

Community participation in local health and sustainable development: a working document on approaches and techniques



European Sustainable Development and Health Series: 4



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HEALTHY CITIES
HEALTHY PEOPLE
HEALTHY PLANETS
HEALTHY LIVES
HEALTHY CITIES NETWORK

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EUROPEAN HEALTH21 TARGET 14

MULTISECTORAL RESPONSIBILITY FOR HEALTH

By the year 2020, all sectors should have recognized and accepted their responsibility for health

(Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998)

ABSTRACT

Community participation is a core part of both Healthy Cities and Local Agenda 21 work. This document briefly describes what community participation is and why it is important. A strategic approach is needed to achieve effective work in this area. The document explores in detail the techniques and methods frequently used and categorizes them in relation to five aspects of an action planning model: assessing needs and assets, agreeing on a vision, generating ideas and plans for action, enabling action and monitoring and evaluation. The document provides specific guidance to people wishing to engage in their own community participation activities. Case studies, contacts and reference material are included. This document is a working document: readers are encouraged to submit case studies, resources, contacts and other comments. A future edition will include these additional examples and materials from across the European Region.

Keywords

CONSUMER PARTICIPATION
COMMUNITY HEALTH PLANNING
STRATEGIC PLANNING
GUIDELINES
SUSTAINABILITY
HEALTHY CITIES
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Fore word

Community participation is a core element of HEALTH21, the WHO strategy for health for all in the 21st century, and of Local Agenda 21. The Healthy Cities project is built on the principles of both of these strategies, and community participation is therefore a fundamental requirement to achieve health and sustainable development at the local level.

Community participation requires going beyond consultation to enable citizens to become an integral part of the decision-making and action process. This is not confined to a response to initiatives or agendas set in motion by politicians and professionals. It reflects the need for the development of more active communities in their own right: people seeing a need and acting upon it, for example, as advocates, pressure groups or self-help groups. Community participation draws on the energy and enthusiasm that exists within communities to define what that community wants to do and how it wants to operate.

This document provides an introduction to community participation in practice and describes examples of some commonly used approaches and techniques. It is a working document that will evolve with the contribution of further examples and case studies from throughout Europe and beyond. The debate forum of the WHO Healthy Cities Web site (<http://www.who.dk/healthy-cities/debate.htm>) is available for your comments and contributions, examples and case studies. Please use it. Your contribution is valued, and we can only develop this document if we hear from you.

On behalf of WHO, I would like to acknowledge and give special thanks for the financial assistance for this work from the European Union through the European Commission, Directorate General for Environment, Nuclear Safety and Civil Protection (DG XI). I would also like to express my appreciation and warm thanks to Mark Dooris (University of Central Lancashire, England) for drafting this document. I would like to extend my gratitude to the cities of the Multi-city Action Plan on Health and Local Agenda 21 for their contributions to and comments on earlier drafts. Thanks are especially due to three members of that Multi-city Action Plan: Joan Devlin and Andrew Hassard (Belfast, Northern Ireland); and Bjarne Rasmussen (Storstrøm County, Denmark). Additional thanks are due to Sue Caudle, Mark Buckley, Carol Kubicki and John Murray for their comments and advice, and to Robert Bree, Sara Mumby and Ruth Harris for their support. Special thanks are due to Claire Mitcham and Mark McCarthy (Healthy Cities Project Office, WHO Regional Office for Europe) for coordinating and guiding the preparation of this document. I would also like to express my appreciation to Anne Mette Nielsen (WHO Regional Office for Europe) for her technical, administrative and artistic support. Many thanks to David Breuer, who significantly improved the language and style of this document.

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Introduction

What is community participation all about? Why is it important? How is it done? What works and what doesn't work? These are just some of the questions asked by people when they get involved in Local Agenda 21, Healthy Cities and a wide range of related urban planning, regeneration, renewal and development initiatives.

This document is designed to answer these questions and to be a resource for people working in local authorities, health authorities and other local organizations who want to initiate or further develop community participation processes. Forming part of the European Sustainable Development and Health Series, this book has been written by members of an international working group: the WHO Multi-city Action Plan on Health and Local Agenda 21. It thus reflects the diversity of community participation experience and knowledge gained by urban planners, architects, environmental health practitioners, health professionals, administrators and politicians from 12 cities across Europe working within the Healthy Cities and Local Agenda 21 frameworks.

There is already substantial published literature on community participation, and a growing wealth of information and resources is available via the World Wide Web. Details of key English-language resources, useful Web sites and contacts for further information are provided. In addition, links to relevant Web sites are provided throughout the document.

The aim of this document is to complement what has already been written by providing a concise practical guide that is valuable both in itself and to indicate further sources of information and guidance. It outlines the context of health and Local Agenda 21, considers what community participation is and why it is important, sets out a framework for effective community participation practice, summarizes some of the most useful techniques and offers critical reflections.

This is a working document – the first edition of a document that is intended to evolve interactively. We will be using the debate forum of the WHO Healthy Cities Web site (<http://www.who.dk/healthy-cities/debate.htm>) to further develop the information contained within this document to prepare a second edition in both Web and paper forms. This will include more case studies and information from across Europe – hopefully reflecting the diversity of political systems and cultural factors that influence practice within different countries. We can only do this if we hear from you, so please let us know about and send us examples of your community participation work, contacts and references for further reading relevant in a wide variety of European countries and languages. Annex 1 provides further details on how to do this.

1. Context: Local Agenda 21 and Healthy Cities

Introduction

Community participation is not new. It has been practised in many different ways for many years. However, a number of relatively recent developments have been influential in putting community participation high on the political and public agendas for local authorities, health authorities and other agencies. Two such developments are Local Agenda 21 and Healthy Cities.

Local Agenda 21

In June 1992, government representatives from 178 countries met together in Rio de Janeiro for the Earth Summit, the United Nations Conference on Environment and Development. One of the major outcomes of this conference was Agenda 21 – the United Nations action programme for sustainable development into the 21st century (1). Sustainable development has been defined as (2): “...development that meets the needs of the present without compromising the ability of future generations to meet their own needs”.

The Earth Summit highlighted that sustainable development is a wide-ranging concept concerned not only with protecting the environment and living within the carrying capacity of the Earth’s support systems but also with people’s quality of life, with equity within and between generations and with social justice. It thus brings together economic, environmental, social, political, cultural, ethical and health considerations and requires new and integrated thinking and action.

Agenda 21 offers a framework to enable such thinking and action. One chapter focuses specifically on human health; Agenda 21 refers to health more than 200 times, and the whole agenda is interconnected with health and wellbeing. This is reinforced by the supporting Rio Declaration on Environment and Development, which states as its first principle that (3): “Human beings are at the centre of concern for sustainable development. They are entitled to a healthy and productive life in harmony with nature.”

Central to Agenda 21 is the proposition that urban development will not be environmentally, economically or socially sustainable without the active participation of communities. One of its chapters – Chapter 28 – takes up this theme, focusing on the importance of local action (1):

Because so many of the problems and solutions being addressed by Agenda 21 have their roots in local activities, the participation and cooperation of local authorities will be a determining factor in fulfilling its objectives...As the level of governance closest to the people, they play a vital role in educating, mobilizing and responding to the public to promote sustainable development.

Specifically, Chapter 28 urges local authorities to undertake a consultative and consensus-building process with citizens and local organizations, aimed at formulating their own sustainable development strategy – a local Agenda 21. Since 1992, Local Agenda 21 has prompted a growing number of local authorities and other agencies to focus their attention on sustainable development and to address the question of how to formulate holistic and integrated approaches to urban governance that give priority to the participation of communities in decision-making and action.

Healthy Cities

Health for all is the global strategy for health development advocated by WHO. This strategy was endorsed by all 189 Member States in 1980 (4), and a revised strategy for health for all in the 21st century (5) was adopted in 1998, reinforced by a World Health Declaration (6) that highlighted the importance of regional and national policies and strategies. The new health for all policy for the European Region, HEALTH21 (7), has the overarching goal of achieving full health potential for all and states that:

Three basic values form the ethical foundation:

- health as a fundamental human right;
- equity in health and solidarity in action between countries, between groups of people within countries and between genders; and
- participation by and accountability of individuals, groups and communities and of institutions, organizations and sectors in health development.

HEALTH21 sets out 21 targets for the 21st century and highlights the importance of ensuring scientific, economic, social and political sustainability, including as one of its four key strategies:

a participatory health development process that involves relevant partners for health, at all levels – home, school and worksite, local community and country – and that promotes joint decision-making, implementation and accountability.

The theme of sustainability is taken up further in chapter 5, which discusses the importance of:

taking multisectoral action to create sustainable health and development by:

- tackling the physical and socioeconomic determinants of health;
- making it easier for people to make healthy choices;
- reaching out to empower individuals, local communities and private and voluntary organizations in different settings for health, e.g. homes, workplaces, schools and cities; and
- encouraging all sectors to identify and achieve mutual gains in terms of health and economic development.

The introduction of the term sustainable health – a concept earlier discussed by King (8) and Russell & de Viggiani (9) – and the incorporation of sustainability and related concepts into health for all builds on a range of earlier developments that have demonstrated a concern to highlight the links between environment and health (10–14).

The WHO Regional Office for Europe established the Healthy Cities project in 1986 with the aim of drawing together the principles of health for all and the strategic guidance of the Ottawa Charter for Health Promotion (15) into a framework that could be applied to the local urban context (16). Now in its third five-year phase, the project has evolved from a small-scale European project into a large global movement for public health. Within Europe, more than 1000 cities and towns are involved in national, regional and thematic healthy cities networks.

The commitment of Healthy Cities to sustainable development has evolved gradually. The 1990 Milan Declaration on Healthy Cities (17) included the first explicit reference to the concept, expressing political support for “the protection of the health of citizens and the quality of the environment by ensuring that urban development is environmentally sustainable”.

The WHO Healthy Cities project is on the Steering Group of the European Sustainable Cities and Towns Campaign (<http://euronet.uwe.ac.uk/campaign.htm>). After the Campaign was established, the 1995 International Healthy and Ecological Cities Congress in Madrid served an important role in integrating Agenda 21 principles within the Healthy Cities agenda (18). The strategic plan for the WHO Urban Health/Healthy Cities programme for 1998–2002 (<http://www.who.dk/healthy-cities/hcppub.htm#Strategy>) (19) takes this further by high-lighting HEALTH21 and Agenda 21 as dual foundations for Healthy Cities:

The WHO Healthy Cities project is a long-term international development project that aims to place health high on the agenda of decision-makers in the cities of Europe and to promote comprehensive local strategies for health and sustainable development based on the principles and objectives of the strategy for health for all for the twenty-first century and local Agenda 21. Ultimately, the Healthy Cities project seeks to enhance the physical, mental, social and environmental wellbeing of the people who live and work in cities.

There can be no progress on health without socially and environmentally sustainable economic development.

What is needed is political will, leadership, adequate capacity for change and implementation and openness to innovation and institutional reform. Implementing the strategy for health for all and Agenda 21 at the local level requires explicit political commitment, consensus across party political lines, enabling infrastructures, clear strategic and participation mechanisms and broadly based ownership.

Community participation is a key theme in health for all, and a concern to strengthen community action is a central tenet of the Ottawa Charter for Health Promotion (15). A commitment to enabling community participation is consequently a principle underpinning Healthy Cities. As with Local Agenda 21, Healthy Cities acknowledges that communities have the right to participate in decision-making processes and to articulate their own concerns and priorities and recognizes that the community participation process can inherently promote health.

The evaluation of the first phase of the Healthy Cities project (20) highlighted the priority given to community participation by project cities – emphasizing the importance of specific community-based action, the transfer of resources and decision-making powers to communities and community representation on steering committees. It concluded that:

Healthy Cities projects, with their focus on local action, have made progress in increasing community participation. This meant that local people had a stronger voice in the decisions of city government that affect health, within an environment that could support change.

A number of recent Healthy Cities documents provide useful guidance on community participation (<http://www.who.dk/healthy-cities/hcppub.htm>). *Twenty steps for developing a healthy cities project* (16) lists community participation as one of six action areas and highlights a number of means of achieving supportive organizational structures, administrative systems, work styles and project priorities in community participation activities:

- ensuring accessibility;
- including community representation on steering committees;
- ensuring the availability of information;
- providing practical support;
- facilitating assessment of community needs; and
- establishing community development initiatives.

City planning for health and sustainable development (21) sets out a step-by step guide to city health planning, emphasizing that: “The development of wide ranging community participation is a key

factor for the success of collaborative approaches to health planning in the city.”

The Athens Declaration for Healthy Cities (12), signed by 68 cities in June 1998, reinforced a commitment to:

...continuing action aimed at health for all and sustainable development in the twenty-first century...[and mobilizing] people and resources to attain Healthy City goals and fully engage local communities.

Towards a new planning process: a guide to reorienting urban planning towards Local Agenda 21 (23) presents 21 steps for a healthy and sustainable planning process. It highlights the necessity of developing a new integrated approach that gives priority to involving all stakeholders, listening to the voices of vulnerable groups, developing a common community vision and “...involving local communities and different interests in the process of policy-making, both to inform the process and to encourage changes in awareness”.

Community participation, health and sustainable development

Health and sustainable development are closely related and interconnected concepts (24–28), and the frameworks offered by Local Agenda 21 and Healthy Cities have many things in common – as highlighted in the first book of this series (<http://www.who.dk/healthy-cities/hcppub.htm#sustdev>) (29). In summary, both frameworks:

- focus on local action within the context of a global strategy that advocates implementation at the international, national and local levels;
- embrace a concern for developing holistic visions and strategic approaches to local governance that integrate environmental, economic and social considerations; and
- are underpinned by shared principles and processes, including a commitment to equity and social justice, sustainability, intersectoral action and community participation.

Further, both Local Agenda 21 and Healthy Cities provide frameworks that respect and strengthen existing work and stimulate innovation. As Tsouros has highlighted, it is therefore crucial to recognize that the Healthy Cities project – and by implication, Local Agenda 21 (30):

...should not be seen as an institutional take-over of community action and development, rather...as a means of legitimizing, nurturing and supporting the process of community empowerment.

At a European level, a commitment to enabling community participation in decision-making, planning and action for sustainable development and health has been further strengthened through a number of parallel developments. These include the Environmental Health Action Plan for Europe (13) and the Environment for Europe process (<http://www.unece.org/env/europe/homepage.htm>).

