Bromley by Bow Centre research and evaluation project: integrated practice - focus on older people

EXECUTIVE SUMMARY

This three year qualitative evaluation had a dual focus: it set out to investigate work with older people within a healthy living and community Centre located in the London Borough of Tower Hamlets; it also set out to characterise the Bromley by Bow Centre's approach or implicit model, and to identify its implications for policy in a number of interrelated areas including: health promotion, social entrepreneurship, active citizenship, integrated working, and community regeneration.

THE SETTING: ARCHITECTURE, CREATIVITY AND VIGOUR

The Centre has for some time been regarded by central Government and a number of partner agencies as a flagship of social enterprise and integrated working. It has launched numerous local businesses, incorporated a GP practice and ancillary services and been a major community care provider for Social Services. It runs a large number of volunteer projects and works through a wide range of partnerships and networks.

The Centre itself is something of an enclave, housed in beautiful buildings and expressing a concept of community architecture that could well serve as a model for similar organisations. The architecture is an essential factor in the life of the centre, encouraging social interaction and providing a beautiful, containing space where people feel valued. It sets the scene for creative exchange. This protected internal space is the hub of a vigorous networking organisation with fluid boundaries in a state of constant dynamic exchange with its environment.

OLDER PEOPLE IN AN INTER-GENERATIONAL COMMUNITY

Because of its integrated approach to health and well-being and its integrated model of service provision, the original research design anticipated that it would be impossible to adequately characterise and evaluate the Centre's work with any particular group without an adequate view of the organisation as a whole, its principles of operation and the interpersonal relationships that are facilitated within it.

Older people participate in all aspects of the Centre's life, as well as in dedicated projects. An inter-generational approach is a fundamental tenet of Centre philosophy, and there was ample evidence that it is valued by all age groups, with the partial exception of some (but by no means all) younger people whose reference point is more exclusively with their peer group. There have been claims that they are too easily seen as a potentially disruptive group in the Centre. In our view, there are real conflicts of interest about how facilities should be used, and some marginalised and hard-to-reach younger people do require the option of separate provision.

OLDER PEOPLE IN A MULTI-ETHNIC COMMUNITY

There has been a long tradition at the Centre of providing common services for different ethnic groups, reflected in the inter-faith ceremonies within the United Reformed Church (URC) on site. Although many health and welfare services are targeted at specific needs and different social groups, it is of over-riding importance at the Centre that such services be integrated within the umbrella of one organisation.

Many of the older users of the Centre are white East Enders, whose families have lived in the area for generations. They have been and remain an important and highly visible group - especially in arts-based health and leisure activities. In addition, the Centre has also had success in providing advisory and leisure activities for older Bangladeshi men as well as attracting high participation among younger Bangladeshi women particularly via its educational provision. Older Bangladeshi women especially benefit from its out-

reach work and many are registered with the GP practice. Vulnerable elders from a variety backgrounds needing intensive support are catered for in the Community Care project and share in common facilities and activities.

It is frequently assumed that older people are reticent about community involvement in mixed contexts, preferring to remain with the familiar, and more comfortable with stable environments dedicated to the needs of their peer group. The Centre's experience shows that this is not necessarily the case. As with other age groups a differentiated provision within a wider community that emphasises interdependence and common purpose offers a good strategy of social inclusion, counters the marginalisation of older people and provides an invigorating environment, conducive to sociability, learning and creativity. The same could be said of all the other groups that make up the Centre community.

MAKING LINKS: ART, CREATIVITY AND REFLECTION

The Centre's ability to continue to generate an ever changing array of projects to meet new needs is fuelled by a culture of internal creativity in which the importance of the arts can hardly be over-stated. The arts encourage people to make connections between each other and between different activities and sides of the self. They permit an oscillation between a careful and caring attention to detail and the comprehensive view that is only achieved by standing back and seeing the whole. This is the basis both for an ability to 'pitch in' and get things done, and for a reflective and evaluating frame of mind.

In the general rush of things staff are easily seduced into hyper-activity and struggle to make space to think. There is intense pressure on some individuals and instances of burnout have occurred. However, acknowledgement of these difficulties has recently led the Centre to develop internal structures that guarantee and formalise reflective processes. We see this as a vital development that will help the Centre remain true to its values as it faces the challenges ahead.

INTEGRATED HEALTH PROMOTION AND ACTIVE CITIZENSHIP

Health promotion at the Centre uses spectacular events, visuals and narrative as memorable ways of providing information, thus increasing health awareness and ownership. Frequently these opportunities arise in relation to food and this naturally leads on to health promotion events on nutrition. Such work goes beyond providing information and is grounded in inclusion and relationships.

The Diabetes Fairs are a flamboyant example of using social events for educational purposes. They counter the stigmatising effects of chronic health conditions that particularly affect older members of the population and, by including family and personal networks, turn health into a common concern.

The Centre encourages relations between health professionals and patients to foster patient expertise. Spreading programmes on specific health issues across the whole organisation widens learning and generates new methods of conveying health information. Stepping back by professionals encourages conversations among users and the development of locally meaningful communication about health matters.

The belief that everybody has something to contribute promotes collaborative engagement in practical action. People with different needs gain from mutual interdependence and the feeling of being needed. Such participation builds community and generates transferable citizenship skills that people put to wider use.

At the same time, the Centre recognises the value of passivity and the importance of reflection before action. The apprecia-

tion of passivity is of particular relevance for more vulnerable individuals, some of them older people, whose needs can clash with those of more active and assertive groups. Integrated provision necessitates an ongoing careful negotiation of boundaries.

THE TARGET CULTURE, RISK AND AN ENABLING LEADERSHIP

The creativity of the Centre is fostered by the 'try it and see' approach of its leadership. We cannot emphasise too strongly that this has nothing to do with conventional outcomes-led models of project design and everything to do with an open-ended willingness to take risks and the perception that failure too can be a point of learning and growth. If the 'target culture' had already gained dominance while the Centre was evolving its distinctive approach it is unlikely that the Centre would have survived in recognisable form. The Centre is a mature organisation that has accomplished 20 years of organic growth and survived a succession of funding crises. In order to secure its sustainability it is now searching for creative and non-destructive ways of responding to the demands of the audit culture.

There are risks in this and anxieties that something essential and very precious may be lost – that the imagination will be stunted and the creative juices will dry up. We have concluded that although the transition is painful and the Centre must work hard to cherish and protect its own traditions, it is unlikely - though not impossible - that it will be de-natured in the process. The Centre has long experience of producing changes whilst remaining consistent with itself.

POROUS BOUNDARIES FOR A PROTECTIVE ENCLAVE

Its ability to do this derives from the ways in which its leadership has actively protected the internal organisation from some of the rigours of the current welfare regime whilst maintaining a porous boundary. It has learnt how to preserve itself yet admit new influences and maintain a dynamic interchange with its environment. These qualities are central to social enterprise in a context of constant change.

The organisation is not free from tensions with the community. There have been vigorous debates about the balance between on-site and outreach work and about political 'ownership'. Relying on local outreach and Centre staff with detailed community knowledge and cultural sensitivity raises difficult work-life-balance issues. These include 24-hour accessibility and problems of entering professional relationships with friends.

FINANCIAL HAZARDS

The Centre has tapped into non-obvious funding sources, developed local entrepreneurs, turned activities into businesses and ploughed profits back into the Centre. This does not guarantee viability. Financial instability and crisis situations persist and cause anxiety that demands containment. In addition, financial shortfall limits the scope for the experimentation that has proved crucial to the organisation's innovative culture and capacity for organic growth.

It has taken a deeply rooted culture, in the face of an action- and competition-oriented discourse of social enterprise, to continue the slow, relationship-based interpersonal work essential to nurturing entrepreneurial skills in a disadvantaged community. The pressures on the more experienced staff of sustaining this are immense, which is why we urge the need for more supervisory support.

CONCLUSIONS

The Bromley by Bow Centre exemplifies a number of high profile New Labour policies, while also calling important aspects into question. Simplification can even lead to a conflating of Centre and New Labour thinking. In health promotion, social entrepreneurship, active citizenship, integrated working and community regeneration, the Centre's approach is essentially *experimental, holistic and relational*. Such work is undermined rather than supported by the target-driven, regulatory culture of contemporary governance. There are encouraging signs of that a new policy appreciation of emotional intelligence and integrated complexity is beginning to emerge. The Centre's sound and long-standing experience offers many insights into how more adequate organisational provision can be achieved.

PREFACE

THE BROMLEY BY BOW CENTRE

The Bromley by Bow Centre is an arts-based Healthy Living Centre, Children's Centre and Community Centre in the East London Borough of Tower Hamlets. It also has a full-time Community Care project with places that have been funded by Social Services. Key on-site partners include Bow Childcare and the United Reformed Church, and there are numerous off-site partnerships with private, voluntary and statutory agencies. Local people have found routes into employment through the Centre's many projects and it has launched and supported a significant number of local enterprises. One of these is the on-site café, offering healthy meals and catering at affordable prices. In many ways this is the social hub of the organisation. The Centre has made environmental improvements to the area, especially the surrounding park, which is home to a children's playground and community garden and hosts many of the summer activities.

EVALUATION OF THE CENTRE

This report has a dual purpose. The first is to provide a qualitative evaluation of the Centre's work with older people. The second is to characterise and evaluate its distinctive approach to community work, with particular attention to health promotion and social care. These two functions are inevitably intertwined with an appreciation of many other aspects of the organisation's activities, for the simple reason that the Centre works towards 'integrated solutions' to problems of individual and community well-being. This means that although there are dedicated projects and services for older people, the overall aim is to cater for them within an inter-generational community setting. An adequate understanding of the Centre's model must therefore examine the ways in which its activities work together to provide for all age groups.

STAFF, VOLUNTEERS AND COMMUNITY

The Centre carries out its work with the help of local people as staff and volunteers, with artists and with health and social care professionals. It also benefits from the skills of people with administrative, financial and managerial backgrounds, some full-time, others seconded from organisations such as the civil service and Barclays Bank.

The area served by the Centre is ethnically mixed[1], having witnessed inflow and settlement of migrants and refugees from all over the world. These communities have contributed to a local texture of life that is culturally rich and variegated but often restricted in educational, employment and leisure opportunities.

[1] In the Bromley by Bow area, 40% of the resident population are Bangladeshi, 39% White, 6% African, 4% Caribbean, 4% Chinese or Other, 3% Mixed, 1% Indian, 1% Other Black, 1% Pakistani, 1% Other Asian.

The mixed community is well represented among the people who use the Centre[2] and benefit from its outreach. Culturally specific and general projects and services flourish alongside each other, and are reflected in the ecumenical spirit of the United Reformed Church around which the organisation originally grew. The Church retains an important role in the spiritual life of many of the people who use the premises. Today the Centre is a modern secular organisation whose members are drawn from the many faiths of the surrounding population or no particular faith at all. The church still occupies a large hall and shares its space with childcare facilities, family activities and arts projects.

In 1984 the church hall - then in a dilapidated state - became home to the small community arts project that formed the nucleus of the present organisation. It has continued to provide space, continuity and coherence by 'sheltering' small projects (like Bow Childcare) until they thrive. The Centre grew organically from these humble beginnings over a period of twenty years. It has transformed itself into an ambitious provider of mainstream and voluntary services, but it continues to bear the imprint of its origins. Its founding myths and stories have helped to define the organisational culture. Its use of visual and narrative arts helps to ensure that its service provision is embedded to a significant extent in the cultural life of surrounding communities.

The Centre has prospered during a period that has seen constant fluctuations in health, welfare, education and local regeneration policy. These changes have not always favoured its survival and growth. Like many other voluntary organisations it has relied on multiple sources of finance and has been obliged to accommodate uncertainty and devote precious resources to maintaining its funding stream. Nevertheless it has adapted and incorporated mainstream health services while striving to preserve much of its original ethos. Nowadays it has an annual turnover of almost £3 million. It is involved in a complex range of partnerships, and plays an important role in local area regeneration.

HEALTH

In 1997 the Health Centre was launched to complement a sister surgery at XX Place. It was designated a Healthy Living Centre in 2000. General Practice and community health services are now offered to a large slice of the local population, catering for over 4,300 registered patients. This later incorporation of the Health Centre into a community arts project is an inverse of the usual relationship between health and community services and has been a unique opportunity to bring community influences to bear on local NHS health care.

The Health Centre benefits from a range of ancillary services that include community nurses, health visitors, midwifery, baby clinic and complementary therapists. It has been profoundly influenced by its location within a wider community centre, with which it shares a reception area. Its specific approach to health provision rests on this sometimes uneasy relationship and staff are used to negotiating the tensions that arise from it. Its health promotion activities are

[2] A census conducted in activities in the Centre and the Marner Centre in a week in April 2004 showed that of the total weekly attendances of users, 48% are Bangladeshi, 29% White, 6% Somali, 3% Black Caribbean, 3% Other, 3% Mixed, 3% Black African, 2% Pakistani, 1% Chinese, 1% Other Black, 1% Other Asian, and less than 0.5% Indian.

provided through imaginative co-working between health professionals, resident artists, educators, outreach workers and volunteers.

COMMUNITY CARE

The Community Care project has day-places for 62 disabled adults currently aged from 19 to 88, and provides for a number of the Centre's older and more vulnerable members. It occupies a necessarily protected space that includes the adjacent pottery room. People can and do move in and out of the space, and its location ensures that it can share facilities with the wider Centre community. Its members eat in the café and take part in the numerous events held in the buildings and surrounding park.

EDUCATION

The Centre is also a significant educational provider. In conjunction with partner organisations[3], it offers a range of accredited courses from English for Speakers of Other Languages (ESOL) via various National Vocational Qualifications (NVQs)[4] to Higher National Certificates (HNCs) and Higher National Diplomas (HNDs) in Public Arts Management, as well as unaccredited courses such as Arabic or sewing. Its 'Communiversity' initiatives with the University of East London have led to the development of modules for a BA in Social Enterprise.

A notable recent development has been horticultural training for a group classified as 'hard-to reach learners' that brings learning and social enterprise together. A dozen young men from disadvantaged backgrounds who have experienced difficulties with education are studying for an Entry Level Three Award in Amenity Horticulture. The course combines theoretical classroom study and practical work with one of the Centre's social enterprises, *Green Dreams*.

A planned Learning Centre a few hundred meters from the Centre will offer a broader mix of activities. Its construction will turn a currently run-down site into a managed green space.

Much of the Centre's work is devoted to Health Education. For example, it offers placements for medical students (from University College of London Hospital) that focus on integrating healthcare with artwork in participative projects such as Art and Asthma. Older people are particularly attracted by art/social groups that convey health information, and educational/social events that use the arts to inform about medical conditions such as diabetes.

Perhaps unsurprisingly, the Centre's educational provision is particularly popular with the 20-39-olds. In a week-long count, 279 or 73% of all attendances at learning activities[5] fell into

[3] The major partners are Barnet College, Tower Hamlets College, Learning and Skills Council, Career Development Centre and Waltham Forest College, Tower Hamlets Lifelong Learning Service and the Workers' Educational Association.
[4] Level 2 Care; Level 2 and 3 Childcare
[5] Defined as activities that receive learning funding.

this age group. Older learners (60+) make up 5% (18) of the total. At 75%, by far the majority of learners are adult women.[6]

CENTRE USE

The Centre continues to launch new projects of varying scale and ambition. At any one week there are over a hundred activities. Uneven practices of recording attendance in the Centre make it difficult to give precise overall numbers. The censuses launched with the combined efforts of the research project and Learning Team estimated some 1,400 attendances to specific projects over a week. Some of these projects are short-lived, others have been running for years. Some are directed at particular cultural, age or gender groups, others are mixed. They reflect the Centre's integrative model of working both in their composition and in the way in which they link together with more formal provision to give substance to the Centre's holistic approach to health and social care. Many of these projects are arts-based and they draw on and develop the personal creativity of its staff, members and volunteers. Together they make up a complex web of provision.

RESEARCH CHALLENGES

Mapping this complex organisation and its activities proved to be a challenge for the research, which was always trying to grasp a moving object. The researchers soon discovered that no one person within the organisation appeared to have an overview. Documentation was often haphazard, or people were unsure where to find it. In part, this is because the Centre is a genuinely imaginative and innovative environment where original ideas are continually tried out. Some of these fail or mutate before they are even recorded. They may well proliferate around a certain idea or principle, responding to the needs and enthusiasms of particular subgroups. For example, the Development Group (the participatory action component of the research) 'discovered' a cluster of projects around healthy eating which amounted to a coherent but differentiated approach. These projects had emerged alongside each other with little or no mutual reference. The task of the research was to recognise the principles of healthy eating which informed them and to understand their mutual interaction.

[6] Centre and Marner Centre census, 26-30 April 2004.

PROJECT AIMS AND PROCESS, AND WAYS OF READING THIS REPORT

PROJECT AIMS

Our overall aim was to establish a collaborative research partnership to conduct a case study of an innovative model of health promotion for older people in order to evaluate its local impact and wider transferability.

Contributory aims were to:

- Produce a research design congruent with the ethos and participatory nature of the Centre
- Conduct the inquiry collaboratively as a cross-cultural community development project involving health professionals, health networkers, users of the Centre and members of the wider community
- Incorporate narrative and arts-based approaches in the research design so as to ensure the development of self-evaluation skills for continuing use by the Centre
- Define the Bromley by Bow model of primary health care work with older people in terms that are useful and easily communicable to the wider health community (policy makers, practitioners and users)
- Assess the contribution of the Bromley by Bow model to the development of active citizenship among older people
- Identify specific ways in which the organisational culture of the Bromley by Bow Centre contributes to its distinctive model of health promotion and provision
- Provide an independent evaluation of the experience of older people who use the Centre
- Translate the research learning experience into training objectives for health networkers and components for an HNC course in Health Networking

PROJECT PROCESS

The evaluation project – the final report of which you are looking at - was set under way by a bid from the principal researchers (Prue Chamberlayne and Lynn Froggett) and the then CEO of the Centre, Paul Brickell. It ran for three years from early 2002 to early 2005. It was set up to describe and evaluate the Centre's way of working, focusing on its work with older people and using primarily though not entirely the methods of talking with people, observing and participating in Centre experience.

All research projects evolve over time. How did this one evolve?

(i) Our research questions remained fairly constant – how does the Centre work with older people? What changes can be said to have happened as a result of the way it works? However, because there were fewer activities exclusively dedicated to older people than we had anticipated – the Centre works with older people in multi-age groups, not treating them as a separate category – we found our results covering the wider question of 'how does the Centre work with people?'

(ii) Our methodology has evolved somewhat. Originally, our proposal centred on four methods of data collection: use of available statistics, interviews, observations of institutional activities and participation in collaboration with people in the Centre. Over the three years, we became more aware of the value of informal participation in the life of the Centre and came to focus more upon understanding the use of art and artwork as a form of activity. We also developed a more organic co-researching, co-learning relationship to the Centre, particularly about avoiding simplifying premature conclusions to complicated questions.

(iii) Our search for finding the best language for 'thinking' the answers to our research questions has continued right

from the start into the writing of this report. The research team has had to find ways of explaining their ideas from different disciplines and personal histories to each other *and* find a non-academic language and format for communicating face-to-face and through this report to those with different sorts of stakes and interest in the Centre and in our research.

(iv) The concept of the task of evaluation has also evolved. Our original concepts of what would be involved in writing our report varied, but we came to understand that a report on the Centre that highlighted formal value-judgements by the team would not be the most useful thing to do. We realised that what the different readers of this report needed was enough 'thick description' of what went on at the Centre to enable each of them with their separate values and separate interests to evaluate for themselves both our descriptions and the evaluations that are embedded in our descriptions.

(v) We had a similar change in our concept of who the report should be for. Our original notion was that we were writing primarily for those who funded the project: the Dunhill Trust. This then changed. In order to design this report, we looked at a whole number of ways that research like ours had been put into reports for different sorts of people. We decided that the most important audience for this research was that of workers in community centres and community development work who needed to know how the Bromley by Bow Centre worked and what they could learn from its experience. We wanted to write it for practitioners of, and policy-makers for, community development. This report is therefore an experiment in writing for community developers, actual or would-be community entrepreneurs, front-line staff working in social or community action, and people making or breaking policy in relation to such activities.

WAYS OF READING THIS REPORT

There are many ways of reading a report as lengthy and detailed as this one, and most do not involve reading all the sections in the order as they are printed. Though this is certainly one that we think has benefits, below we point out some other ways. You will probably invent your own.

We recommend everybody to start with the *Executive Summary* at the beginning and the *Summary of Findings and Policy Conclusions* at the end.

After doing this, very busy readers may just focus on the analytical bits and discussion in Chapters VI and VIII (leaving the evocative examples and illustrations in those chapters till later). These chapters can be seen as the 'heart' of the project:

- Chapter VI - *Integrated Models of Practice in Community Health and Well-Being*

- Chapter VIII - *Organisational Culture and Practice*

Another way that may suit people with a more person-centred approach would be to look first at three more 'concrete and evocative' chapters (and then scan text boxes for illustrative bits and quotes), only afterwards looking at material in Chapters VI and VIII:

- Chapter I, which defines the material setting, the Centre as a place to see, to be, to move around, and where things are going on

- Chapter II - getting the feel of the Centre from 'inside' as recorded in diary observations and reflections of a newcomer joining the organisation

- Chapter V, which focuses on different personal 'stories' of people in the Centre, and a story about the Centre itself

Readers concerned with the Centre as an object of research and wanting to find a path that highlights the research dimension might consider the following track:

- Chapter III, which defines the local and national context of the research project

- Chapter IV, which considers the evolution of the methodology over the period of the research, and reflects on lessons to be drawn about doing similar research on other organisations in the future

Finally, those interested in the Centre as an example of social enterprise and in the general policy implications arising from the research but wanting not to be too bogged down in detail, at least to start with, might consider

- Chapter VII - the Centre as a community enterprise model

- Chapter XI - *Summary of Findings and Policy Conclusions*

I

THE SETTING

I The Setting

OVERVIEW

The Bromley by Bow Centre provides a striking setting for its work, whether artwork and storytelling, or the hard graft of a busy Health Centre and community development project. Throughout this research we were mindful of the fact that art and story-telling brought the Centre together, gave it a distinctive character, helped to define its purpose and have continued to underpin its activities with all age groups during twenty years of constant growth and change. Over the last few years in the UK the number of arts-based health projects has grown exponentially, but we have found none that have used the arts so consistently, imaginatively and assertively over such a long period. Throughout the research we have asked how the arts have come to be so important at the Centre. How have the verbal and visual arts woven together to produce a distinctive culture? How do people respond to this culture? How does it aid in integrating health and social care, education, leisure and employment opportunities? In particular, how does it impact on the work of the Centre with older people?

The following section discusses the buildings, spaces and surrounding park where the life of the Centre evolves. The report then moves on to Stef Buckner's account of joining the organisation as a research assistant. Her story introduces many of the themes that became the subject of formal investigation. Stef's diaries record her first and later impressions, her frustrations and discoveries and her struggles to understand some of the Centre's tensions and opportunities. Their importance within the research as a whole is discussed in the methodology section. Nearly all the main themes are pre-figured in this and the next chapter, and they will be systematically drawn out and summarised in the conclusion. We introduce our report in this way in the hope that the Centre will become a living presence in the minds of our readers, and out of respect for the way in which it works hard to win the imaginative engagement of its users, volunteers, staff, visitors and partners. Research reports are often dry, though stuffed with useful information. In keeping with the Centre's ethos, we have tried to produce ours in a form that is enjoyable to read and stimulates thought.

THE SETTING

> *It's just so very green, bright, spacious, and so nice. It feels like you're coming into a separate little world. It's so serene and beautiful, such a contrast to the outside world.*

(Employment service outreach worker)

It is hardly surprising that an arts-based project should attend scrupulously to its own architecture. As funds were found for renovation and construction of a new Health Centre, café' and workshops Andrew Mawson, who was CEO at the time, was single-minded about hiring the right architects. The collaboration turned into a long-term relationship where ideas were generated in the context of personal interaction and a developing attachment. Such alliances have served the Centre well, withstanding a remarkable amount of human friction within the commitment to a common project. Work there is seldom defined solely by contractual arrangements, and associations become long-term. One of the architects, Gordon McLaren, continues to complete building projects for the Centre, including the re-constructed Tudor Lodge. He is currently working on a children's playground.

> *In any public space – people are mainly interested in watching one another.*

(Gordon McLaren, Centre architect)

> *Our aim is nothing less than building a creative community.*

(Frank Creber, artist)

The buildings, park and gardens of the Bromley by Bow Centre are the backdrop for everything it does. People told us that the setting makes them feel valued. The surrounding 'mean streets' have seen

some upgrading in recent years largely through the work of the Centre's key partners, Poplar HARCA (Housing and Regeneration Community Association) and Leaside Regeneration. However, swathes of social housing remain degraded, reflecting the decline of family support networks and a disinvestment in public space by dislocated communities. The rise in prices for private housing has pushed many younger economically productive people out of the area in search of their own homes, leaving behind concentrations of older and socially excluded people. There is a shortage of high quality public space, and the Centre and its park are therefore something of an oasis. It was designed in accordance with the principle that the first task of any public building is to give pleasure and provide a place that brings people together.

Courtyard of the Bromley by Bow Centre

The courtyard of the Centre is a surprising space. On-the-spot interviews with people as they entered gathered responses from different ethnic, gender, age and occupational groups. The associations were personal but usually reflected the cultural location of the speaker, seeming to work well despite their differences: it was described as paradise garden, Mediterranean courtyard, romantic English retreat, cloister, oasis. People saw it as a place of safety and imagination - where they could dream of what they might do and who they might be. They suggested that the setting invited them to meet with each other and talk - a site of connection that set the stage for human relationships.

> *… and I particularly was taken by the sculpture with this child lying on an animal or some sort of … some sort of comforting creature. And I love the glass - I love the glass that sort of gets you inside the Centre as you walk towards it, but you're not yet in it. So it's terribly inviting. And I like the pergola with the wisteria … it carries on the glass …*

(Visitor to Bromley by Bow)

What is it about this particular space and the buildings that seems to bring people of different backgrounds together while giving a sense that they can all belong? There is something of the stage-set about it in the sense that it is a focal point of action set slightly apart from the grittiness of 'real' Tower Hamlets. The dramatic arched entrance frames a different world to the surrounding tower blocks and the flyover where traffic hurtles 24/7, belching out pollutants.

Behind the walls of Bromley by Bow there is art, vegetation, water and walkways. The buildings that mark the limits of the courtyard are full of windows, entrances and exits that mark the distinction between inside and outside without forming a barrier. They 'hold' the space of the courtyard just as they hold the projects of the Centre itself, offering glimpses of public activities in the reception, nursery or café. A group of elders is working in a chaos of collage materials, used tea-cups, cakes and flowers. The atmosphere is raucous. A short passageway tumbles into a crèche playspace. Light filters through the foliage onto the shoppers at a 'farmers market' displaying the ingredients of half a dozen national cuisines. Workers taking a break sprawl on the benches, while smokers cluster at the point where the eye travels through to the park beyond. Fresh cooking wafts through the glass doors of the café, where a group of older Bengali men are debating local politics in their luncheon club. The mosaic tables where they sit were made in the Community Care workshops, where people are now throwing pots. Artists have their studios close by, and half-completed sculptures, paintings,

ceramics and textiles can be glimpsed through the windows.

The surgery shares its reception with the rest of the Centre, and here the usual relationship between professional and public zones is reversed, with the best area given over to those awaiting appointments or using it for some activity. Whereas the consulting rooms offer necessary privacy, the shared space is a rising structure of glass and timber hung with objects of variable decorative quality: whacky, instructive, inspirational – usually the outcome of earlier art projects.

All this is not entirely without its drawbacks. The open plan affords few barriers between reception staff, patients and whoever may happen to wander in. Many rooms are multi-functional and the spaces flow into each other. There is little 'defensible' space against the human disturbance and occasional aggression that can so easily erupt in an area where poverty and the frustrations of daily living sometimes bring people to the edge of their endurance. By no means every GP to come to the Centre has enjoyed working there. The space implies a kind of accessibility that can create uncomfortable tensions of its own.

While visitors are impressed by the 'peacefulness' of the courtyard, the Health Centre can be a noisy and inconvenient place to work in, as the pressures of a busy practice mount. There are also critics who acknowledge that the place is lovely but who see it as too much of a retreat from the harshness of the surrounding estates. It suits the older people who use the Centre for health and social purposes very well and it offers people with disabilities in the Community Care project a protected space within an integrated environment. As in any mixed environment, different habits and needs can clash. The integration of younger members of the community who can create noise, mess and the natural disruption of high-octane youthful energy has not always been easy.

> *I think if you're a young person you don't quite know whether you belong in there or don't, or whatever.*
>
> (External interviewee)

It works best in the summer school holidays when the park is given over to summer schemes. The Centre continues to work with these tensions and with a linked independent youth project *Streets of Growth*, which conducts intensive individual and group work with young people from shop-front premises a few blocks away. Its project leaders think the Centre is too protective about its space and feel better able to offer some of the more challenging outreach from a location in the midst of a busy square. However, youth workers are still shared across sites, and the inter-generational aspects of the Centre environment help counter the exclusion and marginalisation of older members.

Other 'satellite' buildings have opened up nearby as the Centre has stretched out of its enclave[7] and further into the community. Nearby Tudor Lodge was completely re-built on the site of an old night-club and provides a much needed hall and rooms for the expansion of music and drama, as well as a large, bright, modern nursery. A few streets to the South the recently opened Marner Centre was built by Poplar HARCA and operates under Bromley by Bow Centre management. This occupies new premises adjacent to a school with which it hopes to offer extended school functions in the future. It currently provides for family work, training, childcare, counselling and health advice.

These satellite buildings continue to offer high quality facilities to local people and provide bright, modern spaces suited to performance or the general commotion of

[7] Elsewhere in the report we explore the relationship between enclave and surroundings. 'Enclave' is sometimes used to denote romanticised seclusion or retreat. The Centre, on the whole, makes effective use of an enclave from which it develops activities that also reach out. In this case the term should not be understood as having negative associations, although drawbacks are highlighted where appropriate.

childhood. They lack the delicate balance between shared areas and intimacy that makes the original Centre so attractive to its older members. They are well-suited for their purposes and it will be interesting to see how far they refer to the original Centre as an inspirational 'home' in the future.

There is an inevitable contradiction between the desire to cherish and protect a place and open it up to everybody. There have been regular thefts with the loss of valuable equipment, but surprisingly little vandalism. As a Health Authority representative pointed out, this echoes the experience of other public bodies, which have found that screens and barriers seem to incite damage, probably by aggravating a sense of exclusion. The NHS and other public services have something to learn from the Centre in terms of how to commission new buildings and work with local artists. It is no accident that one of the GP partners is Vice Chair of the BMA and Director of the NHS LIFT programme - a nation-wide initiative to re-build or revamp old surgeries.

The Director of Operations, Elaine Hamling, points out that 'it's not so much the buildings as what people do with them'. However, people take inspiration from this environment and by and large put up with the parts that work less well for the sake of the expansive vision that it stimulates.

The Bromley by Bow Centre is a good example of synergy between community architecture and community project – but not because it is a perfectly functional building, purpose-built with particular uses in mind. Such a building would soon be obsolete in the context of a fast-moving organisation that generates a constant stream of new ideas. The building must adapt both to sustainable mainstream activities and to an imaginative flow of experimental initiatives. It must provide structure, continuity and coherence while allowing space to try out things that have not been done before. It must allow for rooms that can be modified according to use while providing places that feel secure and sympathetic. More importantly, however, it needs to provide spaces that accommodate cultural traditions while stimulating people to reach beyond them, and sensitivity to needs and vulnerabilities while allowing for a play of ideas. It is no wonder that some see it as a stage-set, a place of creative illusion.

There is a fine balance to be achieved between conservation and innovation, tradition and enterprise, just as there is between youth and experience. This tension can be felt keenly by older people who may be especially conscious of the weight of the past while sharing in hopes for a better future. They are more likely to speak of being 'at home' in the Centre and are inclined to describe it in terms of 'family' with its inter-generational energy. The Centre's ability to work with the cultural and generational differences in the local population and to provide both specific and integrated services and activities is one of the keys to its character. Its development rests on an infrastructure which offers seclusion and intimacy where it is needed while giving free rein to the expressive and expansive side of local personalities and cultures.

II

OBSERVATIONAL DIARY

II Observational Diary

INTRODUCTION

Having considered the Centre's functions and physical environment, we look at the research assistant Stef Buckner's initial experiences of the organisation. We do this through the medium of a few diary entries.

Although not prominent in the original research design, participant observation and the accompanying fieldnotes quickly emerged as a very close-to-the-experience source of information about incidents and experiences in the Centre. The research assistant's diary entries allowed insights into the organisation's approach to working with older people, and on a more general level came to serve as a fruitful base for team hypothesising about the cultural dynamics of the Centre.

INITIAL IMPRESSIONS

On her first visit to Bromley by Bow, the research assistant wrote:

Positively surprised when I saw the Bromley by Bow Centre – the word 'oasis' sprung to mind: an oasis of quiet and beauty in a seemingly rough and polluted area. I had expected a large, grey concrete complex! Friendly and welcoming atmosphere. Instant taste of multicultural community when seeing staff and users – integrative, seemed to reflect what I had read about it. Guided tour of the premises revealed very appealing facilities. Multitude of interesting and unusual activities on offer. Buildings and furniture predominantly modern and of high quality. Overall very positive impression - "I could imagine myself working here and liking it."

(Visit to Bromley by Bow for job interview)

The informal and multi-generational feel of Centre activities is conveyed in an early diary entry on one group, Exercise on Prescription:

The participants arrived at different times. The group was very mixed: young and older, European and Asian women, a Bengali volunteer who translated the instructions, and some children who played in the background. Some of the women were heavily veiled. Some group exercises, but also a lot of one-to-one work was done. Exercises for the women to do at home were demonstrated and translated. At some stage, the children started to take part. A girl stuck her head through the door and asked what was going on and whether she could participate. Of course she was welcome! She then went to fetch her friend, and both joined in. The women seemed to really enjoy themselves. They appeared to be most comfortable in the group, and lots of conversations were going on. They pursued the exercises with enthusiasm, and some of them looked into my direction as if to say: "Look!" I saw an older Bengali lady in a long coat with a large scarf around her head jumping on a trampoline. She seemed to have a good time! I was impressed.

(Exercise on Prescription in week 20)

ENTRY INTO THE CENTRE

The three-year research period happened to start in a period of uncertainty and transition for the Centre in which staff were more than usually stretched to their limits. The informality that seems unproblematic begins to become a source of some frustration and anxiety.

I arrived with the expectation that I would meet with people and start on a planned induction. Instead, I was sent to the café to wait for Lynn. I was surprised …
Development Group meeting in the afternoon: so many names and activities to remember! I hope I'll get a good overview of it all quickly! Very relaxed, friendly and informal atmosphere. Felt included right away. Centre members very enthusiastic about their work. Appeared to be team players. Confusion about precise functions

of the Group. Also, the meeting had not been prepared in the way Lynn and Prue had suggested. Surprised that someone actually asked what Prue's and Lynn's ideas for the meeting were! Spontaneity seemed to be a predominant feature. Appeared a bit chaotic in fact. Indicative of how things are run here? Staff appear very dedicated.

(First working day at the Centre)

This and other early diary entries indicate a number of themes and tensions that are to pervade the entire later diary and also emerge in other data sources: unpredictable mixtures of positives and negatives. For example, the under-preparation of meetings is often matched by brilliant improvisation and innovation within them.

BEING INCLUDED BUT FEELING A BIT LOST

Following her arrival, the researcher is supposed to receive a thorough induction to her new working environment. Repeated experiences of being left to herself though quickly become frustrating for her. Forced to take the initiative, she starts to familiarise herself with the organisation. Such a proactive approach is in line with the Centre's culture of fostering entrepreneurial spirit. She struggles to reconcile her strong impression of the Centre as a facilitating and inclusive environment with her experience of not being 'inducted' as planned.

In Reception since 9am. Had been told the day before that someone would see to me. No-one seemed to even realise that I was there. So I kept myself busy. I was puzzled that I was left there. No-one I could address re. my induction was available at 10.30, so I took the initiative. Found Mürüde in the pottery, where clay tiles were being coloured. Spent time with a member who instantly involved me in a conversation. I immediately felt included in the group although before I joined them I had felt a bit 'lost' and neglected.

After lunch I was told to stay with Mürüde in the afternoon. Generally I feel I should be introduced to more people.

(Excerpt from first week at the Centre)

Staff like Mürüde Leong prove helpful and supportive in the researcher's efforts to 'induct herself' into the Centre, contrary to her fears that they might feel harassed by her. She builds relationships with staff, volunteers and members, visits activities, feels included and gradually gains an overview of the organisation. The individuals and groups she engages with quickly change her sense of not being included:

The Luncheon Club met in the café. The members were happy for me to take photographs of the group. As soon as I sat down, one of the men introduced me to a visitor, a lawyer from Bangladesh. The guest did not speak any English, so we shook hands and smiled. Lively discussions went on in the group today. Unfortunately Helal Uddin, my translator, sat at a different table …. According to Helal the group were discussing the conflict between India and Pakistan. At one stage they were talking about religion. When they left, some members came to me to say good-bye and shook my hand. I was pleased about this, and it left me feeling a lot more included in the group than at my previous visits. Although I did not understand much I actually almost felt 'at home' in the group today – I felt the members were at ease with my presence, and I was pleased to be addressed by some of them.

(Bengali elders' Luncheon Club in week 15)

Although the researcher feels increasingly at home in the Centre, she continues to have less pleasant experiences as well. She is particularly affected by unannounced cancellations of appointments and failed arrangements. Often, appointments and agreements do not materialise because Centre staff don't have the habit of entering them into their diaries.

Being 'orderly' by both background and training, the researcher struggles with the

organisational culture from her very first day in the Centre. She does, however, recognise instances where the Centre is more successful than organisations that operate a more rigid approach. An example is the predominance of the Centre's verbal culture. Particularly in its work with older people but also more generally, word-of-mouth succeeds where written information often proves less successful: it attracts larger numbers of community members to Centre events such as the annual Summer Fair than leaflets ever would. It is an effective way of dealing with illiteracy, which is not uncommon among ethnic minority elders. Finally, face-to-face communication rather than remote messaging contributes to the strength of the human relationships that is core to the organisation's community development remit.

Over time, the researcher witnesses instances of integration of creativity and structure. For example, medical professionals become involved in artwork and discover the creative in themselves and in their medical work. At the same time, she observes that such integration requires a big leap from medical professionals, and a seemingly bigger one yet from others such as administrative staff. In other words, integrating the orderly and the creative can be a difficult achievement for individuals, even in the integrated context of the Centre. Different tasks within the Centre require different balances of the two components.

SECURITY, TRADITION AND INNOVATION

The researcher's fieldnotes reflect impressions of the Centre as a beautiful enclave, a protected space in a rough environment. Some external parties criticise the organisation for this as being too "inward-looking" and not "opening out" sufficiently. On the other hand, this is perhaps the cost of the Centre being able to offer a safe space where individuals are cared for and nurtured. Projects such as Community Care provide continuity and rhythm and allow people to develop at their own pace. This function as a protected space is particularly important for the Centre's vulnerable and older users, but also for its entire population.

> *An older volunteer told me that she saw her work at the Centre as her 'counselling' since her husband had died. She enjoys the company of the young women because it makes her feel young herself. It helps her not to feel lonely.*
> *Both members and volunteers appeared to enjoy the sessions equally as much. Everybody very absorbed by their work, and members took pride in what they were creating. Bustling atmosphere. Readiness from volunteers to carry out personal care tasks. Appears a good project for people who otherwise might be socially excluded. Presence of volunteer translators - efforts to integrate everybody.*

(Community Care in week 1)

The safe environment of the Centre and its willingness to take risks enable people to try out new things. This has created a culture of innovation, and the diaries contain numerous accounts of innovative activities and non-traditional ways of working. The research assistant feels particularly drawn to Young@Art, a group attended by older people and supported by younger artists, volunteers and health networkers. It combines a leg ulcer clinic with artwork and social activities.

> *Joined Young@Art for their Christmas Party and had a great time. I helped Mürüde prepare the mountains of special food and drinks, while other helpers and organisers were wrapping 33(!) presents … Mürüde mentioned that some of the members wouldn't even have a party at home, and that this was a reason for having one in Young@Art.*
> *The party was fantastic. I served food and drinks and took pictures to capture the big number of members who attended, the others who dropped by for a while, the pile of presents, all the cards, the nicely prepared food, the Christmas crackers, and the jolly atmosphere. Unfortunately*

the camera couldn't capture the loud music and the general noise level of the party. A lot of attention was dedicated to the presents the members and group organisers had brought. They were handed out through number-drawing and pass-the-parcel. Non-members such as myself were included in a present round as well. I caused a laugh when I, as today's photographer, unwrapped a disposable camera! I ended up swapping it with one of the men who was a bit disappointed at the body cream that came out of his present.
I really enjoyed myself, and members, staff and others equally seemed to have a good time. The atmosphere was very jolly and welcoming. There are several more Christmas parties to come at the Centre, and I'm curious to see how they compare to this one.

