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Development

Raising the counselling skill base in an urban community: a partnership approach

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The majority of people with psychosocial problems confide in relatives or friends rather than their GP or other professional but the advice and information handed out, although well intentioned, may be misinformed. Others consult key personnel within their community who also may be ill-equipped to give constructive help. In a disadvantaged inner city area, it might be expected not only that stress would be prominent in people's lives and affect their health, but also that there would be barriers to seeking professional help. This project investigated whether working in partnership with a community, enabling its members to identify their own support, development and training needs and meeting those needs by adaptation of a recognized basic counselling skills course, was an effective way of helping that community cope with its own psychosocial problems, increasing its transferable skill base. Evaluation was conducted by means of individual interviews and focus groups. Participants perceived that the training that they had undertaken was valuable and that they were now better listeners with increased confidence and more likely to offer appropriate responses to those seeking their help. Several were motivated to undertake further training and others gained confidence to seek further professional help for themselves. Spending time allowing a community to define its own training needs whilst working on familiar territory is a cheap, effective, non-threatening way of putting information, basic counselling and relationship building skills into a disadvantaged urban community without causing dependency but instead encouraging them to seek further training enhancing employability. The skills introduced into that community remain and can be used to the full for themselves and others especially in relation to psychosocial problems. As the project used a well-recognized course and can be adapted to the needs of local people, it is likely to be transferable to other areas.

Key words: counselling skills; community-based; listening skills

Introduction

Most people do not consider themselves patients and prefer not to consult their doctor unless essential; in one study about 50% of patients desired no medical intervention for interpersonal problems (Rosenberg and Steiner, 1987). Formal counselling may take place in surgeries, hospitals, voluntary and private organizations but the majority of people with personal or emotional problems do not access such a service. They confide instead in relatives or friends rather than their general practitioner (Corney, 1990) but as they share their problems, the advice and information handed out, although well intentioned, may be misinformed. In every community there are personnel (for example, key workers, volunteers, 'community gatekeepers') who are also consulted by its members at times of need. Although usually caring with good inten-

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tions, they may give totally inappropriate advice and information because they are not equipped with the necessary skills to handle each situation appropriately.

Even if people do consult a professional, most have confided in family and friends first (Corney, 1990). As they consult the professionals about a wide variety of problems, it can be surmised that these same problems must be being shared in the community where there may be limited resources to meet them. Although, for example, the bereaved appear to get most assistance from relatives or close friends, such potential sources of help may avoid them because they do not know what to say (Lewis, 1966), or they may misunderstand the grieving process and be driven away (Hinton, 1967). If a community could be equipped with basic counselling skills, for instance, those of listening and building up relationships, and also be better informed about services available so that they could 'refer' appropriately, then maybe that community could be enabled to cope with its own stresses more adequately.

Patients and other lay people often have insights and expertise that complement those of health care workers and professionals (Entwhistle *et al.,* 1998). Attempts to assess the needs of a community have been made in different ways. Rapid appraisal has been used as a method to understand the strength of feeling in a community through identifying priority problems. It can tell what are considered to be the main problems rather than how many people are affected, and it is important to transfer these priorities into action by linking with planners and those who administer resources (Ong *et al.,* 1991). Rapid appraisal has been adapted to help define the health needs of a community with a view to formulating guidelines for practice-based assessment of health needs (Murray and Graham, 1995), and to define the health and social needs of a community and to formulate joint action plans with residents and service providers (Murray *et al.,* 1994). Professionals need the public's insights concerning health (Murray 1999). In this project we used only two methods of rapid appraisal to assess the local communities' needs, namely a local 200 household survey (Woods and Blackman, 1989) and views of a group of local professionals. The worker designed the intervention project described here in response to this information.

An important aspect of health promotion in deprived urban areas is for GPs to reach out beyond the surgery door and work with a variety of community representatives to establish health education projects, as occurred in this project (Hastings and Rashid, 1993). The local support group (see Methods) included a local general practitioner plus other health workers with a good knowledge of the area.

In a disadvantaged inner city area it might be expected not only that stress would be prominent in people's lives and affect their health, but that there would also be reluctance towards seeking help (Kulka *et al.,* 1979). It could also be expected that there would be reluctance to undergo any training. Basic counselling skills are taught in colleges, but the majority of people in the inner city do not access this training. It would therefore be important to meet that community on its own terms, building up confidence, and allowing its members to identify their own training needs.

