Evaluation of the Lancashire and South Cumbria Cancer Services Network Cancer Awareness Project, Blackburn with Darwen 2008 - 2010

Final Report

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Executive Summary

This intervention was successful in recruiting and forming a team of volunteers to deliver a programme of cancer awareness training in a British South Asian community in Blackburn. The volunteers were predominantly drawn from the target community and this was important to the feasibility of the intervention in terms of language and of its acceptance by the community. The local management of the intervention was effective and efficient and volunteers spoke highly both of the support provided by the local managers and of their training and skills development in community work. At the close of the intervention the volunteer cohort was actively exploring ways of establishing a community-based cancer awareness service on a permanent basis.

Although a stated aim of the intervention was to enhance social capital in the target community, no guidance on this aspect was given by the Lancashire and South Cumbria Cancer Network. While the intervention was successful in enhancing the stock of bonding social capital within its target community, it did not contribute to the enhancement of bridging social capital which has elsewhere been identified as a policy priority in Blackburn.
1. Introduction

The initiative which forms the subject of this evaluation was funded by the Lancashire and South Cumbria Cancer Network. The intervention was undertaken by Blackburn with Darwen Healthy Living, a third sector organisation concerned with the development of active partnerships to address health, social and economic inequalities in Blackburn and the enabling of people living and working in Blackburn and Darwen to design and implement their own solutions. The aim of the intervention was to adopt a community development approach to engage a Black and Minority Ethnic community in the Bastwell and Shear Brow wards of Blackburn in the implementation of a programme of cancer awareness. The intervention sought to do this by recruiting and training volunteers to act as Cancer Awareness Trainers. The intervention was delivered between November 2008 and October 2010.

The brief of the evaluation was:

- To provide a detailed description of:
  - the initiatives undertaken and the methods/approaches used e.g. the project’s volunteer-focused community development model, experience of using the CAM, the Cancer Awareness Training and awareness raising initiatives;
  - the socio demographics of the recipients of the project’s initiatives;
  - the impacts from a baseline on the following, e.g. the social capital in the target community and partnership working.

- To provide an analysis of the transferability of the project approaches/methods to other geographical areas or population groups and of expectations of the various stakeholders versus the outcomes from the project.

2. Methodology

The evaluation adopted a qualitative approach. Primary data were gathered through focus groups and interviews with stakeholders in the programme, including the volunteers and the programme managers, between January and September 2010. The methodological approach drew from concepts and measures of volunteering and social capital outlined by Rochester et al. (2010) and from the Institute for Volunteering Research (2004) Volunteering impact assessment toolkit. All interviews and focus groups were recorded and transcribed. The adopted method was formally approved through the University of Bolton’s Research Ethics Framework.
3. Social Capital

A major aim of the intervention was to enhance social capital within the target community. Social capital is a complex concept and formed a core objective of New Labour community regeneration policy. This section provides a brief introduction to social capital and reviews its relevance to public health.

3.1 What is Social Capital?

Social capital became a prominent theme in British social policy following the election of the New Labour government in 1997 and remained a core strand of government interventions in the renewal of civil society throughout that government’s period of office. Together with social inclusion, community cohesion and active citizenship, the creation of social capital was considered crucial to the regeneration of disadvantaged and sometimes dysfunctional neighbourhood communities.

The concept of social capital was developed by three principal theorists, namely Pierre Bourdieu, James Coleman and Robert Putnam (Smith, 2009). There are important distinctions between the understandings of social capital elucidated by these writers which must inform any evaluation of policy interventions to enhance social capital within a given community. Bourdieu described social capital as a form of wealth which had been overshadowed by the more common understanding of capital as economic wealth. Social capital was thus defined in social rather than material terms as:

> the sum of the resources, actual or virtual, that accrue to an individual or group by virtue of possessing a durable network of more or less institutionalised relationships of mutual acquaintance and recognition (Bourdieu and Wacquant, quoted in Halpern, (2005, p.7)

Two points of note in this definition are the emphasis on networks, acquaintances and institutionalized relationships as the building blocks of social capital and second, the idea that social capital can be a characteristic of both an individual and a group. Coleman’s interpretation of social capital differs from that of Bourdieu in focusing not on what social capital is but what it does:

> Social capital is defined by its function. It is not a single entity, but a variety of different entities, having two characteristics in common: they all consist of some aspect of a social structure, and they facilitate certain actions of individuals who are within the structure (Coleman, 1988).

Coleman suggests that social capital is a collective property or attribute that depends upon the actions of individuals. It thus proposes a relationship between the presence of social capital and the behaviours of individual people within a given community. Of most significance to the incorporation of social capital in government policy has been the work of Robert Putnam. Putnam’s synthesis of the work of Bourdieu and Coleman offers an understanding of social capital which has both a theoretical
grounding and an immediate relevance to contemporary British social policy. For this reason it is with Putnam that the idea of social capital is most closely associated in the popular imagination (Putnam, 1995; 2000).