(Young@Art Christmas Party in week 39)

A similarly non-traditional approach as in some of the Centre's health work is characteristic of its learning activities. Unlike in many conventional learning environments, several courses are attended by older people, particularly ESOL. In the classes she visits, the researcher observes a culture of delayed starts. Generally, an allowance is made for late arrivals, which are the norm rather than the exception. Classes are of an informal nature. To enable everybody to participate, students who struggle with childcare arrangements are welcome to bring their children along. These factors lead to a relaxed yet often restless atmosphere. The participant observer, who initially sees the classes exclusively in their function as dedicated learning environments, views the disturbed lessons with doubt and suspicion. Used to systems where courses are confined to task-oriented studying, it takes some time for her to comprehend that personal aspects and relationship-building are as much part of the remit of Centre classes as are efforts to reach academic targets. In addition to learning English or completing a certified course, this relaxed learning environment might be the only opportunity for students who are socially excluded to make friends and participate in community life. Tutors not only teach and support learners in their coursework on a one-to-one basis. On numerous occasions, the researcher witnesses them discussing private matters with students and giving personal advice. Thus, the classic boundary between teacher and student often strictly guarded in other learning environments is blurred.

In the beginning there were 8 students. While the teacher went through exercises and helped each participant individually, their number increased. All of the students were (mostly Asian) women, many of them apparently friends. They belonged to different age groups, and some of them were older women. Some brought their children. One of the women who arrived late with her baby apologised. The teacher replied: "No problem; children first!" Some of the children played in a play corner, looked after by some women and a father. Often they were noisy, and some of them cried and were restless. In such cases the teacher encouraged the mothers to see to their children before participating in the class.
The teacher handed out registration forms. She asked the students to just look at them and then outlined today's programme: the focus would be on "am, is, are". This was practised in exercises related to completing the registration form. The lesson was very interactive. Much of it involved formulating questions as a group and also answering them as a group. Sometimes every student had to formulate sentences, and I participated in this. Some of the students struggled greatly, and the teacher often talked slowly and repeated herself. She was very calm and reassuring, never became even slightly impatient and often praised students.
In the tea break the teacher told me that today's lesson might be a bit boring since the lessons at the beginning of the term focused on personal information about the students, grammar, etc. Later in the term lessons would focus on activities and events in the Centre. For example, last year's students had worked with information leaflets from the Diabetes Fair. The teacher also explained that, due to the big number of students, she had to teach in a rather formal way. To be honest, I

wouldn't really classify it as formal, but it might be more formal than the teacher wants it to be.

(ESOL class in week 29)

CONCLUSION

In her struggle to identify the costs and benefits of the Centre's way of doing things, the flow of mutating diary entries with the mix of feelings, observations and reflections suggests some of the fluctuations of evaluation that each of the research team experienced during the three years. It has been important for us to keep bearing in mind that the culture of the Centre should not be judged by whether it makes professionals feel comfortable, but whether it works for those in the local community for whom it is designed and whose development needs it is attempting to meet. The diaries suggest some of the paradoxes of the mix of excitement and frustration, possibility and difficulty that the Centre's way of working generated for a newcomer to the organisation.

III

RESEARCH IN CONTEXT

III Research in Context

INTRODUCTION

Older people are woven into the Centre's daily life and are a constant point of reference in its social relations. A key means of achieving integration at the Centre is art: it threads through all the Centre's projects and helps make connections between educational, health, care, leisure and benefits activities.

At a national level, health and social care policy displays a tendency towards separate provision for different age and needs groups. Older people have long been segregated in the design of sheltered and residential housing, in geriatric wards and nursing homes. Mental health is already a 'separate' service.[8]

Bromley by Bow's integrated approach runs against the stream of wider policy, while also being in the forefront of innovative thinking. A national policy designed to maximise contact between generations may seem far off. But Bromley by Bow's way of working with older people helps imagine such a thing; it gives substance to an idea whose time has not yet come.

Before we move on to describing the main body of our research, we consider key aspects of context at national and local levels. Our evaluation requires an understanding of the influence of the external environment on the Centre and on the research, and Bromley by Bow's position in relation to national health and regeneration policies.

In this section we consider contextual issues under four headings:

- The position of older people in the local arena and in wider policy
- How the Centre fits into broader developments in primary health care
- The context of regeneration policy and New Labour emphasis on social enterprise
- Regime changes in the Centre and their effect on responses to research in the Centre.

OLDER PEOPLE IN LOCAL CONTEXT

Local history and cultural diversity

The East End was always an area of immigration, displaying a diversity of cultures from across the globe. Throughout its history, it served wealthier parts of the city, whether in clothing and fashion, crafts or domestic services. It became home to the world's largest port, with its docks growing and developing for over 200 years. The particularly rapid growth in the 19th century brought a mixture of factories, poor accommodation and new communities. Based on the prosperity of traditional port industries such as heavy engineering, ship repair and food processing, the area developed a unique economic and cultural lifestyle.

In the mid-1930s, when the docks were at their peak, the employment of some 100,000 men depended on the Port of London alone. Dock closures in the 1960s had drastic consequences for traditional activities and services in the area and for local employment. From 1966 to 1976, East London (broadly including Tower Hamlets, Newham, Greenwich, Lewisham and Southwark) lost about one fifth of all jobs (150,000). The sectors specifically related to port activity such as distribution, transport and food/drink processing were particularly badly affected (Turlik 1997). The rationalisation and privatisation of public services, which eliminated so many unskilled and semi-skilled jobs, followed on in the 1980s and 1990s. As a consequence, multiple deprivation continues to mark much of the area.

[8] For example, Social Services are now (in 2004) planning separate training for professional practice with children and with people with disability.

Many older people in Tower Hamlets have lived through this history. There are also cultural differences among them, the details of which affect the lives and needs of any particular group.

For example, older Bengali men can be isolated by a lack of public meeting places, and about a dozen of them use the Luncheon Club at Bromley by Bow as an important point of communication and discussion. Topics might well concern marriage arrangements, comings and goings between Britain and Bangladesh, the gulf between older and younger people, and worries about drugs, crime, violence and single parenthood. Older Bengali men who immigrated early on in advance of their families may feel more integrated into British society than their wives and children.[9] Older Bengali women are more directly engaged in family life, bearing central authority. Relations between mothers and daughters-in-law in common households may express some of the tensions around generation and authority that occur in fast-changing societies. Overcrowding adds pressure – nearly half of all Bengali households comprise six or more people. Older women are frequently a key point of communication for outside professionals. Gaining their confidence is often a starting point for families to participate in Centre activities.

It took persuasion and relationship-building to bring people from the community to the Centre. Lilu tried to build relationships with women at the top of the family hierarchy, by calling them 'auntie'. She spent a lot of time accompanying people to authorities, convincing them she was trustworthy, then encouraging them to come to the Centre. Building relationships with people at the top of the family structure (e.g. mothers-in-law) first and getting them to come to the Centre facilitated access to the Centre for other family members.

(Notes on interview with Lilu Ahmed, Manager of the Families and Health Project, about her outreach work with Bengali families)

Bengali women are usually accompanied by their husbands to medical consultations. Yet medical personnel at the Centre have often found Bengali women relatively frank and outspoken about intimate matters as compared with white British women.

Traditional East End society is also 'matriarchal', but in a different way. Relationships between married daughters and their mothers are strong, and single parenthood is common. Families often operate as strongholds, with a supportive internal life and a marked sense of privacy towards the outside world.

… like the East End was years ago, with the wives always beaten up. The men were the men of the house in that era. The husband went out to work, and then the wife always done the housework. And if she didn't do it properly then she got beaten up and they all accepted it then. They don't accept it much now, but they know it goes on still. 30 years ago, or 40 years ago you accepted it. It was part of the parcel, you married that.

(Sue McCarthy, Centre worker)

Movement to new towns and suburbs has done much to destroy extended family networks and lead to abandonment among older people.

Cultural sharing permeates artwork, food and religious celebrations at the Centre. But cultural differences are especially marked among older age groups, necessitating detailed knowledge and sensitivity, especially in family outreach work. Activities involving older people at the Centre are less easily ethnically integrated than most. For example, all of the dozen members of Young@Art are white. The group has, however, been supported by a Bengali

[9] Such points are mainly collected from discussions in the research Development Group (see *Participatory action research*, in Chapter IV – *Methodology – Evolution and Review*). Similar issues arise in film, e.g. Kureishi's *My Son the Fanatic*, Loach's *Ae Fond Kiss*, Beaufoy's *Yasmine*, and Alvi's *Brick Lane*.

volunteer for several years. In contrast, the Sure Start Parents' Forum as a group with a younger age profile conveys the more typical ethnic mix of activities:

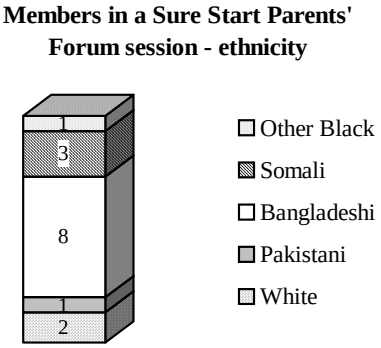

Fig. 1: Members in a Sure Start Parents' Forum session – ethnicity.
Source: Centre census April 2004.

While there is a certain realism about the extent to which older people may prefer to be in their 'own' cultural groups, and need to be for communication and instruction purposes (e.g. on diabetes), there are also constant attempts to open groups up and create communication between them (as around Food Art and the sewing group).

[Young@Art are mostly] white older women. … Albert, a black guy, came to Young@Art. And they all loved him, but one woman said something like: "it's a shame they're not all like him". And she just thought nothing of it! Maybe it was that kind of mentality. But we're trying to change that mentality, and even ( ) harmless. But it was a racist remark. Without them realising it. … although the group is … white older women it doesn't matter because they're happy and safe in that environment. And we've tried to introduce Asian older ladies into the group. But they didn't feel it was a group for them, so that was fine, too. But it's an open group, whoever wanted to come. And they do welcome literally anybody, because we've had ComCare there and they are so brilliant with Community Care.

(Mürüde Leong, artist)

The Community Care project, in many ways a crucible for the Centre's way of working, is ethnically integrated (see Fig. 2). Its role as a starting point for training volunteers means that most volunteers and workers at the Centre have experience of working with a culturally diverse group of older people in a culturally diverse team.

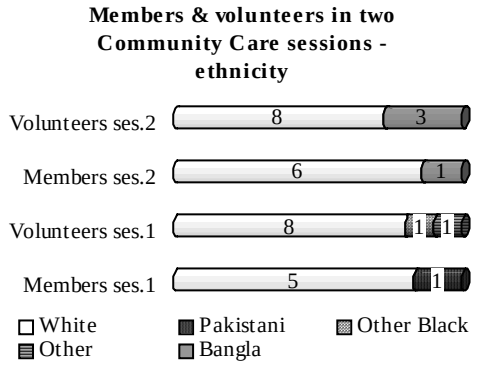

Fig. 2: Members and volunteers in two Community Care sessions – ethnicity.
Source: Centre census April 2004.

Community Care is like the heart of the Centre. Most people that are working at some place or other have been in Community Care to start with. It's always been like a blood vein that's pumping all around the Centre.

(Mandy Hogger, Community Care Manager)

The baby boom generation is just entering old age. The twin effects of redundancies and early retirement and the likelihood of living longer means that the term 'older' spans people in their 50s to people in their 90s. It is often helpful to refer to 'younger' and 'older' older people.

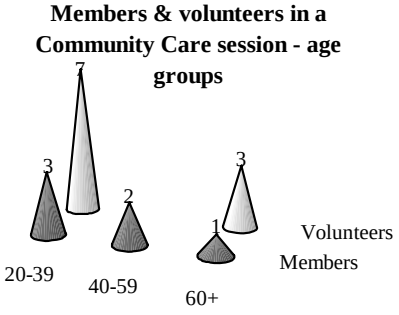

Fig. 3: Members and volunteers in a Community Care session – age groups.
Source: Centre census April 2004.

Several of the volunteers in the Centre's Community Care project are themselves older, and old age and vulnerability among users and volunteers mean that bereavements are frequent. For some people, attachment to the Centre is so strong that they remain involved until the end of their lives.

> L: *Do you get much of a turnover of volunteers?*
> M: *We've got some that have been here forever. Some have been with us for so long that they'll only go out in coffins. I don't think we'll ever lose them.*

(Interview with Mandy, Community Care Manager)

National policy on older people

During the 1980s older people figured prominently in national policy debates. Indeed, the mid-80s was the moment at which the Dunhill Medical Trust widened its funding scope from pure medical research to include the care of older people. In that period early retirement formed a key plank in labour rationalisation, and the quality and supply of residential and community care were high profile issues.[10] Subsequently, since its election in 1996 New Labour has turned its main attention to employment. Its policies emphasise education, training and employability among single parents and the long-term unemployed.[11]

Bromley by Bow's axes of work reflect these shifts. In 2003 Community Care encountered funding difficulties as Social Services terminated their Service Level Agreement. Money has been available for Sure Start and teenage work, while older people have ceased to be a political priority at national level. Social Services, in meeting Government-defined criteria of merit, have reflected this shift. Health Networking, which figured importantly in Bromley by Bow's profile as a Healthy Living Centre (1996-98), and which emphasised older people in the community did not subsequently succeed in gaining funding routes. Instead, growth occurred around NVQs, HNCs and HNDs, provision which mainly appeals to younger age groups.

Explicit policy focus on older people may have diminished under New Labour in the late 1990s, however they remain a major constituency in the targeting of chronic conditions such as diabetes, coronary heart disease, smoking, obesity and mental health. The ten-year National Service Framework for Older People (2001) aims to tackle age discrimination, integrate services and address strokes, falls and mental illness. Its progress report of 2003 signals new initiatives: a single assessment process, an integrated falls service, 'peer challenge' to achieve healthy active living and managing dementia at home. Bromley by Bow's longstanding work on leg ulcers, mobility, exercise on prescription, diabetes and healthy eating aligns with these priorities.

Socio-economic profile of the locality

Tower Hamlets is the most deprived local authority area in the country. In 2000, the Bromley ward[12] ranked 237 according to the Index of Multiple Deprivation.[13] Deprivation includes high unemployment. At 8.3%, the unemployment rate in Bromley by Bow in 2001 was even higher than the – already high – 6.6% in Tower Hamlets. Of those unemployed in Bromley by Bow, 16% have never worked, and over a third are long-term unemployed (LBTH 2001, ONS 2004b).

[10] Currently (in 2005), stress is laid on bringing people on Incapacity Benefit (including 'younger' older people) back into employment, and on delaying retirement.

[11] Even the Sure Start programme, which began with a focus on parent-child relations, shifted by 2003 to pre-occupation with parental employment. Pre-school measures generally have been more concerned with parent employment than with child development.

[12] The Tower Hamlets wards changed in 2001 (see *Appendix A*).

[13] The most deprived ward is assigned a rank of 1, the least deprived ward a rank of 8414.

Comparatively, average wage levels for people who work in Tower Hamlets are high. This is partly due to the financial and business service sector. But many people in the Borough live in relative poverty and rely on benefits. For example, of those over 60 in Bromley by Bow 40.8% claim Income Support (ONS 2004a).

The high level of people without qualifications in Tower Hamlets (over a third of individuals between 16-74) sharpens the problems brought about by the decline of the traditional industries and services and their demand for low-skilled manual labour. To older people on the labour market with low levels of education, the now crucial IT skills are challenging. Young people will have poor employment prospects if their achievements at school remain below national average. However, their educational attainments have improved recently (see Fig. 4). Particularly Chinese and Indian pupils perform well in their GCSEs, whereas Caribbean and White pupils have the lowest results (ONS 2004b; LBTH Education Department and DFES 2002, in LBTH 2004).

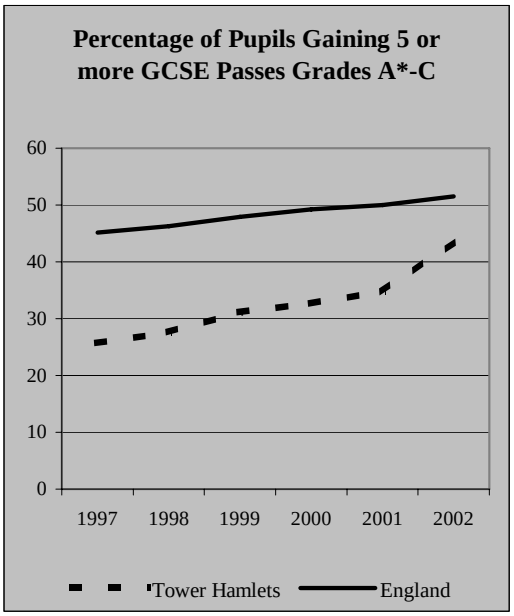

Fig. 4: Percentage of Pupils Gaining 5 or More GCSE Passes Grades A*-C in Tower Hamlets.
Source: LBTH Education Department and DFES 2002, in LBTH 2004.

The housing situation in the Borough changed drastically in the 1990s. The number of Registered Social Landlords increased, local authority ownership nosedived and private ownership rocketed, probably due to the 'right to buy'. New apartment blocks have sprung up particularly in the Docklands and their surroundings. Their location, the high prices of the flats and their small number of bedrooms suit urban professionals on above-average incomes. They are exceptions to the overall poor housing situation in Tower Hamlets, where homelessness and overcrowding are major problems. The latter particularly affects ethnic minority populations (Ball et al. 2002; LBTH 2001; LBTH Housing Department, in LBTH 2004).

In Bromley by Bow the new housing developments described above are rare. Many people live on large estates that are ethnically and culturally diverse. In the ward as a whole, at well over one third (40.1%) the Bengali community is the largest minority group (ONS 2004b). The ethnic mix of the locality is reflected in the different age bands (see Fig. 5).

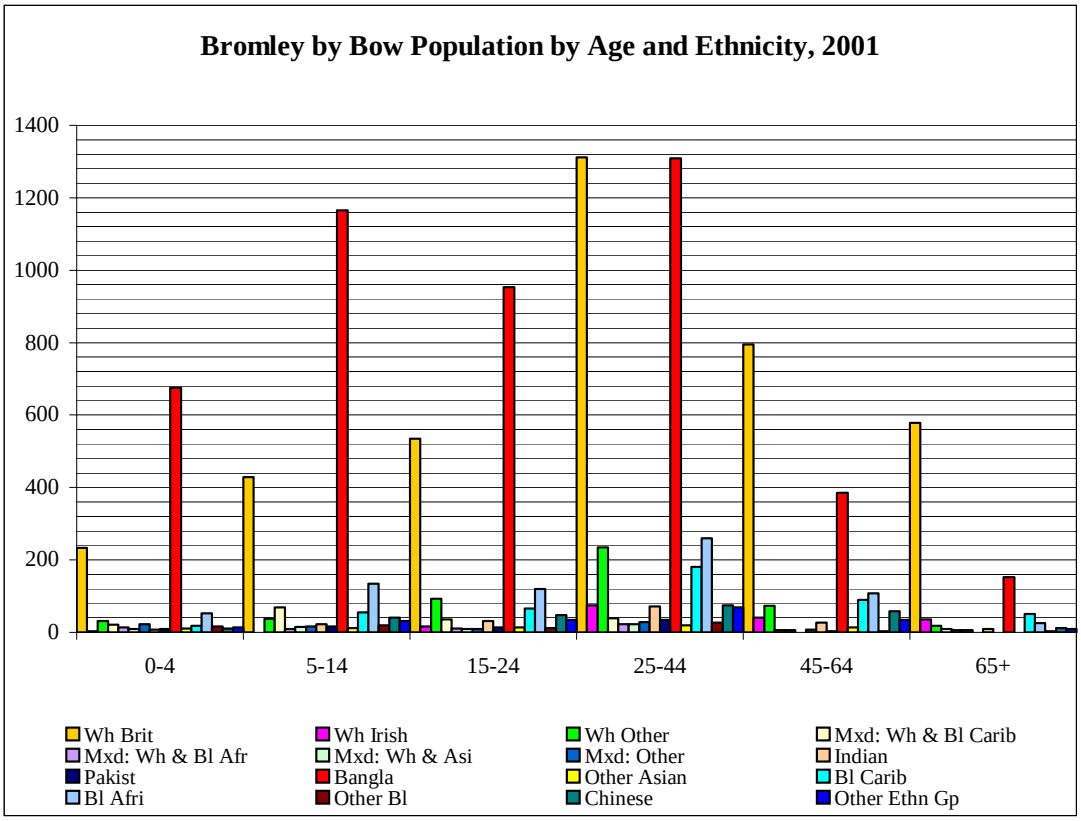

Fig. 5: Bromley by Bow Population by Age and Ethnicity, 2001.
Note the different age profiles for the White and Bangladeshi groups, particularly the large number of children in the latter.
Source: ONS 2004a.

In the Centre's mix of ethnic and age groups, the highest rate of Centre use by members is by Bengali people and the 20-39 age range respectively.

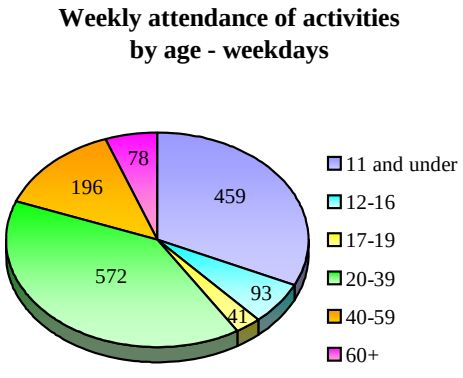

Fig. 6: Weekly attendance of activities by age – weekdays [excl. volunteers].
Source: Centre census April 2004.

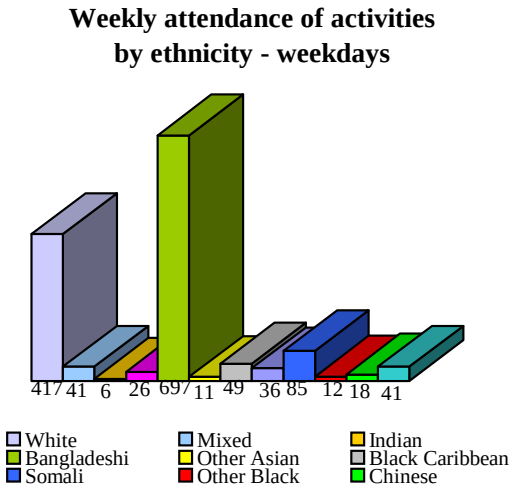

Fig. 7: Weekly attendance of activities by ethnicity – weekdays [excl. volunteers].
Source: Centre census April 2004.

The local population struggles with issues of crime and safety. Street crime is a pressing problem in Tower Hamlets.

Bromley had one of the highest Domestic Burglary Rates of the (old) wards in the Borough in 2001/02. At over 36 (per 1,000), this was almost twice the 2003 national rate of 19.4. Bromley also belonged to the wards in the Borough with the largest increases in the rate of drug incidents per 1,000 population – in 2001/02, its rate from the previous year doubled (LBTH 2003).

Drugs are also reflected in the Borough's health picture. In Tower Hamlets there are an estimated 3.1% of people with a drug dependency, compared to 2.7% in Inner London. Health issues of major significance in the Borough are diabetes and health problems associated with it such as heart disease and foot problems, and mental illness. In Tower Hamlets, diabetes is more common than the national estimate of prevalence at 2%. Partly this is due to a predisposition to this disease, also at earlier ages, in South Asian and African/Caribbean communities. As for mental illness, factors such as unemployment, poverty and poor housing have contributed to comparatively high levels in the Borough. Admission rates to adult general and secure mental health beds are significantly above most comparable inner city areas, despite a higher threshold in Inner London boroughs (Ball et al. 2002; ELCHA, in LBTH 2004; ELCHA 1996 and DoH 1998, both in Ball et al. 2002; ONS 1991 and 1998, in LBTH 2001). These are just a few examples of the wider picture of health deprivation in Tower Hamlets shown in Fig. 8.

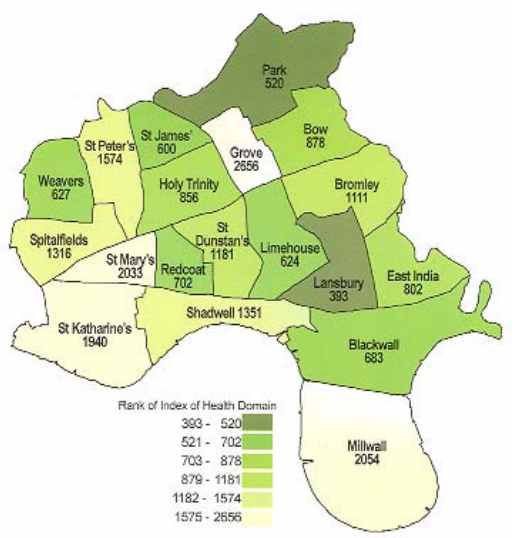

Fig. 8: Health Deprivation Tower Hamlets Wards, 2000.[14] Darker shading indicates more serious deprivation.
Source: LBTH 2001.

Over the years there have been great efforts in Tower Hamlets to combat deprivation and regenerate the Borough. They mirror decades of national policy aimed at the renewal of deprived areas.

PRIMARY HEALTH CARE

Development of the Health Centre

Artists have been involved in Bromley by Bow since 1984 in boat-building in the church, in dancing and pottery classes in neighbouring disused buildings, in the nursery, and in day centre activities with older and disabled people.

Art was rooted at Bromley by Bow long before the medical centre was built in 1997. Early health meetings and discussions involved artists. This led to health networkers' artwork with patients in the early days when health work centred on complementary therapies. Doctors and nurses had been involved in the Centre before the new building opened. This con-

[14] Includes people receiving Attendance or Disability Living Allowance, Incapacity Benefit or Severe Disablement Allowance, and comparative mortality ratios.

tinued in the guise of 'Operartive' in the reception area.

[On Operartive:] *I thought: "Oh my God, what are we going to do? These are health practitioners!" … And you think of their precious time, and you think: "Well, it's got to become valuable to them", that they've got to create something quite fantastic within these two hours, because they're going to say: "Oh, it's rubbish, isn't it? I could be getting on with some paperwork." So I was very scared. So [in the first session] I said: "Let's just have an enjoyable session. I want you all to draw colours and shapes and totally shut off what's around you, what you've been going through this morning", because it's quite a busy surgery, "and we're just going to be calm." So it was a bit of an art therapy session, but a really fantastic one. Julia was drawing circular shapes and triangles with lilac and blue shades and putting into it a pattern onto an A3-size sheet …. I looked at her work, and what struck me was that it was a stained glass window. And I thought: "This is fantastic!" And I went: "Julia, have you ever thought of doing a stained glass window?" She said: "Funny you should say that. I had, but I'd never gotten around to doing it. And I know Sheenagh McKinlay's classes are always full." … So I got Julia on the course, and she made a stained glass window of what she'd done in Operartive. It's in her surgery. And all her patients have commented on it.*

(Mürüde, artist)

An early example of health work with patients involving art was Young@Art. This longstanding group began with flower arranging for leg ulcer patients. It remains a group of older members who socialise and engage in artwork during the weekly leg ulcer clinic.

[On Young@Art:] *The classic was what I like to call the 'leg ulcer and flower arranging clinic'. … At conferences I say: "[There was] a nurse who said she'd like to set up a leg ulcer clinic. We said: "Great, great idea", and of course most people with leg ulcers are older women who have become housebound, who've lost their self- self-esteem, and actually what is the disability? Is the leg ulcer the disability, or the consequences the disability? Well, a vast majority of disability is the consequences. Is the loss of self-esteem, is becoming housebound. Well, if you see them here on a Thursday afternoon – they've now re-named themselves the Young@Art – you see people whose lives transformed. And guess what? They are more mobile! And guess what? Mobility helps ulcer healing!"*

(Sam Everington, GP partner)

It is unusual for a voluntary sector organisation to give rise to a medical centre. The voluntary sector has often prided itself on a style of work with a more individualised and human focus, whereas large-scale statutory services are inevitably more bureaucratised and increasingly pressurised by auditing, monitoring and review systems.

Frustration with the statutory health sector impelled the Bromley by Bow Centre to take up the challenge of achieving excellence in a local health service. In part its crusading zeal to do something different came from its own success in working with art as a tool of community development. But the many obstacles it encountered within the health system also heightened its sense of 'mission'.

The Centre's provision of personal and childcare for a terminally ill local mother reinforced its perception of a marked difference between its own philosophy and the approach operated by local statutory services that is subject to strict regulations and time constraints. It took a long time to build trust and overcome the many tensions that resulted, and closer relations and increased mutual respect have only developed in recent years.

Launching the medical centre was a feat, eventually achieved through direct backing from the Minister of Health. Local health administrators could not see the need for such a beautiful building. GPs are used to autonomy and were perhaps nervous of such close collaboration with artists

and non-medics. At any rate it took negotiations with three sets of GPs to reach an agreement. The PCT was undoubtedly wary of running services not from its own premises. The community nurses objected to the Centre's service charges, and leasehold arrangements to bring them in took years.

Andrew thought he could go for a local GP, and that didn't work. Most GPs aren't prepared probably to take the quantum leap …. That's changing actually …

(Sam, GP partner)

The issue of the lease and the building arrangements went on without reaching any conclusion for 3 years. There are various ways that the NHS can build and provide community services, but the Centre were pushing for a much more favourable deal than the NHS would give most other organisations, and there was a fair amount of hesitancy from the NHS's side about how far they could go.

(Notes on interview with Health Authority representative)

Once established, the Health Centre grew exponentially, and it continues to grow. The patient list began as 1,500 in 1998, but grew to 4,300 by 2002 and remained at this level. From 2001 to 2003, the overall Centre budget changed as portrayed in Fig. 9.

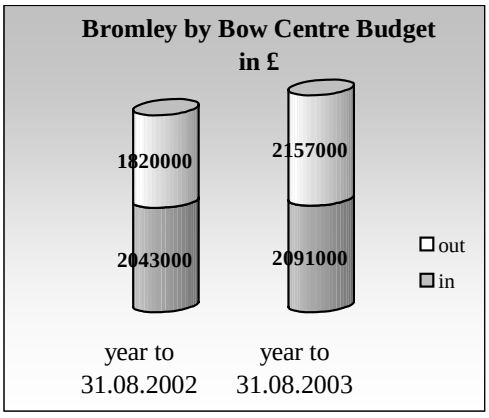

Fig. 9: Bromley by Bow Centre Budget in £.
Source: Bromley by Bow Centre internal data.

The overall staff roll increased from 80 in 2002 to 108 in September 2004. As we have seen, activities are attracting over 1,400 attendances per week. 78 or 5.4% of these are by people 60+ years old (see Fig. 6).

National policy on health

National health policy under New Labour combines centrally driven governance with decentralisation and responsiveness to communities, as in Health Action Zones. More generally, local GP and community health services, co-ordinated by Primary Care Trusts, are being encouraged to provide operational variation, and achieve more equality of provision and outcome. Much of this remains to be accomplished, but major increases in primary care expenditure are underway, 33% between 2002-2006.

The Centre's initial artwork on health was supported by the King's Fund in 1996. In 1997 Bromley by Bow gained Lottery funding for complementary therapy and Health Networking under the programme Health Connections. It also received £1m from the New Opportunities Fund (NOF) in the early stages of the Healthy Living Centre programme, an initiative launched in 1999 that was aimed at reducing health inequalities in deprived areas. By August 2004 more than £280 million national lottery money had been made available for the creation of a network of Healthy Living Centres (HLCs) across the UK.

HLCs stress local health priorities and focus on the wider determinants of health. They experiment in broadening services, community involvement and interagency partnership. They often include a wide range of health promoting activities such as gardening, music, sport, diet, complementary therapies, parenting classes, benefits, mental health, coronary conditions, cancer, diabetes, drugs. Evaluation plays a key role in the HLC initiative, on both local and national levels. In its current phase, the programme emphasises networking and sustainability. The Big Lot-

tery Fund[15] has set up a £4m support and development fund to help HLCs with this.[16]

Modernisation and grouping of premises to encourage service integration and improved IT is being promoted by NHS LIFT (Local Improvement Finance Trust). New healthcare settings under LIFT cluster services for up to 35,000 patients, providing one-stop shops for diagnosis, specialist services, minor operations, social care and benefits. Doctors' surgeries are a good base for benefits work, especially among populations where there is lack of take-up.

Importantly, the co-location of services often does not necessarily lead beyond a sharing of physical space. Real 'integration', stressed by LIFT and other contemporary policy programmes, depends on relationships, and shared ethos and purpose. Bromley by Bow in its day-to-day work demonstrates that it has understood the importance of close relationships between individuals, teams and activities as a basis for a genuinely 'integrated' approach. Significantly, a GP partner at Bromley by Bow is Chair of the LIFT programme.

> *We've reached the point <u>now</u> where the Department of Health chooses for <u>me</u> to be a director of NHS LIFT nationally, which is a <u>very</u> powerful message which I don't <u>hesitate</u> to give to conferences, which is: …"this is what they want to see." … We're not saying: "copy this", we're not saying you <u>can</u> copy this, but "go away with some ideas and we'll help you develop what you want to develop", "mould it to the needs of your population and the sort of entrepreneurs that you've got within your setting."*

(Sam, GP partner)

Reflecting the ever-increasing emphasis on bringing market principles and modes of operation into public services, LIFT foregrounds private funding (Pollock 2004).

The new report by Wanless et al. *Securing good health for the whole population* (2004) lays great stress on the population being "fully engaged" and "responsible" in health matters. It emphasises "the expert patient" and the need for broad skill mixes in the health workforce. Yet its focus on chronic conditions associated with smoking, obesity and diabetes is limited compared with the broad health remit of Healthy Living Centres. Its notion of engagement is narrow compared to that of Bromley by Bow, or to community action approaches that are being developed in some areas such as the North East (see e.g. McNulty and Parsons 1999).

Internationally, the last twenty years have seen health policy broaden to include 'healthy settings' and 'health' as much as illness. The World Health Organisation's (WHO) Ottawa Charter in 1986 led the way to more holistic and 'whole system' notions of health creation and health promotion, and greatly emphasised active participation (Milewa et al. 1998).

The Bromley by Bow Centre is interesting for the way it reflects some of these national policy developments and challenges others. It has negotiated many obstacles, managing eventually to receive statutory backing, model its integrated way of working, and operate within a broad range of partnerships. Frequent visits from politicians of all parties attest to the interest it has aroused at national level. It has enjoyed a number of secondments from civil servants, for example from the Ministry of Defence and the Northern Ireland Office.

In recent years the Centre's programme of seminars and tours initiated by former Chief Executive Allison Trimble has attracted 2,000 participants a year from the fields of health, community regeneration and architecture. Day-long seminars engaged participants in reflective discussions on how they might apply Bromley by Bow

[15] On 1 June 2004 the NOF merged with the Community Fund to form the Big Lottery Fund.

[16] Big Lottery Fund 2004, Bridge Consortium 2002 and 2003, Cole (2003), Donaldson 1999, Kelly and Greaves 2003, Iliffe 1999, NOF 2003, RCU (undated), RUHBC (undated).

principles to their settings. This promotion of transferability through reflective learning goes well beyond a 'demonstration' approach.

REGENERATION AND SOCIAL ENTERPRISE

Urban regeneration policies have shifted several times over the last decades. Housing development and social problems related to slum clearances were priorities in the 1960s. In the following two decades, economic investment became more important. The Conservative governments of the 1980s concentrated on regenerating properties. They aimed to create conditions that would favour economic growth. This, they hoped, would eventually bring benefits to the whole population.

The development of the docklands into a business district started at that time. In the 1990s, the Conservatives began to develop regeneration initiatives that focused on communities. Labour continued and added to these, emphasising partnership.

The Single Regeneration Budget had funded 900 local partnerships by 2001 (Purdue 2001). Local Strategic Partnerships (LSPs) were designed to lead the way in putting into operation a 'holistic' approach to regeneration. The idea was to deal with economic, environmental and social issues at the same time, involve different sectors and organisations, and focus especially on areas of multiple deprivation (East 2002, Gripaios 2002, Burton 2003, Dooris 2004). By 2001, as part of the Neighbourhood Renewal Programme, 88 of the most deprived areas had LSPs.

Diversifying sources of social spending and 'recommodifying' the welfare state is part of the New Labour agenda. As under Thatcher, the motivation is to return welfare activity to the world of private profit and business flair. Accordingly, alongside its programme of regeneration, the Government launched a three-year strategy *Social enterprise: a strategy for success* (DTI 2002). This defines social enterprise as businesses with a social purpose and aims to use "business solutions to achieve public good". Social enterprises are not-for-profit organisations that reinvest locally and are socially inclusive. This new way of delivering public services claims to enable individuals to contribute to regeneration through 'entrepreneurship' and to develop active citizenship (Small Business Service 2004).

From the beginning, the Bromley by Bow Centre has been widely regarded as a flagship for social enterprise. It has indeed been 'socially enterprising' not only in its approach and activities, but towards sponsorship and funding. It regards the local economy as an important lever of social change, with the capacity to reduce 'passive' dependency on state services and employment. Andrew Mawson, the Centre's founder and president, argues that social enterprise offers an imaginative and creative alternative to the dead hand of rule-bound bureaucracy. He regards 'equality politics' as blind to differences in need.

On the other hand, the Centre model is different from a model of social enterprise as commonly understood. The research team would prefer to distinguish it with the term 'community enterprise'. Social enterprise with its one-sided stress on the 'active' approach sits uneasily with attention to vulnerability, dependency and care. Likewise, a creative approach sits uneasily with targeted outcomes and remorseless monitoring. We have argued that for older and for more vulnerable people generally the Bromley by Bow Centre has created a protected space that accommodates dependency within an environment that offers integrated health, welfare, and educational and social opportunities. This is based on more patient, reflective and inclusive practices and values than those usually associated with 'active citizenship'. The Centre strives to balance activism and dependency in a highly distinctive way.

During the research period (2002-05) the Centre's emphasis on social (or commu-

nity) enterprise increased. Faced with major challenges of sustainability, it responded by turning many more of its activities into enterprises. This involved imbuing the organisation with an entrepreneurial ethos while maintaining its core culture of care and creativity.

For years the Centre was spectacularly successful in raising funds. But private sponsorship becomes more difficult as a flagship agency matures, and the larger the payroll the greater the need for stable income. It was a shock for the Centre when direct Social Services funding for Community Care was removed in the Tower Hamlets budget crisis of 2003. This posed the need to market day centre places through a charging system. It also opened up the possibility of offering training places commercially.

What would be exciting would be thinking about actually if we were to do a social care agency and offering domiciliary care, then of course we would be able to bank the social benefit of being able to support people into proper jobs, not just at the Centre, but working elsewhere. But we'd also be able to do the financial profit that the private companies are taking at the moment, and actually create sustainability for the Community Care project as a whole…giving Community Care some real life of it's own, so that it's no longer just dependent on grant monies. But also what we were then focussing on was one of those really important outputs that Community Care generates, which is training and employment, which is about saying that we're not just about creating jobs … training people for the work place…it's about training people for sustainable employment…that's a win-win situation.
(Rob Trimble, Director)

The Centre's main response to the challenge of sustainability is two-pronged: in addition to creating social enterprises, it has been extending its partnerships with mainstream services. Its partnership funding has greatly increased in recent years: medical services by the PCT, some functions via Poplar HARCA, children and families through Sure Start and Sure Start Plus, training and education through NVQs, HNC/D and the Communiversity.

Public policy emphasises service 'integration', but public funds are often restricted to specific activities. Much of the Centre's particularly innovative and integrative work such as the Young@Art group, the family project work, its open art work, its youth work and any new initiatives that need set-up or supporting funds have to be internally financed. Training volunteers for full-time employment and mentoring them for managerial posts takes a great deal of informal support work. There are innumerable ideas waiting for funding. The voucher scheme for the Farmers' Market could not be sustained.

Some critical voices from the community are disappointed with the Centre's increasingly business-like appearance. But local middle managers who have been trained up from being volunteers are keen to broaden their repertoires by learning new financial and management skills. This also seems a crucial step in preparing for a future when locally grown managers will be ready for full leadership roles.

