

cities

Community participation

in local health and

sustainable development

Approaches and techniques

sustainable development



Community participation in local health and sustainable development

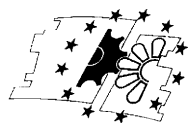
Approaches and techniques



European Sustainable Development and Health Series: 4



European Sustainable
Cities & Towns Campaign



European Commission
DG XI



University of Central
Lancashire



WHO Regional Office
for Europe



Healthy Cities Network

EUR/ICP/POLC 06 03 05D (rev. 1)
Text editing: David Breuer

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.

Keywords

CONSUMER PARTICIPATION
COMMUNITY HEALTH PLANNING
STRATEGIC PLANNING
GUIDELINES
SUSTAINABILITY
HEALTHY CITIES
EUROPE

© World Health Organization – 2002

All rights in this document are reserved by the WHO Regional Office for Europe. The document may nevertheless be freely reviewed, abstracted, reproduced or translated into any other language (but not for sale or for use in conjunction with commercial purposes) provided that full acknowledgement is given to the source. For the use of the WHO emblem, permission must be sought from the WHO Regional Office. Any translation should include the words: *The translator of this document is responsible for the accuracy of the translation.* The Regional Office would appreciate receiving three copies of any translation. Any views expressed by named authors are solely the responsibility of those authors.

Typesetting by Anne Mette Nielsen

ISBN 92 890 1084 3

Contents

Foreword	1
Introduction	2
1. Context: Health21, Local Agenda 21 and Healthy Cities	3
Introduction	3
HEALTH21	3
Agenda 21	4
Healthy Cities	5
Community participation, health and sustainable development	7
2. Community participation: an introduction	9
What is community participation?	9
Why is community participation important?	11
Levels of community participation	13
The importance of a strategic approach to community participation	16
Preparing the ground: preconditions	17
3. Community participation, a toolbox: techniques, methods, case studies and contacts	20
Introduction	20
The toolbox	23
4. Community participation: reflections	80
Introduction	80
Dilemmas and pitfalls	80
From the margins to the mainstream	83
References	84
Useful resources and contacts	89
Bibliography and other resource materials	89
Web sites	90
Contacts	91

Foreword

1

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 based on the principles of both of these strategies, and community participation is therefore fundamentally required 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. This is the second edition of the document, and it includes more case studies and examples from throughout Europe and beyond. The book has been developed following extensive consultation and discussion within the WHO European Healthy Cities Network.

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 WHO phase III Healthy Cities Network and to the cities of the Multi-city Action Plan on Health and Local Agenda 21 for their contributions and comments on earlier drafts. Thanks are especially due to three members of the 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. Thanks are due to Claire Mitcham (Healthy Cities Project Office, WHO Regional Office for Europe) for coordinating, editing and guiding the production of this document. I would also like to express my appreciation to Anne Mette Nielsen (Healthy Cities Project Office, WHO Regional Office for Europe) for technical, administrative and artistic support. Many thanks to David Breuer, who significantly improved the language and style of this document.

Agis D. Tsouros

Head, Healthy Cities and Urban Governance
Programme, Division of Country Support
WHO Regional Office for Europe

2 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 originated from an international working group: the WHO Multi-city Action Plan on Health and Local Agenda 21. It reflects the diversity of community participation experience and knowledge gained by public health workers, urban planners, architects, environmental health practitioners, health professionals, administrators and politicians from cities across Europe and beyond and draws strongly on the experience of people 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 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 in itself and by indicating further sources of information and guidance. It outlines the context for health and sustainable development; considers what community participation is, why it is important and how it can be effectively and strategically practised; and provides a toolbox summarizing some of the most useful techniques and offers critical reflections.

The first edition of this book was published electronically and comments and suggestions were invited using the WHO Healthy Cities Web site (www.who.dk/healthy-cities/debate.htm). Following consultation with a range of Healthy Cities coordinators and others working in local health and sustainable development, this second edition has been prepared in both electronic and paper forms. It includes more case studies and information from across Europe and beyond – reflecting the diversity of political systems and cultural factors that influence practice within different countries.

Chapter 1

Context: HEALTH21, Local Agenda 21 and Healthy Cities

Introduction

Community participation is not new. It has been practised in many different ways for many years not only within health but more broadly within social practice and development (1). 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. These developments include HEALTH21, Local Agenda 21 and Healthy Cities.