Most recently, the latter has resulted in the adoption of the Convention on Access to Information, Public Participation in Decision-making and Access to Justice in Environmental Matters (31) by the Fourth Ministerial Conference Environment for Europe in Aarhus, Denmark in June 1998 (<http://www.mem.dk/aarhus-conference/issues/public-participation/index.htm>).

The Third Ministerial Conference on Environment and Health in London on 16–18 June 1999 (<http://www.who.dk/London99/Welcome.htm>) and associated Healthy Planet Forum

(<http://www.oneworld.org/uned-uk/health/Magazine5/LON99/minitop.htm>) will probably build on the Århus Convention and increase the focus on health and sustainability concerns.

2. Community participation: an introduction

What is community participation?

The term community participation is used so widely that its meaning is often unclear. To understand community participation, it is useful to look at the two words separately.

The term community is commonly used to refer to people grouped on the basis of either geography and/or common interest, identity or interaction. It can thus be defined as (32): “a group of people who share an interest, a neighbourhood, or a common set of circumstances. They may, or may not, acknowledge membership of a particular community”.

Different people tend to understand the concept of community differently – and this can influence community participation in practice. Thus, a politician may focus on communities defined by political constituencies; an urban planner may focus on communities defined by agreed geographical boundaries; a public health physician may focus on communities of risk groups; and a member of the public may focus on a community or communities of which he or she feels to be a part – whether defined by the local neighbourhood, shared use of facilities or affinity with a particular population group.

The *Collins dictionary* defines *participate* as: “to take part, be or become actively involved, or share (in)”. In practice, the term is used very broadly and there can be many different degrees of participation, as discussed below.

The term community participation thus implies a number of different things. Drawing on key literature (32–34), the following working definition will be used:

A process by which people are enabled to become actively and genuinely involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing and delivering services and in taking action to achieve change.

Community participation is often used interchangeably with or alongside a number of other terms. Without going into detail, it is useful to clarify the meanings of these (32–34).

- Consultation often forms an integral part of statutory urban planning processes and involves people being referred to for information and asked their opinions. Although this implies that communities’ views may be taken into consideration, it has not generally meant that people are actively engaged in the decision-making process.
- Involvement is a term often used synonymously with participation. It implies being included as a necessary part of something.
- Empowerment is a process whereby individuals or communities gain confidence, self-esteem and power to articulate their concerns and ensure that action is taken to address them. Its practice often draws inspiration from Freire’s philosophy of conscientization (35,36).
- Community capacity-building is development work – involving training and providing resources – that strengthens the ability of community organizations and groups to build structures, systems and skills that enable them to participate and take community action (37).

- Community development is a way of working underpinned by a commitment to equity, social justice, participation and empowerment that enables people to identify common concerns and that supports them in taking action related to them.

Why is community participation important?

Community participation is an underpinning principle of both Local Agenda 21 and Healthy Cities. It is important for many different reasons and offers many different benefits for individuals, communities, organizations and society as a whole (32).

Citizens and communities may make the following arguments.

- “We have a right to have a say about decisions that affect our lives.”
- “We know more about where we live and what we want and what is best for us than do people working for big organizations.”
- “We are fed up with politicians and civil servants asking us what we think and then not taking our views into account – we want to be actively involved and to have an influence.”
- “We all have something to contribute – and our ideas and views are as valid as anyone else’s.”

Professionals working in local authorities, health authorities and other organizations may voice a range of different arguments.

- “Community participation can help us target resources more effectively and efficiently.”
- “Involving people in planning and delivering services allows them to become more responsive to need and therefore increases uptake.”
- “Community participation methods can help develop skills and build competencies and capacities within communities.”
- “Involving communities in decision-making will lead to better decisions being made, which are more appropriate and more sustainable because they are owned by the people themselves.”
- “Community participation is a way of extending the democratic process, of opening up governance and of redressing inequality in power.”
- “Community participation offers new opportunities for creative thinking and innovative planning and development.”

Taken together, the voices of communities and professionals provide a convincing argument for giving priority to community participation as an active two-way process that may be initiated and sustained both by individuals and communities and by local and health authorities and other local organizations. Community participation can increase democracy, empower people, mobilize resources and energy, develop holistic and integrated approaches, achieve better decisions and more effective services and ensure the ownership and sustainability of programmes.

Increasing democracy. Community participation in decision-making, planning and action is a human right. An increasing number of citizens are disillusioned with government and want to see more participatory approaches to democracy. Recognition is growing that community participation must be a key element of new approaches to governance.

Empowering people. The actual process of participation can inherently empower individuals and communities to understand their own situations and to gain increased control over the factors affecting their lives. This process can, in turn, enhance people's sense of wellbeing and quality of life.

Mobilizing resources and energy. Communities have a wealth of untapped resources and energy that can be harnessed and mobilized through community participation, using a range of practical techniques that can engage people.

Developing holistic and integrated approaches. Ordinary people do not tend to compartmentalize their thinking in the way that many professionals have been trained to do. They can thus make a valuable contribution to the formulation of holistic and integrated cross-cutting approaches that can meaningfully address the complex issues being faced by towns and cities throughout Europe.

Achieving better decisions and more effective services. Involving people in identifying needs, planning and taking action can result in better and more creative decisions being taken and more responsive and appropriate services being provided.

Ensuring the ownership and sustainability of programmes. Community participation is essential if interventions and programmes aimed at promoting health, wellbeing, quality of life and environmental protection are to be widely owned and sustainable.

Levels of community participation

As highlighted above, community participation is an umbrella term for many different practices. It is especially important to recognize different degrees or levels of participation – as has been described by writers such as Amstein (38) and Brager & Specht (39) in their ladders or continuums (Fig. 1).

Both Local Agenda 21 and Healthy Cities call for high degrees of community participation. The challenge for many people working in local authorities, health authorities and other agencies is to move up the ladder, finding new tools and techniques that promote active and genuine involvement and empowerment rather than settling for the more passive processes of providing information and consultation.

Fig. 1. A ladder of community participation: degree of participation, participants' action and illustrative modes for achieving it

Control	Participant's action	Examples
High	Has control	Organization asks community to identify the problem and make all key decisions on goals and means. Willing to help community at each step to accomplish goals.
	Has delegated authority	Organization identifies and presents a problem to the community. Defines limits and asks community to make a series of decisions which can be embodied in a plan which it will accept.
	Plans jointly	Organization presents tentative plan subject to change and open to change from those affected. Expects to change plan at least slightly and perhaps more subsequently.
	Advises	Organization presents a plan and invites questions. Prepared to change plan only if absolutely necessary.
	Is consulted	Organization tries to promote a plan. Seeks to develop support to facilitate acceptance or give sufficient sanction to plan so that administrative compliance can be expected.
	Receives information	Organization makes plan and announces it. Community is convened for informational purposes. Compliance is expected.
Low	None	Community told nothing.

Source: adapted from Brager & Specht (39)

Frame works for community participation practice

If community participation is to be meaningful and effective, it must be developed as part of a clearly thought-out and coherent strategy. As Smithies & Webster argue (24):

[The] notion of sustainable infrastructures, which in this form is new to the 1990s, has reinforced the need to see work around community involvement in health as an ongoing, continuous and strategic activity rather than as a series of ad hoc or “pilot” projects which remain outside the mainstream of an organization’s endeavours.

Community participation takes place at a number of different levels and can be viewed from a range of perspectives. There is no one correct approach to community participation; a number of models have been developed to help organizations think through their approaches and guide them in considering and developing community participation practice. Two are described here.

WHO Healthy Cities model for strengthening community action

The WHO Healthy Cities model for strengthening community action (29,34) was discussed during the Fourth Annual Symposium on Healthy Cities, held in Pécs, Hungary in 1989. The theme of the symposium, taken from the Ottawa Charter for Health Promotion (15), was strengthening community action, and its aim was to create a context that would enable cities to move forward in translating their commitment to community action into practical policy and strategic solutions compatible with their social, political, cultural and organizational circumstances and traditions.

Using presentations, workshops and group discussion, the symposium explored community participation and action from three main perspectives, as illustrated in Fig. 2.

- Formal participation in decision-making emphasizes the need for mechanisms to be developed that enable citizens to be formally involved in planning, implementing and evaluating decisions made by local authorities, health authorities and other agencies.
- Community-level action recognizes the wealth of resources and energy within communities and the value of community-led action for change.
- Facilitation processes acknowledge the need for processes to be put in place that facilitate community organizing and the development of competencies (including knowledge, skills and attitudes) and empowerment.

Fig. 2. Categories and types of community action for health



Source: Tsouros (29)

Community development strategy of the UK Health for All Network

This model was developed by a working group of the UK Health for All Network during 1990–1991. It suggests that, if community participation is to be effective, it needs to be promoted as part of a coherent and coordinated community development strategy. It is argued that such a strategy encompasses three key elements – providing resources for grassroots work, the facilitation of networking and the promotion of organizational development (40) (Fig. 3).

Grassroots work

The first and most obvious focus of a strategy for community development is providing resources for of grassroots work and local action with both geographical communities and communities of interest. It is important to recognize that participation does not just happen. Many people have become accustomed to decisions being taken for them and to not being invited to participate. The community development process must therefore be long term, necessitating the establishment of trust and mutual respect between communities and professionals or authorities before a process of empowerment and meaningful participation can begin. Such work often aims to build on shared experiences of people's lives in order to develop new solutions to community-defined problems.

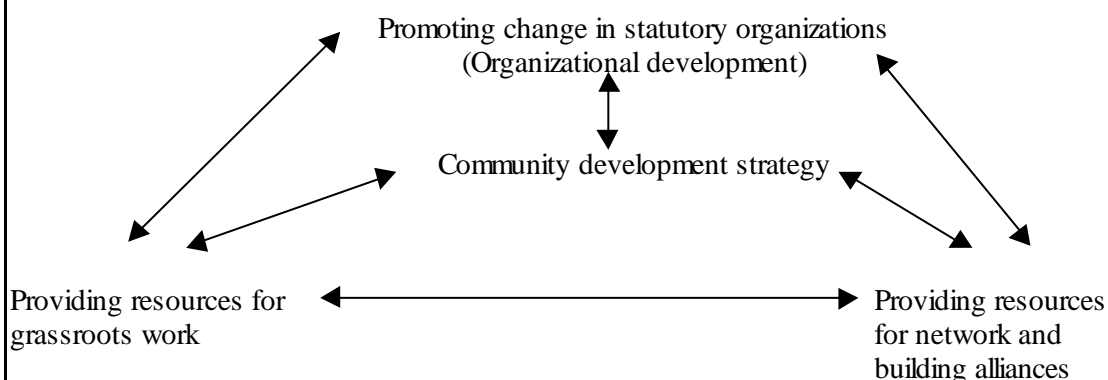
Networking

For community participation to develop and grow in influence, it is also important to facilitate the development of infrastructure within communities through which communities can network and build alliances. This enables communities to share common experiences, to learn from one another, to build competencies and strengthen capacities and to harness and channel resources. Statutory agencies need to recognize such work explicitly and to dedicate resources and employee time for coordination and development.

Organizational development

It is increasingly recognized that community development is closely linked to organizational development. If local authorities, health authorities and other agencies genuinely listen to communities but also enable their active involvement in assessing needs, setting priorities, planning and delivering services and taking action for change, then the authorities and agencies must be prepared to reflect on their own practice and, where necessary, change their own organizational structures, processes and cultures. Work to develop and manage change within organizations also needs to be given resources and coordinated.

Fig. 3. Elements of a community development strategy for promoting community participation



Source: adapted from UK Health for All Network (40)

Preparing the ground: preconditions

Both these models suggest that effective community participation must be developed and practised in a coherent, coordinated and strategic way. This requires a number of preconditions, including commitment, understanding, competencies and resources. Without these, the effectiveness of community participation will be limited and communities may be left feeling let down and cheated.

Commitment. Professionals engaging in the community participation process must be committed both organizationally and politically as well as personally. The commitment of senior managers and/or politicians is required in community participation to avoid tokenism and alienating the community. Without personal commitment, the process will lack enthusiasm and motivation and will be unable to realize its full potential in unlocking community capacity, energy and creativity.

Understanding. Closely linked to commitment is the need for understanding. If senior managers and politicians do not fully understand what community participation is about and, in particular, do not recognize how participation should affect their organizational structures, processes and cultures, they may well be resistant to change and thus limit the effectiveness of the participation process.

Competencies. Effective work with and between decision-makers, middle-managers, community leaders and citizens requires equipping staff with new and improved competencies in such areas as communicating, facilitating and managing change. Local authorities, health authorities and other agencies must translate their commitment to community participation into practice by investing in the necessary training and development of staff to enable this.

Resources. Although commitment, understanding and competencies are important human resources, financial resources usually have to be allocated to support and enable the community participation process. Community development is inherently long term and unpredictable, and it is important that resource allocation take account of these factors.

A capacity-building programme is valuable in preparing the ground for the community participation process. This programme may be focused within one organization or across a number of partner organizations and can usefully include the following stages (see also the section on enabling action in Chapter 3):

- identifying key stakeholders (such as senior managers, politicians and community participation staff);
- ensuring that key stakeholders are committed to embarking on a community participation process, to allocating sufficient human and financial resources, to supporting and/or building community networks and to implementing appropriate organizational development and change; and
- developing and running training workshops on the process of community participation for different groups of stakeholders.

3. Community participation: a toolbox of techniques and methods

Introduction

This document has outlined what community participation is and why it is important, discussed how it can be developed as part of a coordinated and strategic approach and highlighted the importance of ensuring that certain organizational preconditions are in place. How can community participation be put into practice?

Community participation can be classified in many different ways, as illustrated by Smithies & Adams (33), Bracht & Tsouros (34) and others. Similarly, many techniques and methods have been developed to facilitate the community participation process. This chapter offers a toolbox comprising some techniques and methods that have been found to be most helpful in work related to Local Agenda 21 and Healthy Cities. These are broadly categorized according to an action planning model (Fig. 4) comprising a continuous cycle with five stages: assessing needs and assets, agreeing on a vision, generating ideas and plans for action, enabling action, and monitoring and evaluating.

Assessing needs and assets. Involving communities in assessing their own needs and assets is a key component of the overall planning process, often providing a starting-point by increasing the understanding of both professionals and the community and enabling more responsive and participatory policy-making and service delivery.

