

# Securing Lives & Shaping Futures:

A Qualitative Investigation of a Partnership Approach to Lifelong Learning.



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COVER PHOTOGRAPH BY MICK HILL.

# ABSTRACT

This study used qualitative methods in order to evaluate the perceptions and experiences of people engaged in various 'lifelong learning' projects in a town in North-East England. These projects were accommodated within a variety of community settings: an established 'umbrella partnership' (operating within a Local Strategic Partnership framework) provided a forum for cooperation and coordination between the various public, community and voluntary sector service providers.

Previous evaluations of lifelong learning approaches have focussed upon 'instrumental' outcomes such as skill acquisition and employability. This study attempted to capture evidence of less tangible 'secondary' gains such as friendship, social support, and gains in terms of 'social capital', and health and well-being.

A series of six focus groups were conducted, and these provided the basis for a further round of five biographical-narrative individual interviews. Thematic analysis of the focus group data revealed strong evidence of [1] personal growth that enabled participants to make positive choices when facing challenging life circumstances; and [2] participants gaining a positive sense of identity and belonging. Further, provider organisations appeared to achieve these outcomes by creating the conditions for 'surrogate' roles and relationships to develop between people who typically faced challenging social circumstances and / or had experienced significant individual loss. Many participants identified the pivotal role of provider organisations in giving their lives a sense of purpose and meaning.

Participants' individual accounts were pervaded by themes of 'struggle' 'survival' and 'normalisation', and typically pointed to a range of valid social identities that had emerged as a result in voluntary participation - most notably that of 'helper / carer' to others.

Participants attributed the relative success of these organisations to the fact that they were simultaneously both 'formal' and 'informal' in their educational and therapeutic purposes. Initial engagement with group participants was typically on a 'non-instrumental basis', which, by design, appeared to shield 'learners' and service users from the burden of expectation. There is, however, also, evidence of the success of this strategy insofar as many participants built upon these 'non- instrumental' beginnings and went on to achieve marketable skills for employment.

In conclusion, there is strong evidence of individual gains, particularly in terms of 'bonding' social capital, health and well-being. More specifically, the authors assert that these projects represent a highly effective means engaging 'hard to reach' groups in lifelong learning. In some instances, the central role played by group membership in the lives of individuals arguably went some way towards ameliorating and/or preventing of significant physical / mental health and social problems.

# PLAIN LANGUAGE SUMMARY

This study interviewed people about their experiences of participating in groups in the Chester-le-Street area. In particular, we wanted to find out about what people gained from joining these groups, and why they continued to attend.

Some of the interviews were carried out by one interviewer talking to a group of people. Other interviews were carried out on a one-to-one basis. Nearly all of the people interviewed told us that they had gained a lot of from group membership including practical help and new skills. Most importantly, many people told us that joining had made them feel better about themselves and had given them a sense of purpose in life. People also told us that participating in the group gave them something to look forward to in their lives. Some people had gone on to take a more active role in these organisations, and some had moved on to further study or employment.

In nearly all cases, people told us about difficulties in their lives, and how joining the group had helped them to take control and make good choices in dealing with these problems.

We think that joining these groups can be an excellent way of learning new skills, making new friendships, and sharing problems with others. People told us that these groups were successful because they provided real practical help but at the same time were very friendly and informal.

We have concluded that these groups do a great deal of good for the people who join them. The most important benefits included making friends, meeting new people, and being able to feel well, and feel optimistic about life and the future. Many people told us that they weren't the type of people who usually joined groups. The groups that we studied seemed to be very successful at encouraging people who might have been reluctant to join in the first place.

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## **1 INTRODUCTION**

Chester-le-Street 'Campaign for Learning<sup>1</sup> / Partnership for Community Learning & Inclusion' brings together public, community and voluntary sector partners from across, and in some cases beyond the Chester-le-Street district. Typical partner organisations include [a] those providing educational programmes / specific skills training; (b) those providing ongoing support and remedial interventions in the health field (including mental health); (c) locality-based neighbourhood projects; and (d) organisations providing a hybrid of these interventions.

Previous evaluation of community learning activities (by means of an audit) had pointed towards successful interventions in terms of:

Enabling individuals and groups to gain the confidence, knowledge and skills to change their own situation (and that of their immediate families);

Contributing to change in neighbourhoods, local communities and other 'communities of interest' (e.g. carers groups, women's learning and support groups, families of those involved in substance misuse); and,

Enabling individuals and groups to relate better to, interact more effectively with and influence 'authorities' and those exercising 'power' in their communities (in order to achieve outcomes relevant to them their families and communities).

Field (2009) identified how for some years now, governments have emphasised the economic benefits of learning, and have tended to fund the types of learning that seem most likely to lead to employment. Government funding, of course, comes at a cost: in this case, the requirement to demonstrate that 'value for money' is being delivered. The most frequent technology used in demonstrating 'value' is that of the audit.

Swift et al. (2000) identified that audits arise from two distinctive traditions - (a) that of engineering inspection, and (b) that of financial accounting. However, several writers have pointed to difficulties associated with transferring these technologies to other domains of human activity. For instance, Barry (2006) has suggested that audits miss important aspects of 'what works' when complex human processes, such as those explored here, are involved. The essence of Barry's criticism is best summarised by a quotation misattributed to Albert Einstein: 'Not everything that can be measured is valuable, and not everything that is valuable can be measured'. Other critics have claimed that traditional audits actually end up defining or shaping (rather than merely measuring) the type of service that is delivered - especially when money is allocated on the basis of 'performance' (Shore & Wright, 1999; McKinnon, 2000).

The current study therefore aimed to explore the potential benefits of participating in lifelong learning groups whilst at the same time, avoiding the pitfalls associated with traditional 'audit style' evaluation.

<sup>&</sup>lt;sup>1</sup> Formally Chester-le-Street Learning District Partnership (until March 2009), a policy group of the Local Strategic Partnership (LSP)

## **1.1 THE AIMS OF THIS WORK WERE THEREFORE:**

To explore individual and group accounts of the effectiveness (or otherwise) of this established partnership approach to lifelong learning, by specifically:

Exploring how learners engaged in the projects supported by the partnership;

Investigating people's accounts of what they gained from participating;

Exploring how these benefits might extend to participants families, friendship circles and communities;

Investigating the extent to which group participation could be said to have given people specific benefits such as in terms of health and well-being, skills and employability etc.; and,

Identifying how group participation might prevent various 'ills' such as ill health, loneliness, low self-esteem etc.

## 2 WHAT IS ALREADY KNOWN?

## 2.1 WHAT IS LIFELONG LEARNING?

Griffin (1999) has identified that the meanings attributed lifelong learning are confused. Meanings differ depending upon one's political, theoretical, social, or philosophical point of view. For instance some see lifelong learning in terms of an expansion of learning opportunities (but not always by publically-funded initiatives). Others see community and voluntary organisations as 'filling the gap' left by declining public education provision. Yet others simply see lifelong learning as an alternative term for adult education, professional development and the likes. Basically Griffin identified three possible versions of lifelong learning:

Lifelong Learning as Policy - in this version lifelong learning is simply seen in terms of an expansion of the public education and training system. The purpose of lifelong learning in this case is to achieve outcomes such as employability and formal qualifications. In this version, lifelong learning can take place in the family, community, and the workplace.

Lifelong Learning as Strategy - in this version the role of lifelong learning is to provide opportunities or conditions in which individuals are most likely to learn. In this version, outcomes are clearly more social and might include 'community cohesion', social inclusion, and citizenship. Finally;

Lifelong Learning as Cultural Practice - in this view, lifelong learning is seen as part of a wider 'learning revolution' or 'learning culture'. This would suggest that lifelong learning is more of a social attitude and that learning happens as everyday experience (almost by accident), via the social relations of the family, community and work. In this case lifelong learning is more a matter of lifestyle rather than formal learning activity.

Whilst the current study remained unconcerned about which of these models was or is 'most right', we were keen to explore the concept of lifelong learning in its widest possible connotation.

# 2.2 SOCIAL CAPITAL AND ITS CONNECTION TO LIFELONG LEARNING

Fyfe et al. (2006) claimed that governments in recent years have viewed organisations such as those studied here as being able to promote 'social cohesion' by making people 'better citizens' and building 'social capital'. Governments have further supposed that community and voluntary organisations are able to somehow bring about the regeneration of deprived and disadvantaged communities (H. M. Treasury, 1999; Devine-Wright et al., 2001). These are bold claims, but they must be viewed against the fact that there is little agreement about what 'social capital' actually means.

Ideas about what the term 'social capital' means remain a matter of debate: The North East Social Capital Forum (2006:3) defined social capital as the 'social glue that helps people, organisations and communities to work together towards shared goals.'

Most accounts distinguish between:

- 'Bonding social capital': ties that connect similar people such as members of the same family, ethnic group, club or community organisation, or neighbours;
- 'Bridging social capital': links between people with different interests or views or from different social backgrounds e.g. with work colleagues, contacts, or acquaintances, and,
- 'Linking social capital': links between people with different levels of 'power' or social status.

Woolcock, (1998:153) suggested that social capital could be 'generally defined as the information, trust, and norms of reciprocity inhering in one's social networks', and described four types of social capital;

Norms (e.g. 'bonds' between people in the same community or group);

Networks (friendship groups etc. within a particular community or group);

Links between different groups, communities and organisations; and,

Holders (e.g. people who bring about the above links).

McNair (2009), writing from a lifelong learning perspective distinguished between;

Human capital - the skills and knowledge that we need in order to effectively engage in activity that is of benefit to us; and,

Social capital - the ability of individuals and communities to preserve and strengthen a 'decent standard of life' through activities such as participation in community and social groups.

Both of these things, he suggested were critical in people's ability to 'develop and maintain a sense of self-worth and control over their lives'.

One particular disagreement concerns whether 'social capital' is best described as (a) a collective resource that benefits communities, or (b) an individual resource (Poortinga; 2006). At an individual level, definitions usually include the extent to which people participate or volunteer, their sense of trust in others, and the sense of belonging that they get from taking part in group activities (Fujiwara & Kawachi 2008). On the other hand, community level definitions usually identify some characteristics of the community or group such as trust, cooperation, and friendship links (Schefler and Brown,2008).

Other ideas that are regularly found within academic writing about social capital include those of;

Participation and interaction - Group membership, group participation, (Irwin et al. 2008);

Informal social interactions, formal group involvement (Kim & Kawachi, 2006).

Networks based on trust (Kelly et al.2009); 'social trust' (Ferlander, 2007); amount of trust between individuals and formal organisations (Lofors & Sundquist, 2007).

Social support - (Irwin et al. 2008); friendship networks,(Kim & Kawachi, 2006); Perceived helpfulness or kindness (Fujisawa et al. 2009).

Social ties and the strength and diversity of relationships (Ferlander, 2007).

Giving or exchange - giving and volunteering (Kim & Kawachi, 2006). And;

Access - to all of the above by way of intimate relationships (primary groups) and in voluntary associations (secondary groups) (Kunitz 2004).

Academics such as Derose & Varda (2009) have suggested that the idea of social capital is so vague that it makes it difficult to draw firm conclusions about the benefits (if any). Whilst the current study did not intend to 'settle the debate' about what social capital might be, we found all of the above definitions helpful in 'sensitising' us to what people view as important gains in lifelong learning contexts. Furthermore, the data presented below did coincide with many of the important issues identified by the above authors.

# 2.3 DOES VOLUNTARY PARTICIPATION IN LIFELONG LEARNING ACTIVITIES INCREASE SOCIAL CAPITAL?

One obvious way in which participation increases 'social capital' is through the medium of work. Participation in the paid economy (i.e. work) has long been recognised as one (perhaps the most important) way of building and sustaining 'social capital'. Jackson & Warr (1987) and later Warr (1994) suggested that these gains effectively act as 'environmental vitamins' - necessary for health and happiness. Specifically, these authors claimed that participation in work provides:

The opportunity for control - being able to plan one's life; and,

The opportunity for skill development and use - being able to practice the things that we can already do, and learn new things.

By providing:

Externally generated goals - something to aim for in life;

Variety - a 'change of scene' in day-to-day life;

Environmental clarity - familiarity with our surroundings and the rules that operate in these surroundings;

Money - to spend on our own terms, thus allowing choice;

Physical security - being safe;

Opportunity for interpersonal contact, and,

A valued social position - being appreciated by others.

The question remains, however, as to whether or not these same or similar benefits might be accrued by participating in groups such as those studied here. Many studies would seem to suggest that this is indeed the case (Anheier & Kendall, 2002; Osborne et al. 2009). However, at this point, it should be recognised that people do not join lifelong learning groups simply as a means to increasing 'social capital'. Several authors sidestep the issue of whether group membership can create social capital altogether, and simply point out the benefits of and motivations for belonging to a group. For instance Degli (2009) identified that motivations often include the desire to feel useful to others, being appreciated by others, and a desire to increase our number of acquaintances or friends. Similarly, Roberts & Devine (2004) argued that group membership should be understood simply for what it is - that is being a pleasurable everyday activity within a community. Perhaps what lifelong learning groups offer people the most is simply the opportunity to participate? Wollebaek & Stromsnes (2008) took this view in suggesting that voluntary organizations provide a focus for existing 'capital' rather than creating new 'capital'. These were certainly issues that we were keen to explore in the context of this study.

There is some debate within the academic literature about exactly what type of social capital is most beneficial for individuals. For instance Coffe & Geys (2007) have argued that mixed groups which involve meeting with people outside of one's 'usual' social circumstances (i.e. providing opportunities for bridging social capital) are far more beneficial to participants. To some extent, these judgements are surely a matter for individual group members to decide depending upon their needs in any given context at any particular time. Once again, we were keen to illuminate these debates within the context of the current study.

Can group membership compensate for 'things lost'? Handy & Greenspan (2009) studied immigrant groups as they seek to regain social and human capital lost in the migration process. These authors suggested that voluntary participation provided 'a stepping stone' toward resuming previous roles, and several instances of a similar phenomenon are discussed below. However, perhaps this situation presents somewhat of a 'double-edged sword'. There is a possible danger about situations in which voluntary groups play such a central role in people's lives e.g. in fostering a strong dependency upon the group itself. Realo et al. (2008) argued that increasing levels of trust within a relatively closed group can bring about general mistrust of wider social institutions, and we were keen to explore this paradox here.