HEALTH21

Health for all is the global strategy for health development advocated by WHO. This strategy, endorsed by all 189 Member States in 1980 (2), was based on the 1978 Alma-Ata Declaration on Primary Health Care (3) and likewise gave high priority to community participation. A revised strategy for health for all in the 21st century (4) was adopted in 1998, reinforced by a World Health Declaration (5) that highlighted the

importance of regional and national policies and strategies. The new health for all policy for the European Region, HEALTH21 (6), has the overarching goal of achieving full health potential for all and includes a central commitment to participation, stating 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.

Several of the 21 targets discuss further the importance of enabling participation of individuals, groups and organizations within decision-making, health impact assessment, evaluation and action.

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 (7) and Russell & de Viggiani (8) – 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 (9–13).

The emphasis on participation and sustainability reflect perspectives developed within both the Ottawa Charter for Health

Promotion (14) and the Jakarta Declaration on leading health promotion into the 21st century (15). The Ottawa Charter lists a stable ecosystem and sustainable resources as prerequisites for health and argues that:

Health promotion works through concrete and effective community action ... At the heart of this process is the empowerment of communities, their ownership and control of their own endeavours and destinies.

The Jakarta Declaration reiterates the necessity of sustainable resource use and gives priority to community capacity-building and individual empowerment.

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 (16). Sustainable development has been defined as (17):

... 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 (18):

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 (16):

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.

A number of principles from the Rio Declaration on Environment and Development (18) and several other chapters of Agenda 21 reinforce this commitment to community participation – highlighting the importance of enabling the increased involvement of women, young people, indigenous people, nongovernmental organizations, workers and other communities.

Healthy Cities

The WHO Regional Office for Europe established the Healthy Cities programme 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 (14) into a framework that could be applied to the local urban context (19). Now in its third five-year phase, the programme 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 (20) 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 & Towns Campaign (www.sustainable-cities.org/home.html). After the Campaign was established, the 1995 International Healthy and Ecological Cities Congress in Madrid played an important role in integrating Agenda 21 principles within the Healthy Cities agenda (21). The strategic plan for the WHO urban health/Healthy Cities programme for 1998–2002 (22) takes this further by highlighting 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.

As discussed above, community participation is central to HEALTH21, Agenda 21 and the Ottawa Charter for Health Promotion (14). A commitment to enabling community participation is consequently a principle that has underpinned Healthy Cities throughout its three phases. In phase I (1987–1992) and phase II (1993–1997), one of the commitments expected from designated cities was (23):

to establish mechanisms for public participation and strengthen health advocacy ...

In phase III (1998–2002), this expectation has been formulated in more detail, as Designation Criterion B5 (24):

Cities should demonstrate increased public participation in the decision-making processes that affect health in the city, thereby contributing to the empowerment of local people.

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 (23) 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.

The 1998 *Athens Declaration for Healthy Cities* (25), signed by representatives of 125 European cities, reinforces 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.

A number of Healthy Cities documents provide useful guidance and case studies, each highlighting different issues in relation to community participation:

- *Twenty steps for developing a healthy cities project* (19) 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.

- *City health planning: the framework* (26), *City planning for health and sustainable development* (27) and *City health development planning: concept, process structure and content* (28) highlight the strategic importance of engaging and mobilizing communities along with other partners in the process of planning for local health development.
- *Healthy urban planning* (29) and *Towards a new planning process: a guide to reorienting urban planning towards Local Agenda 21* (30) emphasize the importance of community participation in the urban planning process.

Community participation, health and sustainable development

Health and sustainable development are closely related and interconnected concepts (31–35), and the frameworks offered by Local Agenda 21 and Healthy Cities have many things in common (36,37) – as highlighted in the first book of this series (36). 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 (38):

...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 Sundsvall Statement on Supportive Environments for Health (10), the Environmental Health Action Plan for Europe (12) and the Environment for Europe process (www.unece.org/env/europe). Most recently, the Environment for Europe process has

resulted in the adoption of the Convention on Access to Information, Public Participation in Decision-making and Access to Justice in Environmental Matters (39) by the Fourth Ministerial Conference Environment for Europe in Aarhus, Denmark in June 1998. Building on Principle 10 of the Rio Declaration (18) and emphasizing the implications of the transition towards environmentally sound, health-enhancing and sustainable development and highlighting the importance of both public and stakeholder participation, the Convention advocates:

... a new, more participatory kind of democracy: both to encourage greater involvement of the public ... and to increase the transparency and accountability of the institutions of government and industry.

