well as the direct practical issues concerning capacity building and personnel enhancement for change. This research study is unique when compared with the other evaluations of the HAZ projects in other areas of the country, as it provided detailed information about individual projects that aimed at delivering capacity building activities at district levels in Merseyside. Detailed and extensive interviews with beneficiaries at grassroots level and policy makers at strategic levels provided the researcher with a reliable pool of stakeholders to speak to, thereby offering a broader understanding of the impact of their projects on health and employability issues facing many young people at community levels. Confidential discussions with project beneficiaries allowed for their honest opinions and invaluable insight into the status of the MHAZ process at local levels, while assessing whether their activities really achieved success in terms of self-confidence, self-esteem and employability amongst young people. Based on the interviews, focus group meetings and case studies, the researcher was able to establish whether activities really achieved success in their goals aimed at promoting and sustaining self-confidence. For instance, a project worker indicated that four out of 10 young people who got involved in the project's activities developed confidence that enabled them either to volunteer for community activities or pursue further study. Also, many examples of diversionary projects across Merseyside successfully demonstrated a reduction in young people's involvement in criminal activities. These included a safe play project in Essington Lane Village in Wirral and Kidz Club in Warrington (Wirral Borough Council, in Wirral Globe, June 2004). In these projects, young people were involved in the consultation and planning of the play area and worked with the local authority to design a suitable and safe facility. Results show that criminal damage has reduced by 66% in Wirral local authority and many more young people are now showing willingness to volunteer into community services, indicating enhanced self-confidence.

One of the overall structures of HAZ initiatives in Merseyside was to tackle the underlying causes of ill health at community levels using socially inclusive methods (Bauld et al., 2005; MHAZ, 1999) while encouraging a healthy lifestyle and reducing health inequality status at local levels (Armitage, 2003; Springette, 2004). Research evidence has shown that wide-ranging activities for capacity building, aimed at enhancing the employability of local people and particularly socially excluded young people, contribute to tackling the underlying causes of poor health (Eades, 1997; UNDP, 2000; Blane et al., 1999). Merseyside Health Action Zone established four goals as their mechanism for action (MHAZ 1999). This research was

based on goal two, which aimed to regenerate and renew neighbourhoods through enhancing employability, especially for young people who are socially excluded. Meanwhile part of my motivation for this research was to explore the lives and experiences of many disenfranchised young people in the five local authorities of Merseyside, of which the major commitment was to recommend ways of challenging poverty amongst young people and enhancing potentials for social changes. This research therefore examined the impact of capacity building strategies at the district levels, focusing on the employability of young people, while eliciting issues surrounding their feelings of low self-worth, all of which contribute to poverty, unemployment and social exclusion. The research findings in Povall (2005) identify that the Labour Government shift from the social model health delivery system at the local community level to a biomedical model of tackling poor health at the strategic level left so many goals unachieved. From this standpoint, I could argue that the evaluative process that was centred at strategic levels failed to address the aims and approach of the modern day health promotion agenda at the community level.

The ‘TOC’ training workshop involving the apple tree metaphor contributed to the uniqueness of this research study. This workshop encouraged a positive approach to evaluation and its purposes by enabling the project workers to identify the project logic models specific to individual projects’ needs. The TOC still remains the best evaluation framework for assessing the MHAZ complex community activities operating at many levels and pursuing multiple goals (Weiss, 1977; Green, 1998; Judge et al., 2000).

Although an on-going evaluation was necessary for all HAZ initiatives, most MHAZ workers at the community level saw evaluation as a compliance exercise that was taken up at the end of a programme, mainly to demonstrate to the funders that their money had been well spent. Meanwhile, many MHAZ project workers seemed not to understand the technicalities in the use of TOC approach to evaluation that was favoured by HAZ. They therefore wanted support in developing an evaluation framework that would enable them to assess their own work. The apple tree metaphor was therefore used to explain and illustrate the concept of TOC in a symbolic and simplistic way. The session on the TOC and the use of the apple tree metaphor was therefore turned into a training session providing insight into how projects are run, allowing project workers to identify their projects’ designs and access their activities, measure progress, while learning how to keep control of their finances and making improvements for future project activities.

Providing this training, while supporting the project workers to identify the projects' logic models, was a unique approach to evaluation. It provided a 'hand holding' effect that enabled the stakeholders to identify their programmes' logic models, making it easy to assess what worked, what did not work so well and what could be done differently in future projects. This process enabled the project workers to work together to clarify the underlying assumptions behind their programmes, and conditions under which the expected outcome should be achieved.

The participatory training workshop encouraged interaction, reflection and feedback processes as well as presenting the opportunity for their voices to be heard even when the research had been concluded. In addition, the training workshop provided the MHAZ project workers with the opportunity to focus on what worked and what needed changing, based on consensus building and a logical process rather than on personalities, politics or ideology, all of which added to learning outcomes and project development.

6.7. Research limitations: MHAZ closure and Data Protection Act 1998

6.7a. Methodological reflection

Having revisited the main findings of the study and explored the implications of them, it is necessary to consider the study itself, how it contributes to the existing body of knowledge, the strength and limitations of methods used and areas for further research.

One limitation of phase 1 and 2 of the study is that it is likely to have subject bias, given that perspective have only been generated from the project workers about the activities they purport to deliver. They could have an interest in presenting the projects in a more favorable light. However it was anticipated that this would be accounted for during the third phase where the perspective of the project beneficiaries were sought, in order to ascertain the extent to which their needs were met. In this way, the two distinct phases complimented each other in terms of contributing to the holistic picture of the impact of capacity building. In addition, the phases 1 and 2 study can be considered to have added quality to the third phase with the young people by informing the methods undertaken and the validity and reliability of the research tools developed for collecting the data.

6.7b. MHAZ closure

The 26 HAZs were established soon after the Labour Government came into power in 1997, as their first area-based programme to tackle the underlying causes of ill health (HAZnet). The MHAZ was part of the second wave established in 1999 as a trailblazer to work in partnership with National Health Authority and local community members to modernise the health care delivery system, tackle poverty and reduce health inequality. Initially HAZ was a seven year programme explicitly based on a social model of health which looks at health and illness as the product of socio-economic conditions in which people live (Bauld et al., 2005; Povall, 2005). By 2002, during the time of interviews with the project workers, there were obvious expressions of frustration resulting from changes in MHAZ focus and uncertainty in the funding related to the remaining part of the programmes. By 2003, HAZ funding had ceased and it was obvious that many successful projects had ceased to function, though it was important that in my capacity of researcher I listened to and give voice to the experiences of those young people who were meant to benefit from these programmes. There were clearly supportive and not so supportive stories to be revealed as a result of implementation and impact of project processes. All these stories were important to inform future initiatives.

For instance, the untimely closure of MHAZ inevitably contributed to the limitations of this research. The fact that HAZ initiatives ended during this research study prevented me from involving larger numbers of stakeholders, particularly young people for interviews. Involving more people in the study occurring in a social context is relevant as it could have provided me with the opportunities to interact with more people, while gaining in-depth knowledge about whether the MHAZ three year activities really achieved their overall goals (Robson, 2000). Also, more time with young people would have enabled me to become more mindful of their perspectives in the MHAZ process and whether their needs were met.

6.7c. Data Protection Act 1998

The principles of the 1998 Data Protection Act that govern the use of personal information placed major constraints on the research process (www.dca.gov.uk/foi/datprot.htm -12/12 08). Firstly, I was not considered as part of the MHAZ project team, which meant that I was not able to share the research participants' relevant profiles or access some vital official documents that could have enabled me to reach all categories of the research beneficiaries. This is a clear indication that I was not involved in choosing the sample population for this

study. There was therefore a possibility of ‘cherry picking’ on the project workers’ part, indicating the real possibility of selection bias. The wider issue in these circumstances was the lack of opportunity to access the profiles of project participants who dropped out of the programme. These would have provided in-depth information that would have been vital in understanding the barriers faced by the MHAZ process.

Meanwhile the problem of selection bias was overcome by the use of semi-structured interviews and a focus group meeting, while strictly observing the principles of confidentiality. Though the questions were guided by the researcher, research respondents were given the opportunities to speak freely and express themselves using their own words.

6.8. Summary

In this study the discourse on capacity building strategies, in relation to the concept of development and regeneration for sustainable change, was about nurturing the people’s skills, enhancing their abilities and enabling them to tackle the causes of ill health as well as fostering cohesive and integrated social environment.

The relationship between the workers and young people was evidently a vitally important aspect of the success of projects. Both project workers and young people had a lot of enthusiasm about the informal system of presenting the project’s activities, which were very much person-centred and focused more at their pace. Some young people saw these activities as something enjoyable and fun. Others saw it as a way of interacting with other young people and making new friends while enhancing their social skills. Many others saw these strategies as ‘somewhere to go’, to ‘get off the streets’ and to ‘keep us from getting into trouble’, implying that they were diversionary crime activities. Some were also aware that there were health and educational benefits to what they were doing, thereby strengthening their soft skills in readiness to gain jobs.

Activities were obviously a very positive experience for young people, although reference was made to some of the more negative aspects too. There was disillusionment and disappointment at the uncertainty of funding projects which led to a lot of workers leaving for greener pastures and young people going back to ‘dole’. However suggestions for improvement included increased funding to extend the life of the projects from six months to

up to two years in order to build in a workable support structure for a transitional period, as well as time to acquire adequate experience to enable the project beneficiaries compete favourably in the job market.

The conflict between understanding the catch phrases and language around the health promotion discourse on capacity building served as one of the many barriers to achieving MHAZ goals at the local level. The meaning of capacity building at strategic levels seems to exclude project workers at the local level, whose understanding of the meanings of capacity building are different. Most MHAZ project workers, though implementing the activities of capacity building, referred to the term as a jargon or negative word and a government bogus agenda used to patronise the local community. The level of misunderstanding in the meaning of capacity building across MHAZ systems seemed to alienate project workers from mainstream activities, suggesting that the term ‘capacity building’ might act to marginalise people rather than be employed as a tool for development and change.

Jargon should therefore be minimised and explained or completely eliminated when running community projects to enable workers at local levels to do their work better.

The idea of projectism, sometimes referred to as ‘quick wins’, was a crucial issue in MHAZ as it reduced most of the initiatives to a collection of short-term projects, resulting in insufficient time to achieve long-term behavioural change. However, the arguments in favour of projectism emphasise the use of short-term projects as a quick way to absorb school drop-outs and motivate young people into career paths while building their confidence towards the objective of achieving political gains.

Based on this premise short-term projects should be encouraged, particularly if the use is monitored in order to ensure maximum benefits.

This research has been unique in providing the training workshop that enabled the MHAZ projects workers to focus on what worked and what needs changing. The uniqueness of this study also lies in capturing the stakeholders’ views both at strategic and community levels, including both project workers and project beneficiaries.

Chapter Seven

7. Conclusion, recommendations / suggestions for improvement

7.1 Conclusion

Evidence from this research indicates that many Merseyside Health Action Zone (MHAZ) programmes of interventions at the district levels achieved numerous successes, including self-confidence, social skills and enhanced employability; the resultant effects led to many volunteering opportunities in the community. Young people gained entrance into the army and a few others accessed higher education.

Efforts were also made to address social exclusion and reduce anti-social behaviour amongst young people, using various strategies of capacity building, underpinning diversionary activities. Such diversionary activities as team-building and sporting pursuits within youth centres were used as a good practice strategy to remove young people from the streets at key times, thereby minimising negative behavior. All these positive attributes were claimed to have led to community cohesion and perhaps reduction in health inequality status.

Furthermore, many projects were particularly successful as a result of the relationship of trust and respect between the project workers and young people. The extended family supported system provided to the children contributed to success of the MHAZ projects. These qualities contributed to the feelings of stability in young people's lives. Such feelings were believed by many project workers to have significantly motivated young people towards achieving success. It became apparent that such relationships should be nurtured and nourished, and that such qualities should be addressed by future project planners to ensure that an appropriate mechanism is in place for young people.

The findings from this research lead to the conclusion that capacity building strategies delivered at the learners' pace are the right tools for human resource development and for sustainable community change. It means that young people work at their best when they are supported, respected and trusted. It also means that project engagement rates are high when trainings are tailored to their needs and action plans implemented informally, within a long-term commitment to procedures.

It is important to note that by the time of writing this report, MHAZ projects and programmes had come to a premature end, as a result of inconsistencies in funding systems as well as a shift in the local context to targeting the national agenda.

The total discontinuation of funding meant the closure of most MHAZ projects and the total removal of a stable and supportive mechanism in the young people's lives. These meant losses of opportunities to improve their overall lifestyle and in some cases proved to be detrimental to those young people the projects were seeking to help.

Furthermore, the lack of long-term government commitment towards reducing health inequalities in local communities and the conflicts of the top-down pressure on MHAZ's bottom-up process also seemed to hamper the success of these initiatives at local levels. Perhaps the government needs to abandon its top-down approach in favour of bottom-up strategies that are firmly rooted in the communities most at need. Some would argue that attempts had already been made to abandon top-down approaches with regards to community development and the social care delivery system (Crawshaw et al., 2002). Meanwhile the good intentions of the present Coalition government, particularly with regards to the 'Big Society' framework, need to be accompanied by organisational changes, a cultural shift and investment of resources to move beyond the rhetoric. Bottom-up processes directed at community involvement and participation at the recipients' pace are the key to planning and implementing projects to meet community needs and aspirations. This will ensure that as many people as possible, particularly the young, can participate in the decision-making process pertaining to those services that would affect them personally. The government should therefore be willing to listen to them and learn new and innovative ways of involving young people in community activities as well as communicating and relating to the communities at large.

7.2. Recommendations / Suggestions for Improvement

For young people to get involved in decision making and become active partners in their own personal development, careful planning should be given to the duration and sustainability of projects that are designed to positively influence and change their behaviours. This requires effective consultation in project planning, in order to identify both the underlying needs and the services to be involved. There is great need for persistence and assertiveness on the part

of the project worker to ensure that the disadvantaged young people stick resolutely to the agreement to address changes in their behaviour. The multi-agency action plan must be delivered in a way that ensures a balance of support and perhaps sanction, as well as developing an effective structure to support the transitional period that will allow enough time for sign-posting after the hands-on process has been completed. The young people should be supported to say what they think in a way they are comfortable with, so as to maximise their role in making a difference to their lives. Young peoples' views and perceptions of the way services operate should form an important element of the government's review. Findings from Sheffield Hallam University's evaluation of community projects provide good evidence that programmes sharing all these characteristics achieve an 84% success rate (Human Research programme, 2008).

Increased funds to extend the life of the projects, from the MHAZ previous duration of six months to about two and half years in the first instance, would truly promote innovative approaches to community projects' planning and implementation process (Crawshaw et al., 2002). There are two benefits of this duration; firstly, it provides an adequate time frame to plan and develop as well as implement good social and life skills strategies. Good social skills are an essential pre-requisite for building resilience, achieving employability and gaining rewards in the work place. Employers are looking for soft skills as evidence of the ability to function as part of a team, as well as to manage relationships with others. Secondly, it enables project workers to build long- term commitment and address critical community needs aimed at achieving real impact over time via active monitoring and evaluation.

It is important that community-based project workers are adequately trained in the appropriate monitoring and evaluation processes. Continuous evaluation should form part of the projects' culture and should be mandatory for funding if future learning is to be captured and good practice documented and subsequently disseminated.