REGIME CHANGES AND THE RESEARCH

The Centre's new emphasis on social enterprise and 'social business' in tackling the challenge of sustainability demands an enhanced culture of financial know-how. Each area of activity must learn to market its services and operate in business terms. Efficient and reliable systems of accounting become necessary, as well as a system of redistribution and mutual support between profitable and more dependent areas of activity. The Centre's growth and shift to enterprise have required a streamlining of central administrative systems. Indeed, a rash of resignations in 2002 from senior finance and administrative staff showed the tensions the Centre was under in this arena. More recently a secondee from a high street bank has been employed as

Business Manager and staffing in finance and personnel has been considerably strengthened.

The first year of the research coincided with these transitions and also with leadership change. In 2003 Paul Brickell moved to Leaside Regeneration, an organisation that fosters strategic partnerships. In a highly participative appointment process, Rob Trimble was selected as new Director. Drawing on his business background in tourism, Rob broadened decision-making and consultation by restructuring the Management Team and creating a new Advisory Group. In 2003 he appointed a Director of Learning, Dan Hopewell, and in 2004, responding to demands for more emphasis on staff development and support, Dave Boice became Director of Staff Development.[17]

These changes in regime meant that in some ways the position of the researchers in the Centre needed to be renegotiated. More openly democratic and transparent processes in the Centre gave rise to more outspoken questioning among members. With signs of resistance to the research at the Centre, both Rob Trimble and the research team realised the need to broker the research in new and better ways. At the same time self-monitoring and self-research were manifestly becoming essential to the strategy of sustainability. During the second year Rob Trimble suggested round table discussions on the processes and outcomes of innovative and integrated health projects in the Centre such as 'Art and Asthma'. Reviewing and evaluating the history and outcomes of particular initiatives proved valuable. Rob's greater engagement with the research also led to the idea of an ongoing research hub.

[17] The Director of Learning has a background in development in Nicaragua. The Director of Staff Development moved from managing Community Care. This created a new management opening in Community Care for the then Assistant Manager Mandy Hogger, a local woman who had started in the organisation as a volunteer.

CONCLUSION

In this section we have selected a number of important contextual and environmental issue. We chose to focus on the position of older people locally and nationally, significant historical, economic and cultural features of the area, changing policy contexts in healthcare, urban regeneration and forms of service provision, and changes within the Centre itself.

The boldly innovative nature of the Centre means that it catches wide attention. In many respects it has anticipated, even modelled new developments. At the same time, it finds itself in the middle of controversy, for example within wider church circles. It is a constant challenge to the statutory sector, with which it is building partnerships. For many years it was more successful in gaining political support at national than at local level. As a small organisation in the voluntary sector it is freer to cherry pick and adapt, and its success in attracting sponsors has undoubtedly been a source of envy. It stands out as 'different', providing novel services and employing staff and volunteers who it has trained with its own methods.

Managing tensions has been an ongoing part of Centre life. In the past, the leadership have protected staff, volunteers and members from many external pressures. Under the new regime and the 'community business' model there can be less such protection. Meanwhile, there is interest in the transferability of the Centre' approach.

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IV

METHODOLOGY – EVOLUTION AND REVIEW

IV Methodology – Evolution and Review

OVERVIEW

In this chapter we outline our initial methods and concepts for capturing the complexity of the Centre. We describe and discuss how we originally proposed to go about collecting and interpreting material, and how we found ourselves modifying our plans and our practice.

Over the three years of our experiences of the Centre we observed some of what was going on, had conversations, participated in activities and meetings, and gathered accounts from other people and put them together with our own accounts to make the best sense of what was going on. We evaluated what worked, how it worked and what lessons could be learnt, including lessons that we did not originally feel like learning. We learned a lot.

As any anthropologist knows, describing the 'set of practices' of even a small tribe or village is an immensely complex task. Understanding the largely tacit culture of any organisation cannot be done rapidly. One of our agreed aims was to conduct a collaborative inquiry "congruent with the ethos and participatory nature of the Centre". We intended to get as close as possible to our research object, but we soon learned how hard it is to catch an object that is constantly moving and adapting to internal and external dynamics. We had to watch it in its process of changing to see what did change and what remained the same. The experience of the three years was by no means too long to grapple with this complexity. Those years saw some important changes in ourselves and our conception of methodology, changes we shall try to indicate at this point.

A dominant concept of methodology in science (including social science) is one that is developed prior to going to the site of its application. It is then applied to the object, the data are collected, and the researcher then analyses the data in the seclusion of his or her office. Our methodology included some strands that distanced the researchers in this way and allowed them to gain an external view. Overall, however it was intended to be more organic, so as to be able to respond to the organic evolution of the Centre itself. Our original methods became enriched as we discovered and tried to name the methodologies of practice of people in the Centre. Their approach to practical action enriched the methodology of our research practice.

How did our emphases develop? Our original concern was to elicit and understand narratives of lives and personal experience. This we did. In addition, the Centre helped us to understand the significance of art *both* as an individual and collective activity with a crucial part to play in healthy living, *and* as something impacting strongly on people's sense of well-being and quality of life. For healthy living, people need to become known to themselves and to others through the telling of their stories and by creative self-expression and self-discovery, through the doing and making of things. Therefore, to understand people at the Centre and the Centre's work, our methodology had to evolve to take in and interpret this flourishing of artistic activity.

As our original conceptions and preconceptions of the Centre were forced to evolve under the impact of more knowledge and experience, we were forced to become more reflexive about our interpretations of what was going on. In our team meetings, we frequently struggled to understand why we often arrived at contradictory 'evaluations' and perceptions. Eventually we came to see that disagreements and contradictory evaluations among the team often 'mirrored' the disagreements and contradictions of the Centre itself. When reflected on, this proved to be an invaluable source of information that often led us to new lines of inquiry.

We also learned more about how to implement our concept of process-evaluation. Evaluative research generally – in relation to health as well as elsewhere – has been

dominated by 'outcomes/output' models. However, 'process' models are becoming more prominent, and our concern was with process. Calnan and Ferlie (2003) remark that "most policy priorities deal with intermediate rather than final outcomes" and remark that "… types of 'process questions' involving organisational, managerial and policy change have become increasingly prevalent and pose a set of complicated methodological issues" (p. 186f.). They distinguish between 'process analysis' and 'process evaluation' as follows:

> *Process analysis focuses on activities of care which are provided in different health care contexts, and how and why they take the shape that they do, how they change as a result of broader changes in structure of health care and what influence they have, if any, on outcomes. Examples of process analysis might include studies of hospital mergers or the diffusion of innovative technologies into clinical practice.*
>
> *Process evaluation [focuses] on evaluation of interventions aimed at influencing process. … It tends to evaluate or understand how an intervention operates, examines the factors that come together to make this intervention what it is, and examines how an outcome is produced rather than the outcome itself. It also tends to identify the strengths and weaknesses of the intervention. It is usually descriptive and based on the perceptions of key actors such as staff, patients and managers. … The methodology tends to be qualitative, using informal face-to-face interviews with key informants, observation of meetings and other formal and informal encounters, and analysis of documents and records or a combination of both.*

(Calnan and Ferlie 2003, p. 186f.)

The notion of 'evaluation' is often counterposed to that of 'description' - and many published evaluations provide sharp outcome evaluations (judgements of value according to explicit criteria, often externally grounded) and very little description. We did not want to do this. We wanted to provide more description - 'thick description' in the anthropological sense. This would give us a better sense of positive and negative processes and effects than formal value judgements about something only thinly described.

By designing this report to be more about thick description, we enable you as reader to make your own judgement, rather than having to rely entirely on our 'substitutive evaluations' (our evaluations which substitute for your own knowledge). We do make judgements and assessments, but we hope you experience them as grounded in a description which is sufficiently thick for you to come to your own view, in detail and overall.

THE PROJECT

The proposal

The full list of our original aims is included at the beginning of this report (see *Project Aims and Process, and Ways of Reading this Report*). In particular, they included

- identifying specific ways in which the organisational culture of the Bromley by Bow Centre contributes to its distinctive model of health promotion and provision
- ensuring the development of self-evaluation skills for continuing use by the Centre
- describing the Bromley by Bow model of primary health care work with older people in terms that are useful and easily communicable to the wider health community (policy makers, practitioners and users).

The original intention was to have four primarily qualitative methods of data collection, maintaining a balance between partici-

patory and non-participatory approaches. To quote from the agreed proposal:

> *Four methods will be used:*
>
> - *Mapping of existing activities and resources [through secondary use of other people's statistics]*
> - *Collaborative arts-based project work*
> - *Biographical interviewing*
> - *Observations of institutional processes*
>
> *Co-researchers will include health professionals and other Centre staff, health networkers and users of services. External views will be sought from staff of formal health and social services in the locality, and from members of the community who are not involved in the Centre.*

(Project proposal 2001)

The proposal also stressed that one of the goals of the project was to leave behind what might be described as an enhanced self-research capacity in the organisation.

External researchers and internal co-researchers

The primarily qualitative focus was needed to capture the lived experience of staff and users at the Centre and then to understand the conditions, causes and consequences of those experiences in personal, institutional and wider social terms. The external researchers represented different disciplines and practices appropriate for this projected multi-method methodology.

Lynn Froggett dedicated two days per week, Prue Chamberlayne one, and Stef Buckner, the resident research assistant, was employed full-time. Tom Wengraf contributed on a more flexible basis.

A key component was the use of the *Biographic-Narrative Interpretive Method* (BNIM) in which Prue and Tom had particular expertise, and in which Lynn and Stef were subsequently trained. This interviewing method had been used in Bromley by Bow in a previous research project, SOSTRIS 1997-99[18]. Once again, it proved to be particularly fruitful as a source of insight into the histories and dynamics of people involved in the Centre.

Lynn, a trained social worker with a background in the humanities and social policy and extensive experience in the education of health and social care professionals, brought an interest in organisational and professional practice. She was also experienced in psychodynamically informed group facilitation and observation, and had conducted research in other social care settings.

Prue brought a particular expertise in sociology and social policy, with a particular interest in the structures and cultures of social care and social mobilisation.

Tom was trained in history, sociology and contemporary cultural studies, and brought a general interest in social research methodology. He had conducted sociological research abroad (Algeria) and had been involved in analysing the working of institutions.

The relatively qualitative strength of the two principal researchers (Prue and Lynn) was complemented by Stef Buckner's skills in social geography and social mapping. These enabled us to use quantitative data for understanding the neighbourhood and helping to evaluate the Centre's operation within it. Stef had also had experience of working with older people and was interested in extending her skills of participant observation. Her diaries developed into important sources of ethnographic data.

The research proposal involved the researchers as the outside team; it also specified the recruitment of collaborating Centre users and staff as co-researchers. Paul

[18] See Chamberlayne et al. (2002), and the SOSTRIS *Working Papers* 1-9, esp. Chamberlayne and Rustin (1999).

Brickell – the originator of the proposal and then CEO of the Centre – was an experienced Director of Research at London University College Hospital. Diane Peters had been Health Team Manager at the Centre, and her brief had included research development. We expected to develop a further corpus of co-researchers as the project got under way.

A feature of the team organisation was that only one of its members – the research assistant - lived close to the study site. Given that the original methodology did not involve a strong emphasis on informal participant experience, this did not originally seem a problem. In fact, our later realisation of the importance of sufficient informal observation and participant experience made this more of an issue than we had envisaged.

We found our formal interpretation sessions much improved when we also had informal time mulling over our data. We compensated for our spatial distribution by building in extended periods together, such as long working weekends.

External research Advisory Group

Our Research Advisory Group (Prof Gene Feder/Queen Mary University London, Prof Lesley Doyal/Bristol University, Elizabeth Bayliss/Social Action for Health) had very considerable and useful expertise and we found many of their suggestions and challenges helpful.

Ethics

Ethical approval was granted by the Tower Hamlets NHS Local Ethics Committee. Information posters and leaflets were displayed in the Centre reception, the first point of access for most users, visitors and staff alike. They contributed to raising awareness of the research and attracting further participants.

Data sources

The diagram below gives a summary indication of the data collection methods. We moved constantly between involvement and detachment in collecting and interpreting data – trying to avoid getting stuck in any one of these.

The diagram is divided into two halves, distinguishing very crudely relatively detached methods of data collection from more participative ones.

Relatively detached methods		**Relatively participative methods**	
Literature review	*Older people; health promotion; community development; evaluation research; social entrepreneurship; arts and health; partnership working; complexity theory; integrated services; healthy living centres*	**Biographic-narrative interviews**	*All of the external research team conducted interviews Interpretation by panel*
Statistical neighbourhood mapping	*External statistics available; few internal statistics until late 2004 when a new Director of Learning in collaboration with the research team started taking periodic internal censuses*	**Participatory action research**	*Researcher involvement in the Development Group Brief training for two Centre staff in interviewing*
Semi-structured interviews with internal and external informants	*Interviews and conversations with community informants and representatives of other organisations*	**Informal conversations**	*With staff, volunteers, members and visitors*
Institutional process observations	*Meetings, events and project work*	**Round Table retrospectives**	*Researchers, Director and relevant staff reviewed selected health-related projects*
Informal observations	*User group processes and projects*	**Observational diaries**	*Ongoing observations, reflections and subjective impressions*
		Visual records of Centre space and artwork	*An increasing focus on these in the latter part of the research*

Table 1: Summary of data collection methods

On the right hand side, we have more participative research modes. A strong contribution here was the constant informal participant observation of Stef Buckner as recorded in her weekly diaries. In addition, there were numerous informal exchanges between the other researchers and people at the Centre. Some of these discussions were recorded in written form and these notes then informed our process of interpretation and evaluation. At the same time, they contributed to establishing trust and allowed for issues that did not emerge in formal meetings to be discussed in a relaxed atmosphere.

The participative action research component, the Development Group composed of researchers and selected staff, proved particularly important in providing 'learning-by-doing' material for us. The Development Group and the Round Table retrospectives manifestly enhanced the interest in self-research among the Centre staff involved.

DATA COLLECTION, INTERPRETATION AND PRESENTATION

Introduction

All qualitative research is labour-intensive. Our multi-method methodology was ambitious but, as the project developed, we found ourselves needing to add further elements. This involved a great amount of work, and, in their enthusiasm, all members of the team worked considerably more than their contractual obligations.

Our original focus was on narrative – stories of individual lives and lived experiences and individuals' stories of the Centre – to gain an understanding of individual and collective working. As we proceeded, we became increasingly interested in art and started to understand Centre design and practice also in terms of a theory of artistic creativity, and as a sort of living artwork itself. We collected visual material (including video recordings, photographs of artwork and Centre groups, pictures, etc.) as a source. Visual analysis became more and more intertwined with our interpretations of biographical interviews and group processes.

We largely worked by carefully recorded collective discussion. Our model of collective panel interpretation as elaborated in BNIM[19] was generalised to discussing and triangulating the different kinds of data we produced.

Papers presented at national, international and professional conferences led to methodological and substantive articles (see *Appendix B*). By forcing ourselves to crystallise our thoughts for a high rate of external presentation and discussion, we created a three-way dialogue between research and policy peers, ourselves, and those in the Centre. This helped move our collective thinking along, enabling or requiring us to engage continuously with both internal and external challenges to our evolving ideas and material.

Mapping exercise

At an early stage in the project we collected external socio-economic data and compiled a statistical area profile of Bromley by Bow and Tower Hamlets that we updated regularly. We had understood that there would be internal statistics about Centre use by various demographic groups that could be related to our neighbourhood mapping exercise. This turned out to be largely not the case. In consequence, statistical information on the representation of age, gender, ethnic and generational categories in particular activities at the Centre could not be systematically explored. The mapping exercise provided invaluable data against which to assess observed Centre participation but was less useful for comparative purposes than we had hoped. Sporadic censuses in late 2004 initiated by the new Director of Learning and supported by the researchers allowed a

[19] For the importance of panel research and a schema of working as developed for BNIM see Wengraf (2001).

more active use of the neighbourhood profile.

Participatory action research

The original proposal had assumed that the Centre would be in the process of training another cohort of health networkers devoted particularly to work with older people. The training would include some research and evaluation skills, to be developed collaboratively with the research team, as a piece of action research (Reason and Bradbury 2001). This did not occur.

The Development Group was a substitute idea. It would have the same purpose of allowing the researchers to observe in process a group using the experience and distinctive approach of the Centre. Its activities would include collaboratively devising a monitoring programme.

Together with three of the external researchers, such a group that involved project leaders of activities with older people was formed. The early sessions gave rise to some structured thinking about what people were doing in their particular projects, some story-telling about significant people and events, and some looser reflection on experience. During this 'gestation' period critical connections were being made as members exchanged ideas and information.

Members expressed ambivalence about the Development Group through their late arrivals and patchy attendance. The researchers felt anxious about being seen as 'academics' with a 'researcher language' and about the difficulty of overcoming the communicative gap. Diane, who had been the Centre researcher, played a creative bridging role. However, she was herself under great pressure and eventually ceased to attend. Mürüde drew the work of the Group together in a photographic display that was exhibited and attracted a lot of commentary. From this, we observed the way in which the Centre works with emergent processes.

The Development Group proceeded in a faltering manner that mirrored many processes at work within the Centre. Centre members were much more confident than researchers that something would eventually emerge. Understanding rather than just blindly experiencing this collective 'mirroring relationship' took some time but was an eventual crucial achievement from which the external research team benefited considerably.

A 15-page report written by Prue to describe and validate the content and process of Group discussions proved too lengthy and weighty to be usable for the Group members. The following report was a second attempt, by Lynn and Prue, to write in a more accessible and useful style. It indicates the style of co-working and the degree of collective self-evaluation achieved as well as the substantive conclusions they came to.

DEVELOPMENT GROUP REPORT

Membership

Mürüde, Helal, Lilu, Asha, Akash, Diane, Julia, Stef, Lynn, Prue.

Introduction

There were twelve meetings over two years. The Group gathered together organisers of activities in the Centre that involved older people. It was conceived as an action research project. The purpose of the action research was to provide an opportunity for people who worked at the Centre to design, plan and carry out a project that they defined themselves. The role of the researchers was therefore to stay in the background, facilitate and then draw together some conclusions. The Group would help to reveal how things work at the Centre and how different projects link up and work together. It would also help to raise people's understanding of the benefits and challenges of self-monitoring and research. Part of its purpose was to

find new ways of naming and representing what the Centre does.

What the Group did

The Group started with discussion of stories at the Centre, and the many different kinds of stories that are told during different activities. Helal spoke of the difficulties of new immigrants recognising numbers on buses and front doors, and of the way symbols are referred to innovatively, such as the 'two egg' (= 8) or the 'two stick' (= 11) bus. People spoke of particular conversations in their work, such as a Caribbean patient narrating the story of the challenges of his arrival in the 1950s. There were many tales of conflicts and changes across generations and between the sexes within the Bengali community.

Ongoing work that was not well-known or understood in the Centre became highlighted. It became clear that skills and experiences around benefits and family outreach work, especially in the Bengali community, could be useful to others in the Centre and to local professionals.

Visual diaries and video recordings were experimented with as ways of portraying dynamics in Centre projects. Bringing art activities into the Luncheon Club stimulated new kinds of discussion. Watching video recordings (that badly need to be edited down) led to comparing the ways different Centre groups had developed and overcome obstacles.

The Group emphasised how useful and enjoyable these discussions were, and spent some time talking about the need for a reflective space. Members acknowledged that with so much to be done there was always temptation to rush into action. This made it difficult to prioritise the Development Group.

There was often uncertainty about the relationship between story-telling, reflective space and research in the Group. Past experiences of research in the Centre were associated with 'ticking boxes', which was found boring and not very useful. If research were to be better appreciated, there would need to be more understanding of its usefulness and diversity. The Dunhill research would need a higher profile in the Centre.

Discussions of how to do this made people think of what different Centre projects had in common and how they differed. Members were amazed to discover that the theme of healthy eating was a thread that linked many of them. They decided to produce a visual display for the Summer Fair, profiling all this work. Mürüde and Stef used the Group's suggestions to create a photomontage with captions to characterise activities around healthy eating. This had a prominent place in the park, attracted a lot of attention and was an opportunity to provide information to a large number of people about Centre projects and the research.

Recommendations

<u>Thinking Space and Supervision</u>

The single most important theme that the Group returned to again and again was the need to make time and space to share and compare experiences. This is not a luxury although the Group found it very difficult to do. There are always pressing demands from elsewhere and people find it hard to give themselves permission to prioritise a thinking group.

Suggestion: Nurses and social workers use formal systems of supervision to create and protect thinking space. This can be done on an individual basis or in groups, but if it is not formalised it does not happen, and supervisors need training. Supervision would help people at Bromley by Bow in the following ways:

- Improving communication by sharing and comparing activities
- Dealing with personal doubts and difficulties about the work
- Addressing conflicts and blockages
- Seeing new opportunities
- Building stronger relationships
- Evaluating what has been done

Research and evaluation of work in the Centre

People have come to realise that research should be an ongoing part of Centre life. It helps improve work in the following ways:

- It enables people to understand, describe and measure what they are doing
- It taps into local knowledge and helps people use it
- It finds new ways of recording and presenting what goes on at the Centre
- It provides benchmarks that show how work is developing over time
- The Centre cannot manage its resources without monitoring and this must be done within particular projects and across the Centre as a whole
- External funders insist on reliable data about who uses the Centre, why they use it and what they gain from it
- People and organisations that want to learn from the Centre need clear information about how it works

Suggestion: Some people think research is just about ticking boxes. In fact there are many ways to collect and use information. Particular projects may need to use completely different methods. There are a variety of techniques that need to be learned.

We strongly support the idea of developing a 'research hub'. This would provide ongoing training and co-ordination of research activities in the Centre. It would need imagination, staffing and technical back-up.

Biographical interviewing

BNIM interviews and interview-interpretation are depth methods and highly labour intensive. They elicit narratives about the informant's experience, in this case their experience of coming to and being at the Centre (Wengraf 2001). We carried out 20 such interviews with a balance between staff, volunteers and users (the shift between the three categories in the Centre blurs these distinctions). With older people we conducted another 12 shortened biographical interviews. There was an equal gender balance in our biographical interviews. Five interviewees were Bengali and the rest White, reflecting staff proportions. All lived locally and nearly all were registered at the Bromley by Bow surgery and used the Centre.

We were interested in the way in which involvement in the Centre had contributed to people's subjective sense of well-being and development, according to their own frame of reference. In BNIM the analysis and interpretation of interview material is undertaken by panels and aims to compare the events of the life as lived with the account of that life as told. The panel arrives at a case structure that can then be compared with other cases.

We analysed several interviews as full case studies. A sample is presented in the following chapter. As we proceeded we increasingly focused on extracting themes and comparing variations in the structure and dynamic of the told stories, so as to relate the individual biographies to the organisation's dynamics.

BNIM panels involve a very 'unbuttoned' mode of interpreting in collective discussions.[20] This involves taking into account the subjective experiences of the team members as well as the structure of the empirical material being considered. It would have been impossible in this 'free-associative' method of team working to keep confidentiality and anonymity were any people from the Centre to join us in these deliberations. In the main we avoided sharing interim reports of our emerging interpretations and conclusions for similar reasons.

Semi-structured interviews with external informants

The aim was to gather a range of views, including from agencies with which the

[20] For panels at work see Froggett and Wengraf (2004) and Froggett and Chamberlayne (2004).

Centre had had a difficult relationship in the past. Nine semi-structured interviews were conducted with representatives from key partners and interested external agencies. These included the Health Authority, United Reformed Church, Kingsley Hall, Poplar HARCA, Leaside Regeneration, two consultants running a Work-Life Balance programme at the Centre, and former employees. Despite repeated requests we failed to gain an interview with Social Services.

We also interviewed some non-users, but this idea proved something of a non-starter: the interviews were unproductive.

Semi-structured topic-focussed interviews

16 interviews were conducted with project leaders at the Centre on their group work activities and partnerships. Another 16 short focused interviews were carried out with a randomly chosen and very mixed group (ethnically and occupationally) of visitors, users and staff on their perceptions of the Centre as an architectural setting. This reflected our deepening appreciation of the importance of the architecture and surroundings of the Centre.

Observations of institutional processes

Simple observation of people doing whatever they do is integral to qualitative methodology. It originates in the fieldwork of anthropologists and sociologists from the end of the nineteenth century. In general, observations are noted down immediately or as soon afterwards as possible in the form of fieldnotes (Sanjek 1990; Spradley 1980; Emerson et al. 1995). It is crucial to most research by observation that the observations are written in whatever ordinary language that comes to mind, and not codified "in terms of any kind of theoretical formulation" (Rhode 2004, p.24). Later discussion of how to interpret particular sets of 'raw observations' can then be free from any one exclusive theoretical framework (Spradley 1980).

However, 'observing' can be done in a variety of ways. At one end of the spectrum, there is covert 'participant observation' in which those observed are unaware of being watched. At the other there is 'observant participation' in which an otherwise ordinary member of an organisation or community participates as usual but also writes down or tapes particular observations. In between are researchers who openly observe with minimal participation or strong participant roles.

In our research all four researchers were engaged in formal and informal observation. Stef was a participant observer in many activities and contexts, helping out in various ways. She kept a diary of her experiences and activities. This aimed to track how a new entrant made sense of her experience. All researchers also observed different meetings, e.g. the Centre's Advisory Group, the former Senior Management Team, Annual General Meetings and a Practice meeting. All these gave rise to observations. The Development Group oscillated between participant observation and observant participation.

Interpretation of the various observations – often codified in notes – occurred in team discussions. The experience of panel analysis of biographic-narrative material probably set an unconscious template for this. Some such discussions took place at the subsequent team meeting; others were prepared for. An example of the latter concerns Stef's weekly diaries. After 18 months of diaries, Tom wrote a short report on what he thought the diaries showed about the Centre. This was discussed with Stef and followed by a full team discussion at which not-recorded routine experiences and critical incidents of other team members came into play. This exercise was a key moment in producing a more confident turn to examining our subjectivity as a practice for achieving greater objectivity, for which the psychodynamic concept of 'counter-transference' became increasingly useful.

Half way through the three years, Rob Trimble hosted four Round Table discussions on different health-related projects.

He saw this as a way of: drawing together experiences of particular Centre activities with older people; gaining a co-ordinated view of sometimes disparate areas of work; giving experience to Centre members of making presentations and engaging in debates about presentational and policy issues; raising discussion about the value of research in the Centre. The topics covered Art and Asthma, Diabetes Work, Health Networking, and the Centre's Architectural Design. The Director chaired the meetings, using questions worked out with the research team.[21]

Given the multiplicity of disciplinary, professional and personal experiences of the team members, processes of interpretation often led to as many questions as answers. Gradually our discussions crystallised into the interpretations that this report embodies.

Triangulation

We are convinced that the multiplicity of observers and conversation partners that the research team provided, and the process of team interpretation of all the experiences and observations made, has enabled a strong triangulation which no single observer doing their own interpretation could have achieved.

The number and range of interviews enabled a massive amount of cross-checking and comparing across all the interviews and with material from the other data-sources. Overall, we triangulated data from the following sources:

- Specific claims made by interviewees that related to their experiences, their creative life and their interpersonal relationships within the Centre. These claims represent both reality and ideal in that they involve accounts of individual experience and a vision of the Centre as a community
- Further information on experience, creativity and relationships from our detailed interpretation of interview texts
- Observations of interpersonal and organisational processes through formal meetings and observation of the Centre's day-to-day activities and interactions
- The participation in the Development Group process as a reflective experience of how people think about their work, how ideas emerge and how they get put into practice
- Consideration of the ways in which themes relating to biographies and processes were encoded within the organisational myths and stories

Our thinking about the Centre therefore comes from a very intense triangulation and cross-checking of data from a variety of sources, with hypotheses being constantly questioned and elaborated in research group meetings.

Theorising

Data interpretation also depends on the concepts with which the members of interpreting panels work to understand both the data and their own responses to it. The range of concepts and ideas in play over the research period is difficult to describe. Like nearly all qualitative researchers, we did not want to have a prior conceptual apparatus that would govern and constrain our hypothesis generation and thinking. We wanted our evolving data to suggest to us the concepts in terms of which the Cen-

[21] These questions were: How did the project come about and how did it develop? Who became involved? What obstacles were encountered? What medical inputs did it have? What was different about it? From a medical perspective, what worked well or not? How to do it if it were to be done again? How cost effective was the project, how could NHS funding be argued for? What was the philosophy behind the project? What is the role art plays in health (linking the entrepreneurial and pleasurable aspects)? Choice of the imaginative way of dealing with this issue over other more straightforward ways? What other ways might be explored?

tre's reality could be best grasped. The range of disciplines and experiences of external and internal co-researchers were valuable resources in this process.

The term 'conceptual apparatus' suggests a powerful set of tightly linked and clearly defined concepts, like quantum physics or neoclassical economics. We didn't start with such a conceptual apparatus nor have we arrived at one.[22] Our thinking and our evaluation of the Centre is best presented in the detailed illustrations, explanations and recommendations in this report.

We have attempted to develop a way of talking and thinking that is both psychological and sociological, and oriented towards policy. The 'psychological' concern is with the lived experience and the inner worlds of people and the organisations they shape and that shape them. The 'sociological' concern is with the forms of life, the ways of relating, the practices and social relations of the 'outside worlds' in which we live. We are increasingly required to think not just nationally but globally if we are to understand what happens locally. This concern to understand people's inner and outer worlds simultaneously can be called 'psycho-societal'.

We have tried to understand people's lived experience as they tell us about it and as we observe and experience it. We have also tried to reflect on what we personally bring to these observations. To do this we needed sophisticated models both of those aspects of our inner worlds that are not immediately obvious and of those aspects of our outer worlds that are also not immediately obvious (see Hoggett and Lousada 1985 on 'breaking the silence'). We needed to think about the often unexpected ways in which the two interact. We thought about how the local realities and processes we were inspecting related to national and global regimes and dynamics (see e.g. Burawoy 1991, Burton 1991). Thinking about complexity theory was one line of inquiry (Chapman 2004, Reigeluth 2004). A commitment to the non-obvious is crucial to scientific research; sometimes it can mean that commonsense appearances can be completely wrong. We start from 'lived experience', our own as researchers included, but progress depends on developing a critical relation to what we think we see and what we think we know, and what concepts we use to see and think with.

Particularly important in this was an intensifying consciousness of 'research team mirroring' of differences and disagreements within the Centre itself and its relations with the exterior. In our team processes, we found ourselves reproducing contentious dilemmas and predicaments and emotions that were experienced in the Centre itself.[23] Once we became conscious of this mirroring, it became an invaluable tool for understanding currents and undercurrents in the Centre[24].

In addition, our original strong focus on biographic narrative has been complemented – largely as a result of our learning from the Development Group – by a much greater attention to art. This has led to finding parallels between 'syncretistic thinking' in the Centre and in our method of free associative synthesising during processes of interpretation.

Our 'psychology of inner worlds' has become increasingly informed by psychodynamic concepts. Our 'sociology of outer worlds' in this study is primarily informed by an increasingly 'ethnographic eye' for the detail of what people do and how they relate in institutions, their routine practices and their unexpected crises. This is supplemented by analysis of existing informa-

[22] 'Expanding our conceptual and discursive resources and attempting to inter-relate them' might be a better metaphor than 'constructing and deploying a conceptual apparatus'.

[23] A similar phenomenon is found in marital therapy with a male and female therapist. The 'therapist couple' finds it crucial to look at what is happening in and between them so as to understand what is happening in and between the couple coming for therapy.

[24] The psychodynamic concept of 'counter-transference' was helpful in enabling us to sort out the complicated interaction between the 'collective subjectivity' of the team and that of the Centre.

tion gathered in statistical studies of neighbourhood. Those interested in exploring our conceptual resources more fully can find material in our published papers (see *Appendix B*).

RELATIONS WITH OUR CO-RESEARCHERS AND OUR RESEARCH ADVISORY GROUP

The research was started on the initiative of Paul Brickell, then CEO, and others directly concerned by the proposed project. By the time the research started, the CEO and other senior staff had just changed, internal re-structuring was underway and there were other pressing priorities for the Management Group. This 'transitional period' was a golden opportunity for the research, since it enabled us to witness a major process of change in the organisation. In fact we were rather slow to realise the significance of what was in train. Our eventual appreciation of the changes arose through retrospective reflection on a range of research processes, and the way these mirrored the wider context. This marked a moment of key development in our methodological thinking.

Over the three years, we felt that more and more staff moved from slight resistance, to acceptance, and then towards enthusiastic participation. In the second year, through sustained and cumulative work the Development Group affirmed the value of discussing simultaneously and reflexively, and became more conscious of their own inhibitions in doing so. Many more members of the Centre became involved in research evaluation through the Round Table discussions. The new Director of Learning, working together with Stef, initiated censuses of activities and attendances.[25] Several people spontaneously requested to *be* interviewed; two were briefly trained in *conducting* interviews and did carry some out. The Director is considering how the Centre could develop a permanent 'research hub'. The Centre is in the early stages of elaborating a self-monitoring, self-researching capacity that can do justice to the full array of what it does. We feel the concept of a culture of self-inquiry is definitely 'catching hold' in the Centre.

SELF-REFLECTIVE REVIEW

What have we achieved?

Our object of study is a large organisation in a complex and changing context. During our research period, Government policies fluctuated, the senior personnel changed, the division of labour was reorganised, and working priorities were to a certain extent reconfigured. Like many creative organisations, it sometimes operated 'on the edge of chaos' (Gilchrist 2000). Researching it in a moment of transition was a difficult task. At times, the complexity both of the Centre and of our many-stranded methodology meant that we, too, had the sensation of working on the edge of chaos, a creative and anxiety-provoking place to be.

Our own funding was generously long, enabling us to implement a powerful methodology. This proved adequate to the demands made on it and flexible enough to accommodate to our evolving understanding of the Centre.

Our methodology was committed both to story-telling and to the understanding of art and the material environment, all to be grasped in their detail and in a holistic and syncretistic fashion, both in historical evolution and as a co-evolving 'working system'.[26]

Through our Centre co-researchers, we came to understand better the Centre's

[25] Such internal censuses do not catch the considerable outreach work.

[26] Lived experience takes place both in time (story) and space (spatial-visual context) (Ricoeur 1981). As in all part/whole analysis (Scheff 1997), both dimensions need to be analysed separately and grasped together.

way of seeing situations, people and their potential. This reacted back and modified our own way of working as researchers. The complexity of the Centre as an evolving system has constantly forced us to further evolve and elaborate our methodology to remain as adequate as possible to that complexity.[27] We found that our methodological concern to build on understanding of our 'lived experience' paralleled the Centre's concern to build on the lived experience of its staff and users.

We consider that our practice of frequent and lengthy research team meetings for the evaluation of both formal data and informal experience was central in bringing to light a variety of objective and subjective material that could then be properly evaluated and understood. Our psychodynamically-informed practice of ventilating and then exploring our often powerful subjective responses to people, situations, predicaments and possibilities was crucial in coming to understand the culture of the Centre. Group reflection and mutual challenge offered an important degree of protection against hidden researcher bias.

We think that our report provides valuable insights into older people's experience of the Centre. We found that it was mostly those exceptional older people who had become volunteers at the Centre who could respond well and illuminatingly in interviews. Such user-volunteers in a way functioned as 'proxies' for older people less able to articulate their own experience (Wenger 2003).

What could we have done differently?

We have discussed whether this process of helping to embed research in the Centre could have been speeded up.

Some of us think we could have worked differently to overcome personal and institutional fears and resistances. We could have explored the previous experiences of research within the Centre, some of which had left a legacy of ambivalence and resistance. We had assumed that endorsement from the leadership meant that nobody would be reluctant about our work. Perhaps we should have questioned that. Others think that we had to go through a process and that we would have increased resistance if we had pushed too hard.

We had great difficulty scheduling meetings that all our Research Advisory Group (three outside eminent advisors) actually managed to attend. This limited the extent to which we could benefit from their very considerable experience. Useful discussion with them developed and would have gone further with more regular meetings. Our three advisors had great expertise, and their contributions challenged us and forced us to probe deeper into what we were doing or proposed to do. We are grateful for the contribution they were able to make.

We have discussed ways in which we might have used the evaluation to extend the Centre's self-research capacity. Could we have tried to generate 'resident ordinary observers' among people in the Centre, along the lines perhaps of the wartime Mass Observation movement? Might we have found some way of overcoming the incompatibility between confidentiality and free-associative interpretive process? Nonetheless, by the end of the research period, and partly due to our efforts to do joint work, a number of the staff were interested in or had actively participated in different forms of research and review activity.

What could other evaluators learn?

Detailed research was needed to develop an adequate description of the model-in-use at the Centre, and to evaluate its work thoroughly. This fully required the time, resources and flexibility that the Dunhill Trust gave us.

For similar future projects, it could be useful to build a trained 'institutional observer/ethnographer' into the team.

[27] Described in depth in Froggett (2005 forthcoming) and in Wengraf at al. (2005 forthcoming).

Our methodology was innovative and we held intermittent methodological discussions throughout the project and published on aspects of this work. Formal methodological review took place within research team meetings. These were often propelled by preparations for conference presentations and papers for publication. Time for such review processes needs to be scheduled in.

Ours was not a primarily co-researcher endeavour (for a brief survey of co-research methodology, see Benington and Hartley 2004) though (in the forms we have described) we did involve co-researchers[28]. Research proposals should right from the start design appropriate collaboration with 'co-researchers' in various sectors of the target organisation[29]. This can be a delicate issue that requires careful attention to process, and it could be argued that some evaluations must exclude internal co-researchers. It involves recognition of the normal ambivalence and role-conflict felt by any organisation being evaluated.

Our methodology was concerned with both outer and inner worlds of individual participants and of the Centre as a whole. It involved the interplay of a number of different social research specialisms and disciplines, and constant triangulation and interpretation. We think that, using the title of a recent article, mixed methods research is a paradigm whose time has come (Brannen 2004, Johnson and Onwuegbuzie 2004).

A multi-method and multi-discipline research team has to be philosophically compatible but methodologically various and open. It also needs to be individually supportive yet challenging for each of its members. To integrate the significance of the variety of data and experiences that our methodology generated, working in free-associative panels and team meetings seems to us to have been crucial.[30]

For this degree of reflexivity to be obtained, the external and the internal researchers need sufficient release from their institutions so that they can meet regularly over the time that is needed. The development of the capacity to think collectively needs very definite preconditions and attention.[31] We feel privileged to have experienced a very good level of personal and institutional support in the ways that we recommend.

We learned much from studying the Centre, and we hope that the Centre has learned from us and will find this evaluation useful. At the same time we hope the report will benefit others interested in doing similar research. While we do not believe that our methodology lends itself to replication we do think that the principles revealed by our history of working may be helpful to others concerned to generate similar knowledge.

[28] For more 'radical-democratic' models of community health research than our own, see e.g. Boutilier et al. (1997), Laverack and Labonte (2000) and Van Vlaenderen (2004).

[29] Unless a positive image of individual and collective 'self-research' is achieved in the target organisation, normal 'institutional resistance' to any research, especially 'external' research called 'evaluation', will - in an audit-driven society - delay and obstruct progress.

[30] It was crucial that the lead researcher had professional training in group process facilitation. This is needed for such a method of deliberation and reflexivity to be used effectively.

[31] In the Centre as in the research team.

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V

ORGANISATIONAL, PERSONAL AND HEALTH ACCOUNTS

V Organisational, Personal and Health Accounts

INTRODUCTION

We want in this section to give readers a flavour of the interviews that formed the bedrock of our research. Some were biographical interviews about people's experience of the Centre, which we analysed in some depth. Others were guided and more health-centred. We want in this chapter to convey their wholeness, since elsewhere they are necessarily fragmented in quotations that support and enhance our analysis.

The interviews allowed us to understand why people came to the Centre, how they used it and how it affected their own perception of their health and well-being. People spoke at length about their activities, the culture of care in the organisation, their relationships within the Centre, and the people who had influenced them. They were fascinating, informative and often moving accounts of personal change in a relational and organisational context. This gave us a picture of how the Centre operated as a community. Our aim has been to do justice to the complexity of the recounted experiences and to produce a case study out of each interview in which the life experiences the individual has chosen to present can be seen as a structured whole.

We have been obliged to select a very few personal stories, for reasons of space. Although they refer to highly specific circumstances, they nevertheless contain elements that were embedded in nearly all of the interviews that we did.

Intertwined with accounts of individual experience in the Centre were more public 'organisational stories'. The chapter begins with two such extracts about the early history or 'creation myth' of the Centre. The biography of the Centre is not just a chronological account. Organisational stories and myths tend to shape people's ideas of an organisation (for a brief survey see Gabriel and Griffiths 2004). As with individuals, an internal mythology weaves together stories that reflect aspects of the organisation's history. These represent what it sees as most important about itself. The stories are then used as a means of cultural transmission – they are learned and internalised by succeeding generations of staff, users and volunteers. Their distinctive shape and consistency help to preserve a certain ethos amidst constant change.