The project evaluated in this study took place on Tyneside in an area which is part of an electoral ward recognized as deprived (Phillimore *et al.,* 1994). Enumeration district figures for the small area in the ward where this project took place are much worse than those in the remainder of the ward. It is a district with a high crime and unemployment rate; this adds to the feeling of insecurity and uncertainty in the area. Unemployment has been linked to adverse effects on health (Wilson and Walker, 1993) with the resulting stress leading to deterioration in mental health functioning (Ensminger and Celentano, 1988). Non-owner occupancy (90% in the area) and unemployment (31%) have been linked to neurosis (Rodgers, 1991).

A review of the literature revealed projects in deprived areas, for example, where professionals have taught local people skills such as breast feeding, that have then been passed on to other mothers, enhancing individual and community self-esteem, and power (McFarlane and Fehir, 1994). In another project, local people were trained to be lay health promoters (Meredith, 1994), but this project remained heavily dependent on staff because of lack of shared vision and lack in basic organizational skills training. The authors concluded that the lesson learnt was that, although it was important to start with issues identified by the community, educators do not have to respond only to the expressed needs. Primary care initiated

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'coping with stress' groups have been run by health visitors to teach skills but participants were selected by the general practitioner (Tyler and Barnes, 1989). Studies targeting groups, for example, school students aged 10 to 17 years, for social competence training have suggested that this has had some preventative impact on self-reported intentions towards substance misuse and excessive alcohol use (Caplan *et al.,* 1992). Patients with a particular disease have been targeted and taught coping skills (Sobel, 1995). Local people have also been invited to articulate their health needs, or help develop an inner city health resource centre (Heritage, 1994).

In a survey of 17 neighbourhood-based, low income, community empowerment initiatives, it was discovered that only those that were launched, having taken into account the concerns of local residents, demonstrated over time their ability to increase the residents' collective access to and control over resources (Eisen, 1994). An ancient Chinese proverb states: 'Go in search of a people: begin with what they know, build on what they have.'

The aforementioned search of the literature did not reveal any similar projects to ours and our project may well be unique in attempting to put these particular skills into a community and allowing that community to articulate its own training needs. We designed our project with the aim of working in partnership with the local community enabling local people to develop the knowledge and skills that might help them cope more effectively with the challenges of daily life; to recognize and believe in themselves and their abilities, and to encourage them to use these skills to the full for themselves and others. It was hoped to raise the transferable skill base of the community, to enable personal development, to regenerate self-worth, to stimulate and motivate residents, volunteers and key workers and to enhance coping strategies, self-management and employability.

We were concerned that we should not create dependency but empowerment: many community projects close after a fairly short length of time having fulfilled a need, but also having created a dependency on the project as well as an expectancy for the future. Avoiding this was imperative and the aim was to put skills into a community in such a way that when the worker moved on the skills remained. It was hoped that by the end of their training and development programme people would be able to use the basic counselling skills that they had learnt, be aware of networks into which they could tap, understand their own limitations, and have the self-confidence to seek appropriate help for themselves and their community.

We intended that the project would have local ownership and relevance: local people would identify their own support, development and training needs; therefore, courses would not be advertised formally. However, they would be promoted by word of mouth and the credibility of the worker. They would build themselves, depending on what people wanted. Each course would be tailored to the needs of that particular group starting at the point where that group was. The aim was to work with what was already in existence and operational, supplementing, fitting in and adding to as requested.

It was agreed to use local meeting places. It was felt to be important that the project did not seek a base for itself: the project would use the places where people already met and were, therefore, confident within that base. By not having a base the project would not have an alliance with any particular group; the worker would be able to move freely and also work as a link person. The worker would be loyal to people in the area rather than to a particular centre or culture.

We intended to use local partnership networks for communication. In every community there are established networks, both formal and informal. It was the established task of the worker to gain credibility within these networks. The worker would approach key personnel i.e., paid workers, gatekeepers and volunteers, and hold discussions with them to match and adapt what was available to their perceived need.

It was important to ensure continuity and progression. It was intended to train existing workers, volunteers and centre users to give a nucleus to continue the growth and development work beyond the project. The project development work was aimed at building people's self-esteem so that they become confident enough to move on to certificated training or employability development. If the project was not tied to specific employability targets then it was free to meet the needs of the people rather than forcing them through targets.

