Rhetorical Spaces: Participation and Pragmatism in the Evaluation of Community Health Work

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In this article I adopt the concept of 'rhetorical spaces' as a tool for exploring the creation of dialogues between stakeholders that can enhance realistic participation by communities. It is argued that evaluation research can be imbued with a 'code of presentation' that renders input from community participants to be unspoken, unheard or dismissed. Without an understanding and appreciation of the myriad processes of participation by communities, evaluation research cannot adequately reflect the heterogeneity of experiences for communities, researchers and funders. To develop these arguments I draw upon a case study of the development and dissemination of an evaluation resource for community groups. In conclusion, I reflect upon the potential for a realistic pragmatism to inform and support the development of participation in the evaluation of community work.

KEYWORDS: communities; evaluation; participation; pragmatism; rhetorical spaces

Introduction

Increasing importance has been placed upon the participation of communities in defining and developing solutions to their health problems (Nyden et al., 1997). For many this can be best achieved through community development approaches to health (World Health Organization, 1998). These approaches may be defined as the processes 'of organising and/or supporting community groups in identifying their health issues, planning and acting upon their strategies for social action/change, and gaining increased self-reliance and decision-making power as a result of their activities' (Labonte, 1993: 237). Participation by the various groups involved in the design, conduct and evaluation of community health work is considered crucial to these various processes but it can be problematic and characterized by heterogeneity of knowledges, foci and perceived outcomes of individuals, communities and researchers (Cancian and Armstead, 1992; Connell et al., 1995; Gregory, 2000). Given these possible tensions, participation in evaluation can be problematic and especially so when

evaluating the range of interests and issues in community health work. Ultimately the range of values, motivations, prejudices, etc. that will emerge in any evaluation needs to be recognized, appreciated and managed within a participatory environment (Gregory, 2000: 185). Issues of power infuse processes and yet inequities in these are not addressed as frequently as they might be in evaluation work (Voyle and Simmons, 1999; Wallerstein, 1999: 40). The knowledge and power dynamics of evaluation can promote attempts to impose a normalized truth on the workings and outcomes of a project, leading to the reporting of what might be considered to be 'successes' that can enhance opportunities for further funding.

In this article I adopt the concept of 'rhetorical spaces' to explore how the views, ideas and skills of communities might be recognized and supported through the process of participatory evaluation. The term 'rhetorical spaces' refers to the tacit social knowledge and territorial imperatives that structure and restrict how knowledge and experiences can be voiced (Code, 1995). Can participants from communities find a voice in evaluation? If so, what is heard and by whom? And does it have any impact? I argue for a realistic pragmatism to inform the evaluation of community health work; for the creation and support of spaces imbued with equity, thus enabling the mapping and input of everyday knowledge and skills in evaluation processes.

To develop and illustrate this argument I draw upon relevant aspects of a case study of the development of an evaluation resource entitled *The Evaluation Journey: An Evaluation Resource Pack for Community Groups* (McKie et al., 2002). While generic in potential application, it has its origins in two projects, both of which promoted a community development approach to tobacco control, namely:

- Women, Low Income and Smoking (WLI&S) in which 19 community-based initiatives across Scotland were funded to explore new ways of working on smoking reduction among women living on low income. This Action on Smoking and Health (ASH) project was funded by the Health Education Board for Scotland (HEBS) and operated between 1996 and 1999. Initiatives received funds of between £500 and £3,000 to undertake work over a maximum of a year.
- Tobacco and Inequalities (T&I) project which funded six community-based initiatives located in Scotland to address issues for communities on inequalities in health with reference to smoking and tobacco. These initiatives received £10,000 to undertake work for up to a year. This ASH Scotland project ran from 1999 to 2002 and was funded by the Scottish Executive and HEBS.

These projects were innovative as they were the first national Scottish projects to promote a community development approach to health work on tobacco control. Most tackled smoking and health issues in an indirect fashion (Gaunt-Richardson et al., 1999, 2003). Both the WLI&S and T&I projects sought to gain new insights into appropriate approaches and methods of evaluation by drawing upon the skills and experiences of funded initiatives, participants and the

commissioning groups. Funders considered it important that evaluations reflected the ethos of the work and community groups retained control of the processes of running the initiative and the evaluation.