Yet the same organisational story may hold rather different, even conflicting, messages. We illustrate this in relation to the Centre's creation myth as recounted by a member of the United Reformed Church who knew the local community before the arrival of Andrew Mawson. The second extract by Allison Trimble, who joined the Centre early on and was for a while its CEO, gives a thoughtful alternative inflection to this flamboyant story.

Turning to an account of personal experience, the first personal story comes from Lil. Lil is an older woman who has become very influential at the Centre, after years of involvement as a member and as a volunteer. Her biographical account illustrates the ways in which the Centre helped and challenged her to discover artistic skills and leadership capacities within herself.

The stories from Bert and Annie were intended to focus on health benefits that each may or may not have received from the Centre. Both tell us about the contribution of the Centre as a whole to their well-being, rather than specific medical conditions and interventions. Their interviews vividly depict the way that the Centre's mix of people and activities provides unexpected opportunities for older people to 'take off' in surprising ways, well beyond what a narrowly conceived 'health centre' might provide.

The last story illustrates the experience of a professional worker, a practice nurse, at the Centre. Yvonne's biography focuses on the ways in which the Centre has allowed her to develop as a practitioner by linking the artistic and scientific sides of herself, and discovering new opportunities for holistic healthcare. In particular, her account points to the excitement and satis-

faction, personally and professionally, of collaborative working.

We hope that this chapter brings out the flavour of the way the Centre works for people and the ways that they choose to use it.[32]

THE CENTRE'S CREATION MYTH

The Centre's origins were in a run-down church hall, abandoned in winter because of a leaking roof and inadequate heating. This was home to a small, vulnerable older congregation – struggling on, inviting lay and itinerant preachers in to take services whenever they could get hold of them. Unpromising as this setting seemed, there was by common consent something 'special' about it. For a start, it had a curious history. As far back as the 1920s it had attracted a very eccentric, artistic minister who had turned the church into a jungle for the harvest festival, with waterfalls coming down from the gallery. That rare imagination and energy disappeared during the war and the congregation dwindled.

Nevertheless they remained active, especially among the homeless. They persuaded a supernumerary minister whom no-one would employ to hold a monthly service. He was effectively homeless himself, a tramp-like figure, who dropped down dead in the pulpit one afternoon. After that, the old people pushed harder for a minister of their own, insisting that the Church was a really special kind of place, that they loved it, and that they wanted to pass on its legacy. Their persistence in the face of considerable scepticism bore fruit. Money was found to appoint a disaffected young minister called to work among the poor. He was a man with phenomenal drive and energy, frustrated by the 'Sargasso Sea' of church and public service bureaucracies. He, too, was an 'artist', a communicational minister, tired of the missionary role. When he arrived, neither he nor the congregation knew what they wanted. Their approach was "leave the windows open and see what flies in". A Latin American woodcarver turned up and imported liberation theology. Somebody else wanted space to make shoes. People were just looking for space that was made available. Some of them came and went very quickly; others stayed. Bit by bit the project developed and required active management. But when it all started they had no authorisa-

[32] Personal accounts of the development of individuals in the Centre also form the basis of Froggett and Wengraf (2004) and Buckner (2005 forthcoming).

tion and no clear plans at all. It was all worked out in situ. They were learning how to survive in the inner city bit by bit by working with people and sharing their stories.

It was the extraordinary personal energy of the new minister that made things happen. He was like a "manic grasshopper", all over the place, full of ideas and impossible to keep up with. Energy just flowed, nothing was given absolute centrality, everything was affirmed. Each person felt 'honoured' and central to everything, whether they were there all of the time or a bit of the time, whether they had been there for a long time or a short time. It was a sense of all being in it together.

(Notes on interview with a representative of the United Reformed Church)

This is a story that because of its intrinsic paradoxes offers different interpretive possibilities. Its two parallel strands were picked out by Allison Trimble, who had played a leading role in the Centre's development. There is the classic tale of social entrepreneurship with all the familiar ingredients – a story that part of the press was more than ready to hear. This is the account of a charismatic young leader – a life force armed with vision and a phenomenal will to drive things forward, who effectively conjured a project out of thin air. The other story is of something that grew out of failure, brokenness and death – informed by dependency and the fragile values of human caring. It draws on the unexceptional qualities of ordinary people and values the little they had to give.

So there was an article even just last year, eighteen months ago, in The Times, and you should get a copy of that actually and read it, because it's a nightmare article, but it describes what happened ... the new minister arrived here … it was an absolute jungle, within a few months he'd gone out into the tower blocks and within a few months after that people were flocking out the tower blocks following behind him and there's a man who's created a miracle and you just think: "it wasn't like that." And that's a wrong image of leadership to give here, and it's a wrong image for a number of reasons. One is, because actually the reality is that our leadership here has, if anything, been based on failure. The story of our approach is not about strong leaders who went out there and changed the world over night. The story of our successful approach is about people who were significantly excluded and marginalised in our community because they were mentally ill, not allowed to participate. The transformation that happened in that situation was because of that vulnerability and exclusion, and the clues that we began to find in their experience, which were about brokenness actually, ... there was a church that had <u>died</u> because it hadn't been able to adapt, the minister had died in the pulpit, so what a symbol of failure. And what they did was take that fist step of leadership by giving away the only piece of resource they had ...

That's partly what the political agenda is about …. it's about that kind of let's present an image, let's get I mean, the issue for me is not to say that that's wrong actually, I'm not saying that <u>is</u> wrong because actually there were times here and there still are when and I think in a sense Blair is right that you've to create strong leadership, to create leadership you have to have both. The candle down there the things that we do here, not just in the church but throughout the project, which are about creating rhythm and continuity were all some of the things of that Community Care Project, it's rhythm, continuity, regularity, and not going to disappoint the possibility of (transmission), all those things are very positive types of things which as a leader as you do in order to make things happen. But on the other hand you also have to leave some room in that for failure and doubt and some humility and the possibility of changing what you think might need to happen. And if you're <u>so</u> sure of the direction that you're travelling in, and you're <u>so</u> desperate to present that myth, then you lose the opportunity to do that, in which case you're going to lose the authenticity, the appropriateness of what you're doing. And that became the tension for us in the organisation, …

(Allison, former Centre Chief Executive)

LIL'S STORY

Lil's life

Lil Murley, now in her seventies, is a white woman from a working class background who has always lived in London's East End. Her life has been one of hard work and caring for others. Her own needs and health problems come in second place. At thirteen Lil leaves school for a succession of jobs. She combines parenting and work with nursing her mother through a stroke. At times she struggles with her own frustration. Later, while she is experiencing acute health problems and depends on a nurse herself, she copes with her husband whose mental and physical condition is deteriorating as a result of Alzheimer's.

Lil gets involved in the Centre as she struggles with retirement. She joins Bromley by Bow at her daughter's suggestion. Her husband dies a little later.

Recognition

A weekly pottery class in the Community Care project is the first stage of what is to become a remarkable journey for Lil. When her asthma forces her to give up working with clay, she moves on to a painting class before finding her medium in mosaics. Her skills in caring and working with other members are recognised and lead to a promotion.

> *Then I worked with one of the members here, and apparently I worked so well with him it was decided that I should become a volunteer instead of a member.*

Lil becomes increasingly involved in the Centre's integrated art activities and social care work, particularly the Community Care project. There, her valuable contributions are recognised 'officially' when she is awarded group leader status. She continues to care for others, but the relationships have changed, she has gained respect and authority within a community. Lil also attends the Young@Art group for older people and finds joy in participating in a silk painting group for mothers and children. She even takes up an offer to study for an NVQ in Care.

Aside from her increasingly close relationships, Lil's intense involvement reveals organisational and personal skills developed over a lifetime of caring. She commemorates birthdays and organises outings and is assigned office space for this purpose. She sits on the interview panel for a new Community Care Manager. Lil takes her responsibilities seriously: there is not one birthday that goes unnoticed, and not one attendance register that remains uncompleted when she acts as group leader. For the days where she has Community Care sessions to manage, she is reluctant to find a deputy.

The Centre not only recognises Lil by giving her positions of responsibility. It also challenges her to move on. Being appreciated and encouraged in this way greatly contributes to her self-esteem. She is proud of her hard-won development after a lifetime of understated endurance. Lil identifies with the Centre's projects and speaks with a newfound authority to visiting royalty, celebrity and professors. She talks confidently about her work – the term 'work' bearing weight and significance in itself.

> *We have days out and so we take the members out and there's a party going out today Christmas shopping, and there's two next week – next Friday I take <u>my</u> group out to Ilford Christmas shopping, and they like that.*

Lil's late 'blossoming' is due to the Centre's recognising and drawing out much unrealised potential in her life. Her story is presented as living evidence of the value of its methods, specifically of its attention to art in the discovery of meaning and the mobilisation of personal initiative. There is, however, another less 'shiny' but equally important dimension to Lil's story to be considered.

Vulnerability and strength

In many respects, Bromley by Bow's work with a deprived community is based on failure, dependence, humility and disadvantage. Suffering and vulnerability are an important part of people's experiences.

Lil's achievements obscure the unspectacular and often difficult years of privatised caring. Her success and motivation as a helper is born of personal acquaintance with vulnerability and dependence. Her sense of the importance of helping one another draws on an unobtrusive capacity for concern developed in a lifetime of caring and of occasionally being cared for herself.

For Lil, the Centre has always been an important source of support. In an incident during her husband's worsening illness he throws himself from his wheelchair and accuses her of pushing him. Lil is lucky to be among people who know and trust her. Following her bereavement, there is a time of crisis when things threaten to fall apart and she has a variety of health problems. She appreciates the Centre as a place of comfort and reassurance, a substitute for counselling.

The Centre makes possible the enthusiastic activism without which Lil might lack a sense of purpose. It provides social networks that enable her to flower. She can be needy and vulnerable and receive support while being respected for her age, experience and who she is:

In our community they are elders, they're respected. Especially by the volunteers, so she's 'Nanny Lil'. She has lived in this community for years, and she's seen some of the volunteers grow up. And so she gives advice and support and encouragement …

(Dave Boice, former Community Care Manager)

Lil's story illustrates the Centre's ability to hold the tensions between apparent opposites: it accommodates both dependence and leadership and links disadvantage and privilege.

Crossing boundaries

In her involvement in the Centre, Lil experiences mutuality and interdependence in a very practical way. She is both cared for and carer, receives and gives support. The fact that *her* help is needed actually helps Lil by giving her a purpose and making her feel valued. In her roles of group leader she acts as a senior maternal figure in whom others confide.

I try and give what I can, support and help and things like that. But then I'm always here if they've got any problems I let them come and have a chat with me, if I can help I will. And they all respect me, which is nice.

Lil's development highlights the importance of a safe environment in which dependence and frailty are possible. The Centre safeguards certain boundaries, even as its integrated style of working induces it to cross others.

The Centre has become a second home for Lil where she feels part of a family. Different age groups have conflicting needs and agendas, but Lil's understanding crosses generations.

And most of the girls call me "nan", some call me "mum", and all the children call me "nan", so I've developed quite a large family over the years … it's like one big family, and we try to help one another as much as we can.

Lil becomes part of a strong social network that operates beyond the Centre. On her return from hospital, for example, she can draw upon her relationships for the help she needs.

It's nice to know that there's always someone if I need anything, like when I had me hand operation, I come home and I'm <u>starving</u>. So I phoned Mandy: "I've just come in from the hospital, I'm starv-

ing. Do you think you could get me some fish and chips?" Within 10 minutes her and Steve brought the fish and chips … they keep saying: "If you need anything, phone."

Lil also carries the Centre ethos into the community. She is part of a group of older neighbours who watch out for each other. When one of them has a fall, she takes a proactive role in making the necessary arrangements and acts assertively with both the neighbour's family and the emergency doctor to ensure the neighbour's needs are met.

Health and well-being through holistic care

Lil's experience of the Centre takes in the entire spectrum of holistic provision. Since 1998 she has been registered on the surgery's patient list. Her medical history includes diabetes, an enlarged thyroid, haematological immune problems, asthma, a small stroke, reduced mobility, neurological problems and an early stage of skin cancer. Amongst these conditions are a number that previously went unnoticed and have been picked up and addressed by the surgery. Lil expresses deep satisfaction about the primary health care she receives. Beyond the individual consultations, she appreciates the holistic health events such as the diabetes fairs, which combine the medical and the social. Perhaps most important of all is the quality of relationships in which, regardless of status and background, people recognise each other's needs and worth in giving and receiving care.

And they're not really like doctors, they're just like human beings, as we all are.

Lil's story demonstrates that for her, health and well-being consist of more than medical care. The Centre has met needs much more diverse than her medical ones alone. It has allowed Lil to experiment with new skills and has acknowledged her existing capacities, thus enabling her to confidently take on tasks and roles and lead a fulfilling life. Her involvement has created valuable social relationships and a sense of belonging to a community. It has thus helped to avoid isolation and depression in old age that can so easily result from mobility and other health problems of the kind Lil suffers. It is such dimensions of care that the Centre provides, alongside high-quality medical care, that have enabled Lil to become an obvious image of well-being and enjoyment of life.

BERT'S STORY

Experience of the surgery

Bert Harris has been a patient at the Centre surgery for several years. Beyond the friendliness and welcoming informality of the receptionists, he is full of praise for the medical staff, who he insists have "done wonders" for his late wife and for himself. His wife experienced much help from the doctors with hospital appointments and related medical arrangements for the diabetes and chest problems she suffered from.

Bert's own medical history predominantly revolves around a heart condition. A few years ago he suffered a stroke during the course of a heart operation. Since then, apart from a recent suspicion of Deep Vein Thrombosis for which he was referred to hospital, his health has been much more stable. Bert feels thoroughly looked after by the surgery. He appreciates being able to request home visits and receive them without any problem each time he considers them necessary. It is particularly the GPs' attentiveness, consideration, helpfulness and general attitude that he compares very favourably to other practices. Health issues affecting Bert are picked up, taken seriously and dealt with, without him having to negotiate treatment:

> *For about 40 years I've been suffering back trouble. None of the other doctors … Dr. Davis made an appointment for me for the hospital to have a spine scan. And they found out what the trouble was. … Of all the doctors I've had, here has been far superb.*

Becoming involved in Young@Art

Bert expresses similar appreciation for the Health Centre, specifically the Young@Art group. His participation in the latter is much more recent than his involvement in the surgery. It is brought about by a casual encounter with a lady in the park who mentions the group to Bert and invites him. By now widowed and struggling with feelings of loneliness and emptiness, Bert decides to join. His initial welcome is very cheerful, as if he had been attending the group for a long time. He quickly becomes a regular member who arrives early and helps with small preparations for the sessions.

Making friends and having fun

Through Young@Art, Bert makes the for him new experience of a social life. When his wife was still alive, the couple did not go out or socialise, and after 36 years in the same road did not even know their neighbours. Bert used to be a loner without any friends. This changes drastically through his involvement in Young@Art. Not only does he start to engage in conversations, share stories and make friends there. He also takes his newly found enjoyment of socialising beyond the group and exchanges casual chats with people he meets in the street, on the bus and during his shopping. While he used to be "very reserved", Bert now describes himself as "a chatty type of person, I chat with everybody".

In Bert's own words, being part of Young@Art has made life more pleasant for him.

> *… having something to look forward to, like this coming to the Centre, it makes life easier. It might be just for a couple of hours, but that couple of hours can make a lot of difference.*

It is particularly the fun the group offers that attracts him. For example, his habit of spilling drinks is received with much laughter, and the fact that he is the only man amongst ladies triggers teasing and jokes.

Discovering and developing skills

The group provides an opportunity for Bert to experiment with different forms of art, and he discovers his creativity and

new ways of expressing himself. He participates in drawing and painting activities and makes a first attempt at writing poetry.

And funny enough, I've never done it before. It just sort of came natural.

When the Centre hosts a healthy cooking competition in the Diabetes Awareness Week, Bert is recruited to sew the chefs' hats.

Chef's hat sewn by Bert

I don't know who it was approached me and says: "Can you make some chef's hats?" Said: "I've never done that before." Mind you, I do a lot of sewing, amateurish. So I said: "Ok." So (off) home I was sitting down and I made a couple of samples, and I kept saying: "That is not right". And then gradually I developed it. ((Laughs)) This is me: Sunday morning, half past 6, 7 o'clock – had it in me head, got up, got the machine and started making one.

In addition to bringing out his artistic skills, Bert's involvement in the Centre leads him to acquire computing knowledge. Shortly after joining Young@Art, he takes on a new challenge: upon someone else's suggestion he attends the Centre's busy IT room and with some guidance teaches himself computing skills. Encouraged by his daughter, he buys a computer for his home. Bert explores the internet and the opportunities it provides for his newly found enjoyment of socialising. Through online chats he makes a close friend who pays him regular visits.

Health impacts

Overall, Bert considers the Centre to have had a significant effect on his health in terms that go beyond the impact of the surgery's medical care on his physical condition. The experiences of socialising, enjoyment, discovering artistic skills and creativity, being asked to take on tasks and learning new technical skills that he in turn uses to chat and make further friends all contribute greatly to Bert's well-being. The death of his wife of 54 years, for whom he was the main carer, left a big vacuum in his life, with Bert finding himself at home feeling lonely and bored and suffering periods of depression. According to his GP, Bert needed to find another purpose in life. The Centre provided the opportunity for this. Bert pushed himself to become engaged in social and health activities, and also started to explore the world for himself.

ANNIE'S STORY

Entry into the Centre

In her fifties, Annie Warner suffers a stroke and struggles to recover. She retreats into her own world and refuses to speak to anyone. By coincidence, her sister meets an artist who works at the Centre and tells her about Annie. The artist suggests Annie might want to take up activities there, to aid her recovery. Annie indeed joins the ladies' art group and begins to emerge from being a "recluse".

> *… in that ladies' art group getting on like a house on fire and making friends and everything.*

Discovery of artistic and spiritual dimensions

Annie discovers her interest in art and becomes involved in many further activities. She quickly 'moves on' in the Centre when she is offered a job as a cleaner and entrusted with keys to all the rooms. This new position makes her "everybody's best friend" and also fills her with previously unknown pride and self-esteem.

After several years in the Centre, Annie adds a new dimension to her experience of Bromley by Bow by being baptised in the Centre's church. The ceremony is followed by a community celebration, and an – overwhelming - present for Annie:

> *… at my christening as a present afterwards I was called and told that I'd been promoted to 'artist in residence', full-time 'artist in residence', and that I don't need to be cleaning any more.*

Becoming educated

Alongside art, education is a major factor in Annie's transformation. The Centre helps her to fill gaps in her formal education, and she is instrumental in bringing the programme that now constitutes a major aspect of the organisation's educational provision to Bromley by Bow. After obtaining her own HNC in Public Arts Management, Annie coins what has become a catchphrase in the Centre: "And Annie said: 'I'm educated!'" Having passed this milestone of educational achievement, Annie is currently studying for a BA in Social Enterprise and has started to learn Spanish. She has developed into a talented writer who confidently uses her personal history and experiences to gain accreditations for her Communiversity degree.

Impact of the Centre on Annie's life

> *It was part in bringing me back to life after my stroke. It made me all happy and confident and busy, and I'm getting educated for the first time in me life, …*

In her newly found confidence and self-esteem, Annie has become one of the most sociable people in the Centre. She never misses an opportunity to celebrate and make new friends. On a spiritual level, Annie has discovered the church, towards which she feels a strong sense of belonging. Although she does not use the Centre's primary healthcare facilities, Annie's recreational, social and educational engagement in the integrated activities on offer has coincided with significant improvements in her overall health and well-being. Annie insists on a causal link between her 95 per cent recovery from her stroke and the Centre, claiming: "I don't think I'd be alive now without the Centre." In other words, the Centre's ways of caring for the dimensions of the mind and the spirit that Annie has experienced have impacted positively on the dimension of the body.

YVONNE'S STORY

Increasing involvement and development

Yvonne Coughlan has been a practice nurse at Bromley by Bow for about 5 years. She "ends up working at Bromley by Bow in a way by default", having been originally employed by the partnership that runs the Centre surgery as well as XX Place medical practice. Although she has an arts degree, she initially sees her nursing practice as something quite different and only gradually increases her hours at the Centre.

At first Yvonne concentrates on classical nursing tasks and looks no further than the GP practice. She is prompted to take stock when colleagues comment on the "fantastic opportunity" of her being in such a "different place". She begins to see ways to link the artist and scientist within herself and becomes increasingly proactive in art-based health work within the wider Centre. She makes connections with non-surgery staff and volunteers and finds ways to draw on a range of skills and capacities. In the process, her view of healthcare becomes more holistic.

Yvonne comes up with imaginative ideas. She organises a Diabetes Fair (see *Diabetes*, in Chapter VI - *Integrated Models of Practice in Community Health and Well-Being*) - a turning point that taps into resources in the community and elsewhere in the Centre to produce an exuberant health promotion event. She realises that living well with diabetes requires the mobilisation of community networks as well as health education. She forms strong links with health networkers and holds a second fair for the Bangladeshi community. Yvonne learns to combine painstaking scientific focus on the detail of disease management with a broader social view of the way in which illness impacts on people's lives. She increasingly sees the value of art, translating this insight into action.

Buoyed by these successes and by the enthusiasm and support of the Centre Yvonne makes a vital link with the Director of Learning. Together they design an art-based asthma project to engage children (see *Asthma*, in Chapter VI - *Integrated Models of Practice in Community Health and Well-Being*). Later she tackles iron deficiency for older people (see *Iron Deficiency*, in Chapter VI - *Integrated Models of Practice in Community Health and Well-Being*). Her contribution is recognised beyond the surgery and she is appointed to the Centre's Work-Life Balance programme and the strategic Advisory Group.

> *I was just invited by Rob. I think he had had a good look around and decided that he needed to get the key people together, and I think my name was suggested …*

Looking back, Yvonne realises that the environment of the Centre has been critical in allowing her to make links and transitions while building on a traditional nursing training.

> *I feel that I've strongly found my niche here, because I have an arts degree, and I feel as though I've been able to use that in conjunction with nursing to quite a lot of effect actually, and it's been embraced in (the) way that I've never ever been able to consolidate with previous jobs, I've always kept it incredibly separate, …*

She has grown in confidence, imagination and ability to put her ideas into practice. Her non-medical background has become a valuable resource in the Centre's work, and her appreciation of the art in nursing has deepened immeasurably.

Through joint working, Yvonne helps other health professionals learn about the value of creativity in healthcare, while Centre staff and volunteers acquire medical knowledge. This cross-over between lay workers and professionals enables mutual recognition and respect as people become more aware of each other's skills and strengths. This makes the Centre an inspiring place to work at while also benefiting patients.

From individualistic to collective working

Yvonne moves from working in individualistic fashion within the boundaries of her professional discipline to working jointly. Her interview reflects some of the difficulties of this transition. She struggles to know how to talk about her personal contribution, and is more comfortable speaking of the group than of herself. Opening up to the collective is a big step that unsettles her, but she realises that her ability to dream up ideas depend on the Centre context of which others are a part.

I don't think it's particularly my place to have an ownership of the Diabetes Fair, although, yes, I came up with the idea, but it's an idea only, actually how everybody works together here is what makes things happen and it's not just me.

In minimising her own contribution Yvonne mirrors many other professionals in the Centre who instinctively avoid the self-promotional, performative style that characterises many organisations. For professionals like Yvonne, partnership and participation become possible by repressing the performative, or going counter-culture. The Centre is a place where expertise is shared and professionals learn humility.

From creative chaos to sustainable projects

Yvonne becomes involved in all manner of innovative health-work where she learns that solutions often emerge over time in a creative-chaotic way. Big projects develop from spontaneous ideas and loose plans that change frequently and develop organically.

I suggested wouldn't it be good if we had these different-size windmills, that could be part of an asthma programme, and we got asthmatic children to consult how to make these. And that sparked off this domino effect discussion. So I had a word with Rob, with Margie, and with one of the doctors, and they all said "oh yeah, that sounds really good!" Margie said: "You need to speak to so-and-so", and then she said: "That would tie in really well with the HNC, and with Dan's group, let me talk to him." And it just happened as informally as that. A little drawing on a piece of paper about a potential art project turned into a ten-week project around asthma, with a potential of still having a formal piece of art, which is not just based here, but perhaps at the Three Mills studios. So I just seem to be quite good at making arbitrary comments, actually not quite so arbitrary, but it seems as though it's easy to capture people's imagination here where they just say "yes", which is brilliant.

Yvonne's own emergent creativity depends on this ability to run with ideas, secure in the knowledge that she will be supported by others. In this she mirrors an emergent creativity that permeates much of the Centre and can be traced back to the origins of the organisation. She learns to contain the natural anxiety at launching ambitious new projects without knowing how they will turn out. Trusting the process means having a certain confidence that the principles and values of the organisation are well embedded and will be sustained.

The Centre carefully guards this characteristic of 'creative chaos' that is so crucial to the 'magic' of the organisation. At the same time, it has become increasingly aware of the need for more structure and sustainability. While it continues to encourage the free flow of ideas and remains open to imagination, a certain realism has established itself.

… people coming to us with social business ideas. A natural response will be to say "yes, fantastic idea. But let's talk about the business plan." I think in terms of ideas you're going to deliver yourselves – it's not so much "Yes, you can do that/No, you can't do it", or "Yes, you can do it, but only if you show us a business

plan". I think there's still this qualitative thing about the ideas, which is about us having an instinctive view of whether this is a good idea or not. So it's essentially being positive and saying "yes", but actually in saying "yes" we also have to examine what the practical implications of that are. There is an issue at the moment, which is that as you grow and develop, it becomes almost exponential. I wouldn't say we create a culture of saying "no" to opportunities, but would say a culture of saying "yes" with more caveats than we would have set in the past, …

(Rob, Director)

Yvonne's work reflects the need for sustainability. Some of the projects she is involved in are planned increasingly thoroughly, and together with others she is engaged in creating marketable project packages. Great efforts are made to get the detail 'right' and respond to the specific local conditions before thinking about transferability and marketing, evaluating the work, taking the Fairs to award ceremonies/conferences and publishing articles.

Action and reflection

Throughout its existence, the Centre has been driven by an incessant stream of energy. This tireless activism and hands-on attitude sometimes leaves little space for reflection and takes its toll on both people and projects. Along with others, Yvonne has become increasingly aware of the importance of reflection, and they put much time and effort into considering project processes and outcomes.

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VI

INTEGRATED MODELS OF PRACTICE IN COMMUNITY HEALTH AND WELL-BEING

INTRODUCTION

There is increasing realisation in Government policy that the achievement of partnership between services, sectors and levels (national, regional, local) requires huge shifts in forms of governance and professional habits. Multi-disciplinarity invokes changes in professional knowledge and training, flexibility in management and procedures, and a stirring of 'hearts and minds'.

For new health agendas the Wanless Report seeks "broad skill mixes" which include research and interpersonal skills: "monitoring, interpreting data, identifying risk, educating people and motivating them to change their behaviour" (2004, p.9). There is recognition here that integrated working is new territory, which will need time, resources and imaginative new thinking.

Breaking the 'Berlin Wall' and 'professional tribalism' between health and social services in the care of older people is receiving new impetus within PCT structures and National Service Framework for Older People agreements. But despite such efforts Glendinning et al. (2002) think that in a context of centralised performance management, 'hard' health and hospital criteria are likely to dominate service development and more diffuse forms of integration. 'Small business' mentality among GPs is another barrier to integration. Older people themselves seem more interested in the scope, quality and accessibility of services than in the "sacred mantras of 'integration', coordination and partnership" (HOPe Group 2000, p. 205).

Within such debates the Bromley by Bow model of integrated working assumes major significance:

- It has a long and proven track record of integrating health with artistic, educational, employment, leisure and care activities and of training staff and volunteers in integrated and cross-generational ways of working
- It combines individual 'inner world' work with 'external' outreach and community development – something which remains divided in both social work and education (Goldsworthy 2002, Walker 2004)
- After a considerable period of difficult and antagonistic relations with surrounding agencies and services it has achieved a high degree of local partnership working (see next chapter)

We begin by presenting three 'showpiece' examples from Bromley by Bow's integrated health promotion work that we were able to observe during the course of our research. These spectacular events gave new impetus to work on diabetes, asthma and iron deficiency.

The second section describes integrated practice in two of the Centre's ongoing health and social care activities. Community Care is one of Bromley by Bow's oldest projects, in which underlying principles concerning integration originated and developed. In the second example, local people have been trained as health networkers for health promotion work. This included working with older and isolated community members.

The third and fourth sections analyse and synthesise our findings. 'Centre-community relations' discusses the many and sometimes problematic interfaces with the community through outreach work and through volunteers and workers. It compares a range of interpretations in the Centre on the meaning of 'community ownership'. Then, 'Art and health: integration at every level' reviews key dimensions in the Centre's complex model of integrated working, highlighting some difficult and sensitive aspects.

We remind readers that Chapter V (*Organisational, Personal and Health Accounts*) included three personal stories of older people involved in Bromley by Bow, Lil, Annie and Bert. These might well be read in conjunction with this chapter to illustrate benefits of the Centre's integrated and cross-generational model.

SHOWPIECES OF INTEGRATED HEALTH WORK

Diabetes

History of Diabetes Work

When the surgery opened in 1996, it inherited a patient list with a large and growing number of diabetics, many of them Bengali. An Annual Review Clinic run by nurses was set up to provide traditional diabetes care. This ran for six months. At the same time, joint working between the surgery and the Health Centre started. A male Bengali nurse discussed issues around healthy eating and diabetes with the members of the Centre's Luncheon Club for older Bengali men. Collaboration also occurred through a practice nurse and the Centre's health networkers, who explored together how to use art and exercise in diabetes work. The nurse provided training on diabetes to the health networkers. In addition to outreach work, they became involved in artwork with diabetes patients. Together with a Centre artist, they ran health-related art workshops in the waiting area during the Diabetes Clinic. The art activities enjoyed an amazing uptake and caused a dynamic different from that of simply waiting for a medical appointment. They triggered health-related conversations, with artist and health networkers becoming listeners and advisors for patients. In the post-clinic meetings, medical staff and Health Centre workers concluded that a greater amount of information facilitation was needed than could be provided in the four- to six-weekly meetings. At this point, a practice nurse came up with the idea of a Diabetes Fair.

This was envisaged as an enjoyable holistic educational event on diabetes. The idea was carried further in primary healthcare team meetings and meetings between surgery staff and Health Centre workers, and soon involved the whole Centre.

> *I was worried at actually having invited four hundred-odd people to something that I wasn't totally sure about everybody else's involvement, but it actually was quite a mind-boggling experience inasmuch as everybody was galvanised from all areas. And it just took off, and it was a really big eye-opener as to how the other parts of the Centre could actually get themselves together in such an immediate and enthusiastic way - it wasn't just a surgery-led thing.*
>
> (Yvonne Coughlan, practice nurse)

Centre workers mobilised community members to attend, and the Diabetes Fair attracted both diabetes patients and non-diabetics. Different parts of the Centre contributed to conveying information about the disease in an appealing way. A major focus was on diet, with different Centre groups preparing multicultural diabetic food and demonstrating portion sizes. The cooking show was turned into an enjoyable theatrical performance that de-medicalised and dignified the dietary issue. The Food Art project exhibited a sculpture of fresh fruit and vegetables, and the newly established Farmers' Market distributed free grocery bags. The surgery hosted a computer display with information on diabetes. Health messages were conveyed through storytelling, and massages were available to visitors. The Health Centre's exercise group informed about the benefits of exercise. Various artworks displayed attest to the integrated working that occurred between different parts of the Centre. The ESOL project had drawn a human body and written the effects of diabetes on it in Bengali and English. A practice nurse and a Centre artist had crafted an oversized sculpture of an eye on which visitors were invited to draw or write diabetes-related messages that were subsequently made into a book. Art-related activities such as the latter crucially contributed to the vibrancy of the event.

Eye Sculpture: 'notice board' for diabetes-related messages

The Bengali participants at the Fair, for whom translations were provided, were particularly attracted by the storytelling and the Bengali food. This triggered a separation of the visitors into two groups. An evaluation of the event thus led to a Diabetes Fair specifically for the Bengali community, with a focus on language and Bengali food.

Similarly to the first Diabetes Fair, preparations for this event were labour-intensive. The Bengali Health Centre workers, volunteers and practice staff played a key role in inviting the Bengali patients on the surgery's diabetes register. They translated information posters, leaflets and displays and acted as interpreters at the event, for instance in cooking demonstrations.

Artwork was a crucial aspect of the Fair and linked in with medical information. Visitors were invited to draw and write messages in Bengali on a sculpture. Questions on the purpose of this exercise were turned into decorative health messages by the artist.

Textile poster displayed at the Diabetes Fair

The event had an 'opening doors' effect. In addition to new and increased liaising between various individuals and parts of the Centre, the Fair led to new collaborative art and health projects such as a nurse and HNC students creating diabetes leaflets and picture cards with diabetic food choices.

The perceived success of the two Fairs made the practice host a Diabetes Fair at XX Place surgery. Similar innovative and creative means of addressing and informing a multicultural group of visitors were used. Despite the different geographical location, input from Health Centre staff and volunteers was significant, particularly in terms of preparing artwork. Interestingly, the visitors' involvement in artwork proved not to be the same as in the Centre – they were less engaged in actually creating, and more in discussing existing visuals. This was, however, still considered effective.

At the Centre itself, the holistic diabetes work was carried on through a Diabetes Awareness Week. During this time, information on the disease was displayed throughout the Centre in a variety of formats and languages, and the café offered diabetic food.

The week culminated in an information and activity day that started with a 'Healthy Shopping Trip'. Two groups of surgery and Health Centre staff accompanied diabetes sufferers and other interested individuals through the local supermarket and recommended products suitable for a diabetic diet.

Similarly practically oriented, a 'Ready-Steady-Healthy-Cook' competition was a highlight of the day. The culinary contest between two GP chefs and a team consisting of the Centre's Director and an artist provided much amusement and conveyed information about low-glycaemic cooking in a vivid way.

'Ready-Steady-Healthy-Cook' competition

The guided 'Healthy Walk' offered subsequently established itself as a permanent walking group for Bengali ladies, the latter being reluctant to go for walks by themselves. In addition to providing exercise, this group fulfils an important social and informative function. It is run by a former Bengali receptionist of the surgery. Following on from the innovative diabetes work, she developed an interest in the disease and has become a health advocate. The surgery releases her for an hour each week to take out the walking group.

Healthy Walk

Art and food as vehicles

In the Centre's integrated approach to diabetes, visual art was key. Its role extended beyond coping with literacy and language issues. The art chosen had very specific health-related foci. It was used to prompt latent knowledge around diabetes. Visuals, particularly unusual ones such as huge eye sculptures, were also considered more likely to be remembered than written information. In the words of a GP:

> *We know that people have very strong visual images. They will often remember the visual image better than what they've read.*

(Julia Davis, GP partner)

Similarly, invitations to visitors to actively participate in artwork served to make the experience stay with them. Personal physical involvement was furthermore intended to challenge passivity. Finally, artwork and the presence of an artist helped to break barriers – visitors were perceived to speak more easily to an artist than a medic on diabetes.

In addition the Centre turned diet, often the most socially disabling aspect of diabetes, into something individuals could feel comfortable with in a celebratory context. The great impulsion of food and sharing meals goes back to the Centre's origins in a small Christian community. This should not deter transferability, however, since many communities use food in celebratory ways.

Outcomes

The Centre's integrated diabetes work reached a large number of people and achieved much 'positiveness' about the disease. Visitors and organisers experienced enjoyable events around a social disability as affirming and de-stigmatising. Subsequent changes in patients' negative self-perception were observed, as well as a shift to increased self-management and ownership in many Bengali patients: instead of continuing to depend on family members for interpreting and their diabetes monitoring, the intense diabetes activities allowed them to become educated and more proactive. Overall, rising self-referrals suggest increased community awareness of the disease.

In considering outcomes of the Centre's integrated diabetes work, credit must also

be given to the less eye-catching activities that underpin the events described. One of the Centre's GPs was anxious to point out that the ongoing surgery work on diabetes is all too easily overlooked:

> *The practice nurses do traditional health promotion, lifestyle work, advice work, monitoring, blood tests, manipulating medication, blood pressure checks. … But the bits that people notice and are really captivated by are on the surface. (What rolls under that) is all this really solid day-in day-out effort that underpins all of that. And I think that's true of the Centre as well. So this artwork is a result of that, and you'll see some of the high-profile stuff, or the Families Project are taking a trip out – you'll hear about that. What underpins that is that day-to-day work that goes really on with the families, the home visits, the support, that stuff.*

(Julia, GP partner)

Asthma

Origins of an innovative project

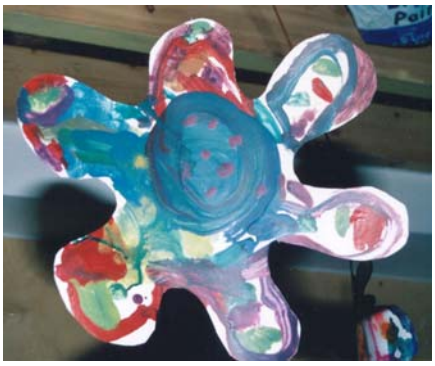
'Art and Asthma' was a learning project for children on the surgery's asthma register that used art as a tool. The trigger for it came from a practice nurse with an arts background: she imagined a windmill in the Centre's courtyard that children with asthma would participate in designing. This idea was taken further in discussions throughout the Centre. The nurse talked to the Centre's furniture designer, and some of the doctors, who suggested the windmill could be "creaky", to demonstrate how breathing with asthma sounds. One of the Centre's project managers involved with artwork and education programmes suggested the nurse speak to a public artist in the Centre. The artist proposed to link the idea of a project for children with the Centre's educational provision and medical student placement scheme. Subsequently, the nurse and the artist started to plan the project. Their intention was for it to be creative and fun, with exciting art activities as a way into conversations with children about asthma. At the same time it would benefit the primary healthcare work. The outcome was a structured 13-week project. It took place in the joint reception area, immediately visible to patients and visitors entering via this part of the building.

Diverse participants

In addition to the nurse and the artist, children from the surgery's asthma register aged 5-13 took part in the project, and some of their parents also stayed for the workshops. The Bengali children identified with the Bengali youth worker involved. Also engaged were two consecutive groups of medical students on a special study module placement at the Centre as well as students on the Centre's HNC/D programme in Public Art. The reception team answered patients' questions about the artwork that resulted from the project and was exhibited in the reception. They passed on information about asthma, thus acquiring knowledge about the disease themselves.

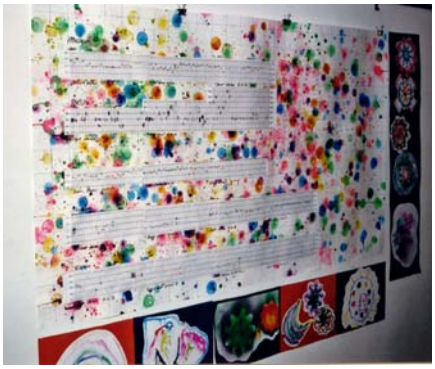
Creative activity

The programme was structured to cover physiology, monitoring, trigger factors and medication. Designing the artistic content occurred jointly by the nurse, artist, youth worker and public art students. Despite much planning, the project was allowed to take its own journey. The original idea of a windmill did not materialise. Instead, the workshops used drawing, sculpture, painting, photography, collage, and computer graphics to take the children through a logical sequence of issues related to asthma. The participants created mobiles whose shapes represented the process of inflammation and constriction in the airways during an asthma attack.



Mobile symbolising constricted airways

For the regular monitoring of the children's asthma, large peak flow charts used blow-colour technique.



Peak flow chart

The participants also sculptured a bronchial tree whose various parts were colour-coded according to the colours of different asthma inhalers.

Bronchial tree

Outputs

Attendance in the sessions was consistently high and the outputs were significant. On a medical level, all the participants learned a lot about asthma, for instance about asthma control and peak flow readings. The children in particular developed an understanding of asthma through artwork. The art sessions provided an opportunity for parents to talk to the nurse about medical issues such as medication and peak flow diaries.

Engagement in the project yielded many rewards. The children became extraordinarily involved in the activities, particularly the 'messy' ones, and felt excited and curious about upcoming activities. They were immensely proud of their (exhibited) works and showed them to their parents. Suddenly, asthma was not a socially excluding factor, but afforded the children privileges and opportunities. They developed pride in who they were. Staging the activities in the reception had positive effects on patients' perceptions of ownership, empowerment and proactivism towards the Centre. Parents of other children asked when the next project would run, and patients enquired whether there was such a project for adults.

The medical and public art students learned much from each other. The former gained a new perspective on health outcomes, and a new view of patients. Their written assignments were outstandingly rich and emotionally engaged. The public art students in turn learned from the research skills of the medical students. As for the parents, they developed a wider understanding of the Centre and its work.

