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Libraries as 'everyday' settings: the Glasgow *MCISS* project

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Abstract

A settings-based approach is now well-established in health promotion, initially undertaken in conventional places like schools and workplaces but more recently being expressed in a wider range of what Torp *et al* call 'everyday' settings (e.g. care homes, sports stadia and shopping malls). In this context, libraries have emerged as another potential setting whose ubiquity and accessibility suggests that they may be particularly effective in addressing health inequalities. Drawing on a case study - the *Glasgow Macmillan Cancer Information and Support Services Library* project - this paper reports on the potential for seeing 'libraries as settings' and in the context of a set of associated theoretical resources, specifically scrutinises the nature of initiative implementation. Data was draw from multiple sources: semi-structured interviews and focus groups with strategic partners and stakeholders, operational staff, project volunteers, service users and members of the general public. Qualitative data was complemented by quantitative insights from surveys with members of the partnership, libraries staff and volunteers. Despite some concerns associated with potentially hostile cultural and financial contexts that might threaten longer term sustainability, insights suggested that in pragmatic terms, the project was attracting sizable 'footfall' and successfully addressing a range of needs. Additionally, the formal implementation processes associated with project implementation were considered to have been highly successful in embedding the model into the library culture. In summary, there is evidence that libraries have the potential to be considered as supportive settings and could act as a model for an emergent vision of what libraries do.

Introduction

The notion of purposively structuring health promotion interventions around organisational 'places', seeking to draw on their potentially supportive contextual resources, arose initially from the structural ethos of 1986's WHO *Ottawa Charter* and was subsequently expressed as the theory and practice of a 'settings' approach (Baric, 1993). The trajectory of this domain can perhaps be characterised in relation to two related trends.

First, whilst initial activity centred on relatively conventional places such as schools, workplaces and hospitals (Dooris *et al*, 2007), in response to a critique of the overly narrow scope and the potential disadvantage to those excluded from these contexts, some have sought to extend the scope of what can be considered a 'setting' (Kickbusch, 2003). Recent work has thus promoted what Torp *et al* (2014) call 'everyday' settings: e.g. pharmacies (Maher *et al*, 2014); care homes (Krajic *et al*, 2014); sports stadia (Drygas *et al*, 2013); tennis clubs (Pluim *et al*, 2014); shopping malls (Haber, 2013); prisons (Caraher *et al*, 2002) and even 'virtual' social networking sites (Loss *et al*, 2014). In this context, libraries have recently emerged as another potential setting (Dowse & Sen, 2007), being seen as particularly accessible and equitable 'hubs' (Parker & Kreps, 2005) that can variously: provide access to health information (Linnan *et al*, 2004); promote health literacy (Chobot, 2010);

link to 'signposted' services (Harris *et al*, 2010;) and ultimately foster 'empowerment' and 'social capital' (Johnson, 2010).

Second, some believe that the theoretical and practical orientation of this field has tended to be descriptive, normative and aspirational (Samdal & Rowling, 2011). Of particular significance to this paper, some suggest a dearth of critical insights into the pragmatic implementation of the approach (Kremser, 2011); for example, Batras *et al* (2014; 2) conclude that, "little is known about knowledge and use of organizational change theory" within the settings field. As basis for the work reported in this paper, some recent empirical work has however sought to address this deficit (Mahmud *et al*, 2010), critically inter-linking the complex and multi-faceted intent of settings to first securing necessary 'capacity' (e.g. Potter & Brough, 2004) and thereafter realising optimal implementation processes (e.g. Whitelaw *et al*, 2006).

In these contexts and drawing on a specific case study based in Glasgow, Scotland - the Macmillan Cancer Information and Support Services (*MCISS*) project - this paper considers the general potential of libraries as health promoting settings and as part of this, specifically scrutinises the nature of the implementation of this initiative. It draws on insights derived from a commissioned evaluation of the project tasked to "*capture insights into the implementation of the programme; assess the effectiveness of the programme and associated partnership model; and assess the viability of sustaining and replicating the work elsewhere*" (Social Value Lab, 2014).