# 2.3.1 CAN EVERYONE MAKE SIMILAR 'SOCIAL CAPITAL' GAINS FROM PARTICIPATION?

Some authors have claimed that 'social capital' is most important for those who people in deprived sections of our communities e.g. Irwin et al. (2008). This is not the same as claiming that 'social capital' gains provide the means with which to eliminate hardship. This latter view seems to underpin some of the more outlandish claims made by governments, and briefly alluded to above. Paradoxically, others have suggested that participating in community groups (at least in those which entail volunteering ) is the preserve of the privileged few who already enjoy 'social capital' in abundance. For instance, Osborne et al. (2008) suggested that 'typical' volunteers were women who were not working full time, living a married relationship, and were university educated. Fullick (2009) also suggested that participation in lifelong learning by disadvantaged groups is low. Yet it could be anticipated that individuals in disadvantaged communities are just the sort of people most acutely in need of opportunities to increase 'social capital'. Hence McNair (2009:31) argued that:

'locally-based learning is likely to be more important to disadvantaged adults and... the [state] is unlikely to be able to meet these requirements.'

# 2.4 WHAT IS THE RELATIONSHIP BETWEEN 'SOCIAL CAPITAL' AND PEOPLE'S HEALTH?

There is much evidence within academic literature to support the idea that gaining 'social capital' is beneficial to people's health in general and mental health in particular(i.e. see Ferlander,2007; Kelly et al. 2009). In terms of mental health, De Silva et al. (2007) argued that individual 'social capital' is associated with reduced odds of common mental disorders, regardless of contextual factors. Others have argued that having protective levels of 'social capital' can prevent readmission to hospital with individuals who have prior experience of mental health problems (Lofors & Sundquist, 2007). However research such as this (as important as it is) tells us very little about the direct health effects for individuals participating in community and voluntary groups such as those featuring in the current study. Academic literature does provide gives several clues as to the exact mechanisms by which voluntary participation might have a beneficial effect on mental health effect. For instance, Bracke et al. (2008) argued that reciprocity (or exchange of help) has the most marked effect upon how people feel about themselves. In particular, and perhaps surprisingly, these authors argued that providing peer support is more beneficial than actually receiving it.

There is also some evidence to suggest that group participation in general is associated with voluntary participation we have beneficial effect for physical health outcomes. In a large-scale study Fujiwara & Kawachi (2008) concluded that physical health as is significantly positively associated with levels of social trust, 'bridging', and 'bonding social capital' such as might be accrued from group participation. Leaving aside the question of whether it is principally 'social capital' that accrues from group participation, the general trend of research findings appears to show that high levels of 'social capital' makes people feel better or perceive themselves to be in better health. Scheffler & Brown (2008) suggested four specific actions that provide the link 'social capital' and health:

Making information available to people;

Influencing what people view as 'normal';

Enhancing the ability to access services; and,

Offering support networks.

This is not however to claim that increasing people's social capital acts as some kind of 'magic bullet' in the cure of individuals social and health deficits.

In summary, the above literature served to sensitise us to key debates concerning the potential benefits of participating in the lifelong learning groups studied. However, inspection of the existing literature raises more questions than answers, such as:

What is lifelong learning?

What is social capital?

Does social capital accrue from lifelong learning activities?

Can increased social capital facilitate better health and prevent ill-health?

This study should not be seen as an attempt to 'settle' these matters: rather, these debates afforded us further 'analytical purchase' on the data gathered.

## **3 WHAT WE DID**

This research project collected qualitative accounts of peoples experiences of participating in lifelong learning groups by using (a) Focus Groups (FG's), and (b) 'narrative' interviews.

# 3.1 WHAT ARE FOCUS GROUPS?

Focus group research involves organised discussion with a selected group of individuals in order to gain information about their views and experiences of a topic in which the key data output is interaction between participants (Morgan 1988). Focus groups have been variously described as: Organised discussions (Kitzinger 1994); collective activities (Powell et al. 1996) and even social events (Goss & Leinbach, 1996). They are essentially as described by Powell et al. (1996: 499):

'a group of individuals selected and assembled by researchers to discuss and comment on, from personal experience, the topic that is the subject of the research.'

The primary reason for using a focus group approach in this instance was as an attempt to capture collective thoughts, feelings, and experiences in relation to lifelong learning group membership. It was recognised from the outset that respondents, for various reasons, may have been unaccustomed to articulating their views to a stranger: consequently, it was thought that the focus group approach might prove especially useful in facilitating interaction via the medium of a 'social gathering' of people who were already known to one another. Furthermore, other notable features of focus groups methodologies suggested their usefulness in this context. Race et al. (1994) asserted that FG's are particularly useful methodology for:

when there are power differences between the participants and decision-makers or professionals;

the preliminary development of a particular programme of activities / actions;

obtaining several perspectives about the same topic;

investigating shared / collective understandings of everyday life;

allowing meaning to emerge via participants asking questions of each other;

involving people in the decision making processes; and,

'empowering' participants by valuing their 'service-user-as-expert' accounts.

On the other hand, there are good reasons to remain cautious about the status of data elicited by the FG approach, and the researchers remained cognisant of the possibilities that FG's can also:

be intimidating at times, especially for inarticulate or shy members; and,

present difficulties when attempting to extrapolate individual views from group communication.

(Morgan 1988).

Furthermore, in analysing FG data, it can't be assumed that individuals are expressing their own definitive view: Small-group dynamics will always serve to 'shift' meanings, and this is rarely acknowledged in the final write-up of FG research. The full participation of less vocal or less articulate members of the FG is, in effect, dependent upon the skills of the moderator, and unless care is exercised, data gathering and analysis can be skewed towards those with an 'axe to grind'. Group culture may also discourage the disclosure of sensitive or personal information. At the technical level, FG data is notoriously difficult to record and transcribe.

# 3.2 WHAT ARE NARRATIVES INTERVIEWS?

Plummer (1997) emphasised the significance of narrative in social inquiry by suggesting that stories have moved to centre stage in all domains of social thought., whilst Clough (1992:2) similarly asserted that 'All factual representations of empirical reality, even statistical representations, are narratively constructed.'

The style of narrative analysis used in the current study was mostly concerned with the role that stories play - especially in supporting each respondent's concept of self identity. Plummer suggested that narratives possess an organisational dimension in that they inevitably betray something of the setting in which they are generated. It is this latter feature that the we aimed to exploit in evaluating the role that the lifelong learning organisations have played in individuals lives.

The fact that the actual events depicted within narratives remain out of the grasp of the researcher was not of central significance to this project: rather the aim was to capture the symbolic meanings that stories have in each respondent's life e.g. in bolstering self-esteem, celebrating success, demonstrating resilience in the face of adversity &c. Plummer identified that the power to tell a particular story is seldom under conditions of one's own choosing, and the reality for those facing challenging circumstances is that they may have been hitherto deprived of opportunities to relate their story to others. Creating an opportunity for people to tell their own stories in depth and being listened to is a potentially liberating experience, and although this wasn't the central aim of our methodology, the possibility that this might occur added further appeal to our proposed use of narrative investigation.

This does not, however, signify that we remained 'blind' to the possible pitfalls of narrative investigation that have been well noted by Plummer (1997). For instance:

Narratives have no simple unitary or fixed character - many versions are possible for the same set of events;

Those who 'consume' the stories told similarly 'read-in' their own meanings to these narratives; and,

Stories portray 'third parties' and it is possible that the characters that populate stories may not be entirely happy with potentially negative representations.

## 3.3 HOW THE RESEARCH PROCEEDED.

In the first instance, we sought to gain as much existing information as possible about potential participating organisations. The lifelong learning organisations concerned were well used to a constant round of bidding for resources, and as such, we were furnished with some very detailed organisational profiles. A series of 'trust-building' meetings then took place with the aim of:

Informing participating community organisation representatives / heads [effectively gatekeepers to potential research participants] about the purposes of the research;

Inviting participation; and, if agreed,

Briefing gatekeepers on purposive sampling procedures for the focus groups.

Specifically, in relation to the latter point, the gatekeepers were asked to identify individuals who were enthusiastic 'engagers' / users of their service, moderate 'engagers' / users, and occasional 'engagers / users'. The composition of each focus group consisted of one 'enthusiastic engager', and two each from the 'moderate' and 'occasional' categories, plus [in most but not all instances] a representative 'link person' (usually a local 'learning-champion') from each organisation. This was in- keeping with MacIntosh's (1993) recommendation that focus group participation is optimised by a group size of 6 - 10 respondents.

Following initial 'trust building' meetings with potential participants, a series of six focus group interviews were conducted. The original intention was that two of the groups were to be drawn from 'health' organisations, two from 'locality based' organisations, and two from organisations whose primary purpose are in facilitating skills / education. In the end, these distinctions proved somewhat porous, and it soon became apparent that groups could not be easily distinguished in such terms: effectively, all of the organisations undertook all three functions. The usual protocols in respect of information and consent were observed. Focus groups took place in the familiar surroundings of the venue in which the lifelong learning activities usually occurred, and lasted between 60-90 minutes. Participants were remunerated for their contribution to the FG by means of a £10 gift voucher for local shops in addition to travelling expenses. The researchers were acutely sensitive to the potential distorting effects of such payments: However, once it was considered (at the planning stage) that individual participants may be in economically 'straightened circumstances', it was agreed that the principle of paying participants 'real money for real work' outweighed concerns about potential distorting effects. At the outset of the FG interviews, additional consent was sought to request permission to tape record and transcribe the interaction.

At the end of each focus group, it was reaffirmed that each member consented to their contributions being used as part of the analysis: The specific topic areas that were addressed included:

Introductions;

The 'journey' to service user;

Why that particular service/ group was chosen?

Typical activities.

What has been gained?

What more could be done?

How have participants developed as individuals?

Individual gains in terms of confidence;

Individual gains in terms of symbolic importance;

Types of skills or support gained;

New friendships and networks;

Whether or not political, social, or community engagement patterns have changed?

Gains in terms of goods / services; and,

Hopes and visions for the future.

In reality, the FG interviews often departed from this anticipated trajectory.

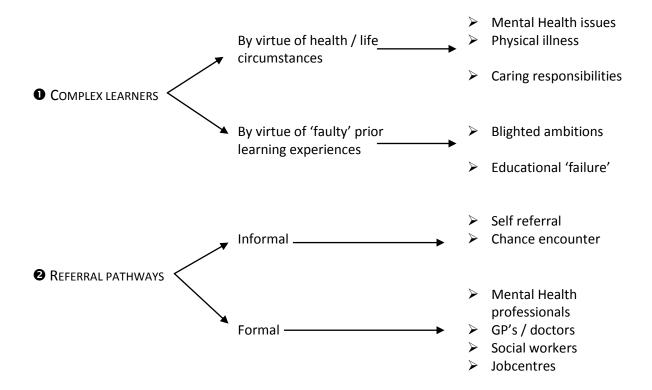
Thematic analysis of data was carried out along the lines identified by Dick (2005). Open coding allowed for the identification of participants points of view, experiences and any other issues that they wished to raise. Further data coding generated a more involved theoretical understanding of participants' meanings and experiences. During the process of the each focus group, we identified individuals who could potentially contribute narrative interviews.

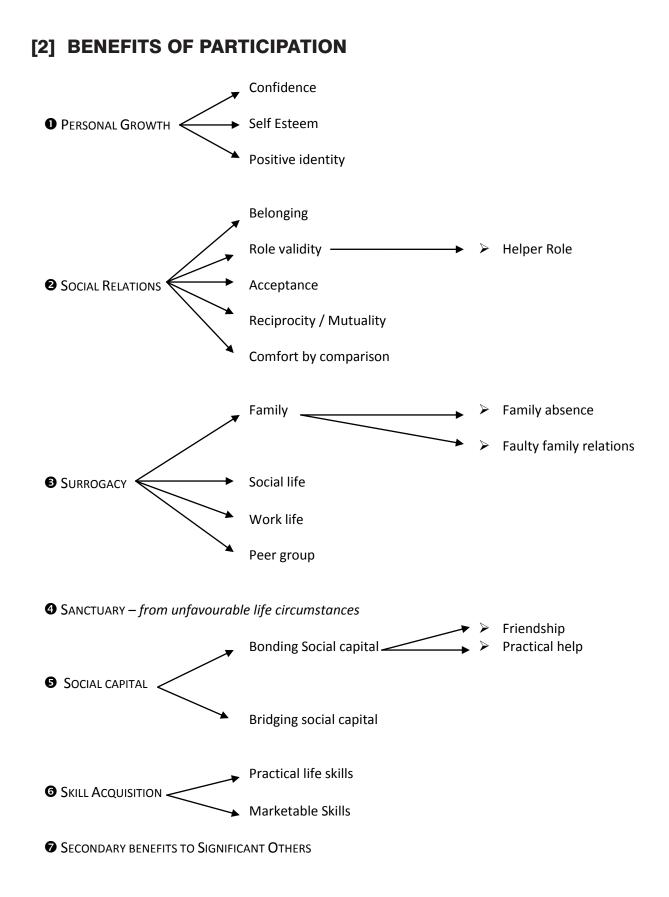
Group participants who expressed an interest in partaking in individual narrative interviews were provided with a second information sheet and additional consent was sought. It was originally intended that six narrative interviews would be conducted. In the event, only four of these actually took place. Once again, interviews were conducted at the premises of the host organisation and at a time that was convenient to each participant. Once again, participants were remunerated for their contribution by means of a £10 gift voucher for local shops and travelling expenses to and from the venue. Permissions for the recording, transcription, and analysis of each interview - together with requests (in relation to realistic guarantees of confidentiality) and for the potential future use of data were made at both the beginning and end of each interview. Each interview lasted about 60 minutes. Holloway & Jefferson (1997:62) described this style of interviewing as 'the art and the skill of assisting narrators to say more about their lives .... Without offering, at the same time, interpretations, judgments, or otherwise imposing the interviewer's own relevancies [priorities].' The interviews, broadly asked the respondents to relate their life-story, ending at the point of their current engagement with the lifelong learning group.