The Art and Asthma project illustrates the Centre's integrated model of health work. Integration occurred on a number of dimensions. On a physical level, the fact that Art and Asthma took place in the – joint – reception attests to the Centre's conviction that both surgery and arts-based community centre play a role in dealing with health issues. It furthermore opened out the project and the information it conveyed beyond the circle of immediate participants. Some of these were older people, many of whom suffer from asthma. Adapting the Art and Asthma project to older people was considered perfectly possible at the Round table discussion.

Art and Asthma also illustrates the integration of science and art. Artwork opened up different perspectives on the condition. This was aided by inter-personal and inter-professional integration, with medical staff recognising the contribution of others and non-medical professionals.

Iron Deficiency

Development of an awareness programme

Initiated by a health visitor, Iron Deficiency Awareness was one of the various

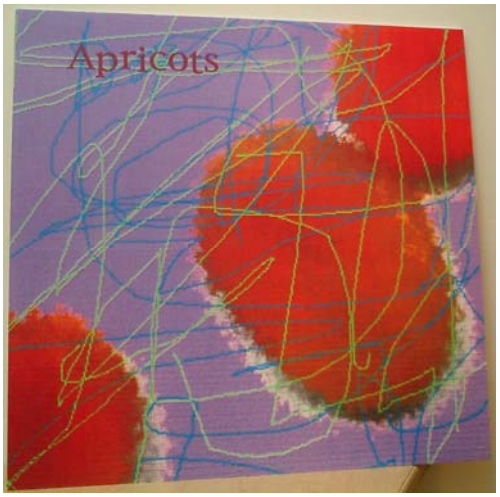
projects that have run in the Baby Clinic. It followed on from the breastfeeding awareness programme and focused on mothers and their young children.

At first an Iron Deficiency Awareness Day was held in the Baby Clinic. For this very visually oriented event, a display of iron-rich foods was set up, and the reception area was decorated with laminated information posters. The health visitor and an art tutor designed a questionnaire that aimed at heightening awareness of the impact of diet on Iron Deficiency. On a practical level, helpers distributed bags that contained iron-rich foods to families in the Clinic.

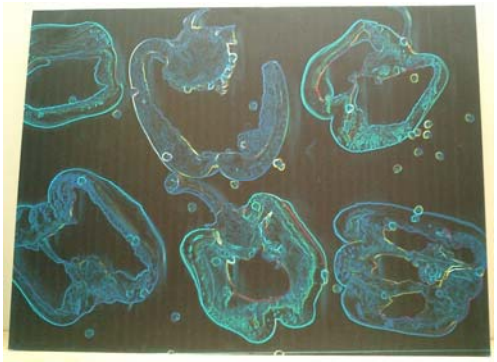
In a meeting following the event, primary healthcare staff, artists and Health Centre staff shared a sense that iron deficiency awareness could become a more widespread and long-term project. A nurse and a public artist carried this idea further, organising an art-focussed health programme for two groups of medical students on a special study module placement at the Centre. The aim was for the students to create a piece of artwork around Iron Deficiency Anaemia (IDA).

Abstract art

For the first group of students, the project ran for eight weeks in the IT room. It started off with a brainstorming question-and-answer session with the health visitor. Also, the students gathered information on IDA from the internet. They then interviewed the Young@Art members about their diet to learn about causes of IDA in older people. Also, they interviewed mothers in the Baby Clinic. As a next step, the medical students scanned iron-rich foods, manipulated the images and created large boards with abstract pictures. These were integrated with the other information on IDA in the reception.



Abstract art based on scanned apricots


Abstract art based on sliced peppers

Blood cell cushions

The second group of medical students continued the project for eight further weeks, this time in the reception. It was more visible than the first part, additionally involving reception staff, nursing students, and Centre workers. The workshops attracted visitors and passers-by, which made them social events. Brainstorming, mind-mapping, collecting information on IDA and meeting clients again formed the initial stage. Unlike the first part of the programme, however, this part took a molecular approach. The focus, decided by the nurse and the public artist, was on red blood cells. The physical structure of the latter was examined in detail, and the participants created a range of red cushions that represented different states of the cells. The project thus was a biomedical learning exercise.

Blood cell cushions on display
in the reception

Further ideas

The project came to a close with the end of the student placements. However, some further ideas exist through which it could be continued. For example, medical staff perceive a need for a visual information sheet on IDA with explanatory text in English and Bengali that can be handed to patients during consultations. A box with drawers containing iron rich foods that can be used as a teaching aid is still awaiting completion.

INTEGRATED PRACTICE IN ON-GOING PROJECTS

Community Care

Overview

Central to the Centre's work with older people, Community Care can also be seen as the core of the organisation in many ways. For many local people, it has been the pathway into positions of responsibility and paid employment within and beyond the Centre. It operates a holistic integrated model that combines providing professional care services for older and disabled users with volunteering opportunities for local people of all ages and abilities, and some employment for former volunteers. The project emphasises the personal and professional development of those involved. Various kinds of artwork serve as the medium through which members and volunteers and staff work together on a one-to-one basis. The often very close personal relationships that develop in the project are an important step in changing Bromley by Bow towards being a cohesive community characterised by social networks and solidarity.

History

As one of the Centre's earliest projects, Community Care dates back to 1985. By then, the nursery had opened and no more than a few classes were running. A young woman, Allison Trimble, was employed as volunteer co-ordinator to set up projects that would enable the mothers of the children in the nursery to become involved in the Centre as volunteers.

At that time several older women with mental health problems were using the café, and a group of disabled people met in the building once a week. Allison used her environment budget of £800 from the local authority to set up a gardening project for these two groups. Against external advice not to recruit volunteers from Tower Hamlets because of their "lack of commitment and reliability", Allison engaged the women with mental health problems as volunteers. Many of them had been turned away by other organisations as unreliable and unsuitable for volunteering. Allison, horrified by the lack of a sense of community locally, aimed to set up a project that excluded nobody. Her objective was to involve people with mental illness in a way meaningful for them and for the wider community. She realised though that the scale of the problems some people living on the local estates faced prevented them from committing to volunteering on a regular basis. The gardening project was to provide a small space that would free the women up for two hours per week from the difficulties around them.

The project quickly took shape. The volunteers and the physically disabled members worked together in the church garden. As the 'hands and feet' of the members, the volunteering women gained the sense of purpose and the engagement they were seeking. Artists became involved in teaching classes such as creating mosaics for the garden walls in exchange for free studio space in the Centre.

The volunteers initially were amateurs without any training in providing care services. Nevertheless, they were paid volunteer expenses of £5 per hour as both an incentive and a formal recognition of their contributions. The project started to attract a wider range of volunteers, and initially many of them came primarily for the financial incentive. However, out of that started to evolve a model of community development that was relevant to people who were very excluded.

Community Care gradually expanded into a daily project with a diverse range of members and volunteers who engaged in a widening range of activities, many of them art, together. When after a few years Allison went on maternity leave, the project was split up into smaller parts and volunteers were given responsibility for running sessions. Volunteers were also to be trusted with the petty cash key. Once some difficult issues around this had been confronted, new arrangements worked well.

After her return, Allison took on a different role in the organisation. For a year, Community Care lacked a manager. While an artist carried out management tasks from a distance, volunteers ensured the day-to-day running of the project. During the recruitment process for a new manager Mandy Hogger, a volunteer who had been playing a key role, was asked to take charge and carried on running the project voluntarily.

A new manager, Dave Boice, started in 1998. Mandy provided his induction and soon became Dave's deputy. Dave gathered insiders' experience and intuitive knowledge of the project and formalised them, and he wrote formal guidelines for volunteers and group leaders. Apart from liaising with outside agencies and structural tasks such as writing care plans, particular emphasis was on volunteer training and employment, with self-development being ascribed as much importance as training for the work role. Community Care's tradition of in-depth development work with project workers continued intensely as formalised person-centred supervision. In addition, many of the volunteers and Mandy obtained formal qualifications through the Centre's newly established NVQ and HNC programmes. In 2002 the expansion of Community Care from a half-day to a full-time day care service with a Service Level Agreement with the local authority enabled five volunteers to be employed as permanent staff.

In 2003 Community Care changed managers once more: as a result of Dave taking on new responsibilities within the organisation, his deputy and former volunteer Mandy took over the leadership of the project. Following the termination of the Service Level Agreement with the local authority, the first major task she faced was the establishment of a new funding regime for the project.

Funding and ensuring sustainability remain key issues in the project's outlook. While continuing its integrative way of working and its social aims, proposals for the project's future revolve around its business angle. The question of how independence from grant monies can be achieved and income can be generated has led to suggestions of marketing products Community Care creates, and of advertising and selling services. Ideas include developing a care agency as a social business. This would combine the provision of high-quality care, good employment conditions, the social benefit of supporting volunteers into work outside the Centre and sustainability for Community Care through the financial profit (see *Regeneration and Social Enterprise*, in Chapter III - *Research in Context*).

Recently, a new contract with Social Services has been negotiated that will come into effect in September 2005.

Approach

Throughout its history, Community Care has been based on number of aims and principles that equally characterise the wider Centre's way of working.

One of its principal aims has always been to provide an opportunity for people to become involved and contribute to life in their community. Participation in the form

of volunteering serves as a means to combat powerlessness and social exclusion and enable individuals to develop a sense of belonging and ownership. According to the premise that everybody has something to contribute, everybody is welcomed and every contribution, no matter how simple, is marked and valued. The payment of volunteer expenses is an expression of the recognition of individuals' contributions and the appreciation of the time they dedicate. Promotions within the project act as a further way of acknowledging the contributions and skills of individuals, as the following story illustrates:

… then two years ago I took over doing group leader. …. (and it was suggested) I should become a volunteer and get the expenses that we get, which we get for - it's not a lot, you don't get paid there, it's just for our lunch and things like that. … and as I say it started increasing me days and when they opened the new pottery they brought Royston Fox in, and he suffers from claustrophobia, so it was a very small place, and he come in and "I'm not working in here", he said. As I said, he could be very contrary. So I said: "Why not, Royston?" He said: "I can't be closed in." Well, as it happened at the end of the pottery there was two glass doors leading out into the park. And said to him: "Well, come and sit down here with me, and I'll open these doors, and see how you get on for today. Then if you don't like it after today then we'll see what we can do." And because sitting down there it was open he liked it and that was it, he stayed, but otherwise he wouldn't have stayed. But he still comes today, he's one of our oldest members, and that was how I become a volunteer.

(Lil, group leader)

An important element of the project's work is to bring people together and build a community. The intention is to provide a safe environment where individuals can engage in meaningful tasks and at the same time encounter others they would not otherwise mix with, thus enabling them to engage with each other outside the project as well. The approach focuses on making people care for each other and for a community. It aims to teach how to trust, give and be interdependent to people who live in an environment in which they are more likely to learn how to distrust, take and rely on themselves. Many stories exist that attest to the success of this approach (see e.g. *Lil's Story*, in Chapter V – *Organisational, Personal and Health Accounts*, where Lil tells how she received help from Mandy and Steve after her return from hospital).

Member and volunteer creating a mosaic

In its efforts to build a community based on relationships of trust, Community Care reflects the Centre's readiness to take risks. For instance, the organisation operates a policy of allowing staff who need it time off that exceeds actual leave entitlements, trusting the staff not to abuse this generosity. In turn, staff and volunteers of their own accord bring commitment beyond defined working hours and salaries. Community Care similarly trust that generosity generates generosity. Instead of asking for experience and qualifications in care work, the project readily accepts community members wishing to volunteer. It also affirms and enhances skills, challenging and enticing volunteers to go further. Over the years, this has resulted in a number of people becoming formally qualified volunteers and staff who care for their community and excel in dedication. Dave himself found working in Community Care a privilege that went beyond pay.

… once you put people on payroll, when you get into the whole work mentality, where you've got hours of work, job de-

scription, contracts, and things like that, which are all good things, we need all those things. But actually the culture of the Centre is much more than that … volunteers give you as much time as you need, as much time as childcare allows. And thankfully within Community Care we've still got that attitude.

(Dave, former Community Care Manager)

Involvement in Community Care has resulted in breaking down barriers between individuals, and many have succeeded in overcoming prejudices and fears.

I said I've never done that before don't think I can handle it, I don't know what to do with people with disabilities I've never worked with anyone like that. And I came along to the pottery. Royston Fox in the wheelchair taught me how to do it and I was amazed. I thought I've come here to help somebody with his disability who is sitting there teaching me what to do. And that's when I thought I really like this place. I was expecting these really strange people to chase me round the room, I thought there was mad people, but it was so different. They're just really pretty down to earth people just got their own problems but you know they're all okay in their own way.

(Mandy, Community Care Manager,)

A striking feature of Community Care lies in the close relationships between the carers and those cared for, and the mutual needing of each other. 'The need to be needed' of the volunteers, a phrase coined by Mandy, conveys this well. Whereas members join the project for care and support, the – often previously socially excluded - volunteers experience recognition by others, grow in confidence and develop greater self-esteem.

The personal development of individuals is ambitiously pursued. Much of this, such as anger management, occurs through intense one-to-one work.

A lot of them have had huge knock-backs in life, and they respond to a lot of that in anger. And because of the relationship I have with them they bring their anger to the Centre. They don't bring it into Community Care. They bring it to [Mandy] and ourselves. And what we try to address is that this is not the way. Presenting yourself in a very angry way will result in people not listening to you. So you need to be able to channel that anger.

(Dave, former Community Care Manager)

Professional development and progression is also eagerly promoted. Volunteers and staff receive training and supervision in which their personalities and experiences play an important role.

The use of self is very important. So I get the volunteers and the staff to focus on themselves, and work out of their experience (of) themselves. Then they can better relate to the people they're working with.

… Usually people are challenging when they're powerless, their self-esteem is low, they're sure they have nothing to contribute. And the wonderful thing about working with my volunteers and staff is they've all experienced that. They've all experienced something in their lives which has made them pretty marginalised. And so we started to draw on that experience, formulate strategies for working with those people.

(Dave, former Community Care Manager)

Through Community Care the volunteers gain practical work experience that they can take beyond the project. The skills they use and tasks they routinely perform are named, which allows the volunteers to see themselves in a new light and helps them to move on.

We have group leaders who actually manage and run groups. These are volunteers. They have statistics to collect, they have to assess and match members to the skills of the volunteers, they have to support volunteers and members while the group is up and running, they have to liaise with the tutor, they have to consider all the needs in that space. All that is the management task. I had somebody who was volunteering at a local school, and she asked me to

write her a reference. And I wasn't lying, because she actually does these things. And she does them really well. But she would never have seen herself in that light.

(Dave, former Community Care Manager)

For users, volunteers and staff to progress within and beyond the Centre is one of the explicit aims of the organisation. (See the health stories of Bert, Lil and Annie at the end of this section.) Community Care models personal and professional progression to a high degree.

Health Networking

Overview

The idea of training local people for outreach and support work came from an external district nurse during early discussions about involving local people in the Health Centre. Health networkers (HNs) would do what many local people were already doing as carers and parents: bridge between health services and local people/patients. The initiative would recognise such roles in a formal way and expand health service capacity. It would create a more dynamic relationship with the community and a sense that the Centre was "theirs". Through this different relations between local people and professionals would develop, and local people might come to influence policy.

Before the current GPs and community nurses moved in, health work centred on health networkers (HNs) and complementary therapists (1997-99). HNs did artwork with patients, ran the reception and did outreach work. They were trained on the job, drawing on Community Care's experience of working with volunteers.

Although there has been no training of health networkers since the first cohort up to 2001, the function continues and was frequently mentioned in interviews. Some GPs continue to ask volunteers for home visits.

Often as doctors you then say: "Well, what you need to do is eat better, you need to go out more…." Well, of course, if you're depressed you've lost the capacity to do that. What are you able to do in this setting? Well, you're able to speak to Asha and say: "Is there somebody who can ring her? Is there somebody who can go home to her, have a cup of tea", you know, "and create a connection?" And so with this patient one of our networkers went out to her home, had a cup of coffee, and slowly brought her into the Centre and engaged her actually in all these sorts of other activities.

(Sam, GP partner)

In 1999 Asha Parmar was appointed as Health Networker Co-ordinator.

I just say to Asha: "Look, here's the problem. Any suggestions?" so that was quite tough for her actually. But she's excellent at doing that. And you give her all the information, 'cause she knows where there are long waits for the exercise or whatever, or where there's short waits, or their type of personalities, so I try and get what type of person they are, and where would they fit in, because engaging the person in some project is far more important than what the project is.

(Sam, GP partner)

While aspects of Health Networking continue, the original more political approach to community ownership of the Health Centre has not been pursued. Round table discussion of this issue aroused discomfort amongst the former HNs. Its energetic champions were appointed under Lottery funding 1997-99. These posts lapsed in various funding gaps. [33] A crucial dedicated post of 'Health Manager' was lost in 2002, or rather diluted by being combined with other functions such as research and applying for funding.

[33] £600,000 revenue funding from the NOF covered the Health Team Manager, Project Co-ordinator, the health networkers, some posts in the Families Project, Welfare and Benefits, Exercise on Prescription, Food Art, the Food Co-op and some youth health work.

Health Networking has acquired somewhat different interpretations under different phases in the Health Centre. The idea is cherished in the Centre and remains an important point of potential development. The nine original health networkers have moved on to other key roles. This endorses the value of the training and ensures that its principles persist.

Our research was affected by the demise of Health Networking. Health Networking involving outreach with older people was to have been the locus of our action research. At the time of our application to the Dunhill Medical Foundation bids were being made to replicate the training with a new cohort, building in research skills through our action research.

The round table discussion in 2004 on Health Networking paid tribute to the quality of the training by Diane, to the spirit of courage and innovation in which a new area of work had been launched, and to the close team relations that remain pivotal in Centre networking.

Activities

A first task for the original cohort of HNs was to spend time with the complementary therapists to learn what they do and what things they could take outside the Centre to schools and other places, such as tasters in massage or shiatsu. They welcomed people in the reception, not staying behind the desk but coming forward offering tea. They chatted with surgery users about the therapists and the therapies, and did art with the therapists and then GPs in the reception area, which gave an opportunity for users and professionals to talk informally. These more open and communicative relationships affected the way users went into their consultations.

Health Networking developed three functions: outreach, reception, education, and was grouped into families, young people and older people. The work evolved through experimentation. Roles changed and HNs learned much from each other. One HN, who had been trained in welfare and benefits, did more outreach to homes than reception work. She started by networking in the Baby Clinic, then took on referrals. Another HN did more artwork, and a third more networking. Any particular role or task would be likely to expand. In an audit on medical issues, for example, people brought up issues like housing. During phone calls to encourage mothers to bring their babies in, there would be talk about any other family matters. During the Baby Clinic HNs talked to mums in the reception area, and gave them information about wider activities in the Centre. In discussions in the Baby Clinic local people would bring their perspectives on issues affecting families' health. Parents who enjoyed the Baby Clinic would came back and move on to different roles in the Centre. At some point "it all exploded", artwork now playing a bigger part.

Relationships between HNs and primary care staff developed well in the early phase; such joint working manifestly proving helpful to users/patients. Achieving close co-operation with GPs once the new medical centre opened in 1998 was more difficult. The HNs expected that the GPs would be enthusiastic about their role, but not everybody in the practice was up for trying everything and there was some suspicion. Professionals struggled with the Centre's unique way of working, and there were issues around confidentiality which were difficult on both sides: "how much information do medical staff and HNs give to each other; how much do we trust each other?"

> *It was fascinating, the discussions that we had about confidentiality. Despite me saying: "there are two things that I'd like to tell you about the GPs' notes, one of them is that they're illegible, and secondly they're very boring. So let's keep these things in perspective. There's very rarely stuff in the notes that actually is highly sensitive." The reality is that actually in six years of working here we have never had one issue of confidentiality raised with us. Because confidentiality is about actually people understanding and respecting boundaries*
>
> (Sam, GP partner)

There was particular conflict between the surgery reception and the Health Centre reception, which operated side-by-side initially, and were then integrated. Working together involved understanding each others' roles and finding a common settlement on work-life balance issues such as chatting, noise, music and the need for quiet for phone calls etc.

> It's nice if you can chat behind reception, but at the same time the phone needs to be answered. Loud music from activities makes the receptionists struggle. It's about understanding the role of these different needs and interests play.

(Notes from round table discussion)

> *As you can see patients can and do wander behind the reception area, which was very radical at this time, and everyone thought: "Oh gosh, confidentiality!" It was fascinating, the discussions that we had about confidentiality.*

(Sam, GP partner)

Both sides needed to figure out how to work together. Experimental meetings involving primary care professionals, HNs and the artist were held after the Baby Clinic. Initial uncertainty over what to talk about gave way to discussion of roles and responsibilities. There was dedicated training on team building, joint case work discussions and also "just sitting and chatting together". GPs came to appreciate HNs understanding of the wider social context of individual patients, and a concept developed of 'supported responsibility' for HNs. Medical staff realised that HNs often had useful knowledge about such things as domestic abuse. There was a turning point around work with one particular family.

> *Mary McDonald saved her son from meningitis. Why? Because she got engaged and involved. She's here most antenatal clinic days. She'd talked to people. She'd learned, as a result, about meningitis. And she saved her child, because she had become the doctor. And that's one thing we really have had to learn as professionals, and meningitis is an absolute classic example. On the whole we will miss it as doctors. On the whole patients, if they have deep knowledge about it, will not. A mum in particular who, you know, knows her child, knows that's something different. … So Mary did, and she saved her child. … We have these meetings … and there was a lovely moment where we kept on coming back to different families, and we realised that Mary was the one who was communicating, and delivering medical and nursing care to these families far more than we were. It was a very powerful moment.*

(Sam, GP partner)

Training

Health networkers started as volunteers. The training helped overcome their own doubts about complementary therapies. They learned how to present themselves in reception and in outreach work, and in handling dynamics with local people: "When you sit at the front desk you're the friendly face of Bromley by Bow."

Training by Diane was ongoing, often through role-plays, often one-to-one. Instruction on immunisations enabled HNs to give advice based on knowledge and make patients feel comfortable. But individuals could make their wishes and needs known, and get appropriate bits of training. Training was built around different needs as these became clearer over time.

There was a week of "overwhelming" team training about visions, responsibility, values and goals in life. Training covered self-knowledge as well as roles and responsibilities and technical matters. There was talk about how people can become happy in what they're doing. One HN said she had not known what to do with her life, and this helped her move on. All the HNs spoke of feeling supported and personally grateful for their training and resulting development.

Looking back to this period, Diane said she had been going through her own learning then, but she had a strong belief both in developing what people wanted to do and in challenging them to go beyond what they saw in themselves.

Outcomes

The nine-strong cohort became an enduring professional network in the Centre. HNs fanned out into family, educational and youth work, taking the same relational principles with them and maintaining close relationships and friendships.

Health Networking developed and modelled a number of pivotal aspects of Centre ways of working:

- A creative and effective method of 'from volunteer-to-professional' training. It was distinctive from training of Community Care volunteers, the HNC programme and many other forms of training at the Centre, and could have much wider application. Unfortunately, because of its emergent character and other work pressures, time was not allocated to its proper description and recording. It would still be valuable to revive and reconstruct it.

- In training and in work with users a method of starting from unfolding individuals' needs. The 'unfolding' involves mobilising individual agency with sensitive support from others, particularly the tutor. It involves talk, stories, art, interaction and role-plays. It is a process of self-discovery and social awakening which takes the particular situation of individuals into account.

  An example of such awakening is given by health visitor Jan Blake, who uses her family health sessions to draw mothers into training and education in ways which are also attuned to particular individual needs.

About eight years ago, this young mum had very, very severe post-natal depression, was tremendously anxious. She came every week, with her mother and sat there, and it was very, very difficult to help her. And gradually she started the NVQ course, before that she became a health advocate and health networker, and she was helping to do the Toy Library, and she started interpreting for us, and in the interpreting she had to get a grasp of some of the nutrition issues, some of the advice that we give around illness management and that sort of thing, so she was learning through the interpreting and getting quite a good grasp of what the issues were that keep coming up. And then she started the NVQ course, doing it with quite a lot of experience then.

- 'Networking' in the sense of having conversations about users and their needs throughout the week across the team, and after particular activities, with medical personnel and with organisers of activities such as Young@Art. 'Health Networking' named this informal process of accumulating, deepening and exchanging information. It requires conscious affirmation, since it often feels as if it does not count as 'work' and interrupts 'getting one's work done'. Nor is it recognised or funded by the health system.

- Sharing knowledge of the community with professionals and handling issues of confidentiality with discretion. HNs were at the forefront of naming this issue.

I often know things about people that I don't feel it's right to tell medical professionals in certain situations. When the time is right, I tell them. Trust on both sides is important. The key thing is ongoing 'conversations' that are safe and supportive about particular people.

(Notes on comments by Maria Finn, former health networker)

- How to work flexibly in conditions of change, take on different roles, and cope with tensions 'just as in a family'. The ability to 'hold' a situation is crucial in the Centre, and the former HNs are part of the Centre backbone in this respect.

We had no tutor at that time, and the volunteers were ready to walk out. And I just said, "Well, I think we should sit and talk about what's happened, and what's going on, and what we need". So we did all sit

there and talk about it, and then Dave got us a tutor.

(Maria, formerly group leader in Community Care and then health networker)

- Feeding knowledge back to families and contacts, but also bringing community knowledge and viewpoints into the Centre. Two-way communication, a feature of educational, families and benefits work, much of which involves outreach, is key to the Centre's new idea of 'learning ambassadors'. Finding examples of informal networks in the community as models to build on, especially among older people, is one of many ideas circulating in the Centre.

CENTRE - COMMUNITY RELATIONS

This was the aspect of the Centre's work in which we encountered most controversy. Signs of stress in relations with the local community can be summarised as:

- the need for Centre members to be able to limit demands on them and handle anger and suspicion
- knowing how to handle confidential and compromising information

Disagreements concerned:

- the Centre was indissoluble from the community, whether it 'is' the community
- whether the Centre was sufficiently open to the raw sides of community life and politics or operated too much as an "oasis"
- whether health and Centre work aimed sufficiently at community ownership

Evident strengths in Centre-community relations regarding health lay in:

- the high rate of contact with patients and local participation in the Centre, with much bold, pro-active and culturally sensitive outreach work
- openness to and skills in encouraging and eliciting local forms of self-expression and communication around health, as in the breast-feeding calendar. This was designed by local mothers, based on their own conversations

There is rich material on all these points in our interviews with Centre staff. We select for elaboration some that particularly affect health work.

Working from community knowledge

Julia Davis, a GP partner, recalls early conversations (perhaps in 1998) with Allison Trimble, then Chief Executive, about "the process of making local people part of it all." Allison, who had lived in the Centre building while her children were very young, and whose formative training had concerned extreme forms of social exclusion in a leper colony in India, says: "I can remember absolutely consciously when I came here being horrified at the lack of sense of community, the way people were so brittle with each other." She felt the need to be "purposeful about what people needed" and found that "if you were generous with people then actually what you'd get is generosity back." She believed in working from community knowledge, mainly through local volunteers. She views this approach as contrasting with both statutory knowledge and "that bottom up thing which is patronising and ineffective". It involves tension and friction: "You have to have an organisation that is full of contradictions, because that's what creates the tension which creates the friction which creates the energy which creates the movement."

Working from community knowledge is basic to Health Networking. Dave cherishes the same principle in his idea of extending care work into the community.

Especially for the most vulnerable in the community I'd like to see that they're kind of all being watched … That would be an interesting piece of work in itself. It would be interesting to know what those networks are, the more informal networks that look after people out there, so that we become part of that really, and they become part of (the Centre).

(Dave, former Community Care Manager)

Julia pursues a related idea in her notion of creating spaces for conversations whereby communication about health can develop in locally meaningful ways.

But actually it's largely happening independently of us (GPs) so that has shifted a lot of territory. The calendar where people have got their own messages and images about breastfeeding, it's them taking it back really, and presenting that in a different way. … The value of it, what it means for people on a personal level in terms of their children's health, that conversation is not being defined by us as GPs and nurses. People actually shape the conversations themselves.

(Julia, GP partner)

Local pressures

Several staff who live locally speak of pressures in Centre-community relations. For Sam Everington, despite the many advantages of living locally, there is "no distance" when things go wrong. He faced local anger at his (and other specialists') misdiagnosis of rheumatoid arthritis.

It caused amazingly bad feeling … it was actually because of the set up we had that we managed to turn that round into something completely different, the mum now is integrally involved in the Centre, most of the family now are … It's frightening … because most of the time actually in general practice in a different setting you'd be quite isolated from that, whereas here, that is all in the community. With so many people coming in and out you can imagine the damage that can do … We went through it all.

(Sam, GP partner)

Paul Brickell, a fourth generation returnee to the East End, describes how Centre volunteers and workers are positioned socially and psychologically in a range of intersections. These concern professional and lay identities, class, race, religion and generation. Inner conflicts may well reflect external divisions. Referring to a particular worker, he depicts the gulf that so easily arises between Centre members and the community.

People feel they've moved on somehow, they've moved over to the other side … even by coming to work for an organisation like this, his friends in a way saw him as having moved into a different camp, become something different, not a local person in some way anymore. He sort of became one of 'them', part of the authority, and he then travelled abroad and studied for a bit and came back and that was even more eccentric

(Paul, former Chief Executive)

There are high expectations of locals, who, like counsellors, are expected to solve all the problems. Maria Finn speaks of learning to maintain some realistic space for herself.

And I thought I wasn't gonna allow myself to run round now like I've done before. … She wanted me to really go round now and to be strong for her and stand there and fight a battle for her – well, I wasn't gonna do that. … I just thought to myself: "No, no, I'm not at work now, I'm at home, and I don't have to deal with this".

(Maria Finn, family support worker)

There are connections between having journeys together and the internal developments of what is around us in the community – I think more and more people want that ... to explore the tension between being a local and being a worker in here.

(Diane Peters, former Health Project Manager)

Youth workers who are from the locality find themselves exposed to abuse from all sides, especially in challenging racism and drug-dealing. Sometimes a degree of street credibility may be helpful in intervening in such issues, with work directed to building a sense of responsibility on the estates and in football clubs.

This raises the question of whether the Centre could or should be doing more outreach and community action work. Walker (2004) compares casework and community action, arguing that each can fortify the other, and that inner transformative work (as in the Centre) releases energy for community purposes (see also Goldsworthy 2002). Bromley by Bow's focus on work with vulnerable people requires certain boundaries. However there are many ways in which it is engaged in community action, in the centre and in the Centre's relationships with the community.

Conflicts in outreach work

The Centre involves a range of outreach work. Projects often start with surveys of local interests and needs, as now around the expansion of education.

Lilu Ahmed, an outreach worker and Manager of the Families and Health Project, builds bridges between the Centre and the Bengali community, and works on tricky family conflicts, child protection and immigration issues. She mentions a situation in which a daughter-in-law's residency status depends on her husband's family with whom she is locked in violent conflict. "In these two-sided stories I need to support both people." Gaining trust is a complex process – "They don't trust anybody … they're really scared of Social Services, they're really scared of police." One man angrily accused Lilu of being a social worker for bringing in Margie, an outreach worker and Manager of the Families Project, though others may prefer to talk to Margie, because of worries about confidentiality in the Bengali community. Lilu, like many workers who live in the community, has to decide for herself what information she can pass on to other professionals or even the Centre, and when, – "as a family support I try to be lots of things. I need at times not to be telling all the professionals."

Lilu encounters danger in moving around the community. She stopped visiting one family after one of its male members persisted in following her to give her a lift. She could not explain to the family what had happened. She escaped from a gang member who made advances on her by convincing the man that she could be his mother. She feels she has become confident in dealing with 'difficult' people, and that the Centre doesn't know about these experiences.

In fact the Centre has myriad types of relationship with the community. Margie Creber, one of the original Centre artists who trained as a teacher and is now an outreach worker and Manager of the Families Project, speaks of at least three different types of relationship: as an educator, a friend and an authority figure. As an educator she echoes Allison's approach of working from community knowledge: "local people working with local people…what you can do for your own community and how I can help you to do that." In situations of more extreme social exclusion "what we try to do is to (help people to) learn to progress and to actually engage with the system … feed people past the no-go area into the system." 'Friendship' is the basis of much of Margie's work with families:

> *What we're trying to do is feed people past the sort of no-go area into the system … The users treat us in some ways as friends, they also know that we are professionals, … if somebody is telling me an awful lot about their life, they're not telling me as a friend actually, …we are part of this bigger broader team … we can talk to Social Services for and with them, we can go to the doctor with them, we can encourage them to make an appointment … we're like a bridge, they haven't actually stepped right over into Social Services camp…*

(Margie, Families Project Manager)

But when children are at risk, the police or authorities may have to be called:

> *… suddenly you act and I've had to do that. You don't sort of have oh dear what are they gonna think oh dear you know there's situations where you act and you just take on your professional role.*

(Margie, Families Project Manager)

Some community members would like more Centre work to take place directly in local streets and estates. They would prefer local people to develop leadership skills and to be supported in tackling problems such as racism and conflicts over drugs in their daily living situations. Ideally, the Centre would be more overtly involved in discussions of local political issues. From this perspective, 'outreach work' is a nonsensical term as it places the community at the operational core. This viewpoint draws on Andrew Mawson's original idea of the local community owning the Health Centre. It clashes with a perspective we encountered in the Centre that sees the Centre *as* the community.

The Summer Programme (during August, when many activities in the Centre are closed) succeeded in attracting participation by a much greater spectrum of local people, especially men, than was usual in other activities. Diane's early experience of community work with HARCA showed the potential for a bolder engaging of community members. In working on the leasehold issue, she trained about 30 local people in interviewing and three or four in checking interviews:

> *… it was a really different experience… I was completely out there. It was quite a change in thinking … a wider perspective …. It really made me think that actually there is a far bigger capacity out there, and people will engage, want to engage.*

(Diane, former Health Project Manager)

Apart from in the original Health Networking training, it seems that outreach work is not a greatly discussed aspect of a Centre work, at least not across projects. Accounts of outreach experience suggest that at least some individual workers invent their own repertoires by applying and interpreting Centre principles. In this, they have often felt unsupported. In contrast, narratives of work within the Centre itself emphasised collaboration.

ART AND HEALTH: INTEGRATION AT EVERY LEVEL

Just as there are many facets to Centre-community relations, so there are many dimensions to the integration of services within the Centre. Some forms of integration are so deeply embedded in Centre culture that they have become intuitive. This may obscure how deliberate and painstaking the development of each aspect has been - the way space is used, the range of professional disciplines in operation, the maintaining of specific cross-Centre roles, the long time-scales involved in building sufficient trust for people of different faiths and cultures to come and take part in the Centre.

Earlier parts of this chapter on *Showpieces of Integrated Health Work* and *Integrated Practice in Ongoing Projects* show how inspiring fully integrated work can be. They also suggest the complexity of what is involved in integrated working, which is attested to by others (Glendinning 2002, Goldsworthy 2002, Rushmer and Pallis 2002, Walker 2004). An important aspect of our evaluation is to highlight the ongoing challenges in such work.

Obstacles with GPs

We have seen that the late arrival of the GPs and community nurses meant that they missed the early exciting activities that brought complementary health professionals and artists together. The separate entrance for community nurses has been a particular impediment to their being integrated in Centre activities.

If GPs missed these early developments, they were nevertheless involved in activities such as Operartive (see *Development of the Health Centre,* in Chapter III - *Research in Context*). The GP partners in particular were centrally involved in the open access design of the medical centre, detailed decisions concerning confidentiality, the reception system (see *Health Networking* above), open door working and inviting non-medical staff to practice meetings.

But the Centre employs contract as well as partner GPs. In general GPs are separated off from Centre culture by their career structure, their short supply and high turnover, their tendency to live 'in Surrey', their reluctance to take partnerships, and their intolerance of high consultation rates at the Centre, "chaos", "open accessibility" and late evenings. The emphasis on independence and legal responsibility in medical training clashes with the Centre's more open, collaborative ethos.

We don't always recognise the importance of helping them into the system … It's a cultural thing, and it's a vision thing. People learn it over time. And every so often there's a mini-crisis, where somebody gets really stressed and they suddenly challenge, and then you have to go back to the beginning and actually go through all the history of what it is what you're trying to achieve …

(Sam, GP partner)

We have suggested that there might be a particular barrier between the practical orderliness of nursing and medicine and the messy creativity of art. Turnover and pressures on GPs create barriers to their taking time to "come and learn about being creative". While at earlier stages the primary care team had "a safe enough space and permission to think about behaving differently", newer arrivals have to take their own initiative in becoming engaged in arts activities.

I don't feel I could push people into doing things that they're not comfortable with. People often say: "I haven't been told about this. I don't know about this. No-one' s ever shown me this. I don't know any of these people". The other side of this is: "Ok. How would you feel about finding out about it? How would you feel about becoming involved?" We could have endless books that described everything that happens in the Centre, endless meetings, but at the end of the day it's professionals who have to take a step forward and become engaged.

(Julia, GP partner)

A core of at least five GPs does use health networkers, engage in artwork such as the Tuesday open pottery class, in Baby Clinic discussions and in plans for 'special' projects such as Art and Asthma and Diabetes Fairs. Margie, an outreach worker and Manager of the Families Project, however, feels a greater commonality with health visitors than with doctors, "because they go into the homes so much … and have different relationships with their clients".[34]

Advantages to GPs

Sam hugely appreciates the benefits of integrated working. "I think the biggest thing, if I'm just speaking just from a GP's perspective, was suddenly to have all these other skills at your fingertips, which was wonderful." GPs often come in "a little cynical about, you know, 'how can these other people help you?'" He illustrates the difference of having "<u>all</u> those people with <u>immense</u> skills to help you" by a personally painful story in which a patient he had seen the day before and not sent to hospital died: "I went to the vicar and the then chief exec, 'Can you help me?' – and they went round '<u>immediately</u>."

The deliberate "bump-into" design of the buildings encourages you to think of other possibilities. "So there was a person who came along and said that she wanted to paint pictures of babies, and would we

[34] There is a plan that health visitors and Family Project workers should share the same office. Rent and lease issues will be tricky but solvable. The pity is that the space is not big enough to include district nurses as well.

mind? We said: 'Of course we wouldn't mind, fantastic idea.'" The artist then won a National Portrait Gallery award for her Centre portraits. A Bengali mother of a Downs Syndrome child, bowed down by shame, learned connection and acceptance and was overjoyed by the process.

Having back-up services transforms the GP-patient relationship.

We have a very high level of needy families here. It's very severe need. And without that very practical support that the Families' Project give us it would be so hard to work. … If I haven't got a practical solution for how I work with a woman who experiences serious domestic violence then I won't have a conversation with her. That's a kind of self-protective mechanism in a way. … It's the core of what people like Lilu and Margie and Tara and that whole team do, it becomes very much a shared process, Jan and the health visitors, because she connects in the way we connect, so we have a kind of team of people doing this stuff.

(Julia, GP partner)

It is not only that back-up services allow a GP to do more, but that non-medical professionals, and especially artists, think differently. Margie is renowned for her 'out of the box' approach.

She doesn't just go: "Ok, let's refer to that thing." What she does is she thinks creatively, and then helps them think creatively as well. You refer some people because they're vulnerable, and what she'll do is recognise they're really, really vulnerable, and the <u>best</u> way to deal with that is for them to do an <u>amazing</u> piece of work, or get a qualification. So rather than looking at the bit that we're looking at, which is the need and the vulnerability, she will actually also look at how she can ( ). So she gets these incredible situations where she's managed people through bits of a learning programme … and people come back thrilled at their successes.

(Julia, GP partner)

Time for talk

Everyone feels that in the early years there was more time for the talk that integrated working needs.

We've moved from being the sort of organisation where we could sit and spend hours talking about situations and developing ideas in a relatively small-scale way, to being an organisation delivering big mainstream contracts. There was an awful lot of work that needed to be done around the Centre's structure and infrastructure to support the organisation through that process of change.

(Julia, GP partner)

Diane, who was a member of the original Health Team, greatly regrets the loss of such space.

It's that space to be able to reflect your practice … I don't think we ever really talked about what our vision was, what we were trying to strive for. … I tried very hard to try and bring and connect things together and develop projects that interconnected and weren't just about the activities, but actually were underpinning the whole health development. And I think up till 2000 we did a lot of planning, a lot of training, a lot of team development. I feel like I could have done so much more.

(Diane, former Health Project Manager)

That trusting in integrated working is not lightly achieved is suggested by the immense pleasure and surprise that all kinds of workers expressed at its extent in the Centre. Whether speaking of some years ago or more recently, all found their first major collaboration a very striking experience (see *Yvonne's Story*, in Chapter V – *Organisational, Personal and Health Accounts*).

Deeper levels

Involving the whole Centre in a topic necessitates being aware of underlying cultural and intimate personal implications, as in breastfeeding.