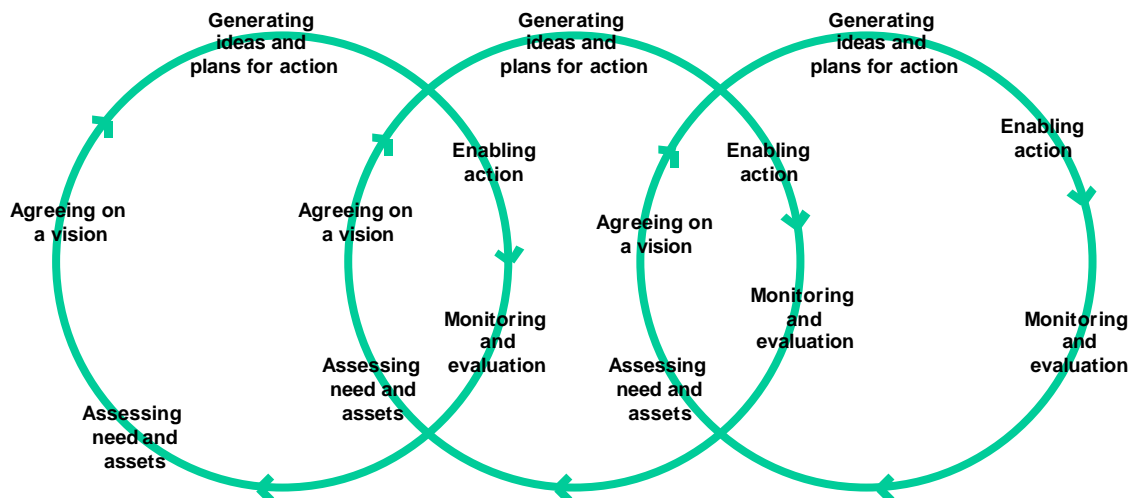
Agreeing on a vision. Local Agenda 21 and Healthy Cities demonstrate the importance of agreeing on a common vision of how people want their future to be and using this to guide strategic planning.

Generating ideas and plans for action. Community participation can contribute to generating practical ideas and developing these ideas into high-quality, sustainable plans for action.

Enabling action. Healthy Cities and Local Agenda 21 are both focused on action and on setting priorities that enable plans to be implemented meaningfully. Action may be based on the community or focused on organizational development and change.

Monitoring and evaluating. The processes of monitoring and evaluation are important components of the overall action planning cycle, enabling participants to reflect on and assess plans and action to ensure that lessons are learned and fed back into future planning.

Fig. 4. The action planning cycle



Several important points should be noted before the toolbox is used as a model.

First, the toolbox is indicative and illustrative rather than definitive: one can start at different stages, take the stages in a different order or focus on just some of the stages.

Second, the techniques and methods do not fit neatly into the categories indicated by the five stages. Some can be used at several different stages; some can be used to work with a community at each of the five stages – moving through the whole cycle; and some fit naturally together with others in moving from one stage to the next. When a technique can be used in other stages than that described, this is indicated.

Third, this book does not explain every technique used in the community participation process: many of the methods profiled themselves use well established group-work techniques such as ice-breakers, brainstorming and mind-mapping or draw on specific research tools such as focus groups.

Choosing appropriate techniques and methods: a checklist of questions

Before techniques and methods are outlined, it is useful to set out a checklist of questions that can assist individuals and organizations involved in community participation in choosing the techniques and methods that are most appropriate to their particular situation.

What is the motivation for engaging in community participation?

Why are you engaging in community participation? Is it because you want stakeholders' views on a specific planning proposal, because you want to review service delivery or because you want to identify community concerns and agree on an action plan for health and/or sustainable development as a whole? Again, different methods are likely to be effective for different purposes.

Who is the community?

What is the nature of the community itself? Is your focus a specific geographical neighbourhood, a particular population group, the whole local authority population or a range of stakeholders affected by a planned development? Different methods are better suited to working with different sizes and types of community. For instance, methods that rely on a written questionnaire or complex discussion may be inappropriate for engaging community members who are less articulate, educated or confident. By contrast, methods that use arts media (such as video, drama or drawing), modelling or diagrams are

likely to be more accessible to a greater range of people.

What level of participation is appropriate?

Community participation can operate on several different levels, as discussed in Chapter 2. The desired level – and therefore specific technique or method – may differ depending on who is included in the community and the motivation for participation.

How important are quantity and quality?

Some techniques emphasize involving a relatively small number of representative community members; others give priority to and, indeed, gain their legitimacy from the participation of a large proportion of a given community. Deciding how important the quantity and quality of involvement are can guide the choice of techniques.

How much time and how many resources have you got?

It has been stressed that community participation, when practised as part of a comprehensive strategy for community development, is resource intensive and long term. The available time and resources should influence the techniques and methods chosen.

The toolbox

The toolbox currently comprises 15 techniques and methods, categorized under the headings provided by the five stages of the action planning model. They are set out using a common structure that summarizes their purpose, provides a description of the method and details their relationship to other stages of the planning cycle. Where available, a case study is presented together with further information on resources needed, useful contacts and relevant publications, documents and resource materials.

Assessing needs and assets

Introduction

Involving geographical and interest communities in assessing their own needs and assets is an important component of the overall planning process, enabling policy-makers and service providers to better understand local communities, to be more responsive to their concerns and to respect and harness their capacity.

Local Agenda 21 and Healthy Cities both recognize that assessing needs and assets is a key component of the strategic planning process, and both highlight the importance of community participation in this assessment (21).

A range of techniques can be used to involve communities in assessing needs and assets.

Community profiles and appraisals

Purpose

The purpose of community profiles and appraisals is to survey and analyse the needs and resources of a particular community with a view to using the information to inform local decision-making and to construct appropriate and responsive solutions.

Description

The community profiling or appraisal process generally involves a number of agencies working together jointly with the community, respecting and utilizing their resources in gathering existing data and in

designing and administering research tools. Thus, it not only enables needs and assets to be assessed but contributes to building capacity by encouraging communities to take stock of where they are in relation to their history and future and by enabling the development of skills and confidence.

Although the process may have a specific focus (such as poverty or recreational facilities), community profiling and appraisal generally adopt an holistic and integrated perspective that does not compartmentalize between health and other needs but focuses on the links between the social, environmental and economic factors that determine community wellbeing.

There are many different models of community profiling and appraisal. Profiling has largely been used within urban settings and, until recently, has focused more on needs than assets and resources. In contrast, appraisals have been used more in rural communities and have tended to focus equally on assets and needs. Five main stages can be identified: preparing, collecting data, analysing and interpreting data, presenting results and using the results.

Preparing

The preparatory phase involves:

- securing commitment: gaining clearly-stated organizational and political commitment;
- establishing a structure: assembling a task-focused intersectoral steering group comprising professionals and local community members; and
- planning: clarifying motivations, aims and objectives; agreeing on the process for assembling and collecting data; planning relevant training and support to equip community members to participate; agreeing on a time scale; and mobilizing and allocating resources.

Collecting data

The next phase involves actually carrying out the profile or appraisal – gathering quantitative and qualitative data, including facts, figures, perceptions, opinions and experiences. A number of questions can help guide this stage.

What data are needed? Remember that data are not an end in themselves but are to be used to inform decision-making and planning. What data are needed to achieve the aims and objectives?

What data are already available? Some quantitative (such as unemployment rates, housing statistics and pollution levels) and qualitative (such as newspaper stories and school projects) data already exist. These may need to be tailored to the particular community.

What gaps are there? What data do you have to collect?

How will data be collected? A huge range of methods are available – including questionnaires, interviews, focus groups and video and other arts media.

Who is going to collect the data? Are community members going to be actively involved in this process, and what training, support and/or payment are available to them?

Analysing and interpreting data

After data are assembled and collected, the next stage is to analyse and interpret the data and thereby identify community needs and resources. The form of data analysis should be influenced by the aims of the profile or appraisal and the resources available. In order to avoid alienating

steering group members, careful consideration should be given before using complex forms of data analysis, which are likely to seem very remote to many people, both laypeople and professionals.

Describing the community in relation to social, environmental and economic determinants of wellbeing may be valuable in itself, but this information must be used to identify needs and resources. Needs can be classified in a number of ways, and it is common to distinguish between normative needs (defined by professionals), felt needs (defined by local people) and comparative needs (defined in relation to another community or service). It is increasingly common to focus also on the resources or assets available in a community, as a basis for mobilization and action for change.

Presenting results

When the data are analysed and the needs and assets identified, the findings or results must be communicated effectively. This means that careful thought must be given to how to present the information and to whom it should be presented. A few guidelines are:

- clarity: present findings in a way that can be clearly understood;
- brevity: present findings as concisely as possible;
- accuracy: make sure that your information is accurate and well supported by fact; and
- appropriateness: use appropriate media for different audiences.

Using the results

The final stage of the profiling or appraisal process involves using the findings and results to inform decision-making, to assist in planning and to construct appropriate responses. This clearly moves into other stages of the action planning cycle, and the profiling or appraisal group may well decide to develop into a community forum or advisory group, supporting future community action.

Relationship to other stages of the action planning cycle

The community profiling or appraisal process is clearly located within the category of assessing needs and assets but is often used as part of a broader strategy, in particular contributing to generating ideas and plans for action, enabling action and serving a monitoring function.

Case study

Belfast, Northern Ireland: health profile of the Greater Shankill Area

Background

The Shankill Health Profile, carried out in 1996, built upon Belfast's successful history of carrying out community profiles (such as Moyard and Blackstaff). The initiative was catalysed by the publication of a report on relative deprivation in Northern Ireland that identified worsening levels of deprivation and disadvantage within a cluster of Protestant wards (the Shankill area). This resulted in community representatives expressing their concern and requesting that the health needs be assessed in collaboration with the community.

Aims

The aims of the project were:

- to develop a suitable model for undertaking a community health profile;
- to carry out the profile exercise; and
- to design an interagency action plan for a Healthy Shankill.

Process

An interagency Steering Committee (with community representation) was established, and a project coordinator was appointed for 2 years. It was agreed that the profile should have three major components:

- collection of relevant data to identify the health needs of the community;
- development of health promotion strategies to meet these health needs; and
- involvement and participation of the local community in the entire process.

Extensive community consultation took place in the preliminary stages of the profile to ensure that the survey instruments used were appropriate to the perceived needs of the community. While the research questionnaire was being designed, the project was publicized extensively to raise awareness. Local residents were recruited and trained as interviewers, which helped to secure a sense of community ownership, to ensure the acceptability and appropriateness of the research and to build community skills and confidence. Twenty-seven interviewers spoke with 1025 households over a period of 14 weeks. The response rate was 63% of the random sample identified from the total of 15 000 households.

A workshop-based information morning was held to disseminate and discuss the preliminary results of the data analysis, resulting in an action plan. The resulting profile report included information gained through interviews, the SF-36 Health Survey (assessing self-perception of health) and an analysis of sociodemographic indicators derived from census data. A framework for the delivery of the report's recommendations was developed through a Liaison Health Committee whose membership was made up of statutory, voluntary and community representatives.

Evaluation and reflections

The Health Profile of the Greater Shankill Area (41) provided a detailed assessment of need, quantified the extent of social and material deprivation locally and developed a mechanism to enable detailed information to be collected at the neighbourhood level that can be compared with results from larger-scale social surveys.

Resources needed

- A community development worker or equivalent to coordinate the profiling process.
- Venues suitable for steering group meetings and public meetings or presentations.
- A budget for training, analysing and collecting data and producing and disseminating the report.
- Ideally, an umbrella strategy to guide the processes of community consultation and participation.

Contacts

- Action with Communities in Rural England (ACRE), Somerford Court, Somerford Road, Cirencester, GL7 1TW, UK
Tel: +44 1285 653477
Fax: +44 1285 654537
E-mail: acre@acre.org.uk
www: <http://www.acreciro.demon.co.uk>

- Countryside and Community Research Unit (CCRU), Cheltenham and Gloucester College, Francis Close Hall, Swindon Road, Cheltenham, GL50 4AZ, UK (Professor Malcolm Moseley)
Tel.: +44 1242 544083
Fax: +44 1242 543273
E-mail: jcarter@chelt.ac.uk
www: <http://www.chelt.ac.uk/el/ccru>
- Policy Research Institute, Leeds Metropolitan University, 16 Queen Square, Leeds LS2 8AJ, UK
Tel.: +44 113 283 3225
Fax: +44 113 283 3224
E-mail: pri@lmu.ac.uk
www: <http://www.policyri.co.uk/policyri>

Publications and other resource materials

Village appraisals software. Cheltenham, Countryside and Community Research Unit.

Hawtin, M. et al. *Community profiling: auditing social needs*. Buckingham, Open University Press, 1994.

Hawtin, M. *Community profiling training and COMPASS software*. Leeds, Policy Research Institute, Leeds Metropolitan University, 1996.

Percy-Smith, J., ed. *Needs assessments in public policy*. Buckingham, Open University Press, 1996.

Community needs assessment protocol. In: *Health for all resource pack*. Liverpool, UK Health for All Network (P.O. Box 101, Liverpool L69 5BE, UK, tel. and fax: +44 151 2314283, e-mail: ukhfan@livjm.ac.uk), 1993, Section 3, pp. 1–32.

City health profiles – how to report on health in your city (http://www.who.dk/healthy-cities/hcppub.htm#City_Health). Copenhagen, WHO Regional Office for Europe, 1995 (document ICP/HSIT/94/01 PB 02) (accessed 9 March 1999).

City health profiles – a review of progress (<http://www.who.dk/healthy-cities/hcppub .htm#Profile>). Copenhagen, WHO Regional Office for Europe, 1998 (document EUR/ICP/CHDV 03 01 01/1) (accessed 9 March 1999).

Parish maps

Purpose

The purpose of parish maps is to enable a community to explore local distinctiveness and express what they value in their particular place.

Description

Parish mapping is a technique whereby a community uses arts media to create a unique picture of local life, focusing on how it feels to live somewhere or be part of a particular community, and emphasizing the assets and resources that are valued.