# 4 WHAT WE FOUND OUT

The first step in analysing the kind of qualitative data collected during this study is to check carefully for recurrent themes. The following diagrams represent the main issues that people talked about over the course of the interviews. Of course, people do not talk in such an organised fashion. The issues identified here were introduced at various points during different interviews. They merely formed the 'building blocks' for the various life stories that were openly shared with interviewers. Of course, not all of the interviews contained all of the themes identified here. It could be expected that, depending upon the nature of the lifelong learning group, people would place differential emphasis upon different issues, and this was indeed the case. However, all of the interviews raised multiple issues identified in the following diagrams. Data gathered during the course of the narrative interviews is presented in 'bracketed-off' boxes in order to preserve the holistic nature of these stories: These 'boxes are inserted within the main body of the analyses in order to reinforce or add to the findings of the focus group interviews. When analysing data of this kind, counting the number of times that a particular word is used arguably adds very little to the analysis in terms of understanding. Notwithstanding this fact, at the end of the section we present several 'word clouds' that are based upon the number of times particular words were used in the interactions. These were constructed as a means of checking that the various interviewees made similar issues topically relevant, and indeed this exercise revealed a remarkable similarity between groups in differing lifelong learning contexts.

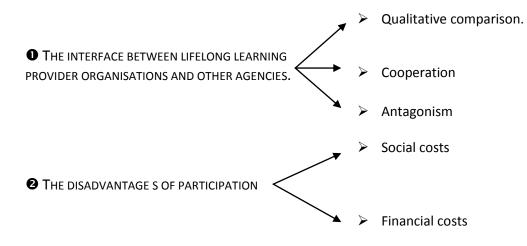
# [1] LEARNER CHARACTERISTICS AND REFERRAL PATHWAYS





The above themes integrated into '**Narratives of Improvement**' in relation to [a] health improvement / wellbeing, and / or [b] educational success.

## [3] THE BOUNDARIES TO PARTICIPATING IN LIFELONG LEARNING



# 4.1 LEARNER CHARACTERISTICS AND REFERRAL PATHWAYS

## 4.1.1 COMPLEX LEARNERS

Many of the people participating in the lifelong learning groups might be deemed to have 'complex' needs by virtue of the presence of a number of health or lifestyle challenges. It could be conjectured that some of the individuals interviewed might not have fitted easily into more formal learning environments. For instance, the following quotes illustrate some of the mental health difficulties faced by some of the learners. The following respondent identified caring responsibilities as being at the root of her psychological distress.

FG5R2:99-103

I just sat in the house and, like, went through all this, you know, aggravation and turmoil of what you've been... Because you think... You just think you've got to put up with it. That you're conditioned. You know, you're the mam and you've got to sort of everything out.

The extract below is illustrative of a fairly recurrent theme within the interviews; namely that of struggling to address matters on one's own account before finally seeking assistance or help via the forum of a community group:

## FG5R1:48-51

I was trying to manage things myself - as you do. Because you hate to, like, give in. You know and when all else fails - when you've just got to get some help somewhere else, you know. I mean, obviously, my own health suffered throughout but I was actually feeling suicidal when I rang. Health issues were by no means limited to those of mental health, and a number of learners reported significant physical difficulties, none more so than the following respondent:

```
FG3R5:144-147
I'm terminally ill - I've got _____ cancer. I was a [worker] for about 20...
No, sorry, 17 years before I took bad. I got myself pulled round a bit. I
thought ____ and I knew about the [group] through work.
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Others reported that difficulties in participation arose from the fact that they were deeply involved in the role of carer for vulnerable others. For instance:

FG2R2:129-132

I've a disabled husband he has a \_\_\_\_\_ a kind of mental disability. And I have a son who has some special needs. And I've also been involved in looking after my parents now that they're becoming elderly and \_\_\_\_\_ dementia.

And,

FG2R4:141-142

My husband has been in a wheelchair for about 7 years. He's also had shingles for 5 years. And he's quite a handful.

A number of the people interviewed reported previously negative experiences of education or worse still, being completely deprived of educational opportunity. The following respondent was a lady who had joined an art class in later life, partially as a means of coping with difficult life circumstances, but also out of the lifelong interest in this pursuit coupled with thwarted ambitions.

## FG2R4:193-195

I've been interested in art since I was at school. I was supposed to go to Art College but the headmaster told me my dad was a miner and he wouldn't be able to afford to keep me until I was 21.

Others reported a 'raw deal' at the hands of the formal education system. In this sense, by using the term 'educational failure', we mean to imply that more formal approaches to learning (often school) were reported as problematic by the interviewees concerned. Elsewhere, this respondent reported that these limited or negative outcomes were due to the low expectations of others.

FG6R3:59-61 and 245-248

No, I finished school at 15 and just went straight out to work. And I don't regret it. But I'm doing a course at the moment - an Early Years Practitioner. Oh, and I'm doing an English course.... I didn't really pass many of my GCSEs. And ever since I've left school I've found that I've learnt more and then this course is helping me with my Maths and English. Unsurprisingly, given this array of various learning needs - which were by no means uncommon amongst the people interviewed - many reported being in a state of 'turmoil' when first engaging in the lifelong learning groups. We contend that it is difficult to imagine how more formal learning environments might have accommodate such learners. The following outlines an interviewees observations on a fellow learner who had recently joined the group:

## FG5R3: 675-678.

She can't talk at the moment. She will, I think, eventually and it'll, like, unburden her, you know. But she's just been interested in listening to everybody else. So probably she's gaining something from our experience here.

## 4.1.2 REFERRAL PATHWAYS

The various lifelong learning groups studied demonstrated an impressive level of flexibility in terms of referral pathways. All of the groups allowed for self referral or informal referral to a greater or lesser extent. This is not to say that more formal mechanisms did not exist: indeed referral was one of the most interesting aspects of interface between the organisations studied and more formal learning and health providers. There was much evidence of referral from the NHS and social services. As such we can think of the organisations considered here as being part of an ecology of learning and care provision, and we will return to the theme below in our discussion. The following extract relates how an elderly man referred himself to a lifelong learning group following his retirement from work to assume a full-time carer role.

## FG2R1:17-20

I retired early at 60 to look after the wife. I didn't know about the [group]. I think it was just someone mentioned it actually, and I came down here just and, you know, asked them to put my name on the list and that's it.

Other referrals appear to be for more 'accidental' in nature insofar as people found out about lifelong learning groups from friends and casual acquaintances.

## FG2R2:40-43

I was talking to somebody that I knew who worked for the [group] previously and she, kind of, talked me in to getting in touch with them.

Formal referrals to the lifelong learning groups arose from a surprising number of 'official' sources across the state sector. Most typically various agents of the NHS took the opportunity to refer individuals seemingly as an alternative to medication or counselling interventions. For instance:

#### FG1R2:47

[It] was \_\_\_\_ mental health \_\_\_\_ I spoke [it was the mental health worker]
who told me about it.

### And;

### FG2R1:404-408

The doctor sent me to [group] about two years ago. Because me and the wife - we thought she was going to die then because her kidneys stopped in Intensive Care. So he said, "Instead of you going around the bend, I'm going to send you to [group] to chat to them and whatnot." Similarly, the in following data the interviewee explained how he was referred to the lifelong learning group by his GP following a major life change.

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FG3R4:109-117
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My name is [Respondent] \_\_\_\_\_. I was working in the \_\_\_\_\_\_ industry. I had an accident. I went to see the doctor and he said, "You're under... This has brought a depression onto you." And I was under a lot of stress at work. And after a few weeks he said, "What are you doing with yourself?" I said, "Not very much to be honest with you." I said, "I'm normally very active but this has got me, kind of, beat, you know." And I said, "I just can't sort myself out." He said, "Well, would you like to do some volunteer work through a counsellor?"

Similarly some social workers in the locality appeared to be fully (and appropriately) aware of the potential benefits of engagement in lifelong learning.

## FG1R1:19-20

Actually, my Social Worker mentioned it and he brought me here for the first meeting.

And;

FG2R3:61-64

My husband went to a dual care home and because I was so upset, the Social Worker that came to see me suggested that I came to the [activity] class because I'd been interested in the [activity] for, sort of, a lot of years.

It was noted above that the groups incorporated into the bounds of this study varied considerably in their intentions and purposes: some were more clearly orientated to 'instrumental'<sup>2</sup> outcomes and ends, and this was certainly true in the following case, in which it was suggested that the person concerned could benefit from undertaking some form of voluntary work in the community.

FG3R1:23-26

I was made redundant last year after working 31 years. And it was a big thing. Massive really. And when I went into the Job Centre it was the Pathways to Work Advisor I saw recommended that I do voluntary work.

<sup>&</sup>lt;sup>2</sup> By instrumental, we simply mean 'goal oriented'. Examples of such goals might be the attainment of specific qualifications, or employment.

# 4.2 BENEFITS OF PARTICIPATION.

All of the respondents questioned identified benefits from the participation in the lifelong learning groups. Of course these benefits are were diverse in nature and included issues of personal growth, improved social relationships with others, surrogacy (by which participation appeared to fill a void in persons life), sanctuary from the demands of otherwise difficult life circumstances, and a range of practical benefits and gains.

## 4.2.1 PERSONAL GROWTH

Increase in confidence, self-esteem, and a more positive self-identity perhaps provided the most dramatic evidence of benefits to participation in lifelong learning projects. The following extract records a respondent's reported increased confidence in general.

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FG3R2:749-751
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I was always a behind the scenes person. So I would do things, but I don't want to be up front. But it's built my confidence up now. You must have seen a difference in it?

And;

FG3R6:693-695

Sometimes about confidence and self esteem and self worth. That's what you pick up a lot, don't you?

In many instances reported increases in confidence were illustrated by contrast to prior life experiences, and this was especially the case when prior experience had led to respondents' negative self images. For instance, the following extract relates how a woman was left feeling inadequate and 'non-academic' after her school experiences.

## FG6R1: 545-550

There is a big divide, isn't there? Or it's perceived or you stereotype the academic people and the non-academic. Where, really, it's not like that. And I know realise it's not like that. But it's taken me quite a long time to realise that, actually, you can be academic and creative and, you know, run a home and multi-task. You can be all of those things. Where I think in the past you were labelled as a woman and you couldn't possibly do the job. The academic side - you know, go to college, go to university and do it all. But I think we're not realising we can.

Very often, interviewees reported a growth in confidence and self-esteem from a very low basis, often to the extent that individuals reported experiencing major difficulties in day-to-day social functioning. In the following data the respondent celebrates the fact that participation in the research project represented 'evidence' of a big step forward. This data extract also indicates a self- reappraisal.

### FG1R5:1372-1381

Everybody [is] talking about what [Group] has done for you, and I don't know if people realise this but when I came to [Group] I had so little confidence. And I found it very hard to talk to people. Now if I look at myself then and I look at myself now, a couple of years ago there was no way I would put my name forward to be in this research in case I had to speak to you, because I didn't know you.... But I think [Group] has given me the confidence now to know that we're all equal.

Not that such self development is easily attained, and many of the respondent's repeatedly referenced the effort (or indeed struggle) entailed. Interestingly, while the intention of the lifelong learning group may have been ostensibly 'instrumental' in nature, the most significant gains here appear to be in terms of self esteem and self image rather than tangible skills or qualifications.

### FG5R2:73-86.

I actually had, like, low self esteem and I was taking all their problems on as my problems. Trying to sort them... You have no go in you to do anything because all this is going on around you and you sort of lose yourself.... but I can separate myself from the problems and through [group] I've done loads of courses, through [group], courses that we've done in \_\_\_\_\_ we are. And you find yourself again, but it is like a long, hard struggle.

One of the most powerful benefits reported by participants in lifelong learning groups was that of a more positive outlook towards the future. The following extracts illustrate how individuals were instilled with hope as a consequence of group participation.

## FG2R3:979-989

It sounds a bit grand to say, you know, it's changed my life. But I suppose it has, really. Because most of the things that I do now have kind of evolved around them. You know, I go to lunches and we're going to Christmas lunch next with the [group] and I started doing the [activity] and met lots of people there. And, you know, we do keep in touch to a certain degree.... So yeah, I suppose it has changed my life.

One of the most salient 'hidden injuries' of challenging life circumstances is that one's time horizons are narrowed to the extent that it becomes difficult to envisage future success. Overburdening concern with the present often means that it is difficult to envisage future success, and that most precious of commodities in life, hope, is hard to come by. The following data was provided by someone who was excluded from the formal employment sector by virtue of the caring responsibilities.

## FG5R4:220-228.

You know, one day I will get back into work. And I got involved, first of all, in some training. They got me into - which boosted my confidence a bit. And involved in the Monday night meetings - picking people up, taking them home. And when I first sort of came, everyone was just so friendly, supportive, and I felt as though I needed - although I wasn't a carer of someone \_\_\_\_\_\_ at the time, I felt the meetings actually helped me through my depression and my low self esteem and everything. Hope and positive orientation towards the future forms a vital substrate for a positive sense of self. In many instances respondents reported gaining a positive sense of self identity and, as suggested above, this was made all the more dramatic by contrast to very challenging life circumstances. In the following extract the respondent reported how his life experiences had rendered him suicidal, and quite literally, how participation in the lifelong learning group had given him a reason to live.

## FG3R5:367-382

It got to the point with me, in the beginning, where I considered suicide. I knew what I was going to do. I was that low. I'd spent three years - three and a half years - in and out of hospital having numerous... I think I had 12 \_\_\_\_\_\_ operations in a short space... I didn't have it [hope] then. I needed something I could get into so I could get something... I needed to get an aim, a goal. I needed to have something to get out of bed for and focus on. Otherwise I was just going to go down the wrong way street and do something really bad. I couldn't accept what had happened to me for no apparent reason. I couldn't understand why me? But that's all in the past now, you know.

Others reported developing new personal traits as a consequence of participation. For instance this person told us about developing a highly determined attitude to succeed in spite of significant physical problems. Thérèse's story is presented in further detail below.

## FG3R3:1887-1891

I'm so stubborn that people say, "You can't do this [X]." I will prove them wrong and I will do it at my own pace. I think it's just determination with me. It's like I've had people so many times saying, "Ee, [X] I don't think you can do that." Now I would prove that person wrong.

Jane's story encapsulates many of the elements discussed in this analysis so far.

## **CASE STUDY: JANE'S STORY**

Jane grew up in a rural environment in the North of England, attending local schools until the age of 13. The isolation of her home meant that at the age of 13 she had to attend boarding school. Recalling leaving home she told us:

## NI3:87-90.

I don't know.... I don't know how I did it. I don't think I liked it, being away from home at age.

Life at boarding school not only disrupted her family life, but also meant that she was parted from her brother. However, Jane also spoke of a difficult childhood.

## NI3: 150-167.

I can say that they were happy times are good things we used to live in [isolated village] is that wasn't a lot we did as a family. I would say I can remember times when my mum was fighting with my dad because he had been drinking\_\_\_\_\_\_ and gathering is altogether in the middle of the night was just one incident I remember.... I knew wasn't happy. Jane got a part-time job at the age of 15 which she recalls did not go down well because:

NI3:204-205. Mam wanted me to be a certain person, and I was becoming something different.

Things didn't continue well at home, she made friends with a group of people who were 'into more fun things'. She took employment that she wasn't really interested in or motivated to do as a means of keeping her mother happy. Jane did have ambitions, but these were dismissed by her mother as being 'not good enough'. By the age of 16 Jane had left home to live with her boyfriend. She suggested during the course of the interview that:

NI3:267-268.

I look back and I think that I had no choice when I was younger.

This relationship broke down, and consequently she found herself living alone by the age of 19. Shortly afterwards, she met an older man, and began a relationship which was both controlling and abusive. She moved from the area with her new partner, and was quickly pregnant with her first child. She told us that where ever she lived, her partner would always select a relatively isolated location (and these issues were compounded by the fact that she didn't drive, and was 'kept short' of money). When she became pregnant for the second time, I was feeling quite desperate, she asked her parents for help: however her parents did not take kindly to the news of the second pregnancy, and sent her a letter essentially disowning her. The extent of abuse in her relationship led her to eventually split up from her partner. After being reunited with her family, further relationship ensued which also entailed an abuse. She recalled asking her family doctor for help:

NI3:774-777.

'I mean \_\_\_\_\_\_ I went to the doctors and she gave me a prescription for antidepressants. And then she said.... pull yourself together. I told her where to go.... I kind of lost it with her and that.'

Eventually, after a catalogue of difficulties including trouble with neighbours, social isolation, and some serious mental health problems, Jane found herself in attendance at the lifelong learning group.

#### NI3:799-805.

I don't know why you came but I don't think I missed a week.... I came every week, and I sat by the door every week, and I thought I don't even know.... if I spoke for the first 10 sessions. I just know that my goal was - by the end of the 10 weeks, to be sitting at the other end [of the room].

Jane went on to explain the value of attendance, even though she could not see this at the time. It should be noted in terms of lifelong learning that this sort of early involvement with potential learners appears to be at the level which we would wish to describe as '(pre)pre-engagement'. Jane described to us her initial feelings of attendance at the lifelong learning group:

## NI3:807-847.

'I don't know what it was. There was just something about being there that was comfortable. That I needed to stay.... If I couldn't come here today I will probably be going downhill in some way or somewhere.'

# 4.2.2 SOCIAL RELATIONS

Perhaps our most significant sources of self identity are derived from relationships with 'significant others' in our lives such as family members, close personal friends, and colleagues. These relationships give us a sense of purpose not least because we believe ourselves to be appreciated by others. The absence of these relationships (and compensation by means of participation in lifelong learning activities) are explored in greater depth below. A further significant source of identity relates to a sense of belonging to some wider community (Bauman, 1990), and many respondents highlighted that such 'belonging' was the most important mutual benefit of participation in the lifelong learning groups. In research very similar to this study, Munn-Giddings & McVicar (2007) found that participation in self-help groups yielded personal gains of empathy of others, coping - especially with crises, the availability of experiential knowledge, peer support and friendship. The current study largely concurs with the findings of these researchers, and the data examples offered below instantiate these gains. For instance;

FG3R2:687-690

I think it's good to be part of the group. You know, I feel quite privileged that I am part of the group because, you know, it's just like opened new doors for me.

For some people this was an unanticipated benefit of participation.

FG5R4:896-901

You see that's what I, originally, used to the think groups were for. Like what was the point of going - they can't fix it. Because that's what I thought you went for to get a solution. But what I learnt by starting off going as a volunteer is it's not. It's the support. It's the fitting in. The non-judgemental... Just somewhere where you belong.

Many highlighted the presence of a 'safe' social environment as providing the platform for further learning, personal growth, and skills development.

FG5R4:235-236

And the main thing was just like the friendship. That bonding. That place where you feel, sort of, comfortable.

Seemingly what many of the lifelong learning groups provided was a set of social conditions that more or less mirrored the basis for therapeutic relationships as identified by Rogers (1967), who suggested that the following qualities were necessary in order to facilitate personal growth:

Empathy - so that that person feels accepted and understood;

Genuineness - accepting others without face or facade; and,

Warmth - treating people in a 'human' way in a safe and not threatening atmosphere.

Perhaps the most significant of these conditions was the unconditional acceptance of participants by their peers. In many of the reported instances this un-conditionality appears to have been based upon special insights yielded by facing up to challenging life circumstances of a similar nature. For instance:

## FG1R6:1014-1018

I think it's an inner understanding. From other women that have had - not necessarily the same problems as yourself, but just an understanding of... What's the word? Of maybe not being accepted or feeling low. Because I would say that was my... My biggest thing was the loneliness inside.

Others reported that the lifelong learning groups provided an opportunity for catharsis, or 'letting off steam' which was both accepted and understood by fellow group members.

### FG5R2:1168-1170

I think it goes beyond the friendship. Because we know we can trust each other and whatever we say, it doesn't matter whether you want to swear, whether you want to shout, whether you want to cry.

In the following extract, the respondent reports the difficulties of relating a significant loss to the people outside of the group. In particular she highlighted the difficulty of having to explain the circumstances surrounding her daughter's death over and again to people who haven't experienced similar life events.

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FG5R1:634-668
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And the thing is, with us, you don't have to keep explaining how they died and stuff because we already know.... Once you've said it once - once you've opened the can, that's it. You don't need to say it again because if you can't tell somebody else, and somebody else.

Others highlighted perceptions of being stigmatised within the wider community, and that this in itself provided the basis for difficult social relationships with others. In this extract the respondent explains how participation in the group had lessened these difficulties.

## FG5R4: 513-519

It sounds awful but it is one of those things that a lot people do and have shame to and guilt. And they don't necessarily want their neighbours to know. Even sometimes... Even just if other members of the family, they don't want to know what's going on in their own home. And when they come to these meetings, it's non-judgemental. Everyone sort of knows roughly how everyone feels. Maybe, you know, some feel worse, some feel less, but it's still that same... For other respondents, being accepted simply removed the stress from learning and group participation.

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FG3R4:618-620
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Whereas, with the [activity], they know what you like and they accept you for what you are. And there's no pressure on you at all. It's just good... Good for me, yeah.

For many, the attraction of group participation arose from the perception that they were in the 'same boat' as their fellow group members. Such fellow feeling and ready identification with others facing similar challenging issues, once again, appeared to provide the basis for a safe learning environment. For example;

FG2R1:229-231

And I knew they had problems the same as I had problems. So you don't need to talk about them at all. And they've got a sense of humour [group members].

## And;

FG2R1:255-259

[We're] virtually all in the same boat, one way or another. And, you know, so, I mean, we don't have to go into depth, at all, really. We all know as to how somebody is thinking. We can normally see if they're suffering that particular day or something like that. You can see it in people's eyes.

## And;

FG5R4:274-276

I still get my support to cope with what I've got to cope with. Because it's still... It's the coping skills. It's that feeling of, like, not being the only one with a shitty life, basically. It doesn't matter what the issue is, it's that feeling.

Extending this sentiment further, some respondents went so far as to claim that 'outsiders' couldn't possibly understand challenging life experiences.

FG5R1:558-561

You go to the caf , but different people around you have got different lives. They might have great lives - but you come here and you know everybody else has got the same shit you've got every day when you get up, do you know what I mean? Other respondents appeared to identify benefits of participation based upon the maxim of 'a problem shared is a problem halved'.

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FG1R1:416-422
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But here, everyone... We've all got our problems, but we know that as soon as we come everyone is the same as us. And everyone has had a problem in their life. So we look at it and share each other's. Help each other.

It was obvious In many of the lifelong learning groups visited that 'belonging' manifested itself as a deep sense of care for fellow group members;

FG2R1:853-855 And we... Somebody... If somebody hasn't turned up for two whole weeks - or two to three weeks - somebody will say, "Have you heard \_\_\_\_?" or Have you \_\_\_\_?" Is there something with it, you know.

One noticeably recurrent theme concerned the extent to which others were deemed to have even greater difficulties to cope with. Perhaps drawing 'comfort by comparison' represents a form of 'defence' which allows one's own problems to be minimised whilst at the same time expresses concern for others. In the following extract, the respondent's voluntary work brought her into contact with ill people in a hospital setting.

#### FG3R4:396-400

And you see people who are ill and you think, "What the hell is the matter with me?" They're much worse off than what I am. And you build yourself and your head - to keep yourself active, fit. And that's what I found at the [group] \_\_\_\_\_ for me and it still does.

In comparison, this person told us about how he gained strength from the example of others in the group.

FG5R2:253-255

[I]sometimes think, "Oh, they've got so much on their plates, you know, that you can't wallow in sort of self pity or anything." Because there's always someone more worse off.

Many people reported significant personal satisfaction from assuming a 'work-like' role within the lifelong learning groups: The most frequently reported role in this respect was as 'helper' often in relation to people in similar circumstances to themselves. For instance, this respondent reported her desire to take a more formal and leading role in lifelong learning group with which she was already involved.

## FG1R4:514-519

Being needed by others often correlated closely with the desire to help;

FG3R2; 11042 - 1046

And, like I say, the relatives - they've all died and their friends have. And we might be the only people that visit them because we're going before the visitors. And, you know, some of them are so - Thank you very much for coming." And you've got to be careful how you say this - if you're still in the hospital next week, I'll \_\_\_\_ is you're here.

In some instances the 'helper role' was consistent with the instrumental purposes of the lifelong learning group. For instance, as well as life skills coaching and learning about mental health issues, the following learning group also offered training in counselling at a formal level. This counselling role featured heavily in people's accounts of their aspirations for the future.

FG1R1:915-916

I've learnt a long of how to go about things - my counselling skills. I mean, that's been fantastic in helping me.

And;

### FG1R4:1268-1272

I'm doing... I'm just nearly finished my level 1 in counselling. I want to go on to my level 2 and hopefully go onto college like the rest of everybody else. And I want, like, to get my degree and everything like everybody else. Because I want to be a counsellor to counsel \_\_\_\_\_\_ victims.

Other respondents sought to employ their new found skills in contexts beyond the lifelong learning groups in which they were already involved. For instance;

## FG1R1:1227-1230

But my outlook is to do voluntary work for an organisation called [Relationship counselling] - where they cover quite wide aspects of life. Yes, some people think it's just family, but it's not. It's got lots and lots of actual branches off. So that's my ambition. That's my goal.

And;

FG3R3:98-100

And I love working with young people because you get so much enjoyment out of them and it's just a privilege to work with young people.

## **CASE STUDY: THÉRÈSE'S STORY**

Thérèse was the youngest child of a large family. Her father was a former military man, and later a coalminer. She described her mother is a typical 'house-woman' preoccupied by domestic labour and raising her children. Later, when she met her own partner (some years her senior) she described using her mother as a role model.

The story is typical of many working-class girls of her generation. She described her school years:

### NI4:62-65

'I was at the secondary school -- but I didn't achieve any qualifications when I left... even.... I don't know if it was lack of interest -- following everyone who was in the family sort of thing'.

Thérèse left school to work in a factory very close to the family home, and worked until she had her first child at 21 years old. She described how her marriage was not a happy one, and involved amongst other things, alcohol abuse, domestic violence, and constant infidelity on the part of her husband. Her second child was born in quick succession to her first. During this pregnancy however it was discovered that Thérèse had a serious underlying health problem. She described the difficult circumstances of bringing up her children against a background of domestic violence - in which her daughter was often drawn in as an attempt to protect her mother. Sometime later, both of her children became involved in substance misuse. Eventually Thérèse had decided to leave her violent marriage. In the following years, both of her children's substance abuse became more serious, to the extent that they both became addicted to class A drugs. Although both were able to withdraw from the use of these drugs 'under their own steam', they compensated for their former drug use with alcohol. Both also became involved in chaotic relationships, with partners who also had addiction problems, and violence featured heavily in these relationships. Thérèse's youngest grandchildren were adopted: she remains effectively the parent of the oldest grandchild. Both of her children continue to misuse alcohol and other drugs. She described to us how others in her family and circle of friends had difficulties in understanding and continued care and devotion to her family.

## NI4:493-497

My family.... and friends although they didn't agree with it -- and they used to say, you're gaan mad! You are too soft -- you're just allowing it to happen. But when you're in it, you do the best you can. I disagree with anyone who says.... you just allow it to happen -- you can't stop it.

She recounted how workers from the group had come to visit in their own home for a period of eight months prior to her attendance. Early days at the group were difficult:

#### NI4:597-598

For a long time they came to my house before I access to groups -- and then when I did come to the group I was like.... I didn't want to be a sort of thing.

She went on to explain the continued support of her adult children, and how this had been facilitated by group membership.

## NI4:517-520

Oh aye.... I'm like their rock' to me when I joined [group] I started pulling back -- -- and started singing what was going on, and I started getting information off others. Now [I think] thank God.

Furthermore, after some time Thérèse has gone on to assume a more active role within the group:

## NI4:604-620

But now as I see it, I can help others show them that you can come through it.... After a long period of time I realised I could change myself, I could change me but I can't change them.

# 4.2.3 SURROGACY

One perhaps surprising finding of the focus group interviews was the claim that attendance at group learning activities appeared to be a compensation for social relations that were otherwise faulty of even absent from the lives of those interviewed. The most typical variant of this type of claim was that the group represented a substitute for (immediate or extended) family. The most common antecedent of this type of claim concerned 'faulty' family relations. Others reported surrogate relationships which variously encompassed parenting roles, work roles or peer group membership.

The following people told us that they had essentially severed ties with their families. In the first example, this entailed both the respondent's marriage family and birth family.

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FG1R1:699-701
```

I don't have a family. And any family that I've got left biologically have pushed me aside. So I don't have a family.