The participation of private sector employers has been particularly important for improving technical standards and linking training, as well as apprenticeship programmes, to real employment opportunities. Local entrepreneurs who provide the taster programmes should be included in the project team to allow more commitment. They should be encouraged to offer constructive work experience via apprenticeship programmes, give practical support and provide employment opportunities at the end of each group's work placement. The "Fusion21" project has demonstrated that this approach to capacity building is possible

through its innovative procurement model. Fusion21 is unique specialist procurement consortium of seven Merseyside Housing Associations, aimed at delivering intelligent procurement whereby every one pound from the bulk purchase makes a positive contribution to skill training and apprenticeship programmes towards a direct job placement. All partners are expected to create employment opportunities and/or apprenticeship positions within local communities. As part of their community engagement activities they identify job opportunities, recruit young and vulnerable people, provide skill training courses and place successful participants in jobs. The participants of these programmes are then closely monitored for eighteen to twenty months to enable them transit properly into working life. This model of capacity building seemed to have worked well; they have created 632 sustainable jobs since their inception in 2002 (Fusion21, 2007).

From my perspective, the aim of capacity building activities amongst young people should not only be about providing comprehensive employability programmes towards raising self-awareness and enhancing confidence, but should also include supporting and transforming family institutions to respond to their current situation and local needs. The various aspects of this are:

- Long- term commitment – As indicated by one of the research respondents
“Commitment is the antidote to low self-esteem in disadvantaged young people”
Commitment from project workers, parents, guardians, religious institutions, community leaders and private and public agencies involves long-term continuous engagement. This provides a secure and stable environment aimed at realising the individual and building self-esteem. This will focus on education, emotional and behavioural development, healthy lifestyle, skills development and social relations.
- Believing in the beneficiaries, while making room for mistakes, gives them the sense of being treated with respect and trust. Personal experiences and published literature indicate that when young people are trusted, they tend to do everything within their power to avoid letting you down.
- Encouraging them to take responsibility - When people are made to feel that they are part of the team, attitudes tend to improve. They make and learn from their own mistakes, discover their potential and begin to accomplish great things.

Parental education, social care and health support should form part of a public health policy whereby integrated provisions are provided to vulnerable families. This step should be seen as crucial in addressing young people's wider well-being. This approach will hopefully enable young people to have a sense of belonging within a community network, even after the programmes and projects have drawn to an end.

REFERENCES:

Acevedo-Garcia, D, et al (2007). Children left behind: how metropolitan areas are failing America's children. Report from diversitydata.org, Harvard School of Public Health and Center for the Advancement of Health. January. Accessed January 2008 from <http://diversity.sph.harvard.edu/children...>

Adams, Lee. (2001), Director for Action Health: Wakefield WFI 1LT.White Rosa House, West Parade, United Kingdom.

Aldridge, et al., (2007) Moving towards a Learning Country. Cardiff: Welsh Assembly Government / NIACE Dysgu Cymru (Report on End Child Poverty Initiatives.

Akeroyd, A.V. (1991). 'Evaluation Capacity building: Practicalities and Ethical problems Arising from Data Protection'. Downloaded from www.lancs.ac.uk/fss/resources/ethics/protect.htm accessed May 2006

Alter, C. et al (1997) Logic Modelling: A tool for teaching practical Evaluation. Journal of Social Work Education 33(1)

Armitage, M. (2002). Three-Dimensional needlework: Stitching it all together, Merseyside Health Action Zone, (pp.8-10). Report of conference, 19 September 2002 University of Central Lancashire

Anangwe, Eliza (2003) Katine Project: African Medical and Research Foundation Uganda

Anderson, A. (2000) Using Theory of Change in Programme Planning and Evaluation Aspen Institute- A presentation at the annual meeting of the American Evaluation Association Honolulu

Anderson, M.S. (2000). An Evaluation of fieldwork participation in Educational System: An Unpublished Master Dissertation. University of Oxford

Anderson, M.B, et al.; (1989) quoted in Eade (1997), Rising from the Ashes: Development Strategies in Times of Disaster Paris/Boulder, CO: NESCO/Westview Press.

Antaki, 1994 in John T.E. Richardson (ED) 1996. Handbook of qualitative research methods for psychology and the social sciences, Leicester; BPS Books

Asoka, S. (2001). Self Esteem: the problem behind all the problems. In Using a Journal for personal Development www.aksworld.com accessed February 2004.

Askew, I. et al.; (1989) quoted in Oakley: (1989) The community participation approach in the family planning programs. London, IPPF.

Atkinson, A, Finney, A and McKay, S. (2007) Health, disability, caring and employment: Longitudinal analysis. Leeds, The Stationary Office.

Austin et al (2006) Clinical nurse specialists and the practice of community nurses: *Journal of Advanced Nursing* 54(5), 542–552, accesses at <http://www3.interscience.wiley.com/cgi-bin/fulltext/118563401/HTMLSTART> March 07

Audit Commission for Local Authorities and the National Health Service in England and Wales (1993) Unfinished business: full-time educational courses for 16-19 year olds. A study by the Audit Commission and HMI. London: HMSO.

Australian Council of Social Service (2007) ACOSS Paper 145 Australian Community Sector Survey Report 2007

Baker, L.(1997). Homelessness and Suicide in Shelter, London

Bandesha et al (2005) Perceptions of community participation and health gain in a community project for the South Asian population: a qualitative study: *Journal of Public Health* Vol. 27, No. 3, pp. 241–245 Advance Access Publication 6 July 2005.

Barry, B. (1998) Social exclusion and the Distribution of Income, CASE paper no 4 as quoted in Dowling, M. (1999), *Social Work and Poverty*, Aldershot: Ashgate. 54.

Barry B (2002) Social exclusion, social isolation and the distribution of income. In: Hills J, Le Grand J, Piachaud D (eds) *Understanding Social Exclusion*. Oxford: Oxford University Press.

Barnes, et al, (2003) The Development of Collaborative Capacity in Health Action Zones: A final report from the national evaluation. Birmingham: The University of Birmingham.

Bauld, L. et al (2005) “Promoting Social Change: The Experience of Health Action Zones in England”. *Journal of Social Policy*, 34(3):427-445.

Barnes et al, (2003). Evidence, Understanding and Complexities: evaluation in non linear system. Evaluation Vol.9 no 3 265-284

Barnes et al (2005) Comorbid substance use and age at onset of schizophrenia. British Journal of Psychiatry, 188, 237-242

Barnes, M., et al; (2001) Context, Strategy and Capacity: Initial Findings from the Strategic Level Analysis. Interim report for the National HAZ Evaluation, July 2001, University of Birmingham.

Bauld, et al; (2002) Promoting Social Change: The Experience of Health Action Zones in England: Jnl of Soc. Pol., 34, 3, 427–445 _C 2005 Cambridge University Press.

Becker et al, (2005) ([http://writing.colostate.edu/guides/research/casestudy/.](http://writing.colostate.edu/guides/research/casestudy/)) --date Dec.2009

Bentley,T. 1998) Learning beyond the classroom: education for a changing world Demos, Routledge &Kegan Paul, London and New York. Page 18

Benzeval, M. (2003), Tackling Inequalities in health modules: Final Report to Sheffield Health Action Zone. Queen Mary University of London. www.haznet.org.uk ... Accessed 15 May 2007

Benzeval, M. and Meth, F. (2002), ‘Health inequalities: a priority at a crossroads’, Final report to the Department of Health, London: Queen Mary College, University of London. URL:www.geog.qmw.ac.uk/health/inequalities.html. Accessed 15 May 2007

Benzeval, M., Taylor, J. and Judge, K. (2000), ‘Evidence on the relationship between low income and poor health: is the government doing enough?’, Fiscal Studies, 21: 3, 375–399.

Blane, D. et al; (1999) Social Determinant of Health, in Michael Marmot and Richard G. Wilkinson (1999). Oxford University Press

Blank et al (2003) Teenage pregnancy prevention initiatives in New Deal Communities

Research Report 7 School of Health and Related Research, The University of Sheffield

Boateng, P. (2000) Tomorrow’s Future: Building a Strategy for Children and young People London; UK Government White Paper

- Bob-Gas, et al; (April 2002), Changing Lives For Good. The Word for Today, United Christain Broadcasters, UCB.co.uk
- Bowen et al, (1996); Analysing the Various approaches of Plain English Language. Journal of Visible Language Vol. 20 (155-165)
- Bo, Dick. Convergent Interviewing. Sessions 8 of Areol-Action Research and Evaluation, Southern Cross University, 2002
- Boyden, Jo & Manne (2005) Understanding Vulnerability from the experiences of Young Congolese in Ugandan Children and Society Vol. 21
- Boylan, R. (2005) Merseyside Social Inclusion Observatory Unit (MSIO) University of Liverpool Department of Civic Design 74 Bedford Street South Liverpool. <http://www.liv.ac.uk/civdes/msio/research> accessed March 2009.
- Bradshaw, et al (1998). Perceptions of Poverty and Social Exclusion: Report on Preparatory Research, Bristol Townsend Centre for International Poverty Research, university Of Bristol. 6th Fuel Poverty Annual progress Report, 2008)
- Brandan (1969) “being unworthy of happiness”. Accessed at <http://www.jrf.org.uk/knowledge/findings/socialpolicy/n71.asp>, on 31.01.2008.
- Brew, A 2001, Nature of Research: Inquiry in Academic Contexts, Routledge Falmer, London.
- Brice, Goerge (2006), West Everton Telegraphs, Newsletter, February 2006) Vol.27.
- British Regional Heart Study, as quoted in Shaw, et al (1999).
- Brown, P. et al.; (2002) Employability in a knowledge-driven Economy. In Knight, P. (compiler) Notes from the 13th June 2002 ‘Skills plus’ conference, Innovation in education for employability held at Manchester Metropolitan University. Accessed Feb. 2007 at www.heacademy.ac.uk/employability.htm
- Bryman, A. (2001) Social Research Methods. Oxford University Press
- Employability in higher education: what it is – what it is not

Broucke, Van Den S. (2003) Indicators for Capacity Building in Health Promotion. Flemish Institution For Health Promotion .22nd June 2003, Perugia.

Burchardt, T. et al; (1999). "Social Exclusion in Britain 1991-1995" in Social Policy and Administration Vol. 33, No 3 September 1999 pp.227-244

Burchardt T, et al (2002b) Degrees of exclusion: developing a dynamic, multidimensional measure. In: Hills J, Le Grand J, Piachaud D (eds) Understanding Social Exclusion. Oxford: Oxford University Press.

Burns R, (2002) Introduction to research methods. Thousand Oaks CA Sage.

Burton, and Paul, (1997) Community Visioning: An Evaluation of the Choices for Bristol Project JFR/The Policy Press, accessed from www.jrf.org.uk/knowledge/findings/foundations. Accessed on 19/04/04

Canada Integration Development Agency (CIDA) 1996 Capacity development: the concept and its implementation in the CIDA context. Hull

Cassel, C. and Symon, G. (1994) eds Qualitative Methods In Organisational Research: a Practical guide. Sage Publication: London

Couch et al, (2003) Safe and Warm Housing Improvement Project27: Merseyside Health Action Zone (HAZ) 9.2

Casey, L. (2006) in Andrew Millie (ed.) (2009), Securing Respect: Behavioural Expectations and Anti-Social Behaviour in the UK, ISBN 1847420931

Casey, L. (2009) in Richard Sennett (2003), Respect: The Formation of Character in a World of Inequality, ISBN 0393051269

Cavanagh D (1997) Battling to beat IB and ART: detecting respiratory viruses by their genes. Poultry Forum, November/December, 5

CDRA (1995) quoted in Eade (1997).

Charles, C.M. in Clont, JG. (1992) The concept of reliability as it pertains to data from qualitative studies. Paper presented at the annual meeting of South West Educational Research Association, Houston TX.

- Chambers, R. 1983. Rural development: Putting the last first. Longman, London.
- Checkoway et al, (2003) Young people as competent citizens Community Development Journal 38:298-309 (2003)
- Chen, H.T. (1990). Theory-driven evaluation. Thousand Oaks, CA: Sage Publications
- Chen, H. (1997) Applying Mixed-Methods under the framework of theory-based Evaluations New Directions for evaluation, 74, 61-72
- Chen, H.T. (1997) Theory-Driven Evaluation in new Approaches for Evaluating Community Initiatives, Vol.2 Theory Measurement and Analysis, pp. 15-44.
- Chen, H, & Rossi, P. (1983). Evaluating with sense: The theory-driven approach, Evaluation Review, 7, 283-302.
- Cohen, L., Manion, L., & Morrison, K. (2002). Research methods in education. New York: Routledge Falmer.
- Coffey, A. Atkinson, P. (1996) Making sense of Qualitative Data, Sage Publications.
- Coffman, J. (1999a) "Simplifying Complex Initiative Evaluation," in The Evaluation Exchange Newsletter, V (2/3). Harvard Family Research Project, Cambridge, MA
- Coffman, J. (1999). "Evaluating Family/School Partnerships: Learning from Logic Models," in the Reaching Results Series of the Harvard Family Research Project. Cambridge, MA.
- Coleman, J. (1998) 'Social Capital in the creation of human capital' American Journal of Sociology, 94, 95-120.
- Colley, H., James, D. & Diment, K. (2005) Unbecoming teachers: towards a more dynamic notion of professional participation, Journal of Education Policy 23 (2) 173-193.
- Community Involvement Guide (June 2006) Facilitation Toolkit 'A practical guide for working more effectively with people and group. [Http://portal.environment.wa.gov](http://portal.environment.wa.gov). Accessed 15/12 2006
- Coombs, P. H. with Prosser, C. and Ahmed, M. (1973) New Paths to Learning for Rural Children and Youth, New York: International Council for Educational Development

Coombs and Ahmed (2000) *Attacking Rural Poverty: How non-formal education can help*, Baltimore: John Hopkins Press

Connell, J.P. et al, (1998). Applying a theory of change approach to the evaluation of comprehensive community initiatives: progress, prospects and the problems. In: Fulbrigh-Anderson et al (eds). *New Approaches to Evaluating Community Initiatives. Volume 2 Theory, Measurement, and Analysis*. Washington DC: The Aspen Institute: 15-44.

Council on Environmental Quality (1980). *Global 2000 report to the president: Entering the 21st Century*. Washington.

Countryside Agency (2003) *The State of the Countryside 2003* Countryside Agency Publications.

Cox, E, (2000), *Building Social Capital in Health Promotion Matters Vol.4*

Cox, et al (2000), *Making Social Capital and Public policy in Australia in Winter* (Ed.) Australian Institute of Family Studies Melbourne pp. 43-72.

Craig, Hardin (editor). 2004. *Machiavelli's 'The Prince': An Elizabethan Translation*. Chapel Hill:

Crawshaw, et al (2002) *Comprehensive Community Initiatives: Addressing a 'Problem' in Local Governance or Creating One?* in *Sociological Research Online* <http://www.scoreonline.co.uk> accessed 28/05/10

Cresswell, J.W. et al.; (2000). Determining validity in qualitative inquiry. *Theory into Practice*, 39(3), 124-131.

Crisp, B. et al., (2000) "Four Approaches to capacity-building in health: consequences for measuring and accountability". *Health Promotion International*. 15 (4) pp.99-105.

Cropper et al (2003) *Evaluation Handbook Merseyside Health Action Zone* <http://www.aspenroundtable.org/vol2/connell.htm>. Accessed January 2006

Cronbach, Lee Cited in Ross and Freeman 1993: *Beyond the two discipline of science Psychology: American Psychics* vol. 30 116-127(1996),

Cutin and Fossey (2007) in Carlson (2010). Avoiding Traps in Member checking, The Qualitative Report, 15(5) 1102-1113. Retrieved from <http://www.nova.edu> on Feb. 2013.

Cyfar Evaluation Team (2005) Sustaining Community Project: Logic model construction and implementation.

Data Protection Act 1998: Rights of Data Subjects and others. http://www.opsi.gov.uk/Acts/acts1998/ukpga_19980029_en_1 Accessed June 2004

Davies, S. (2004) Evaluation report : Jan. 2004. Women Health Information and Support-Bold Street Liverpool.