The technique has been developed largely within the United Kingdom and has used a range of arts media. Parish mapping is most obviously about a community identifying and assessing its distinctiveness and value – and consequently, resources and assets – by encouraging and releasing creativity. Nevertheless, parish mapping can serve a number of purposes, including:

- increasing community awareness of their own locality;
- contributing to community capacity building and empowerment through the process of initiating and producing the map;
- adding to the aesthetic qualities of a locality;
- making the community's voice heard by the local authority, health authority and other agencies; and
- serving as a catalyst for subsequent community action.

The parish mapping process has three main stages: getting started, gathering information and producing and displaying the map.

Getting started

Parish maps are commonly initiated by local people in a community, although some have been generated by a local authority or other agency. A mapping group is formed that often seeks to encourage wider involvement by having a regular meeting time or meeting in a public place. The group often draws upon the support of a community arts worker who is skilled in facilitating and developing the creative process.

Gathering information

The information gathered is influenced by the type of community, the nature of the group involved (such as whether it already existed or was created for the purposes of producing a parish map) and the motivation for producing a map. There may be a particular focus such as the distinctiveness of local buildings or the countryside or concern about proposed developments, or the focus may be very general and the motivation more to do with the process of producing something of beauty as a community. Thus, in some instances, a wealth of detailed information will be gathered to provide a background and context for the mapping process, whereas in others, this stage is much more rough and ready.

Producing and displaying the map

Although the term map is used, the process is about a community expressing what it has discovered and/or given priority to, not necessarily about producing a geographically representative map. Indeed, the community may not be from one geographical community. A wide range of arts media have been used in the mapping process – including painting, collage, embroidery, photography, poetry, video, music and performance. Community arts workers can serve a valuable role in developing the group's confidence and cohesiveness as they choose and practise their particular art form. Displaying the map in a public place can serve to stimulate ongoing discussion and debate – and again, the decision regarding this will be influenced by the type of community and membership of the mapping group.

Relationship to other stages of the action planning cycle

As indicated above, parish mapping not only enables a community to identify and assess its distinctiveness, resources and assets, it can also contribute to developing visions, generating ideas and plans for action and stimulating community and organizational action, and it can even be used as a tool for community evaluation.

Case study

Do you know of a case study on parish maps that could be inserted here and included in the second edition? If so, please tell us! For more information, see Annex 1 or <http://www.who.dk/healthy-cities/debate.htm>.

Resources needed

- Ideally, a community arts worker to assist in coordinating or choreographing the process.
- A place suitable for meetings and a place for displaying the map.
- Ideally, a small budget for materials and assistance.

Contacts

- Common Ground, P.O. Box 25309, London NW5 1ZA, UK
Tel: +44 171 267 2144
Fax: +44 171 267 2144
www: <http://www.commonground.org.uk>

Publications and other resource materials

From place to PLACE: maps and parish maps. London, Common Ground, 1996.

Parish maps pamphlet. London, Common Ground, 1996.

Rapid participatory appraisal

Purpose

The purpose of rapid participatory appraisal is to assess the needs, problems and preferences of a community quickly, in a way that enables the active participation of that community.

Description

Rapid participatory appraisal, as described by Annett & Rifkin (42), derives largely from the concept of rapid appraisal planning developed by Chambers and others (43,44) as a research technique for use in rural settings in developing countries and subsequently adapted for use in urban settings in industrialized countries. The approach enables information pertaining to community needs and assets to be obtained relatively quickly, without a large expenditure of money and professional time and with the active participation of community members.

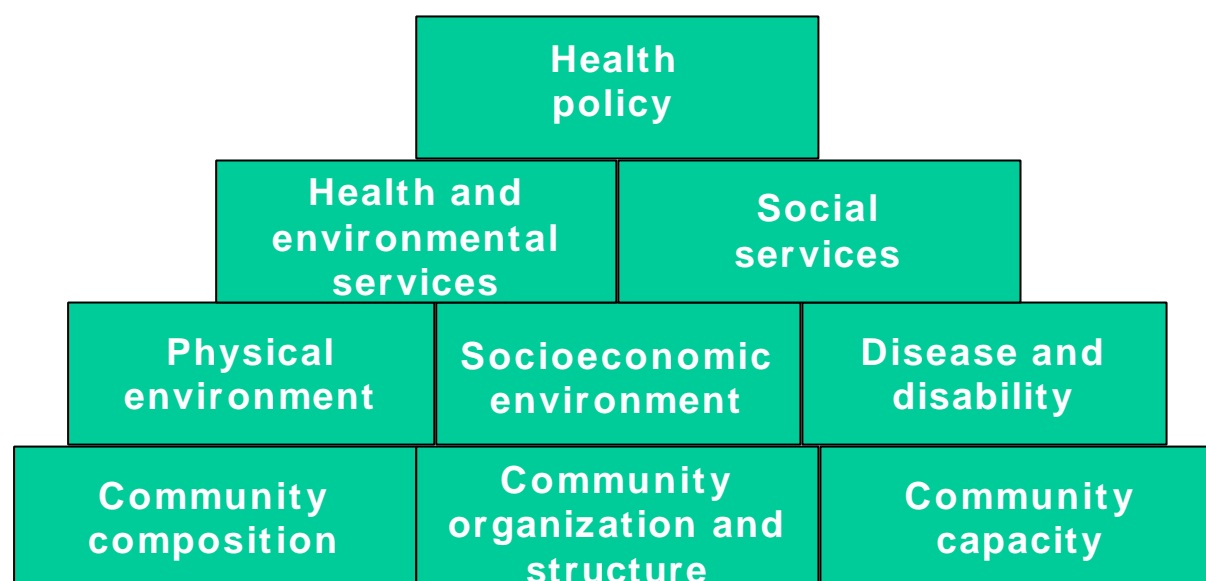
The technique has evolved and diversified, and continues to do so as it is applied within different contexts. However, the key principles underlying rapid participatory appraisal generally include:

- recognizing the value and validity of qualitative information;
- collecting only relevant and necessary data;
- deciding what information is needed and finding acceptable and appropriate ways to obtain it; and
- involving the community in defining needs and seeking relevant solutions.

One framework developed to guide the process of rapid participatory appraisal in relation to health work is the information pyramid (Fig. 5). By setting out nine related foci for consideration – organized in

four tiers – the pyramid can guide the rapid appraisal, ensuring that the process uses a comprehensive range of information sources.

Fig. 5. Information pyramid for rapid participatory appraisal



Source: adapted from Annett & Rifkin (42)

The key stages in rapid participatory appraisal are preparation, collecting information, analysing and interpreting information, review and feedback and producing the report and recommendations.

Preparation

The preparatory stage involves the following.

- **Setting aims and objectives.** Agree on a common approach and define the aims and objectives.
- **Defining the community.** Clarify the geographical or other boundaries of the community.
- **Assembling a study team.** Identify the study team, generally comprising a mix of professionals and community members.
- **Planning information gathering.** Decide how to obtain information.
 - Ensure scientific rigour by using triangulation: confirming information by asking different people the same question and/or obtaining information from more than one source – generally primary key informants and secondary documentation.
 - Identify key informants – community members, community leaders and professionals.
 - Agree on questions to be asked of key informants.
 - Identify secondary data sources.
- **Training.** Plan and carry out a training programme with the study team.

Collecting information

The appraisal itself involves the study team collecting the information – reviewing secondary data sources and researching the perceptions, opinions and facts pertaining to the study questions. It is important that these questions be piloted, using the range of techniques (such as semistructured interviews, focus group discussions and observation). Rapid participatory appraisal is very flexible, and visual research techniques (such as mapping, diagrams, drawings and timelines) are commonly used to overcome potential barriers related to literacy and lack of confidence and to stimulate thinking that is more creative.

Analysing and interpreting information

The findings are then analysed and interpreted. This generally involves three steps: comparing, summarizing and interpreting.

- **Comparing.** Compare the primary data from interviews, focus groups and observation with secondary data, noting any discrepancies (and, if necessary, instigating further research) and identifying broad categories.
- **Summarizing.** Summarize data in each category to produce concise statements of the findings for each question, confirm these with the research team and group into the blocks of the information pyramid.
- **Interpreting.** Interpret the findings to list the major issues for the community.

Review and feedback

The next stage is to present the analysis and interpretation of the findings to the key informants, to determine what priority they place on the issues and problems identified – using ranking or other methods of setting priorities.

Producing a report and recommendations

Based on the analysis, interpretation, review and feedback, a report is produced that summarizes and makes sense of the findings, and suggests recommendations for future decision-making and action. In proposing specific interventions, this process must also take account of a number of factors, including the overall context, principles of health and sustainability and the capacity and resources available.

Relationship to other stages of the action planning cycle

Although rapid participatory appraisal is most obviously located under the category of assessing needs and assets, the technique can also contribute to other stages of the planning cycle, such as generating ideas and plans for action, enabling action and monitoring and evaluation.

Case study

Pula, Metkovic and Rijeka, Croatia – using rapid appraisal to produce city health profiles and city health action plans

Background

In response to the expectation that Healthy Cities would produce city health profiles and city health action plans, the Croatian Healthy Cities Network decided to pilot a modified rapid appraisal approach. The three cities chosen (Pula, Metkovic and Rijeka) were very different, but met two common criteria: a minimum of 5 years of experience in Healthy Cities; and having been struck not directly by the war but indirectly by its consequences.

The decision to use rapid appraisal took into account the need to develop a method that post-war Croatian cities would be able and willing to use and that could be carried out relatively quickly and cheaply. Furthermore, it had to be credible (scientifically based), sensitive (able to reflect local specificity), participatory (involving politicians, experts and citizens) and able to result in immediate and sustainable action (engaging interested parties in future collaboration).

Aims

The aims of the modified rapid appraisal method were to contribute to:

- assessing health and, based on the results, to create a city health profile;
- selecting future priority activity areas and creating appropriate working groups; and
- developing a city action plan for health.

Process

There were four major phases in this exercise, carried out in each pilot city during 1996.

The first preparation phase included appointing a local research coordinator, selecting a panel of key informants, reviewing written documentation and collecting relevant data – resulting in a set of essays and a photo album on health in the city based on the informants' observations.

The second preparation phase included preparing data (using existing written documentation, panellists' essays and observations) and technical preparation for a consensus workshop.

The consensus workshop was a two-day workshop that used thematic group work to identify five priority themes for the city, developing tangible proposals for action in relation to these (specifying aims, objectives and work programmes) and formulating a draft city health action plan.

Completion included thematic groups developing action plans further and creating two main documents – the city health profile and the city health action plan. These were sent to all participants and relevant agencies with recommendations and an invitation for future collaboration.

Although common themes emerged, the outcome of the rapid appraisal process in each city reflected citizens' differing concerns – including communication between citizens and the city administration, job creation and sustainable city development.

Evaluation and reflection

The use of the rapid appraisal method proved to be appropriate to the post-war environment in Croatia and successful in achieving its aims. Further, it served to increase visibility for health, enhance project sustainability and increase overall community involvement. As a result of the pilot appraisals, the method has been recommended both to new cities (as a tool to help start the Healthy Cities process) and to established cities (as an instrument for evaluation, consolidation and revitalization).

However, the method also had limitations. These include selecting appropriate panellists (it is important to use clear selection criteria) and the inability of the method to describe the scale of the identified problems (rapid appraisal may have to be complemented by investment in more complex research techniques).

Resources needed

- A community development worker or equivalent trained in rapid appraisal to coordinate the process.
- Places suitable for study team meetings and public meetings.
- A budget for training, collecting and analysing data and producing a report.
- A minimum of 10 days following preparation.

Contacts

- Institute for Development Studies, University of Sussex, Falmer, Brighton BN1 9RE, UK
Tel: +44 1273 678436
E-mail: jasv@ids.ac.uk
www: <http://www.ids.ac.uk>
- International Institute for Environment and Development Resource Centre (collection on participatory learning and action), 3 Endsleigh Street, London WC1H 0DD, UK
Tel: +44 171 3882117
E-mail: resource.centre@iied.org
www: <http://www.iied.org/resource.html>
- Scottish Participatory Initiatives (SPI), 3 Queen Charlotte Lane, Edinburgh EH6 6AY, UK
Tel: +44 131 5530340
E-mail: 101234.2170@compuserve.com

Publications and other resource materials

Annett, H. & Rifkin, S.B. *Guidelines for rapid participatory appraisals to assess community health needs: a focus on health improvements for low-income urban and rural areas*, Geneva, World Health Organization, 1995 (document WHO/SHS/DHS/95.8).

Sogoric, S. *Creating the rapid city health profile and city action plan for health* (<http://www.who.dk/healthy-cities/pdf/croatia.pdf>, pp. 1–5). Copenhagen, WHO Regional Office for Europe, 1998 (accessed 9 March 1999).

Sogoric, S. *One year later – evaluation of the rapid assessment programme* (<http://www.who.dk/healthy-cities/pdf/croatia.pdf>, pp. 6–9). Copenhagen, WHO Regional Office for Europe, 1998 (accessed 9 March 1999).

Agreeing on a vision

Developing a vision is a vital stage in any strategic planning process. As the Cheshire Cat said to Alice, “If you don’t know where it is you want to go, it really doesn’t much matter which road you take”! The theory and practice of both Local Agenda 21 and Healthy Cities highlight the importance of working across organizations and with different communities to agree on a common vision of how people would like their future to be.

There is a wide range of techniques for developing visions. They may combine the development of an overarching vision with the creation of incremental visions that are more pragmatic and down to earth. Many techniques also include elements of needs assessment and contribute to the generation of ideas and plans for action. Of these, three are described here. future workshops, guided visualization and future search.

Future workshops

Purpose

The purpose of a future workshop (*Zukunftwerkstatt*) is to give excluded groups a voice by enabling them to articulate their problems, needs and wishes, and to develop creative ideas and a vision of possible solutions and ways forward for a better society. As Jungk argues (45): “...trying to resist something is just part of the story. It is essential for people to know what they are fighting for, not just what they are fighting against.”

Description

The future workshop derives from Germany, where Robert Jungk and Norbert Müllert initiated the development in the 1960s. The workshop involves interaction between two poles of human thought and action – logic and reason versus emotion and intuition – and is organized in four basic phases: preparation, critique, fantasy and implementation. The implementation phase moves participants into the next stage of the planning cycle: generating tangible ideas and plans for action.

Preparatory phase

The preparatory phase involves the following.

- **Initiation.** Initiating the process and deciding on the topic or focus for the workshop.
- **Preparation.** Inviting participants and planning for the workshop, including booking a suitable location and assembling workshop materials.
- **Opening.** Creating a relaxed working atmosphere and establishing clear ground rules.