It was a lot of coming to terms for a lot of people on different levels really, and exploring the advantages. … and it brought up quite a lot of things politically, that whole thing about selling welfare milks and why we still do it, … HNC students, and the NVQ students, and all the English language students all did projects and discussion around it … would raise quite a lot in individuals, and in the groups.

(Jan, health visitor)

Many stories convey the length of time involved in working on complex situations. Jan speaks of an African woman whose baby nearly died. Through integrated discussions and proceeding by trial and error, Centre workers decided "what was very important was recognising her own needs and recognising her limitations, … and part of that was stepping outside the home and taking herself away from the children".

"What can we do? What can we do? Will we take her strawberry-picking?", and the strawberry-picking just kind of took off for her, it was just something like that. And so it's just sort of sometimes talking to people.

(Jan, health visitor)

In another example involving longstanding domestic violence between a mother and her mother-in-law, with police involvement, Zana, a family project worker, suggested: "They've got to learn respect really … just leave it with me for a while" She successfully used the Koran to make this meaningful to the family. Jan has learnt that even in very serious situations "you can sit down with somebody, you can actually find a way through which is more satisfactory". Integrated working with a buoyant can-do attitude make this possible.

Sometimes we pull our hair out, but there's just a general feeling that it's possible to get round this, it's possible to do something.

(Jan, health visitor)

Scary boundaries

For every individual, integrated working involves crossing boundaries that may be quite painful. Community Care involves learning to connect and communicate with people with a great range of quite severe disabilities. Mürüde crosses a threshold in doing pottery with people with physical disabilities (see *Interpersonal recognition*, in Chapter VIII - *Organisational Culture and Practice*).

Margie describes an equivalent experience that gains her real friendship. She had invited a friend to a meal involving pastry, which the person could not swallow. She speaks of "feeling incredibly inadequate actually but sort of muddling through". Generalising from this she says: "You have to have a number of qualities to be able to engage people in doing something." Reflecting on this, she says that these crucial qualities are probably part of everyone's everyday experience at Bromley by Bow, yet difficult to convey to outsiders.

Sharing and knowing people enough (helps to get over) the embarrassing bits. … That's where things break down … it's a lot easier not to do it unless you've got some real good backup that makes it not quite so bad and sort of keeps you going.

(Margie, Families Project Manager)

Mixing religious rituals, achieved after years of patient work, was risky:

We've changed to offering mixed entertainment on the nights of a particular festival which actually is sort of blurring the boundaries a bit but nobody objects I think because there's so much trust.

(Margie, Families Project Manager)

Mürüde as an artist found medical meetings difficult, which seemed "quite depressing".

I went along. They started talking about patients, about domestic violence, child protection, … I never knew that it went

on so much ... you're quite oblivious. But then they ask, "What you're going to be doing in Baby Clinic?", and then I'd explain it, and it would liven up, it brings new life. I often don't click in, I shut off, but it's actually opened my eyes.

(Mürüde, artist)

CONCLUSION

The Centre's intergenerational model of integration is unusual in the extent to which its community development approach is underpinned by interpersonal work. A central premise is that encouraging people to meet and build relationships creates energy. This is backed up by art, which calls inner resources into play and aids communication across difference. Art links with the Centre's emphasis on food, which is key to body awareness and well-being.

Our detailed depictions of integrated working have emphasised processes and underlying thinking and values. The depictions have spanned more recent showpiece health projects and longer-term health and care work through which the Centre's integrated approach evolved.

Alongside flamboyantly successful aspects we have emphasised difficulties in this work. We have shown how hard it is to make space for reflective discussion and experimentation, how 'scary' it is to work across deep social and professional divides, and the challenging nature of many interfaces with the community. Bromley By Bow shows how exciting and effective integrated working can be - it abounds in such examples. But our evaluation also shows the deep levels of cultural change which are needed to bring about such integrated working, and the great amount of initiative, reflection, mutual support and resourcing involved in sustaining it. Both successful and difficult aspects hold important lessons for current policy on integrated services, inter-professional working and holistic health promotion.

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VII

COMMUNITY ENTERPRISE

VII Community Enterprise

INTRODUCTION

This chapter considers the history of the Centre as a social enterprise in a context of horizontal and vertical partners. Noting tensions and strategic emphases, it tries to identify the complex leadership issues involved and suggests a 'community enterprise' model.

We start with an extended account of 'entrepreneurship and leadership'. We do so by considering the evolution of Centre leadership through three phases and by looking at a critical moment in which the tensions and complexity of that leadership function are made apparent. In particular, we consider a hidden leadership function that the classical concept of social entrepreneurship tends to conceal and underplay. We then suggest the strengths and possible weaknesses of 'conversational community' as an alternative to formal representational structures.

The chapter then briefly discusses recent and current partnership activity. The Centre can be seen as an enclave with a considerable degree of outreach and partnership as well as a clearly defined yet porous boundary. We conclude that the Centre's history and current configuration suggests a tacit model of what we call 'community enterprise'. We depict this using a 'systems' approach (see e.g. Chapman 2004 and Senge 1990).

The tacit model of community enterprise that we feel the Centre embodies can be called 'systemic social co-entrepreneurship'. To pre-figure the argument:

- 'Entrepreneurship' refers to an innovatory way of meeting needs, classically associated with the private for-profit sector. Any related social mission would normally be an incidental effect

- 'Social entrepreneurship' refers to an innovatory way of meeting needs. It is not primarily or exclusively concerned to generate and maximise profits, although it must avoid running at a deficit. Consequently, if parts of the organisation run at a profit, they may remain in the same 'stable', supporting other parts that do not produce a financial surplus.

- 'Social *co*-entrepreneurship' refers to co-operation with partners that are external (horizontal partners 'in the same league', vertical partners who are usually at a higher regional or national level). Classic entrepreneurship involves one entrepreneur inventing and deciding, with everybody else doing what they are told. We use the notion of 'co-entrepreneurship' to describe a case where the leadership function is not held by a Chief Executive with perhaps a small group of senior managers, but is distributed as widely as possible throughout the organisation (Huffington et al. 2004). The '*co*' is thus both external and internal.

- 'Systemic' refers to the extent to which the organisation and its culture are not a bundle of things working to a variety of different logics, but a 'whole system' that tends to reproduce and develop itself according to a coherent logic.

ENTERPRISE AND LEADERSHIP AT THE CENTRE

The notion of the Centre as an exemplar of social enterprise is deeply rooted in its history, self-image and public relations: the social entrepreneurship came first and the desire for partnerships later. First, the centre carved against resistance a distinctive place for itself in the neighbourhood to find its own specific 'ecological niche'. Then, it found a way of relating to the network of partnerships and competitive relations in which it became enmeshed.

Social entrepreneurship and leadership

<u>Business entrepreneurs and social entrepreneurship</u>

'Social entrepreneurship' is a particular twist given to the root-notion of the economic 'entrepreneur' central to dominant

Western economic thinking. The term 'social entrepreneurship' is particularly ambiguous and fluid (Johnson 2000; Thompson, Alvy and Lees 2000; Kenny 2002) and needs to be used with care.

The model of the entrepreneur is deceptively simple: somebody who sees what needs to be done and has a vision of how to put existing resources together in a new way. By definition, nobody in the field previously saw that need or how it could be met by putting those resources together in that way. Until he develops to have enough 'clout', the entrepreneur typically meets indifference, incomprehension, and hostility from those whose power, profits or established ways of thinking are 'aggressed' by this novelty. In the start-up period, 'he' (and it can be thought of as a 'male' model) typically finds more 'enemies' and 'saboteurs' than 'partners'.

An account of Centre leadership development: from aggressive isolationism to mature interdependence?

In 2003, the Centre's founder presented an account (see box below) of three stages of Centre development under successive leaders: (a) the long period under his leadership, which might be described as 'start-up' (1983-1997); (b) the next two leaderships (Allison Trimble and Paul Brickell 1997-2002) that might be described as 'transitional'; and (c) the current Director (Rob Trimble) concerned with 'sustainability'. Andrew argued for learning-by-doing, for the need for time and freedom to develop, for the development of a helpful Government attitude that sponsors and encourages innovation, and, finally, for the need – once childhood is over – to move towards mature and hopefully long-term sustainability.

> 3 stages. 1. [my] getting aeroplane off the ground, 2. Allison and Paul doing detailed work, and Paul going on to Leaside – very important, 3. Rob. Ideas now welcomed more by Government, so sustainability was the question. 97% of the budget was from dependency culture, whereas already … Big change now. He is a business person, right mind set. Bromley by Bow now like a young person reaching 20 – own bank account etc. Recognising the stage you're at.

(Notes on interview with Andrew Mawson, Centre founder)

The metaphor of 'personal learning and maturation' is very clear at this point. We have identified in previous chapters how the members of the Centre are oriented towards subtle processes of personal growth for those involved, in a rather 'familial' way. The organisation itself has also grown and moved towards mature interdependence within partnerships.

A number of our informants commented on a shift from the early years of the Centre being quite abrasive and confrontational with local powers and services to a less confrontational and more collaborative ethos.

<u>Disrespect and difference</u>

While early abrasiveness can leave a legacy that needs to be overcome, changing local culture and establishing a substantial presence involves disrespecting existing rules of the game as established in the local culture.

> … actually a lot of the culture of all those [voluntary sector] organisations were often very ill, and argumentative, and doing each other. …. We're thinking 20 years ahead, we need a good building. We need a new environment. Like banks of a river, with LIFT here and the old NHS there. We need a bridge across, allow us to network, be truly entrepreneurial, and over time things will change … No use putting new wine in old bottles until the civil service realise what we are trying to do on this side of the river… the devil is in the detail – how you develop new cultures. Major opportunity now – we're beginning to share with them …

(Notes on interview with Andrew Mawson, Centre founder)

From this perspective, later co-operative partnerships with other organisations in

the field require an earlier phase of entrepreneurial assertiveness and refusal to compromise on the spirit and the details of the 'new culture' until the new has been properly born and sufficiently developed for the contextual organisations to have learned to respect it and to be interested in negotiated partnership. The early context *requires* an appropriate degree of entrepreneurial aggression and cultural belligerence to develop a particular kind of creativity.[35] Halton (2004) describes the early creativity of new initiatives as 'initiatory' in terms that fit very well with this kind of entrepreneurial originality. Initiatory creativity often relies on charismatic leadership. It requires determination to by-pass obstruction that is born of a certainty that this is a feasible project with the potential to effect radical change. In this mode creative entrepreneurship relies heavily on one or two key individuals who are able to transmit to followers an intoxicating belief that they can succeed and a willingness to cross boundaries and overturn established ways of working.

Social entrepreneurship subsidy, and vertical partners

We should note that a certain sort of partnership (a vertical funding one) was inherent in the Centre from the start. It should be born in mind that the United Reformed Church at Bromley by Bow – which, to begin with, *was* the Centre – was itself part of a national, even a trans-national, organisation: this vertical partner provided security of tenure of the buildings and security of salary for Andrew Mawson. Right from the start, the church and its buildings were a given. Religious mission was the starting ideology of his ministry[36].

Although Andrew's original perception was that salvation was not to be found in the "sick cultures" of many local voluntary organisations, nor in the bureaucratic cultures of local statutory organisations, this did not mean that there were no institutional partnerships at all at that time. Alliances above were needed to overcome local resistance.

The early history of the Centre involved considerable corporate business subsidies and, somewhat later, access to regeneration monies from Government, such as the New Opportunities Fund (NOF) and the Single Regeneration Budget (SRB). These can be seen as vertical partnerships with national-level Government and with corporate 'players' in the City of London.

The story of the development of the Health Centre that crystallised in 1997 is told elsewhere (see *Development of the Health Centre*, in Chapter III – *Research in Context*). After a decade-and-a-half of attempting to develop the project, it needed a further five years of local negotiation and also decisive action by the Minister of Health.

A critical incident: three components of Centre leadership laid bare

Our earlier account suggested a three-phase version of Centre development – from 'going-it-alone' entrepreneurial abrasiveness through a leadership crisis to consolidation and mature interdependence and partnership. However, the 'transition period' briefly referred to in Andrew's account above bears closer attention. In looking back at that moment of Allison Trimble's and Paul Brickell's two short leaderships (2000-03), Allison identifies a division of labour within a 'collective social entrepreneur'. To start with, it was decided:

> *… that Andrew would become the Director, Donald Findley and I would become two equal assistant directors, and our different responsibilities would be: Andrew would become the front face of the organisation, would take responsibility for PR, marketing, for going out and promot-*

[35] In times of later turbulence, the same qualities of entrepreneurial aggression and belligerence may be needed again to ensure decisive re-direction and re-structuring. But that is never *all* that is needed.

[36] It is worth noting that all the CEOs up to now have been church members. This may be a factor in maintaining their commitment to a whole-person organisational culture and a non-managerialist model of human potential.

ing the organisation and policy issues, Donald would take responsibility for the finance and fundraising, and I would take responsibility for the project developments, and the stuff that went on here.

(Allison Trimble, former Chief Executive)

For three years, Allison tried to make this 'trio' solution work and learn from it.

I then went on to become the Director, and the difficulty for me I suppose as an individual was holding those three different strands myself, having highly developed, one aspect of it and completely denied the other two aspects. So in terms of networking, in terms of financial management, those were skills I had to learn very quickly, and had to start making decisions about over and above the things that I instinctively thought were priorities …

We might summarise three components of Centre co-entrepreneurship embodied in her original trio of persons as follows:

(a) external promoting and the development of external support and appropriate policy,

(b) external fund-raising and internal 'social businesses' and sound financial organisation
(these two could eventually be seen as one component), and

(c) the *project development and the stuff that goes on here*, which we can summarise as the internal culture of the Centre project.

Allison's holding operation signals a different kind of creative leadership. Halton (2004) terms this 'reparative creativity', in that it is literally concerned to contain contradictory tensions within the organisation as it becomes more complex and responds to a more complex set of external relationships. Reparative leadership can be entrepreneurial, but it is also concerned to ward off potentially damaging schisms and conflicts and requires a very specific emotional capacity from leadership, including a capacity for listening and compromise and trust, as the organisation moves towards a workable internal and external balance.[37] During this period Allison fostered an intensive internal conversation designed to grasp and articulate the core principles so that they became thoroughly embedded in the work of Centre practitioners who then had considerable autonomy to "dance on either side of the line". This activity was critical in consolidating an informal relational 'infrastructure'. It generated a climate of mutual trust and understanding that has served the organisation well and undoubtedly contributed to its capacity to remain consistent with itself in the years that followed.

Generalising, we can say that the success of maintaining the social entrepreneurial function requires co-managing the tensions between the three strands. These have to grow and have their proper place within the capacity of the individual leader, or each of the individual co-leaders. Social entrepreneurship is co-entrepreneurial in the sense that three rather distinct functions with a tension between them have to be imaginatively managed and contained if the organisation is going to maintain its viability and its vision.

The components of leadership in complementary tension

In the interview with Allison there is a difficult passage in which the tensions between the three leaders are articulated as a two-tension function: (i) the need for a sufficient management structure and (ii) the need to safeguard conditions of organisational practice necessary for a culture

[37] This can be cautiously generalised. A part-leader who is over-specialised in one function may ignore or even deny (as Allison points out) the value of the other functions. If they then take overall charge, this can lead to one or more 'denied functions' being likely to have their revenge. There is a view in the Centre that business models find it easy to understand this. The sustainability of the Centre may partly depend on – or even be characterised by – how widely internalised among Centre staff this multi-functional awareness actually is.

that made things work. These tensions between the constraints of management and culture are envisaged as contradictory and also as complementary.[38]

The Centre can now be seen to have moved into yet another phase of entrepreneurial creativity, which Halton (2004) calls 'evolutionary'. This does not mean that it has lost the outward-directed zest of its 'initiatory' phase with Andrew Mawson, or the more inwardly directed concern for the balancing of tensions of its 'reparative' phase with Allison Trimble. Typologies always over-simplify, and Halton is careful to stress that this is very much a question of emphasis. The 'evolutionary phase' preserves the other two in mutual tension within itself. For the Centre the programmatic emphasis is now on sustainability and the development of a distinctive and fully-fledged community enterprise model. This would aim to resolve the tension between managerial and cultural imperatives through a synergistic relationship between three factors:

(a) Stable core funding based on community enterprises (rather than time limited Government, Lottery, or charitable grants)

(b) Community enterprises designed with the objective of local wealth creation and area regeneration

(c) The use of community enterprises as a vehicle for the export of a specific Centre model of care, healthy living, education or leisure

An example previously highlighted in the section on Community Care (see Chapter VI – *Integrated Models of Practice in Community Health and Well-Being*) is the idea of funding the project through a local employment agency for care workers, which would create training and employment while disseminating the Centre's specific ethos and expertise.

This model is 'evolutionary' in a number of ways. It is impelled by the need to develop new strategies and an internal capacity to cope with high levels of uncertainty (political and financial). It now aims to do this in a pro-active and non-defensive way. The Centre's creative drive is oriented towards risk and challenge while preserving the capacity to care and protect. It involves patience and the ability to allow new patterns to emerge combined with the ability to recognise a winning combination and know when to seize the initiative. Interestingly, although the current leadership talks less about the value of art and more about business the evolutionary model comes ever closer to the artistic process. In evolutionary creativity there is an "element of surrender to non-purposive thinking" Halton (2004, p. 112). This allows a creative flux out of which new ideas eventually emerge. The role of the entrepreneur is to give them clarity and focus. While the Centre has always known how to use the creative flux, it now does so in a frame of mind which is less abrasive, more able to hold tensions, and less inclined to define itself 'against' other organisations in its environment. This enhances its ability to deal with complexity within an ever-wider range of partnership opportunities.

<u>The containing function of leadership</u>

We discuss the containing function of leadership in more detail in Chapter VIII on *Organisational Culture and Practice*. However, it is essential to note its importance in managing the anxieties and emotional tumult that characterises a vital and energetic organisation in a phase of evolutionary creativity. The simpler model of social entrepreneurship or not-for-profit social business that dominates images of the entrepreneur is one from which this function is hidden; one in which the slow relational work is always liable to be underplayed (see Froggett and Chamberlayne 2004).

The 'co' in 'social co-entrepreneurship' or in the more user-friendly term of 'commu-

[38] William Blake remarked that good to other people could only be done in "minute particulars". Not to focus on the 'detailed work' is to allow the devil free to denature the project through its neglected implementation details.

nity entrepreneurship' is also implied in 'containment', which holds disparate parts and feelings in relation to one another. It is there to remind us of the difference between the entrepreneur as uncomplex hero of a not-for-profit business and the Centre's more collective and multi-tasking practice. It is in order to highlight the collective entrepreneurial resources of the Centre that we prefer the term 'community enterprise' to 'social enterprise'

COMMUNITY ENTREPRENEURSHIP, REPRESENTATION AND PARTICIPATION

One characteristic of any entrepreneurial model is that of leadership from the top rather than representative committee-led structures. The Centre model is firmly in the top-down mode.

Entrepreneurial not elective leadership

Purdue (2001) distinguishes sharply between two sorts of leadership. He remarks as follows:

> *Social capital consisting of trust relationships between a community and its leaders can contribute to the effectiveness of neighbourhood regeneration partnerships. Engagement with partnerships can also generate vital new resources of social capital for the community. This depends on community leaders, as social entrepreneurs or community representatives. Social entrepreneurs resemble 'transformational leaders', combining entrepreneurial skills with a vision for the neighbourhood. Community representatives resemble 'transactional leaders' who interact with their followers.*

(Purdue 2001, p. 2211)

The Centre's history shows them to be decisively not 'transactional leaders' or community representatives (though we shall see, *contra* Purdue, that they *do* interact). Reflecting on his experience of the local culture of representative committees and organisations, Andrew remarked:

> *… what it tended to do was attract the mad, the sad and the bad, and it became very unhealthy and weak. … Some of them were hard left, coming in trying to take over the whole thing, playing political games. And I'm thinking: "You can't want to - It's just totally destructive." And saying things like: "This is about the community. But we don't want any police in here. And we don't want any religious people in here." Who's left? What are you talking about? So there was quite an epic struggle in the early days, and people eventually just walked out. I did by year 3, I thought: "This is going nowhere."…*

Though strong leadership is a constantly repeated theme in some of our interviews, it should be noted that it involves interacting in the form of listening. One interviewee recalls how – as a result of five year's experience - she changed her mind about the importance of decisive leadership. She describes her interview for a senior position:

> Andrew asked: "Well, what do you see a Director of a community centre doing?" – she replied that she understood the term 'Director' to be not imposing her ideas on people, more like a director of a production, getting everybody to do their 100% in unison with everything else. "And he got really angry with me, well, not really angry, but very sort of like: "Really? because that's not how *we* see it. We see it as a leadership role where *you* come in and you *listen* to people, but then you get *on* with it"." She remembers thinking: "I *really* like you, but this goes completely against the grain."

(Notes on interview with a colleague from a partner organisation)

On reflection, the interviewee went on to make the following statement:

> *Andrew's model is the one that works in these areas. I think he's right, that there's a combination of the two models, which is of the orchestrating and developing and*

the stage-setting… and the just-getting-on-with-it. There are too many people waiting to scupper the boat. There's too much scepticism, there's too much nay-saying. And actually Andrew's yea-saying was a very strong philosophy that I think I didn't agree with and now, five years down the line, I really understand it.

The Centre model - until now at least - has excluded committees of elected representatives, formal accountability downwards and election upwards. However, we have not found a great gulf between senior executives and the others: rather the opposite. The Centre can be characterised as an unusually intense 'conversational community' that internally gives rise to a communicative form of participative democracy (described in Chapter VIII on *Organisational Culture and Practice*).[39]

As far as external relations are concerned, the Centre did not until recently concern itself with establishing in any statistical sense whom in the local community it reached very well and whom it did not. Outreach to non-users of the Centre in the locality seems to be under-emphasised.[40] There are social outreach events (the 1995 Great Banquet; the Summer Fair 2003) that have been very well attended. However, we heard more than one complaint at lack of publicity. Local political activists tended not to be sympathetic to the Centre, feeling that those involved were "very much a law unto themselves".

The costs and benefits of the lack of concern for formal neighbourhood representation need to be explored more than we have had opportunity to do (for further discussion see *Participation and the conversational community*, in Chapter VIII - *Organisational Culture and Practice*). It should be born in mind that a very considerable number of community men and women of different ages, ethnicities, levels of educational attainment and aspiration do participate in the Centre, probably a greater number than would emerge from any conceivable system of formal representation. The Centre maintains an open door to very considerable participation, and an intense conversational community among those who do participate.[41]

Partnerships – vertical and horizontal

Even before the concept of *partnership working* achieved its recent prominence in national debates on governance, the Centre was aware of its benefits and strengths. It has a strong and continuous history of working with diverse partners that dates back to its very early days.

We stressed earlier the very continuing importance of vertical partnerships in enabling the Centre to come into existence and develop organically despite an initially less than supportive organisational field of local, Government and voluntary agencies. Currently, the Centre collaborates with individuals as well as with public, private and voluntary agencies. Our research investigated to a small extent (this was outside our brief) its partnership arrangements, predominantly through interviews with project leaders at the Centre and with representatives of partner bodies.

Partnerships are essential to the way that the Bromley by Bow Centre functions. We have found that the more diverse the partnership, the more we are able to deal with the depth of the issues we face.
(Bromley by Bow Centre 2003)

[39] How far does the conversational community go? We came up against the limits of our methodology. Although we tried hard to engage in a research dialogue with local non-users of the Centre, we cannot claim to have been successful in this.

[40] See *Centre - Community Relations*, in Chapter VI – *Integrated Models of Practice in Community Health and Well-Being*].

[41] This argument for "active participants" rather than "passive consultees" is made strongly in Mawson et al. (2003). This text neglects the impact of the audit culture on the process of activating participation, perhaps because the Centre has only very recently had to grapple with this.

VII Community Enterprise

Partnership working is one of the major catchphrases in recent Government strategy. However, as has been pointed out, the currently almost universal rhetoric of partnership and collaboration can have and does have very different meanings:

> *It seems, when reading documents and strategies produced by public sector organisations, that the word partnership has become compulsory and at the same time meaningless … For some, partnerships are a reshaping of long established relationships, such as those between social service and health bodies … For others, partnerships are new forms of contracting with the private sector, most noticeably the public/private partnerships that have replaced the private finance initiative … [And], increasingly, partnerships are entirely new and formed for specific purposes associated with action zones, with regeneration schemes and, most recently, with the development of a plethora of local, subregional and regional strategic partnerships associated with the National Strategy for Neighbourhood Renewal and the Neighbourhood Renewal Fund … Each of these presents a very different image of partnership.*

(Rowe and Devanney 2003, p. 375f.)

The Centre (since 1997 with its Health Centre) has been attempting to pioneer the changing of long established ways of working with health and social services agencies. It has required some new forms of contracting with those two bodies.[42] It is involved with the plethora of strategic partnerships that have developed at local, subregional and perhaps also regional and national level (through CAN, the Community Action Network).

Partners on and off the premises

Relations are particularly close with the partners based on the Centre premises. These include the church, the nursery and the primary healthcare team.

Off the premises close relations are maintained with Poplar HARCA and Leaside Regeneration. Collaboration involves joint bidding and common community projects. The new Marner Centre, built by Poplar HARCA, is managed by Bromley by Bow staff. Bids from the Centre for grants to the two agencies are often successful, and the partners commission the Centre's social enterprises and artists for particular pieces of work.

Much of the overall success of these partnerships is down to individual relationships with senior staff of partner organisations, who have come to know their Centre counterparts.

> We developed a very honest relationship with each other, so when we were bidding we felt very comfortable with each other.

(Notes on interview with a representative of a partner organisation)

A former Bromley by Bow CEO, Paul Brickell, is now the CEO of Leaside Regeneration and maintains close links with the Centre. Organic growth in the development of the Centre is matched by organic growth in the development of personalised mutual knowledge and reliable understandings.

The Centre's partnerships span a wider range of purposes than those already mentioned. For example, (distant) relationships with Government bodies (e.g. Ministry of Defence, Northern Ireland Office) and private businesses allow secondments and skills exchanges. A working partnership with a law firm results in pro-bono accounts for the Centre.

In accordance with the mutuality of partnership, the Centre not only receives but also gives.

> The Centre's gardening training and enterprise Green Dreams is engaged in a cross-training project with the Tower Hamlets Horticultural Training Team. The members of each of the two teams learn from training with the other team. Eventually, some of the Green Dreams trainees will go on to be employed in the Tower Hamlets Horticultural Department.

[42] Not so much with the private-for-profit sector.

(Notes on interview with the Green Dreams Business Manager)

Collaboration does not always run smoothly. Problems and conflicts with the statutory sector have attenuated but are unlikely to disappear, given the radically different responsibilities, agendas and institutional cultures (this has been extensively discussed elsewhere). The statutory partners maintain a degree of suspicion of the Centre's creative, spontaneous and risk-taking approach that does not sit comfortably with their own necessarily more bureaucratic, specialised and rule-governed way of working. However, there is now a greater degree of mutual acknowledgement and understanding.

A combination of factors has put the Centre into a reasonably strong position: its apparent success, political attention, and the fact that current government policy stresses features that have characterised Bromley by Bow's approach for years (e.g. integrated working). This has enabled them to enter relationships with statutory and other partners with a degree of assertiveness.

The above factors allow the Centre to set conditions for partnership working, but there are drawbacks when it is seen to be adopting a "take it or leave it" stance.

> … "either you work according to our model, or you give us our bit and we'll get on with it, and we won't interfere with you and you won't interfere with us". There's nothing wrong with that as long as you can sustain your enterprise doing that. The problems arise if you don't grow some partnership work all the way through … you risk not being able to do it when you actually need to.

(Notes on interview with a colleague from a partner organisation)

Nevertheless, the realities of programmes such as Sure Start demand a more collaborative approach, and the current CEO is working very hard to overcome barriers to confident partnership. The Centre nowadays affirms its belief that partnerships should be about mutuality, pooling expertise and resources and generating additionality for all involved.

> Original idea behind Communiversity was that local people who do not go through the usual process of further and higher education come to BBBC for a degree course. But the whole point of going to university is learning about yourself and detaching yourself from the comfort zone. The Centre is very 'paternal', 'looking after' people. But after a while those agencies/ enterprises/ individuals will need to go out and do their own thing. Leaside Regeneration [LR] ensured plans for Communiversity changed: some of the courses are going to be at UEL [University of East London], so you're getting the students out of their area and getting them used to it. BBBC were applying to LR for funding for Communiversity. At the appraisal LR set some conditions. They asked BBBC to go back and re-think various aspects and return. LR and BBBC worked it through together. BBBC responded very positively. They made the changes requested partly because they've got no choice. BBBC won't get the funding if they don't, but also criticism from LR has been in a very supportive rather than oppressive way.

(Notes on interview with a representative of a partner organisation)

Questions of succession

A question that is not yet fully resolved is how far locally-grown middle managers/project leaders can take over the senior positions once the present generation retires. We have seen one crisis of transition that appears to us to have been resolved well by the appointment of a CEO who has business experience and is concerned to develop partnerships, but who is also very sensitive to the need to sustain and develop the attention to personal relationships. Over 21 years or so many local people have developed through their Centre experience, and many have moved on. Can those who have grown and stayed with the Centre develop the necessary

skills in dealing with financial matters and external relations? Do they need some external professional formation and experience elsewhere before they can fully occupy the senior roles? Conversely, as middle managers and project leaders are encouraged to network and take initiatives directly with counterparts in other organisations, how can supervision be provided that will avoid disappointment as co-entrepreneurship moves outwards from a few senior officers? The Centre's capacity to grow its local leaders while continuing to foster an emotionally intelligent culture and a holding environment will be tested as a new generation takes over.

The systemic nature of the model

The Centre aims to liberate individual energies of all those involved, the staff *and* the users, the staff *for* the users. This has affinities with the ideas of Paulo Freire and Latin American liberation theology of the 1960s and 1970s. More recent philosophies of 'horizontal management' and of 'delegated initiative-taking' in the US and elsewhere echo this impulse, but in a very controlling way. The Centre's original idea to "open the windows and see what flies in" bred a hothouse of a thousand blooming initiatives. Catford (1998) says of the Centre:

> *What is ground-breaking is the emphasis given to the concept of social entrepreneurship – encouraging individuals to run with their own ideas and creating enough flexibility to encourage people to experiment. The project has grown around the charismatic energy of individuals rather than structures or systems. … The Centre seeks to create social capital among the community by training people to become social entrepreneurs, strengthening the potential of groups and individuals to make things happen for themselves. Staff are employed not to manage projects but to create environments which will encourage a sense of vision and motivation.*

(Catford 1998, p. 95)

We both agree and disagree with what he says. We agree that the Centre "seeks to strengthen the potential of groups and individuals to make things happen for themselves". We agree that the project has not grown primarily around "structures or systems". However, we disagree that this has been done primarily through "the charismatic energy of individuals". Charismatic energy is only one of the forces that we see in operation. We think that Catford's single-factor account misses the crucially specific component of the mission, namely that of creating a space and culture in which a new mentality can grow on the basis of a type of relationship very untypical of the dominant local or national culture.

In particular, the capacity to be active in oppressed and deprived communities requires also the relations that enable a need for passivity and being taken care of (Hoggett 2000, Froggett and Chamberlayne 2004). The key activity of listening and letting people *be* as well as *do* is hidden by this one-sided focus on 'heroic doing'[43]. Older people particularly may need a larger proportion of *being* in relation to *doing* (see *Community Care*, in Chapter VI – *Integrated Models of Practice in Community Health and Well-Being*).

This notion of leadership is under-theorised and insufficiently highlighted, even in the Centre itself. There is, however, a whole body of research - holistic systems theory - that could provide some concepts for the Centre's practice. Although this research is not used within the Centre and its relevance has only recently become apparent, we find it very helpful. It can be approached through the work of Chapman (2004)[44]. We would argue that on the basis of its originally religiously inspired whole-person model, the Centre

[43] Erikson (1963) spoke of the importance in human development of places for a 'psychosocial moratorium': adolescents are not the only ones who need them. Middle-aged and older people need them, too!

[44] Also that of Senge (1990), whose work has had an influence on at least one staff member.

has intuitively already achieved a whole-systems perspective and has for a long time had a corresponding integrated system mode of working.

The 'listening', the 'doing' and the 'letting be' are essential in systemic learning: natural democrats have to learn the need for decisive doing; natural autocrats have to learn the need for fully attentive listening and abandon 'control and command models'. A model of social co-entrepreneurship of complex adaptive systems to fit complex adaptive persons enables systemic learning and the system to learn.

We cited Andrew's view that the Centre has completed its second decade and has matured to the point where it can be "given its own bank account". The Centre's community enterprise model needs to be thought of in terms of the long time and sufficient resources needed for a new cultural environment to be grown. One might define 'external social capital' as being in one sense the 'relations of trust and knowledge and capacity' that can develop between partner people and partner institutions that require two decades (at least one generation) to start growing.

At any particular moment there can be a friction between the requirements of external and internal leadership and partnership such that decisions have to be made that will maintain or endanger the particular compromise of forces. Although there are fears for the Centre's financial viability (never guaranteed) and for its sticking to mission and ethos (never guaranteed either), our judgement is that the capacity of its members to keep aware of these contradictions and of the need to avoid falling off the tightrope irreversibly in one direction or another has been crucial in maintaining both its mission and its viability. The core approach has re-produced itself throughout two decades of constant change.

CONCLUSION

The Centre model, therefore, combines a potentially abrasive entrepreneurship ready to use non-local contacts and vertical partners needed to establish the Centre as a weighty local player on its own terms with significant partnerships with local and regional partners. It involves insisting on terms that do not compromise the type of new culture that the Centre struggles to embody. The Centre's success so far as a community enterprise is, we think, at least partly due to its capacity to keep the different components of what we have also called a social co-entrepreneurship model in a workable state of creative tension; to have intuitively developed a systemic culture on the basis of a philosophy of whole persons and integrated whole systems; and to have developed individual leaders, managers and staff who are capable of integrating the three strands in themselves. The three strands are (i) external promotion and networking; (ii) fund-raising and social business activities, and sound internal financial management; and (iii) the focus on growing an internal culture which remains true to the Centre's social mission and offers protected encouragement of agency and initiative-taking.

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VIII

ORGANISATIONAL CULTURE AND PRACTICE

INTRODUCTION

> *Order began to emerge in a messy kind of way … The entrepreneurial process wasn't scientific, it was artistic, creative, like taking a lump of clay.*[45]

(Andrew, Centre founder)

The introductory section of this report described the Centre as a setting for health and community work and drew attention to the ways in which the buildings themselves and the use of space encouraged people to meet, converse, form relationships and use their imagination. In interviews and conversations people constantly referred to the importance of 'making space' for reflection. The notion that the physical space encourages a form of mental space that allows people to generate ideas is well embedded at the Centre. In our research we eventually concluded that mental space, quality of relationships and use of creative imagination were intimately related to one another (Winnicott 1971, Froggett 2005 forthcoming)[46]. This is something that many people who use or work in the Centre feel they already know, and the organisation has from its earliest days trusted this intuition and built its activities accordingly. Many of its successful projects testify to the fact that when people's creativity is engaged, they form productive relationships and get things off the ground. There often appears to be an element of serendipity in the way projects turn into something quite unexpected. We detected an anxiety that if these processes were analysed too closely the 'magic' might be lost. There was a worry that the research team was trying to find words to pin down something that could never be adequately described.

The creative process and its relation to health and well-being is difficult to understand, but the three year span of the research project provided an opportunity to address these complex issues. Our findings were clarified through a two-year process in which we immersed ourselves in the data, analysed and interpreted it. We referred to some of the theoretical literature (referenced in this section) to help us make sense of it further before re-assessing our data again.[47] These findings point to unique qualities of the Centre but also have important implications for other organisations.

There are a number of aspects to the creative life of the Centre that we shall discuss in turn. Changing displays of artwork appear on office walls, in corridors, suspended from ceilings, standing in public areas and woven into the fabric of the pathways, the play-areas and the furniture. The visual art complements the endless stories and sometimes provokes them. The imagination that produces both visual and narrative art is an indication of a wider creativity which is reflected in the way that people talk about the Centre, and how they try to work together, listen to one another and 'see' or recognise each other's particular qualities and capacities. Individuals respond to this environment by finding and linking skills and capacities within themselves that they were sometimes hardly aware of. The individual and collective imagination is also at work in the ceaseless generation of ideas and pro-

[45] Religiously charged images such as this permeate the symbolic world of the Centre in narrative and art.

[46] Winnicott (1971) gave the term 'potential space' to the physical and emotional arena in which personal creativity can be discovered. Such a space is maintained by a holding environment which guarantees enough emotional security to allow play or exploration of the ways in which the inner world of the individual intersects with the outer world of the social environment. Wright (2000) links the appreciation of aesthetic form to the infant's early experience of maternal recognition and Froggett (2005 forthcoming) discusses the Centre's use of art in these terms.

[47] This is the data-theory spiral that enables findings to be interpreted in the light of related theoretical work. It aids in understanding the meaning of the data, in transforming data into findings, in relating findings to a wider body of relevant work, and in detecting those features of findings that are generalisable. In this case the work that proved most helpful was on the nature of artistic perception and the creative process and on theories of interpersonal recognition.

jects and in the ability of people in the Centre to see an opportunity, seize it and make something out of it. In this sense it is also an entrepreneurial imagination.

Characterising and evaluating the importance of something as intangible as creative imagination and the relationships which nourish it is a difficult task:

> *What I knew made things work was about how you build relationships with people, how you create trust, how you create a culture which is about … hidden processes, and actually how you started to run an organisation which valued those hidden processes, but also articulated them. If you were going to measure the success of an organisation you'd measure the kind of buildings that it produced by the tangible results that it produced, but how do you measure the secret, hidden processes which went on and transformed people's lives in a very subtle kind of quite way?*

(Allison, former Chief Executive)

The composite picture that has emerged from our various data sources is of an organisation whose strength and weaknesses depend on the degree to which it succeeds or fails in 'holding' and negotiating a number of tensions: between tradition and innovation, security and risk-taking, enterprise and sustainability. The Centre has developed an ability to sustain paradox and this is a key to understanding the flexibility of its internal culture, its openness to new ideas and projects, and its ability to adapt and change.

The tensions provide an organising framework for the account that follows. They have influenced the Centre's development throughout its existence and are identifiable in its 'creation myth' (see *The Centre's creation myth*, in Chapter V – *Organisational, Personal and Health Accounts*]. They are reflected in Lil's story and Yvonne's story (see Chapter V – *Organisational, Personal and Health Accounts*) and have also emerged in the section on the integrated model. In this section they are highlighted even more sharply.

TRADITION AND INNOVATION

> *Anybody who came along, Andrew was sort of immediately taking to the next step, he wasn't sort of analysing who they were … I think that would have come out in the wash…people are allowed their visions, and to do them…there's a sense of appreciation of people's cultures.*

(Margie, Families Project Manager)

The Centre's culture of innovation is grounded in the cultural resources of local communities. Its feel for traditions has allowed it to take root in the area as an enclave. By describing it as an 'enclave' we do not imply that the Centre is defensively insular – quite the reverse. It has created a protected and cherished space where people of many different backgrounds feel welcome. We see this as one of the keys to its approach, providing physical as well as psychological continuity. The Centre could not operate (as some Healthy Living Centres do) as a virtual centre linking a number of dispersed agencies. Its new off-shoot buildings already have a very different 'feel' about them but they are integrated with the 'hub' by the constant coming and going of people between them – the original Centre remains as a point of return – a 'home'.

The architecture provides a setting for a multi-ethnic community and a multicultural imagination. It has assimilated and used new cultural forms from the beginning: Santiago Bell, the Chilean woodcarver who turned up out of nowhere in the early days could have been seen as just another exotic visitor. However, his experience of political oppression and social dislocation meant that he was himself in a process of self-healing through creative activity that Andrew recognised as having value to Centre.

> *I suppose part of my job was to recognise it, say 'yes' to it and allow it into the mix, so that that then became richer…He had*

creative ideas about how the world works and about how life is. He'd come out with completely creative stuff. Eight of them might have been nonsense, but two of them were absolutely spot-on. He was by nature an artist. But again it was this practical thing – all this was coming out of his carving wood in a very practical environment.
(Andrew, Centre founder)

Santiago the artist, dreamer and mystic represented a reflective principle, a needed foil to Andrew's dynamic activism, effective because of his ability to give solid form to his intuitions. When Santiago left, these functions continued within the leadership and were especially held by a painter, Frank Creber, whose long association with the organisation has helped maintain art and lateral thinking as a creative dynamic in all areas of strategic development.