And;

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FG1R2:733-736
```

I've got no idea of my parents. \_\_\_\_I know my father's dead, but my little brothers and sister - I've got no idea where they are or what they're doing. Or even if they're still alive. And to be honest, I'm not particularly interested.

Others reported that family relations had become 'troubled' as a result of divorce and remarriage.

```
FG1R4:715-717
```

My mam is alive and she's married to a step-loser, is what I would call him. And I only get on with my little sister and that's it.

Others implied that family relations, whilst intact, were perceived to be inadequate or unsatisfactory in some other sense.

## FG1R3:725-728

And my husband's family is close by. But through everything they were doing things for me, which wasn't helping. I wasn't getting the right kind of support from them. And being here, they think it's been fantastic.

In the face of these perceived inadequacies many respondents highlighted the family-like qualities of the lifelong learning groups. In the following extract the woman interviewed suggested that this aspect of life is most acutely missed at the end of term.

## FG1R4:606-608

Especially when you break up for the term. The end of term. And you've got to wait for the next year to start it up. Because you're missing your family, really.

This was not an isolated claim, and many of those interviewed agreed with this perception of a familylike atmosphere. The following respondent, an elderly lady with no geographically-close extended family, suggested that the group activity in some ways compensated for this perceived deficiency.

```
FG2R2:633-636
```

What I did have is people coming to the house - not a lot - but you felt as if you weren't so isolated because I haven't a family here, and neither has my husband. So we were on our own.

For others, group membership seemingly offered a conduit for continuation of a cherished role. In this instance the woman interviewee describes beginning a group for local children once her own family had reached maturity.

FG3R3:89-93

I started voluntary work when I was 16. And then I had my children and they've all grown up and then I... I was sitting outside \_\_\_\_\_ and a friend of mine was talking to me and we decided we were sick of the kids roaming the streets - what do we do about this? So we came up with a group called [XXX].

This reciprocal beneficial relationship is also arguably apparent in the following extract in which the male respondent relates the tale of wishing to 'adopt' a surrogate grandmother.

#### FG3R5; 850-854

Because this woman was lovely. God bless her - I would have taken her home and adopted her as a granny, she was so lovely. I even told [wife] when I got back home. My granny died years ago, and I said, "I was going to bring an 84-year old..."

One perhaps expected benefit of group participation concerned the social aspects of group life. Nearly all of the people interviewed during the course of this study reported the social benefits of belonging to a group. However, nowhere is this more acutely acknowledged than in instances where a pre-existing friendship relations have broken down as a consequence of changes in life circumstances. In the following extract the respondent reports how a pre-existing circle of friends dwindled once he was incumbent in a carer's role. Furthermore, this gentleman highlighted the advantages of group participation as a means of compensating for this loss.

## FG2R4:237-244

If somebody's not there, we want to know the reason why, you know. Is there any problem? You just... It's like one family. I mean, when you've got a disabled person, your friends and that don't feel... Your true friends come, but people that were friends before that - you had a big circle of friends, but they just disappear, you know. You just... You're on your own and you've got to try and get out and try and find somebody. In a similar vein, this lady reported how she was actively encouraged by her disabled husband to seek the social benefits of the group.

## FG2R4:440-442

And my husband insists that I go because he says that you've got to keep some friends. He's... Because nobody... You know, you get nobody coming to the house.

The potential losses concerned with unemployment have been extensively reported elsewhere (e.g. see Warr, 1994). The potential benefits of working life go far beyond remuneration for paid work and include e.g. structure, variety, friendship, and social intercourse in general. The following extracts report people's perceptions that group participation had in some way compensated for the loss of formal employment.

```
FG3R2:60-64
13 years ago I had cancer and I'd worked in a doctors surgery for 16 years
and I couldn't go back to work afterwards. And really I'm a people person,
so I felt as if wanted to do something... Especially in the village where I
lived, to payback.
```

Once again, this reciprocal nature of this benefit is noteworthy. For other respondents, the work-like structure provided by group activities seemed to provide a strong sense of purpose in life.

### FG3R5:159-163

It gives you something to get up for. Get out there, and get in among it and make a difference. And I find that very rewarding. Some day are good days, some days aren't so good. But it never puts you off. You keep going back there to put the bad days and make the good days better.

And in a similar vein;

FG3R1:539-554

You sort of wake up on Wednesday morning and think, "Well, it's work. I'm going into the [group]." And, you know, Friday the same, and I think if you sort of structure your other days around that then I think it's better if you know in advance.... So that's a regular thing for me, as well as the visiting. It's nice to have your life in order, isn't it, though?

The above data was given by members of a lifelong learning group in which voluntary work figured highly: by contrast, the following quotes were derived from a group of young parents for whom pregnancy and subsequent childbirth had meant effective separation from pre-existing peer groups. In this instance, group membership seems to have gone some distance towards compensating for this loss, and for these young women, new peer groups appear to have been established around their twice weekly attendance.

#### FG4R6:135-137

I think it's because you just wanted to get to know people that was in your similar situations. Because where you come from, like I just left school, everyone was going to college and I wasn't.

The following respondent highlighted the significance of this peer-group-like arrangement. She had originally been placed in a parenting support group with (relatively) older women and had requested to attend the 'younger' group.

```
FG4R6:188-193
I was in the other group, the under-25's in the morning. Because I found it
hard to stay awake for the afternoon one and then when I went to the
under-25's everyone did talk to you like they were your mams and stuff. So
I felt a bit, like, undermined. So I came to this one because everyone is
more or less the same age anyway. So you talk about, like, similar stuff
here. So it's better.
```

Of course, the young women who reported these social benefits are not the only people to gain from group attendance. In all cases they attended with their young children and the following respondent reported that this arrangement had also benefitted her child.

## FG4R10:458-462

I didn't know any of these before I came here. And we're pretty much all in the same situation and we've all \_\_\_\_\_ things and then the babies have grown up together, so we're all watching, like, the kids and that grow up together. I didn't really socialise with people when I was pregnant. So I had no friends.

# 4.2.4 SANCTUARY - FROM UNFAVOURABLE LIFE CIRCUMSTANCES

Many of those questioned during the course of this research told us about the opportunities for 'timeout' or 'escape' provided by group participation, and this is what we mean by our use of the word ' sanctuary'.

For some such as the following respondent the issue to be 'escaped from' was the onerous responsibility of the carer role. This 'time out' was both sanctioned and indeed encouraged by the respondent's wife.

## FG2R2:171-175

No, I've got no [activity] in me at all. I'd never done any [activity]classes. I never went to night schools or anything like that. And my wife talked me to coming into here. So this is like relaxation away from her, to be honest.

Similarly, this respondent (who had a young family) reported the benefit of time-out from her partner.

FG4R9: 276-278

No, I enjoy coming on a Friday. It's good fun. It gets you out, it gives you peace from being in the house.

For some respondent's, the presence of a time out period warranted and 'letting off steam'. Others however seemingly just appreciated the psychological and social space afforded by the group.

FG5R4:1290-1293

Everybody does need some time to whinge - just to sound off, and just to, like, release the pressure cooker, type of thing. And that, sometimes, that's all you need to get you through to the next week.

Compared with:

FG5R4:700-703

But if they just want to come and just sit there and be quiet, you know, for the hour and a half. Getting away from whatever is going on in their home – that's fine as well. I think everyone gets different things out of the meeting.

## 4.2.5 SOCIAL CAPITAL

As noted above, The North East Social Capital Forum (2006:3) defined social capital as the 'social glue that helps people, organisations and communities to work together towards shared goals.' They further distinguish between 'Bonding social capital' - ties that connect similar people; 'Bridging social capital': links between people with different interests or views or from different social backgrounds; and, 'Linking social capital': links between people with different levels of power or social status. Even a cursory reading of the above findings would lead to the conclusion that there is a great deal of evidence of bonding social capital being accrued by group participants. However, we also feel it useful to identify specific instances of social benefit here. Evidence of the bridging and linking concepts of social capital is perhaps less apparent in the above analysis, and data supporting these ideas are documented in the following section.

Perhaps the most obvious sign of bonding social capital is the formation of new friendships. The researchers were struck by the evident friendliness of all of the lifelong learning groups visited, and almost all participants in this research expressed the benefits of gaining new friends as a consequence of their group activities. The following data were typical of such claims.

## FG1R3:575-577

I come into [Group] and then we meet outside. Have a cuppa and a chat with friends - which I didn't have friends. I mean, most of my good friends are here.

Significantly, most people reporting new friendships went on to explain that these bonds extended beyond the context of the lifelong learning groups. What made these new friendships all the more significant is that they were often reported by people who might be considered 'socially isolated', or those having to deal with challenging life circumstances. This was certainly true of the following respondents.

## FG1R1:949-955

I've built up a close actual bond, and friendship, yeah, it goes on not just in here. It goes on very strongly outside. And that includes \_\_\_\_\_ develop. I meet friends of hers which have got nothing to do with here and then we become sort of friends. But no, you build up close friendships and it's not just here at the [Group]. It's outside as well.

#### And;

#### FG1R6:963-966

I've met two extraordinary women through here. I mean, I've met a lot of, you know, but... Two that I've, like, bonded with. One I have a relationship out of... You know, I'm friends with her. And the other not so much. But she's there if I need her. Uh- huh.

In contrast to these sentiments one respondent identified that he tended to relate to fellow group members as companions or colleagues rather than friends. This orientation was possibly a function of the nature of the lifelong learning group concerned in which whole group meetings tended to be less frequent. Also the purpose of this group was perhaps more work-like in comparisons to the others in this study. He referred to attendance at the group as 'work'.