Critique phase

The critique phase involves the following.

- **Presenting the problem.** Stating and displaying the problem.
- **Logging key points.** Using the brainstorming technique, participants are encouraged to identify and express problems and concerns – bringing into the open all the negative experiences and grievances relating to the chosen topic.
- **Choosing and clustering key points.** Key points are then given priority according to interest (for example, through scoring) and formed into clusters, and each cluster is summarized with a brief statement.
- **Selecting clusters.** A small number of clusters or statements are then selected as main discussion points.

Fantasy phase

The fantasy phase involves the following.

- **Forming objectives.** Rewriting the selected clusters or statements as positive objectives.
- **Warming up.** Using an ice-breaker or warm-up game to create an atmosphere to promote fantasy.
- **Brainstorming.** Brainstorming to generate and explore ideas, desires, fantasies and alternative views for the future.
- **Setting priorities among ideas and proposals.** Reflecting on these ideas and giving priority to those with the greatest potential.
- **Clustering ideas and developing projects.** Collecting together related ideas and using small working groups to develop them into creative solutions and possible “utopian” projects.

Implementation phase

The final implementation phase – in which participants focus on the present with its power structures and constraints – involves the following.

- **Presenting fantasy results.** Pinning up or presenting the ideas and amending depending on feedback.
- **Choosing ideas and assessing practicability.** Selecting which ideas to pursue, critically assessing the chances of getting them implemented and identifying key obstacles.
- **Action planning.** Drawing up an imaginative but pragmatic plan of action.

Relationship to other stages of the action planning cycle

The future workshop is primarily a tool for developing vision, but it also moves into the present – generating ideas and plans and focusing on how these can be implemented.

Case study

Do you know of a case study on future workshops that could be inserted here and included in the second edition? If so, please tell us! For more information, see Annex 1 or <http://www.who.dk/healthy-cities/debate.htm>

Resources needed

- One or more skilled facilitators.
- A comfortable and spacious room and usual workshop materials.
- One or two days.

Contacts

- Institute for Social Inventions, 20 Heber Road, London NW2 6AA, UK
Tel: +44 181 2082853
Fax: +44 181 4526434
E-mail: rhino@dial.pipex.com
www: <http://www.globalideasbank.org/ISI.html>

Publications and other resource materials

Jungk, R. & Müllert, N. *Future workshops: how to create desirable futures*. London, Institute for Social Inventions, 1987.

Guided visualization

Purpose

The purpose of guided visualization is to develop a common vision of what a healthy and/or sustainable community would be, as a means of guiding the strategic planning process.

Description

Guided visualization involves the use of a simple script to take people on an imaginary journey into the future. The technique can be used on its own or in conjunction with complementary techniques as part of a longer-term action planning process. It is best carried out with small to medium groups but can be used to build up a common vision with a large group if several facilitators are available. It can be used in a variety of forms, but the process commonly has five stages: setting the scene, mapping the present,

guiding visualization, recording and describing visions and identifying priority ideas for action.

Setting the scene

The facilitator outlines what will happen and agrees with participants on guidelines or ground rules.

Mapping the present

If the process has not been preceded by an assessment of needs, then spending some time discussing and mapping current concerns, possibly using a mind map, is often useful. Developing a mind map (also known as a spidergram) uses brainstorming to explore problems and/or solutions by drawing a large diagram, showing all the links and interconnections between issues identified by participants in a group.

Guiding visualization

The facilitator then asks the group to find a comfortable position and to close their eyes and relax and then slowly reads a 10- to 15-minute script. The script commonly involves the group travelling forward in time – perhaps 20 years – and arriving in their community or city in a hot-air balloon. They are then guided through a typical day and are invited to build up pictures and images of the future as they would like it to be – the emphasis being on developing a positive vision. They are then, slowly and carefully, brought back to the present.

Recording and describing visions

Once everyone has arrived back in the present, they are asked to spend time on their own recording their images – through either words or pictures – before sharing these with another participant and then a small group. The small groups then share their visions, and time is taken to create a collective vision for the whole group. It is useful to use movable paper stickers to enable the different images to be moved around so that a collective vision can be developed and displayed.

Identifying priority ideas for action

The next stage moves from developing visions to generating ideas and plans for action, taking account of the real world and potential and actual barriers. This may take place as part of the half-day or day of developing visions or over a longer period of time using complementary techniques such as planning for real.

Relationship to other stages of the action planning cycle

As indicated above, the guided visualization process often begins with a brief assessment of needs and then generates ideas and plans for action.

Case study

Do you know of a case study on guided visualization that could be inserted here and included in the second edition? If so, please tell us! For more information, see Annex 1 or <http://www.who.dk/healthy-cities/debate.htm>.

Resources needed

- One or more skilled facilitators experienced in the process of guided visualization.
- One or more additional skilled facilitators to assist in managing the process.
- Comfortable and spacious rooms.
- A minimum of half a day, the length depending on whether the guided visualization is part of a longer-term process of action planning.

Contacts

- Centre for Community Visions, New Economics Foundation, Cinnamon House, 6–8 Cole Street, London SE1 4HY, UK (Perry Walker)
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- Vision 21, 16 Portland St, Cheltenham GL52 2PB, UK (Jessie Davis)
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E-mail: office@vision21.demon.co.uk

Publications and other resource materials

Centre for Community Visions. *Resource pack*. London, New Economics Foundation.

Toolkit of facilitation skills. Cheltenham, Vision 21.

Ashton, J., ed. *Healthy cities – concepts & visions*. Liverpool, Department of Community Health, University of Liverpool, 1988.

Future search

Purpose

The purpose of future search is to create a shared vision of the future among a diversity of stakeholders and thereby generate action for change.

Description

Future search involves a large number of stakeholders from a community or organization working through five phases to develop a shared vision and agree on future action. The ideal future search conference will have 64 participants formed from eight different stakeholder groups – which may reflect particular population groups (such as young people or women), geographical areas or shared concerns (such as health or transport). The process includes reviewing the past, exploring the present, creating ideal future scenarios, identifying a shared vision and making action plans.

Reviewing the past

Using timelines, each participant identifies key events in the history of themselves, the community and the world.

Exploring the present

Using the technique of mind-mapping, issues and trends affecting the community are identified and their interconnections explored. Each stakeholder group agrees on which are the most important trends, discusses what they would like to be done about them and shares what they are proud of and sad about in their community.

Creating ideal future scenarios

Mixed groups develop and act out visions of the future and identify barriers.

Identifying a shared vision

First the small groups and then the whole group agree on a shared vision, work out what projects could help to achieve it and resolve any differences.

Making action plans

Self-selected action groups plan projects and publicly commit themselves to their agreed action.

Relationship to other stages of the action planning cycle

The future search process embraces elements of both assessing needs and assets and generating ideas and plans for action.

Case study

Do you know of a case study on future search that could be inserted here and included in the second edition? If so, please tell us! For more information, see Annex 1 or <http://www.who.dk/healthy-cities/debate.htm>

Resources needed

- Skilled facilitators.
- A planning group representing the range of stakeholders to be invited.
- A comfortable and spacious room large enough to hold 64 people arranged in tables of eight, with room for presentations and displaying flip chart material etc.
- A minimum of 2 days.
- A relatively large budget.

Contacts

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Fax: +1 215 8497360
E-mail: fsn@futuresearch.net
www: <http://www.futuresearch.net>

Publications and other resource materials

Centre for Community Visions. *Resource pack*. London, New Economics Foundation.

Weisbord, M. et al. *Discovering common ground – how future search conferences bring people together to achieve breakthrough innovation, empowerment, shared vision, and collaborative action*. San Francisco, Berrett-Koehler, 1992.

Weisbord, M. & Janoff, S. *Future search: an action guide to finding common ground in organizations & communities*. San Francisco, Berrett-Koehler, 1995.

Generating ideas and plans for action

Community participation is not only valuable in identifying needs, assessing assets and agreeing on a shared vision. It can also contribute greatly to generating tangible ideas and plans for action. Once people are actively involved in assembling the building blocks, a commitment to involving them in putting these together can add greatly to the quality, sustainability and sense of ownership of the overall planning

process.

The Healthy Cities project has highlighted the importance of community participation in developing a city health plan, and the Local Agenda 21 movement has similarly urged that local people be involved at all stages of the strategic planning cycle.

A range of techniques can be used to involve communities in generating ideas and plans for action, some of which also involve aspects of assessing needs and assets.

Planning for real

Purpose

The purpose of planning for real is to engage communities in the processes of planning and designing the future of their areas.

Description

Planning for real is the name of a cluster of techniques and materials that enable local communities to participate in the planning and future development of their neighbourhoods by presenting their ideas for the future in the form of a large model. Developed in the 1970s by Tony Gibson and promoted within the United Kingdom by the Neighbourhood Initiatives Foundation (which owns the trademark for it), planning for real can be used to facilitate active and innovative consultation. This can be in relation either to the general renewal and regeneration of a neighbourhood or to a specific proposal concerned with an issue such as housing, play areas or transport. It can be used in conjunction with complementary techniques such as community profiling and guided visualization to move through various stages of the planning cycle.

A similar technique used in Germany is known as *Lehrbauspiele*. Likewise developed in the 1970s, the method enables communities to visualize possible physical changes to a local area by constructing simple three-dimensional models.

Developed as a way of overcoming the problems inherent in traditional consultation techniques (such as public meetings), planning for real provides a visual, active and dynamic tool that is non-threatening and informal. The process involves holding a preliminary meeting, building a model, displaying the model, holding open meetings and producing a report and agreeing on action.

Holding a preliminary meeting

If planning for real is going to be used as a technique for a specific consultation, a preliminary meeting is held with local people and individuals working in a neighbourhood. This provides an opportunity to explain the method, answer any questions and agree on how to take the process forward.

Building a model

This stage involves a trained planning-for-real facilitator working with people from the local community – usually a mix of schoolchildren and others – for a period of 7–10 days. They first research the area, exploring the use of buildings and land and identifying particular problems. They then build a large-scale three-dimensional model of the neighbourhood, generally using ready-made kits, although this is not essential. Constructing the model in this way allows people to move components around, trying out different ideas and seeing the effect of making specific changes.

Displaying the model

The model is then displayed for about 2 weeks in prominent community locations (such as a library, school or community centre) to raise awareness of the process. It can be helpful to publicize where and when the model is being displayed through local mass media or distribution of leaflets to households.

Holding open meetings

A number of open meetings are then held, some for the whole geographical community and some for specific groups (such as young people, women or older people). Suggestion cards (some blank, some with both pictures and words on them) covering a range of issues and concerns such as traffic, local facilities, health and environment are made available. People attending the meetings use the cards to make suggestions, and the suggestions are then categorized and summarized under headings.

Producing a report and agreeing on action

A report is then produced summarizing the community's views, highlighting the issues given priority and identifying short-, medium- and long-term action required.

Relationship to other stages of the action planning cycle

Although planning for real is clearly located within the category of generating ideas and plans for action, it engages communities in assessing the needs and assets of their neighbourhoods and can be used to contribute to developing a common vision.

Case study

Do you know of a case study on planning for real that could be inserted here and included in the second edition? If so, please tell us! For more information, see Annex 1 or <http://www.who.dk/healthy-cities/debate.htm>.

Resources needed

- A facilitator trained in planning for real.
- Space for building and displaying the model and holding open meetings.
- Budget for publicity and producing the report.
- Planning for real kit.

Contacts

- Neighbourhood Initiatives Foundation, The Poplars, Lightmoor, Telford TF4 3QN, UK
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Fax: +44 1952 591771
E-mail: nif@cableinet.co.uk

Publications and other resource materials

Parks, M. *Good practice guide to community planning and development*. London, London Planning Advisory Committee.

Planning for real pack. Telford, Neighbourhood Initiatives Foundation.

Planning for real video. Telford, Neighbourhood Initiatives Foundation.

The work book method

Purpose

The purpose of the work book method is to engage communities in a dialogue with planners and enable them to be actively involved in making decisions concerning the development of their neighbourhoods.

Description

Johannes Oraug developed the work book method (*Arbeidsbok-metoden*) in Norway during the 1970s. The intention was to involve as many people as possible from a local geographic area in the decisions concerning the development of that area, originally in relation to neighbourhood rejuvenation and road planning.

The work book method is a structured interactive technique for public participation. Communities identify ideas and priorities for their area, which are refined through the various stages of the process, and the results from one stage are fed back to residents for further consideration and comment. In some cases residents themselves are actively involved in implementing ideas and proposals. In others, where proposals go beyond the authority of local residents, the ideas of the residents are put to the relevant departments in the municipality. The method therefore involves collaborative working and partnership between residents in specific districts, and between them and the municipality.

The backbone of the involvement process is usually formed by two work books. The first serves as an interactive questionnaire, with participants being asked their opinions about what and where improvements are needed, and recording their answers. Drawing on the information fed back through the completed work book questionnaires, a second work book is produced and distributed among the participants. This details the key issues identified in the first stage of the process and presents a range of alternative solutions. By filling in the book, participants consider and set priorities among these alternatives.

By engaging and involving communities in identifying issues of concern and in choosing and setting priorities among solutions, the work book method enables a development plan or action programme to be formulated that reflects the opinion and wishes of participants.

Relationship to other stages of the action planning cycle

In addition to generating ideas and plans for action, the work book method can be used to engage communities in assessing the needs of their neighbourhoods and to enable action by both residents and authorities.

Case study

Sundsvall, Sweden: using the work book method to produce a local Agenda 21

Background

Sundsvall decided to adapt the work book method for use within the context of their Environment for Life programme, which aims to involve both the residents and the municipal staff in improving the environment and in its local Agenda 21 undertakings. The combination of its industrial heritage and topography has meant that Sundsvall has experienced a range of environmental problems.

Aims

The project has three aims:

- to produce a local Agenda 21 using the work book method;
- to develop the work book method for local environmental work; and
- to integrate work for a sound environment with that to improve public health.

Process

Six stages of work are planned in two residential areas of Sundsvall – a tenant-owner housing association with 1033 households in the central Bosvedjan district; and Indal, a community of about 800 households just outside the town centre.

Stage 1. Arrangements for coordinating the work from within the area were made. In Bosvedjan, a coordinator has been employed, accountable to the housing association; in Indal, a working committee has been established.