The article begins with a consideration of the various barriers to participation and in particular an expansion of the ideas of Lorraine Code (1995) on rhetorical spaces. Subsequently, the case study is presented and this comprises three sub-sections presenting in chronological order the origins and development of the resource pack. The journey to the publication of the resource pack was littered with inadvertent ambiguities and dichotomies between participants, facilitators and funders. We chart how we reached some settlement with initiatives while recognizing the ongoing problems. In the conclusions we note the limitations to our approach and make suggestions for further work to ensure genuine and practical approaches to enhancing participation.

Evaluation and Rhetorical Spaces

Community health projects are often required to build in evaluation from the outset and to consider recording information that makes possible the evaluation of ongoing processes as well as outcomes (Wimbush and Watson, 2000; Black et al., 2003). Collecting information in a sympathetic manner to chart these processes necessitates the involvement of a range of stakeholders not least of whom are participants. Gregory (2000: 179) asserts 'it is widely accepted that evaluation is a social process which implies the need for a participatory approach'. Any participatory evaluation should give an emphasis and respect to 'popular knowledge', which will lead to consciousness raising and ultimately social transformation (Cancian and Armstead, 1992). However, participation and participatory evaluation are terms that have been used blithely by many researchers and commentators in a manner that masks 'the heterogeneity evident in its realization in practice' (Gregory, 2000: 179).

Drawing upon Oakley (1991), the following obstacles to participatory evaluation have been categorized:

- **Social:** a lack of knowledge and experience of research and policy-making processes that often leads to dependence on 'experts', leaders and funding bodies. Participants in projects may continue to be deferential to those whom they perceive to hold certain skills and knowledge as well as those who control the allocation of future funds.
- **Structural:** the political and policy-making environment can restrict participation, rendering it superficial and value-laden.
- **Administrative:** project managers, commissioning and funding bodies can be reluctant to relinquish control of the information and processes crucial to the collection of data and conduct of the evaluation.

While the case study illustrates and illuminates a number of administrative and structural barriers, in this article I focus upon social barriers, and in particular the possibility that participants may be silenced through deference or the inability of others to offer spaces in which they can be heard.

Code (1995) uses the concept of 'rhetorical spaces' as a tool for creating knowledge from everyday life. Rhetorical spaces are part of our tacit, social knowledge that structure and limit the sort of words and ideas for knowledge that can be voiced, how, where and by whom; what is the expected subjectivity of a credible knower (Code, 1995; Ronkainen, 2001)? Code (1995) argues that the question is not so much about what is said but more importantly, what is heard, discussed and considered? Or is the speaker ignored or ridiculed? Being a participant or facilitator of a community health project provides a 'code of presentation' and in evaluation that code is often one of deference to those presumed to have knowledge that is valued, for example, researchers and funding bodies. This 'code of presentation' helps to form a rhetorical space whereby speaking from a perspective of everyday knowledge becomes impossible if someone wants to be considered a credible participant. These processes often manifest themselves in language and the words and terms that imbue research and evaluation. To talk of formative, summative and process evaluation, of participatory and empowering evaluation, of quantitative or qualitative research methods will exclude those who do not understand or use these terms. If the 'code of presentation' in evaluation expects the adoption of certain language and ways of working, the rhetorical spaces contract in which everyday knowledge on community health work can be heard. The problem with the limitation of rhetorical spaces is that differences in knowledge and skills are transferred to areas other than the evaluation and participants may decide to opt out altogether. Thus participation is simultaneously visible and invisible: being there may be taken for granted as participation; being silent may be considered as being involved, and being vocal without adhering to the 'code of presentation' might be interpreted as problematic and yet ignored.

Participation and Pragmatism: The Origins and Development of the Resource Pack

There were the following three distinct phases to the development of *The Evaluation Journey: An Evaluation Resource Pack for Community Groups*:

1. Evaluating WLI&S initiatives and identifying the need for a resource (1996–98).
2. Development, pre-testing and piloting the first version of the resource (1999–2000).
3. National consultation exercise, revisions, publication and dissemination of the final version (2001–02).

Below, I outline the main events and issues in each of the three phases of development. Box 1 provides a timeline for the development of the evaluation resource.