Founded on a pilot project in Easterhouse (Glasgow), developmental work on the initiative started in 2010, conceived as a 2-phase, 6-year programme: set-up and adoption (2012-15); and embedding and mainstreaming (2015-18). The first service opened in June 2012. This paper focuses on evaluative work undertaken in 2013-14 around the 'set up' phase and starts by introducing a range of key resources – the nature of the initiative, the policy environment in which it arose and the essential features of settings theory that will act as a framework for subsequent reporting and reflection. The main body of the paper examines the nature and delivery of various elements that constituted the *MCISS* programme and concludes with a wider reflection on the possible nature of optimal implementation and the general potential of libraries as a health promoting setting.

MCISS project

MCISS is an initiative that seeks to utilise libraries to make cancer information and support more readily available, with an aim of, "allowing people living with and beyond cancer to improve their quality of life by ensuring they receive the appropriate information and support and having access to practical and emotional support" (MacMillan Cancer Support, 2012). Bloch *et al* (2014) suggest that

the potential of particular settings is defined by their 'core business' and on the basis of their potential ubiquity, accessibility and 'non-clinical' nature, libraries were chosen as a preferred setting in fulfilling such aspirations. There was also a belief that both a 'settings' approach generally (Newman *et al*, 2015) and libraries particularly (Kwon & Kim, 2009) had the potential to redress general health and cancer specific inequalities.

A range of UK policy influences have recently provided a supportive context. Primarily, the notion of 'cancer survivorship' (increasing numbers of people surviving cancer and living longer) suggests that associated needs will increase and widen (Macmillan Cancer Support, 2008) - from solely physiological and pathological matters [what Reeve *et al* (2014) term a 'set of symptoms'] towards a holistic orientation that accommodates social, psychological, employment and economic dimensions of health with a focus on 'recovery' and post treatment well-being (Scottish Government, 2008). Additionally, the policy drive to support 'self-management' within an integrated health and social care context has also paved the way for initiatives like *MCISS* (Commission on the Future Delivery of Public Services, 2011). Finally, the approach is underpinned by two more functional foundations: at an individual level, the significance of providing high quality intelligence as a basis for fostering health literacy and empowerment (Parker & Kreps, 2005); and a wider organisational imperative to promote effective collaboration between people affected by cancer, their families and carers, the wider community and a range of potential service providers across the NHS, local government and the Third Sector (Scottish Government, 2008).

MCISS is led operationally by partners, *MacMillan Cancer Support* (a UK voluntary sector organisation that acts to improve the lives of people affected by cancer) and *Glasgow Life* (an agency that delivers cultural, leisure and library services on behalf of the local government agency, Glasgow City Council) and is delivered by a core team embedded within *Glasgow Life*. It is underpinned by a coalition of partners (involving e.g. NHS Greater Glasgow & Clyde, Glasgow City Council and The Alliance Scotland) with a strategically oriented 'Programme Steering Group' providing oversight. Operational implementation is supported by a number of subgroups ('Operations', 'Communications & Marketing', 'Cancer Environments' and 'Evaluation'), three geographically based 'Operational Steering Groups' and a cross city 'Partnership Forum' which brings together local agencies to build connections.

Practically, the initiative has a 'hub and spoke' model, reflecting varying levels of library provision (e.g. the size of library, footfall, and local need). Three 'tier 1' libraries have a full range of provision (volunteer-led drop-in activities with onsite services such as complementary therapies, counselling and benefits advice). These relate to 'tier 2' venues that provide only volunteer-led information,

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support and signposting services and 'tier 3' information points in local libraries with no volunteer presence but with trained library staff.

Settings implementation theory

This paper will ultimately report on three themes; most practically, the nature of the functional implementation of this initiative; in a wider sense, an assessment of the viability of libraries as a health promoting setting; and ultimately the extent to which such work can in the longer term be seen to become embedded ('normalised') in the setting. These empirical themes are complemented by a series of associated theoretical resources.

First, in seeing *MCISS* as a 'complex adaptive system' (Plsek & Greenhalgh, 2001) various organisational change resources come into play in considering implementation (Kotter, 1996). Primarily, Burke & Litwin (1992) theorise change in relation to two dynamics: '*transformational*' factors - contextual conditions required to initiate change; and '*transactional*' factors - internal 'capacity' resources such as workforce capability, partnership functioning and effective communication that enable the enactment of intended change. Lee *et al* (2014; 198) capture these dynamics collectively as "pro-health promotion organizational capacity building (OCB)".