The London Declaration on Action in Partnership (40) was an outcome of the WHO Third Ministerial Conference on Environment and Health held in June 1999. It built on foundations laid at the first conference in 1989 in Frankfurt am Main (9) and the second conference in 1994 in Helsinki (13) and reiterated the concerns and demands of the Convention on Access to Information, Public Participation in Decision-making and Access to Justice in Environmental Matters, especially in relation to the participation of public-interest nongovernmental organizations in decision-making processes.

Chapter 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 (41):

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.

Community is a multidimensional concept (42) involving a complexity of horizontal and vertical relationships between people and organizations. Use of the term is inevitably problematic, as discussed by Boutilier et al. (43). De Leeuw (44) expands on this to argue that communities are characterized by communication arrangements, highlighting the impact of changes in technology in the late 20th century in challenging conventional understandings of community and opening up new forms of connectedness.

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. A WHO study group suggested that participation can be understood as contribution, as organization and as

empowerment (45). Bringing the two words together, there is a wide range of definitions of community participation from different disciplines, as illustrated by Churchman (46) and Lawrence (47) in their discussion of neighbourhood planning and the built environment. Although it is not surprising that different people understand the term community participation very differently, this diversity of understandings can cause difficulty – especially within strategic declarations and statements from national and international policy-making bodies, which can sometimes imply that the meaning of community participation is self-evident (48). Kummeling (49) discusses this challenge in a report of research focusing on community participation within Healthy Cities.

The term participate clearly implies several different things. Drawing on key literature (41, 50, 51), 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. Although there is no clear consensus on the distinction between these terms and without going into detail, it is useful to clarify the meanings of these (41, 50–52).

- *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.
- *Citizenship* – a word that comes from the Latin *civitas*, meaning “of or relating to a city” – has been defined as having full membership of a community, involving the civil right to freedom and justice, the political right to participate in the exercise of political power and the social right to share in the quality of life enjoyed by society as a whole (53, 54).
- *Community action*, a term used within the Ottawa Charter for Health Promotion (14), has been defined in a number of different ways but is generally understood to mean any activity undertaken by a community to effect change (55).
- *Empowerment* is a continual process whereby individuals and/or communities gain the confidence, self-esteem, understanding and power necessary to articulate their concerns, ensure that action is taken to address them and, more broadly, gain control over their lives (56). It is understood to be central to community

action approaches to health promotion (14) and is implicit within Agenda 21's commitment to strengthening public participation (16). Its practice often draws inspiration from Freire's philosophy of conscientization (57–61).

- *Community capacity-building* is development work – involving training and providing access to support and resources – that recognizes existing capabilities and strengthens the ability of community organizations and groups to build structures, systems and skills that enable them to participate and take community action (62). Such capacity-building may be developed through life-long learning and other routes. It is an essential part of a strategic approach to community participation within health promotion (15) and sustainable development (16) and must be complemented by parallel work with professionals and politicians within enabling organizations.
- *Community development* is a way of working underpinned by a commitment to equity, social justice and participation that enables people to strengthen networks and to identify common concerns and supports people in taking action related to the networks. It respects community-defined priorities, recognizes community assets as well as problems, gives priority to capacity-building (54) and is a key mechanism for enabling effective community participation and empowerment.

- *Community organizing*, a term originating in the United States and often used interchangeably with community development, is understood to be (63):

the process by which community groups are helped to identify common problems or goals, mobilize resources, and in other ways develop and implement strategies for reaching goals they collectively have set.

Why is community participation important?

Community participation is a fundamental 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 (41). These benefits relate to both the process and the effects and outcomes of participation – participation as an end in itself and participation as a means to achieve other goals (1,48).

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 authorities, health authorities and other local organizations. Community participation can thus make an important contribution to achieving a number of objectives, as detailed below.

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. It is increasingly being argued that new styles and structures of governance are needed that transcend people being viewed as passive recipients of services provided by agencies and decided by elected representatives and enable genuine participation, empowerment and citizenship (63,64).

Combating exclusion. Community development and community organizing often works with specific groups of the population, especially those that are marginalized and disadvantaged. The changing contexts within and between European countries (such as the increase in asylum seekers) can pose special cultural and political challenges and require that workers be equipped with relevant skills, knowledge and attitudes. By giving these communities a voice, community participation can play an important role in combating social exclusion within society.