3.2 Putnam and social capital.

Putnam (2000, p.19) observes that the idea of social capital is not new, having been independently invented at numerous points in the twentieth century to argue that peoples’ lives are made more productive by a wide range of social ties. Social connections and public life are of central importance to Putnam’s theories of social capital. These are grounded in his analysis of patterns of community involvement in public life in the post-World War Two society of the United States. The premise of Putnam’s thesis is that civic engagement and participation in public life in America, particularly from around 1960 onwards, had declined markedly. The title of his most well-known work *Bowling Alone* reflects this in its allusion to the trend for people to visit bowling alleys on their own rather than as a member of a club or a team. In this, Putnam demonstrated a general long term pattern of falling memberships of national voluntary organisations and progressively reducing engagement in civic life. The concept of social capital thus became one which conveyed the notion of an active citizenship and the existence of vibrant networks of contacts in which there is reciprocity. This interpretation has been widely (though not unanimously) accepted by social scientists and politicians; Field (2008, p.3) for example, maintains that the membership of networks and a set of shared values are central to the concept of social capital.

Putnam (1995 p.20) considers social capital to have both an individual and a collective aspect. It can be simultaneously a private good and a public good. He illustrates this through an example of how some of the benefit of investment in social capital accrues to the individual making the investment (for example, Rotary clubs which help form friendships and business connections) while some accrues to members of the public (for example, they receive benefits provided through the actions of Rotary clubs). Social capital has thus been attractive to social policy makers on the grounds that if low levels of social capital – for example little civic engagement, a weak public sphere and a minimal voluntary sector – are characteristic of a declining sense of community, their development might help restore a sense of community identity and pride and the capacity to be more self-supporting (Kearns and Forrest, 2000; Forrest and Kearns, 2000). Volunteering, noted by Putnam (2000 pp. 116-133) to be a prime indicator of civic engagement, has thus been energetically promoted by the government in numerous spheres of social life as a means of enhancing the stock of social capital in local communities and neighbourhoods.

Social capital is not, however, a universally good thing; Putnam (1995, p.22-3) shows how effective communities with shared values and strong networks, such as terrorist groups, may simultaneously be extremely damaging to wider society. He thus distinguishes between bonding social capital and bridging social capital as the most important dimension along which social capital can vary. Bonding
social capital reinforces exclusive identities and homogeneous groups – for example, fraternal organizations, fashionable country clubs - and is good for “undergirding specific reciprocity and mobilizing solidarity”, acting as a “kind of sociological superglue”. Bridging social capital, on the other hand, is better for linkage to external assets and information diffusion and can generate broader identities and reciprocity as a “kind of sociological WD 40”. Importantly, Putnam emphasises that it is not a question of “either / or” binding or bridging but one of “more or less” and that can both be in evidence simultaneously.

The concepts of bonding and bridging social capital are of crucial importance to community development interventions. Bonding social capital may contribute to the development of a stronger community but may reinforce its exclusiveness and increase a sense of isolation from and difference to adjacent communities. Bridging social capital, on the other hand, may also contribute to a stronger community but also helps generate broader identities and integration. These distinctions are significant to the Cancer Awareness Volunteer programme (CAVP) and will be revisited in section 7.

### 3.3 Social capital and health

While social capital has been widely linked to health, the relationships between social capital health are complicated and contested (Welshman, 2006). Halpern (2005, p.75-83) for example, suggests that there is a strong relationship between the size and quality of peoples’ networks and their health and that many types of physical illness are predicted by a lack of supportive relationships, while Morgan and Haglund (2009) argue the important effects of social capital on the health and well-being of adolescents. Field (2008, p.65), on the other hand, maintains that socio-economic situation and income, rather than social capital, are the strongest predictors of health levels.

In terms of public health, social capital was considered to be an important element of the implementation of *Choosing Health*, the government’s central policy document on public health (Department of Health, 2005). The dual private – public nature of social capital enabled social policy to harness action by individuals in the community to the betterment of the community as a whole, defined thus by government:

> The key indicators of social capital include social relations, formal and informal social networks, group membership, trust, reciprocity and civic engagement. Social capital is generally understood as the property of the group rather than the property of the individual.

Office for National Statistics, Social Analysis and Reporting Division (2001)

A more developed version of social capital was later adopted by the Department of Communities and Local Government (2008):

> Social capital is subject to different definitions but usually refers to the concepts of trust and understanding, shared values, networks and behaviours that can enable
co-operative action. It can cover bonding capital, that is, strong ties between people within a neighbourhood; bridging capital, that is, weaker social ties but recognition of shared ‘public values’ between different ethnic, cultural and faith groups; and linking capital enabling communities to connect with the power and resources within formal institutions and governance structures.