Stage 2. Support for the project was established through personal contacts, public meetings, local newsletters and the involvement of local politicians and public officials.

Stage 3. A questionnaire was used to ascertain residents' views on how they would like to change their living environment. In Bosvedjan, 275 households replied; in Indal, 80; and in addition, children and young people were questioned in school and youth centre settings.

Stage 4. Drawing on questionnaire responses, work book 1 was produced, listing proposals and asking for feedback on these and on future participation. The book has already been distributed to residents in Bosvedjan, where 300 households have responded to the ideas presented, nearly all of them expressing interest in future involvement.

Stage 5. Work book 2 will summarize residents' attitudes to the proposals, include new ideas and viewpoints and identify priorities for action. The book will be distributed but not collected, with residents being invited to join work and study groups to produce action proposals or to actually carry out action.

Stage 6. Work book 3 will provide an account of the work and list proposals for action. It will be distributed to the relevant municipal committees for comment on issues on which the residents alone cannot decide. At this stage, the proposals will form the basis of local Agenda 21 work.

Evaluation and reflections

Participation has been encouragingly high in Bosvedjan, but it has proved more difficult to gain commitment to the work in Indal, where geography has limited the distribution of information and residents identify less clearly with the neighbourhood. A range of potential environmental and health improvements have been identified. In the longer term, environmentally sustainable development is understood to be a prerequisite for good health. In the shorter term, the project is having a real influence on people's living situation. Working together with others is in itself an important means of developing a social network and thereby enhancing a sense of wellbeing. Further, a range of tangible measures to prevent threats to health (such as accidents, allergies and drug abuse) have been presented in the work books.

The experience of Sundsvall suggests that it is likely that the work book method can be effectively used in developing a local Agenda 21. Prerequisites for its successful use include:

- a high level of awareness and concern about environmental issues;
- a level of education that enables residents to develop and articulate their ideas through the work book; and
- a degree of trust that the initial momentum of the project will be maintained and that the municipality will respond in an appropriate manner to ideas that emerge.

Resources needed

- Coordinator and/or coordinating committee.
- A budget for training and awareness-raising regarding the work book method.
- A budget for publicity and producing, distributing and analysing work books.

Publications and other resource materials

Case study: City of Sundsvall, Sweden (<http://www.who.dk/healthy-cities/sundsvall.htm#Full>).
Copenhagen, WHO Regional Office for Europe, updated 4 December 1998 (accessed 9 March 1999).

Citizens' juries

Purpose

The purpose of citizens' juries is to increase the accountability of local authorities, health authorities and other agencies by involving communities in generating ideas and debating and evaluating specific issues, proposals or plans.

Description

The citizens' jury is a relatively formal method of community participation that reflects the legal process of appointing a representative group of people to listen to and assess evidence. As a method, it indicates a serious commitment on the part of decision-making bodies to listen and respond to the voice of the community, and thereby increase their own accountability – whether in relation to regeneration planning, service delivery or development of work on an issue of current concern.

The stages involved in the citizens' jury are: preparation, setting up the jury, hearing and assessing the evidence and reporting.

Preparation

The preparatory stage involves: the sponsoring body recognizing the need for community involvement in relation to a particular concern or decision; and securing political and executive commitment to the process.

Setting up the jury

This stage involves the sponsoring body defining the questions to be considered, assembling information, appointing an external moderator to facilitate the process, selecting witnesses (who may be professional officers, outside experts, representatives of pressure groups or members of the public) and selecting the jury (typically, 16 people are appointed who are representative of the community in terms of age, gender, ethnicity, employment and other characteristics).

Hearing and assessing the evidence

The jury itself usually sits for several days, hearing witnesses present both sides of the case, questioning them and discussing the evidence (sometimes with the assistance of a jurors' advocate). After this, the jury uses a consensus-building approach to draw its conclusions and agree on recommendations.

Reporting

The external moderator is usually responsible for writing a report setting out the jury's findings and conclusions. Once this has been agreed by the jury, it is presented to the sponsoring body, which has a responsibility for disseminating it wider and for either implementing the recommendations or explaining publicly why they are not doing so.

Relationship to other stages of the action planning cycle

The citizens' jury is used primarily as a means of generating ideas and plans for action focusing on such issues as diverse as future service delivery, neighbourhood development and strategies for addressing controversial concerns such as crime, drugs and genetically modified food. However, it can also be used as an evaluation tool – enabling community representatives to assess evidence and judge a specific planning proposal or regeneration option.

Case study

Do you know of a case study on citizens' juries that could be inserted here and included in the second edition? If so, please tell us! For more information, see Annex 1 or <http://www.who.dk/healthy-cities/debate.htm>

Resources needed

- An independent external moderator and possibly jurors' advocate.
- An appropriate meeting room for 20–30 people.
- A sizeable budget to cover costs of paying the moderator, advocate, jury and witnesses.

Contacts

- Cheryle Brigham, Local Government Management Board (LGMB), Layden House, 76–86 Turnmill Street, London EC1M 5QU, UK
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Fax: +44 171 4706111
E-mail: ippr@easynet.co.uk
www: <http://www.ippr.org.uk>

Publications and other resource materials

Hall, D. & Stewart, J. *Citizens' juries in local government*. London, Local Government Management Board, 1997.

Coote A. & Lenaghan J. *Citizens' juries: theory into practice*. London, Institute for Public Policy Research, 1997.

Delap C. *Making better decisions: report of an IPPR symposium on citizens' juries and other methods of public involvement*. London, Institute for Public Policy Research, 1998.

Enabling action

Community participation in Healthy Cities and Local Agenda 21 is concerned with facilitating active involvement in the processes of identifying needs and assets, agreeing on a vision, generating ideas and contributing to the actual creation of a plan of action. It is also concerned with enabling and providing resources for tangible action. This action:

- may occur within both community and institutional settings – the latter serving a role in developing the organization aimed at making agency structures, processes and cultures more responsive to communities (32);

- may be carried out by either community members themselves or professionals in response to community-generated ideas and plans; and
- may take a variety of different forms depending on interests, motivation, concerns and competencies.

The nature of community development is that activities initiated for a specific purpose – both those previously outlined and others (such as food cooperatives, credit unions and local exchange trading systems) – may serve as catalysts for broader community action, as citizens become empowered and gain awareness, confidence and skills.

This section does not attempt to comprehensively review the huge range of community-based activities in existence. Instead, it outlines three techniques that can be used in a diversity of ways to enable, support and provide resources for different forms of action and to ensure that this action is effective and meaningful. The case studies illustrate how these umbrella techniques have been used in practice to develop and support specific types of community-based action.

Community networks

Purpose

The purpose of community networks is to enable communities to share ideas and experiences, learn from each other and provide mutual support to enable more effective community action.

Description

As discussed in Chapter 2, the UK Health for All Network three-element model of community development (40) highlights that facilitating networking between individuals and communities is an important means of enabling and supporting community action.

Networking is concerned with the interactions between people, in order to allow them to share ideas, knowledge, experiences and resources. In addition to enabling this exchange, networking is important in breaking down barriers and building bridges between communities and in developing mutual support structures.

Networking can develop in many different ways, but the process generally involves preparing the network, establishing the network, developing the network and supporting community action.

Preparing the network

This stage involves deciding to create a network based on the initiative of either communities themselves or people working with them, gaining political and organizational support from key agencies and taking initial steps to engage people or community groups.

Establishing the network

This stage is likely to involve a small planning group in securing tangible resources (such as the time of community development workers and a budget) to set up and develop the network. The key first steps may be holding a network meeting focused on an issue of concern across a number of communities (such as transport, food or facilities) and producing a newsletter.

Developing the network

Once the network is established, it is important to support its further development. This means:

- agreeing on priorities for action: facilitating members in articulating and debating priorities and achieving a consensus of the action on which to focus;
- identifying networking tools: deciding what tools (such as a regular newsletter, database, electronic communication or workshops) are appropriate for the network; and
- identifying support needs: deciding what support (such as community grants, support workers, office space, transport or training to improve competencies) will be most helpful in facilitating the networking process and enabling community action.

Supporting community action

As the network develops, it will become more clearly engaged in facilitating and supporting community action. This is likely to be focused both downwards, supporting grassroots action, and upwards: working at a policy level to ensure that decision-makers are listening to the community's voice and examining and, where necessary, working to change the practice of their own organizations.

Relationship to other stages of the action planning cycle

Community networks tend to be centrally concerned with supporting and enabling action, but they can also catalyse and support other stages of the action planning cycle, including assessing needs, developing visions, generating ideas and plans for action or monitoring and evaluating. By nature, they facilitate links between communities and therefore between different approaches and techniques being used within those communities.

Case study

Preston, England: Local Action, Global Agenda Network

Background

The Local Action, Global Agenda (LAGA) Network is coordinated by a steering group and serviced by the Lancashire Global Education Centre (LGEC), a voluntary organization based in Preston. It was set up in 1997, inspired by the effectiveness of self-managed networks of poor organic farmers in Mexico.

Aims

The Network aims to bring community groups together to share ideas, experience and enthusiasm and, through this, to link local and global issues and contribute to creating a better world.

Process

The Network promotes its aims through a bimonthly newsletter and regular training days, which focus on a particular theme of local concern – such as food, transport, community spaces, getting people involved and crime.

Acknowledging the expertise that exists within communities, the workshop-based training days involve ordinary members of the public as paid presenters, sharing their experience on the particular focus issue, and use interactive exercises to generate discussion and to explore local-global links. At the heart of the Network is the belief expressed by the LGEC Coordinator Julie Downs that: “Development isn't something distant, it's something that's happening here, and if we are going to work towards global justice and sustainability, it's something that we have to do here...”.

The Network has received limited funding from a variety of sources – including central government, local authorities and the local health authority – but relies heavily on the contributions and enthusiasm of its members. It has developed strong links with the interagency Healthy Preston 21 Steering Group, which coordinates action on health and sustainability within the town.

Evaluation and reflections

The Network has been successful in working towards its aims, with members of the public gaining the confidence to lead workshops and make their voices heard – calling for action at community and organizational levels. Importantly, it has supported and enabled the development of specific community-based action, and through this raised awareness of the links between local action and global health and sustainability. This can be illustrated by focusing on the issue of food and, in particular, on the development of food cooperatives.

Food cooperatives involve people clubbing together to buy food in bulk, thereby saving money and gaining more influence over the quality and nature of the food they eat. Three food cooperatives are currently operating in the Preston area, all in disadvantaged neighbourhoods.

The Clayton Brook Food Co-operative was set up in 1996 by a group of women who had become involved in a community campaign against a motorway development and had gained confidence and inspiration through this.

The Moornook Food Co-operative was set up in 1997, inspired by a workshop presented by Clayton Brook Food Co-operative at the first Network training event, and with advice and active support from Clayton Brook and the LGEC.

The Avenham Community Food Co-operative was set up in 1997, similarly inspired by the above workshop, and with support and guidance from Moornook and Clayton Brook Food Co-operatives and a local community health worker.

Through its newsletters and training events, the Network has been instrumental in spreading the idea of food cooperatives, in enabling the three communities to network and learn from one another (and, through this, to overcome suspicion and break down barriers) and in linking to related initiatives such as community gardens and allotments. Further, it has supported the food cooperatives in beginning to explore the connections between seemingly diverse issues such as social support, nutritional quality, poverty, fair trade, the debt of developing countries, environmental sustainability, organic production and genetically modified food.

Resources needed

The resources needed vary depending on the type, structure and priorities of the network. However, in general, the following are necessary:

- the time of a community development or equivalent worker;
- a budget for providing support to the networking process; and
- office space and equipment.

Contacts

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Community participation advisory groups and community councils

Purpose

The purpose of community participation advisory groups and community councils is to enable widespread community involvement and action, to advise key agencies (such as a local authority or health authority) on community participation processes, to liaise between communities and authorities and to mediate between different interests.

Description

The establishment of a community participation advisory group or community council can be one useful way of enabling meaningful and effective community action. Such groups may take on a number of different functions, but they generally give priority to liaison, mediation, facilitation and advisory roles.

The existence of a community participation advisory group or community council signals the commitment of key authorities to the community participation process, strengthens the voice of communities and enables community-led action to be channelled and to influence mainstream decision-making. Such a group can usefully complement a community network.

The stages involved include identifying and agreeing on a need, establishing the group or council, agreeing on the remit of the group or council, providing information and training and supporting the group or council and enabling it to work.

Identifying and agreeing on a need

The first stage is to identify and agree on the need for the community participation advisory group or community council. The community itself may provide the motivation for this, but key authorities must express their commitment to the idea and practice and clear mechanisms must be established to enable it to have a voice and influence.

Establishing the group or council

The next stage involves deciding what geographical or interest areas the group or council will cover, agreeing on the balance of membership (including community representatives and community-based workers), identifying and contacting relevant groups, networks and organizations, asking for representatives to be nominated and arranging an initial meeting.

Agreeing on the remit of the group or council

Once the group or council is established, its remit should be clarified and aims and objectives should be agreed. These may be very general and relate to the liaison, mediation and advisory roles described above or be more specifically focused on the production of a particular policy or plan (such as a local Agenda 21 or city health plan).

Providing information and training

The next stage is to identify and respond to needs for training and information. These are influenced by the remit of the group or council and the existing competencies of its members.

Supporting the group or council and enabling it to work

After the initial response to information and training needs, ongoing support is needed to ensure that the group or council can function effectively in meeting its aims and objectives.

Relationship to other stages of the action planning cycle

The nature of community participation advisory groups and community councils means that they may serve as umbrella organizations, overseeing and supporting activities throughout the action planning cycle.

Case study

Jerusalem, Israel: Association of Community Councils and Centers

Background

The Jerusalem Association of Community Councils and Centers (JACC) is an umbrella organization for community councils and centres throughout Jerusalem. The JACC, which works in close cooperation with the Jerusalem Healthy City Project, is affiliated with the municipality of Jerusalem and the Israel Community Centers Association and operates as a not-for-profit organization.

The form of government that has developed in Israel, both locally and nationally, is a centralized, bureaucratic, paternalistic system built on partisan loyalty. Municipal representatives are elected by party ticket alone and not geographical districts. The JACC and related structures are a direct response to these historical, cultural and political factors.