Box 1. Time Line for the Development of *The Evaluation Journey: An Evaluation Resource Pack for Community Groups*

Stage one, 1996–98: Identifying the need for a resource

- 1996: initiatives funded under WLI&S programme commence evaluation work and a range of issues/problems emerge
- 1997: evaluation advisory group review available resources for community groups and most presume knowledge of research methods
- 1998: idea of an evaluation resource pack of community health work begins to take shape through discussions with WLI&S initiatives

Stage two, 1999–2000: Development, pre-testing and piloting

- October 1999–July 2000: drafting of the pilot version of the pack
- December 1999–January 2000: interviews with facilitators of four of the initiatives funded by the WLI&S project
- August–September 2000: design of pack
- August–November 2000: pre-test with facilitators of three of the initiatives funded by WLI&S
- October 2000–September 2001: piloting with the six initiatives funded by the Tobacco and Inequalities Project
- December 2000: peer review by relevant voluntary sector and national organizations

Stage three, 2001–02: Consultation, revisions and dissemination

- January 2001: roundtable meeting with representatives from the Scottish Executive, Health Education Board for Scotland and community work
- October–November 2001: regional consultations with community work practitioners. Over 50 participants attend a series of workshops held across Scotland and through video-conferencing
- November 2001: review of all the feedback from the above
- November/December 2001: revision of content and structure
- January 2002: Plain English Campaign edit the pack
- January 2002: final design and print
- February 2002: launch of *The Evaluation Journey*
- February 2002: dissemination and strategic workshops in Scotland
- March 2002: dissemination of packs and fliers
- May 2002: read-only copy of the document goes online
- June and July 2002: dissemination workshops held in England and Wales

Evaluating Community Health Work and Identification of the Need for a Resource (1996–98)

As noted earlier, the evaluation resource has its origins in the WLI&S project, which funded a series of initiatives through small-grant funding awarded in two waves: 1996–97 (Wave 1) and 1997–98 (Wave 2). An evaluation advisory group was established early in the life of the project to provide general support and advice both to the project manager and to the facilitators of individual initiatives. Its role was not to undertake evaluation research per se but to work towards extracting overall conclusions from the final reports of the initiatives. Members

of the group were keen to achieve a supportive relationship with initiatives and enhance a sense of 'power with' rather than 'power over' evaluation work. It was felt that working with initiatives and drawing upon their strengths, while recognizing that limited support may be required, would be an approach sympathetic to the community development ethos of the project. ASH Scotland had no prior experience of community development work and the evaluation of such projects but advice from national and local bodies further reinforced the assumption that skills, resources and experiences in the community could and should be drawn upon.

At its first meeting, the members of the evaluation advisory group agreed they were keen to achieve a balance between the need to secure meaningful information with concerns about asking too much of initiatives that had day-to-day community work to develop. Yet in the early months of the project it became evident the assumption that past skills and experiences would equip initiatives to undertake a relatively independent evaluation of innovative community-based work was placing too much pressure upon many of the facilitators and, indeed, participants.

As initiatives got underway some facilitators realized that their valuable experience and skills in group work and community development did not necessarily equip them to undertake evaluation without further support. Others asked for practical guidance on research methods. The level of experience in most of the community groups resulted in the recording of work through the minutes of meetings and attendance records at sessions, and also designing and administering the occasional short questionnaire. Even those working in an organizational context that might have staff trained in evaluation and that actively supported this dimension of an initiative's work began to express concerns. More worryingly, as the project manager visited initiatives it became evident that some were struggling with evaluation work but were trying to hide this for fear of calling into question the release of the final 20 percent of their grant. Nevertheless the majority of Wave 1 initiatives started recording their work and used a range of methods to do so.

Many participants spoke of evaluation 'as a lot of fuss' and could not 'see the relevance of all this when we need to be getting on with the work'. There was a sense that evaluation was the domain of the facilitators and funders. When involvement was encouraged, a sizeable number of participants suggested that the best way forward was 'to do a questionnaire' regardless of the need for specialist input. At this stage participants were not asked, nor did they offer, what they themselves might want to do for evaluation. Here was an early example of adherence to the 'code of presentation' (Code, 1995) by all stakeholders.

In reflecting upon this, the evaluation advisory group and project manager agreed to provide additional specific support for several groups. For example, one initiative received input from a consultant researcher who worked hard to listen to the ideas and needs of the group and negotiate a framework for evaluation. Initially, participants in this group had proposed a questionnaire as the main source of data to chart the organization and running of a health fair. They intended to devise this themselves and go from door to door administering the

questionnaire. The wording of the questions, the practicalities of undertaking the work and analysing data initially seemed irrelevant as participants argued this was the sort of approach and material funders would recognize and appreciate.