De Raadt et al; (2004), Normative Evaluation of Community Projects: A multimodal systems approach. Systemic Practice and Action Research, Vol. 17 no. 2nd April 2004. <http://www.ingentaconnect.com/content/klu/spaa/2004/00000017/00000002;jsessionid=hvsfe4173es7.alexandra> Accessed January 2007.

de Graaf, M. (1986) Catching fish or liberating man: social development in Zimbabwe. Journal of Social Development in Africa, 1, 7–26.

DeStefano, et al, (2005) Cost-effectiveness of complementary approaches to education. USAID. Available from: <HTUhttp://www.equip123.net/docs/e2MeetingEFA_WP.pdfUTH> [Accessed 28 August 2006].

DeVita et al., (2001). Building capacity in nonprofit organizations. Washington, DC: The Urban Institute Press.

Deshler, (1997) Selecting methods for programme evaluation: choosing the right tool for the task. In SD dimensions, April 1999. Accessed March 2007

Denzin, N. & Lincoln, Y. (Eds.) (1994) Handbook of qualitative Research, Thousand Oaks, California: Sage.

Dey (1993) Qualitative Data Analysis A user Friendly Guide for Social Scientists

Dick, B. (2002). "Action research: Action and research" Accessed on Feb 3, 2007 from <http://www.scu.edu.au/schools/gcm/ar/arp/aandr.html>

DoH: (1999) Social Exclusion Unit, 1999.

DoH, (1999a): The Standard Mortality Rate (SMR) for England and Wales accessed from <http://www.mhaz.org.uk> in March 2002.

DoH (1999b): Saving lives: Our Healthier Nation. London, The Stationary Office.

Dorney, J. (1986) in Eric Educational Report 12/1/86.

Doyle, S. (2007). Member checking with older woman; A Framework for negotiating meaning. *Healthcare for Women International*, 8(10), 888-908

Drever, F. and Whitehead, M. (1997) *Health Inequalities: decennial supplement*. The Stationary Office as quoted in Shaw, et al (Op. Cit. p225).

Duffy, K. (1995) *Social Exclusion and Human Dignity in Europe* Strasbourg Council Of Europe 2nd Edition.

Duffy, K. (1997), Review of the International Dimension of the Thematic priority on Social Integration and Exclusion, Report to the Economic and Social Research Council, Swindon: ESRG Danielle.drelinger@tch.harvard.edu -accessed March 2006

Duke University Health System: Human Research Protection Program 2008

Eade, D. (1997; reprinted 1998, 2000),” What is capacity-building?” in *Capacity building: An Approach to People Centred Development*, pp 23-49: An Oxfam UK & Ireland Publication.

Edwards, A. & Talbot, R. (1997) *The hard-Pressed Researcher: a research Handbook for the caring professions*. Longman Malasia, TCP.

Edwards, B. et al.; (1998) ed. *Social Capital and Civil Society Beyond Putnam*. *American Behavioural Scientist*, 42(2). Downloaded from <http://www.arts-sciences.cua.edu/pol/faculty/foley/putnam2htm> 16/06/01.

Eketon (2006), Is capacity building activities the best vehicle for change? *Community Development Journal* Vol.41 2006 (p.467-480)

Ellis et al (2006) *Capacity building : Black and Ethnic Minority Voluntary & Community Organisation. An Evaluation of CEMUO’s London Pilot Programme*, Joseph Rowntree Foundation London.

Ewles, L., and Simnett, I. (1992), Promoting Health: A practical Guide Scutari Press, London (1985; 2nd. ed. 1992).

European Social Policy White Paper (1994) Department of Health (1998), Modernising Social Services, Cm 4169, London: The Stationary Office.

Ezzy, D. (2000), Politics, Rigours and Ethics: Qualitative Analysis, Practice and Innovation- London Routledge.

Finn, J. L. et al.; (1998) "Young People as competent community builders: a challenge to social work". Social Work, 43, 335-345.

Finlay, L., Pearson, C. and Ram, S. (2005) Understanding Health, Milton Keynes, The Open University.

Bryman, R. (2001) Social Research Methods,

Finlay, L. (2004) The practice of psychosocial occupational therapy 3rd edition, Cheltenham, Nelson Thornes.

Fleishman, A. (May 1999). Doublespeak, St. Louis Business Journal 19(28). <http://www.uncp.edu/home/canada/work/allam/language/jargon.htm> accessed 29/06/07

Fraentel et al (2003) How to design and evaluate research in education (5th ed) Boston McGraw Hill

Fulbright-Anderson K, et al.; eds. (1988) New Approaches to Evaluating Community Initiatives, Volume 2 Theory, Measurement, and Analysis. Washington DC: The Aspen Institute

Fukuyama, F. (1999), Social Capital and Civil Society, Paper delivered at the IMF Conference on Second Generation Reforms, November 8-9, 1999, IMF Institute and the Fiscal Affairs Department, Washington, D.C.

Funnel, S. (1997) Program Logic: An Adaptable Tool for designing and evaluation Programs, Evaluation News and Comment. The Evaluation Exchange. Vol. 2/3, Down Loaded from <http://www.gs.harvard.edu/hfrp/eval/issue14/theory.html>. (Accessed March 2004).

Gaspar, Des. (2000a). "Logical Frameworks": Problems and Potentials. Unpublished Paper. Institute of Social Studies. The Hague, The Netherlands.

Gaspar, Des. (2000b). "Evaluating the 'Logical Frameworks Approach' -Towards Learning-Oriented Development Evaluation" Public Administration and Development 17-28. John Wiley & Sons Ltd. England

Giacaman et al, (2003) Maintaining public health education in the West Bank. Lancet 2003;361:1220-1.- accessed 10/05/10

Giddens, A. (1991) Modernity and Self-Identity, Cambridge: Polity Press.

Gideons, A (1998) The Third Way, Oxford: Polity Press.

Girot E.A. Reflective skills. In Maslin-Prothero S.(ed.) Baillere's Study Skills for Nurses 2001 – second edition. Baillere Tindall/RCN. London. Down loaded http://web.apu.ac.uk/stu_services/essex/learningsupport/OL-ReflectiveWtg.htm February 07 2006.

Goldsmith et al, (2004), The Power of informal learning :Harnessing the Power of Knowledge. <http://www.clomedia.com> . Accessed Feb 2006

Gosh et al, (2008) the Media Portrayal of Young People : Impact and Influence- A recent article in the 'Time' magazine (Unhappy, Unloved and Out of Control' 26/04/08)

Government of Sierra Leone. (2006). Improved Health Care Systems In Bombali District. Available at: http://www.health.sl/drwebsite/publish/page_151.shtml. Viewed on 31.01.2008.

Graham, H. (2000) "The challenge of health inequalities". In: Graham, H. (ed.)

Understanding Health Inequalities. Buckingham: Open University Press, 3-21. Grattan, <http://newvote.bbc.co.uk--19/05/10>

Greene et al; (1998), The Merits of Mix methods in Evaluation: Strength and Weakness of Qualitative Research.

Green, J. (2000). The Role of theory in evidence-base health promotion practice. Health Education Research 15 (2):125-129

- Guba, E.G., and Lincoln, Y.S. (1981). *Effective Evaluation*. San Francisco: Jossey-Bass.
- Guzman, J. (2003) Critical issues in developing and following community based participatory research principles. In Minkler, M., Wallerstein, N., editors, *Community-based participatory research for health*. San Francisco, CA: John Wiley & Sons, 53–76.
- Hammersley, M. (1992). *What's wrong with ethnography: Methodological explorations*. London: Routledge.
- Hammersley, M. (1995). *The politics of social research*. London: Sage.
- Quarterly, 34(4), 673-693.
- Lincoln, Y. S., & Guba, E. (1985). *Naturalistic enquiry*. Beverly Hills, CA: Sage.
- Harrel, A. et al.; (1998) "Evaluation Strategies for Human Services Programs: A Guide for Policymakers and Providers. Down loaded from <http://www.bja.evaluationwebsite> 28/01/2000
- Hawe, Penelope, et al., (1998) "Working invisibly: health workers talk about capacity-building in health promotion". *Health Promotion International* 13(4) p.285 Oxford University Press.
- Hawe, P. et al (1994) Capturing the meaning of 'community': the critical role of capacity-building within health promotion programs', *Health Policy*, vol. 39, pp. 29–42.
- Hawe, P., et al (2001), 'Multiplying health gains: the critical role of capacity-building within health promotion programs', quoted in Health Promotion Strategies Unit, *A framework for building capacity to improve health*, NSW Health, Sydney, 2001.
- HAZnet (nd) What are Health Action Zones? <http://www.haznet.org.uk>. Assessed on 26th March 2001.
- Health Canada (August 1996): *Guide to Project Evaluation: a. Participatory Approach* Ministry of Health: Ottawa Ontario. Down loaded from http://www.phac-aspc.gc.ca/nfcv-ivf/familyviolence/html/fvprojevaluation_e.html 10/06/2005.
- Healy, et al (2000) in Golafshani (2003) *Understanding Reliability and validity in Qualitative research*. The Qualitative Report Volume 8 number 4 Dec. 2003.

Hesketh, A.J. (2000) Recruiting an elite? Employers' perceptions of graduate education and training. *Journal of Education and Work* 13 (3), 245-271.

Hemmati, M. et al; (2002); Stakeholders forum; Capacity building for sustainable development and Partnership. A template for Government and agency www.earthsummit2002.org accessed 05/01/2004

Hemmings, A. (2005). Great ethical divides: Bridging the gap between institutional review board and the researchers. *Educational researcher*,35(4), 12-18

HM Treasury, (2002) Department of Health. Tackling health inequalities: 2002 Cross-Cutting Review. London: Stationery Office.

HM Treasury, (2000) Productivity in the UK: the evidence and the Government's approach. London: UK Treasury.

Holmes, J. (2004) Inside Connexions, *Youth and Policy* (83) 30-42.

Hounslow, Betty (2002) Community Capacity Building Explained, Stronger Families Learning Exchange Bulletin No.1 Autumn 2002 pp 20-22 <http://www.localpriorities.communities.co.uk>).

Hughes and Traynor (2000) Reconciling Process and outcome in Evaluating Community Initiatives *Evaluation* 6(1); 37-49.

Index of Local Deprivation, DETR, June 2000

Ives, P. (1999) "In Defence of Jargon" <http://eng.hss.cmu.edu/bs/31/ives.html> accessed 29 June 2007

Institute of Community Inclusion (ICI) January 2004 Edition http://www.icdri.org/community/institute_for_community_inclusio.htm Accessed Dec. 2007

Jacobs, B. (1999), Partnerships in Pittsburgh: The evaluation of complex local initiatives, in S. Osbourne (ed) *Managing Public-Private Partnerships for Public Services: An International Perspective*, London: Reutledge.

Janesick, V.J. (2000), "The choreography of qualitative research design", in Denzin, N.K., Lincoln, Y.S. (Eds), *Handbook of Qualitative Research*, Sage, Thousand Oaks, CA, pp.379-99

Jaye C. (200) Doing qualitative research in general practice: methodological utility and engagement. *Family Practice* 2002; 19: 557–562. Oxford University Press

Jodi Aronson (1994): A pragmatic view of Thematic Analysis: The Qualitative Report, Volume 2, Number 1, Spring, 1994 Down loaded from

(<http://www.nova.edu/ssss/QR/BackIssues/QR2-1/aronson.html>) 01/28 2004

Jones, Janet (2001), adapted from Commonwealth of Australia, *Community Matters: Working with diversity for wellbeing*, Curriculum Corporation. Accessed Jan. 2009 at <http://www.community.wa.gov.au/NR/rdonlyres/39D6B3CE-A249-4338-9B58-3070AAC351ED/0/DCDPOLCBSFAttachment1052005.doc%20>.

Joppe, M. (2002) Examining Validity Structure of Qualitative in Golafshani (2003) . *The Qualitative Report* Volume 8 number 4 Dec.2003.

Judge et al.; (1999): *Health Action Zone: Learning to Make a Difference*, PSSRU Discussion paper 1546. Canterbury: University of Kent. Downloaded from <http://www.ukc.ac.uk/pssru/download.html>.

Judge et al.; (2000); *Smoking Cessation in Health Action Zone*, *Health Services Journal*, July 2000

Judge et al (2001) Strong theory, flexible methods: Evaluating complex Community-based initiatives. *Critical Public health* 11(1): 19-38

Kellogg, W.K, (2002). *Logic model development guide*. Battle Creek, MI: The W.K. Kellogg Foundation.

Kensington Regeneration (www.kensingtonregeneration.com). Accessed January 07.

Keengeya-Kayondo, J. F. (1994) “Transdisciplinary research: research capacity- building in developing countries at cost”. *Acta Tropica*, 57, 147-152. *The Knowsley Metropolitan Borough Health Matters* 2000.

Kellogg Foundation (2003), Logic model development guide: Logic models to bring together planning, evaluation & action. Battle Creek, MI: W.K. Kellogg Foundation.

Kellogg, W.K. (1999) "Building Capacity for Development" Human Resource Investment: Branch NHQ Aspen Institute/Rural Economic Policy, Aspen Roundtable

Kelloggs, W.K. (2000) Leadership reconsidered, engaging higher education in Social Change, Battle Creek MI.

Kelly, Ruth (2006) Further Education White Paper: Transforming Young Lives and Driving Up Skills for the Future - http://www.dcsf.gov.uk/pns/DisplayPN.cgi?pn_id=2006_0045 accessed 02/06/08

Kerkale, J., et al, (2006). Participatory action research as a method for developing leadership and quality. *International journal of leadership in education*, 9(3), 251-268

Keyes, S. and Kennedy, M (1992), Sick to death of homelessness as quoted in Baker, L. (1997 Op. Cit.).

Kirkpatrick, S. (2001). The program logic model: what, why and how? www.charityvillage.com/cv/research/rstrat3.html accessed on 23rd September 2004.

Kirk & Miller's (1986) in David Morgan (1997) *Qualitative Research Methods: Focus group*, Volume 16 Second Edition Sage Publication

Kivimäki, et al; (2003) Hostility, unemployment and health status: testing three theoretical models. *Social Science and Medicine*, 56 (10). pp. 2139-2152. ISSN 02779536

Krueger, R.A. and Casey, M. (2000). (3rd ed). *Focus groups interviews: A practical Guide for Applied Research*. Newbury Park, CA: Sage.

Krueger, R.A. (1997a), *Analysing and reporting Focus Group Results: The Focus Group Kit Group*, Vol. 6.

Kumar, D. et al; (1995) Tuberculosis among the Homeless at a temporary shelter in London: *J. Epidemiol. Commun. Hlth* 49, 629-33.

Kuyek & Labonte (1995) in Kvale, S. (1995) "The social construction of validity". *Qualitative Inquiry* 1(1) 19-40.

- Labonte, R. (1993) Health Promotion and Empowerment: Practice Frameworks. Centre for Health Promotion and Participation Action, Toronto. <http://www.utoronto.ca/chp>. Accessed March '05.
- Labonte, R. and Feathers, J. (2000) Evaluation of Community projects: A community Development Approach to health promotion, (Edinburgh, Health Education Board of Scotland/research Unit in Health and Behaviour Change
- Labonte, R., & Laverack, G. (2001). Capacity building in health promotion, Part 2: Whose use? And with what measurement? *Critical Public Health*, 11(2), 129-138.
- Lather. P. (1991) Feminist Research in Education: Within/Against. Geelong: Deakin University Press. In Erica McWilliam, School of Cultural and Policy Studies Queensland University of Technology Locked Bag No.2, Red Hill Queensland 4059. A Paper Presented at the Annual Conference of the Australian Association for Research In Education, Surfers Paradise, Queensland, 26-30 November, 1991. <http://www.aare.edu.au/91pap/mcwie91259.txt>. Accessed March 05
- LeCompte, M., et al; (1999): Researcher roles and research partnerships. Walnut Creek CA: AltaMira Press (Sage).
- Lenoir, R. (1974), *Les Exclus*, Paris: Seuil
- Levitas, R. of social exclusion and the new Durkheimian Hegemony, *Critical Social Policy*, 46: 5-20.
- Levitas, R. (1997), Unemployment and social exclusion, Paper presented to CASE seminar, November.
- Light, P.C. (2004) *Sustaining Nonprofit Excellent: the case for capacity building*. New York Brooklyn's Institute
- Lincoln, Y.S., and Guba, E.G. (1985). *Effective Evaluation*. San Francisco: Jossey-Bass.
- Lofland, J., and Lofland, L.H. (1995). *Analyzing Social Settings: A Guide to Qualitative Observation and Analysis*, 3rd Ed. Belmont, CA: Wadsworth.
- Logic Model Template (CYFAR Evaluation Team, 2005)

Macaskill et al.; (2000), An Evaluability assessment to develop a restaurant health promotion program in Canada' Health Promotion International, 15:1, 57-67.