Aim

The purpose of the JACC is to strengthen Jerusalem's neighbourhoods by encouraging and enabling residents' participation in improving the quality of life. The Jerusalem Healthy City Project utilizes the JACC as its primary vehicle for realizing the philosophy, principles and values of health for all and Agenda 21. In particular, the JACC serves an important role in enabling participation, empowerment and democratization.

Process

There are currently 29 community centres and councils active in Jerusalem, each run by a democratically elected neighbourhood board. The priorities of each centre or council vary, but a range of key functions have been identified, including the assessment of community needs, the development of neighbourhood programmes, services and plans, conflict management and general liaison, cooperation and coordination.

The JACC evolved from a number of previously existing bodies, community centres and community councils, influenced by the Project Renewal development plan for deprived neighbourhoods. Over time, the community centres and councils began to extend their services beyond the traditional leisure, sports and cultural activities, encouraging residents to participate in action for promoting health, sustainable development and social change. In consequence, they found themselves competing for scarce resources, while promoting the same goals. In a visionary act, and in cooperation with the municipality, the community centres and councils joined forces and created the JACC.

The JACC works at both the community and organizational levels. At the organizational level, the JACC encourages organizational development by providing incentives to change current practices, in particular through decentralizing decision-making and service provision.

At the community level, the JACC empowers citizens to take control over decisions affecting their lives, health and wellbeing by enabling participation in neighbourhood planning and community initiatives, thereby developing new skills and resources for further community action. To increase equity and reduce social exclusion, the JACC is giving priority to action to overcome the marginalization of such groups as unemployed people, single parents and disabled people.

By working in close cooperation, the Jerusalem Healthy City Project and the JACC have supported and enabled the development of specific community-based action and, through this, increased understanding of the principles of health for all and Agenda 21. This can be illustrated by focusing on actions to create more healthy and sustainable physical environments.

A number of community centres or councils (Baka-Mekor Haim, A-Tur, Pisgat Zeev, Har Nof and Neve Yaakov) are involved in health promotion and environmental projects in neighbourhood schools, raising awareness among children and parents. The children have been involved in improving the environment of the schools, in cleaning and renovating the neighbourhood and in planting greenery.

The Nachlaot Rechavia community council represents a large group of elderly people concerned about the increasing commercialization of the neighbourhood and safety issues resulting from the streets lacking lighting and being deserted at night. The council cooperated with the municipality to pass a zoning resolution restricting the number of commercial enterprises and safeguarding the neighbourhood's residential character.

Evaluation and reflections

The close links between the Jerusalem Healthy City Project and the JACC have enabled the JACC forum to introduce the city's community councils to the principles of healthy cities, health for all and Agenda 21 and put these high on their list of priorities. Together, the Healthy City Project and JACC have used decentralization and associated changes to transform how people think about local government.

Although not all issues can and should be dealt with at the community level, this approach has taught residents that they share responsibility and authority over their immediate environment. When working in close cooperation with the Healthy City Project, community councils can be an effective way to increase community participation, promote equity and empower citizens.

Resources needed

The resources needed vary depending on the type, structure and priorities of the community participation advisory group or community council. However, in general, the following are necessary:

- the time of a community development or equivalent worker;
- a budget to support the group or council; and
- office space and equipment.

Publications and other resource materials

Waschitz, B. *The Jerusalem Association of Community Councils and Centers – a case study in democratization* (<http://www.who.dk/healthy-cities/pdf/israel.pdf>, pp. 5–8). Copenhagen, WHO Regional Office for Europe, 1998 (accessed 9 March 1999).

Theatre of the oppressed

Purpose

The purpose of theatre of the oppressed is, through the medium of drama, to enable people to gain increased awareness of the factors affecting their lives, to rehearse possibilities for change and empower people to take real-life action for change.

Description

Augusto Boal's theatre of the oppressed (46,47) is an arts-based method that applies Freire's ideas on conscientization and empowerment (35). Like Freire, Boal developed his work in Brazil – and, like Freire, he was imprisoned and expelled from the country for a time for his revolutionary ideas. In developing theatre of the oppressed, Boal recognized that many people can more easily symbolize feelings and ideas than talk about them.

A number of techniques can be used, including image theatre, forum theatre and legislative theatre.

Image theatre

Image theatre comprises a series of wordless exercises that ideally lead on to forum theatre. The initial focus is on sensory perceptions – encouraging participants to “see what they see”, “feel what they feel” and “hear what they hear”. They then create embodiments of their feelings and experiences, sculpting images using their own and others' bodies, and taking time to recognize in each other's images common experiences and oppression. These frozen images are then brought to life through interactive transition exercises that explore how the current situation could be changed and what it would feel like.

Forum theatre

Forum theatre is a technique that takes the shared sense of identity gained through image theatre and forces it into action, further empowering individuals and communities. A short play is performed based on the group's common experiences and oppressions, which confronts the audience with issues in a fictional form that they may have already faced or are likely to face in reality. The play is then repeated, and the members of the audience (Boal calls them spect-actors, because they are active participants) are asked to consider how things could be changed. They are further invited to freeze the action at any point and to step into the main protagonist's role to offer an alternative approach or intervention. In this way, the spect-actors are enabled not only to recognize their shared experiences and oppression, but also to develop a critical understanding of the issues and to rehearse for reality. By engaging in an interactive cycle of action and reflection, they thus become empowered to bring about real-life changes through individual and community action.

Legislative theatre

From 1993 to 1996, Boal was a member (*vereador*) of the city council in Rio de Janeiro. He used Forum Theatre as a tool for communities to suggest laws that they would like to see enacted. These were then drafted into formal laws and put forward by Boal to be voted upon. This approach is known as legislative theatre.

Relationship to other stages of the action planning cycle

Although theatre of the oppressed is most obviously used in enabling and supporting action, it can be used at all stages in the action planning cycle. Focusing on a specific concern such as quality of service delivery, theatre of the oppressed can be equally well used in assessing needs and assets, generating ideas and plans or enabling action. It can also be used to work with a community to move through the entire cycle.

Case study

London, England: Cardboard Citizens Theatre Group

Background

The Cardboard Citizens Theatre Group is a London-based theatre group comprising people who are or have been homeless. It started out as a project under the umbrella of the London Bubble Theatre Company (49).

Aims

Touring schools and homeless venues, Cardboard Citizens uses forum theatre in their productions as a technique to raise awareness of the issues relating to homelessness and the oppressions confronting homeless people and to identify opportunities for change.

Process

One particular production with which Cardboard Citizens toured around different venues was called *A Woman of No Importance*. Using Forum Theatre to confront people with issues in fiction that they may already have faced or be likely to face in reality, the production centred on the problems facing a 16-year-old girl who became homeless. It thus dealt with alcoholism, prostitution, family violence and a myriad of other health and social issues.

The production presented the story to a participating audience of spect-actors who could freeze the action at any point. They were encouraged to step into the main protagonist's role to offer an alternative approach or intervention – what Boal terms rehearsing for reality.

Evaluation and reflections

Through the production, the audience of spect-actors was enabled not only to recognize their shared experiences and oppressions but also to develop a critical understanding of the issues. Through engaging in the action and reflection cycle, they became empowered to bring about changes in their own lives.

Resources needed

- A skilled community drama worker trained in Boal's techniques.
- Rehearsal and performance space.

Contacts

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- Boal Centre du Théâtre De l'oprimé, 78/80 Rue de Charolais, F-75012 Paris, France
- Augusto Boal, C.T.O. – Boal, Rua Francisco Otaviano 185/41, CEP 22080, Ipanema, Arpoador, Rio de Janeiro, RJ, Brazil
- Augusto Boal Web site: <http://www.interlog.com/~artbiz/boall.html>
- Theater of the Oppressed Laboratory (Toplab), 122 West 27th St., New York, NY, 10001-6281, USA
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Morelos, R. *Como querem beber agua*. Video. Augusto Boal and Theatre of the Oppressed in Rio de Janeiro (contact Rod Wissler, tel. +61 7 38645565, fax: +61 7 38643672, e-mail: r.wissler@qut.edu.au, www: <http://www.qut.edu.au/arts/acad/cia/boal3.html>).

Promoting and managing organizational development and change

Purpose

The purpose of promoting and managing organizational development and change is to improve the effectiveness and responsiveness of organizations – and thereby enable appropriate action – by embedding an understanding of and commitment to community participation within mainstream institutional structures, processes and cultures.

Description

As discussed in Chapter 2, the UK Health for All Network three-element model of community development (40) highlights the close links between community development and organizational development. If local authorities, health authorities and other agencies are genuinely concerned not only with listening to communities but with enabling meaningful action for change, they must be prepared to reflect on their own practice and, where necessary, change their own organizational structures, processes and cultures.

Within the context of community participation, Healthy Cities and Local Agenda 21, organizational development and change focuses on creating an organizational environment that is open, publicly accountable, and able to hear and respond effectively to the needs and ideas of communities. Such work needs to be strategic, given resources and coordinated.

There is no one way of promoting and managing organizational development and change – indeed, whole books have been written on the subject! Smithies & Webster suggest in their model for community development and health work (32) that effective organizational development should include a number of specific areas of work:

- clarifying and establishing organizational policy;
- developing guidance on equal opportunities;
- setting community involvement objectives and targets for different departments and sections;
- providing appropriate training;
- reviewing organizational structures and systems; and
- creating an organizational culture that enables participation and empowerment.

Many of these tasks are implicit within the section on preconditions in Chapter 2. However, organizational development and change is a dynamic process and a key technique for actually enabling and supporting action.

Relationship to other stages of the action planning cycle

Organizational development and change is an umbrella technique for strengthening and ensuring a strategic approach to community participation. The method is crucial for enabling action but may also draw upon a variety of techniques used at other stages in the action planning cycle and itself be concerned with assessing needs and assets, developing visions, generating ideas and monitoring and evaluation.

Case study

Storstrøm County, Denmark: training for organizational development and change within the Department of Technology and Environment

Background

The Department of Technology and Environment recognized the importance of community participation and especially the value of organizational development and change in enabling meaningful action.

Aims

The aims were to contribute to promoting appropriate organizational development and change through a training course for staff of the Department of Technology and Environment that had the following objectives:

- to increase understanding of the necessity of public involvement and networking with stakeholders;
- to introduce participants to various community involvement techniques; and
- to support participants in developing specific actions within their fields of work aimed at integrating involvement methods and tools.

Process

The training course was planned with the following parameters:

- participants: 60 staff from two of the department divisions, including all division managers;
- training concept: training on the job aimed at developing specific actions through group learning processes; and
- training course elements: lectures, group work, future workshop and project descriptions.

Evaluation and reflections

The training course was successful in achieving its aims, with the following outcomes:

- the production of a first version of a guide on public involvement;
- seven concrete projects, including a mobile office, locally based work and a collection of cases demonstrating good and bad practice; and
- a general understanding of community involvement issues, including the need for improving qualifications in the Department.

Resources needed

- Skilled trainers and/or facilitators.
- Organizational commitment to making time available for staff training and development.

Contacts

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E-mail: labyrinth.consultancy@virgin.net

Publications and other resource materials

- Smithies, J. & Webster, G. *Community involvement in health: from passive recipients to active participants*. Aldershot, Ashgate, 1998.
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Monitoring and evaluation

If community participation is to be truly meaningful and effective in promoting health and sustainable development, it must be given priority not only at the above stages of the action planning cycle but also within the processes of monitoring and evaluation.

The *Collins dictionary* suggests that to *evaluate* means “to judge or assess the worth of” and that to *monitor* means “to observe or record the activity, performance or quality of.” A number of techniques can be used to facilitate increased community involvement in the processes of evaluating projects, programmes and proposals and monitoring service delivery and overall progress towards health and sustainable development.

It is widely acknowledged that evaluation and monitoring should not be viewed as add-ons to the planning process but should be incorporated throughout a project or programme. It is also increasingly recognized that the processes should not only be comprehensive, consistent and systematic but also participatory – presenting the views and perspectives of the full range of stakeholders, especially of the less dominant ones (32,49).

Two contrasting techniques are outlined here: the story-dialogue method can be used in evaluating projects or programmes, and community indicators can be used in monitoring progress towards health and sustainable development.

Story-dialogue method

Purpose

The purpose of the story-dialogue method is to use story-telling and structured dialogue in order to reflect on, learn from and evaluate practice, by tapping into and developing the knowledge base of both practitioners and community members.

Background

Labonté & Feather (50) describe the story-dialogue method, derived from traditional story-telling. This method was tested in a project on sharing knowledge from health promotion practice, coordinated by the Prairie Region Health Promotion Research Centre for Health Canada. Given that stories and narratives have long been important in cultures across the world and noting the more recent re-

emergence of stories within such fields as international development, the women's movement, popular education (35), qualitative research and advocacy, stories have the potential to be equally valuable within health promotion practice.

The method moves beyond simply listening to stories to engaging with both the story-teller and others through means of reflective structured dialogue involving description, explanation, synthesis and action. It can be used in a variety of ways, including problem-solving and planning, knowledge development and evaluation.

Method

Whether the story-dialogue method is being used to solve a problem, develop knowledge or evaluate a project or programme, the method involves a number of stages, including choosing a generative theme, writing the case story, sharing the case story (the structured dialogue), creating insight cards and using the method for a chosen purpose.

Choosing a generative theme

For the method to work effectively, the theme or issue that is the focus of the story should engage both the story-teller and story-listener. Choosing a generative theme – an often controversial issue that generates animated discussion and energy – can enable stories to trigger deeper analysis and understanding.

Writing the case story

The success of the method also depends on the quality of the case stories. They should be written in the first person, reinforcing an individual's personal experience and should, if possible, be prepared in advance to allow the story-teller to discover new insights and understandings.

Sharing the case story – the structured dialogue

The next stage begins with the story-teller sharing the story, progresses to the listeners reflecting on what they have heard and moves on to the actual dialogue. Four categories of open questions are used to generate the structured dialogue:

- description: what do we see happening?
- explanation: why do you think it happens?
- synthesis: so what have we learned?
- action: now what can we do?

Creating insight cards

When this method is used for formal purposes such as evaluation, the insights arising from the structured dialogue should be recorded for further reflection, analysis and synthesis. One way of doing this is by creating insight cards relating to the four categories of questions.

Using the method for a chosen purpose

The final stage is the actual application of the method for problem-solving, planning, developing knowledge or evaluation purposes.

Using the method for evaluation

The story-dialogue method is a valuable technique for enabling and validating community participation within the context of evaluation. The method distinguishes between case stories and case studies.