The advisory group explored the availability and relevance of resource materials on evaluation aimed specifically at community groups. Most resources, however, were aimed at health promotion and/or community education officers *and* assumed a good level of knowledge of research methods. So despite thoughts that this might support projects a further problem was created: the interpretation of available resource materials. Ironically, the circulation of relevant materials available in 1996 further delineated 'rhetorical spaces' and left a number of facilitators as well as participants feeling they had even less ideas and skills than they had prior to reviewing resources that were actually aimed at groups involved in evaluating community development work.

By early 1997 a practical and immediate problem emerged: many were unsure about how to analyse data collected from questionnaires, interviews and focus groups. One initiative asked the project manager to look through 12 large files of material and notes from interviews, and advise on what could be derived from this material for the final report! After this, and in conjunction with the advisory group, the project manager designed a series of evaluation questions that initiatives could consider when compiling their final report. A number of the initiatives found these extremely useful in providing a basis for decisions on what information to include in their report, as well as indicating which elements and dimensions of their work required further reflection and critical assessment.

In the light of these experiences Wave 2 applicants were asked to provide specific detail on their evaluation plans and were encouraged by the project manager to spend time planning and recording evaluation work from the early stages of activities. Yet the project manager and evaluation advisory group began to feel increasing responsibility to:

- relieve the pressures felt by many facilitators and participants; to support those who could do this work but lacked confidence;
- find skills and resources for those with no or limited experiences of evaluation; and
- ensure a level of quality in final reports that would allow overall conclusions to be drawn.

It was now clear that the 'code of presentation' on evaluation had to be demystified and the 'rhetorical spaces' explored. How could the ideas and skills of participants be spoken about, given credibility and negotiated for an evaluation framework?

At this point the evaluation advisory group proposed a change to the evaluation approach. We had reached a point where our idea of 'power with' initiatives had been found to result in a number of barriers to genuine dialogue and participation. Our adherence to the notion of supporting a community development approach to evaluation and support for independent evaluations by the respective initiatives had led to a series of concerns that might have been avoided with some early work considering the skills and experiences of facilitators and on

mapping and challenging the rhetorical spaces. The evaluation advisory group and project manager were able to give additional time to undertake a change of role. So after two lengthy meetings, one with the project management group, it was agreed to undertake five in-depth case studies of selected initiatives.¹ These were chosen as representative of the range of settings, methods and content of the project.²

In a final review meeting of the WLI&S project, initiatives praised the level and quality of support received from ASH Scotland. They suggested this level of support and appreciation for the community development approach and range of skills and experiences in research was unusual. Facilitators commented that they had gained so much in the development of their skills, and a number have gone on to achieve further grant awards and undertake a range of evaluation work. Guidance and support had promoted skill levels and thus confidence. However, not every organization can provide this level of support and space for reflection. A key recommendation to emerge from the final review meeting was the need for resource materials that originated from 'rhetorical spaces' and sought to achieve a bridge between participants and funders through demystifying the 'code of presentation' that often surrounds evaluation work.

Developing, Pre-testing and Piloting the First Version of the Resource Pack (1999–2000)

The idea for *The Evaluation Journey* emerged and began to take shape through a series of interviews conducted with facilitators and participants in WLI&S after completion of the project. Key themes from the interviews included the following.

- Approaches and methods of evaluation must reflect the values and realities of community work and community development and must focus on both process and outcome. While ASH Scotland had promoted these values, a number of initiatives received funding from several sources and had to manage competing criteria and requests with regard to evaluation. Often other funders were felt to value the collection of numbers and statistics above explorations of meanings and understandings. It is the latter form of material and insights derived from this that interested initiatives most.
- Although the former approach could not adequately illuminate the processes of community health work, many argued it was a 'safer method' of evaluation research as it tended to find favour with funders and thus promote chances to secure further funds. A few projects collected a range of data in an attempt to meet what they perceived to be competing requirements from funding bodies. As a result they worked with both quantitative and qualitative methods of data collection. Often they were unclear about their approach to evaluation and why certain information was or was not required for an assessment of their initiative. And all this added to the time and resources evaluation work demanded.
- Initiatives used a variety of methods to record their everyday activities and outcomes, for example, diaries, the taping of sessions, collages, video and

photographs. Many spoke of these ways of collecting data as being sympathetic to their activities and processes but expressed concern that these methods would not be considered appropriate.

- It was recognized that the acceptability of data varies according to different stakeholders. Consideration of this illuminates the process of creating codes of presentation and suggests that debates among stakeholders – on whose input is credible (when and how) – might usefully be encouraged.
- The experiences of analysing material collected and compiling the final report were varied. In some cases the information obtained was not usable and much time and effort were devoted to evaluation work that did not contribute to ongoing reflection or the final report; this was often the case with poorly designed and administered questionnaires. At times evaluation was perceived as a barrier to the progression of planned activities rather than aiding review and participation in the project.