One of the government’s principal methods of increasing civic engagement has been to encourage and support volunteering (Department for Communities and Local Government, 2009), and the current intervention’s focus on volunteering suggested that it had the potential to contribute to the enhancement of social capital in its target communities, though no distinction was drawn between bonding, bridging or linking capital in its terms of reference.

4. The implementation of the Cancer Awareness Initiative

4.1 Community Development Approach

The intervention adopted a community development approach. This aims to reduce dependency on external interventions by enabling communities to develop the capacity to be self-sustaining. The overall aim of the intervention was to recruit and train community volunteers to deliver a public health programme with the intention that the enhanced networks and voluntary capacity resulting from the programme would increase the target community’s ability to become less reliant on external publicly funded interventions. It thus represented what Gilchrist (2009) refers to as a networking approach to community development. The intervention’s aim of enhancing social capital was a natural corollary of the community development approach.

Several aspects of the intervention contributed to the successful adoption of the community development approach, notably the fact that the majority of the volunteers were recruited from the target community. The ethnic profile of the volunteer cohort closely matched that of the target community which was predominantly defined as a British South Asian community comprising Asian British Indian, Asian British Pakistani and a smaller group of Asian British Bangladeshi people.
Table One Ethnic profile of the Bastwell and Shear Brow wards

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Bastwell</th>
<th>Shear Brow</th>
<th>Blackburn with Darwen</th>
<th>North West</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White British</td>
<td>17.78</td>
<td>23.19</td>
<td>23.19</td>
<td>92.17</td>
<td>86.99</td>
</tr>
<tr>
<td>Asian British Indian</td>
<td>32.16</td>
<td>52.36</td>
<td>10.66</td>
<td>1.07</td>
<td>2.09</td>
</tr>
<tr>
<td>Asian British Pakistani</td>
<td>41.93</td>
<td>17.90</td>
<td>8.74</td>
<td>1.74</td>
<td>1.44</td>
</tr>
<tr>
<td>Asian British Bangladeshi</td>
<td>2.06</td>
<td>0.31</td>
<td>0.31</td>
<td>0.39</td>
<td>0.56</td>
</tr>
<tr>
<td>Black or Black British African</td>
<td>0.53</td>
<td>0.26</td>
<td>0.26</td>
<td>0.24</td>
<td>0.97</td>
</tr>
<tr>
<td>Total British Asian in above</td>
<td>76.15</td>
<td>70.57</td>
<td>19.71</td>
<td>3.2</td>
<td>4.09</td>
</tr>
<tr>
<td>categories</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A further important factor was the predominantly Muslim profile of the target community (Table Two). Although the volunteers were not asked to disclose their religious belief, it was observable that the greater majority observed Ramadan in August – September 2010, thus indicating a close correspondence between the ethnic and religious profile of the volunteers and that of the target community. This high degree of homogeneity was important to the effective delivery of the intervention in several ways. It endowed the volunteer group with an empathy with the impact of cancer on people living in the target community. It also reflected a familiarity with the target community and the presence within the volunteer cohort of a capacity to work in different Asian languages and dialects. One aspect of this was knowledge of the most appropriate outlets for the promotion of the intervention in local media. A further potential advantage was the volunteers’ familiarity with local stakeholders such as general practices and the Lancashire Council of Mosques, the latter being based in the same building as Blackburn with Darwen Healthy Living.
The two inner urban wards of Bastwell and Shear Brow exhibit several indicators of social and economic deprivation. Notable examples of include the proportion of people in receipt of state benefits with rates of 20.6% in Bastwell and 16.7% in Shear Brow [Neighbourhood Statistics, Table UV 50]; the proportion of semi-skilled and unskilled people with rates of 35.3% in Bastwell and 31.4% in Shear Brow [Table UV 50] and the proportion of people aged 16-74 with no qualifications with rates of 51.2% in Bastwell and 46.78% in Shear Brow [Table KS 13]. On the basis of these indicators one might expect to find low levels of social capital in these wards.

### 4.2 Recruitment

The programme managers sought and acted upon advice from Blackburn with Darwen Community and Voluntary Service on good practice in recruiting volunteers. Advertisements were placed in local and regional papers, including *Asian Image* and the *Lancashire Evening Telegraph* and the project was featured on BBC Radio Lancashire. Posters were displayed in shops, grocery stores, mosques, community centres and other public places in both wards and notices were sent to various newsletters using an existing local community database. Considerable care was taken to ensure that publicity materials were prepared to a professional standard with, for example, a logo designed specifically for the project. While it was important that volunteers had a facility in an Asian language,

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### Table Two Religious profile of the Bastwell and Shear Brow wards