```
FG3R5:1250
```

No, colleagues. No. I don't mix the two - sorry, not at work. No.

Friendships formed as a consequence of participation in the groups often meant that people could rely upon fellow group members for practical assistance in a whole range of activities. Most often these activities concerned mundane matters, for instance:

#### FG1R1:1071-1074

Yeah, we all do stuff for each other. If we're stuck with something - not necessarily from here - then we can ask people from here. Yeah, if they know how to do this, or if we want a hand with decorating. Or if we want to actually go out shopping.

And in a similar vein;

FG1R6:1086-1088

if I wanted a lift, because I don't drive, if I wanted a lift... me and [other] were on a course together at Washington and [other] used to give me a lift back. Now I never asked - that was offered. And then I have another friend. If I needed anything, I know I could ask for a lift.

However, there was also evidence of people seeking practical help and advice with 'weightier' matters. In the following data, a young woman explains how she relied upon the advice of her peers in parenting her infant daughter. Clearly, she had made the judgement that this was more useful than her mother's advice - and the context i.e. the group was supervised by trained professionals - might lend support to this perception.

#### FG4R6:138-142

So I was wanting to meet people who were in my situation with kids and then people who you could get advice off and stuff. Because it's alright getting it off your mam, but when people have just recently had kids, it's easier to talk to them about the problems than talk to the family and that. This respondent told us how fellow group members had rallied round her when she had been faced with her daughter's death, and this is perhaps the clearest illustration of the operation of these 'bonds' in the face of the most challenging of life circumstances.

#### FG5R3:205-207

And when she died they were very helpful then. They came and helped me out, actually. Clear her house and things like that, actually. Which was, you know...

Clear evidence of instances of bridging / linking social capital was also found within the data. Participants provided many instances of friendships that have developed **across** social boundaries and generations. People also told us of how they were able to establish (and benefit from) formal links with other institutions. The following data examples provide instances of these bridging and linking social interactions. For instance, this respondent reported mixing and becoming friends with people from social backgrounds that were very different from his own.

#### FG5R4:1070-1073

But I think the surprise for me was, like, how many sort of lovely people from all sorts of walks of life that I've got to know and that I class as friends, which I would never have met them, sort of, otherwise.

In a similar sentiment, a young woman explained to us how she was able to make friends with an older woman. The context of this friendship was that they were both new parents, and it was clear from the respondent's explanation that she derived a great deal of support from her unanticipated new friendship.

#### FG4R6: 412-414

I mean there was a woman who was 42 that was in - she was just having her first child. And she was more like a grandma to me than a mam. But she was lovely. She was. She was more like a grandma to me. She was lovely.

As many of the organisations that participated in this study had established links, not only with similar groups in the area, but also with a range of more formal learning institutions. We found evidence of the 'exploitation' of these links to the benefit of those people who are participating in the lifelong learning groups. In the following example, the woman told us how she expected to 'progress' towards further learning in a FE environment.

#### FG1R1:1332-1337

## 4.2.6 SKILL ACQUISITION

The data examples presented thus far have concentrated upon the fundamental gains derived from participation in lifelong learning groups in terms of social benefits. In choosing to highlight these aspects of participation, there is almost a danger of forgetting that most of these groups ostensibly operate on an instrumental basis e.g. in order to furnish people with skills. The following data highlights skills acquisition. In the following extract the respondent reports how group participation has furnished her with important life skills.

#### FG4R6:225-228

We did the cooking on a budget the other day. We did the healthy eating. And they also put us in touch with the antenatal and post-natal groups. And then it also helped us win an award on being a parent as well

AND Later in the same interview;

#### FG4R6:265-268

We made like a family \_\_\_\_\_plan and stuff. And how to make your meals go from, like... Say if you only had so much money to buy so much, how you make it bigger by adding different things to your meal and stuff.

While skills such as these are of no doubt critical importance (especially for those who newly find themselves in a position of having to manage a household budget), other participants told us about marketable skills gained as a result of group participation. The 'instrumental' aim of such skill acquisition is obviously gainful employment. Once again, some of the participants told us that these skills have been gained almost accidentally or as a by-product to the main activity of the group. In the following data extract, one elderly gentleman told us about his newly gained IT skills.

#### FG2R1:889-891

I didn't learn the computer until years ago. I've got a 40-page website which I programmed myself. Which I should not have been able to do.

Other respondents were positioned to enter the labour market as a consequences of the courses completed at the lifelong learning groups. For instance, this woman told us that she was currently employed in the childcare sector on the basis of qualifications gained.

#### FG6R1:20-26

And I started with the [group] because I wanted to do something for myself. I was made redundant from BT and I started on an early years course. The early years course I did led to an Early Years Level 2, Level 3 course. And then I did a Level 4 course. And then I did me Cert Ed and then I'm now doing the year honours degree in Education and Training. So if it wasn't for the first course I did, I wouldn't be here today. Others told us of aspirations raised by the successful completion of the vocational courses.

FG1R6:1216-1218

I would like to be an eclectic counsellor. I would like my degree. I would love to go onto my Masters and have a PhD before I'm 62.

At this point it is worth reminding readers that many of the learners interviewed who commenced from a very low basis in terms of educational accomplishment. In addition to this, as has already been illustrated above, much of the subsequent learning was accomplished against the backdrop of very challenging life circumstances. Given this combination, they were times when learners spoke of their attainment almost as being accidental, or having happened without them noticing. The following data extract is typical of such a claim.

FG5R1: 386-390

you achieve things that you don't think you could have done. Do you know what I mean? I mean, I never thought I would have done half the courses I would have done. \_\_\_\_\_ the certificate because of what I've got, and still getting them, you know.

However, it should be noted that there is no automatic translation between skill acquisition and subsequent employment, and a minority of respondents reported that they had encountered difficulties in attempting to move from some lifelong learning contexts to paid employment. The data below was typical of those expressing this sentiment.

FG3R5: 1442-1448

I've tried to get into the [public sector] - I've tried several times. And it appears that I'm good enough to be a volunteer and to go anywhere and do anything, but I'm not good enough for paid work. That could be because of [disability] - I don't know. But they just don't want to know. Not at the moment. So I've got to just keep plugging away. While I'm here, I'll keep trying.

### 4.2.7 SECONDARY BENEFITS TO SIGNIFICANT OTHERS

There were some instances in the data when respondents told us about benefit to significant others in their lives brought about by attendance at the lifelong learning groups. These benefits were not necessarily anticipated. In the first example below, a mother engaged in a series of 'early years' courses with a view to employment in that sector told us how her son had gained from her newly found skills.

FG6R3: 447-449

it's helped me with my own son, because he's only 15 months. It's helped me how to sort of interact with him and how to help him learn as well.

Perhaps less surprisingly, others told us about intended benefits to others. An earlier example illustrated how young women had gained a new peer group as a consequence of attending parenting support group. What was true for these women was also seemingly true for their infant children; in the following extract, one mother explained how a child has also made friends.

FG4R6: 340-343

it's made [child] less shy. She was really, really shy at first and now she'll like... She'll happily to talk to anybody and she likes waves and stuff. It's made her sociable.

## 4.3 'NARRATIVES OF IMPROVEMENT'

Mishler (1995), discussing the everyday activity of storytelling, suggested that the issue of time was central to how a story is told. Further, he went on to explain that stories are rarely told in the order in which events actually unfolded. This is largely a consequence of different events illustrated within the same story being more (or less) important to the person who is telling the tale. All stories of course, must have a point, and the point of a particular story can often be found embedded in its actual sequence in which it is told. The following examples of data illustrate how stories emerged during the course of the focus groups. These stories were not asked for specifically in the focus group interviews, but nevertheless, people took the opportunity to tell us (in an indirect way) about the life histories: In other words, stories were 'embedded' in the interviews. All stories must have a point, and overwhelmingly the 'point' of the following stories was to demonstrate successful outcomes as a consequence of attendance at the lifelong learning groups.

What made these narratives all the more striking was that they all invariably commence from a point of loneliness, anxiety, or social need experienced by the respondents prior and up to the attendance at the lifelong learning groups. For example;

#### FG1R3:251-256

\_\_\_\_\_when I \_\_\_\_, when I started coming say for weeks - 10-weeks more than that - I used to have panic attacks all the time. And used to cry every time I came but it was just, like, \_\_\_\_ and it's hard to explain what it is. But I knew I had to keep coming and, I mean, I've come on a long way from, say, 2 years ago. But I can't put my finger on what it is - it's the help and support.

The following 'embedded stories' were typical of those to emerge during the course of the focus group interviews. A similar life story told to us during the narrative interviews is also reported here by way of a comparison. An example of an 'embedded' story:

#### FG1R2:64-65

• I'm just very shy, very introverted. And \_\_\_\_ having barely been outside the house for about 3 or 4 years, but for essentials.

The respondent went on to say much later in the interview;

#### FG1R2:863-866

❷ I wouldn't want... I wouldn't want to interrupt any people. But now my head is up and I look them in the eye. Before my only interactions were if someone pushed me, I would push back. Whereas now I can interact with people. Normally - so more normally. And I can say no to people now.

Reporting her new-found confidence she related;

FG1R2:925-928

• until when I stopped \_\_\_\_ you're no good, you never finish anything. You can't do anything \_\_\_\_ done that, finished that one. So \_\_\_\_ finished that, finished that, finished that. Done that one, finished that one.

And finally she concluded towards the end of the interview;

FG1R2:1201-1254 I can go out and I can don't get depressed anymore.... I've been depressive since I was 14. And now I'm in my mid-40's and the depression is pretty much gone now.

Earlier in the interview she had been at pains to stress the importance of this particular lifelong learning group having tried others with less success in the past.

#### FG1R2:382-386

**9** I've tried other places, like these other confidence building \_\_\_\_\_. This is the first one I've ever finished \_\_\_\_\_. And I've been... I've just recently finished - I did a year working in the [Charity] shop. Which was quite a big confidence builder. I couldn't have done that before.

The following 'embedded story' tells of a similar process of confidence building and personal growth;

#### FG1R3:79-83

• It was a parent support worker at one of my children's schools. And she saw something in me that I wasn't well. And she offered to come along with me and enrol. And I was really nervous. My head was down and I was like that for quite a while, maybe up to 10 weeks, on the first course.

Towards the end of the interview, she volunteered the following;

#### FG1R3:849-851

❷ I've got, I would say, trust, confidence. I can look at people when I'm talking. I can talk to them. And I know where I want to go. If I hadn't have come here I don't know... I don't know what I would have been doing.

She then went on to describe how, for the first time in many years, she was able to deal with authority figures in her life.

#### FG1R3:889 -895

● I had to deal with doctors \_\_\_\_\_ school... Pupils in school. A lot of meetings over the past, say, few months. And I've found that I can deal with them much better and in some cases be telling them what they should be doing, you know. The right line to take. And before being here, I wouldn't have been able to do that, cope with that. I'm a lot stronger person to deal with them. And I do trust, to an extent, as well, more now. Towards the end of the interview she added;

FG1R3:1198I don't get panic attacks now.

Another respondent in the same focus group told us;

FG1R6:116-117

• I was in counselling for 4 years. And the admiration that I have - still have - for my counsellor put me on this road.

And how;

FG1R6:148-151

❷ For me, my biggest part in my life has been acceptance. And it took me until I was 38 to realise that you can only be accepted when you accept yourself. And because I've done that, I can give that quality to somebody else.

Before concluding, rather poetically;

FG1R6:1204

• I climbed the biggest mountain in my head.

Thus far, this section has concentrated on examples drawn from the same focus group. This is not to say that these narratives of improvement were limited to this one group. Although different issues were at stake for each particular group of lifelong learners, the basic story structure of 'improvement' pervaded almost all of the groups. The following respondent told us about her achievements which she felt had been made in spite of unsatisfactory experiences of learning in her earlier years. She began by telling us about her schooldays.

#### FG6R2: 617-620

• And because I struggled I was immediately put into a lower class with people who didn't actually want to learn, so therefore I just didn't have any opportunity to learn. And, in a way, in the <u>class</u> that I was in, you know, <u>I was never going to get out of that class</u>, because you were just in there. It was like a prison. You were just stuck in there until the bell had gone and then that's it.

The above short extract is noteworthy, not least because of some of the words used. A sociological vantage point might emphasise the potential implied meaning in the use of the word 'class' [our emphasis added above]. The irony is of course, that educational success has historically provided one of the most consistent means of social mobility. The interviewee went on to describe her newfound educational success.

#### FG6R2: 684-688

❷ I didn't think I would be able to do something like this, so it does make you feel... You know, I kind of talk about it to other people. You know, like the mums in school - I tell them about what I'm doing. And I do feel more confident about \_\_\_\_ or whatever it was that I was doing. She finally concluded by expressing optimism about the future.

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FG6R2:742-744
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• But I would say that they would definitely think that I'm more ambitious now and I'm more _____. I've got more of a positive outlook, I would say, definitely.
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## **CASE STUDY: OLIVIA'S STORY**

Olivia found herself in usual position of growing up with a physical disability that went undiagnosed until she was in adulthood. As she put it in her own words 'I'm one 'disabled' person that's escaped through the net'. Olivia described to us how her time at school was unhappy and involved a lack of friends and frequent bullying. She went to mainstream school, which she now feels disadvantaged her education:

#### NI1: 27-32

But I went into mainstream school - which I think I should have gone because with me being slow they left me behind. So I was stuck in the corner... So when I left school I was - dare I say? - thick. But now, I'm not. I don't judge myself as that. But when I left school I couldn't read or write properly.

She was placed in the lowest class within the School, and recounted how on one occasion she was singled out by unfamiliar teacher:

#### NI1:431-433

I mean the same \_\_\_\_\_ for my [usual] teacher, she was off school and this other teacher took me and at the end of the lesson she turned round and she said... Because I was answering all her questions for her class -- She said, "You would have been in my class, Olivia, but you're too slow."