Underpinning this range of concerns was a sense of frustration that evaluation research required skills and knowledge that community groups in socially excluded localities did not possess. Many also questioned what final reports were used for, apart from decisions on future funding. So while we might have struggled to make evaluation an accessible and transparent activity, it was clear we needed to address the many social and structural concerns that challenged negotiation to develop approaches and methods that drew upon local knowledge, skills and insights. We agreed our first challenge was to produce a resource that would support grassroots communities in evaluation work: acknowledging their concerns while not presuming knowledge or experience of evaluation work. Further, we sought to achieve this in a manner that was not patronizing but which attempted to build a bridge between the world of communities and participants in initiatives and the expectations of commissioners, funders and government bodies supporting community health work.

The theme of an evaluation journey emerged early on as participants drew upon the language of travel and journeys to express the frustration and joy of evaluation work. For example, some spoke of 'going up a cul de sac' when they found that a method for collecting data had not produced what was expected while others spoke more generally of evaluation as 'a hard road to travel on'. This theme was well received at every stage of the development and dissemination and appeared to resonate with the everyday experiences of many communities.

Two members of the evaluation advisory group for WLI&S and the project manager formed the group that developed the pack. In the summer of 2000, the group reviewed interview data from WLI&S initiatives and drafted the first version of the pack. Given ideas on usability and accessibility, this was produced in an A5, ring-bind folder format on heavy gloss paper. The first version of this pack provided definitions and information on:

- the rationale for evaluation;
- planning evaluation and enhancing the active involvement of participants;
- collecting information using conventional and unconventional research methods;

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- analysis; and
- report writing and sharing learning.

Strong emphasis was placed upon linking evaluation to the planning of projects from the application stage.

This early version of the pack was sent for pre-testing and peer review to several of the initiatives funded under WLI&S, as well as to representatives of a number of national bodies which support the development and evaluation of community health work. Further, a roundtable debate was conducted with funders, community health projects and researchers to reflect on border issues concerning approaches to evaluation, the credibility of methods, and the provision of resources and support. High levels of support were expressed for the development of the pack and networks forged among those involved in early developments and reviews. However, in this version of the pack we failed to adequately demystify evaluation and research and were criticized for falling into 'research speak'. The dilemma was how to start with the skills and ideas of communities and, through the resource, equip groups with knowledge and language to engage with funders and others on a more equitable basis. It was also proposed that the pack should have a more obvious relevance to a wide range of community development projects.

In 2001, a revised version of the pack was piloted by the six initiatives funded under T&I. They were asked to use the pack as and when they considered it relevant and to comment on the contents, presentation and applicability of the contents. Feedback suggested that emphasizing planning and the manner in which this can underpin evaluation from the outset of a project was a relevant and productive idea that enhanced participation. Initiatives adopted a variety of approaches to their evaluation work and increasingly collected a range of data. Further details were requested on basic information to collect (e.g. numbers of participants, background of participants), methods of collecting information that worked with methods inherent in activities (e.g. collages, videos and photographs), ways of interpreting and sharing learning with participants, as well as further information on related organizations and resources. Changes to the wording were suggested as, in parts, it was still considered too obscure.

National Consultation Exercise, Revisions, Publication and Dissemination (2001–02)

During the final stages of the piloting by the six initiatives, a successful application for funding was made to the Scottish Executive to develop the pack for generic use. The funding supported a series of national consultation events, revisions to the pack and dissemination activities. ASH Scotland commissioned the team that developed the first version of the pack.³ This work was scheduled to commence as the T&I initiatives were drawing to a close so as to ensure that their experiences were given due weight and attention.

In the autumn of 2001 one of the authors undertook a series of workshops and a video conference with over 50 representatives from health, arts and recreation, community education and schools. Comments from participants in these sessions combined with feedback from the six initiatives are summarized in Box 2.

Box 2. Collation of Review of Feedback from Initiatives and National Consultation Exercise, Autumn 2001

Language

- Some of the words and phrases require further elaboration and explanation, e.g. baseline data, empowerment, powerlessness, timescales.
- Reference to the glossary should be made to stand out throughout the pack.