This research aimed to see if this approach was an effective way of increasing the counselling skill

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base of a local community helping them to cope more effectively with others' psychosocial problems, enabling personal development, and also to investigate whether participants felt that the project was transferable to other areas. Such research is necessary in order to ensure that any true benefits from the project can be documented and translated into future action.

Subjects and methods

An initial health perceptions survey of 200 households in the area took place in 1989 and found that bereavement and stress were mentioned most frequently as perceived causes of ill health. When asked what would have helped, the factor most often cited was someone to talk to (preferably local and easily accessible) (Woods and Blackman, 1993). This project evolved as a response to these survey findings but funding to implement the project was not secured until 1995.

How the project evolved

A management committee was formed from a local support group (this comprised GPs, health visitors, community education workers, clergy, local project workers, librarian, school teachers, education welfare officers) who had been meeting for 10 years and had initiated many local projects. The worker employed had particular expertise in counselling and teaching and designed the project herself, deciding to adapt a recognized and certificated basic counselling skills course to the needs of each particular individual or group. The worker met with members of the local support group who had decided that one of the ways to increase the skill level of people's communication generally would be for the professionals themselves to learn more about communication. A group formed for this purpose and once this certificated course had been completed the key workers at the various local centres recommended training for their committee members, who in consultation with the worker, adapted the topics in this course to the needs of each particular group.

Evaluation of the project

MS held initial discussions with the worker, who had originally designed the project to determine underlying concepts and ideals. MS then recruited key workers suggested by the project worker, who in turn gave names of volunteers or management committee members who formed part of the sample: focus groups were held on the advice of the key workers who felt that this would be a less threatening method of obtaining information. It was not difficult to gain permission for interviews as MS had worked in the community on a variety of community projects with all of the key workers involved. As MS is also a GP, she was known to all of the volunteers and management committee members. All were keen to help. Some of those interviewed had had little previous experience of explaining themselves. All those who took part in the research were informed that it was being conducted to discover whether the project had been useful or not to them so that decisions could be made about the future of the project.

One to one interviews

Interviews were held with those who had undertaken either the certificated course or associated group training (for example, management committee members). Interviewees were either key personnel at the various local centres or local people suggested by them, thus gaining views from different sections of the community.

Five community project workers, two health visitors, two church leaders and three local volunteers were interviewed. Six of these lived as well as worked in the community. Of the 12 people who were interviewed, nine had done the basic counselling skills course and five of these had also been involved in management committee/group training sessions. Three had been involved solely in management committee/group training.

The interviews were semi-structured exploring the material covered in the course and allowing the interviewee to talk freely about which of the training modules they had found most helpful, how they had perceived behavioural change in themselves and others, their views on whether there should be follow-up training and on the way that the project had been run. All interviews took place in the centre where the interviewee was based. All the interviews except one were audiotaped (one interviewee did not wish to be taped and key points were noted immediately afterwards), transcribed and analysed using the NUD*IST qualitative analysis computer software package (Scolari, 1995).

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Focus groups

Two focus groups meetings were held to gain the views of those who preferred not to be interviewed alone thus enhancing the variety of the data, and enabling triangulation to confirm concepts resulting from the interviews with individuals. The first focus group was a church group and the second volunteers and the part-time paid worker from a community care project for the elderly at the centres where those interviewed were based. All these had taken part solely in management/committee group training. The focus groups were audiotaped, transcribed and analysed as above.

Results

The results concerning the skills learnt through undertaking the course, general views about the course and the need for further training are presented, followed first by data on the general impact of the training in a disadvantaged area.

Skills learnt

Listening

Participants felt that their behaviour had changed as the result of skills learnt. Learning how to really listen to people was mentioned most often as helpful for everyone whatever their ability:

> so that you are listening with your eyes and your ears and then putting those together and listening with your heart.
>
> (Interviewee 1)

> Even the ones (i.e., volunteers who did the training) with learning difficulties now sit down and talk . . . they actually sit down; eye contact.
>
> (Interviewee 1)

This affected interactions with family and friends, as participants perceived that they were more ready to listen and give time to people and could manage their own feelings better.

> . . . you know, me daughter she's one of these chatter boxes, and sometimes you just can't be bothered to listen, and I mean most of the time when I can't be bothered is when she's got something important to say, so now I sort of take the time out listen to her and you know help her.
>
> (Interviewee 14)

Most of the participants had undertaken the course over a year prior to being interviewed. They commented on the lasting effects of the course, stating that they were still aware that they were listening to people and that the effects of the course such as increased self-confidence had not been lost.