<table>
<thead>
<tr>
<th>Religion %</th>
<th>Bastwell</th>
<th>Shear Brow</th>
<th>Blackburn with Darwen</th>
<th>North West</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christian</td>
<td>13.24</td>
<td>18.47</td>
<td>63.29</td>
<td>78.01</td>
<td>71.74</td>
</tr>
<tr>
<td>Hindu</td>
<td>0.45</td>
<td>0.32</td>
<td>0.31</td>
<td>0.40</td>
<td>1.11</td>
</tr>
<tr>
<td>Muslim</td>
<td>73.46</td>
<td>70.28</td>
<td>19.40</td>
<td>3.04</td>
<td>3.10</td>
</tr>
<tr>
<td>Sikh</td>
<td>0.16</td>
<td>0.20</td>
<td>0.10</td>
<td>0.10</td>
<td>0.67</td>
</tr>
</tbody>
</table>
all publicity materials were printed in English as fluency in both English and an Asian language was considered essential for the volunteers to undertake the tasks necessary to the implementation of the project. The advertisement in Asian Image in particular was effective in publicising the programme but it is of note that word of mouth was also an important method. This is of interest to the aims of the intervention as social and public dialogue is in itself an indicator of social capital and community cohesiveness.

Approximately fifty enquiries were received in response to the publicity campaign. These were predominantly from people of British South Asian identity:

Table Three  Ethnic Profile of People Expressing Interest in the Project [Number]

<table>
<thead>
<tr>
<th>Ethnic Background</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>British Indian</td>
<td>28</td>
</tr>
<tr>
<td>British Pakistani</td>
<td>16</td>
</tr>
<tr>
<td>White British</td>
<td>3</td>
</tr>
<tr>
<td>African Indian</td>
<td>1</td>
</tr>
<tr>
<td>British Bangladeshi</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
</tbody>
</table>

Each enquirer was sent a detailed Volunteer Recruitment Pack which included an application form to be returned by 19th October 2009. This pack explained clearly the nature and purpose of the project and the range of skills being sought. It informed respondents of the requirements of involvement in the programme and of the expectation that volunteers would attend on a weekly basis. It also included a brief outline of the nature of the training that would be provided. Again the programme managers researched good practice and adapted the role description used by the Nottingham Health Collaborative Project ‘Change Makers for Cancer Awareness’. Some materials produced by the East Lancashire Hospital Trust were also adapted for this pack. This avoided duplication of effort and was a cost effective use of resources already available within the public sector. Volunteers found this pack useful and informative and commented positively upon it:

I thought it was quite useful because it told you exactly how they had got the funding and what you were going to do…. I thought it was really well done. It did give you the information you needed.

Thirty three applications were received in response to the issue of the Volunteer Recruitment Pack. In consultation with the manager of Blackburn with Darwen Healthy Living, a set of criteria against which to evaluate the applications was produced. Important amongst these were the extent to which the applicant’s life had been affected by cancer, their abilities and educational qualifications, their perceptions of what they could contribute to the project and what they hoped to gain from it. No
applications warranted a rejection. As Field (2008, p.65) observes, people are more likely to change their behaviour and adopt a healthier lifestyle if they learn the new patterns from people they trust, and believe the changes may actually make a difference, and the recruitment of volunteers from the target community proved to be a major strength of the intervention. Volunteers articulated their reasons for joining in a variety of ways, with personal contact with cancer and a wish to make a contribution to their community being widely cited:

Quite a few of my family members died from cancer – what gave me the nudge was that we always think someone else will do it and I thought, no, it’s about time I got out into the community, because it was specifically for the South Asians and I have got bilingual skills.

Meeting family and friends and some workplace people where they have actually encountered people with cancer and just not knowing the basics of being able to help at that time – that kind of interested me because we know all the main ones but we just need to be more educated in understanding what it may be in reality.

I received a letter through the post; family members have experienced cancer and I wanted to know a little bit more because it’s an unknown, really, that people don’t want to talk about.

Motivations for volunteering thus reflected a blend of altruism – helping people unknown to the volunteers – and a wish to share personal experiences of cancer care with others.

4.3 Induction

Following the selection of candidates an induction event was held. To accommodate the expected number of applicants and to offer flexible attendance, two sessions were provided on the same day one running 2.00 p.m. - 4.00 p.m. and the other 6.00 p.m. to 8.00 p.m. Refreshments for both sessions were provided 5.00 p.m. - 6.00 p.m., thus allowing the full cohort to intermingle and meet. Members of the evaluation team attended this meeting to introduce themselves and the evaluation process to the volunteers.