Content

- Though none of the workers felt the guidelines were a resource for tobacco workers only and all could see how the pack could relate to their other work, it was felt this point needed to be stressed further in the introduction.
- No new material was identified for addition; in fact when the unpublished document was shown, workers thought the document was too long. When in A5 format, no such comments were made, though it was felt the summary checklists could be further highlighted and the tabs marked with individual chapters.
- It was felt that the section on collecting information should be re-ordered to emphasize approaches to collecting material that mirror the methodology of community health work. Many argued that a 'health warning' should be presented for the standard methods such as questionnaire work; specialist skills and advice were necessary and often not readily available or affordable.
- Snapshots were equally useful. Perhaps others could be included (from the T&I project and other projects across Scotland) as they brought things 'down to earth'.
- Summary checklists proved very useful. These need to be highlighted earlier in the introduction to encourage people to use them and avoid the whole booklet being discarded.
- It was useful to include evaluation questions in the booklet; this helped to promote thought and focus on own work.
- The appendices were felt to be very useful, in particular the contact points, glossary and sample plan. Some felt the baseline data required further clarification because they could prove daunting to those inexperienced in evaluation.
- Useful publications: it may be useful to identify other sources, e.g. community education training libraries, health promotion libraries.

Sequence

- All thought the sequence was fine. All liked the stress put on planning and the benefits to this.

Theme

- All thought the theme of a journey was very useful and appropriate.

Other Comments

- Will the pack be produced in other versions, e.g. large print, on disc, other languages?
- Will the pack be available free?
- Will there be training to support the use of the pack?

A major re-working of the pack took place late in 2001 and, at the suggestion of a number of those involved in the national consultation exercise, the pack was edited by the Plain English Campaign. Interestingly, while many had found

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earlier versions of the pack largely accessible, the Plain English Campaign made suggestions for changes to almost every sentence, as well as to the layout of the contents as a whole! Thus the search to demystify and make accessible the 'code of presentation' took a number of reviews, involving a range of groups.

Key characteristics of the pack include the following.

- A5, ring-bind format and on heavy gloss paper allowing for additions and changes to be made with relative ease.
- Recognition of everyday experiences and realities is gained through the inclusion of 'Snapshots from a Previous Journey' drawn from a wide range of community projects.
- The ordering and content of the section on collecting information underwent major changes. During the consultation exercise it became evident that without the requisite skills and resources for questionnaire and interview work, many community groups would do best to avoid these or allocate resources for specialist advice. This section now devotes most space to the methods of community development working that also allows for the collection of information: for example, collages, creative writing and photography. In the latter part of this section there is information, coupled with a 'health warning', on the use of more conventional research methods.
- A brief questionnaire was inserted into each pack to gauge initial responses to and use of the pack.

Four thousand copies were printed and a read-only version placed on the ASH Scotland website (www.ashscotland.org.uk/inequalities/tobacco.html#eval). Over the last year (2002) dissemination activities included the following:

- Ten workshops held across Scotland, England and Wales involving representatives of community groups, local authorities and government. These sessions reviewed the contents and development of the pack and debated the potential for wider dissemination and use. Debates also raised issues of concern with the role of funding and commissioning bodies.
- Two workshops with representatives of national bodies that fund community work in Scotland and are concerned with the evaluation of community projects more generally.

Over 150 delegates participated in these workshops and by February 2003 over 3000 copies had been distributed, largely in Scotland, and also the rest of the UK and parts of continental Europe. Initial responses to the pack have been extremely positive, with a number of ideas proposed for further support for this pack and the evaluation of community health work more generally. Of course, the development of this resource alone cannot tackle all of the barriers to participation and in particular the tendency of projects to work towards a normalized truth in evaluation reports. Strategic activities with funders and commissioning bodies are required to develop and sustain a context that provides clear and explicit evaluation and monitoring requirements. In the workshops a number of suggestions were made to promote the use of the resource and the evaluation of community health work more generally, summarized in Box 3.