Not solving everyone's problems

Some of the key workers had felt pressurized into trying to solve people's problems for them, but had learnt instead to be non-directive and that everyone is responsible for themselves:

> I was very concerned that I didn't have the answers to everybody's problems . . . the course actually helped me realise that I'm not here to answer everybody's problems, and I'm here as support and that people have to work out what they want for themselves.
>
> (Interviewee 9)

Assertiveness

Participants had learnt to be assertive which had included learning about self, and management of aggression and conflict:

> So I feel a little bit more confident, one thing I would never do is speak here . . . where now I can sort of talk.
>
> (Interviewee 5)

> I find I step back now and look at the situation and all. If somebody's really sharp I would have been sharp back and it would have been unpleasant but now I think, well, I step back and I look for a reason.
>
> (Interviewee 5)

> Oh it's over a year now, yeah I think they have lasted. I mean I'm a lot more self-confident in myself now, more assertive.
>
> (Interviewee 13)

Skills acquired had been found extremely helpful, for example, in coping with a stressful job or serving on a management committee. Being assertive also meant dealing with situations earlier,

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rather than allowing a lot of personal stress to build up.

Bereavement

Of great practical use was learning how to cope with the bereaved as well as understanding about other sorts of loss. People perceived that they were now more inclined to actively help rather than avoid the situation.

> I didn't want to speak but now I seem as though I go over.
>
> (Interviewee 4)

> You know how you say 'eee we're sorry to hear about your bereavement'. But you couldn't imagine how many different things you could say to that person.
>
> (Interviewee 4)

> Without any doubt, we can cope with tears now because tears are a natural part of grieving. We don't say 'dry your eyes there's nothing to cry about he's in a better place'.
>
> (Interviewee 1)

Other important skills learnt

When asked what other important skills had been learnt, participants listed relationship-building skills (particularly the importance of trust and confidentiality), time management, dealing with fear and understanding body language. It was thought important to recognize personal limitations, what support services were available and where and when to seek professional help:

> I think that was one of the things that come out that there's always somebody there that would listen if you can get to the right person, where one time you didn't know about these counselling things that were on.
>
> (Interviewee 6)

Other changes

Key workers noticed the effect in the centres where they worked. For example, people valued other people's opinions more than they had done prior to the course, and centre users were more supportive of new people and would take them under their wing. Rather than a member of staff having to ask them to show people around, it seemed to come automatically for them to do it unasked. A change in those attending a local centre was noted:

> for a period of a few months that em, people were much generally nicer to each other, em they took time out to talk to each other whereas they would have nodded and said 'hello' or passed each other em in the past, em people actually took on em new commitments to do things . . . which they hadn't done before, it seemed to give a new sort of impetus at the time. Obviously things, things fall away after, you know, after a time but em it generally had a good effect and still has a lasting effect really.
>
> (Interviewee 18)

Skills learnt could also be harnessed in the future in a very practical way for the benefit of the community:

> and I'm hoping that parents now, or parents who have actually gone through that course, we'll use them em. We're setting up a home visiting scheme. . . . and the kind of parents we're looking at to be potential volunteers will be . . . the people that have actually done the listening skills training so it all has a kind of knock on effect.
>
> (Interviewee 15)

General observations

All those interviewed were aware that they had acquired new skills but all seemed aware of their limitations and no one thought that they were competent formally to provide counselling.

Reflections on the course

Although many of the key workers knew each other through the local support group, there was an opportunity to get to know each other much better. Some participants had done the course with colleagues and some had found that this was not easy, one feeling that they had gained knowledge that they would rather not have possessed. However, others had not experienced this problem. Some felt that so much trust had built up in the group that they had been able to say things that they would not normally have shared with people. One key worker commented that a bond had been forged between workers in the area that would never

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otherwise have existed and felt that this was extremely valuable.