A case story is a first-person narrative – a personal self-interview that draws on an individual's particular experience relating to a specific theme or issue, contains elements of description, explanation

and reflection and is shared with others.

A case study is a more complex tool that increases validity, credibility and generalizability in the evaluation process. This is done by linking together a number of individual case stories as building blocks and bringing these together with information drawn from a range of other sources (such as participant-observer field notes, reports and minutes).

Three key stages are involved in using the story-dialogue method in evaluating a case study: description, explanation and synthesis.

Description

As part of a case study, individual case stories or self-interviews are linked together, supplemented with descriptive information relating to the reasons for what happened and themselves expanded to incorporate details of the community setting and past experience of the focus theme or issue.

Explanation

The explanation stage seeks to involve many different people and points of view, bringing a diversity and richness of understanding to each case story included within the case study, thereby increasing its overall validity as a tool for evaluation.

Synthesis

Following the description and explanation stages, experiences and insights must be synthesized by reflecting on and building categories from the insight cards and by writing theory notes that explain what can be generalized from these categories. This allows lessons to be drawn from a project or programme and valid observations to be made that can be fed back into the planning cycle and are applicable to other situations.

Relationship to other stages of the action planning cycle

As indicated above, the story-dialogue method is a generic technique that can be used for a wide variety of purposes. One specific application is evaluation, but it can also be used to validate and enable community participation at other stages of the action planning cycle.

Case study

Do you know of a case study on the story-dialogue method that could be inserted here and included in the second edition? If so, please tell us! For more information, see Annex 1 or <http://www.who.dk/healthy-cities/debate.htm>

Resources needed

- A facilitator or researcher skilled in the story-dialogue process.
- A location large enough for structured dialogue meetings.
- A budget for publicity, materials and dissemination.

Contacts

- Health Promotion Development Division, Research & Program Policy Directorate, Health Promotion and Programs Branch, Room 468, Jeanne Mance Building, Postal Locator 4904A2, Health Canada, Ottawa, Ontario, Canada
- Center for Development and Innovation in Health, PO Box 57, Northcote, Victoria 3070, Australia

Publications and other resource materials

Labonté, R. & Feather, J. *Handbook on using stories in health promotion practice*. Saskatoon, Prairie Region Health Promotion Research Centre, University of Saskatchewan/Health Canada, 1996.

Community indicators

Purpose

The purpose of community indicators is to simplify, measure and communicate information about important issues, as a means of monitoring progress and stimulating action towards healthy and sustainable communities.

Description

Both the Healthy Cities project and Local Agenda 21 have highlighted the value of developing sets of community indicators. Indicators are markers or signposts that have long been used by professionals to measure progress towards agreed targets. What is new with community indicators is the process of actively involving local people in deciding what issues are important to the health and sustainability of their communities, and in selecting indicators to simplify, measure and communicate information relating to these issues.

The primary purpose of community indicators is to monitor a situation – to check whether things are getting better or worse and track progress towards health and sustainability. However, the process of selecting issues and agreeing indicators also serves to raise awareness, develop vision and stimulate community action.

Indicators can be classified in a number of different ways, including: primary, secondary and provocative; and pressure (or stress), state or response.

Secondary indicators are specific measures that communicate detailed information (such as numbers of different types of crime). Primary indicators are generally aggregates of secondary indicators (such as total number of crimes). Provocative indicators, by contrast, measure social patterns that are understood to relate to a given issue (such as participation in community activities and networks).

Pressure (or stress) indicators measure causes of health or sustainability-related problems (such as air quality). State indicators measure the effect of such stress (such as respiratory problems). Response indicators measure the action taken to effect change in relation to the given issue (such as regulation of car use in city centres).

By its very nature, work on developing indicators is constantly evolving – and the amount of experience is limited. Nevertheless, a number of stages are involved, including preparation, identifying key issues, choosing indicators, gathering information, communicating information and generating action.

Preparation

Preparation involves securing commitment for the approach, publicizing and raising awareness about the project and establishing mechanisms for the overall process.

Identifying key issues

The next stage is to facilitate the process by which the community considers, debates, identifies and agrees on the issues that are most important to their health, sustainability and quality of life. A range of

different methods can be used – including meetings, focus groups and questionnaires.

Choosing indicators

Once a number of key issues are agreed on, the next task is to identify indicators for each. A range of possible indicators could be proposed, and they then have to be assessed against agreed criteria. These may vary from situation to situation, but there is a general consensus that indicators must be relevant, valid, reliable, meaningful, sensitive and representative. A set of indicators is then chosen, possibly with smaller special interest groups focusing on different issues.

Gathering information

Once indicators have been agreed, information sources should be identified and information gathered that can provide a baseline picture of the current situation and be used to monitor future progress.

Communicating information

Thought needs to be given to how the information relating to each indicator can be made accessible to the wider community (for example, through local mass media, displays and publicity). It also needs to be agreed how often the situation will be reviewed to ensure ongoing accountability and reflection.

Generating action

Community indicators should not be passive. They should serve a function of raising awareness, engaging people and stimulating action by communities and authorities.

Relationship to other stages of the action planning cycle

The explicit purpose of indicators is to monitor progress in relation to health, sustainable development and quality of life. However, they also serve a valuable purpose in assessing community priorities, creating a vision of the future and generating ideas for and enabling action.

Case study

Do you know of a case study on community indicators that could be inserted here and included in the second edition? If so, please tell us! For more information, see Annex 1 or <http://www.who.dk/healthy-cities/debate.htm>

Resources needed

- A community development worker or other person skilled in facilitating the process.
- A location large enough for meetings of the whole group and subgroups.
- A budget for publicity, printing and dissemination.

Contacts

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Publications and other resource materials

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4. Community participation: reflections

Dilemmas and pitfalls

As indicated in Chapter 2, effective and meaningful community participation is not easy, and success requires a number of preconditions. Now that numerous techniques and methods have been outlined, it is appropriate to reflect on the overall process.

The questions below reflect and reiterate points discussed in earlier chapters, identifying and exploring some of the dilemmas and pitfalls that people working in community participation and development may confront.

How can involvement of the real community be ensured?

A well recognized dilemma is how to move beyond engaging self-appointed leaders and those most vocal within the community to enable widespread participation of the real community. Several factors can be useful in this attempt. First, the culture of non-participation, by which agencies and professional groups have preserved power and made decisions on behalf of communities, takes time to change. Many community members lack the confidence, self-esteem, skills and resources that professional workers may take for granted.

Community development must therefore be viewed as a long-term process, involving:

- the creation of mutual trust and respect between workers and community members;
- a focus on empowerment and transferring power;
- providing resources for and facilitating community-level involvement and action;
- the use of a diversity of methods for publicizing participation projects and programmes;
- the use of a range of techniques, including visual and arts-based methods, to ensure that participation is accessible to the diversity of people making up the community.

How can Healthy Cities and Local Agenda 21 coordinators manage their dual accountability?

Most Healthy Cities and Local Agenda 21 coordinators are personally committed to meaningful community participation and have well developed understanding and appropriate competencies. Nevertheless, this does not mean that those with whom they are working – whether professionals or politicians – have the same attitudes, understanding and skills. Further, there can be dilemmas of accountability: the coordinators and other workers, such as community development officers, may be accountable to both their employing agency and to the community. This highlights the importance of:

- organizing training to raise the awareness and build the capacity of politicians and senior managers, to develop widespread understanding and competence and overcome fears and suspicions within agencies;
- securing a clear commitment from local authorities, health authorities and other agencies that they will not only listen to but also respect and give priority to community concerns and, when necessary, acknowledge that their own priorities are secondary; and
- acknowledging the value of support structures for individuals working in coordinating roles.

How can commitment to community development as a long-term process be secured?

There are several dilemmas related to both the funding and time scale of community participation and community development work.

First, senior managers and politicians may view community participation as a supposedly economical alternative to mainstream methods of working. Although participation can clearly be cost-effective in the long term by ensuring that decisions taken do address community concerns and meet community needs, it is likely to fail if it is viewed primarily as an inexpensive option whereby community members provide services for free.

Second, much funding for community participation and development projects is short term and insecure, often designed to pilot approaches and ideas. This can prompt agencies to take short cuts and achieve quick-fix results and can also mean that the lessons learned are not implemented because there is no longer-term funding and commitment to the process.

Third, funding bodies may require agencies to specify the approaches to be used and outputs to be achieved before the community participation process starts. This can clearly compromise the open-ended and bottom-up nature of community development work by pressuring workers to steer the work in a particular direction.

How can unrealistic expectations be avoided?

A classic danger of community participation and development work is that unrealistic expectations may be raised within communities. As mistrust and suspicion often have to be overcome to engage community members in an involvement process, it is important that they not be left feeling let down, which will only serve to increase negative perceptions of local government, health authorities and other agencies. There are several ways to avoid this.

Community participation must be given priority at all stages of the planning process and not just at the beginning. Too often, communities are asked to participate in assessing needs and assets and in agreeing on a vision but are excluded from subsequent stages such as generating ideas and evaluation and monitoring and left with no resources or support for them to engage in community-led action.

In addition, authorities must recognize and understand the empowerment process. The types of participation required by Healthy Cities and Local Agenda 21 are at the top end of the ladder of community participation (Fig. 1) – requiring authorities to relinquish some of their power and to invest in the processes required to build esteem, confidence and skills within communities. Only with this approach can workers ensure that communities are not only meaningfully involved at all stages of the planning process but can challenge and, when necessary, confront local authorities, health authorities and other agencies about decisions and false promises.

Moving towards real empowerment is neither a quick nor an easy process. Politicians may see participatory democracy as threatening, and professionals may be reluctant to demystify their knowledge or validate lay perceptions of health and sustainability.

From the margins to the mainstream

This book has discussed the contexts provided by Local Agenda 21 and Healthy Cities, explored what community participation is and why it is important, considered the preconditions necessary for effective participation, outlined a range of techniques and methods that can be used to facilitate participation at all stages of the planning process and highlighted some of the dilemmas and pitfalls confronting people working in the field.

Although the process of facilitating meaningful community participation is extremely challenging, it is clearly exciting and rewarding. It can strengthen democracy, empower people, mobilize resources and energy, provide opportunities for creative and innovative thinking and decision-making and ensure the ownership and sustainability of interventions and programmes.

As we move towards the new millennium, the Local Agenda 21 and Healthy Cities movements provide real opportunities to move the community participation process from the margins to the mainstream. Both offer comprehensive strategic planning frameworks that highlight the importance of involving communities actively in identifying needs, defining priorities, taking action, evaluating programmes and monitoring progress towards health and sustainable development.

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Useful resources and contacts

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Contact organizations and Web sites

<p>Action Towards Local Sustainability</p> <ul style="list-style-type: none"> • Web site map • Community participation toolkit 	<p>http://www.sustainability.org.uk http://www.sustainability.org.uk/environsus/system/map/map3.htm http://www.sustainability.org.uk/environsus/info/commpartic/compart.htm</p>
<p>Local Sustainability: European Good Practice Information Service (EURONET/International Council for Local Environmental Initiatives)</p> <ul style="list-style-type: none"> • General • Search for cases 	<p>http://cities21.com/egpis/index.htm http://cities21.com/europractice/esearch.htm</p>
<p>EU European Sustainable Cities Project</p>	<p>http://euronet.uwe.ac.uk/project.htm</p>
<p>European Sustainable Cities and Towns Campaign</p> <ul style="list-style-type: none"> • Campaign Interactive (Sustainable Cities Information System) • Virtual Library 	<p>http://www.sustainable-cities.org http://www.sustainable-cities.org/library.html</p>
<p>Institute for Social Inventions</p>	<p>http://www.globalideasbank.org/ISI.html</p>
<p>International Council for Local Environmental Initiatives (ICLEI)</p> <ul style="list-style-type: none"> • World Secretariat, Toronto • European Secretariat, Freiburg • Case studies on the Local Agenda 21 process 	<p>http://www.iclei.org http://www.iclei.org/europe http://www.iclei.org/csdcases/la21int.htm</p>
<p>Partnerships Online: creating online communities</p>	<p>http://www.partnerships.org.uk/</p>
<p>Together Foundation/United Nations Centre for Human Settlements (Habitat): Best Practices for Human Settlements Database</p>	<p>http://www.bestpractices.org/</p>
<p>UK Communities Online</p>	<p>http://www.communities.org.uk</p>
<p>United Nations Department of Economic and Social Affairs: Earth Summit+5 (Special Session of the General Assembly to Review and Appraise the Implementation of Agenda 21, New York, 23–27 June 1997)</p>	<p>http://www.un.org/esa/earthsummit/</p>
<p>World Health Organization</p> <ul style="list-style-type: none"> • Regional Office for Europe, Copenhagen • Regional Office for Europe – Centre for Urban Health, Healthy Cities project • Headquarters, Geneva 	<p>http://www.who.dk http://www.who.dk/healthy-cities http://www.who.ch</p>

Annex 1

Developing the second edition: a form for providing case studies and other information

If you would like to provide a case study or other information you think should be included in the second edition of this document, please complete the form below. We are looking for a range of examples to illustrate the techniques included in the toolbox and related methods. We can include several case studies for each given technique. We are also interested in including examples that do not clearly fit into one of the 15 techniques in the toolkit.

You can send the completed form to the Healthy Cities Project Office (see below) or submit your comments and ideas via the debate forum on our Web site (<http://www.who.dk/healthy-cities/debate.htm>).

Case studies

What technique or method does your case study illustrate?

.....

Which of the following action planning cycle categories apply to the case study (you may tick more than one)?

Assessing needs and assets	<input type="checkbox"/>
Agreeing on a vision	<input type="checkbox"/>
Generating ideas and plans for action	<input type="checkbox"/>
Enabling action	<input type="checkbox"/>
Monitoring and evaluation	<input type="checkbox"/>

Please write your case study using the following subheadings, using no more than 600 words:

- Background
- Aims
- Process
- Evaluation and reflections
- Budget and resource implications
- Contact details: contact person, address, telephone number, fax number, e-mail address and Web site address

Relevant contact organizations

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.....
.....

Useful publications and other resource materials

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.....
.....

Other information, comments or ideas

.....
.....
.....

Thank you for your help. We prefer that you complete this form electronically and send it as an attachment on e-mail to: ani@who.dk. If this is not possible, you can mail it or fax it to:

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