Empowering people. Community participation can be both an outcome of empowerment and an effective empowerment strategy (61). 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 can, in turn, enhance people’s sense of wellbeing and quality of life, as highlighted in HEALTH21 (6).

[Health for all] aims to give all people the opportunity of a high quality of life throughout their life. People's welfare is related to the degree to which their health permits them to participate in, and benefit from, life and development.

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 and, where appropriate, train and employ them in community development work. There is a clear tension here between mobilizing resources in a way that empowers communities and mobilizing to reduce the cost of providing services (59). This problem is explored further in Chapter 4 in the section on dilemmas and pitfalls.

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 – so long as professionals are prepared to work with them on the issues they define as important, whether or not labels such as “health” and “sustainable development” are used.

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.

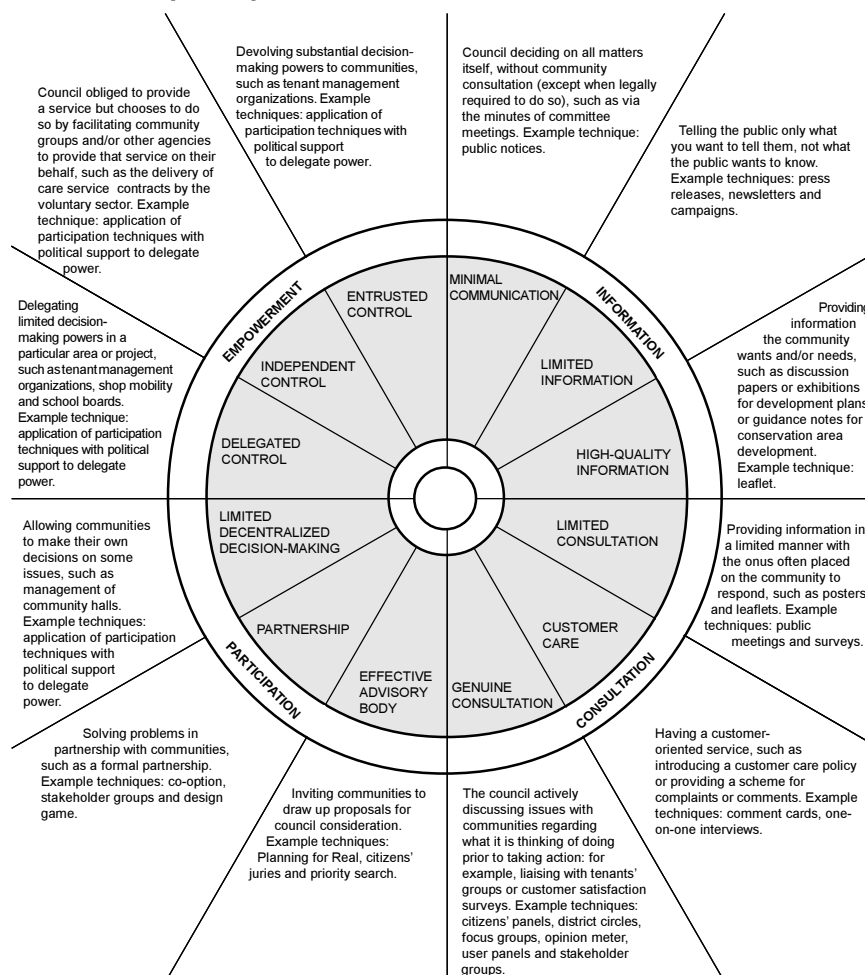
Ensuring the ownership and sustainability of programmes. Community participation is essential if interventions and programmes aimed at promoting health, wellbeing, quality of life and environmental protection are to be widely owned and sustainable. However, such sustainability requires that the community participation process itself be sustainable, with fundamental prerequisites being in place (see below).

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 Arnstein (65) and Brager & Specht (66) 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, citizenship and empowerment rather than settling for the more passive processes of providing information and consultation. Clearly, this style of participation can only flourish in societies with a political culture that encourages it (1) and, as highlighted above, a number of commentators (63,64) have argued for new systems of governance

Fig. 2. The wheel of participation



Source: adapted from Davidson (67)

that support this approach.

However, it is also important to be pragmatic and to acknowledge that it is not always possible or appropriate to aim for the top rung of the ladder, as Kummeling (49) has highlighted in research on community participation in Healthy Cities. In recognition

of this, South Lanarkshire Council in Scotland developed the wheel of participation as a model to assist in community planning (Fig. 2). The wheel draws on the ladders mentioned above and distinguishes objectives related to information, consultation, participation and empowerment (67).