In the alliance between Santiago and Andrew the Centre had two very different founding figures. The infant community project acquired a feeling for complementarity that has allowed the Centre to use the many talents within it and grow organically. This has become increasingly difficult under present conditions that demand forward planning, clear goals, advance specification of outcomes and transparent audit trails. The Centre's own traditions of self-monitoring are rather different – the first internal monitor was called 'collector of stories'.

The organisation has been able to by-pass much obstructive 'old' public sector bureaucracy but is now obliged to bow to pressures from a highly centralised regime of welfare regulation. Up to now it has resisted the target culture, the negative effects of which are becoming clearer. Chapman (2004) argues that government reliance on ever more stringent targets assumes an over-simplified model of relationship between action and outcome and is becoming counter-productive. The Centre has an intuitive grasp of the fact that its own complexity resists linear goal-directed planning and has learnt to live resourcefully with 'the law of unintended consequences'.

This said, a degree of externally imposed discipline may provide an opportunity to systematise sometimes chaotic practices of recording and administration. Considerable effort is now being put into establishing reliable systems of data collection. The growing understanding of the role of research is an important shift. People at the Centre prioritise responsiveness to the community, are very ready to attend to crises and are generous with their time. However, effort still needs to be directed at developing more reliable working practices among some staff – for example, simple courtesies of respecting diary commitments or informing others if they have to be cancelled. There is sometimes an implicit assumption that these ordinary standards of good working practice will jeopardise staff's ability to prioritise as they see fit. However, the person who is left wondering what has happened to a scheduled meeting has their precious time wasted and feels disrespect. The Centre works hard to help local people find their way into work and needs to ensure that staff show reliability towards one another.

We see no reason why the Centre's remarkable capacity for flexibility and innovation should suffer from a more systematic adoption of such standards, and the pay-off in terms of time-management would be considerable. We do, however, see threats in the current regime of welfare regulation. These come from the vagaries of external funding priorities, pressures to move in accordance with externally imposed timescales, to keep projects on track and to ring-fence budgets. Many of the Centre's most innovative ideas have been developed despite the lack of a dedicated budget. The ability to hold the tensions between these external imperatives and its own moral and social mission will be important in sustaining its originality, creativity and energy and defending its ability to go against the grain. The full adoption of a social enterprise model, while committed to creating wealth within the community as a whole, may emphasise the self-sufficiency of particular projects. Care needs to be taken that the ability to think

outside the box – indeed across boxes – is not compromised

The ability to achieve a productive balance between tradition and innovation depends on three interrelated elements: holistic working and the arts, boundary management, and interpersonal recognition.

Holistic working and the arts

Plenty of organisations attempt to build holistic practice without the benefit of the arts but comment on their efforts would be beyond the scope of this report. At the Centre even those from a scientific medical background instinctively reach for artistic methods when they need to develop new projects, record them and communicate with each other and the community. We have discussed a number of examples, including:

- The practice nurse who had tended to keep the artistic and scientific side of herself separate until she experienced working at the Centre
- The volunteer who related how finding a creative medium allowed her to develop leadership capacities she had never exercised before, while drawing on a lifetime's experience as a carer
- The older people who were enticed by flower arranging to have leg ulcers treated and then developed into the arts-based social group: Young@Art
- The children who learned that asthma could be managed and de-stigmatised through artistic activity
- The food art in the Diabetes Fairs that made diet an object of celebration

As the organisation has expanded and diversified many more activities have been launched in which there is no explicit arts content. However, even when the arts are not directly involved they are in the background, defining the environment and the way in which people see things and understand them. The Centre is a living demonstration of its own intuition: that artistic sensibility may be central to a holistic science of health, and is a critical component of person-centred education.

Offering 'the best available'

We drew attention to the critical importance of the architecture. The same careful attention to quality presentation is lavished on health promotion material, fixtures and fittings, food, crafts and the numerous events hosted at the Centre. Many of the things people use, from chairs to pathways, are hand-made. Almost nothing of significance is mass-produced. This humanises the place and embodies people's creativity and effort. The arts invoke a caring eye for detail and make a powerful statement: 'this community deserves the very best'.

This message contrasts sharply with that of other public sector and community facilities that we visited in Tower Hamlets. Many are staffed by energetic and committed people housed in drab offices with unwelcoming public areas. They imply that the public deserve no better: they invite contempt and aggression and duly receive it in the form of theft and vandalism. The Centre, by contrast, conveys that excellence in health and welfare is about the needs of the whole person. Enjoyment and beauty are indispensable to both physical and emotional well-being and linked to a sense of respectfulness. The Centre should not compromise this message. The public and voluntary sector as a whole has much to learn from it.

Art as a developmental tool

The creation myth and individual stories (see Chapter V – *Organisational, Personal and Health Accounts*) that refer to the importance of art in personal and community development are typical of Centre narratives in a number of ways. The artistic environment helps to provide a space for the imagination (Winnicott 1971), where ideas can be played with without fear of ridicule on grounds of practicality or cost-effectiveness. Practical activity gets things done but people need to be freed of the obligation to be realistic all of

the time.[48] They need to dream of what they might do and think far-fetched thoughts. Hoggett (2000) argues that the power of illusion is essential in overcoming inner constraints that keep expectations low. Taking people's illusions seriously can help them discover talents they never knew they had.[49] Communities confined to their localities by poverty and lack of opportunity are doubly deprived in a globalising world.[50] Art encourages the ability to ask questions which begin 'what if …?' and envisage new directions. The Centre artist who works with older people emphasises its importance in opening people up to new ideas.

The Church and Centre have sponsored and encouraged travel among the staff and volunteers, particularly to Latin America and the Sinai desert. Often it is the artistic mind-set that has helped make sense of their experience, as in the case of the young Asian woman who came back with her head full of the colours and textures of the desert, went on to take an arts degree, and returned to work at the Centre.

However, art does not only allow people to see that things might be different - it helps them make changes. There is a very practical side to taking materials such as paint, clay, words, soil, food - putting something of oneself into them and transforming them. The experience of altering a bit of the outside world by investing part of the self in it is summed up by Andrew in the deceptively simple phase 'learning by doing'. It leads to a basic confidence that things are not wholly resistant to change and can be transformed by action.

Expressing cultural differences and commonalities

The Centre has built an environment that is used by people from different ethnic, cultural, class, age and professional backgrounds. It has tailored some projects to specific groups, while working to build the sense of a community that can respect the differences within itself and develop common goals. It has discovered that when people have space for creative self-expression, they are less likely to feel threatened by others who are different. Cultural identity can be expressed without defensiveness so that it becomes an acknowledgement of what is valued in a tradition, rather that what divides. Tokenistic multi-culturalism of the kind that revolves selectively around superficial markers of identity such as festivals, food and fashions, avoids the effort of deeper understanding.

At the Centre difference is negotiated in practical day-to-day co-existence and co-working. Art is not the only medium of communication and co-operation across difference but it is a particularly effective one that allows people to explore what they share and what they don't. It facilitates recognition and celebration of what they value in themselves and each other. The arts are a continual attempt to discover new languages of personal and collective experience. They expand horizons and encourage people to come together talk, and make links between their own experience and that of others. They offer windows on different ways of life.

The Centre provides a lesson in how the arts can facilitate forms of working together that neither annul particularity, nor trivialise it, nor fetishise it. The critical point is that the arts are not regarded as an optional accessory to day-to-day experience, but as a form of living and relating.

Seeing connections

The Centre sees a positive value in crossing boundaries, an essential principle in holistic working which is dealt with in more detail in the section on *Family, friendship and work/life boundaries* below. The arts encourage minute attention to detail, and stepping back to scan the whole.[51] This to and fro movement be-

[48] For an ambitious example in South Liverpool see Carey and Sutton (2004).

[49] For a parallel argument see Brent (2004).

[50] Bauman (1998) sees territorial confinement as a particularly acute form of exclusion in fast-moving modern societies.

[51] Ehrenzweig (1967) calls these forms of perception 'analytic' and 'syncretistic' respectively.

tween focussing on a particular (a brush-stroke, facial expression, word or note) and on the whole (the picture, poem, song, story) is characteristic of the creative process in general. It allows people to analyse the interaction between parts of their work and to envisage a finished outcome that is more than the sum of those parts. Envisaging leads to 'vision'[52] - while the target culture itself encourages 'tunnel' vision.

At the Centre art fosters a wide-angled or many-sided view, which stimulates unusual connections – between artists and health, musicians and vegetables, receptionists and walking, food and sewing, body parts and mobiles, ventilators and planets. In personal development art helps bring together sides of the self that might otherwise be kept separate (see *Yvonne's Story*, in Chapter V – *Organisational, Personal and Health Accounts*). It also brings people with very different talents together and is a source of originality. For example, the Centre is sceptical of the value of much health promotion literature, but produced an incontinence leaflet that GPs designed with an artist around the flight of butterflies. The visual metaphor of mobility and freedom was a touch of genius – appreciated for the personal attention that went into it.

Art encourages a feeling for the particular nature of the material. When this capacity to respond to the qualities of something outside of oneself is directed towards other people it is an attempt to see them 'as they are' - to recognise them. This important aspect of relations at the Centre is dealt with below. Here we note that the artistic way of 'seeing' allows creative connections within people, among people and between people and their work.

Emergent working

This report has continually drawn attention to the Centre's capacity to work with emergent processes. This aspect will be discussed in a following section on organic growth. Here we discuss its affinities with artistic activity.

Emergent working involves the development of ideas and projects without knowing in advance what the outcome will be. The results are often surprising. Work evolves in the course of making connections with others, drawing together unusual combinations of skills and ideas, reflecting on them, re-evaluating the task and modifying it. People have to be flexible to maintain a sense of overall direction in the midst of uncertainty. This is akin to the artistic process that can be stifled by pre-determined plans and designs.

Milner (1971), who investigated her own creative processes, concluded that a pleasing and original piece of writing or painting is the outcome of a struggle with the artist's own limitations and that of her materials. She must cope with frustration and have enough basic self-confidence to avoid imposing order too soon. The virtue of shapelessness is that it can be pulled in any direction. The Centre manages to 'hold' the creative space and relieve people of the anxiety of not knowing what will emerge. They can operate in ways that differ from current models of outcome-led project design. Despite this – or, we suggest, because of it - innovative and successful projects proliferate.

Are there drawbacks to using art?

None of the people we interviewed thought that there were drawbacks in the extensive use of art at the Centre. Nor did we hear any passing negative comments during the course of our research. However, not everyone takes to the Centre's way of working and medically trained personnel who prefer to work in an orderly scientific-technical mode tend to leave quite quickly. The wider literature suggests positive appraisal of arts-based settings is common among staff and users and implies multiple advantages.

The use of arts in health and community development settings has grown exponentially in the last decade with a proliferation of imaginative projects aimed at community engagement, health promotion and

[52] This issue is explored more fully in Froggett (2005 forthcoming).

therapeutic applications. Other studies reflect the Centre's experience of gains in self-esteem, transferable skills and employability (Matarasso 1997, 1998a, 1998b). Participants acquire a taste for arts-based activities and support them in the longer-term. In healthcare settings arts enhance the environment and attract approval from staff and patients, raising morale and improving user participation (Scher and Senior 2000). Internationally, claims have been made for the role of the arts in regeneration (Williams 1997, Kay 2000): they express social identity, enhance communication and integration between cultures and contribute to the development of social capital. The arts can render areas attractive for investment and contribute to area regeneration through training and job opportunities (Myerscough 1998).

There are two plausible equivocations. Firstly, although the arts create a pleasant environment and contribute to education and leisure, it is difficult to measure their effectiveness in terms of health and social care. Artistic effects cannot easily be abstracted from other variables (Scher and Senior 2000). Our study supports the widespread agreement[53] that in holistic, cross-professional settings outcome measures may be of minor relevance. Work is often process-led, impact may be long-term and involve complex chains of causality. Nevertheless, qualitative evidence of art-related outcomes has been provided throughout this report and summarised above.

Secondly, the arts might be thought a waste of money. Scher and Senior (2000) point to the difficulties of assessing value for money but found that an overwhelming majority of users and staff approved of capital expenditure on the arts. A review of initiatives in Ireland, Australia and North America suggests that arts projects serve to combat some adverse effects of globalisation (Craig 1998). It could be argued that are other routes to stimulating creativity. This may be true, but there are few that would provide as much enjoyment. Art-work at the Centre is integrally bound up with other activities and costing it is difficult. Information on expenditure was not available to us and was outside of our remit. Obviously it is more expensive to employ an artist to run a group such as Young@Art than to use a volunteer. However, the artist runs the group alongside volunteers, trains them, and develops artwork for health purposes within the organisation. The artists are an integral part of life at the Centre and have contributed immeasurably to its work. It would be a great pity if funding constraints were to substantially restrict their involvement.

The Centre's own review of art and health work specified the following aims:

- To use the visual and performing arts to enable local people to gain a better understanding of health and to promote personal change
- To use the media of creative art to foster community participation and ownership
- To use the creative arts to build alliance and partnership with the principal partners of the Healthy Living Centre; the GP practice, Tower Hamlets Primary Care Trust and local practices and health centres

We have demonstrated that the first two aims are being realised. We have little evidence in relation to the third aim, unless it that the Centre's artwork appears to win generalised approval from partners. We have concluded that there are other substantial and less visible benefits that are equally important and support an argument for its continued use.

In sum, the arts:

- help to develop ways of seeing that encourage the interpersonal responsiveness which is the keynote of the Centre's approach to individual and community development

[53] See for example Angus (2002) overview of evaluation on community arts projects.

- foster a holistic mind-set because they encourage linking between different areas of experience
- provide a medium of expression for what people value and can share of their cultural differences
- give a practical sense that things can be worked with and changed
- teach people to cope with the frustration of emergent working and trust in the creative process
- help them resist the negative effects of the outcomes culture and maintain organic growth
- nourish the senses providing enjoyment and an antidote to illness and debilitation, turning conditions which lead to discomfort and exclusion into sources of human connection

Boundary management

The Centre understands itself to be a complex system whose porous boundaries allow a dynamic interchange with the external environment while protecting a psychological and physical enclave with a distinctive internal culture. The external boundary is a buffer or 'contact barrier' (Watson 2002) which filters aspects of the welfare environment which would distort the way it works. This function is maintained by the leadership who try to perform a difficult balancing act: safeguarding the Centre from invasion by principles hostile to its ethos, whilst avoiding overprotection which undermines personal responsibility.

Internally, there are benefits to fluid boundaries that have helped build mutual regard between professionals, non-professional staff and volunteers. This allows for a fine balance between expertise, experience and enthusiasm, and is at the heart of its integrated model. Key examples are given here drawn from different zones of activity.

<u>The ecumenical spirit and its legacy</u>

> *"You don't have many congregation here do you, on a Sunday?"*
> *"What d'you mean? I've two thousand people who come through this Centre every week. That's my congregation"*

(Andrew, Centre founder and former minister in Bromley by Bow)

The nonconformist Christian influences on the Centre helped to frame its moral mission of work among poor and marginalised people. Orientation to community self-advancement rather than paternalistic charity has been strengthened by an ability borrow eclectically from other traditions. Hence the teaching of Latin American religious movements has been adapted to local and national context.[54]

The church has continued to display the audacity of its earlier artistic and bohemian ministers. It has been ingeniously redesigned to serve as community space, theatre, church and nursery. It is used for celebrations and this can even border on the irreverent – the blowing of corks after a christening and bottles of champagne on the alter may be too much for some, but underlies an irrepressible spirit of enjoyment.

> *We've changed to actually offering mixed entertainment on the nights of a particular festival which is sort of … blurring the boundaries a bit … but nobody objects, I think, because there's so much trust*

(Margie, Families Project Manager)

Two other substantive points can be drawn. Firstly, although the Centre is now largely a secular organisation whose members are drawn from many or no faiths, the church has imparted a firm moral commitment. This is shared widely across the organisation and results in peo-

[54] The strongest influences came initially via Santiago Bell, who imported strains of liberation theology combined with the participatory ethos of Paulo Freire. Other leaders have had experience of working in the developing world, as have a number of medical staff.

ple working long hours with considerable energy, driven by a sense of mission. The experience supports the view that inter-faith organisations may be effective drivers of community regeneration alongside secular and humanist forces. Secondly, the spirit of openness that is re-affirmed in cross-faith services and festivals has meant that the existence of a church on site has been no impediment to the full participation of a devout Muslim population. This is an achievement in the present climate and confounds assumptions about the desirability of separate cultural provision for different faith communities. In line with the Centre's understanding that integration involves more than co-location, the current minister, Helen Matthews, argues that there is a difference between faiths tolerating each other, and the experience of spiritual enrichment that comes from a deeper level of inter-faith experience. Although some projects in the Centre cater for specific religious or cultural groupings, they do so under the shelter of a 'canopy' (symbolised by the physical canopy that demarcates the flexible and moveable space devoted to worship). While the religious origins of the Centre are highly specific, thought needs to be given to how this ethos can be protected at the Centre (and reproduced elsewhere) in the face of technical-rational systems of quality assurance and regulation.

Flexible boundaries as the basis of community interdependence

The Centre's conviction is that communities are regenerated when people within them are able to offer help and care to one another, rather than relying exclusively on formal services. It finds favour in a political climate concerned about dependency cultures and costly public sector provision. The spectre of 'dependency culture' may be something of a myth, but it has driven welfare reform for over twenty years (Hoggett 2000, Froggett 2002). The Centre's view of care is based on interdependence where passivity and vulnerability are not denigrated, but regarded as inevitable and shared dimensions of human experience. This practical interdependence is the basis of volunteering, professional and lay relationships, and day-to-day activities. It overturns the notion of 'service' as something provided by others, and establishes mutuality between givers and receivers consistent with an ethic of care (Gilligan 1982, Tronto 1994, Sevenhuijsen 1998, Froggett 2002). This is not a simple exchange relation since peoples' contributions are valued in themselves and as a personal gift. Being helped and cared for at the Centre is not seen as demeaning but as a means of being valued and included. As Community Care's current leader comments: "who needs who?" The phrase "giving something back" recurs frequently.

> *… local people, clients, staff and volunteers…delivering services to each other, … there's one chap, I think he had a heart attack and is gradually rehabilitating himself, getting back to normal, but he's a volunteer, I think actually he was encouraged to do that through his GP, he talked to one man who had multiple sclerosis… he'll say I'm doing this, because I'm getting out of the house, and in addition I'm exercising, we're doing artwork together, we're painting pictures together, this is exercising my head, so, you know, is he a volunteer doing a service?*

(Dave, former Community Care Manager)

Participation and the conversational community

A sense of interdependence underlies the Centre model of participation. The community voices that emerge when people engage in practical activity alongside one another are regarded as more democratic than the formal consultation mechanisms favoured by local government. (Brickell 2000) The Community Care project (described in the section on Integrated Working), which began with women volunteers with mental health problems has been sustained through extensive interactive networks.

Direct personal involvement is considered to be the most effective means of mobilising these networks

He really impressed me in the Advisory Group meeting, because he was talking about how he got to know his neighbours, and he decided he decided (that) he that he wasn't being an active enough citizen, so he went and knocked on his neighbours' front door to say: "Hello …. Is there anything you need?"

(Yvonne, practice nurse)

The results have been impressive as in the restoration of the formerly derelict park. The work group that formed after a failed consultation exercise included people with learning disabilities who were able to make their views known more easily in this context than in public meetings (Brickell 2000). The experience of working together in natural settings generates an ongoing 'conversational community' and has led to scepticism of the 'neighbourhoods in committee' model of local democracy in which many local people fail to find a voice. The Centre argues that constant conversation is more inclusive.

An enormous amount of time is spent in horizontal and vertical communication across the organisation. As the organisation grows this is less easy to sustain as external relations (with partners and others) increase in importance, and as sites of activity multiply (Marner Centre, Tudor Lodge, Green Dreams – see below). To deal with this difficulty, the present CEO created an 'Advisory Group' in 2003, with members drawn from all sectors of the organisation. This meets twice a year, providing a supportive context for the expression of diffidently held views and latent ideas. More generally, constant discussion (which for those with instrumentalist priorities can be seen as a largely sentimental waste of time) enables issues to be widely aired.

Although e-mail is available, it remains subordinate to face-to-face and word-of-mouth interaction. The research team's attempt to use it in the early phase of the project was abandoned as it became clear that it ran counter-culture. The level of conversational interaction is not just about activities and events but brings body and mind to the encounter and sustains the relational environment of the Centre.

There are of course drawbacks to relying so heavily on personal interaction. Enthusiasm for talk has not been matched by a fervour of systematic recording, except where imposed by funders and regulators. During the two and a half year period in which we were collecting data it proved extremely difficult to gauge the rate at which old projects were changed and dropped and new ones started. There was no systematic internal channel of communication that could have flagged this up in a reliable way. The newsletter BUZZ was useful but the information it conveyed partial, at best. Its logo: a cartoon version of a bumblebee is apt in conveying the very busy feel of the place. Information gathering in the Centre is rather like the haphazard, non-directional flight of the bee in that it depends on alighting in the right place and talking to the right person at the right time. This is nothing to do with secrecy and everything to do with the organic flow of ideas that arise informally in the flux of daily life and are not recorded. Few are in any doubt that this will have to change.

This conversational community has affinities with 'communicative democracy' (Young 1996), which recognises that formal political debating styles used in representative structures turn many people off (Brickell 2000). In the Centre "people just don't want to talk like that". The vitality of dialogue depends on personal contact and informal conventions such as greetings, banter and stories. This oils the wheels of ongoing communication, which is in some ways more demanding than occasional consultations, in that people are continually exposed to one another. Some would object that such processes exclude the voices of those who cannot or do not wish to get directly involved, that they are insufficiently transparent and can be highjacked by powerful personalities (the latter is equally true of formal meetings). There is some force in these arguments, but they are one-sided. We see formal and informal consultation processes as complementary. Without the conversations on the ground

of the sort that the Centre promotes, it is difficult to engage people, secure their participation and understand their point of view. This works well within the Centre itself and among its outreach networks where people maintain close personal contact. However, beyond the immediate locality there is still a need for more general representative structures of 'deliberative democracy' (Benhabib 1996) that can provide a forum for real divisions of interest that arise across community groupings. These can only be genuinely democratic when the communicative capacities that the Centre fosters are sufficiently developed to ensure participation. This approach has been regarded with some scepticism by local political organisations, which have seen the Centre as too ready to smooth over divisions of interest within the community. There appears to be little overt political conversation within the Centre itself.[55]

Professional expertise and openness to other approaches

The internal culture of the Centre is one of continual practical collaboration between people of different types and levels of skill and qualification. Conversations across areas of experience are of the utmost importance in sustaining this. The particular relational and communicational skills of individuals – whether staff or volunteers are seen to enhance professional practice while non-professionals – who are in a position to import their skills into the community - gain valuable expertise that they incorporate into their work. The practice nurse observes that her work has been transformed by the openness at the Centre and describes a movement from being professionally self-contained to expansive. Health professionals register the gains in terms of a wider skill-mix and excellent team-working. The launch of ambitious new projects, like the diabetes fairs, depends on the willingness of other Centre workers to step outside of their accustomed remit, driven by a wider sense of responsibility to the community.

Once professional/non-professional boundaries are breached the way is cleared for the development of trust across groups, and this is crucial in handling delicate issues of confidentiality that involve finely-tuned judgement on all sides, rather that reliance on procedural codes. Issues of trust and confidentiality are recognised as a sensitive two-way process.

Nevertheless there are inevitable and necessary tensions between medical professionals and the collaborative culture of the organisation. These are rooted in the individual responsibility and professional accountability of GPs and the legacy of 'doctor knows best' that affects work with other health practitioners as well as non-medical staff and volunteers. This has been a big issue for all the medical staff at the Centre who see the importance of working together. The Doctors who have been in the practice long-term and who have helped to shape and preserve the approach are, not surprisingly, among its more committed supporters.

The Centre has taken a step beyond inter-professional collaboration in its attempts to develop professional/lay working relationships. It accords considerable responsibility to its volunteers, which it must match with training and support. The resources of some of the experienced staff who deliver it are very stretched. As in the case of Health Networking, external funding would ensure sustainable development in this area and allow the Centre to buy in skills (such as developing self-evaluation tools) that require further investment.

Family, friendship and work/life boundaries

Relationship boundaries do get blurred in the Centre, leaving individuals to negotiate and protect their own 'comfort zone' if they feel too exposed. Most people regard this as essential to the culture, and ac-

[55] It is noteworthy that the research project spanned a period of rising global tension around relations between the metropolitan West and the Islamic world. Despite the fact that the local Muslim population are major users of the Centre, the issue was never highlighted to the research team and the research assistant who was permanently on site recalls no mention of it.

knowledge the potential for invasion of home life. Although not everyone is comfortable with this, there are few voices in support of change. The blurred boundaries between friendship and professionalism are regarded as essential to the Centre's style of working and generally accepted by those with long-term involvement and high commitment. People who wish to maintain a conventional degree of professional distance have tended to leave.

Health partnerships, and again a lot of the things we've learned in the Community Care Project are absolutely critical now to how we understand what this primary care is about, it's about integration, it's about relationships, it's about partnerships, about creativity, and it's about drawing the boundaries of professional relationships with local people and how you deliberately set out, consciously set out to blur those boundaries … one way of doing that was specifically writing into the design of the Health Centre a communal space to enjoy the organisation.

(Allison, former Chief Executive)

The sense of 'family' is supported by the many family units who have now had cross-generational involvement in the Centre. Leadership at all levels of the organisation has been developed from within and many have started as volunteers and matured into their roles. Chief Executive/Director recruitment has until now come from a group of people with long personal or family association. The present Director, Rob Trimble thinks this pattern is likely to change and would not be surprised if the next incumbent is an 'outsider'. This is part of the expansion and rationalisation of the organisation. It remains to be seen whether the Centre's affective pull on its staff, volunteers and users will be weakened as a result.

Many volunteers and members of the community speak warmly of the Centre as a 'family'. This is particularly important among the older members where it conveys a sense of being included, long-term commitment and an inter-generational environment where they have a voice as respected elders. Careful attention is paid to the course of people's lives so that personal stories become woven into the organisational fabric. This helps to develop a strong sense of interpersonal attachment and community belonging

I get all their birthdays, they want to know how I find out … but we get on very well, it's like one big family, Community Care, and most of the girls – I call them girls but the oldest is about 44 … But my mate and I we're both old-age pensioners, I'm 71, and I've been here all this time and when I lost my husband … I had terrific support from the Centre and … I was really welcomed back, which really helped me a lot. Well, I try and give what I can, support and help and things like that, and most of the girls call me "nan", some call me "mum", and all the children call me "nan", so I've developed quite a large family over the years.

(Lil, volunteer and group leader)

Younger members of the Centre are perhaps less likely to speak of the Centre in family terms and more likely to focus on peer relations, friendships and older role models. This generational distinction reflects a phase of life that is more concerned with establishing autonomy and a place in a wider world. Nevertheless the Centre often performs an important 'familial' function of providing security and support during critical life transitions towards adulthood (for a detailed analysis see Froggett and Wengraf 2004). The inter-generational nature of the environment, and the ready availability of sympathetic elders is seen as an important element in this support.

As in real families some young people find the atmosphere close and restrictive and some youth workers have maintained that young people are too readily seen as disruptive. The independent *Streets of Growth* project is an off-shoot of Centre youth work with shop-front premises nearby and a cross-over of staff. It has been historically intertwined with the Centre and maintains a close relationship, whilst providing a more assertive model of work

designed to draw in young people who live in the surrounding area. The leaders of this project stress the need to take more risks to engage disaffected youth who might well be in trouble. They see themselves as supporting local individuals and groups who are in periods of transition as they develop their personal leadership skills. They feel better able to do this from their current location, where the distinction between inside and outside is deliberately blurred, and are critical of what they see as the over-protectiveness of the Centre enclave. The separation of youth activities may be more congenial for some young people whose primary relationships are, for the time being, with their peer group.

Staff within the Centre point to the complexities of working in an environment with few conventional expectations of the kind of distance that is normal in work-based relations. The Centre's work is less procedure-bound than statutory services and this allows it to develop a more informal 'friendship' style where personal attachments come into play. Friendship enables staff to know when people can cope because of their networks, and these networks also provide crucial informal knowledge. However a number of accounts pointed to the tensions between friendship and professionalism, for example the difficulty of having to call in Social Services and police, when circumstances demand it.

The Centre tries to overcome the distancing effects of professionalism that intimidate some members of the community. A high degree of emotional and time commitment is a feature of this enclave model where recognition of the interconnections between areas of people's lives is essential to the development of holistic integrated working.

Personal support sometimes extends to quite intimate areas of experience as professional development changes people and strains family relationships. The implicit expectations of many staff and volunteers are that the experience of living and working together is part and parcel of the organisation's social and therapeutic mission. In this respect the Centre rather loosely reflects aspects of a therapeutic community in that organisational processes are used to help people develop. The result is an emotionally intelligent and responsive organisation.

Therapeutic communities, however, build in certain protective mechanisms to help people deal with the effects of prolonged emotional exposure to one another and learn from it. Most importantly, boundaries between the community and the exterior are carefully protected, group processes are subject to constant reflection, and crucial support and supervision functions are formalised. Whilst the first condition would be wholly inappropriate in that a community centre, by definition, must maintain a high degree of openness, the enclave model aids the 'holding' function and does help to preserve integrity and psychological security. The Centre could certainly benefit from systematic reflection and supervision. In the context of the Development Group (see *Participatory action research*, in Chapter IV – *Methodology – Evolution and Review*), the research team experienced almost universal recognition of the need for reflective space and a profound ambivalence in using it. Sometimes discussions could be revealing, supportive and rich in ideas. At other times they could be avoidant, as if only frenetic activity could be justified. There was a tendency to regard reflection as a luxurious balm whereas it frequently entails anxiety, difficulty and contradiction – activity can be a flight from this discomfort.

Work/life balance can be difficult to achieve in an organisation such as the Centre and the risks to individuals are high. We have seen evidence of considerable personal strain, and the organisation's has appointed consultants to work on this very issue. Responses were mixed: some found it helpful, while others distanced themselves. Consultancy can be useful but is no substitute for enduring organisational structures that embed reflective space in the organisation and place individuals under obligation to seek it. The appoint-

ment of a Head of Staff Development in the last year is welcome. The advisory group, also relatively recently established, has a reflective and strategic function and the potential to mature into something akin to an organisational 'mind'. This will only occur if it is prioritised as forum for thinking and dialogue and members avoid the temptation to drop in and out of it according to their other commitments.

Interpersonal recognition

Everybody has something to contribute – it is only a matter of finding it.

(Allison, former Chief Executive)

The capacity for interpersonal recognition[56] in the Centre derives from the way in which people manage boundaries, their openness to one another and a valuing of the distinctive personal qualities of individuals. Broadly speaking, the experience of recognition is knowing oneself to be seen by others in a way that connects with one's experience of oneself, and being prepared to do the same in return. We can only feel recognised by others if they, too, are worthy of recognition. This demands a holistic view of both self and other and is not easily achieved in busy task-centred organisations where people are valued mainly for their skills, strengths and ability to fit the agency's agenda. The current Director of Learning, Dan Hopewell, stresses the importance of the 'here-and-now' in the Centre's developmental approach: 'potential' is important but the condition of realising it is that people are first valued as they are. The here-and-now emphasises the embodied reality of existence, simple pleasures, physical care and the enjoyment of the senses. While the value of achievement is understood, this approach contrasts with notions of progression driven by attainment targets. The first task is to discover and nourish inner resources that – in the right conditions – can be reflected back by others in the daily round of ordinary living.

The Centre's mission is inclusive. It offers shelter and respects vulnerability while drawing on strengths. This is supported by the artistic environment, which helps individuals to discover ways to express personal creativity. When this creativity is 'honoured' by others it is not simply the skill, but the whole person who is affirmed. All parties in the process are enriched. This extract from an interview with one of the Centre artists captures the experience very well.

And it broke my barriers of people with different abilities, some of them quite severely disabled. I've worked with autistic children before…I worked with people with learning difficulties, but not physically disabled, it's completely different. I was thinking how would they understand that I'm doing anything with them, like rolling the clay. They're just touching the clay. I just didn't understand if… what they were thinking when they were touching the clay. I just thought: "they're not learning anything, they're not doing anything", but I was completely wrong. Because it taught me just how much a little bit of touch with the wet clay … you saw how happy that person was … that they were part of that pot. And that was when all my barriers .... it was brilliant. And then I looked forward to go to work every day, and being part of them, and being honoured really

(Mürüde, artist)

From another perspective an older woman who went on to develop her leadership skills affirms the importance of being recognised. Elsewhere, in the interview she conveys how unlikely it would have been for her to put herself forward. Her growing confidence depends on finding her own creative medium in mosaics and then on the capacity of others to recognise her qualities and call on her to develop them.

Lil: Then I worked with one of the members here, and apparently I worked so well with him it was decided that I should be-

[56] The literature on recognition is extensive. Major influences here include Honneth (1995), Hoggett (2000), Fraser (1995) and Benjamin (1990).

come a volunteer instead of a member, and that's what I've been ever since and then two years ago I took over doing group leader.
Lynn: You said it was decided – did you decide to become a volunteer? (laughs)
Lil: No, it was decided (laughingly) for me, because they reckoned that … he's a very strange person to work with – I had never met anybody like him before. ... .But as a member - I was working with him as a member – and it was suggested then that because I'd got on so well with him I should become a volunteer and get the expenses that we get.... I didn't decide, they decided.

(Interview with Lil, Centre user)

Organisations which value the collective, and work with a vision of community, also need to allow their members to individuate (Alford 2001) This requires an ability to 'see' and acknowledge each person's unique qualities. The experience of recognition at an interpersonal level is usually accompanied by attachment or solidarity (Honneth 1995, Froggett 2003). This is why it is more likely to occur in contexts such as the Centre where face-to-face contact is privileged and where relationships have something of the quality of friendship. To echo Dan Hopewell's point about education: being recognised leads to a sense of being respected for who one is rather than one's success or usefulness.

The issue underlies the Centre's sense of individual moral worth (Williams 1999, Froggett 2002). This contrasts with the anti-discrimination ethos of the public sector that is viewed with scepticism. The Centre refuses to offer standardised packages, arguing that people should take different things in different degrees, according to their requirements. In its employment practices the Centre has resisted formal systems that impose equal treatment regardless of individual circumstances (for example in family friendly working). It has taken the view that substantive equality must take account of differences in needs, capacities and resources. Seeing and treating people equally then flows from responding to them as individuals.

Equality based on recognition rather than standardisation demands complex moral judgement and carries risks of favouritism and patronage where powerful figures are not held to account. What right of redress is there for unfair treatment? What happens if one is not recognised and one's needs are not understood? The Centre's guarantee of fairness lies in the vitality of its internal dialogue, which ensures that people do not simply drop out of view. In this respect size matters. As the organisation grows conditions of employment will need to be systematised. The challenge for the Centre will be to do this without undermining the recognition that sustains its communicative culture and emotional intelligence.

CONTAINING LEADERSHIP AND RISK-TAKING

Actually what you do is you step into a space where it's ok to work in a different kind of way with somebody who might even be your GP. So those kinds of spaces which we learned about in the Community Care Project are integral to the leadership process and the leaders allow that to happen.

(Allison, former Chief Executive)

We have already highlighted ways people at the Centre cross boundaries. This makes for excitement as they vary their roles and extend themselves. Such risk-taking arouses anxiety that is moderated by the confidence imparted by a containing leadership. The interviewees conveyed a sense of amazement at the distance they had travelled, and the things they had been persuaded to try out. A delicate balance is maintained between a 'go for it' culture of enthusiasm and the security that comes from an enclave - a protected internal space that allows scope for experimentation.

… it's been this open-door thing: you come up with an idea, and you just have to

speak to somebody at the Centre, and in fact they're incredibly enthusiastic and say "just go for it", it's being allowed this sort of amazing opportunity to sort of do something, nobody really knows what you're gonna do, but they're more than willing to let you have the opportunity… I could suggest dancing to enable better posture – everyone would go "yeah, do it! Let's see if it works".

(Yvonne, practice nurse)

People trained through very official routes run scared of all sorts of things that people from a slightly more anarchistic background simply don't see as a problem … lots of the doctors were really thrilled that we could just throw things open and tackle things as they came along.

(Margie, Families Project Manager)

This kind of heady optimism also gives way to a depressive realism that stresses how hard it is 'out there' beyond the enclave – not all projects are seen through and not all ideas get funded. The section on Health Networking (see Chapter VI – *Integrated Models of Practice in Community Health and Well-Being*) illustrates the disappointment that can follow when constraints become insuperable. Individuals who have lavished enthusiasm on a project can feel very exposed.

The Centre has had a tradition of senior and middle management able to hold together elements in the organisation that might otherwise fragment. 'Home-grown' leaders from surrounding communities have experienced this holding function for themselves. They listen to people, hand over authority when appropriate and give measured support. Rob Trimble has likened the leadership function to conducting an orchestra: "keeping the beat, the rhythm, making sure that the end product is what we want it to be, but actually not trying to be lead violinist or lead oboe". The role of the conductor is to make sure that all the instruments are heard distinctly within a collective voice and that the more subdued undertones so essential to the texture and vitality of the theme are not drowned out.

I suppose it's a whole range of different skills that you need to be 'conductor' of an organisation like this. I think having the ability to complement people's strengths is important. I think I need an incredible degree of patience. Having a basic constitution inside yourself of being able to listen incessantly is important. I think to give reassurance and stability and security is really important. I think clarity of purpose in terms of vision actually, vision, yes, but also ethos, the fundamental principles, and to be able to keep that to the fore I think is important. And ultimately trust, I think that's critical.

(Rob, Director)

The principles of leadership informing the Centre include the activist emphasis on social entrepreneurship, described at length in Chapter VII (*Community Enterprise*) and below. By contrast, the aspects of leadership described in this section are understated, easily taken for granted, and have been likened to a 'maternal' function. They have nothing whatsoever in common with the managerialist emphasis on performance and achievement that has characterised public sector organisations since the 1990's. Such management cultures are unable to accommodate dependency (Froggett 2000, Hoggett 2000) and are unsuitable for organisations that have to remain responsive to individuals and communities with fragile resources. We detect little risk that the Centre will resort to more aggressive leadership, but as it struggles to maintain its funding stream and develops the community business side of its operations (a necessary step towards financial sustainability) it should approach instrumental management styles with great diffidence.

Coping with disappointment and failure

From its early acquaintance with fragility the Centre developed the resources to respond to disappointment and forestall disillusion. There is an absence of 'blame culture'. Individuals carry significant personal responsibility for the outcomes of

their work, yet in our three-year project we saw no evidence of scapegoating. If projects did not develop as intended, people would look for ways to retrieve them and re-frame goals. In the section on *Health Networking* (see Chapter VI – *Integrated Models of Practice in Community Health and Well-Being*) we remarked on how health networkers acknowledged their training with gratitude and helped to embed its principles in other Centre activities. 'Failure' causes people to pause and reflect and is rarely regarded as shameful. This is a mark of organisational maturity and something that the Centre should strive hard to preserve in the face of demands for ever more stringent accountability.

The Centre is generous with time off when people need it to recover, on the basis that generosity elicits generosity in return. It prefers to negotiate individual time commitments and working patterns flexibly rather than develop 'family friendly' procedures across the board. The sense of mutual responsibility between individuals and organisation is high. Generosity and trust have occasionally been abused but it is not clear that such instances are dealt with more quickly or effectively in organisations with procedural staff discipline. The pay-off for the Centre is a work group where people are able to recognise one another's vulnerability and find shelter when they require it. For some people with few formal skills and little record of employment this shelter is the condition of their entry into stable employment.

The theme of working from positions of vulnerability as well as strength will recur in the section on organic growth below. It is sustained by the holding function of leadership and a culture of generosity throughout the organisation. On occasions this fails, as it must when people are under severe pressure and over-reach themselves. When it does it can lead to normal friction and a disregard for other people's efforts. However, the internal climate of trust and goodwill tends to carry people through and relationships repair. The restructuring of the leadership and management functions of the organisation in 2003 into Management Group and Advisory group was a serious attempt to incorporate reflective space into leadership structures that feed directly into the work of the executive. Dave Boice, the Head of Staff Development, is considering supervision and other ways in which people can be better challenged and supported. This is of the utmost importance, but in the past the Centre has attended far more closely to the learning needs of volunteers and non-professional staff who are in the process of taking on increasing responsibility and growing into leadership roles. The supervision function needs to be developed at all levels of the organisation so that experienced professional staff have automatic channels of reflective conversation, and feedback about their work and overload is identified before the strains become excessive.

ENTERPRISE AND SUSTAINABILITY: CREATIVE CHAOS AND ORGANIC GROWTH

The Centre as a community enterprise has already been discussed in Chapter VII (*Community Enterprise*). Here we focus on tensions between enterprise and sustainability and working with emergent processes and organic growth.