Olivia shared some of the difficulties of living with numeracy and literacy problems, and the extent to which she was able to successfully hide these issues.

#### NI1:447-449

At school, if [her children] were off sick, they wrote their [own] letters. Nobody knew that I couldn't read or write. They wrote the letters, and I copied it out and signed it. But nobody knew. I hid it from everybody and it's so easy'.

Olivia is now a highly active participant within the lifelong learning group and coordinates many activities. A few of group membership is that:

#### NI1:101-104

I love it. Happy. I live [to] be here. I love working with [colleague] and I love just working with kids and things like that.... like we're having mums and toddlers during the... You know, when school is on. And then we have activities kick in - so me and [colleague] don't get a break at all from it. But we love it. We'll never do anything else.

# 4.4 THE BOUNDARIES TO PARTICIPATING IN LIFELONG LEARNING.

The data presented so far, barely without exception, has identified a multitude of potential benefits for those participating in the lifelong learning groups. This final section of our data analysis (which is in proportion to the sections presented so far) discusses some of the caveats to this general tendency. The groups studied formed part of an 'ecology' of care and learning provision within the Chester-le-Street area. All of the groups work in direct partnership with the public sector and organisations similar to themselves. The following data describes two important facets of participating in lifelong learning groups; namely the interface between the sorts of lifelong learning provision found in these groups, and more formal provision found within the state sector, and some of the (few) seeming disadvantages of participation.

# 4.4.1 THE INTERFACE BETWEEN LIFELONG LEARNING PROVIDER ORGANISATIONS AND OTHER AGENCIES.

Carmel & Harlock (2008) remarked upon the sizeable growth in provision delivered by Community and Voluntary Organisations (CVO's) in recent years, and Kramer (2000) asserted that the impetus for this growth was based upon the philosophy of 'what works', irrespective of whether providers were in the state sector or were CVO's. As implied by the title of this section, we would suggest that the groups studied occupy a position at the interface of the state and 'third' sectors. The following data reports some interesting observations concerning the working relationships and interactions between the sectors. The following data examples were typically reported by those attending groups that were ran by CVO's. Typically, respondents were at pains to report the informality that characterise these groups.

#### FG1R2:555-561

Actually walking into somewhere like [FE College] - I would find very hard. It's walking in here now - I just walked in the door of the building. It didn't bother me at all. But I wouldn't have been able to. And I don't think I'd still be able to do it at somewhere like [FE College] yet. I have looked at the courses before at various places, and I've just never... If I've gone in there once, I haven't gone back.

Another person from the same group suggested that this difference was based upon the interpersonal approach of the staff at the organisation. She argued that they succeeded in being both 'formal' and 'informal' at the same time.

#### FG1R1:775-780

They are tutors. And that's their first actual role. And they're very good tutors. But I still look at them as actual close friends or friends. You can talk to them - no problem. If I've got any problem, whether it's with the work I'm actually doing or a problem in general - as a friend - I know I can go to any of the tutors.

One respondent claimed that he took a negative previous experience of provision in the state sector and used the mirror image of this experience as a template of how to act in his dealings with other people. In this instance, the lifelong learning group concerned involved considerable amount of voluntary work within the wider community.

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FG3R5:1209-1216
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Sorry - when I first took bad I was in [hospital] for 3 weeks. And the first \_\_\_\_\_\_ surgeon that saw me was a horrible man. His bedside manner was terrible. So after my stint in there, the first time when I took back, I asked to change my consultant. You can't do that - nobody has ever done that to Mr. \_\_\_\_, he's the bee's knees here and everything. So I said, "I don't like him. His bedside manner stinks. He's horrible. He's made me feel worse that I should be feeling."

Shortly after making this claim this respondent went on to explain his own 'modus operandi' in dealing with members of the general public.

#### FG3R5:1305-1309

It is, but I mean they've got to understand that the people that are coming to see you are so wound up and so... Feeling badly done to and their needs are greater than anybody else's. You've got to, like, be, like, human with the people that come to see you.

This is not to claim that there was widespread antagonism towards formal service provision within the state sector. Most of those interviewed were simultaneously involved in accessing both state and voluntary sector provision. The earlier claim concerning 'ecology of care' is well illustrated by reference to the following quote in which one volunteer described the necessary relationship to state providers.

#### FG3R5: 709-711

I can almost help all of them, myself, but if I can't there's always other agencies to pass them on to. I know my limitations, I know my boundaries, I know what I can and what I can't do - what I should and what I shouldn't.

Munn-Giddings & McVicar (2007) in research very similar to the current study reported that support group participants did not view their participation as either an alternative or substitute for the state sector. Rather, the groups studied by these authors provided an additional 'space' in which participants could address the issues which they were facing. These authors also reported that group members had 'dented trust' in the ability of state services and professionals to meet their needs. This finding was, on occasions, mirrored in this study. This type of claim was typically coupled with a view that others in the group possessed 'special insights' into the problems being faced by fellow group members. For instance;

#### FG2R1:1182-1187

People here know what \_\_\_\_\_\_ is about. But I've always found in [State provision] and things like that, that they don't necessarily know. They know how to do an office sort of administration and whatnot and things like that. Or go attend a meeting or something. And say the right words - but they don't know what \_\_\_\_\_ go through. Because they can't talk to them directly.

In a similar vein, the following participant reported what she perceived to be a more comprehensive provision by the lifelong learning organisation.

FG5R1:976-997

They do... They go that one bit further where you wouldn't get that with statutory They're not like \_\_\_\_\_\_ where they'll leave you from Friday to Monday. Get in touch with these and you can talk to them or, like, just, like, sound them out about something. You know, and you've, like... That makes you feel good. I mean it stops you having a crisis from, like, Friday to Monday.

Other respondents simply emphasised the relative convenience and flexibility offered by communitybased voluntary providers.

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FG6R2: 32-35
It's worked out perfectly with the work - part-time. I've got a little girl
at home, so it fits in and around everything I want to do. And I'm just
excited to be working in _____ at the moment.
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Some of the lifelong learning groups were the unique in the sense that they required participants to work alongside professionals employed by the state sector in of course of voluntary work. Several examples of friction between professionals and volunteers were offered during the course of the interviews. For instance, one gentleman reported antagonism towards himself on the part of one particular professional.

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FG3R5:505-511
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Going to this place, like, sometimes twice a week or 3 times, 4 times a months - and the first point of contact when I walked through that door was this person that was just so... Shouldn't have had the job they had. I just... I wasn't enjoying it so why... Why make yourself ill being a volunteer when you could walk away? And it was hard to walk away because it meant I was letting people in [Town] down.

Similarly, a woman volunteer reported;

FG3R2: 1002-1011

And one of the [workers] said.... And where do you think you're going?" And I mean, she's worked there all the times I've gone. And I thought, "She thinks I must be something different." And I said, "I'm going to do [activity]." I said, "I'm a volunteer." She went, "I've never seen you in here before." I said, "Maybe if you ask the [manager] that's on, you know, she'll tell you." But sometimes, like you say, you've got to learn to bite your tongue.

## 4.4.2 THE DISADVANTAGES OF PARTICIPATION

Even a cursory reading of the data presented above would leave one with an impression of overwhelming positivity: however, in the interests of comprehensiveness and validity, the few identifiably negative experiences that were reported to us are presented in this short section. Some of these 'disadvantages' occurred as consequence of the specific lifelong learning activity being undertaken. Others have a more general flavour inasmuch as participation bares costs - both financial and social. In the following example, one gentleman who was claiming Disability Living Allowance on the basis of a long-standing physical problem reported how others in his neighbourhood cast a suspicious eye at his group participation, especially as this entailed voluntary work.

#### FG3R4: 1571-1575

People are always wanting to say, well, how is he doing that? He's on the sick. You know, he shouldn't be doing that, you know. And you find that people do chat around and you get... You do get a story coming back and thinking that you're making an absolute bloody fortune out of things doing [activity].

One woman respondent who had initially attended a lifelong learning group and later went on to partake in extensive community in voluntary work describes the social costs of participation. In this instance, she reported how volunteering had had an impact upon her marriage and family life.

#### FG3R3: 1036-1044

And getting back to the question about the loved ones - you know, like did they object to you working? Well I was... Mine did. At first - because on so much, I was doing the millennium awards scheme as well. So I was on 24/7 and they really got naffed off \_\_\_\_\_ something happened and my marriage \_\_\_\_\_ but it's [ok] now. And then I had to slow down. I had to say, "Look, I had to put my family before the volunteer work. Now my volunteer work is picking up again, but I know how to control it now.

By comparison, the gentleman who contributed the following data example explained how participation carried hidden costs, especially as his voluntary work as part of group participation entailed a good deal of travelling.

#### FG3R4: 1511-1523

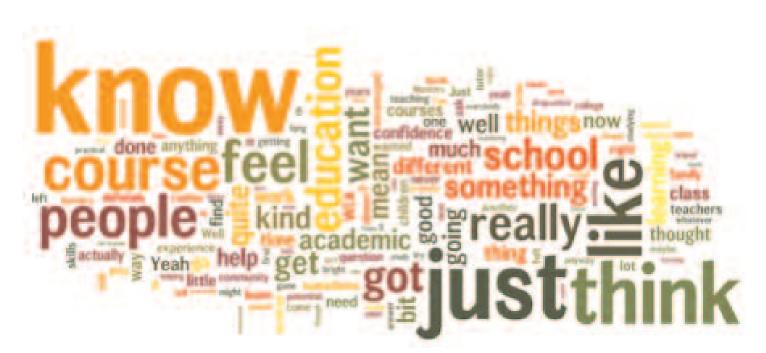
I've just retired and you don't know what your income is going to be - I've always been quite a good earner. And now that you're not earning, you just don't know how things are going to go. How much is in my house - and I'm not a man for adding things up....I've always had the work and left those sides of things - that type of running - to the house and the bills to the wife, you know. So until she says, "[X], you know..." Or anything like that \_\_\_\_\_ I haven't got an income, then you've got to start to say, Well, I can't afford to go down to [Town] in the car and the expenses like that."... And just all adds up, you know.

## **5 COMPARING THE CONTENT OF FOCUS GROUP INTERVIEWS.**

The analysis reported above represents a composite of six separate focus group interviews. Each of the interviews was conducted in a unique setting, and indeed the purposes of each lifelong learning group varied - sometimes subtly, and at other times markedly. Simple word counts probably add less weight to qualitative data analysis than any other approach. The exception to this rule is that such devices allow the easy comparison of what was said in the various groups - and this can be especially valuable when comparing data generated from diverse settings. The following 'word counts' have been generated in a visual format using Wordle<sup>(TM)</sup> - an application for generating "word clouds" from text. The 'clouds' afford greater prominence to words that appear more frequently in the source text. Word clouds from three relatively diverse settings are reported here (all word clouds can be found in appendix 1), and in spite of differences in group purposes, following this exercise we are satisfied that there was much common ground in what was reported to us during the various focus group interviews.



A Support Group



A Community Education Group



A Volunteer's Group

## 6 KEY MESSAGES.

The literature reviewed above identified a number of ongoing key debates within the field of lifelong learning and the potential gains thereof. For instance:

- [1] What is lifelong learning?
- [2] What is social capital?
- [3] Does participation and voluntary groups increased social capital? And,
- [4] What is the relationship between social capital and people's health?

Whilst the data gathered possibly illuminates some aspects of these key issues, a study of this nature can never 'settle matters' or come up with definitive answers in relation to these questions. Rather, this research project set out with the aims of:

Exploring individual and group accounts of the effectiveness (or otherwise) of this established partnership approach to lifelong learning, by specifically:

Exploring how learners engaged in the projects supported by the partnership;

Investigating people's accounts of what they gained from participating;

Exploring how these benefits might extend to participants families, friendship circles and communities;

Investigating the extent to which group participation could be said to have given people specific benefits such as in terms of health and well-being, skills and employability etc.; and,

Identifying how group participation might prevent various 'ills' such as ill health, loneliness, low self-esteem etc. We assert that the study has been successful insofar as data is able to 'shed light' upon these questions.

### 6.1 EXPLORING HOW LEARNERS ENGAGED IN THE PROJECTS AND WHAT THEY GAINED FROM PARTICIPATING

One of the most important aspects of the learning concerned their accessibility, with referral being accomplished by a range of formal and informal pathways. A further significant point in this respect was that groups were inclusive, taking learners who faced a variety of challenging life circumstances. Learners often began their journey at a very 'low ebb'. Often learners were not ready to begin formal learning, yet they typically persevered with the group activities (and were included nonetheless). We coined the term 'pre-pre-engagement' in order to describe these early encounters. In spite of these tentative beginnings, learners very frequently went on to gain a range of tangible benefits from group participation, including:

Confidence;

Self-esteem; Positive identity;

Acceptance;

Role validity;

Drawing comfort by comparison with others in similar circumstances;

Sanctuary from challenging life circumstances; and,

Tangible skills such as life skills and skills for employment.

Similar gains were claimed by Munn-Giddings & McVicar(2007) in a study of support groups. The foundation for these gains often appeared to be the way in which the groups were organised and ran. The 'informal yet formal' qualities emphasised in these settings seemed to offer something extra to more formal learner-professional relationship. Again, this finding mirrors those of Munn-Giddings & McVicar. It was claimed earlier that these learning groups formed part of an 'ecology' of services available in the Chester-le-Street area, and the sense we were left with was that learners did not see these as totally separate from more formal types of provision. Again, this was similar to the Munn-Giddings & McVicar study in which groups provided an additional supportive forum for which to deal with challenging social circumstances through learning activity. Personal gains included empathy of others, coping - especially with crises, the availability of experiential knowledge, peer support and friendship.

## 6.2 EXPLORING HOW THESE BENEFITS MIGHT EXTEND TO PARTICIPANTS FAMILIES, FRIENDSHIP CIRCLES AND COMMUNITIES.

Whilst many of the benefits identified in section 6.1 could be described as individual in nature, a further set of gains were observed in relation to social relationships. They included:

Reciprocity and mutual help;

'Surrogate' social relationships in lieu of e.g. family, work, or peer group relations;

'Bonding social capital' in terms of both friendship and practical help; and,

'Bridging social capital' in the form of extended relationships across social and generational boundaries.