Mackenbach J, et al., (2002) A strategy for tackling health inequalities in the Netherlands. BMJ 2002; 325: 1029-1032

MacKenzie, et al; (2001) Health Action Zone- National Evaluation Team. Health Promotion & Polity Unit, department of Public Health, University of Glasgow .

Mackenzie, M., Lawson, L., Mackinnon, J., Meth, F. and Truman, J. (2003), National Evaluation of HealthAction Zones. The Integrated Case Studies:AMoveTowardsWhole SystemsChange, Glasgow: Health Promotion Policy Unit, University of Glasgow.

MacKenzie, et al (2005) The Practice and Theory Evaluation Vol. 11 no 2 151-168 Sage Publication

Magnusson, W. (2005) Protecting the right of local self government. Canadian journal of Political Science' 35: 897-922 Cambridge University Press

March,T (2004) Partnerships and power in community regeneration. Accessed April 2008 at <http://www.esrcsocietytoday.ac.uk/ESRCInfoCentre/PO/releases/2004/april/young.aspx>

Mayo, M (2003) - Partnership Working: Policy and Practice, in Housing Coporation Annual Report, 2007; Canadian International Development Agency. Accessed May 2008 at <http://www.housingcorp.gov.uk/server/show/nav.3430>

Mclaughlin, M.J. et al., (1997) "Strengthening schools and community capacity" Journal of Emotional and Behavioral Disorders, Vol. 5, No. 1, 15-23 Sage publication accessed March 05 from <http://ebx.sagepub.com/cgi/content/abstract/5/1/15>.

Mclaughlin, J.A. et al.; 1999 "logic Models: a tool for telling your program's performance story" Evaluation and Program Planning 22 (1): 65-72

Medved, M. et al; (2000) Interpretative Memories of art work. International Journal of Science Education 22(10) 1117- 1132

Meissner, H. I., et al., (1992) "Developing Cancer Control Capacity in the state and local public health agencies" Public Health Reports, 107, 15-23

Merseyside Health action Zone (1999) Learning to make a Difference. JMU University Press

Mhoraig Green, (2008) Voices of people experiencing poverty in Scotland

Everyone matters? <http://www.jrf.org.uk/sites/files/jrf/2020-experiencing-poverty-scotland>. accessed Jan. 2009

Miles, M.B., and Huberman, A.M. (1994). *Qualitative Data Analysis: An Expanded Sourcebook*. Thousand Oaks, CA: Sage.

Mitchell, M. M. (1998). *Employing Qualitative Methods in the Private Sector*. *Qualitative Research Methods*, Vol 45, London: Sage Publications.

Mitchell, R., Dorling, D. and Shaw, M. (2000), *Inequalities in Life and Death: What if Britain were more Equal?*, Bristol: The Policy Press.

Montague, P. (1997). Government, the press, and the people's right to know. *Journal of Social Philosophy*, 28(2), 68–78.

Morgan, D. (1996). *Qualitative Content Analysis: a guide to path not taken*. In *Qualitative Health Research* 3(1) 112-21

Morgan, D.L. (Ed.). (1993). *Successful Focus Groups: Advancing the State of the Art*. Newbury Park, CA: Sage.

Moran, G, & Simpkin, M.(2002) *Social Exclusion and Health In Percey-Smith : Policy Responses to Social exclusion*. Buckingham Palace Open University Press, 2002

Morris, D. 1982. *Self-reliant cities, energy and the transformation of urban America*. Sierra Books, San Francisco

Motschnig-Pitrik1 et al (2005) *The role of structure, patterns, and people in blended learning*. Renate Research Lab for Educational Technologies, Faculty of Computer Science, University of Vienna, Rathausstrasse 19/9, A-1010 Vienna, Austria. Accessed 7 March 2005.

Muller, M. E. (1995) "Quality improvement in healthcare: a fundamental analysis and South Africa", *Curationis* 19(4): 67-74

Murphy, B. (1999) "Transforming Ourselves, Transforming the World: An open conspiracy for social change", London : Zed Books Pub., 1999.

Murray,, M. et al., (1995) "Capacity-building for rural development in United States" Journal of Rural Studies, 11 p.93.

media@unicef.org.uk

NIACE (2006) - England and Wales NIACE News accessed in Dec 2007 at <http://archive.niace.org.uk/news/Archives/Feb06.htm#work>

Narayan, D. (1996) "Learning from the Poor": A Participatory Poverty Assessment in Kenya. Washington, DC: The World Bank. In Journal of Macromarketing Dec. 1, 2008; 28(4) 397-412

Noor, K. (2008) Case Study: A Strategic Research Methodology American Journal of Applied Science 5(11) Science Publication

Nutbeam, D. (1998). Evaluating health promotion – Progress, problems and solutions. Health Promotion International 13:349-364

Nutbeam, D (2000). Health promotion effectiveness - the questions to be answered (Part Two, Evidence Book), The evidence of health promotion effectiveness: Shaping public health in a new Europe (pp. 1-11). Brussels: International Union for Health Promotion and Education.

Obadara, (2005) Retinkin Citizenship, The Nigerian National Project of Youth service Corps: Civic Renewal amid growing evidence of Youth disillusionment

OHN(n.d) Health action Zones (Online) Down loaded from <http://www.ohn.gov/partnerships/haz.htm> accessed on 2nd May 2001

Ogili, E. (2005) Distance Education Network for Strengthening the Education Movement in Nigeria. Department of Staff Development and Distance Education School of Distance Learning and Continuing Education Institute of Management and Technology, , Enugu, Nigeria

Onwudiegwu, (1997) The Influence of Poverty on Welfare In Nigeria. Research and Policy Direction on Poverty in Nigeria. Ile-Ife Centre for Gender and Social Policy Studies pp.77-85

Ortberg, J (2000) 'The life you've always wanted': Do not be afraid. Celebration Enterprises,

Patton, M. Q. (2003). Qualitative evaluation checklist. Retrieved March 19, 2005, from <http://www.wmich.edu/evalctr/checklists/>

Patton, M.Q. (2002) Qualitative Research and Evaluation Methods, Thousand Oaks, CA: Sage Publications Ltd. Alhambra, CA.

Patton, M. Q. (1991). Beyond evaluation myths. *Adult Learning* (October), 9-10, 28.

Patton, M.Q. (1990 and 2002). *Qualitative Evaluation and Research Methods*, 3rd Ed. London: Sage.

Paul, T C. (1985) "Community-based initiatives: Gateway to opportunity". *Evaluation* 4, 76-80

Paul, B, et al, (1999) "Measuring Social Capital" A paper presented to Family Support Services and Neighbourhood and Community Centres in New South Wales (NSW) Australia. Accessed from <http://www.mapl.com.au/A12.htm> 6/21/01

Pawson, R. and Tilley, N. (1997) *Realistic Evaluation*, London: Sage.

Plus Dane Housing Association In-house quarterly magazine 2008 (Unpublished)

Pellegrini, A (1999). Greater East-End Community Health project in Glasgow, Institute of Health..

Pietro, D.S. (Ed.) (1983) *Evaluation Sourcebook for Private and Voluntary Organizations*. In The 2001 Rowntree Foundation report to the American Council for Voluntary Agencies for Foreign Service, New York, USA.

Povall, S. (2005) *The Merseyside Health Action Zone: a case study in the implementation of an area-based public health policy*. PhD dissertation. The University of Liverpool.

Raeburn, J. M. (2004) Community Capacity Building and Mobilization: Current Dimensions of Community Action in Health Promotion. Technical report prepared for WHO, Department of Chronic Disease and Health Promotion, Geneva. June 2004

Raphael, D. (2010) Social Determinant of Health: The Canadian Facts. Toronto- York University School of Health Policy and Management

Raw, et al; (1988). Smoking Cessation Guidelines for Health Professional: A guide to effective smoking cessation interventions for the health care system. Thorax, 1988;53; Supplement 5 (1): S1-S9

Regional Youth Caucus (RYC) – Africa Region Capacity Building workshop – Leadership skills 04 – 06 December 2006, Lusaka – ZAMBIA

Reisman, J. (1994). A field guide to outcome-based program evaluation. Seattle, WA: Evaluation Forum.

Restropo, Helena E., (2000) Technical Report: Increasing Community Capacity and Empowering Communities for Promoting Health, presented in the Fifth Global Conference of Health Promoting: Bridging the Equity Gap. Mexico City June6-9,2000. Downloaded <http://www.who.int/hpr/conference/products/Techreport/community.pdf> Accessed October 2001.

Rhoden, W. (2006) in Journal of Black Psychology 2008 Vol. 34 pp. 121-126

Richardson CA, et al; (2001) ‘A Question of Access’ – an exploration of the factors influencing the health of young males aged 15–19 living in Corby and their use of health care services. Health Education Journal 60, 3–6.

Ritchie J and Spencer L (1994). Qualitative data analysis for applied policy research. In A Bryman and R Burgess (eds) Analysing Qualitative Data. London: Routledge

Ritchie et al, (2003) ‘Carrying out Qualitative Analysis’ in Ritchie, J. and Lewis, J (ed) Qualitative Research Practice London: Sage

Robson, C. (2000) Small Scale Evaluation. Sage Publication. London

Roger, S. et al.; (1996) ‘Data Collection And Analysis’ Sage Publication London

- Rogers, C. R. (1983) 'Freedom to Learn for the Eighties', Merrill: Columbus, Ohio.
- Rogers, C. R. (1985) 'Toward a more human science of the person', *Journal of Humanistic Psychology*, 25 (4), 7-24.
- Rogers et al., 2000;
- Rootman, I. et al; (2001). *Evaluation in Health Promotion: Principles and Perspectives* WHO/Euro Copenhagen
- Rootman, I. (2003). Evidence in health promotion: An international challenge and opportunity. *Harvard Health Policy Review* , 4(1).
- Russell et al (2003) *Evidence base Nursing* 2003 6:36-40
- Ryan et al; (2004) Intrinsic Need Satisfaction: A motivational Basis of performance wellbeing in two workshops. *Journal of Applied Social Psychology*; 34 (10) 2045-2068.
- Saraceno C (2001) Social exclusion: Cultural roots and diversities of a popular concept. Conference paper presented at 'Social Exclusion and Children' Columbia University, New York: 3-4th May 2001
- Sayed, et al, (2003) '(Re)framing education exclusion and inclusion discourses: Limits and possibilities,' *IDS Bulletin* 34(1): 9-17.
- Schwartz, R., et al., (1993) "Capacity-building and resource needs of state health agencies". *Journal of Public Health Policy*, 14, p.480-493.
- Schwartz, A. E. (2005). *Clear Communication: The Benefits and How to Achieve Them*. accessed March, 2007, from <http://ezinearticles.com/?Clear-Communication:--The-Benefits-and-How-to-Achieve-Them&id=54147>
- Schutan, C., (1996) "The community development dilemma: what is really empowering?" *Community Development Journal*, 31, pp. 260-264.
- Seale, C. (1999). In Nahid (2003) *Quality in Qualitative Research* . *Qualitative Inquiry*, 5(4), 465-478
- Seedhouse D. (1986) *Health: the foundation for achievement*. John Wiley & Sons

Semoff, S, (2003). A paper presented to Toxteth Health and Community Care Forum. Liverpool, UK.

Secretary of State for Social Security. Opportunity for all: Tackling Poverty and Social Exclusion: London: The Stationery Office, 1999 (Cmnd 4445)

SHAZ (Shieldfield Health Action Zones) (2002): Evaluation of HAZ Innovation Project: New Castle upon Tyne. [http://journals Cambridge.org](http://journals.Cambridge.org). Accessed Jan 04 2007

Sharp, L; et al (2004) Sustainable Development in Practice: Community Waste Projects in the UK accessed at <http://www.brad.ac.uk/archenvi/research/communitywaste/briefing.pdf> March 07

Shaw, M et al (2000) Inequalities in Life and Death: What if Britain were more equal? Bristol: The Policy Press.

Shaw, M., et al (1999) Poverty and Social Exclusion in Britain. Policy Press, September 1999

Sheffield Partnership for Health : Health Action Zone (2001a), If only we knew what we

Signal et al, (2007) International Journal for equity in Health @007 6:12

Silverman, D. (2000) Doing Qualitative Research: A Practical Handbook, London: Sage.

Silverman, D. (2001) Quality in Qualitative Evaluation: A framework for assessing research evidence

Silverman, D. (2001). Interpreting qualitative data: Methods for analysing talk text and interaction. London: Sage

Sless, D (1996): Plain English, the getting of Wiston Communication News 9(3) May/June 1996.

Social Exclusion Unit, (1998) Bringing Britain Together: A national strategy for neighbourhood renewal, HMSO.

Spencer, et al, (2003). Quality in qualitative evaluation: A framework for assessing research evidence. London: National Centre for Social Research

Springett, J. et al.; (1999) "Doing Evaluation: A framework for Action. The Institute for Health, LJMU. know..., News bulletin No 2 Sheffield Health Action Zone Oxford: Oxford University Press.

Springett, J. (1999) From Evidence-based Practice to Knowledge-based Action in Health Promotion, A paper presented in the Ad hoc Technical Meeting on Health Promotion, WHO, Geneva, Switzerland 15-16.

Springett, J. (1999). Practical Guidance on Evaluating Health promotion. A paper presented to WHO-Euro group on Evaluation of Health Promotion

Springett, J (2001) "Appropriate Approaches for the Evaluation of Health Promotion" *Critical Public Health* 11(2) 139-151

Springett J , Porceletto L, Wainwright Alison and Chendo Thomas M , (2003). Unfinished Business: an evaluation synthesis report for Merseyside Health Action Zone Institute for Health, LJMU.

Steinaker, N. and Bell, R. (1979) 'The experiential taxonomy: a new approach to teaching and learning', Academic Press: London.

Stewart-Brown, S. (2000). What causes social inequalities: Why is this question taboo? *Critical Public Health*, 10, 233–242.

Stickley et al (2009)The Effects of Binge Drinking and Social Capital on Violent Victimization: Findings from Moscow . *J. Epidemiol Community Health*

Strobl, J., et al (2000) 'Data protection legislation: interpretation and barriers to research', *British Medical Journal* 321(7261): 890-892.

Sullivan, H. et al.; (2004) 'In the eye of the beholder': perceptions of local impact in English Health Action Zones. Faculty of the Built Environment, University of the West of England, Cities Research Centre, Coldharbour Lane, Bristol, BS16 1QY, UK. www.haznet.org.uk/hazs/evidence/local. Accessed Nov. 2008

Sullivan, H. and Skelcher, C. (2002), *Working Across Boundaries: Collaboration in Public Services (Government Beyond the Centre)*, Basingstoke: Palgrave. Weiss

Tamkin, et al., (1999) Employability and Employers: the missing piece of the jigsaw, Report 361, Institute for Employment Studies November 1999.