The Bromley by Bow Centre was never part of any grand design. Hostility to the "Sargasso Sea" of public sector bureaucracy was a rationale for its existence. From the beginning the Centre chose to circumnavigate the entanglements of official authorisation wherever possible (one of its first 'statements' was building a boat in the church hall). Nowadays the Centre is itself a mainstream provider and obliged to chart a straighter course, inching its way through the thickets of regulation that accompany Government-funded programmes like Sure Start. However, its 'yes culture' is still reflected in a determination to find a way around obstacles and get things done.

The social enterprise alternative to public sector provision has involved a vision of a bottom-up sustainable development of the area.

> *We began to think: "Hang on, we need to involve people here in this process of running the park, developing Community Care, getting skills, and earning money. This has to be about wealth creation not charity. This is about trying to move an economy in Bromley by Bow where 97%, or whatever it was, of the monies running around our area were all public sector monies." We were trying to move it in a slow way – this is like dancing with Goliath here – in a slow way, so that we'd become more sustainable. One has to understand that in the first 10-15 years of our lives, one was always at war with Tower Hamlets … You'd take a few steps forward, then the council would change.*

(Andrew, Centre founder)

There were no original blueprints for the Bromley by Bow Centre, the goals were diffuse, the outcomes uncertain, planning took place 'on the hoof'. It is easy to imagine the culture clash with the public sector in the early years. Individual initiatives were more likely than not to evolve when someone had a bright idea and managed to convey their enthusiasm. There has been little formal evaluation over the years. Project generation and support has been 'horticultural'

> *… what I felt very strongly about in terms of what we'd learned from the Community Care Project, which was again some of the stuff that I think I learned when I was in India, was about how you'd address this imbalance of powerlessness actually, and how you hold for a community the role of people who are disempowered, and so part of <u>my</u> thinking was actually how would I take some of those insights that we'd learned from how you run a gardening project into the management of a growing project.*

(Allison, former Chief Executive)

The gardening metaphor is apt in three respects: many seeds are sown on the assumption that some will take root in a fertile soil and flourish; the 'seedlings' that sprout are sheltered until strong enough to survive on their own; the methods are organic in the sense that small vulnerable things proliferate and grow in synergy with each other because they find the right conditions, rather than being transplanted from other contexts.

Creativity, complexity and sustainability

The 'creation myth' in Chapter V (*Organisational, Personal and Health Accounts*) reflects the ability of the Centre to work with whatever resources its members have available, including those that seem fragile or uncertain. Its methods evolved slowly through detailed attention to face-to-face relationships within a disadvantaged community. The Centre emerged from a transformative imagination of the sort that can turn a run-down hall into art: a leaking roof into a cascading waterfall. That spirit still echoes and is of immense importance in mobilising the resources of older people, disabled people and groups who might otherwise struggle to find a place in such a vigorous and changeable environment.

Today the Centre maintains close attention to detail while managing a range of ambitious partnerships and exerting influence on a wider and ever-changing welfare agenda. A constant trail of public figures pass through its doors and it exerts considerable influence in fields from community architecture and public arts to health promotion, employment generation and community education.

In some ways this reduces its room for manoeuvre but the Centre has continued to make space for emergent ways of working. This needs to be preserved. As it attempts to consolidate and ensure its sustainability, it faces a number of challenges from a marketised economy often at odds with emergent methods and organic development. The Centre is obliged to negotiate the resulting dilemmas.

The things I was seen to be bringing to the game were business skills, and therefore I think there was quite a bit of uncertainty as to whether my arrival might herald mass redundancies, or cost cutting, or trimming of the project in order to enable it to be sustainable. So I suppose one of the first things I needed to do in terms of demonstrating the skills I've just listed was that listening thing, and actually gaining the confidence of the organisation. So I spent a long time, in fact in the whole of my first year I think the major emphasis was actually on listening and on responding to what I was hearing about what the organisation needed in terms of clear messages about stability and about being around for the long term.

(Rob, Director)

There is a tension between protecting the creative internal space and ensuring long-term survival and financial viability. Currently efforts are directed at incorporating business skills into the Centre administration and expanding its community businesses. The advantage here would be to free the organisation from precarious and time-limited funding on which it has relied for core activities. It would also enhance its ability to make a significant impact on the economic regeneration of the area. Expanding employment through the provision of quality jobs remains a major concern and there is a limit to the extent to which the Centre can do this by simply increasing its own workforce.

Sustainability and creative chaos

You also have to leave some room for failure and doubt, some humility and the possibility of changing what you think might need to happen. If you're so sure of the direction that you're travelling in, and you're so desperate to present that myth, in which case you're going to lose the authenticity, the appropriateness of what you're doing.

(Allison, former Chief Executive)

People in the Centre are open to change in conditions of uncertainty and are used to 'working at the edge of chaos' - We experienced this for ourselves in the very non-linear development of the Development Group (see *Participatory action research*, in Chapter IV – *Methodology – Evolution and Review*). This group enacted processes at work within the Centre and demonstrated that emergent methods demand patience, willingness to listen and an ability to manage the anxiety and friction that inevitably occur when things are messy and it is not yet clear what is being achieved. We, the researchers, overcame our own frustration and task-orientation and eventually acknowledged that the process was productive in terms of both short and longer-term outcomes.

We saw little to suggest that this way of working is in itself particularly wasteful of resources and energy. It allows scope for building relationships and making imaginative connections between people. It means that small working groups become little engines for the generation of ideas. It ensures that the Centre's ethos is not obliterated by an overly narrow focus and it offers space for reflective self-evaluation. This approach has been vital to the Centre's development. It has some drawbacks that are remediable but will require a shift in the direction of orderly work habits. It is essential that this shift occurs sensitively and that it is internalised by the Centre staff rather than being imposed through standard bureaucratic measures of workforce discipline.

The metaphors of complexity theory capture the Centre organisation. The capacity for emergent working allows it to constantly respond to inputs from the wider environment in order to develop to a higher level of complexity. In this sense it demonstrates all the agility of a 'complex adaptive system'. The research itself has operated as a source of 'perturbance', signalling the need for the Centre to respond to evaluative imperatives determined by funders and by regulatory agencies. The Centre reacted to the evaluation process initially with a hesitancy or resistance that eventually gave way to learning and self-reflection. It began to refine its own internal monitoring mechanisms,

using methods that suited it. Thus although the research was a source of 'disequilibrium' which threatened to throw out of balance established ways of working, the Centre has been resilient. This is a feature of organisational systems that can make positive use of disequilibrium to maintain a relatively open exchange with the environment. The core principles, however, remain intact. So far the Centre has changed in a way that is consistent with itself (Wheatley 1999). Individuals have a high degree of freedom to initiate change but so far have done so in ways that reproduce its ethos (Jansch 1980).

However, given the challenges the organisation faces, their capacity to continue to do so should not be taken for granted. We have shown that the Centre's ability to change while protecting its identity has been helped by its continued existence as a physical and cultural enclave, which maintains open borders and is in a state of constant dynamic interchange with what lies beyond them. We have also laid great emphasis on the holding function of the leadership and the attention it pays to its internal emotional climate. This has helped it resist public sector style managerialism, and has ensured that it remains sufficiently in touch with surrounding communities to evolve and respond to their needs. The organisation has evolved through three main phases, demarcated by changes in leadership which have reflected three distinct creative emphases that Halton (2004) describes as 'initiatory', 'reparative' and 'evolutionary'. These represent shifts in emphasis rather than a complete transformation in that earlier forms of creativity persist and/or are encompassed by later forms. Initiatory creativity denotes the original burst of energy inspired and fuelled by the charismatic determination of a radical innovator – in this case paired with a mystic (Santiago Bell) and complemented by an artistic group who flouted convention and were not too concerned about offending mainstream local services. Andrew Mawson, himself, has likened this phase to infancy – with all its heady omnipotence. Conventions were flouted and new ideas proliferated, stimulated by a conviction of the worth of the project. This gave way to a more differentiated reparative phase where leadership became more complex (see *An account of Centre leadership development: from aggressive isolationism to mature interdependence?*, in Chapter VII – *Community Enterprise*). It had to work out how to protect the caring function while struggling with the harsh constraints of financial reality and the wider welfare environment. The fragmentation of leadership functions created acute tensions that had to be contained. Boundless optimism gave way to realism – at times nuanced, at times frought - in which it became essential to consolidate and affirm and the Centre's core approach and values, and work out how to protect them. The organisation's current concern with sustainability can be understood in terms of 'evolutionary creativity'. Halton (2004) describes the emotional resources required for evolutionary creativity as a capacity for openness towards challenge and risk. It is characterised by non-purposive thinking, a free flow of ideas, patience and an ability to look forward to change while integrating what is valued from the past. The organisational state of mind implied is that required of a complex adaptive organisation in constant flux and able to expose itself to disturbance, while retaining its identity.

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IX

SUMMARY OF FINDINGS AND POLICY CONCLUSIONS

IX Summary of Findings and Policy Conclusions

OUR TASK

This three-year multi-method evaluation study gave the research team a privileged opportunity to undertake a depth study of a complex and highly original organisation. Our mandate was to characterise the distinctive approach of the Centre and provide a qualitative evaluation of its activities through the lens of its work with older people.

The virtue of qualitative research is its ability to grasp process, meaning and complex chains of causality. Our combined biographical, observational and action research methodology has involved laborious and intensively triangulated procedures and rigorous panel interpretation. It has been concerned with research questions only amenable to qualitative analysis such as:

- the historical development and organic growth of the Bromley by Bow Centre and its changing responses to the pressures of the external environment
- the congruence or dissonance between the stories users, volunteers and staff tell about themselves and the myths and stories which ensure cultural transmission within the agency
- the ways in which people's life courses or career paths are changed for better or worse through their contact with the Centre
- habits of perception and representation, sources of creativity
- the reproduction of patterns of organisational functioning
- the significance of the physical and relational environment, including interpersonal dynamics
- the Centre's organisational values and the extent to which it lives up to them
- relations with partners and the surrounding community

Such questions demand a process-oriented evaluation where the emphasis is not only on activities and projects but also on the relations between them and between the people who undertake them. We take this approach in presenting our Summary of Findings and Policy Conclusions.

SUMMARY OF FINDINGS

Architecture, storytelling and artistry

- The Centre's architecture and high-quality interior design reflect its holistic approach
- Design works in synergy with the organisational ethos. It helps develop a fine balance between excitement and security, humility and self-worth
- Designs that are both containing and fluid create transitional spaces where new things can happen
- In health promotion, art and storytelling facilitate a better understanding of health and foster personal change
- Artistry illustrates the value of emergent working and encourages trust in the creative process. In community development work it fosters a holistic mindset and 'thinking outside of the box'; gives a practical sense that things outside of the self can be worked with and changed in practice; engages people; encourages interaction and links the individual to the collective
- Telling of personal stories enhances people's capacity to understand, recognise and care for one another. People's distinctive qualities, skills and values are highlighted. This facilitates understanding of cultural differences and sharing across cultural divides

Emotional intelligence

The Centre's work is based on an emotionally intelligent approach:

- Senior staff are responsive to individual and collective anxieties. They create safe spaces where concerns can be voiced and explored. Their ability to listen maintains trust and confidence that solutions can be found even in crisis situations

- The Centre uses art to access and generate emotions, so that they can be thought about and understood. People are then recognised and valued for who they are rather than what they can do. This promotes learning and personal development

Emergent processes

In a wider administrative culture preoccupied with targets and outputs, the Centre demonstrates how productive and creative a process-oriented approach of emergent working can be:

- The Centre's organisational culture tolerates open-endedness and uncertainty. It encourages seemingly wild ideas, emphasises creative processes and proceeds without predetermined outcomes

- The many challenges and crises the Centre has survived have had a strengthening effect. On a number of occasions they have acted as triggers for the Centre to renew itself from within and adapt to a changing environment

- The pressure of managing crises and a sense of uncertainty weighs particularly heavily on some individuals. Where good enough resourcing and support have not been available in the past there have been instances of excessive personal strain

Integrated working

The Centre operates an integrated holistic approach with many dimensions:

- A sense of interdependence between users, volunteers and staff and a willingness to cross boundaries, also between different professions and disciplines, forge surprising links and are a source of originality and inventiveness

- Services and activities at the Centre benefit from attentive personal and professional development of volunteers and staff

- The Centre provides an intergenerational environment that enhances a familial atmosphere. This counters the marginalisation of older people and offers significant benefits to younger generations

- The sharing of facilities and services between different user, cultural and ethnic groups succeeds because particular needs and traditions are acknowledged and provided for. The needs and preferences of younger age groups (e.g. youths of all ethnic groups) are sometimes more difficult to combine with those of more vulnerable groups. Where intergenerational projects do take off, all parties are enthusiastic about their benefits

- The Centre's work thrives on continuity of personnel, the pooling of expertise from different fields, and a strong culture of collaboration across professional groups and between professionals and non-professionals.

Community enterprise

The Centre has become a flagship of social enterprise. It has raised funds from non-obvious sources, developed entrepreneurial skills in local people, turned its activities into businesses, ploughed profits back into the community centre and used its enterprises to strengthen the local economic infrastructure. This converges with

current discourses of social enterprise. There are, however, also ways in which the Centre's approach diverges from these discourse:

- The Centre fosters enterprise initiatives all the way down to the grass roots. We term this 'community enterprise'
- The Centre benefited from set-up funding that allowed freedom to experiment. Latitude to fund further adventurous projects is sporadic, and many promising ideas have to be held in abeyance
- Community enterprise needs ongoing backup in terms of business management and training skills
- While the community enterprise approach offers an attractive option in the quest for sustainability and independence, it does not guarantee viability. Anxiety around financial stability is part of daily organisational life and receives ongoing containment from the leadership
- Instead of defining social enterprise in terms of action and competitive business spirit, the Centre appreciates the slow pace and faltering nature of organic development. Its detailed and attentive interpersonal work has proved crucial to nurturing entrepreneurial skills in a deprived and divided community

Active citizenship

The Centre provides schooling in civic participation. Paradoxically, in some senses it does not live up to traditional notions of democratic participation, whereas in others it exceeds them:

- The philosophy that everybody has something to contribute is reflected in the Centre's emphasis on collaborative engagement in practical action. This encourages people to speak out, criticise and make their views heard
- The Centre recognises that passivity can be a prelude to activity and that 'lying fallow' holds value in its own right. At the same time, work pressures and a high degree of activism make it difficult to safeguard space for reflection
- Through its practical work, the Centre demonstrates that appreciating interdependence and engaging in mutual support makes a stronger basis for building community within a highly diverse population than the 'lone active citizen'
- Its culture of recognition involves the ability to see, appreciate and validate the whole person as a creative being. A climate of interpersonal trust builds confidence, identifies hidden personal resources, and strengthens respect and solidarity across differences
- Intensive interpersonal and collaborative forms of participation at the Centre, generate transferable citizenship skills that can be put to use far beyond the organisation
- The Centre can be characterised as a 'conversational community'. Communicative conversations between professionals and local people as well as amongst members from various community groups enable the Centre to build on different sources of community knowledge. Professionals often step back to encourage locally owned forms of communication to develop
- Face to face communication is valued above electronic and other remote forms. This contributes to interpersonal understanding, builds attachment and facilitates the development of solidarity across different groups

Boundaries and relations with diverse groups within the community

As an organisation trying to establish radically different ways of working, the Centre has inevitably set up tensions with local services, politicians and various

groupings within the community. Conflicts and relationships have constantly been changing and become more diverse:

- The Centre benefits from operating as an enclave that provides the conditions for supported development. Protected space favours dense interaction, new working alliances and slow, complex personal journeys
- This safe environment inevitably conflicts with the unreserved inclusion of more assertive groups. The Centre has had to balance different needs, and recognise and agree its own limits
- Outreach creates a dynamic relationship with people within the locality and increases participation in the life of the Centre. Detailed local knowledge and cultural sensitivity help negotiate different boundaries for work with diverse groups
- Work-life balance issues are particularly tricky for local Centre workers: e.g. working with friends, handling confidential knowledge, facing round-the-clock demands and fielding community dissatisfaction. Structured supervision would be valuable in dealing with such boundary issues and risks

Health promotion

The Centre's arts-based, cross-generational integrated approach mobilises a sense of possibility and an enthusiasm for life, a 'wish to be whole'. This impels integration of the senses, restoring delight, imagination, sociability and pleasure of communication. The Centre's concept of health promotion, grounded in inclusion and relationship, goes far beyond providing information:

- Eye-catching events use attractive visual information. The events are easily remembered and promote increased personal and community awareness. They lead to greater ownership of health and higher rates of self-referral
- Warm interpersonal relations between medical professionals, non-medical staff and patients help in developing patient expertise. They foster an interactive, approach to health information and encourage people to seek knowledge for themselves
- The Centre's integrated working destigmatises demoralising conditions. Art and telling one's own story are often first steps in drawing out private and often 'difficult' experiences for discussion
- Themed programmes on health-related issues mobilise the whole organisation. This sets in motion a dynamic learning curve in health education
- Two-way communication means that Centre staff in different fields create and learn new methods of conveying health information. Discussion with users, particularly if triggered by art, mobilises latent knowledge.

Older people

The Centre's work with older people goes well beyond the approach set out in contemporary policy such as the National Service Framework for Older People:

- Age discrimination is not an issue. Older people are welcomed into a cross-generational community in which they are respectfully treated as elders
- Older people benefit from widely defined health and social care services in the Centre. Activities around leisure, education, family work, welfare advice, congeniality and sociability, all contribute to holistic well-being and allow an indirect approach to health conditions
- Flamboyant cross-generational events de-stigmatise and render health a common community concern
- Creative activities build self-confidence, balance social hierarchies and lead to

new forms of self-expression. This strengthens the sense of self, enhances mutuality and extends the exercise of choice

- Art opens up older people to new things in themselves and in their social and cultural worlds
- Older people are allowed to 'be', and to develop a personal balance between the active and passive sides of the self
- Building on community knowledge and existing informal networks ensures consistency with local cultures
- The original cohort of health networkers received valuable training. Health networkers support and extend local networks, provide a bridge between health personnel and the community, and intensify awareness and communication on health
- The Centre's proactive, interactive and creative health benefits cannot be captured by standardised performance targets. Our research contributes to the development of sensitive and particularised qualitative evaluation methods

POLICY CONCLUSIONS

Capturing a moving object: issues for evaluation methodology

The Bromley by Bow Centre is a fast-moving complex organisation that has adapted and survived through flexibility and innovation, and an ever-mutating array of formal and informal partnerships. Significant changes took place over the course of the research project, including a change of leadership, the rise and demise of various projects, the opening of two linked buildings offering complementary services, a funding crisis of major proportions and the re-orientation of the organisation towards sustainable social enterprise.

An early challenge for the research arose when one of the very activities (Health Networking) that we had intended as a major focus of our evaluation failed to attract finance for training and development and ceased to operate in the form anticipated. While illustrating the brutal realities of uncertain funding, this also furnished an opportunity to observe the resilience of the organisation as disappointment was assimilated and energies quickly diverted. It allowed us to address a problem not previously formulated: when all is flux: what remains and reproduces itself so that organisational coherence and identity are re-asserted? The attempted answers to that question have informed our characterisation of the Centre's organisational culture and integrated model of working.

The experience has re-affirmed our belief that flexibility of research design incorporating ethnographic observation and participatory action research is invaluable in understanding the day-to-day fluctuations of organisational life and its mechanisms of self-regulation. However, a culture only survives in recognisable form to the extent that there is continuity within the change. Our biographical interviews proved invaluable as a method of capturing the interaction between flux and continuity, while psychodynamically informed depth interpretation afforded insights into the way in which individuals internalise and reproduce the basic patterns of organisational life in their activities and relationships. There are clearly a number of other specific methods of inquiry that we could have used, but we feel confident on the basis of this experience that the following features are extremely productive in evaluating complex organisations:

- Flexibility
- Intensive triangulation
- Psycho-dynamically informed reflexivity oriented to relations between people, activities and processes

- Balance between participatory and non-participatory strategies
- Historical/biographical sensitivity
- A part/whole balance between analytic and syncretistic perception

Sustaining community enterprise in the audit culture

The Centre's central qualities of maintaining continuity amidst change and treating risks and crises as opportunities for development are remarkable and long-established features. The Centre is being sorely tested in the area of finance, however, in ways that highlight the vicious economic conflicts and precariousness underlying 'welfare pluralism', a degree of uncertainty that – beyond a certain point -- undermines pretensions to 'partnership working'. New financial strategies thrust the Centre much more directly in the audit culture and create a need for investment in self-research capacities.

Despite its size and significance as a regeneration and service agency, the Centre has no secure funding base. The withdrawal in 2004 and reinstatement in 2005 of the Tower Hamlets Social Services contract for Community Care, shows the cynical way the voluntary sector can be treated, no matter how exceptional its quality of service[57]. The proposal to fund the Sure Start programme locally rather than centrally would pull the rug on a popular and highly valued initiative in the public sector. The anxiety and additional work engendered by such marketised 'flexibility' in public policy takes a toll in human and resource terms.

In the past, Centre leaders have acted as a buffer, protecting the people and the culture of the organisation from such pressures.

The Centre is now tackling economic viability by a twin strategy of bidding for more contracts and extending its long-standing entrepreneurial features throughout the organisation. Its culture provides a good basis for both innovation and risk-taking and supporting emergent businesses as they move towards viability. The strategy requires a balance between hard-headed realism and sensitive nurturing. There is by now a strong layer of volunteers-turned-experienced workers who are keen to gain more managerial skills. There is also a well-embedded understanding among workers of the Centre's model of community enterprise in which proceeds are shared, training includes patient, individually adapted work, and fragility and vulnerability are accommodated to a greater degree than is often found elsewhere.

Yet the strategy sets up an extreme challenge in the area of identifying and developing appropriate self-research skills. The new strategy means that skills of monitoring and accounting, so far downplayed in favour of creative and interpersonally developmental work, have to be built up at all levels. This runs the risk of accepting a greater infiltration of the audit culture that most other organisations, services and professional training systems have long succumbed to.[58]

We have discussed with various levels of staff in the Centre ways in which a self-research capacity can be fostered to improve monitoring in ways that are appropriate to the Centre, and we have collaborated with activities directed to this end.

The Centre understands that identifying the success of its work demands an approach that goes beyond the simplifications of quantitative measurement. It needs evaluation methods that capture the complexity and non-linear nature of the Centre

[57] The fact that the Centre did not make the relevant staff go elsewhere in 2004 meant that it could then re-instate the service in 2005 without the loss of experienced personnel. It is doubtful that a single-function profit-oriented service provider would have done the same.

[58] Teachers and social workers have not found themselves individually or collectively able to withstand it.

and pay tribute to its narrative and artistic culture. It needs forms of self-research that enhance its work and culture rather than undermine it. It needs to be able to convince contracting agencies of the benefits of such methods and the need for flexibility to accommodate them. We hope that this report will contribute to such conversations.

At the same time the Centre requires basic and reliable forms of quantitative measuring. Its provision of statutory services such as primary healthcare is naturally subject to strict auditing regimes. Recent months have seen statistical data collection exercises and the improvement of monitoring systems in other parts of the organisation. Funding bids also require this kind of numerical information.

Even the most elementary monitoring exercise encounters questions and difficulties that need thoughtful attention. Different activities may also need different methods of data collection and presentation.

The participative nature of much of our research and the mutual learning involved have begun to develop more positive understanding of the possibilities of research at the Centre. We conclude that self-research capacity is vital to sustainability in a context of rapid change. We strongly support the idea of a 'research hub', which might well serve as a model for the voluntary sector.

- The research hub needs imagination, staffing, technical back-up and supportive external partners

- It will start from Centre initiatives and provide ongoing training and co-ordination of research activities suited to Centre needs

- It will negotiate with contracting agencies and Government policy makers for more flexible and appropriate forms of monitoring and review

Beyond co-location to integrated working

The present Government, like many before, declares determination to bring about better integration of services. It has launched a raft of policies, slogans and experiments to this end, including a national programme to redesign primary care buildings (LIFT). The Bromley by Bow Centre is intensively involved in arguing that co-location is not enough. Integration of services involves a cultural change in which professionals from different disciplines gain supported experience in learning to work together.

The Centre is held up as a flagship of integration. Yet, despite years of seminars, tours, television programmes and other kinds of publicity, there is some doubt as to what the wider world understands the Centre model to be. An important aspect of our evaluation is to lay bare the complexity of what Bromley by Bow working involves, and to point to some fundamental differences between the Centre model and key strands of Government policy.

The first point of variance lies in the cross-generational, cross-professional and cross-cultural approach of the Centre, which identifies both distinctive and common areas of need in the different groups that use it. The Centre considers this orientation a vital aspect of holistic work and community engagement. It directly counters Government tendencies towards separate provision and dedicated funding to separate age groups, ethnic groups, etc. The moral and practical foundation of the Centre's approach is a web of acknowledged interdependence in which everyone has something to contribute and everyone can learn from everyone else.

A second difference lies in the strength of the Centre's organically grown and slowly matured culture and in the breadth of activities which are on offer. Using art, the telling of stories of personal lives and experience, and intensive interpersonal work, the Centre's integrated work depends on creativity and connectivity. These qualities are as vibrant between

professionals from different disciplines and fields of experience as they are between professionals, volunteers and users and between people of different cultures and religions. Collaboration between people with experience from a wide spread of disciplines such as art, handicrafts, theology, education, health, welfare rights, gardening, business, accountancy, IT invariably gives rise to unexpected ideas.

The Centre's work with older people succeeds because it is integrally interlinked with other aspects of the Centre's work and because of the (intergenerational) relationships this fosters. It is this that builds community and enhances well-being. Integration is not a matter of access to a network of discrete activities but a question of what happens in the interconnections between a wide spectrum of activities and people.

A third important difference between the Bromley by Bow method of work and Government thinking lies in its creative approach to dependence and vulnerability. The Centre appreciates the need for the intensive nurturing of vulnerable individuals. While encouraging people to contribute and develop, it also recognises people's need for being passive or 'lying fallow', sometimes for long periods. The Centre maintains a highly individuated approach that avoids standardised packages of care and takes its point of departure from the specific needs of individuals. This gives it important routes into preventive work that are closed to statutory services. By such means the Centre embraces a much wider spectrum of people than many Government programmes and includes many who would remain socially excluded elsewhere. Many of these latter confound more usual professional expectations by the leaps they make and the extent of their contribution. But these long journeys and the slow and faltering nature of the Centre's attentive interpersonal work does not sit comfortably with individualised notions of active citizenship or ideas of social enterprise as primarily action-oriented and competitive.

If the Centre's culture is so unique, how transferable or generalisable are its ways of working? In many ways the jury is still out on this one. The effects of the Centre's seminar programme have not been evaluated and the attempt to spread its principles and philosophy through the Community Action Network (CAN) is still in early stages. If culture and organic growth are critical, then each case will be distinct. This is the experience of the Centre so far in its various efforts to transfer its methods locally. Where a group of Centre staff transfer to a new site, as in Sure Start, a certain difference is noticeable, rather like old and new wine from the same vineyard. This project is affected by the loss of the wider supporting context, a certain special quality that has been created in a physical and relational environment over more than twenty years. This is not to say that such initiatives, together with the training of neighbourhood staff from other agencies, cannot learn from Centre experience and adapt aspects of it for their own use. It does, however, illustrate the folly of short-termism, and the drawbacks to a succession of (funding-determined) project-led initiatives. Successfully integrated services need to be underpinned by an organically evolving culture based on assimilated experience and shared ideals and values. In short, one might argue that the Centre is a living testament to the fact that organisations discover their own rich possibilities when - as with old wine and old people - the mellowing process allows a medley of distinctive flavours to emerge and retain their characteristics while subtly blending together.

As an example of organic development embedded in a local community, the Bromley by Bow Centre is not reproducible in exact form. But many of its complex operational principles, dynamics and particular projects can be adapted to different local circumstances and provide a source of inspiration elsewhere. The problem is that despite much supporting governmental rhetoric, such efforts will in many respects find themselves contradicted and undermined by mainstream policy.

This suggests that what really needs to change is the direction given from above. From a Bromley by Bow perspective, many or most social exclusion projects create the very problems they try to resolve. In sum:

- Performance targets need to be dissolved in favour of fostering creativity and connectivity
- Rather than dividing different groups into ghettos, integrated work works across groups and generations to create imaginative and mutually supportive communities
- Beyond co-location, professionals need space to initiate and experience innovative collaborative work
- Key to all this is a culture of social inclusion that recognises and celebrates the contribution of every individual

Creativity and complexity

Use of the arts permeates all aspects of the Centre. Creativity, drawing on and enhancing imagination and spirituality, are what makes the Centre recognisably 'the Centre'.

Practice in artistic creativity is key to the Centre's facility for dealing in complexity and creating a multi-cultural imagination. The Centre's ability to treat risks as a developmental challenge and to tolerate ambiguity, uncertainty and complexity is similar to the artist's openness to the many possibilities afforded during the creative process and tolerance towards the 'messiness' and uncertainty of the unfinished product. Emergent working and the serendipity of creative illusion are features of both the Centre and artistic culture, as are abilities to make unexpected links and to hold in mind both detail and the whole.

In gaining understanding of the Centre, systems thinking has proved a helpful theoretical framework. The Centre is evolving as a complex adaptive system par excellence, with a multitude of levels, components and individuals all working towards a holistic vision of health in a deprived community. It is more than the sum of its elements. We have demonstrated that its essential features are embedded in the interconnectedness between the different parts, the relationships between individuals and the close links between projects.

Despite radical changes over time internally and in its external relations, the organisation has remained recognisably the same organisation. It has weathered crises and challenges and constantly re-invented itself. It has shown an ability to adapt to pressures and changes without losing its 'soul'. The strength to do this comes in important ways from having functioned as an enclave, a space that has been relatively protected while also keeping porous boundaries with its external environment.

The core elements that survive unaltered in a changing context have been identified in our research, by virtue of a methodology designed to interpret recurring patterns. We have shown, for example, how respondents' narrative interviews reveal an organising pattern or 'gestalt' and that these often mirror the gestalt embedded in organisational myths and stories. They reveal core elements of an organisational culture that has persisted since the beginnings of the Centre twenty years ago.

These characteristics have allowed the Centre to retain its integrity and ethos while experienced ongoing growth and reflective experimentation. The arts are key in the organisation's ability both to adapt and to survive in recognisable form, to hold in balance a number of quite acute tensions.

Once again we are brought to the conclusion that despite being seen as a flagship of social enterprise, in fundamental and crucial respects Bromley by Bow's culture is at odds with New Labour's approach – especially in the dominant linear rationality of target and outcome-led planning and project implementation. Promoting and

sustaining creativity and connectivity requires quite different forms of governance.

Conversational community

The Centre's notion of community development sits uneasily with traditional notions of community power and political representation and with assumptions concerning active citizenship. It exemplifies a 'politics of recognition', built through and expressed in a 'conversational community'. This also implies a very different set of skills from those associated with managerialism.

Bromley by Bow's main way of building community is through recognition of the unique individual and through practical engagement. By involving people in art, the Centre identifies their hidden resources and builds confidence. Collaborative engagement in practical action is an effective way of valuing people and showing that everybody has something to contribute.

This practical engagement dates back to when the Centre was no more than a rundown church site, unable to pay salaries or volunteer expenses. It has generated enormous dedication among the people involved, and a great readiness to give. The willingness of staff and volunteers to work for less or no pay if necessary has helped the organisation through several crises.

Storytelling is central to processes of personal development and cultural exchange, and of central importance in communication about health. Often art and storytelling go hand in hand. Through an immense amount of talking and listening, the founding figures learnt about the community so that they could build upon community knowledge, the active contributions, ideas and skills of local people. Centre professionals learn to step back to encourage locally salient forms of communication to develop.

Art brings people from diverse social and cultural backgrounds into self- and mutual recognition. Some activities centre on specific groups who feel more comfortable together, but doors are always being opened to sociability with new and different groups, often through food.

In addition to generating generosity and developing practical skills, the kind of active participation practised by the Centre fosters transferable citizenship skills. Its overall success needs to be set against criticisms that it does not operate according to the traditional model of representative democracy.

Flexibility is key in managing cultural difference. It lies at the heart of the Centre's moral ethos, in which the recognition of uniqueness of person, situation and moment means there are no 'standard' responses or forms of 'equal' measurement or provision. The very concept of 'equality' is anathema to Centre thinking, even while the utmost is done to respond to individual needs and inclinations and to challenge individuals to go further.

Encounters with difference, the rate of personal transformation as people discover new selves and responsibilities, the inherent precariousness of the organisation in terms of funding and contracts, its uncertain interfaces with harsh and dangerous sides of the surrounding community, all raise anxieties. Anxiety necessitates a containing and emotionally intelligent leadership.

Leaders in the Centre are highly sensitive and responsive to individual and collective anxieties, as well as to surprising ideas. They allow for concerns and ideas to be voiced and create safe spaces where these can be explored. The calm ability of leaders to listen creates trust and confidence that solutions will emerge and can be found. This places a considerable burden on those carrying responsibility. We have pointed out the need for good enough resourcing, support and formal supervision in this context.

The idea of a conversational community can be linked with Marion Young's notion of communicative democracy and wider discussions on the renewal of politics. In

the context of much doubt about the appeal and viability of traditional political forms, the Centre offers an exciting challenge in the areas of community engagement and management practice.

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APPENDICES

Appendices

APPENDIX A: BROMLEY BY BOW WARD BOUNDARIES

London Borough of Tower Hamlets - old ward boundaries 1999

London Borough of Tower Hamlets - new ward boundaries 2001

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APPENDIX B: PUBLICATIONS AND PRESENTATIONS ON THE BROMLEY BY BOW RESEARCH AND EVALUATION

Publications

- Froggett, L. (2005) 'Art, creativity and the politics of recognition', *Social Work and Social Science Review*, 11 (3) (forthcoming).

- Wengraf, T., Chamberlayne, P. and Froggett, L. (2005) 'Multi-method research into a healthy living centre: biographic-narrative, participation, observation and art' (forthcoming).

- Buckner, S. (2005) 'Taking the debate on reflexivity further: psychodynamic team analysis of a BNIM interview', *Journal for Social Work Practice* (forthcoming).

- Froggett, L. and Chamberlayne, P. (2004) 'Narratives of social enterprise: from biography to practice and policy critique', *Qualitative Social Work*, 3 (1), pp 61-77.

- Froggett, L. and Wengraf, T. (2004) 'Interpreting interviews in the light of research team dynamics: study of Nila's biographic narrative', *International Journal of Critical Psychology*, 10, pp 94-122.

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- Wengraf, T. (2002) 'Biographical work and agency innovation: relationships, reflexivity and theory-in-use', in: P. Chamberlayne, M. Rustin and T. Wengraf (eds), *Biography and social exclusion in Europe: experiences and life journeys*, Bristol: Policy Press, pp 247-268.

- Chamberlayne, P. and Rupp, S. (1999) '"Only connect": Report on the Bromley by Bow project', in: *SOSTRIS Working Paper 8: Innovative Social Agencies in Europe*, London: Centre for Biography in Social Policy at the University of East London, pp 42-51.

Presentations

Biographical Section of the German Sociological Association, Universität Göttingen/Germany, 2nd July 2005:

- Prue Chamberlayne: Emphasising interaction in BNIM: mirroring and enactment in an organisational study

British Sociological Association (BSA) Annual Conference, York, 23rd March 2005: 'The Life Course: Fragmentation, Diversity and Risk':

- Tom Wengraf: Comparative interviewing, observing and experiencing: the use of 'interpretive panels' in psycho-societal research

Appendices

- Lynn Froggett: Capturing continuity in change: artistic perception and depth interpretation

- Prue Chamberlayne: New lives, new methods: interactive subjectivity in biographical research

Tavistock Centre Policy Seminar, London, 17th February 2005:

- Lynn Froggett, Prue Chamberlayne and Frank Creber*:* Art, health and regeneration: from individual responsibility to community responsiveness

Emotional Learning Network Seminar, John Moores University/Liverpool, October 2004:

- Lynn Froggett: Creativity and recognition in the emotionally literate workplace

The Future of Social Work, Symposium at the University of Lancaster, September 2004:

- Lynn Froggett: Social work, art and the politics of recognition

Symposium at the University of Central Lancashire/Preston, September 2004:

- Lynn Froggett: Beyond stories: biography, creativity and the politics of recognition

School of Health and Social Welfare (SHSW) Health Promotion Seminar, The Open University/Milton Keynes, 14th July 2004:

- Prue Chamberlayne and Lynn Froggett: Art as a key connector in promoting health: the Bromley by Bow Healthy Living Centre

School of Health and Social Welfare (SHSW) Nurses' Forum, The Open University/Milton Keynes, 24th June 2004:

- Prue Chamberlayne and Stefanie Buckner: Health as art or science: tensions and temptations

Inter-University Centre/Dubrovnik, 2-6th June 2004: 'Subjectivity and Organisational Change: Psychoanalytical and Methodological Challenges in Research Practice and Organisational Life':

- Lynn Froggett: Interpreting interview texts: intersection of personal and organisational narratives

Appendices

- Lynn Froggett, Prue Chamberlayne and Tom Wengraf: From microsociology to psychosocietal analysis: the Bromley by Bow example

London East and Centre for Narrative Research at UEL ESRC Seminar Series 2003-5, Methods in Dialogue, Meeting 3, University of East London, 7th May 2004: 'Negotiating research in context':

- Prue Chamberlayne and Lynn Froggett: What emerges from emergence? A psychosocial approach to research in a community development agency

Centre for Narrative Research in the Social Sciences at UEL Postgraduate Research Day, University of East London, 28th April 2004: 'To Think is to Experiment':

- Stefanie Buckner: Participatory action research in a community development setting – obstacles and opportunities

'Discourse' and Narrative Approaches to Social Work International Seminar, University of Huddersfield, 4th April 2004:

- Lynn Froggett: Psychodynamic BNIM panel interpretation

4th *Narrative and Memory Research Group Conference*, University of Huddersfield, 3rd April 2004: 'Narrative, Memory and Everyday Life':

- Lynn Froggett: Submerged narratives and psychodynamic researcher reflexivity
- Stefanie Buckner: Narratives of personal development: a BNIM case study

ESREA and ISA RC38 Life History and Biography Network Conference, Roskilde University Denmark, 4- 7th March 2004: 'Biographical Research, Challenging the Boundaries: between the social and Psychological, Self and Other, Immediacy and Memory, Language and the Body, the Personal and Professional':

- Lynn Froggett: Boundary management, learning and the organisational aesthetic: a case study from a community development setting
- Tom Wengraf: Interviews as 'official press-releases': challenging and going beyond biographical defence structures
- Stefanie Buckner: Interview interactions considered against the background of an interviewee's story of personal development

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Centre for Research on the Wider Benefits of Learning Round Table, London University Institute of Education, 18th February 2004: 'Biographical Research':

- Prue Chamberlayne and Tom Wengraf: Method and policy

Postgraduate seminar series, University of East London, 10th December 2003:

- Stefanie Buckner: The Bromley by Bow Centre's approach to community development

Healthy Settings Development Unit North West England Seminar, University of Central Lancashire/Preston, 14-15th July 2003: 'Delivering Well-being and Health through Settings and Partnerships: Synergy and Strategy':

- Lynn Froggett: Political agendas and sustainable organisations: dilemmas and opportunities within a community health setting

Research Development Week Faculty of Health Event, University of Central Lancashire/Preston, 3rd July 2003: 'Empowering and Engaging People in Communities':

- Lynn Froggett: Empowerment as Social Entrepreneurship? A case study in a community health setting

The Fourth International Interdisciplinary Conference, Banff/Alberta, 2-5th May 2003: 'Advances in Qualitative Methods':

- Lynn Froggett: Social Entrepreneurship: ambiguities and tension in a community project
- Tom Wengraf: Defended intersubjectivities in 3 phases of (biographic-narrative interview) research

European Society for Research into the Education of Adults (ESREA) Life History and Biographical Research Network Conference, Canterbury Christ Church University College, 6-8th March 2003: 'Biography, Policy and Professional Practices':

- Prue Chamberlayne and Lynn Froggett: Biography, policy and professional practices (plenary session)

School of Health and Social Welfare (SHSW) Research Day, The Open University/Milton Keynes, 6th February 2003: 'Participative Research, Participative Practice – Understanding the Links':

Appendices

- Prue Chamberlayne: A research window on a community project's self-research and evaluation

University of the West of England/Bristol, 25th January 2003: 'Exploring Psycho-Social Research Methods':

- Tom Wengraf: Sociologising the 'socio' of psycho-social studies through biographic-narrative interviews: how?

4th International Conference on Evaluation for Practice, University of Tampere/Finland, 4-6th July 2002:

- Lynn Froggett: Biography and art: evaluation of a community project