Skills of the worker

Generally, the course was felt to be challenging rather than threatening and the relaxed and confidential environment created by the worker soon dispelled fears and enabled group members to participate fully, for instance, by expressing their fears and therefore discovering that they were not the only people with such feelings. To achieve a relaxed atmosphere needed a skilful tutor. Creating such an environment was not the only skill demanded from the worker: it was necessary to handle the different abilities and needs of each group:

> And there was no criticism, no laughter because let's face it, some of them came out as rather silly things, but nobody sort of giggled and said 'oh what a stupid thing to say' . . . which is very good for the people with learning difficulties.
>
> (Interviewee 1)

> I think some of them felt from arriving . . . on Friday night till coming home on Sunday night they were going to be in a classroom situation . . . And there wasn't any of that.
>
> (Interviewee 1)

The importance of not imposing unwanted information on a group was stressed, as was the importance of a sense of ownership. It was pointed out and appreciated that the worker had not done all the talking but had encouraged everyone to talk, and the lack of formality was welcomed with relief.

Stressful but worthwhile

There was no doubt that the course was emotionally draining for some. One commented that although they thoroughly enjoyed the course they had felt total exhaustion at the end of each session and they were sure that everyone had felt like that:

> I think I enjoyed it when it finished! It was quite intense and quite stressful. I think it's afterwards when you get the, when you get the benefit, when you can look back on what you've done.
>
> (Interviewee 18)

Being challenged, although at times uncomfortable, was accepted: they were in a safe controlled environment where mistakes were accepted as everyone learned together. Confidentiality was very important in this situation.

The future

Further training

The need for further training was recognized. Several of those who had done the formal course commented on the need for a 'top up'.

> I think that's one of the problems: that you can give a group of people some skills but it's actually keeping those skills within the community so that they're sort of fresh and useful.
>
> (Interviewee 10)

> You can get complacent after a while.
>
> (Interviewee 3)

One key worker suggested 'a refresher' every 2 years. Future topics suggested were exploring those already covered but in more depth, for example, counselling skills, coping with stress, assertiveness and coping with loss. Other suggested topics were child protection issues, how children cope with grieving, working with families with young children, confrontational skills and conflict resolution. Volunteers working with local elderly people suggested managing aggression, living alone, confidentiality and fear. Welfare rights, advocacy and assertiveness were also mentioned and they were keen to involve pensioners in the training, feeling that they were often not able to speak up for themselves.

An aim of the project was that people would go on to do further training. After a training weekend, a key worker commented on the good feedback and how people's appetites were whetted to do more (for example, several people were motivated to undertake the basic counselling skills course). At one of the local centres where training took place 13 out of the 16 local people involved progressed to further training courses.

Transferability and working effectively within the community

Another of the intended aspects of the project was its potential to be transferred to areas nearby

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so that other local people could take advantage of the opportunities:

> there's a lot of people who have certain things they would like to do and they just don't know how to go about it . . . to give them a better of understanding how to deal with situations.
>
> (Interviewee 14)

> I mean it helped us out a lot and . . . if it went as well as it did for us I think it would help a lot of other people as well.
>
> (Interviewee 14)

Local ownership of the project was thought to be extremely important if this were to happen: people felt safe on their own ground and this type of project could reach them in a way that an advertised course or a course in a local college would not:

> Well as I say I mean if you offer an assertiveness course . . . it's crazy because only people who maybe are assertive would put their name up for a course.
>
> (Interviewee 17)

> I think it's the best way, I mean people are more comfortable . . . in an environment that they know, like a community centre. I mean if they've took that, if they've took that step to attend groups within a community centre they tend to take that extra step and actually try to learn something. So I think like if it was based in a college or something like that you wouldn't hit the majority of ordinary people at all. I mean this way, I mean you can, you can within like a community setting, you can plough into woman's groups, men's groups, young mothers groups, everything you know.
>
> (Interviewee 11)

One key worker pointed out that there was no point in organizing a course and then finding that it is not what people want or, as another stressed, courses people were afraid to attend. It was important to take into account people's fears and preconceptions. This meant getting to know people initially so that they felt comfortable with the worker; only then could their needs be addressed. Done well, such a project should greatly benefit a community but the importance of sensitivity, especially when working in an area where the residents have many stresses is very important.

The importance of communication especially in a disadvantaged area

The need to improve communication skills in the area was identified by the respondents:

> You know, communication skills are so vital to human beings at every possible level, you know, inter-personal level and family level and at group level, you know, at neighbourhood level and national level and so on. . . you know we get educated in all kinds of em, of esoteric skills but there's the most fundamental of all skills which is the, which is actually the skill of the communication, is one that we get no formal training in at allwhen you think about it that's a disaster.