Box 3. Key Points/Ideas Raised in Dissemination

1. *Training to support implementation:* numerous people suggested creating an audio cassette/CD ROM that could assist people to work through the pack. It was suggested that something akin to an Open University-type resource with a commentary to take people through sections, interspersed with interviews with people from projects in snapshots, would bring the material alive. Given literacy problems and skills gaps, further support was considered crucial to aid use by specific groups. This might also be provided by a short video that took people through key sections of the material and this method might have particular appeal with, for example, young people, ethnic groups where English is the second language, groups/individuals with literacy problems.
2. *Networks of specialist advisors:* these would be volunteers who had participated in half-day seminars and would then be prepared to support the use of the pack within their region, town or city. Several people suggested they would be happy to do this and the majority of participants said they could envisage using such a service or referring others to it.
3. *Menu card to support grant applications:* it was suggested that projects and groups need to look at the pack or elements of the pack at the point of putting together a project application. It was felt that a full copy of the pack might be too much and that a menu-type format with key points (e.g. quick reference guidelines used in primary care, that is, one page of A4 folded to give four sides of A5) would be extremely useful for groups. This would include: definitions of monitoring and evaluation; evaluation and planning – a sample plan; a résumé of ways to collect information; resource issues, and other materials.
4. *An evaluation facilitation service:* a service that would help with plans at application stage and to negotiate and support funding bodies and projects in any difficulties and disputes. Nothing like this currently exists in Scotland and it was recognized that this is a long-term goal.
5. *Communication across the levels:* a need was expressed for seminars/consultations to involve community groups, community project facilitators and funding bodies to explore the way forward to an agreed basic minimum data-collection pro forma.
6. *Work across key social, public and health themes to encourage use of the pack:* as a starting point to further dissemination it was suggested that partnership groups might be formed. Examples included involving: community planning, community schools, Social Inclusion Partnerships, city partnerships, NHS Health Scotland, clinical governance/Local Health Care Co-operatives, health promotion and primary care. Notions of the 'community' are everywhere and everyone is being asked to monitor and evaluate – it was strongly argued that we should consider this thematic approach rather than following the departmentalism that can pose a barrier to cross-departmental/organizational work on these issues.
7. *Feedback:* the facilitation of regular feedback on progress with the dissemination, and use of the pack was proposed. ASH Scotland undertook to communicate with all those who participated in dissemination activities after the publication of the pack and to review the potential for an evaluation of the use of the pack a year after publication.

Conclusions

The relationship between communities, health and the environment are given a renewed focus through community development approaches to health work. In general, these approaches seek to draw attention to, and tackle issues of participation and imbalances of power – inequalities and social exclusion – within and across communities and structures. Ironically, while the overall approach of community health work seeks to explore these processes, the evaluation of such work can fail to address issues of participation and power; these constitute both obstacles and opportunities to a participatory evaluation. By contrast there has been a lively debate in the literature on epistemology and power in evaluation per se (Oakley, 1991; Shaw, 1999; Wallerstein, 1999). It would seem that the need to present successes to funding bodies results in the masking of 'the heterogeneity evident in the realization of practice' (Gregory, 2000: 179).

As demonstrated by the case study, the workings of 'rhetorical spaces' can limit ideas and activities. Whether we like it or not evaluation has created a language and modus operandi that can be excluding (Code, 1995). Just being a visible participant does not mean you are an active one. Working towards genuine participation in evaluation necessitates a recognition that the 'code of presentation' proffered by funders and researchers may delineate who is credible and thus fail to see and draw upon the ideas, insights and knowledge of participants. The experiences of the majority of initiatives, across the two programmes of work, demonstrated that while the motives of the funder may be transparent and positive, the knowledge and skills to undertake an evaluation process sympathetic to community health work are limited. To return to Oakley (1991), barriers to the development of and participation in evaluation were evident at a number of levels.

Social Oakley defined these as a lack of knowledge and skills. Although many initiatives had been involved in previous evaluations, the lack of feedback and support from funders meant that initiatives were not encouraged to reflect on their practice or develop their skills. Most facilitators and participants spoke of deferring to the criteria presented by funders and seeking the easiest, quickest and least costly means of gaining and presenting evidence of achieving these. When it became evident that the evaluation advisory group was encouraging local control, paradoxically initiatives became highly dependent upon the support of the ASH Scotland project manager, seeking advice and clearance on numerous occasions. Confidence levels were generally low and we had under-estimated the need for this support and reassurance. As a result many had to reconfigure time and resources to support evaluation work.

Structural These obstacles are evident in the political and policy-making environments that may restrict participation. Many of the initiatives experienced a local political and policy-making environment that did not encourage dialogue and thus they were somewhat suspicious of our encouragement of debate and dialogue on evaluation. In addition, the potential to link the evaluation to the

development and implementation of plans for activities was considered a new one by many. Evaluation was perceived as an activity concentrated in the latter half of projects with attendant tensions. For many initiatives, resource limitations in previous evaluation had led to the collection of data in an unsystematic and ad hoc fashion that tended to restrict further wide participation in the evaluation process, thereby concentrating power and control in the hands of facilitators. Certainly some facilitators found the idea of negotiation on evaluation, with the project manager and advisory group, to be challenging to their professional roles, and in some cases at variance with local guidelines on accountability.