The common denominator in respect of these gains was that they were mutual i.e. based upon a beneficial exchange between people. This feature was important for nearly all learners, and typically people told us that they gained a great deal from 'being needed' by others and being able to assume a caring role in relation to fellow learners. Some learners had extended this caring role beyond the boundaries of the group by making significant contributions to the wider community. In some instances, learners families gained direct benefits from the newly acquired confidence and skill of their family members. The skills and confidence acquired as part of participation, we sensed in many cases, provided a platform for further learning achievements, and many of the learners interviewed had already progressed ambitions in this respect. As Fullick (2009) asserted low levels of education can transmit damage from generation to generation. And there was (at least for some participants) the possibility that newly acquired skills and confidence could break this cycle. There was also evidence in the data of learners generally being made more resilient and tolerant individuals as consequence of their participation in the learning groups. It is therefore unsurprising that as Carmel & Harlock (2008), identified successive governments have tended to view these types of learning organisations as a means of promoting social cohesion via the development of citizenship and social capital.

## 6.3 INVESTIGATING THE EXTENT TO WHICH GROUP PARTICIPATION COULD BE SAID TO HAVE GIVEN PEOPLE SPECIFIC BENEFITS SUCH AS IN TERMS OF HEALTH AND WELL-BEING, SKILLS AND EMPLOYABILITY ETC WHILST SIMULTANEOUSLY PREVENTING VARIOUS 'ILLS' SUCH AS ILL HEALTH, LONELINESS, LOW SELF-ESTEEM ETC.

As identified above, the learners who took part in this study often faced a variety of very challenging life circumstances: frequently, people in the learning groups had endured mental and occasionally physical health difficulties. Although this study was exploratory nature, and we cannot call upon the burden of statistical proof that can be derived from some large scale studies, we would suggest that the benefits outlined in section 6.1 above had the therapeutic potential to improve peoples mental and physical health. Many 'case studies' within the data provided testimony of direct health benefits. This was particularly so in relation to peoples mental health and this is unsurprising to the extent that learning groups all bore the hallmarks of therapeutic social relations as outlined by Rogers (1967). Whilst this study did not consider any economic indices, on the basis of what people told us, it could be conjectured that if these learning groups did not exist then other public bodies might be expected to pick up a considerable cost in terms of health care provision. There is clear evidence in this data that this scenario might especially be the case in relation to increased demand on mental health services. Field (2009) argued that governments typically emphasise the economic benefits of learning, and view success in terms of skills, competences and employability. We would suggest that success measured in relation to these indices is perhaps misplaced. The benefits for individuals, families and communities identified here are not perhaps easily couched in the language of measurable 'outcomes'. However the health gains outlined remain nonetheless real, tangible, and often life changing.

As Fullick (2009) identified, successive governments have attempted to harness the potential of learning groups such as those who took part in the study (and the current government is no exception in this respect). However, the track record demonstrates that part of the attraction lies in the promise of delivering services 'on the cheap'. As one significant local stakeholder told us:

'the evidence base has demonstrated this over a number of years and yet there has been little shift in policy terms to enable lifelong learning to fulfil its full potential with a sustainable funding programme'. (Wright, 2010).

During the course of this research it became abundantly obvious that securing funding was a more or less constant preoccupation with the people managing the projects. Whilst the case for a more formal funding arrangement would seem obvious on the basis of the above testimonies, we believe that a slight caveat needs to be stated in respect of any future funding arrangement.

A growing literature has identified how community and voluntary sector organisations can become 'stressed' as a consequence of formal (state) funding arrangements (see e.g. Lewis 2005; Newman 2007; Carmel and Harlock, 2008). We suggested earlier that at least some of the effectiveness of the learning groups studied arose from the fact that they successfully occupied a kind of space between informal and formal learning provision. As Aitken & Bode (2009) put it attempting to 'managerialise' community and voluntary organisations risks converting them into a form of poor man's statutory provision, denuded of their social and moral purposes. Aiken & Bode (2009:210) went on to claim that '*Polemically put, the propensity to exploit the 'golden goose' for what it may deliver risks leading to the creature's premature demise by a lack of understanding of the ecology it needs for its sustenance'*. We would therefore tentatively suggest that the way forward would appear to be by means of state funding which allowed these invaluable groups full autonomy in order to avoid the attendant dangers of state bureaucratisation. Of course this would entail a leap of faith in allowing these groups to operate outside of the nexus of state accountability whilst at the same time being allowed to dispose of state money wisely and to the benefit of their learners.

## **REFERENCES & BIBLIOGRAPHY**

Aiken, M. & Bode, I. (2009), Killing the Golden Goose? Third Sector Organizations and Back-to-Work Programmes in Germany and the UK, Social Policy & Administration, 43 (3):209-225.

Almedom, A.M. (2005) Social capital and mental health: An interdisciplinary review of primary evidence, *Social Science & Medicine*, 61 (5):943-964.

Anheier, H. & Kendall, J. (2002) Interpersonal trust and voluntary associations: examining three approaches, *British Journal of Sociology*, 53 (3):343-362.

Araya, R. Dunstan, F. Playle, R. Thomas, H. Palmer, S. & Lewis, G. (2006), Perceptions of social capital and the built environment and mental health, *Social Science & Medicine*, 62 (12):3072-3083.

Barry, C.A. (2006), The role of evidence in alternative medicine: Contrasting biomedical and anthropological approaches, *Social Science & Medicine*, 62 (11):2646-2657.

Baum, F.E. Ziersch, A.M. Zhang, G. & Osborne, K. (2009) 'Do perceived neighbourhood cohesion and safety contribute to neighbourhood differences in health?' *Health Place* 15: 925-34.

Bauman, Z. (1990), Thinking Sociologically. Oxford: Blackwell Publishers.

Bell, D. & Blanchflower, D.G. (2007) 'The Scots may be brave but they are neither healthy nor happy'. *Scottish Journal of Political Economy*, 54: 166-194.

Birch, K. & Whittam, G. (2008), The Third Sector and the regional development of social capital, *Regional Studies*, 42 (3):437-450.

Bracke, P. Christiaens, W. & Verhaeghe, M. (2008) Self-esteem, self-efficacy, and the balance of peer support among persons with chronic mental health problems. *Journal of Applied Social Psychology*, 38 (2):436-459.

British Sociological Association (2002), Statement of Ethical Practice for the British Sociological Association, available at www.britsoc.co.uk/equality

Carmel, E. & Harlock, J. (2008), Instituting the 'third sector' as a governable terrain: partnership, procurement and performance in the UK. *Policy and Politics*, 36 (2):155-171.

Cattell, V. (2001) 'Poor people, poor places, and poor health: the mediating role of social networks and social capital'. *Social Science & Medicine*, 52: 1501-1516.

Clough P.T. (1992), The End(s) of Ethnography. London: Sage.

Coffe, H. & Geys, B. (2007) Toward an empirical characterization of bridging and bonding social capital. *Non-Profit and Voluntary Sector Quarterly*, **36** (1):121-139.

Crampton, P. Dowell, A. & Woodward, A. (2001), Third sector primary care for vulnerable populations. *Social Science & Medicine*, 53 (11):1491-1502.

De Silva, M.J. Huttly, S.R. Harpham, T. & Kenward, M.G. (2007), Social capital and mental health: A comparative analysis of four low income countries. *Social Science & Medicine*, 64 (1):5-20.

Degli, A.G. (2009), Intrinsic vs. Extrinsic Motivations to Volunteer and Social Capital Formation. *Kyklos*, 62 (3):359-370.

Derose, K.P. & Varda, D.M. (2009) Social Capital and Health Care Access: A Systematic Review. *Medical Care Research and Review*, 66 (3):272-306.

Dick, B. (2005) *Grounded theory: a thumbnail sketch*. [On line] Available at www.scu.edu.au/schools/gcm/ar/arp/grounded.html Accessed October 2009.

Devine-Wright P. Fleming P. & Chadwick H. (2001) Socio-psychological perspective. *Impact Assessment and Project Appraisal*, 19, 161–167.

Ferlander, S. (2007) The importance of different forms of social capital for health. *Acta Sociologica*, 50 (2):115-128.

Field, J. (2009), Well-being and Happiness. *Inquiry into the Future of Lifelong Learning Thematic paper 4*. Leicester: National Institute of Adult Continuing Education.

Fujisawa, Y. Hamano, T. & Takegawa, S. (2009) Social capital and perceived health in Japan: An ecological and multilevel analysis. *Social Science & Medicine*, 69 (4):500-505.

Fujiwara, T. & Kawachi, I. (2008), Social capital and health - A study of adult twins in the US. *American Journal of Preventive Medicine*, **35** (2):139-144.

Fullick, L. (2009), *Poverty Reduction and Lifelong Learning: IFLL Thematic Paper 6*. Leicester: National Institute of Adult Continuing Education.

Fyfe, N.R. & Milligan, C. (2003) 'Out of the shadows: exploring contemporary geographies of voluntarism'. *Progress in Human Geography*, 27: 397-413.

Fyfe, N. Timbrell, H. & Smith, F.M. (2006), The third sector in a devolved Scotland: From policy to evidence. *Critical Social Policy*, 26 (3):630-641.

Gibbs A. (1998), Focus Groups. Social Research Update, 19. available at www.soc.surrey.ac.uk/sru/SRU19.html

Goss J.D. & Leinbach T.R. (1996) 'Focus groups as alternative research practice', Area, 28, (2): 115-23.

H. M. Treasury (1999) *Enterprise and Social Exclusion: National Strategy for Neighbourhood Renewal.* H. M. Treasury, London.

Hills, J. et al. (2002), Understanding Social Exclusion. Oxford, Oxford University Press.

Hollway W. & Jefferson, T. (1997), Eliciting Narrative Through the In-Depth Interview, *Qualitative Inquiry*, 3 (1), 53-70.

Griffin, C. (1999) *Lifelong Learning: Policy, Strategy and Culture [online]*, Milton Keynes, UK: Open University. Available from www.open.ac.uk/lifelong-learning [Accessed: February 2010].

Handy, F. & Greenspan, I. (2009) Immigrant Volunteering A Stepping Stone to Integration? *Non- profit* and Voluntary Sector Quarterly, 38 (6):956-982.

Hyyppa, M.T. & Maki, J. (2003), Social participation and health in a community rich in stock of social capital. *Health Education Research*, **18** (6):770-779.

Iglic, H. (2010) Voluntary Associations and Tolerance: An Ambiguous Relationship, American Behavioural Scientist, 53 (5):717-736.

Irwin, J. LaGory, M. Ritchey, F. & Fitzpatrick, K. (2008), Social assets and mental distress among the homeless: Exploring the roles of social support and other forms of social capital on depression. *Social Science & Medicine*, 67 (12):1935-1943.

Jackson P.R. & Warr P.B. (1984). Unemployment and psychological ill health: the moderating role of duration and age. *Psychological Medicine*, 14: 605-14.

Kendall, J. (2000) 'The Mainstreaming of the Third Sector into Public Policy in England in the late 1990s: Whys and Wherefores'. *Policy and Politics*, 28(4): 541–62.

Kelly, B.D. Davoren, M. Mhaolain, A.N. Breen, E.G. & Casey, P. (2009) Social capital and suicide in 11 European countries: an ecological analysis. *Social Psychiatry and Psychiatric Epidemiology*, 44 (11):971-977.

Kim, D. & Kawachi, I. (2006), A multilevel analysis of key forms of community- and individual-level social capital as predictors of self-rated health in the United States. *Journal of Urban Health - Bulletin of The New York Academy of Medicine*, 83 (5):813-826.

Kitzinger J. (1994) 'The methodology of focus groups: the importance of interaction between research participants', *Sociology of Health*, 16 (1): 103-21.

Kitzinger J. (1995) 'Introducing focus groups'. British Medical Journal, 311: 299-302.

Kramer, R.M. (2000) 'A third sector in the third millennium?' Voluntas, 11 (1): 1–23.

Kreuger R.A. (1988) Focus groups: a practical guide for applied research. London: Sage.

Kunitz, S.J. (2004), Social Capital and Health. British Medical Bulletin, 6961-73.

Lewis, J. (2005), New Labour's approach to the voluntary sector: independence and the meaning of partnership, *Social Policy and Society*, 4, 2: 121–5.

Lindstrom, M. (2008) Invited commentary: Social capital, social contexts, and depression. *American Journal of Epidemiology*, 167 (10):1152-1154.

Lofors, J. & Sundquist, K. (2007) Low-linking social capital as apredictor of mental disorders: A cohort study of 4.5 million Swedes. *Social Science & Medicine*, 64 (1):21-34.

MacKinnon, D. (2000) Managerialism, governmentality and the state: a neo-Foucauldian approach to local economic governance, *Political Geography*, **19** (3):293-314.

McLaughlin, K. (2004), Towards a 'modernized' voluntary and community sector? *Public Management Review*, 6, 4: 555–62.

McNair, S. (2009) *Demography and Lifelong Learning: IFLL Thematic Paper 1*. Leicester: National Institute of Adult Continuing Education.

Mishler E.G. (1995), Models of Narrative Analysis: A Typology. *Journal of Narrative and Life History*, 5(2), 87-123.

Morgan D.L. (1988) Focus groups as qualitative research. London: Sage.

Morgan D.L. & Spanish M.T. (1984) 'Focus groups: a new tool for qualitative research', *Qualitative Sociology*, 7: 253-70.

Morgan D.L. & Kreuger R.A. (1993) 'When to use focus groups and why' in Morgan D.L. (Ed.) *Successful Focus Groups*. London: Sage.

Moore, S. Daniel, M. Gauvin, L. & Dube, L. (2009) 'Not all social capital is good capital'. *Health Place,* 15: 1071-7.

Munn-Giddings, C.& McVicar, A (2007) Self-help groups as mutual support: What do carers value? *Health and Social Care in the Community*, 15 (1), 26 –34.

Newman, J. (2007), The 'double dynamics' of activation: institutions, citizens and the remaking of welfare governance, *International Journal of Sociology and Social Policy*, 27: 9–10, 364–75.

North East Social Capital Forum (2006) *Connected and Collective: An easy guide to social capital. 1st. Edition.* Newcastle-upon-Tyne. Community Foundation / Regeneration Exchange / One North East.

Osborne, K. Ziersch, A. & Baum, F. (2008) Who participates? Socioeconomic factors associated with women's participation in voluntary groups, *Australian Journal of Social Issues*, 43 (1):103-122.

Osborne, K. Baum, F. & Ziersch, A. (2009), Negative Consequences of Community Group Participation for Women's Mental Health and Well-Being: Implications for Gender Aware Social Capital Building. *Journal of Community & Applied Social Psychology*, **19** (3):212-224.

Plummer K. (1997), Telling Sexual Stories. Power, Change, and Social Worlds. London: Routledge.

Poortinga, W. (2006) 'Social relations or social capital? Individual and community health effects of bonding social capital'. *Social Science & Medicine*, 63: 255-270.

Powell R.A. and Single H.M. (1996) 'Focus groups'. International Journal of Quality in Health Care, 8 (5): 499-504.

Powell R.A. Single H.M. & Lloyd K.R. (1996) 'Focus groups in mental health research: enhancing the validity of user and provider questionnaires', *International Journal of Social Psychology*, 42 (3): 193- 206.

Race K.E. Hotch D.F. & Parker T. (1994) 'Rehabilitation program evaluation: use of focus groups to empower clients', *Evaluation Review*, 18 (6): 730-40.

Realo, A. Allik, J. & Greenfield, B. (2008) Radius of trust - Social capital in relation to familism and institutional collectivism. *Journal of Cross-Cultural Psychology*, **39** (4):447-462.

Roberts, J.M. & Devine, F. (2004), Some everyday experiences of voluntarism: Social capital, pleasure, and the contingency of participation. *Social Politics*, **11** (2):280-296.

Rogers, C. (1967) On Becoming a Person : A Therapist's View of Psychotheraphy. London: Constable.

Shore, C. & Wright, S. (1999) Audit culture and anthropology: Neo-liberalism in British higher education. *Journal of the Royal Anthropological Institute*, 5 (4):557-575.

Scheffler, R.M. & Brown, T. (2008), Social capital, economics, and health: new evidence. *Health Economics and Policy Law*, 3 (4):321-31.

Snelgrove, J.W. Pikhart, H. & Stafford, M. (2009) 'A multilevel analysis of social capital and self-rated health: Evidence from the British Household Panel Survey'. Social Science & Medicine, 68: 1993- 2001.

Swift, T.A. Humphrey, C. & Gor, V. (2000) Great expectations?: The dubious financial legacy of quality audits, *British Journal of Management*, 11 (1):31-45.

Veenstra, G. Luginaah, I. Wakefield, S. Birch, S. Eyles, J. & Elliott, S. (2005) 'Who you know, where you live: social capital, neighbourhood and health'. *Social Science & Medicine*, 60: 2799-2818.

von dem Knesebeck, O. Dragano, N. & Siegrist, J. (2005), Social capital and self-rated health in 21 European countries. *Psychosocial Medicine*, Document 02. 2005.

Warr P.B. (1994), A conceptual-framework for the study of work and mental-health, *Work and Stress*, 8 (2), 84-97.

Wollebaek, D. & Selle, P. (2002) Does participation in voluntary associations contribute to social capital? The impact of intensity, scope, and type. *Non-Profit and Voluntary Sector Quarterly*, 31 (1):32-61.

Wollebaek, D. & Stromsnes, K. (2008), Voluntary associations, trust, and civic engagement: A multilevel approach. *Non-profit and Voluntary Sector Quarterly*, **37** (2):249-263.

Woolcock, M. (1998) Social capital and economic development: toward a theoretical synthesis and policy framework. *Theory and Society*, 27, 151–208.

Wright, Tim (2010), Personal Communication.

## **APPENDIX 1: WORD CLOUDS.**

Wordle(TM) is an application for generating "word clouds" from text. The 'clouds' afford greater prominence to words in order of their appearance in the source text.



A Carers Support Project



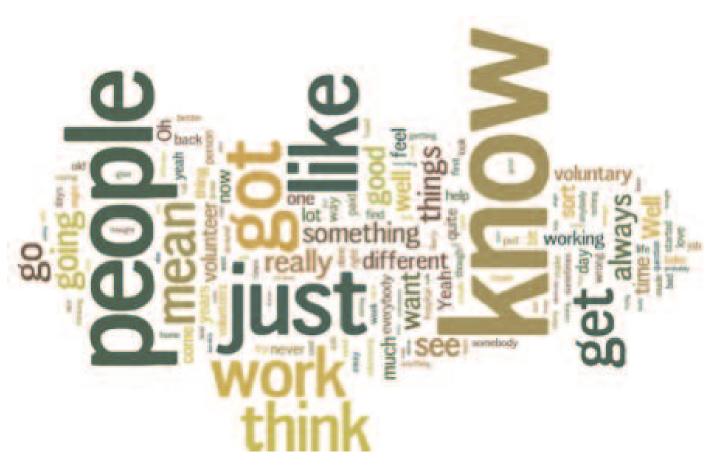
A Support Group



A Community Education Group



A Support Group



A Community Education Group

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