Tauberer, Josh, (2007) Legislative Analysis Community Blog at Govt. Track: The Plain Language in Government Communication Act 2007.

Taylor and Bogdan (1989) in Jodi Aronson “A Pragmatic View of Thematic Analysis: The Qualitative Report, Volume 2, Number 1, Spring, 1994 (3rded.) Down loaded from www.nova.edu/ssss/QR/BackIssues/QR2-1/aronson.html (Accessed January 2004)

Technical Advisory Committee (2000). A food Secure World for all: Towards a New Vision and Strategy for the CGIAR: Washington.

The Community Tool Box: downloaded from <http://ctb.ku.edu>, on 15/12/05.

The Children Act 2004 from <http://www.everychildmatters.gov.uk/> on Dec. 2007.

The Rowntree Foundation report (2001) from <http://www.jrf.org.uk/sites/files/jrf/n71.pdf> in Dec 2007

The quality Assurance Team, for community development, UK.(2000) Dept. For Education and Skills (DFES) accessed at <http://www.quaa.ac.uk>. in Dec 2007

Tuckett, A. G. (2005). Applying thematic analysis theory to practice: A researcher's experience. *Contemporary Nurse*, 19(1-2), 75-87.

The Urban Institute and International City Management Association: How effective Are your community Services- Washington DC, 1992 Downloaded from <http://www.gtzsfdm.org.id/cbcapassm.htm> accessed September 04

UNDP Human Development Index in WHO (1998) Health 21: Health for all in the 21st Century: An Introduction to the health for all policy framework for the WHO European Region.

UNDP Briefing Paper,(2004) ‘Defining Capacity building’ accessed from <http://www.gdrc.org/uem/capacity-define.html> on 15/05/06

UNICEF. (2006). UNEP Discussion Paper: Ways to Increase the Effectiveness of Capacity Building for Sustainable Development 2006 IAIA Annual Conference, Stavanger, Norway.

University of Wollongong, (2002) Code of Practice - Teaching & Assessment http://www.uow.edu.au/about/teaching/teaching_code.html#group. Accessed 26th February, 2002.

USA Today, 10/08/02 in Society of Human Development and the Council of Public Relations Firms survey of 671 randomly selected human resource professionals.

Wakefield HAZ, (2000). Summary Evaluation Report. Accessed September 2000 at www.haznet.org.uk/hazs/evidence/local.asp -

Walker, A. et al (1997) Poverty and Social exclusion in Europe: the growth of social exclusion in 1980s and 1990s 2nd ed. London: CAPG.

Walsh, D.J. et al; (1993). The interpretive voice: Qualitative research in early childhood education. In B. Spodek (Ed.), Handbook of research on the education of young children (pp. 464-476). New York: Free Press.

Weiss, C. (1977) Research for Policy's Sake: The Enlightenment Function of Social Research

Weiss, J. R., et al (1995). Organizational development of a university-based interdisciplinary health promotion project. American Journal of Health Promotion, 10(1), 37-46

Welch (2008) The World Bank Economic Review Journal of Economic Growth, vol. 14, no. 2.

Weitzman et al (2002), Integrating a Comparison Group Design into a Theory of Change Evaluation: The Case of the Urban Health Initiative, American Journal of Evaluation, Vol. 23, No. 4, 371-385 (2002) Sage Publication

White, P. (1998) Poverty, Social exclusion and minorities, Lancet 352, 743.

WHO (1986) Ottawa Charter for Health Promotion, Geneva: World Health Organization

WHO Report (2006). Working together for health. Geneva: World Health Organization <http://www.who.int/whr/2006/en/index.html>; - 10/05/10

Weick, K. (2001) *Making Sense of the Organization*. Basil Blackwell, 2001.

Widening Participation, High School Report (April 2010 [Http://www.telegraph.co.uk](http://www.telegraph.co.uk) equity in health care. – 27/05/10

Williams et al (2003) (eds), *A Tolerant Nation? Exploring Ethnic Diversity in Wales* (Cardiff, University of Wales Press, 2003),

Wilkinson, R.G. et al; (1999) *Social Determinants of Health: The Solid Fact*. (2nd Edition)
in WHO Publication *International Journal of Epidemiology* vol. 35 no.4 pp1111-1112

Wilkinson, R.(1996) *Unhealthy Society: the affliction of inequality* Routledge, London.

Wilkinson, R. (2004) *the Social Dimension of health inequalities Empirical Evidence-Journal of Community Work and Development* 2004)

www.sdhi.ac.uk/pastevents.htm - 33k -

Wilkinson et al (2006) *Child Wellbeing and Income inequality in rich Societies: ecological cross sectional in British Medical Journal*. 2007 November 24; 335(7629): 1080.

Wilson (1996) *Collecting, Analysing and Interpreting Focus group data*. Thousan Oak Calif

Wilson M. (1996) *Asking questions*. In *Data Collection and Analysis* (Sapsford R. & Jupp V., eds), Sage Publications, London, pp. 94–

Winchester-Seeto, T. (April, 2002). *Assessment of collaborative work - collaboration versus assessment*. Invited paper presented at the Annual Uniserve Science Symposium, The University of Sydney, 5th April.

Wirral Globe, June 2004.

Woods, S., et al; (2003). *Tackling health inequalities and the HAZ smoking cessation programme: The perfect match?* *Critical Public Health*, 13, 61–76.

Woodhead, D. (2009) "A desolution of learning: sIs this the education our children deserve ". *Critical Public Health*, 14(1):7-15.

World Bank (1996), Partnership for Capacity Building in Africa. Strategy and Program of Action. Washington

World Bank (2007) Global Economic Prospect Managing the next wave of globalisation . World bank Washington.

World Bank (2007) World Development Indicator World Bank Washington DC .

World Health Youth Report UN (2003)

World of Work (WOW) initiative (www.ljmu.ac.uk/wow- 28/05/10).

Yamamura, E (2008): Differences of the effects of social capital on health status among residents: evidence from modern Japan. Unpublished.

Yin, R. (1993). Applications of case study research. Newbury Park, CA: Sage Publishing

Yorke, M. et al; (2004) Learning, curriculum and employability in higher education. London: Routledge Falmer.

Yorke,et al, (2006) Embedding employability into the curriculum. York, Higher Education Academy.

Youth action Zone (2004) in New Roots Music project Director: muscipool@btconnect.com

Zimiles, H. (1993). The Adoration of "Hard Data": A Case Study of Data Fetishism in the Evaluation of Infant Day Care. Early Childhood Research Quarterly,8000 (www.hmg.gov.uk/programmeforgovernment- 24/05/10).

Appendices

Appendix 1-

List of ten projects selected for this study.

*P projects selected for phase two studies.

Liverpool: Intervention- 1

Liverpool life learning Service: A Social Inclusion Project managed by Childwall Youth and Community Centre based in Belle Vale and Netherley.

Project Description:

A social inclusion project designed to provide personal and social development programmes with pre-vocational training tailored to the specific needs and aspirations of the individual young people and structured to give real work experience needed to gain and stay in regular employment.

Project aim:

To provide increased motivation to learn, raise self-esteem and self-awareness including the confidence through team building, mentoring, and participation. It also enables the participants to develop a range of transferable skills in IT literacy and communications.

Project Participants:

Young people aged 16 and above excluded from the main stream education. Staff strength:

2 front line staff and one Project Co-ordinator

Funders:

MHAZ, Liverpool Youth Service, LASBU,

***Liverpool: Intervention-2**

Jarvis Training Management Project based in Speke and Managed by Liverpool City Council under ILM program for employment Services.

Project Description: It is part of MHAZ action plan in tackling the underlying causes of ill health through training placement scheme specifically designed for young people to gain experience in general construction skills linked to repair and maintenance of Railway Industry. This intervention works in partnership with Railway Maintenance Project, St Hugh's School in Wavertree, and Prince's Special School Toxteth at three levels.

Project Aim: to improve the health of young people living in the deprived areas of Speke by developing individual self-confidence, interview skills, CV writing and community awareness through team building for development of trust and improvement in communication skills, basic IT courses practical skills for employability.

It also offers techniques in fencing, sign posts and boundary walls and bridges while studying for health and safety training on NVQ/GCO qualifications in Rail Maintenance.

Staff strength: 1 project co-ordinator and 1 front line staff

Participant type: Unemployed for over 6 months and must be 18 and above.

Funders: MHAZ, Social Services

***Sefton: 1**

Enhanced Employability Project, Bootle, managed by the Opportunities Shop. Commenced in September 2000 and its expected to run for two year and subsequently on-going.

Project Description:

It provides education and training opportunities, within a social inclusion framework. The implementation of the programme would be in an informal setting and would incorporate pre-vocational training that supports the development of social skills such as confidence building, self-awareness training, assertiveness and team building. It also provides support in the production of CVs, and interview skills training as well as supports in the placing individual participants into local colleges.

Project Aims:

To motivate the community especially the young people through an enabling environment towards achieving self-confidence and making informed choices. To promote personal and economic development with intention of increasing their employability as well as including them into the main stream activities through employment intervention services.

Participants Type: Socially excluded people aged 16 and above

Staff Strength: Two front-line staff and one manager

Funders: MHAZ, The Esmee Fairbairn Charitable Trust, and The European Social Fund.

Sefton 2

Oakmere Training House “Environmental Task Force Sefton” based in Cherry Lane Walton, and managed by Sefton Council for the socially excluded young people.

Project description:

Established to offer a flexible approach to motivational education for learning experiences and training for skill development towards employability of the young people.

Project Aim:

To provide quality skill training geared to the needs of our participants and thereby contributing to the regional regeneration.

Participants Type: 16-24 years,

Funders: MHAZ, HLC, New Deal, SRB. The European Social Funding.

***Wirral 1 Working Lives Project**

Project Description:

Working Lives project commenced in August 2000 and managed by Wirral Social Services. It expected to run for three years by using one excluded group (the long-term unemployed) usually referred to as the support worker) to assist another excluded group (young adult with learning disabilities) through mentoring. The role of the support worker is to mentor a number of young adults with learning disabilities into supported employment. The first phase involves the support worker working along side the participants with learning difficulties, opening doors to employment initiatives and opportunities by encouraging them to gain self worth, and confidence. The second phase involves the support worker helping the participants, through the 'hands on' to gain confidence and competence in their work duties. As their confidence and competence grows, The support worker turns to 'on-site' supervisory assistance.

The third phase is the maintenance stage where the participants are expected to have reached the agreed levels of competence; the support worker turns to review visits to the job site at agreed intervals.

Project aim: An intervention aimed at combating negative health effects of unemployment amongst the long term unemployed and the young school leavers with learning disabilities by provision of education and skills for self awareness and promotion of employment opportunities.

Participants Type: Young adults with learning disabilities aged 16-25.

Funders: MHAZ, Social services department and Single Regeneration Budget.

Staff strength: Three front-line staff and one service manager.

Wirral 2: The Build for Success Project

Project Description:

The Tramere Community intervention for the young excluded people within the ages of 18-25 for personal development and enhanced employability. It commenced in May 2000 and managed by Tramere Methodist Church.

Project Aim:

Building a relationship of trust which enables a young person to be part of the wider group through personal development skills and a practical range of skills which includes construction skills: bricklaying, joinery, plumbing, painting, decorating, plastering and hairdressing, dressmaking

Business skills: I T skills, basic computing.

Staff: 2 front-line staff and one overall line manager.

Funders: MHAZ, Prince's Trust, and Social services.

***Knowsley 1**

Access to Opportunity (A2O) Project managed by YWCA Kirkby Women's Health Project based in Kirkby;

Project description:

A programme of education for personal development and training for skill acquisition and work placements. It consists of two sessions and runs two days in a week. The 'Getting Connected' sessions help one to become aware of what their potential skills are and their interests lie. This enables one to make decision for the future. The other session provides a 'hands on' which takes place in a real work place.

Project Aim:

To enhance self-confidence and employability through good communication skills and assertiveness skills.

Participants Type: Local young women aged 16 and above.

Funders: MHAZ

Staff strength: Two front-line staff, and one co-ordinator.

***Knowsley 2**

Creative Work Force

Project Description:

Provides informal workshops to help people with mental health problem speak out more confidently and provide equal opportunities to access further education and re-training and for employment.

Project aim: Supports people with mental health problem and those who care for them to regain their self confidence, and become more involved about their treatment and to talk to professionals more confidently and improving the services provided.

Funders: Northwood Regeneration partnership, Knowsley Social Services Department, MHAZ.

Staff: 2 front line Staff and one line manager

***St Helens 1:**

New Street Neighbourhood Development Project, a Voluntary Organisation, managed by Sutton Churches of Ecumenical Association in partnership with St Helen's Youth Services, and St Helens MBC community Education Department.

Project Description:

It provides increased access to a range of basic training courses for personal development and employability of the vulnerable group and the outdoor sporting activities contribute towards ASDAN awards at higher levels.

Project aim: Encourages the young vulnerable group to increase self confidence, develop self worth and communication skills through community interaction and participation, thus reducing the level of delinquency and isolation while improving their health through outdoor sporting activities.

Participants Type: Socially excluded and vulnerable young people aged 16 and above.

Staff Strength: one front-line staff, one volunteer and one manager.

ST. HELENS 2

Reaching Out Project, Raven Head St John's Church, in partnership with St. Helens MBC and Merseyside Health Action Zone.

Project Description:

Provides social inclusion training involving young people in the use of basic computing skills and access to the Internet for job search.

Project aim:

We aim to create self awareness and improve self worth and confidence thus reducing the level of isolation and frustration, as well as improving their health and well being.

Participant Type:

Currently targeting the youth within the ages of 16 and above, but have the intention of accommodating people of all ages who are interested in developing their skills to enhanced employability.

Funders: MHAZ, Princes' Trust

Appendix 2 –

Sample Copy of Informed Consent Form

*INSTITUTE FOR HEALTH
Liverpool John Moores University*

Dear -----

Following our telephone conversation regarding your participation in the study entitled "Process evaluation of Merseyside Health Action Zone (MHAZ) funded interventions, focusing on Capacity building activities" and would be conducted by Maureen Ghenda (the principal investigator) . I write to obtain your informed consent regarding your participation. The return post envelope is attached.

Please confirm that the research procedure has been explained to you and that you understood the content of my discussion with you.

I understand that I will be asked to be involved in series of face-to face interviews and that specific procedures regarding the subject participation here, including any potential risks were explained. My participation in this study should take a total of about 2-4 hours. I understand that my responses will be confidential or that anonymity will be preserved ("confidential" indicates that my identities and responses will be known to investigator but will not be divulged; "anonymity" indicates that my identities will not be known or connected to responses) and that my name will not be associated with any results of this study. I know that I may refuse to answer any question asked and that I may discontinue participation at any time. I am aware that I must be at least 18 years of age to participate. I am also aware that I may report dissatisfactions with any aspect of this process to the Director of Research, Ethics Committee, John Moore University. My signature below signifies my voluntary participation in this project, and that I have received a copy of this consent form.

Date

Signature

Print Name

Professor Jane Springett BA MA PhD FRGS
79 Tithebarn Street LIVERPOOL L2 2ER Telephone 0151-231-4055

Institute for Health
Facsimile 0151-231-4471

Appendix 3 –

Interview questions for phase one study. What is Capacity building.

Questions:

- 1) Capacity building has meant different things to different people, how do you perceive the term ‘capacity building’. What does it mean to you?. Explain it to someone who does not understand what it is all about.
- 2) Do you consider the term ‘capacity building’ a word that can be used comfortably in your local community or would you have preferred to call it a different name.
- 3) What do you consider to be the components of capacity building in the context of your project?

Appendix- 4

Interview questions for phase two study—Process Evaluation

Stage 2 interview questions

The five key evaluation questions (Ron Labonte and Joan Feather, 2000)

What problems did the project aim to address? Did we do what we said we would do (WHAT?)