Second, this generalised theory base is complemented by insights from the 'settings' literature, as a series of essentially pragmatic, empirically driven and normative orientations (Poland *et al*, 2009). These centre on the need for such work to be pursued on an 'ecological' basis with multiple strands of actions, notionally: utilising supportive policy; amending structural environments; achieving effective leadership; creating supportive budgets; nurturing partnerships; and doing all of this within an inclusive and participative ethic (Bloch *et al*, 2014). As well as this 'ingredients' approach, the literature also suggests a dynamic orientation; for example, Batras *et al* (2014) focusses on organisational 'readiness', seeing change agents as 'policy entrepreneurs' attempting to 'sell' health promotion values to organisations; furthermore, Daft (1999) identifies a strategy of providing direction *in line* with the intrinsic aims of the setting as enhancing the potential of implementation; and McIsaac *et al* (2015; 136) suggests a staged based implementation theory, using metaphors of 'planting the seeds', 'spreading roots' and 'branching out'.

These positions are complemented with compatible themes within library based health and cancer initiatives (Linnan, *et al*, 2004). For example, National Cancer Action Team (2010) sees such work as "systems governance" requiring a "partnership" approach where generic management (rather than clinical skills) are pre-cursors to successful implementation. Developing 'capacity' is again strongly expressed: conducive policy and associated funding (National Cancer Action Team, 2010);

collaborative working between provider organisations and client groups (Gillaspy, 2000); workforce development and the engagement of library staff (Linnan *et al*, 2004); maintaining a high quality volunteer base (Jenkinson *et al*, 2013); and creating supportive environments, particularly a spacious social/non-clinical set up (Hadjiconstantinou *et al*, 2010).

Finally, the essence of this project can perhaps be seen as an attempt to further extend and embed a health promotion function into a setting that has added potential in relation to changing perceptions of the nature of library functions (Gillaspy, 2000). In this context, the literature reflects critical insights that accept difficulties in translating theoretical ideals to actual activity (Rohrbach *et al*, 2006). May *et al's* (2007) 'normalization theory' is therefore a useful resource that both theoretically accommodates many of the themes outlined above and pragmatically assesses the extent to which health related work becomes organisationally 'normal' in libraries. The model theorises three elements: 'actors' (individuals and groups); 'objects' (tangible expressions of change such as the formation of policies, and procedures) and 'contexts' (the institutional environment around these processes). Three ultimate end points are then hypothesised: 'normalization' (genuine embeddedness), 'adoption' (some change achieved but not fully embedded) or simple 'rejection'. Additionally, they postulate a series of processes that shape the possibility of 'normalization': 'interactional workability' (quality of interactions); 'relational integration' (extent to which change relates to existing knowledge and positions); 'skill set workability' (extent to which the skills required to complete change are present); and 'contextual integration' (extent to which organisational features such as resources and policies support change).

Methodology

A series of methodological foundations unpinned the work. Recognising that the enactment of settings based principles is essentially practical - Wenzel (1997) seeing it as "spatial, temporal and cultural domains of *face-to-face* interaction" - this evaluation was located in a 'sociomaterial' context with an interest in the actual "enactments of work activity, politics and knowledge" (Fenwick, 2010; 104) within *MCISS*.

Ethical approval for the project was granted within University of Glasgow procedures and using a 'mixed methods' case study design (Stake, 1995), in-depth qualitative insights were accessed from a wide range of stakeholders. Semi-structured interviews were conducted in person or by telephone at interim (2013) and final (2014) phases with a series of groupings: 21 informants from key strategic partners and stakeholders (from Macmillan Cancer Support, Glasgow Life, Glasgow City Council, NHS Greater Glasgow and Clyde, NHS 24, a General Practitioner, cancer charities and other third sector

organisations); 5 informants from the Communications and Marketing Sub Group of the programme partnership; 18 operational staff informants from Glasgow Life whose responsibilities touched on the *MCISS* programme (3 Principal Librarians, 3 Cultural Services Co-ordinators, a cross-section of 8 Cultural Services Supervisors, 1 Line Manager from a hub library, 1 Cultural Services Officer and a centre manager from a sports venue hosting a *MCISS* service); during the final phase of the evaluation, interviews were conducted with each of the 10 staff members of the programme team responsible for *MCISS* (including the Programme Manager, Delivery Managers, Information and Support Officers, and staff responsible for the MCISS volunteering programme); 15 volunteers supporting the implementation of *MCISS*; 34 service users and 29 members of the general public who had not used *MCISS*. These interviews were complemented by 3 focus groups with the same operational staff from local stakeholder agencies.