The volunteer cohort was almost exclusively South Asian in terms of ethnic profile, with British Indians forming the largest group. Almost three quarters were female and 92% were aged under 45 years, with the 30-44 age group being marginally larger than the 16-29 age group. The ethnic, gender and age profiles of the volunteer group after induction are given in tables Four, Five and Six below:
Table Four. Ethnic Profile of the Volunteer Group

<table>
<thead>
<tr>
<th>Ethnic Background</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>British Indian</td>
<td>17</td>
</tr>
<tr>
<td>British Pakistani</td>
<td>7</td>
</tr>
<tr>
<td>British Bangladeshi</td>
<td>1</td>
</tr>
<tr>
<td>White British</td>
<td>1</td>
</tr>
</tbody>
</table>

Table Five  Gender Profile of the Volunteer Group

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>7</td>
</tr>
<tr>
<td>Female</td>
<td>19</td>
</tr>
</tbody>
</table>

Table Six  Age profile of the Volunteer Group

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-29</td>
<td>11</td>
</tr>
<tr>
<td>30-44</td>
<td>13</td>
</tr>
<tr>
<td>45-64</td>
<td>2</td>
</tr>
</tbody>
</table>

The high proportion of the volunteers with a higher education qualification corresponded with national trends for those with qualifications to participate in formal volunteering. Volunteers spoke positively of the induction process and felt it had been well planned and delivered and of use to them:

It was a good night, quite open and friendly, you got to meet everyone and find out why they were here; we were told what our objectives were and why we were here.

They made it clear that this was the first time the programme had run so they couldn’t tell us exactly what was involved, but that it was going to be very much an organic process; from what they told us we haven’t had any surprises.

4.4 Volunteer Group Formation

It became evident at an early stage that the cohort was beginning to develop a capacity for mutual support and mentoring:

Now that we’ve got to know each other, maybe we could do that; at the moment we probably do rely a bit more on [the local programme managers]. As time goes on and we all know each other better, maybe we will use ourselves as sounding boards.

A process of group development and change was identified in the focus groups:
At first we had our own little comfort groups and cliques but now everyone gets on and interacts. When someone is missing, we do miss them.

To develop us further we are also going to do counselling skills.

We’ve been talking about the need to have interpreter support.

By April 2010 the group was established as a team with a strong sense of common purpose and an emerging mutually agreed division of labour. The strength of the team was reflected in its ability to support itself through peer mentoring and its high rate of retention.

The support of the programme managers was a crucial factor in the development of a strong group identity and the high rate of retention of volunteers:

I think the facilitators of the programme make it enjoyable, which helps significantly. Also, within the programme, other opportunities have evolved which keep volunteers committed and interested. Throughout the two wards people have recognised the CAT group and their work and the help on offer, more so by word of mouth and invitations. Taking volunteers suggestions on board also makes them feel valued.

4.5 Skills Development

Volunteers had several opportunities to enhance their knowledge and skills through the programme:

The skills gained through my time as a CAT volunteer have improved my CV greatly. I can add interpreting, counselling and presenting to my range of skills. This has ensured that I am more confident at applying for a wider range of jobs.

As a method of identifying community barriers the group developed a ‘matrix’ tool:

We have looked at understanding the barriers to why the message isn’t getting into the community and have developed a matrix to evaluate this problem.

The volunteers attended community interpreting classes which enhanced their awareness of the communication process. This was a level three course and led to a formal qualification:

It’s about how to communicate with the community – not an easy task. It’s also about learning the terminology of cancer; we don’t even have the word for cancer in Urdu or Gujarati yet.

Before we started doing this Community Interpreting course I thought I was fluent in Gujarati and it’s only when we started doing this course that we realised we used the words [cancer terms] in English most of the time.
The majority of members of the focus groups stated that this was their first experience of volunteering and reported that it had been positive and that their perceptions of volunteering had changed. There were positive views of the potential impact of the project on the community:

At one time I didn’t even think about it, I was stuck in a nine to five job. But when I was made redundant I started looking and it’s certainly opened my eyes, it’s a confidence booster as much as anything.

You get a lot of self-achievement out of it. A lot of us are working but I think its knowing that you are going to be making a difference. It’s only three or four hours a week and if you could help one person it will be worth it

It is a taboo subject and people are so shocked that they won’t talk about it. So this is the first of its kind in our community and I think the group will have a big impact.

A number of volunteers had considered a career change as a result of their involvement in the programme. Some had moved from unemployment to employment:

I was in manufacturing and in fact I went for an interview today as a support worker in the health service.

I have actually moved into a job as Health Educator since I joined this project.

The support from the programme leaders was highly valued and important to the group. In particular their flexibility and individual mentoring were well received:

The Project Co-ordinators are brilliant. They are flexible and accommodating. That’s important because if they weren’t helpful or supportive, I don’t think many of us would be here. All credit to them.

Mo and Naz are doing “one to ones” and this is really good.

4.6 Community Engagement

Being drawn from the programme’s target ethnic group, the volunteers identified at an early stage three major challenges of raising awareness of cancer, namely the existence within the target community of a wide variety of Asian languages and dialects; second, the potential barrier of cultural norms in discussing some forms of cancer, particularly cervical cancer and third, the lack in some dialects of words bearing the same meaning as English words relevant to cancer. Because of these linguistic barriers, the few existing public health leaflets on cancer in an Asian language were perceived to be ineffective in raising awareness and were not always amenable to translation. The volunteers aimed to overcome the cultural and linguistic obstacles to effective cancer awareness
training in the target community. These obstacles were seen to militate against the utility of the CAM toolkit as a methodological tool for raising cancer awareness and therefore the toolkit was not adopted in its current form. The linguistic diversity within the volunteer group, however, was crucial to its ability to reach people within the target group who did not speak English and for one volunteer this was considered the most significant success of the programme. In addition to addressing the language barrier, the volunteers felt that a DVD would be a useful tool to disseminate cancer-related information beyond the end of the programme. Further foreseen benefits of a DVD were that it could be viewed in the privacy of the home and that people within the community would be more inclined to watch a video featuring local people. The perceived preference for receiving health information from community members rather than external experts was significant in terms of the relationships between health and social capital and corresponds with the idea that social capital has a positive association with good health.