Administrative For Oakley these obstacles focus upon the reluctance of project managers, commissioning and funding bodies to relinquish control. The evaluation of WLI&S started out emphasizing local control of evaluation designs and processes. Ultimately initiatives and the evaluation advisory group had to grapple with achieving a balance between local control and adequate and appropriate support, especially when this concerned participation in initiatives and active involvement of participants in evaluation.

There is potential for evaluation work to provide opportunities to document and present 'popular knowledges' and insights. As Cancian and Armstead (1992) suggest, these 'knowledges' can lead to consciousness raising and ultimately social transformation. However, the potential for an evaluation resource to enhance these processes can be something of a tall order, especially when a realistic appreciation of the barriers to participation may be limited. In addition, the adoption of certain research methods can seem to be at odds with the actual everyday activities of projects. For example, many initiatives adopted processes of working that sought to enhance participation and meanwhile struggled with notions of objectivity and what constitutes evaluation data. Often a view was expressed that a distance was required between the initiative work and the collection of evaluation data, and that might only be achieved through interviews, focus groups or questionnaires. I am not suggesting that these are necessarily inappropriate means of collecting data but the promotion of these methods without understanding and negotiation can, and does, limit the spaces for dialogue. Many initiatives were recording their work through everyday activities such as collage, photography and diary work, and, yet, were querying the relevance and value of these data. In fact it took us some time to recognize the value of these data, especially when considered alongside more standard information on planning, participation and resources.

Debate at the dissemination workshops recognized and considered issues of participation and power, especially the imbalance of 'knowledges' and power between funders, initiatives and participants (Huberman, 1990; Lincoln, 1994). Traditionally the voluntary sector has had to evaluate to ensure accountability and maintain funding levels. These realities can make it difficult to view evaluation positively. Representatives from strategic bodies recognized that evaluation is about judgement; it does raise concerns about future funding and the continuation of a project/work. However, evaluation does provide an opportunity for groups

to demonstrate what they have achieved, what changes have taken place and how others can learn from work that has been done. There may be a case for evaluation reports to be more widely available (e.g. in libraries) to enable others to read about the work that has been undertaken and the lessons that can be gained; a further process in demystifying evaluation. Lastly, during dissemination workshops the need for an evaluation facilitation service to work across national and local levels in Scotland was proposed. Many spoke of the evaluation pack as a resource that needed to be supported in numerous ways and perhaps most coherently through such a facilitation service. Certainly, community and strategic groups were keen to discuss ways to develop realistic, relevant and participatory evaluations.

In this article I have argued that without an understanding and appreciation of the process of rhetorical spaces and the impact of the 'code of presentation' on the processes of participation at various levels of working, evaluations cannot adequately reflect the heterogeneity of experiences for communities, researchers and funders. Our goal must be to encourage the recording of, and reflection upon, the heterogeneity of real practice. Given the problematizing of participation, *The Evaluation Journey* is offered as one practical and grounded development in support of a realistic pragmatism to inform the evaluation of community health work.

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Notes

1. The three members of the evaluation advisory group, a member of the project management group and the project manager agreed to undertake the research for the case studies and so roles were changed from being advisors to researchers. The case study methods included:
 - a review of relevant documentation including the application form, planning documents, other records, and, where available, the final reports;
 - interviews with facilitators;
 - when possible, group interviews with participants;
 - a review of presentations made at the information days and final project conference.
2. Data collection was undertaken in 1998 and early 1999. By this time several of the case study initiatives had already completed their work. However, it was possible to

interview the majority of facilitators, and in every case, to meet some of the participants. It was recognized that case studies would provide depth in identifying and exploring issues relevant to those initiatives. For the end-of-project report, key learning points from a review of reports from the initiatives were presented, alongside the themes emerging from the five case studies. We were careful not to diminish the evaluation work of the initiatives in the dissemination of the findings from the project.

3. The group comprised Joy Barlow, Paula Gaunt-Richardson and Linda McKie. Linda ran the national consultation exercise, revised the pack and ran a series of dissemination events for community groups. Joy edited the pack and undertook dissemination activities with funders and strategic bodies. Paula co-ordinated all aspects of development, including publication, and liaised with the T & I initiatives to ensure all their experiences and ideas were evident in the final version.

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