> particularly as in our kind of area, the, I suppose the level of conflict is higher, you know people's stress levels are higher, their em self image is lower they're much rawer, they're much more hurting, so the amount of sort of, there's the potential for conflict is em, is immense . . . it is vital in areas like ours that these skills are learned and are passed on . . . once you've got them then you can hand them on to anybody and everybody. That has to be a very good way for a community to develop.
>
> (Interviewee 16)

Networking

As the worker moved to a different area to do similar work, then people from previous areas where the worker had led training could join in courses in the current area being targeted and this idea was welcomed:

> We've not got down to it but I would see that's part of the networking or keeping in contact and I see a place for that yeah, yeah, but I suppose that's up to us in the Teams . . . if there are courses going there which we can dip into then I think we ought to, which we haven't done, I think we need to be more aware.
>
> (Interviewee 8)

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It was noted that this was a way forward for those who may want to do a formal course in the future but were not yet ready for that big commitment. Follow-up courses attended by people from the different areas involved could be the next step.

Discussion

It is clear that spending time allowing a community to define its own support, development and training needs, and work on familiar territory is an effective, non-threatening way of putting basic counselling and relationship-building skills into a disadvantaged urban community. As a result, people felt more confident in dealing with the sort of psychosocial problems in friends and acquaintances that rarely need professional help. Rather than causing dependency, people are positively encouraged to seek further training and thus enhance their employability. As the project uses a well-recognized course and can be adapted to the needs of local people and groups, it is likely to be transferable to other areas.

We gave considerable thought to deciding how to evaluate the project: measuring increases in self-worth in a small population or the impact of any changed behaviour of the participants on the local community or their own families would have been impossible to measure quantitatively. It was therefore decided to use qualitative interviews to measure the participants own perceptions of how they had changed and what they had learnt.

An ideal would have been to conduct a longitudinal study interviewing people before and after their training using a baseline questionnaire. However, many members of the community who participated in the training would have felt threatened if they had been approached beforehand. It would not have been acceptable to interview or hand out questionnaires prior to a course. Some would have viewed it as an 'exam', especially those who had never done any sort of course/training in their lives, were illiterate, or who lacked self-confidence. It was therefore decided that it was only possible to assess the project retrospectively. We understand the limitations of this approach but strongly believe that any other method of evaluation would have offended or threatened those participating. We recognize that the interviewer had been involved in the setting up of the project and was known to all of the interviewees. However, within the funding constraints it was impossible to employ a separate interviewer. Moreover, it was felt that several of the interviewees would not have agreed to be interviewed by a stranger. Therefore there may be some bias from the interviewer who also analysed the results. The decision to evaluate the project was initially made because it was widely talked about in the community as a great success and it was felt that lessons could be learnt from an evaluation.

Several features of this project may be innovative and important to the outcome: it was owned by local people, the worker met those living and working in the community to identify their own support, development and training needs, the training took place in venues where local people felt comfortable, the worker used local partnerships and networks, and a cascade system enabled skills to be passed on thus avoiding dependence.

To run the project a minimum of resources was needed as the worker was able to use community facilities and did not need a base but a dedicated telephone line with an answer phone was essential. A worker who was capable of training people in basic counselling skills and experienced in handling groups of different abilities was needed. Most importantly, the worker should be willing to spend time getting to know and building up trust with local people and key workers to identify their training needs. The project should be transferable to other areas of the country. It is important to adapt the project to the needs of each area targeted. The worker could move to a new locality and still involve people in training from previous areas. This would have the additional advantage that people may be attracted into the new locality to undertake further training. By bringing people in from outside some of the problems of a disadvantaged area are addressed; for example, its reputation may change from negative to positive when people come in from outside. Also the often very parochial attitude of those living in that area is challenged.

Participants' enthusiasm to learn more, either by extending their own skill base or reinforcing skills learnt, means that effective ways of reinforcing those skills need to be investigated as well as involving new people in the area that the worker has left. Those taught previously could also pass on their skills within their own community. Linking training courses between the area in which the

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worker is currently involved and the previous areas seems a realistic approach but needs further evaluation. The project could be set up in a variety of areas and the ways of working to meet the needs of each community investigated. An approach that is community-led, non-threatening and adapted to the individuals within that area appears to be an innovative but challenging way of raising a community's transferable skill base and self-esteem, but needs further evaluation both in other areas and using other possibly quantitative measures of outcome.

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