The local project management team provided training in digital photography through a concurrent project and some members of the group thus had the opportunity to develop media production skills and to create and make a DVD video film to help with explaining the purpose of the scheme. The DVD was produced in different versions in as many local Asian languages as possible.

Although several were nervous about the task the outcome had been positive:

- It’s like we don’t have acting skills and at the start it was a bit comical, but we are getting there.

- It’s been good, a good learning experience.

- There is going to be an event with all the groups show casing what they are doing and this is going to be used there.

- We think we can see a way we might use this in our community. Maybe people won’t take the message in at the first time, but a video can be left with them and maybe they will take it in later in their own time. It would give them time and space as it’s a very sensitive subject. Video might not work for everybody, but at least it’s a pathway.

A further initiative to disseminate information on cancer and raise the profile of the Volunteer Group was the presentation of a Health Awareness event at the Bangor Street Community Centre on Saturday 3rd July 2010. This was devised, organised and presented by the volunteer group and attracted an attendance of approximately three hundred people. In addition to displays by health and community organisations there were opportunities for attendees to have free health checks and a presentation by a
medical cancer specialist. Attendance at the event was predominantly by British South Asian people but there was in addition smaller proportion of white people, demonstrating the capacity of such events to encourage ethnic integration and to enhance bridging social capital.

Cancer Awareness Volunteers Health Awareness Day, Bangor St. Blackburn, 3rd July 2010
Cancer Awareness Volunteers Health Awareness Day, Bangor St. Blackburn, 3rd July 2010
5 Cancer Awareness Measurement Toolkit

An object of the intervention was to test the suitability of the Cancer Research UK Cancer Awareness measurement (CAM) Toolkit which was produced in 2008. This toolkit was designed to be administered face-to-face, on the internet or over the telephone. It comprises 11 broad questions with a total of over 57 items and uses English language throughout. The volunteers did not initially like the CAMS Toolkit, largely because, in their perception, its layout did not readily correspond with the socio-cultural characteristics of the intervention’s target community. As the intervention was community-specific and aimed exclusively at a BME population, the volunteers felt that the coverage of community demographics should have been given a higher profile and should have been introduced at an earlier point. Most importantly, some of the terminology of the Toolkit was not transferable across the several languages and dialects used within the target communities. Furthermore, the volunteers found that answers were sometimes provided before the questions and found some of the questions themselves to be confusing. Volunteers found the process of using the toolkit to be protracted and some lost interest in it at an early stage.

These concerns were addressed by re-ordering the toolkit in a sequence which the volunteers felt best suited the specific context in which it was to be applied. An amended scoring matrix for the evaluation of existing resources was also produced (see Appendix One). There was nevertheless a concern that several questions were open and tended to generate a high proportion of “don’t know responses”. While the development of a new matrix was seen as a key aim of the intervention by the programme managers there were some concerns that the importance of community feedback to this redesign was not always fully appreciated by the Board of the Trust and this caused some frustration amongst the volunteer cohort. It may be inferred that the flexibility of the toolkit in terms of its facility of being re-ordered is a strength. However, it would seem that as it currently exists, there are concerns about the adequacy of its suitability to use in British South Asian communities in which there is a high proportion of people for whom English is not their first language.

6 Partnerships & Relationships with Health Professionals

Previous research (Sixsmith and Boneham, 2003) has highlighted the complex nature of volunteer – professional relationships in community public health interventions. While gaining the respect of health professionals contributes to volunteers’ self-esteem, professional and volunteer discourses may differ and lead to estrangement rather than co-operation. In the intervention under review, volunteer – professional relationships were in the main harmonious. The project was generally well-supported by local medical professionals and general practices were in the main willing to display promotional materials relating to the project. Consequently, volunteers felt their work was valued by professionals. A particular aspect of this value related to the volunteers’ facility to transcend language barriers which inhibited professionals’ ability to communicate widely across the target community.
I have approached many professionals from doctors and nurses to managers. I had very positive feedback and they wanted to get involved. I feel our work is valued by health care [professionals] in the community and after talking to professionals, they value what we are trying to do.

I have approached nurses about the programme who say it’s a worthwhile cause in helping, preventing and promoting awareness to the South Asian communities.