Additionally, the qualitative data derived from these methods was complemented by quantitative insights from three further forms of data collection: a Partnership Scorecard Survey administered twice (June 2013 & July 2014) to 17 representatives of the programme Steering Groups and its four Sub Groups that gathered perspectives on the progress and effectiveness of partnership arrangements along a set of main criteria (e.g. clarity of purpose, shared agenda, active participation, effective communications, deliverable plans and effective implementation); and an online survey with 93 Glasgow libraries staff to share their views on the progress and impact of *MCISS*; an online survey with 96 volunteers relating on their motivations, recruitment, training, support, and outcomes relating to volunteering.

Subsequent analysis was undertaken within a realist 'explanatory case study' approach (Shankardass *et al*, 2015) that recognises this complex social world and seeks to examine empirical data against the backdrop of the theoretical resources introduced earlier - seen by Bennett & Ferlie (1994) as a "dialogue between theory and data".

In the context of the earlier theoretic al discussion, the paper now turns its attention to the reporting the three areas of empirical observations derived from fieldwork.

Results: functional implementation

Transformational change and initiation

In highlighting the significance of a series of Scottish Government policies in the 'context/rationale' element of its project's logic planning model [*Better Cancer Care* (2008) and *The Healthcare Quality Strategy for NHS Scotland* (2010)] *MCISS* had strong roots in the contextual 'transformational'

factors that Shankardass *et al* (2015) see as crucial to project initiation and ultimately what Samdal & Rowling (2011) term 'policy anchoring'. These themes (essentially an acceptance that people living with cancer have potentially unmet needs and that a new form of public health led service response beyond clinical orientations was needed) were embraced by the project and informants saw the initiative as a potential proxy for wider reorientation in the health and social sector; seen by Steering Group informants as, a "*pathfinder*" and a "*stalking horse*" leading to "*less involvement with acute areas*" in the cancer field. This congruence with national policy was matched in more local operational circumstances. The majority of the project steering group informants reported that there was a high level of congruence between *MCISS* policies and objectives and those of their own organisations in Glasgow, expressed as "*a huge shared vision*" and "*one circle around aims and objectives*".

However, some of these informants did recognise potential tension in these circumstances, for example citing the existence of "*vested interests*"; "*different responsibilities*"; and "*challenging….competing agendas*". In particular, potential tension was suggested in two respects: between cancer clinicians and others in the partnership; and between health professionals and volunteers. A series of more practical factors were also identified by informants within operational sub-groups, for example: variance of cultures and processes ["*processes in themselves……each organisation has its own pace and processes*"]; tensions around funding ["*financial…..lots of elements need picked up after project finished and sustained*"] and various expressions of time and busy-ness ["*the usual challenge is getting people along to the meetings*"; "*time factor…..people busy doing their own things*"].

Transactional change and capacity

Drawing from the core theoretical base, three aspects of 'capacity' within *MCISS* were considered by informants as significant - leadership, partnerships and finance. First, the role of effective leadership was reflected in two respects. Fundamentally, it was felt that senior management within the core Macmillan and Glasgow Life partners had cultivated a clear vision for the service and provided commitment to its implementation; for example, seen by informants within the partnership forum as having "*the vision*" and "*(having) faith in sustaining this type of approach*".

Second*,* efforts to nurture a broad partnership were considered crucial to capacity development. There was a belief across all informants that such work had been effective, characterised variously as "*open*", "*flexible*", "*trust-based*" and "*enduring*" and captured by a Steering Group informant as "*undoubtedly the best experience of partnership working that I have ever come across*". Based on a

core belief that the range of partnership groups had been skilfully facilitated, informants across different groups attributed this outcome to two elements: primarily, the inclusive process of co-designing the initiative [for example, the existence of "*a positive dialogue….done in a mutual way*"; "*all our input has been acknowledged*"; then subsequently, a willingness to modify the focus of the partnership groups to ensure success ["*(there's) no problem picking up phone…..(we) can influence the programme definitely*"; "*they listen to what is suggested and whatever we think might be an issue*"; "*(they are) very open to input from all partners*"]. These qualitative views were consolidated quantitively in the partnership 'scorecard' survey.