The participants are expected to describe the work done in the project and the relevance of this work in meeting the project goals.

Some of the specific questions that may need to be answered to describe the project work include:

describe the resources that were developed to increase self-awareness?

Describe the training activities that were conducted for skill or personal development in order to achieve employability.

What did we learn about what worked and what didn't work? (Why?)

What strategies worked well for involving the target population in the project. Why?

What strategies didn't work well for involving the target population in the project. Why?

Which activities and strategies did we change?

How realistic and relevant were the project goals and objectives?

Answers to these questions find out what works and what didn't work in the project.

What difference did it make that we did this work? (So What) "Impact"

Is this project making a difference? In what ways did this project contribute to increased employability of the target population in this project. For instance what changes as a result of the activities of this project in terms of awareness, Knowledge, attitude, skills and behaviour of the target populations, project sponsors and your staff.

What evidence is there to contribute any of the above changes to the project.

What other factors outside the project activities might have contributed to the changes.

What could you do differently? (now what?)

Were all the project needs met?

What else could have been involved in the project to make it more effective? What more effective methods for achieving the objectives emerged from the work?

What additional support from the funders would have been useful to the project in meeting its goals and objectives?

What could you do to expand the network of people using this project?

Appendix 5-

Interview questions for phase three study—Impact Evaluation

Evaluation Protocols for the Projects' beneficiaries.

Personal details:

All information provided by you will only be used for the purpose of this evaluation and as a result are very confidential. Your personal details will not be passed to any organisation or agency and will not appear in the report. Also the answers you provide will in no way be used to identify any of the respondents

Your name-----

Name of the Organisation-----

Project Location-----

Do you live locally?

How did you come to know about the project?

How did you become involved in the project?

Learning from the project

Now that the project is over and you can think back, let's talk about you whole experience about the projects, (what did you like best about the project)?

Has the project changed you in any way? How has it changed you? What type of project activities/ or mentoring support did you receive while in the project?

What project activities were you actually involved with?-----

Which ones did you enjoy most? Why?

what new skills did you learn during the project?

Were you able to develop skills you already had?

Would you say that you have more confidence now in yourself in terms of how you now relate to people in your community; the way you now work with your colleagues?

What about your friends? Did you have any friends who think that your self- confidence has improved since you finished from the project?

Perhaps start with a simple question: Would you say you have more confidence now? And then ask for examples. You can always 'prompt' if someone is struggling.

In your own view, is going through the programme too long, too short or just about right?

Do you think that the project activities met with your specific needs in general?

What Should be Done Differently in the future

It will help to know about anything that you did not like about the project; what difficulties did you encounter during the time you were in the project?

What other activities outside the project activities had encouraged you to finish the programme? Such as your relationship with peers, the project providers, and perhaps your colleagues during work placement.

This project is interested in improving the life of young people in your local community in the future, how will you advise the project workers to improve their services and make them better for young adults in the future.

Appendix 6-

Fusion 21

0151 481 3007

www.buildingskills.net

buildingskills@fusion21.co.uk

Apprentices/

Contractors/

Partners/

Apprentice Registration

Building Skills for the Future

Building Skills for the Future Merseyside & Cheshire is a shared apprenticeship initiative offering apprentices a continuous employment programme to allow them to complete their full apprenticeship. Working with regional contractors, Building Skills for the Future employs the apprentice and secures work placements to enable the apprentice to work and build their experience and industry skills.

It is estimated that in England, the industry will need to recruit 68,800 qualified new recruits each year for the next five years in order to replace those who retire or leave the industry. There is a serious concern that the sector is losing part-qualified apprentices as employers can no longer guarantee employment for apprentices.

Building Skills for the Future Merseyside & Cheshire is a partnership between CITB, Fusion21 and Employer Pool.

Appendix 7

MHAZ Logic Models At Glance

Table 5: A Personal Development Approach to Capacity building

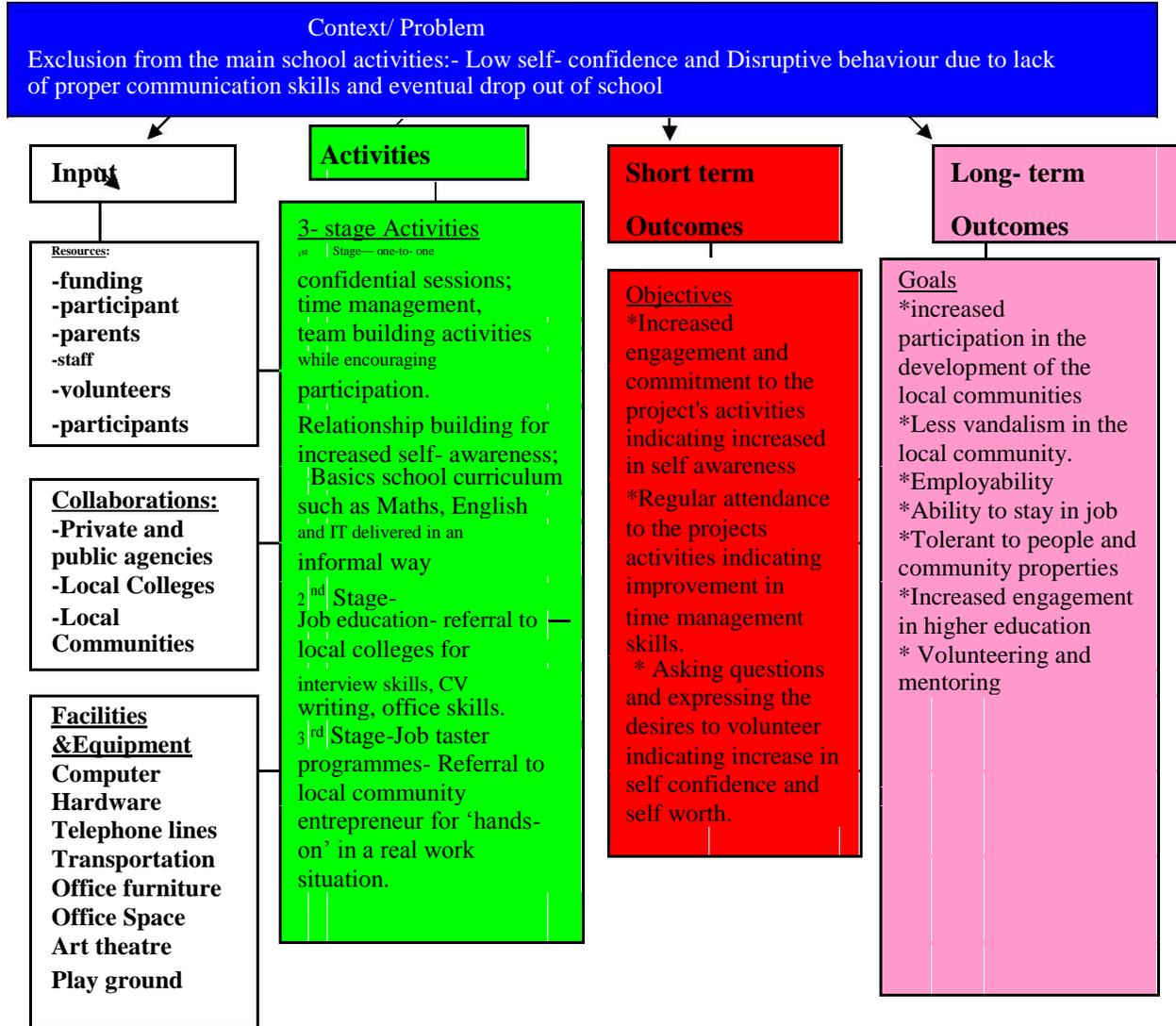


Table 7: The Social Capital Approach to Capacity Building

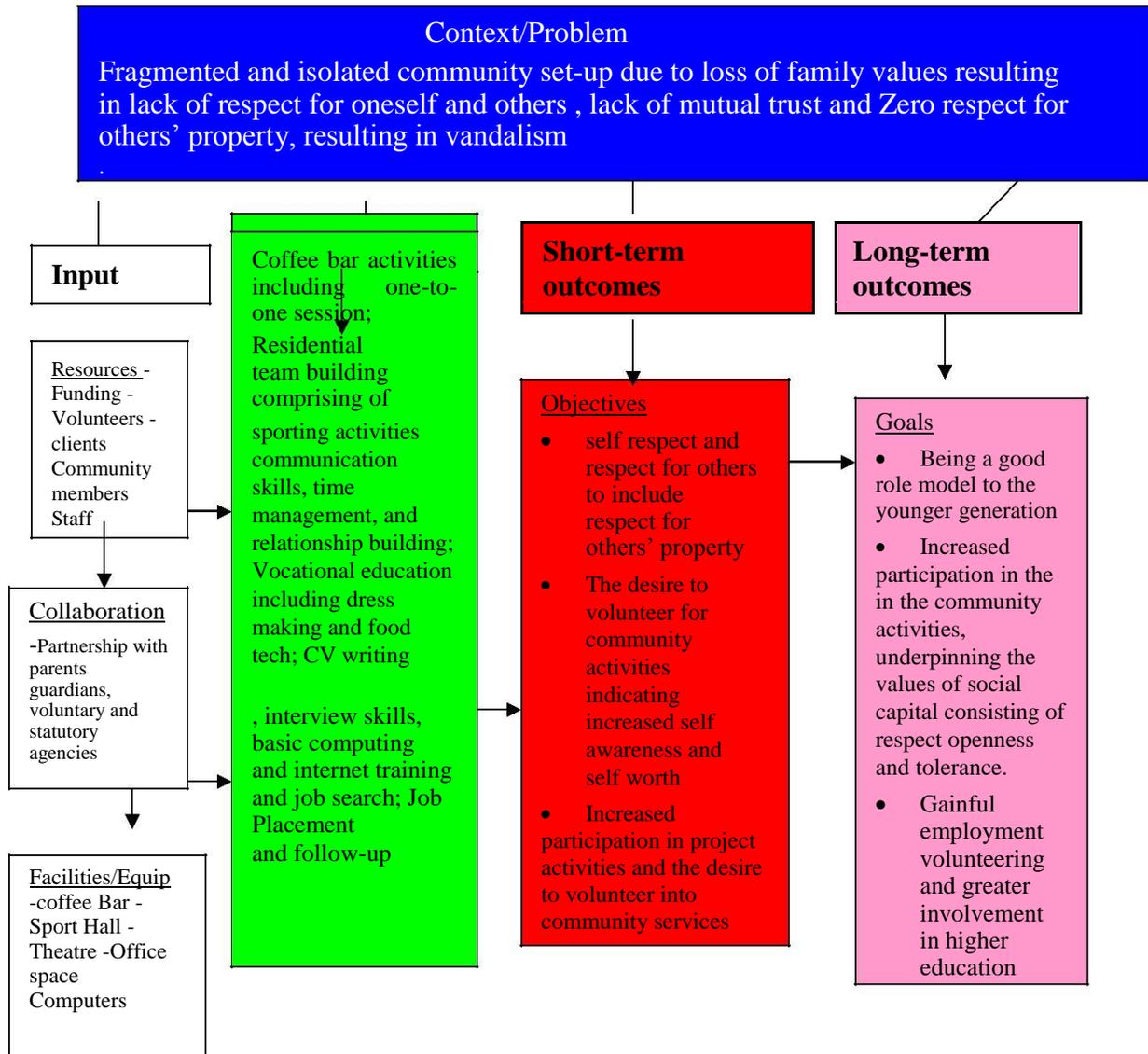


Table 8: Approaches of Social Capital and Personal development underpinned by religious beliefs.