However, some volunteers reported that local community members had believed that the volunteers would be able to provide medical advice.

7. The contribution of the intervention to the development of social capital

A principal objective of the intervention was to contribute to the enhancement of social capital in the neighbourhoods in which the programme was implemented. There were no existing data on the current levels of social capital in the target community and it had originally been envisaged that the evaluation might establish a base line from which to measure additional social capital derived from the intervention. However, as Babb (2005) notes, social capital is a nebulous concept which is multi-faceted and which operates at both individual and area level and there are significant disagreements about its susceptibility to measurement (Abramovitz, 1986; Maskell, 2000; Schuller et al., 2000). The Office for National Statistics measures social capital by quantitative indicators such as the propensity to vote, levels of social participation, reciprocity and trust. This requires large-scale survey work beyond the scope of the evaluation. Furthermore, the linguistic diversity of the target community presented a serious challenge to the effective undertaking of any general social survey. However, while it is not possible to express the contribution of the intervention to social capital in quantitative terms, there is ample evidence to suggest that it increased the stock of social capital, albeit primarily bonding social capital, within the target community.

Volunteering is an important indicator of social capital. It is, however, influenced by cultural factors, particularly in terms of willingness to volunteer (Bankston, 2004). Research published by the Home Office (2004) has suggested that levels of formal volunteering are significantly lower among people from all of the minority ethnic groups, thus the ethnic profile of these wards is significance to the evaluation. However, the same research (Home Office, 2004) found that religious beliefs were also important to volunteering and that people who followed a religion were significantly more likely to be trustful or formally to volunteer. However, it was only those who followed the Muslim faith who were significantly more likely to report generalised trust or to participate in civic activities. The religious profile of both Bastwell and Shear Brow [see Table 2] is predominantly Muslim and creates a seemingly paradoxical pattern in that each ward has an ethnic profile that would suggest a lower than average level of volunteering but a religious profile which would suggest a strong pattern of
volunteering. The predominantly Muslim background of the target community and of the volunteers therefore seems to be significant to the success of the intervention.

The programme thus made a contribution to the development of social capital in the target community in that it established a cohort of volunteers that did not exist prior to its inception. At the close of the programme, most volunteers felt that they had developed skills and knowledge that had the potential to contribute to the development of social capital. These included access to new contacts, increased trust in others, a sense of community, new friendships, an interest in undertaking further formal volunteering, a willingness of become involved in local activities, an understanding of different cultures and an increased range of support and information networks and contacts that could be drawn upon. The fact that the ethnic profile of the volunteer group matched that of the target client group was important not only in terms of language, as described above, but in perceptions of trust. As noted above, the volunteers believed that South Asian people would be more receptive to receiving information on cancer from other South Asians rather than from people outside the community. Thus social capital, as expressed in terms of trust, both facilitated and was enhanced by the structure of the intervention. Furthermore, the success of the intervention supports the hypothesis that enhanced social capital may contribute to improved levels of community health.

However, the nature of the intervention’s contribution to social capital must be analysed in closer detail. The target community of the intervention was defined in terms of ethnicity and not geography. Although the neighbourhood community was predominantly British South Asian, it nevertheless included an approximate proportion of white people who were by definition excluded from the intervention. On the one hand, the strength of the target community’s sense of identity was advantageous to the recruitment of the volunteer cohort. Kearns and Forrest (2000) note that a strong attachment to place and identity can exercise a positive effect upon a willingness to participate in social activity and the neighbourhood base of the CAVP, allied to the high level of commonality between its ethnic and social target group and the ethnic, social and topographical profile of the volunteer group, corresponds with this assertion. In this perspective, social capital might be considered to exercise a bonding effect by reinforcing the identity and the cohesion of a relatively homogeneous target group. On the other hand, however, the focus of the intervention on a specific ethnic community within a wider neighbourhood community would also correspond with the association of bonding social capital with emphasising separateness, contributing to a mutual lack of awareness with neighbouring communities and, by sustaining ‘parallel lives’, weakening community cohesion (Home Office, 2002; Cantle, 2005). It would therefore be accurate to suggest that while the intervention enhanced levels of bonding social capital it did not develop bridging social capital. The broad aim of enhancing ‘social capital’ was thus crude and theoretically ill-informed.
8. Transferability

A number of elements of good practice in this intervention should be considered in planning future interventions of this nature. These are:

- The engagement of programme managers with excellent knowledge of the target community and who also have credibility within that community.
- The recruitment of volunteers who are themselves members of the target group in terms of social and ethnic background. This creates a sense of homogeneity between providers and recipients and militates against resistance to the intervention as an externally driven exercise. It also may increase the likelihood of volunteers wishing to continue their provision beyond the end of the intervention.
- The recruitment of volunteers fluent in local languages and dialects
- The use of a DVD in appropriate languages and using appropriate terminology rather than a reliance on paper-based resources only.