Yet, some challenges in this area were expressed. The innovative nature of the initiative was seen by some as creating challenges; for example, a Programme Steering Group informant recognised "*the fear of the unknown…..if you have a workforce used to doing things in a certain way and they have to work with different organisations….it is a challenge*". Besides the pressure to work differently, some strategic-level informants also highlighted the pressured circumstances in which the programme exists; citing for example the existence of organisational self-interest, budget pressures, varied organisational motivations and priorities and sometimes competing agendas (for example, between primary and secondary care remits). Specifically, one area in the partnership scorecard survey where satisfaction was more muted (and indeed had apparently declined over the year) was in relation to levels of participation. When explored in interviews, this data did appear to reflect a consolidation of the partnership rather than fracture or degradation - in some cases Sub Groups had either changed focus and membership (Operations Sub Group) or went into abeyance as initial tasks had been fulfilled (Environments Sub Group).

Third*,* having sufficient and on-going financial resources was perhaps naturally seen as significant, expressed in relation to achieving on-going "*affordability*". The predominant outlook across the majority of informants was positive. It was felt that the formal contractual nature and scale and duration of investment in *MCISS* from both MacMillan (the pump-priming of capital projects) and Glasgow Life (on-going costs) was such that affordability and ultimate sustainability was built-in from the outset. This ground was specifically articulated by informants as an "*affordability strategy*" comprised of various elements: the phased reduction in the central staff team and associated reduction in staffing costs; the building in of managerial and overhead costs into Glasgow Life budgets and routine management procedures; the sharing of other direct costs of delivering the service across Glasgow Life and a wider set of funding partners including other charities interested in supporting people with long-term conditions in a library setting. Some informants across the groups did however express more qualified positions on the matters of the succession from 'set-up' to

'embedding', particularly potentially uncertain funding; for example, an informant from the Steering group felt, "*(the) financial side always raises concerns and depends on how budgets will go*".

Discussion: libraries as health promoting settings

As well as these pragmatic interests in 'settings' implementation (essentially taking 'libraries as a healthy setting' as a given), the work also sought to appraise the very viability of this assumption. As suggested earlier, effective practice in this domain is generally characterised by the existence of multiple strands of activity that genuinely interacts with organisational features. Furthermore, in context of emergent innovative settings there is a particular demand that these setting are accessible to individuals and meet health needs in ways that other settings might not (Torp *et al*, 2014). In this context, returning to Poland *et al's* (2009) *settings analytic framework,* a series of critical 'viability' questions are posed, particularly: "what makes this category of setting different from (or similar to) other categories of settings?" and "what assumptions are usually made about this setting…are they warranted"?

In relation to the first question, and in keeping with the general belief that a settings approach can address inequalities (Shareck *et al,* 2013) the ubiquity and broad accessibility of the library setting with relatively high levels of usage by a relatively broad spectrum of people was considered by informants to make them unique, leading to the ability to potentially access those with greatest health needs and ultimately address deeper inequalities. The significance of the presence of many library 'hubs' was in this context seen as central to the fulfilment of *MCISS* initiative aims; expressed by Steering Group informants as: "*the hubs are critical*"; "*establishing a presence in every library in Glasgow*"; "*it is a place for local people….people use it to access other services as well*".

After two years, this potential to achieve wide access appears to be partially being fulfilled; the continual opening and promotion of *MCISS* had resulted in slowly rising attendance - approximately 3,140 visits in the two years under study. Furthermore, user profiles would suggest that individuals from areas of deprivation were particularly well represented. While most contacts had been of a one-off nature, a core group existed that had ongoing contact. By some margin, the main reason for approaching the service was for emotional support, with the combination of talking and onward referrals accounting for almost three-quarters of all interventions. Evidence from service user feedback also suggested that they regarded the *MCISS* as meeting a genuine need, were broadly satisfied with the mode of delivery and appeared to have derived a series of tangible benefits - ranging from simple information provision through to more active signposting to complementary

services. The presence of volunteers appeared to have been particularly significant, providing compassionate listening and active signposting and engagement with wider services.