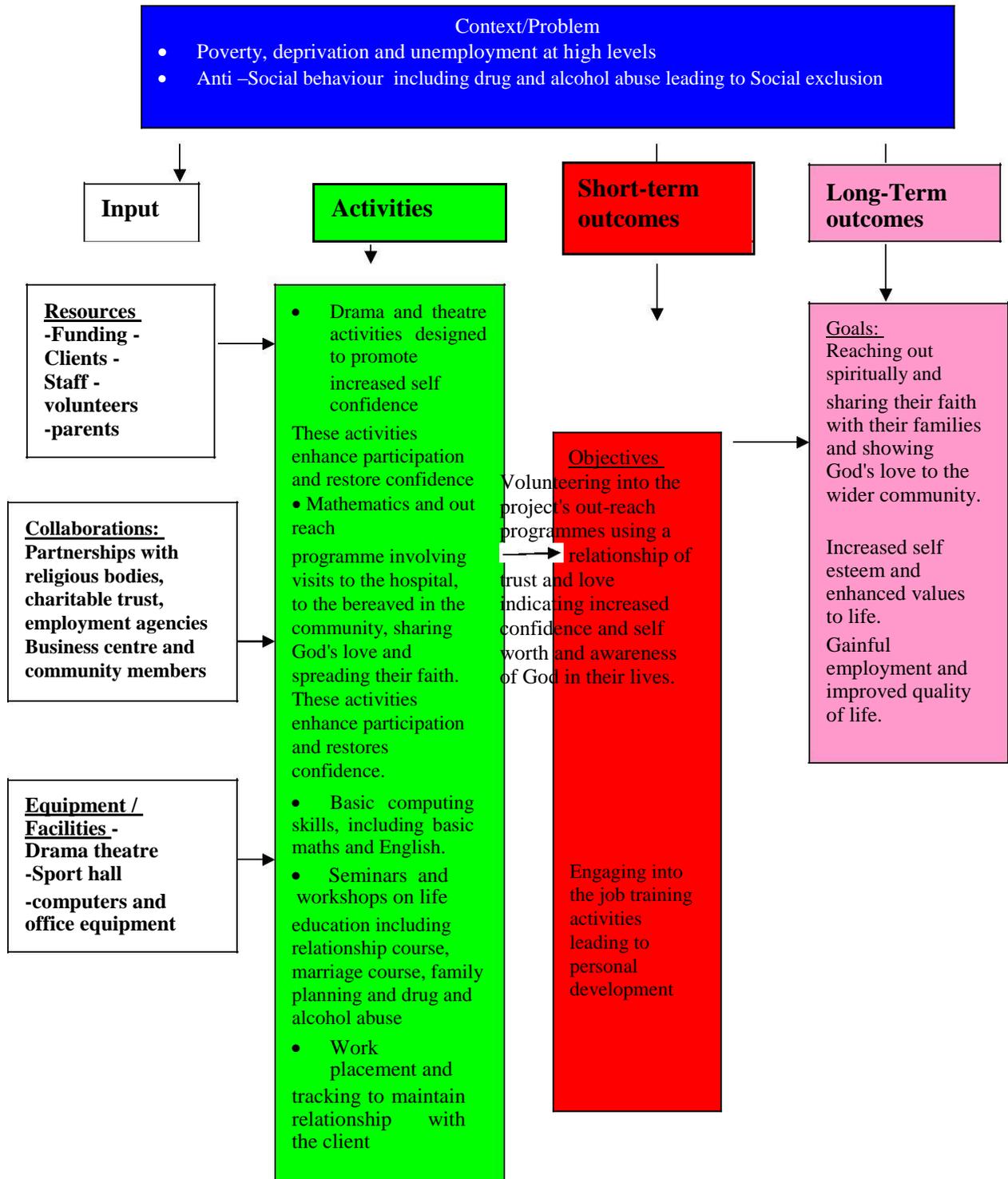


Table 9: Re-training to rehabilitate Approach to Capacity Building

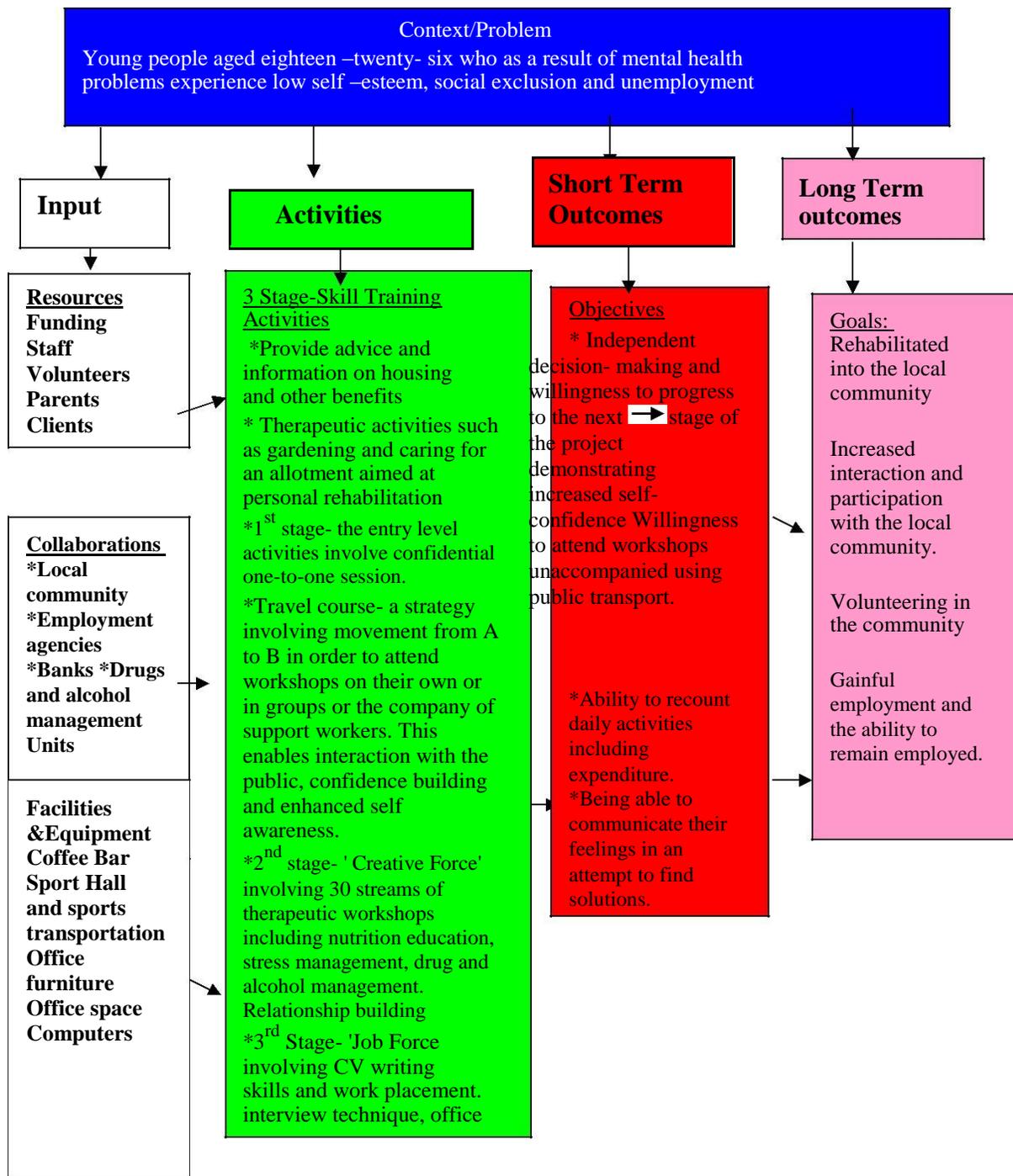


Table 6: The Re-training-to-reactivate potential Approach to Capacity Building

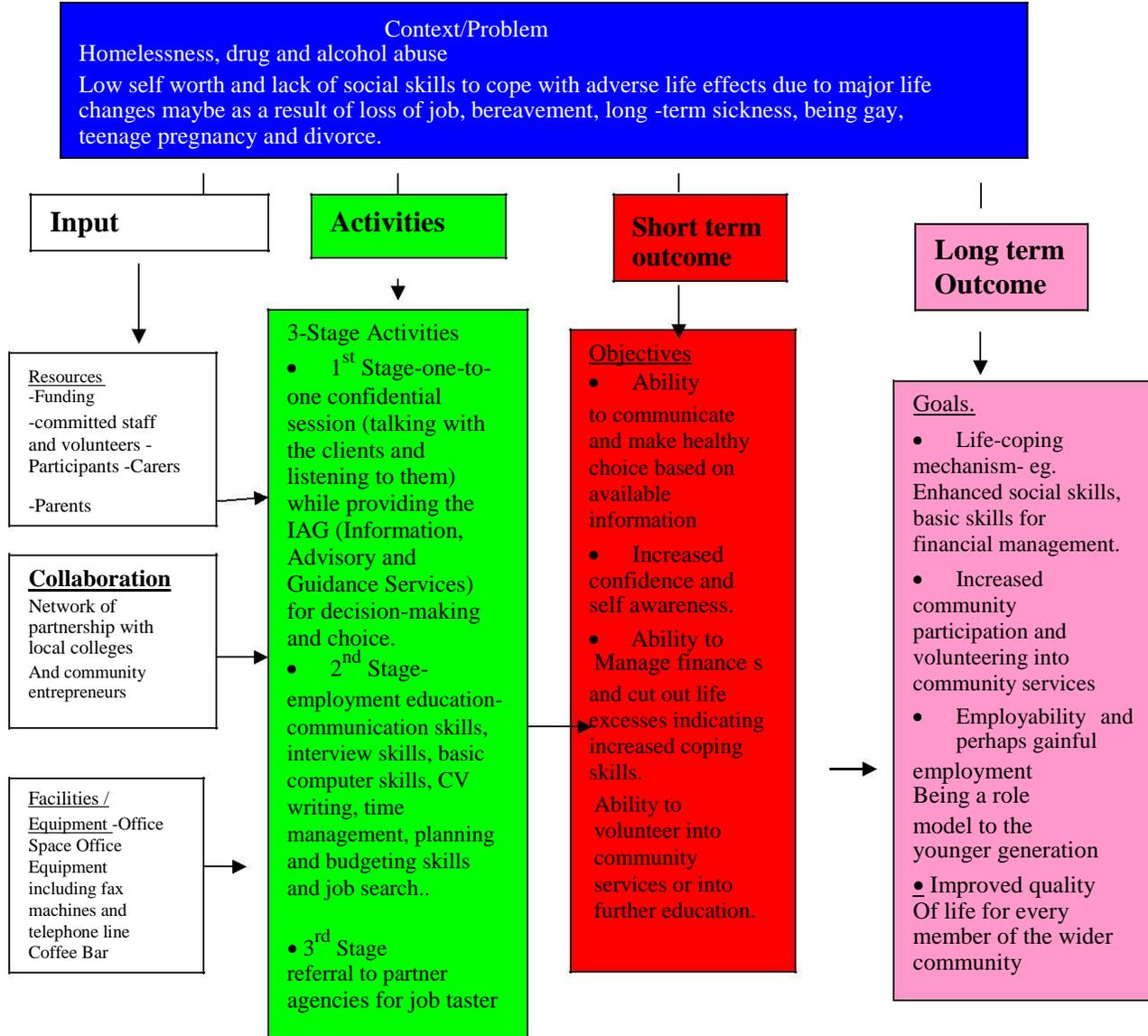
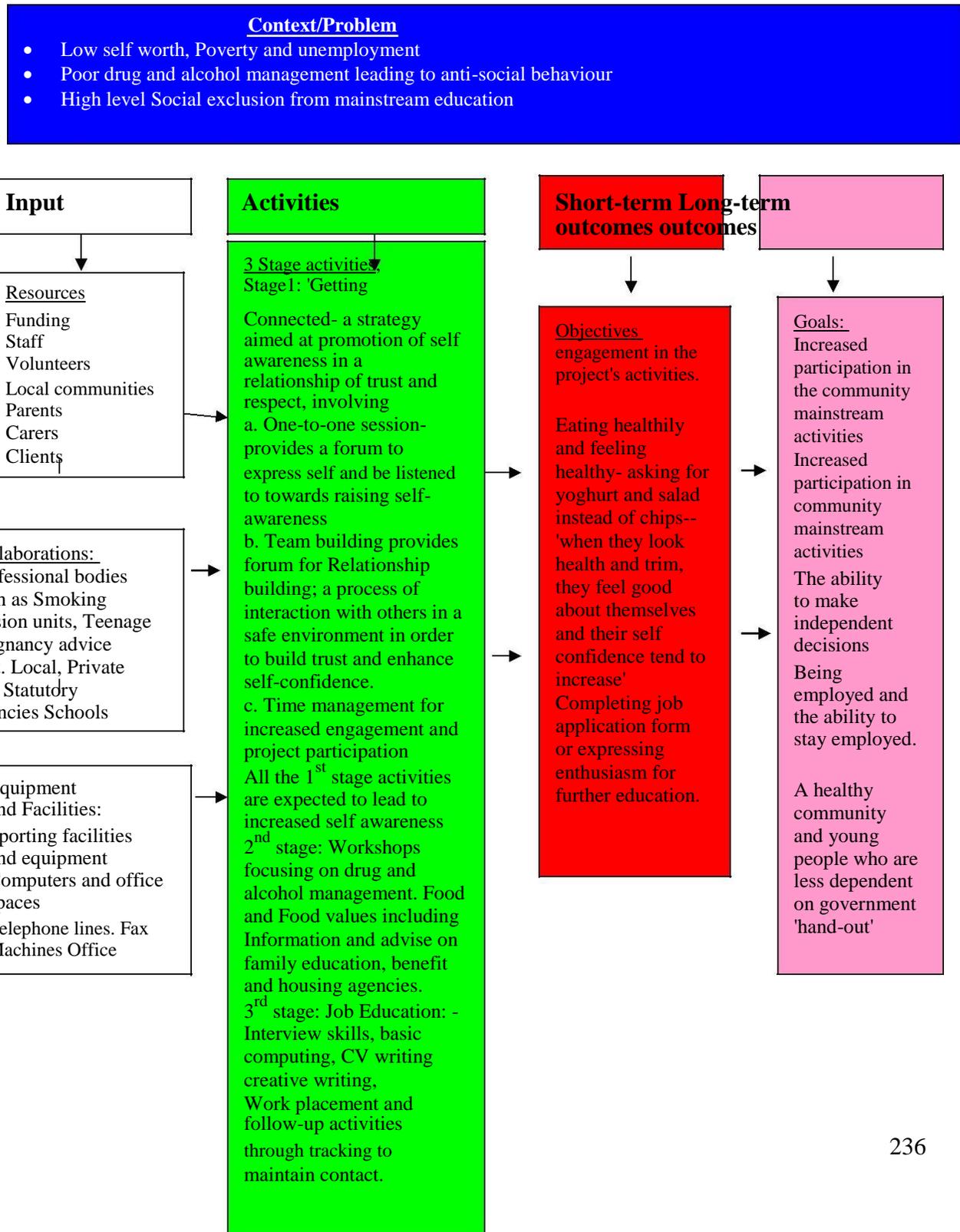


Table 10: Combined approaches of Social Capital and Personal Development using Nutrition and Food Education



Appendix 8
Coding Frame

Theme	Category	Sub Category	Participant ID No	Data Extract	Meaning Unit
Terminology	Understanding		<p>L1</p> <p>K2</p> <p>S2</p> <p>W2</p> <p>W1</p> <p>K 1</p> <p>St. H1</p> <p>St. H2</p>		<p>CB is implementing the school curriculum, informally in a supportive and enabling environment while we encourage young people to strengthen their potential capabilities ... we hope that in the process their self confidence would be enhanced which in turn promotes their employability with the goal of helping them to re-build their community.</p> <p>I never really thought about it... is it the size of our building</p> <p>CB is providing training and skills to enable people function, make independent decisions and live healthier lives</p> <p>CB is releasing social capital that underpins the relationship of trust and respect while providing supportive environment and skill enhancement programmes that will enable young people enhance their self confidence and strengthen their potential capabilities towards gainful employment and healthier lifestyle.</p> <p>CB is providing adequate information, and educational services to raise self awareness and promote self confidence, as well as provide vocational skill development programmes to enhance employability for future employment opportunities, CB is more of personal development, that centres on creating positive self awareness amongst our clients and strengthening their confidence and capabilities as a critical and important preliminary step towards tackling poverty, and unemployment in our local communities</p> <p>Cb is providing high quality, person centrd and flexible mentoring support and retraining activities towards encouraging young people who are recovering from mental illness to maximise their potentials and gain confidence to live independently in the community.</p> <p>CB is providing motivational activities that encourage young people to participate in personal and community development with the intention of enhancing their self confidence, and strengthening their social skills to achieve employment opportunities..</p> <p>My understanding of CB is providing informed guidance, education and purposeful skill training activities in order to increase self confidence, which enables young people develop their potential capabilities so as to participate in community development.</p>
	Perceptions		<p>L1</p> <p>K2</p> <p>S2</p> <p>W2</p> <p>W1</p> <p>K1</p>		<p>CB is not a term that will come easily to me etc</p> <p>CB will likely convey wrong message as I believe it is one of those government jargons used to bring confusing controversy that undermines the moral of community members</p> <p>CB is a load of nonsense as it is perceived as government false promises that aims to impact new skills in people. CB is therefore perceived as social capital comprising of trust and respect.</p> <p>CB is a personal development programme- a process that enables the our staff to provide skill development activities that enhance self confidence in young people.</p> <p>Capacity building simply means encouraging the potential in a person and providing the opportunities for the potential to take action...most people</p>

			<p>St. H1</p> <p>St. H2</p>	<p>have innate ability to do and achieve things for themselves... what people need is an enabling environment and adequate support that strengthen these capabilities.</p> <p>The philosophies of CB are too technical to be easily understood in this local community, personal development programmes seemed in line with our project strategies.</p> <p>CB is a government jargon word that can be difficult to be associated with the basic requirement of personal and community development. I think CB in this project lies more into re-training activities for the older clients and personal development programmes as in the case of the much younger people.</p>
	Use	Professional	<p>L1</p> <p>K2</p> <p>S2</p> <p>W2</p> <p>W1</p> <p>K1</p> <p>St. H1</p> <p>St. H2</p>	<p>CB is one of those catch phrases many bid writers use while writing bids.</p> <p>Government Jargon suitable for bid writing</p> <p>If you ask anybody around here the meaning of capacity building, they will probably be looking at the size of the building, or it may probably mean nothing to my clients as I find it not so easy to relate to as a doing- word especially with regards to the activities of this projects.</p> <p>Government catchphrase or technical jargon we use when we write bid CB though it is a government catch phrase, its actually a means to providing adequate information and training skills in order that people can function in their community and live a healthier life style.</p> <p>capacity building is amongst the modern catch phrase that that simply means education and skill development to creat self awareness and self confidence to acheieve employability. Its mainly used when sourcing for fundings.</p> <p>CB is a government technical words of which its undertone to provide a meaningful choice that enables people to reactivate their potential capabilities, gain confidence and adopt a 'can do' attitude towards personal development.</p> <p>CB is a buzz word used mainly for government –write-up. Or associating with professionals</p> <p>CB is a buzz wordwhich may probably mean putting on weight or visiting the gym. I thick it mainly for report writing and may not convey what we do at the community levels.</p>
		With beneficiaries	<p>L1</p> <p>K2</p> <p>S2</p> <p>W2</p> <p>W1</p> <p>K1</p> <p>St. H1</p> <p>St. H2</p>	<p>I am not sure if I will use that term in this community as a doing word... Re-training activities is a better choice of word as it is more in line with what we do</p> <p>We provide personal development activities that enable people to develop their potential capabilities and enhance self confidence</p> <p>We do not impact new skills rather we provide enabling environment and support, to enhance potential capabilities towards personal development</p> <p>We act as big brothers in a relationship of trust, respect and tolerance...as a building block to personal development . Young people who grow up in a relationship of trust and respect to self and one another tend to communicate well, have self confidence and do well in the community.</p> <p>We do not impact new skill we create self awareness that enables young people gain self confidence and enhance capabilities.</p> <p>CB is providing self awareness and skill training programmes to increase self confidence and enhance self esteem as a pointer to employability. CB is more of personal development that aims to change attitudes and combat negative bevahiour, poverty, social exclusion and unemployment.</p> <p>Capacity building in this project is about providing motivational activities that encourage young people to participate at their pace, with the intention of raising self awareness and enhancing their self confidence as a means to strengthening their employability and subsequently developing their</p>