9. Sustainability

The sustainability of interventions such as the Cancer Awareness Volunteer’s programme relates to the extent to which they continue to exercise an impact beyond the period of their funding and external management. This is closely related to the concept of social capital as such programmes have the potential to become organically embedded, managed and delivered within local communities by the communities themselves, representing core indicators of social capital such as civic engagement, volunteering and helping others. Arguably the most significant contribution the intervention could potentially make to the development of social capital was that the volunteer group would sustain the provision of a cancer awareness service beyond the period of external funding and management. At the close of the intervention this appeared to be a strong possibility. At an early stage of the programme the volunteer group began to consider the possibility of long-term sustainability beyond the funding period of the programme. A general consensus that the group should try to continue had emerged by April 2010:

Yes, we want to keep it going by ourselves. All the key professionals want focus groups like us to come and talk to so I think that will be important. We can work alongside these professionals.

We want to become a support group so we need to know what is available to support us to do this. We will need to know how to run things on our own. We need to build up our skills to be able to manage volunteers.
There was a recognition that external guidance would continue to be necessary and consideration was being given to the possibility of engaging health professionals to act in an advisory role to the group.

10. Management

The intervention was well-managed at a local level and note should be taken of the fact that the long-term absence of one of the two programme managers due to illness did not impede progress. Credit is thus due to the manager who maintained the high standards of the programme virtually single-handed for some periods. Allusion has been made in various sections above to the respect the managers earned from the volunteers and it may safely be assumed that this was a contributory factor to the success of the intervention and to the retention of volunteers.

There were some concerns around the management support provided by the Trust, and the lack of guidance on the social capital-related aims of the intervention has been referred to above. There was some local concern about a perceived inflexibility of the steering group vis a vis the wish of the volunteer cohort to adapt the matrix and although this issue appears to have been satisfactorily addressed it nevertheless placed stress upon the volunteers. There were also concerns about irregular attendance at Board meetings and changes of dates of meetings which impeded the smooth progress of the intervention.

11. Conclusion

This was a well designed and well-managed intervention. The high standards of performance displayed by the volunteer group together with the high rate of retention reflect not only the commitment and effort of the volunteers but also, as the volunteers themselves reported, the way in which the programme and the volunteer group was recruited, locally managed, supported and mentored. The programme was successful in raising awareness of cancer within the target community and also in identifying the socio-cultural complexities inherent in this process. While it is not possible to express its contribution in quantitative terms, the qualitative understanding of the engagement of British South Asian populations in raising awareness of cancer has been enhanced by the programme. However, the facility with which the intervention was successful in recruiting and maintaining a cohort of volunteers from a Black and Ethnic Minority community contrasts with research which found low levels of Afro-Caribbean participation in local community networks in the United Kingdom. This may be related to the perceived cohesiveness of Asian communities. (Campbell and Mclean, 2002). This points to the importance of recognising the distinctive natures of African –
Caribbean and Asian communities within the categorisation of Black and Ethnic Minority populations and would need to be considered should the intervention be replicated elsewhere.

In terms of the enhancement of social capital, the contribution of the programme to the target community was arguably positive although this was at the cost of any potential contribution to neighbourhood social cohesion. The programme was primarily targeted at a group defined by ethnic background and not by location. The volunteer group was composed exclusively of people of a similar ethnic background to the target group. The contribution of the programme to social capital was thus, by virtue of the design of the programme, one of an enhancement of bonding social capital. An enhancement of bridging social capital would in theory have been possible had the programme been targeted at the whole population of the Bastwell and Shear Brow wards but whether a similarly effective volunteer group would have been established remains unknowable.
References


Department for Communities and Local Government (2009) Building Cohesive Communities: What frontline staff and community activists need to know.


Appendix One – Amended Cancer Awareness Scoring Matrix

<table>
<thead>
<tr>
<th>Criteria to score against</th>
<th>Score 0-5</th>
<th>Comments (please give some reasons for very low or high scores)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The resource informs about signs &amp; symptoms of Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The resource informs about causes of cancer</td>
<td></td>
<td></td>
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<tr>
<td>The resource is available in different formats</td>
<td></td>
<td></td>
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<tr>
<td>(i.e. Audio CD DVD, Video, Tape cassette, Braille, large print)</td>
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<tr>
<td>The information is clear &amp; concise</td>
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<tr>
<td>The resource is available in relevant languages</td>
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<tr>
<td>(i.e. Punjabi, Urdu, Gujarati)</td>
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<td></td>
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<tr>
<td>The resource can be used by individuals and/or Groups</td>
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<td></td>
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<tr>
<td>The resource is easy to get hold of</td>
<td></td>
<td></td>
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<tr>
<td>(where can you get it from, how easily, can it be borrowed)</td>
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<td></td>
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<tr>
<td>The resource gives you information on what to do next</td>
<td></td>
<td></td>
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<tr>
<td>(i.e. what to do now, where to go for more information)</td>
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Total Score out of 40=..............................