These positive perspectives were however balanced by the identification of aspects where aspirations had not yet been fully realised. First, service uptake had been lower and slower than expected, being attributed to both less than effective promotion and an unrealistic 'scaling-up' from the exemplar Easterhouse project. Related to this, there was recognition that there had been difficulties in reaching men, those from multiply deprived communities and people that have not traditionally made use of library services. In this sense, some recognised the difficulty in accessing unidentified groups with needs; for example, an Operational group informant suggested, "*it is a challenging area and maybe needs development*" and some possible gaps were cited, for example, various ethnic minority groups, asylum seekers and those with learning disabilities were cited as potentially less likely to access libraries. Various informants also recognised the potential weakness of *any* library in accessing a wide range of individual and groups; for example: "*there are large groups of this population who don't use libraries*"; "*I know they put it in different areas…..but the groups that use the library get it and others don't*" and "*I don't know how well they've done with people who aren't able to get out and about and present themselves at the library*". Such positions perhaps show the intractably problematic nature of aligning *any* setting characteristics to the varied facets of the full population and their multiple needs.

Poland *et al's* (2009) latter theme focuses on the various assumptions we hold about the potential for resources *within* the setting to be utilised and critically whether these are warranted. The most prominent principle associated with efficacious healthy settings is the attainment of 'conducive' physical environments and this aspect featured prominently. The creation of designated Macmillan 'spaces' was the most visible structural manifestation and informants and service users suggested that these spaces generally worked well and drew high levels of satisfaction; an 'Operations' sub-group informant concluding, "*the environment facilitates a different level of discussion …..informal….which is what people want*". Some library staff informants within the survey did however highlight barriers that were potentially preventing the utilisation of these spaces. Their openness and visibility (and the lack of private space) were sometimes perceived as "*intimidating*" for those in an emotional state and relatedly, access was sometimes blocked by other library customers. There were also concerns about the limited visibility of the service with unclear signage.

The ability to engage with and nurture staff within a setting is also considered important in attaining sustainability - in this case, library staff and volunteers. In Batras *et al's* (2014) terms, the evidence

would suggest that as 'policy entrepreneurs', those leading the *MCISS* had successfully 'sold' the notion of health promotion values to these groups. Informants suggested that whilst there was some initial anxiety on the part of frontline staff (for example, a Glasgow Life Manager felt, "*there was scepticism at first among library staff….and also panic among some…..that they would have to talk to people about cancer*"), this engagement had been broadly successful. The library staff survey suggested that 70% of respondents regarded the introduction of the service as 'very positive' and qualitative interviews indicated that this buy in was the product of a series of themes: successful early consultation and engagement with library staff; acceptance that the service would result in no extra workload; the programme being regarded as an enhancement to existing services; an acceptance that cancer was a topic that was significant; and a positive association with the Macmillan brand. Library workforce readiness was subsequently built on via training focussing on: general cancer awareness; developing awareness of programme aims; and working effectively with volunteers. The staff survey and interviews suggested that this training had been broadly successful, though a minority of library staff did not feel adequately informed or prepared; for example, a Library Assistant expressed, "*I am quite convinced that Macmillan is a good thing…..what I am not so sure about is what the service expects Glasgow Life Assistants to actually do regarding it*") and staff in some libraries felt they were already stretched and there were limits to what further involvement could be realistically expected without additional dedicated staff.

Informants across groups held a generally positive view of the engagement and utilisation of the project volunteers; for example, there were views that they are "*excellent*" and "*working very very well*" and that their work was based on "*good training*". Terms like "*very important*" and "*fundamental*" were also cited and more profoundly "*(the) most important element…..wouldn't be sustainable without them*". There was also a view that the scope of the role is appropriate, a steering group informant suggesting that "*volunteers are very aware of limitations and are very knowledgeable*". Some linked the preference to this volunteer model to the core accessibility theme expressed above, seeing them as part of a "*whole community asset development agenda*". Some informants also located the preference for the model in one of austerity and felt that this was the most likely way of being able to deliver non-clinical services in a sustainable way; for example, "*(it is) very important to sustain it in this financial climate*". A few held more cautious views on the volunteer model. One suggested that they "*don't know enough*" and two expressed some fundamental concerns: in relation to the appropriateness volunteers delivering information; and a "*vague concern*" about the selection and training of volunteers.