					<p style="text-align: center;">community</p> <p>In this project local youths are exposed to ecumenical outreach programme involving hospital and community visits which give them opportunities to participate in the community and socially interact with members as a key to increased self confidence and self-worth, leading to employability and community development..</p> <p style="text-align: center;">Our intervention relies heavily on social inclusion training centring on raising self awareness amongst young people, improve self worth and confidence thus reducing the level of isolation and frustration, as well as improving their health and well being.</p>
Structure	Context		<p>L1</p> <p>K2</p> <p>S2</p> <p>W2</p> <p>W1</p> <p>K1</p> <p>St. H1</p> <p>St. H2</p>		<p><i>Many of our clients are homeless, and numerous other lack social skills and coping mechanism that can enable them to face life adverse effect such as divorced and long term sick, being gay and pregnancy and many a times recovering prostitution.... we therefore provide retraining activities to strengthen capabilities”</i></p> <p>We deal with young girls who are challenged by poverty, low self esteem, low income parentage, and little or no skills and no job opportunities</p> <p>Many clients arrive here with bad attitude, little or no self confidence and lack of job opportunities, due to poverty/deprivation, little or no skills</p> <p>Many project participants are disenfranchised , disconnected from original family members and basic family values, due community fragmentation and lack of role model, many are isolated due o poverty, and unemployment all of which result to low self worth, crime various anti social behaviours, teenage pregnancy, alcohol and drug abuse etc.</p> <p>Our clients are disable young adults who are from very deprived community, suffering from social exclusion, poverty, unemployment...many lack self worth and employability for job opportunities..</p> <p>Young people aged eighteen –twenty- six who as a result of mental health problems experience low self –esteem, social exclusion, rejection and unemployment Capacity building, in the context of this project is about re-training and increasing people’s knowledge and skills and giving them informed choice to make a change for a new improved and independent lifestyle...</p> <p>Most young people in this neighbourhood experience low self worth as a result of poverty, personality disorder as a result enduring dysfunctional family life style .. such as being the family career or shop assistant .. and many othersare emotionally wounded due to long standing abuse of various nature.. all of these pose a barrier to main stream education and many schools do not have coping strategies to take cake of these issues. They therefore drop out of school and come here with sour attitude and a chip on the shoulder and filled with bitterness.</p> <p>Most young people in this project suffer deprivation and generational unemployment. Many indulge in drugs and excessive alcohol consumption while others attempted to escape poverty through prostitution and in most cases end up pregnant.</p>

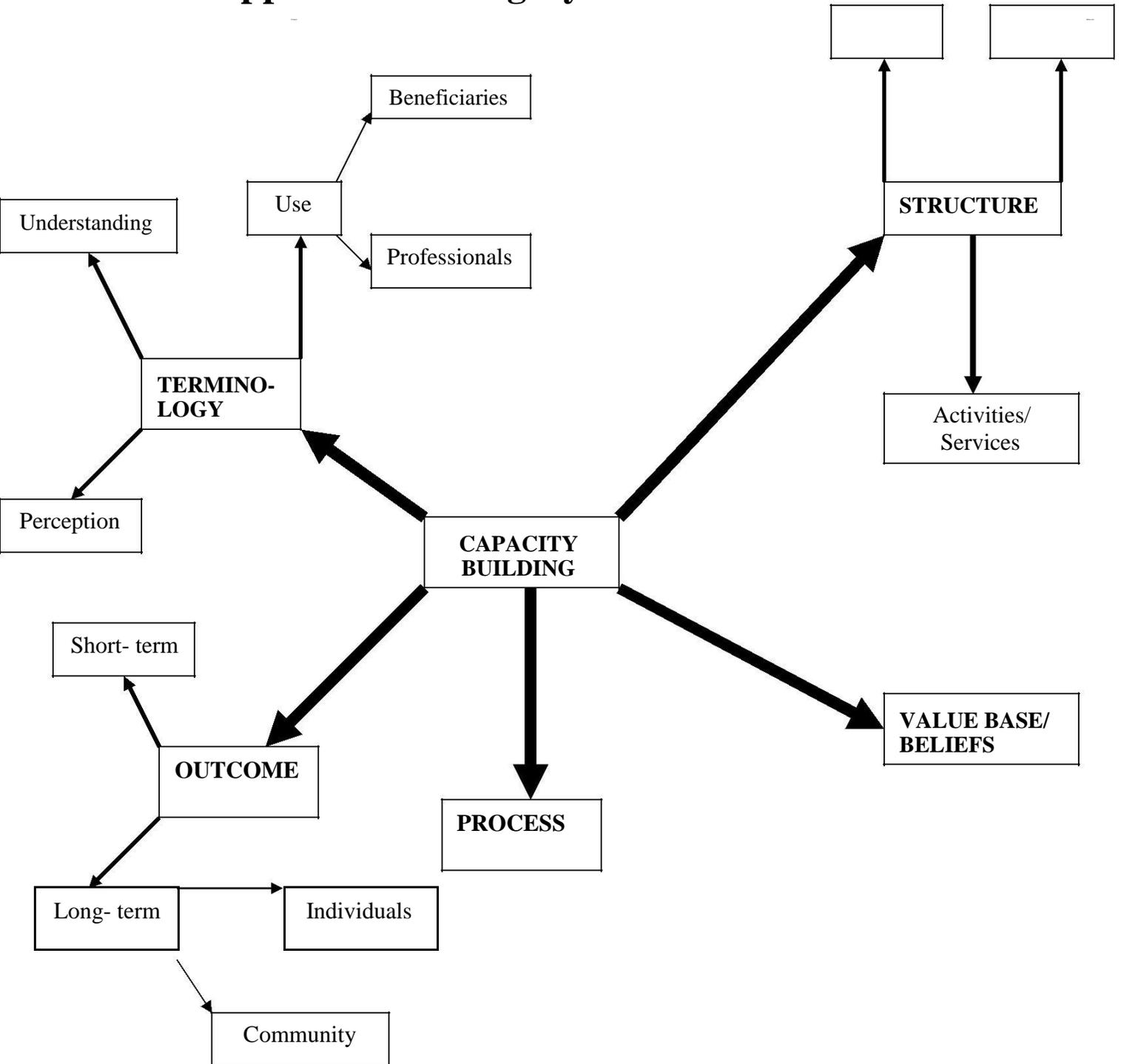
	referral		<p>L1 K2 S2 W2 W1 K1 St. H1 St. H2</p>	<p>Many of them are referred from their local surgery and from other locally based agencies that deal with anti-social behaviours, ...but particularly various funders</p> <p>We receive clients from job centre Plus, from local schools and local social landlords</p> <p>Our clients are referred to us from local authorities, statutory agencies such as half-way-homes for mentally disabled, Broad oak mental home, and social services.</p> <p>Referral mostly are from local churches, funders, private and public agencies as well as job centers and benefit agencies.</p>
	Activities		<p>L1 K2 S2 W2 W1 K1 St. H1 St. H2</p>	<p>Providing re-training activities including team building, communication skills financial management skills</p> <p>One-to-one education to to enhance good attitude and life skill and vocational training for employability</p> <p>The activities of our projects were designed to equip the recipients with adequate coping mechanisms. Such activities included a travel programme - a strategy designed to enable clients to interact with the local community and conquer their fears. Training skills such as Self awareness training and communication skills, time management, team building Basic IT packages, CV writing, and job education were for rehabilitation and employability all these give young clients the opportunity to integrate into the mainstream as one word activities and rehabilitate into the community. These activities included free workshops and seminars which included the clients' immediate family and community members, in order to increase mental illness awareness.</p> <p><i>Coffee bar became our most popular place where we sat and engaged young people in a one-to-one session, listening, talking and interacting while keeping the lines of communication open to discover their real needs.</i></p> <p>One-to-one sessions, communication, assertiveness and inter-personal relationship management programmes, vocational and job education and hands'on in a real work place were the very successful</p> <p>Information on self awareness programmes, vocational training such as upholstery carpentry, shop assistance etc.</p> <p>At the onset we provide communication skills, budget and financial management skills. Our activities include workshops on various coping mechanisms to promote motivation..., then re-train them to activate their own potential skills, all of which enable them to tackle life's adverse effects and make informed decisions and subsequently gain employment... Our aim was to provide the young people with choice that would enable them enhance their existing skills and improve their quality of life" (K1).</p> <p>Basic IT skills, mathematics and English language, workshops and seminars on communication and social skills including job education involving CV writing and job search, drama and theartre, etc.</p> <p>We use team building activities to establish a relationship of trust and</p>

					<p>respect, then provide one-to-one session as the opportunity to talk and listen, communication and financial management skills, including basic school curriculum comprising of maths and English language constitute our main role towards enhancing confidence and improving lives.</p>
Process			<p>L1 K2 S2 W2 W1 K1 St. H1 St. H2</p>		<p><i>Our intervention is designed to implement the school curriculum informally in a supportive and enabling environment in order to engage the young to participate fully in the project activities. We hope that in the process their self confidence would be enhanced which in turn would promote their employment prospects with the objective of helping to re- build their community”</i></p> <p>We provide motivational activities that encourage them to participate at their pace and enabling environment for personal development</p> <p>Our programmes are specifically for the recovering mental ill clients and are designed to give them the opportunity to strengthen self confidence, enhance their skills and knowledge in order to rehabilitate them, and improve their quality of life within local community.</p> <p><i>We therefore provide opportunities using social capital values, which involves trusting and respecting one another along with mutual tolerance...as basis to raising self awareness and personal development strategies... The underlying assumption was that when people trust and are trusted, there is the tendency to respect one another and feel valued as a useful part of the ‘extended family’ which in turn raises one’s confidence”</i></p> <p>We provide employability programmes and personal development training which centre on strengthening people’s self confidence and attitudes in an enabling environment while their self esteem is being enhanced and perhaps achieve employability .</p> <p>CB programmes centres on self awareness programmes, adequate educational information to support vocational training towards achieving self confidence and personal development and employability.</p> <p>. Our project activities which are designed to provide social networking and ecumenical outreach services ... including community, nursing homes and hospital visitation were powerful force to building self confidence and enhancing healthy lives. These programmes we design in addition to providing basic school curriculum, theatre, drama, and job education are part of our process that enable young people achieve personal and community change”... . Our ecumenical programmes are designed to reach out and touch them spiritually through the word of God and working by faith in a relationship of trust and self respect. These activities tend to provide a safe haven for young people to interact with community members who are bereaved or hospitalised or any persons requiring assistance and support to shop and generally get about in the community</p> <p>Our intervention is based on social inclusion training and team building exercises as key to increasing self confidence and self worth towards personal and community development.</p>

Outcomes	Short term	individual	L1 K2 S2 W2 W1 K1 St. H1 St. H2		<p>Raised self awareness, Enhanced self confidence, ability to access services, financial management skills,</p> <p>Enhanced self awareness, self confidence, and strengthens potential capabilities</p> <p>Enabling environment for independent decision making capabilities, raised self worth</p> <p>Development of good relationship based on trust, and respect, awareness of self and potential capabilities, engage in projects activities.</p> <p>Self awareness as a pointer to achieving self confidence, and self esteem</p> <p>Ability to demonstrate increased self- confidence Time management ability to attend and engage in workshops unaccompanied</p> <p>Achieve Independent decision- making and willingness to engage in project activities, using public transport...Ability to recount daily activities including expenditure. Being able to communicate their feelings in an attempt to find solutions.</p> <p>Volunteering into the project's out-reach programmes using a relationship of trust and love indicating increased confidence and self worth and awareness of God in their lives.</p> <p>Engaging into the job training activities leading to personal development</p> <p>Sself confidence and project engagement , time and financial management and visible attitudinal change including appropriate communication skills in relation to reduced bag and unacceptable language.</p>
	Long term	Individual	L1 K2 S2 W2 W1 K1 St. H1 St. H2		<p>Achieve interpersonal skills, ie good communication skills</p> <p>Personal development in relation to ,</p> <p>Employment opportunities and healthier lifestyle</p> <p>Enhanced interpersonal skills, rehabilitated in the community, live sensibly, and achieve employability in readiness to work and improved lifestyle</p> <p>Achieve self confidence towards healthier lifestyle and economic well being</p> <p>Achieve personal development in relation to vocational skills and confidence</p> <p>Surviving bad patch in life and having successful orientation to life via coming with a job application form or higher education considerations</p> <p>Being rehabilitated into the local community</p> <p>Increased interaction and participation with the local community.</p> <p>Volunteering in the community activities increased employment opportunities and the ability to remain employed if employed.</p> <p>Reaching out spiritually and sharing their faith with their families and showing God's love to the wider community.</p> <p>Increased self esteem and enhanced values to life. And employability and improved quality of life.</p> <p>St. H2</p>
		Community	L1 K2		<p>Our aim was to reduce anti social behaviour leading to Sustainable Community development.</p> <p>Healthier life style and community development</p> <p><i>achieving a healthy community, where young people, as a result of capacity building programmes, obtain the capabilities to sustain a reasonable level</i></p>

			<p>S2</p> <p>W2</p> <p>W1</p> <p>K1</p> <p>St. H1</p> <p>St. H2</p>	<p><i>of work ethics and become less dependent on government 'hand out" (K2)</i></p> <p>Reduced anti social behaviours, leading to healthier living and subsequent community development</p> <p>Self confidence and skill enhancement training within vocational programmes will lead to healthier lifestyle, employment opportunities and community development.</p> <p>Volunteering into job opportunities and participating in the community development</p> <p>The emphasis on church outreach services, which included community and hospital visits while sharing the word of God was believed to the powerful force that provided new activities for young people in a positive and safe setting to enhance their life skills potential and support community initiatives.</p>
Value Base (beliefs or ethos)			<p>L1</p> <p>K2</p> <p>S2</p> <p>W2</p> <p>W1</p> <p>K1</p> <p>St. H1</p> <p>St. H2</p>	<p>Provide retraining activities to reactivate potential capabilities will enhance self confidence, increase self-esteem and enhance employability with more job opportunities all of which result to less anti social behaviour in the community , more community development. Provide enabling environment to raise self awareness towards self esteem and personal development.</p> <p>We believe that when people are skilled are able to communicate effectively, they will be able to work and earn money towards making lives better for them and their communities.</p> <p>We believe that building or rebuilding people requires a relationship of trust, respect and social networking as a base for increasing self confidence. And when people are confident in themselves they will be able to engage in the capacity building programme.. or whatever you call it.</p> <p>The underlying assumption is that vocational skills plus educational training in a relationship of trust and respect while being sensitive to the needs of young people will increase their abilities to make independent decisions and solve their own problems which perhaps may lead to achieving employability and developing the wider community.</p> <p>The value system strongly underpins the provision of supportive environment including therapeutic and re-training activities in an informal setting and the pace of the recipients of the programme. The aim was to increase self worth and activate potential skills that enable their successful rehabilitation and employability for job opportunities.</p> <p>We believe that young people who were involved in the project activities tended to develop the awareness of God in their lives by exercising their faith and those who did, expressed the feeling of increased self worth by staying away from the pressures of drug misuse and other anti-social behaviours, hence seemed more stable... once they are fully engaged in the project activities they are provided skills that link them to job opportunities...</p>

Appendix 9- Category Tree



NOTES