Conclusion

As a form of conclusion, the twin themes of this paper - achieving successful general implementation within the specific potentially innovative setting of libraries - can be combined under the more comprehensive notion of achieving initiative 'normalisation' (May *et al*, 2007). In terms of May *et al's* core ingredients of 'normalisation' (actors, objects and contexts) the circumstances around *MCISS* would appear to be broadly favourable. With perhaps the exception of some clinical colleagues, the project is underpinned by a range of appropriate 'actors'; it has produced a series of 'objects' (including funded posts, service protocols and physical Macmillan spaces within libraries) and the initiative has been supported by a some conducive policy drivers. Related dynamic processes were also favourable, particularly the internal transactional themes of 'skill set workability' (required skills to complete change) and 'interactional workability' (founding interactions). The former reflected in the high level of capability that existed at various levels of the project – from the general strategic direction of *MCISS* through to the operational delivery by library staff and volunteers. The latter was particularly well represented in the enabling partnership structures that existed in various parts of the initiative.

Perhaps the most equivocal influences on normalisation existed in wider transformational domains. First, in relation to May *et al's* (2007) 'contextual integration' (the extent to which resources and supportive policies support change), despite the optimism suggested earlier - that *MCISS* was suitably aligned with the need for innovative initiatives particularly in times of economic austerity and cancer projects extending beyond clinical domains - some accepted the existence of potentially contradictory features in the general health and cancer-specific policy domains that might ultimately threaten longer-term sustainability. The possibility of a theoretical dislocation between the *intent* and *actuality* of reorienting health care systems in harsh 'real world' circumstances was particularly highlighted. Some suggested that the very circumstances of austerity that gave the initiative particular legitimacy could also act to starve it of the sustainable funding that it needs, particularly pressure on resources for libraries (Johnson, 2010). It was also felt that the same dynamic could act in the cancer domain, with a retrenchment of services back to what some might see as more pressing clinical priorities (Aberg *et al,* 2012); for example, there was some evidence that some in cancer clinical services needed convincing of the need for services such as *MCISS*.

Second, the novelty of libraries as formal health settings suggests that May *et al's* (2007) notion of achieving 'relational integration' (the extent to which change relates to existing knowledge and positions) requires on-going attention. Again, whilst the above themes offer some grounds for optimism in relation to the acceptance of library management and staff of a wider health role, in keeping with the concerns that the Harris *et al* (2010) has over the appropriateness and robustness

of library capacity, some informants felt that as a practical project in a complex and novel context, *MCISS* needed more time to genuinely 'bed in'. Some senior representatives from the partner agencies and staff team in hindsight pointed to the unrealistic assumptions and targets that were set on the basis of early service experimentation in the Easterhouse library and illustrated the complexity of scaling-up a single community-based intervention to varied and contrasting sites. Additionally, the extent to which libraries can go beyond a relatively limited 'information provision' model (Linnan *et al*, 2004) into something more profound remains an issue; for example, in the parlance of 'settings' theory (Dooris *et al*, 2007) variously: deploying a wider range of library organisational resources; more practically, more active models of engagement and signposting; and fostering deeper social capital (Johnson, 2010; 149).

In these critical contexts, it would be difficult to conclude that in May *et al's* (2007) terms, *MCISS* had in Phase 1 reached the 'genuine embeddedness' of full 'normalization'. However, the initiative had patently not been 'rejected' and there was strong evidence that in keeping with the expectations and aims of Phase 1, *MCISS* had in May *et al's* (2007) terms reached a position of 'adoption' (significant change but not fully embedded) with the longer term potential to achieve as the programme's objectives intended 'normalized' embeddedness in Phase 2. Indeed, some felt that this emergent health-related role was helping to further reconfigure these venues, continuing to change the dynamics between libraries and their customers and ultimately contributing to the long-term viability of libraries, variously offering the potential to: "*change the dynamics of the interaction with library customers*"; "*promote greater use of library resources*"; and "*change the perception of the library*". In this sense, *MCISS* would appear to be successfully achieving Daft's (1999) notion of a successful 'alignment' between specific health and core organisational goals. Finally, in the context of de Leeuw's (2009; 107) recognition of the need for "further reorientation of health services" and Aberg *et al's* (2012; 45) acceptance that "most of the oncology pathways implemented to date have not been provided in different care settings", these supportive 'capacity' elements contribute to the notion that *MCISS* can be considered as an example of a successful general health (Yeatman & Nove, 2002) and cancer specific (Kawahara, 2009) service 're-orientation' with the potential to be seen in Torp *et al's* (2014) term useful 'everyday' health settings.

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