Community participation: an introduction

The importance of a strategic approach to community participation

If community participation is to be to be sustainable and effective, it must be developed and practised in a coherent, coordinated and strategic way. As Smithies & Webster argue (41):

[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.

This means that action to enable community participation must take place in a number of ways at a number of different levels. It should include support for grassroots community-level capacity-building and development, the establishment and strengthening of networks and infrastructures for communities and professionals and a commitment to meaningful organizational development (38,41,68). Fig. 3 illustrates these three discrete elements in graphical terms.

Community-level work. Resourcing grassroots work and local action with both geographical communities and communities of interest is usually the starting-point in enabling community participation. This process is long term, involving the establishment of trust and mutual respect between communities (especially those often excluded) and professionals, investment in capacity-

building and a concern to work with communities to address their priorities.

Networking. Developing community participation and increasing its influence requires facilitating the development of community and professional infrastructure. This can enable communities, development workers and professionals within organizations to network – sharing common experiences, learning from each another, strengthening competencies and building alliances.

Organizational development. Organizational development focuses on the recognition and realization of the potential of people in organizations, working within and between organizations to assist effectiveness, capabilities and adaptability. Within the context of community participation, organizational development is often used with community development to ensure that organizations are able and willing to respond to the views, ideas and needs expressed by local communities and service users and to develop a more broadly based understanding of citizenship. It is often concerned with organizational and professional capacity-building, managing change and developing structures and systems to ensure involvement and accountability (41).

Organizational development can be an important means of encouraging decision-makers to take community participation seriously and shift it into the mainstream. The importance of integrating it into the strategic planning process has been explored in the WHO Healthy Cities document *City planning for health and sustainable development* (27) and more recently, in *City health development*

Fig. 3. Categories and types of community action for health



Source: Tsouros (38)

planning: concept, process, structure and content (28). This discusses the importance of ensuring meaningful and long-term community participation at every stage of the planning process and of enabling wide-ranging stakeholder involvement in strategic partnerships for integrated planning. In reviewing Liverpool's experience in developing its city health plan, Strobl & Bruce (69) highlighted the challenge of

obtaining high-quality participation at the scale of city-level policy development. They argue that a structured approach with ongoing two-way communication is needed to ensure that the participation process does meaningfully enable the views of communities to be incorporated into the strategic plan.

Preparing the ground: preconditions

A strategic and coordinated approach to community participation requires a number of preconditions, including commitment, understanding and openness to change, 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 and openness to change.

Closely linked to commitment is the need for understanding. If senior managers and politicians do not fully understand what community participation is about, what it involves and how it can be facilitated, the process is likely to be limited in its effectiveness. This requires a willingness to invest the time and energy necessary to market opportunities for participation in accessible ways, to build communication and trust, to explore motivations for people getting involved and to listen to their views. In addition, there is a need for awareness and understanding of the synergy between community participation and organizational development. In particular, politicians and professionals need to understand how organizational structures, processes and cultures can respond effectively to community participation and be open to change (41). Hoggett (70) has argued the following.

Every step up the ladder towards genuine citizen empowerment requires an equivalent change in mainstream practices – from rethinking the role of the professional to redesigning council committee structures.

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 as an integral part of a strategy for organizational development.

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 and in developing the organizational preconditions outlined above. This programme may be focused within one organization or across a number of partner organizations and can usefully include the following stages:

- 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
- running training workshops on the community participation process and on the implications of this for organizational development and cultural change.

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.

Such organizational capacity-building programmes can be used to develop an understanding of both the distinctions and synergy between community development, organization development and community participation. Smithies & Webster (41) use the term organizational participation to express the process of communities being

enabled to make their voice heard within and influence organizations. The case study on Storstrøm County illustrates how one organization has sought to develop capacity-building training to enable its staff to take a more strategic and coherent approach to community participation in their work.

Chapter 3

Community participation, a toolbox: techniques, methods, case studies and contacts

Introduction

Background

The first two chapters have 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. The next task is to consider how community participation can be put into practice.

Community participation can be classified and structured in many different ways, as illustrated by Smithies & Adams (50) and Bracht & Tsouros (51). 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 enabling high degrees of community participation within work related to Local Agenda 21 and Healthy Cities.

The action planning cycle

Recognizing the importance of working within an integrated strategic planning framework such as that characterized by city health development planning (28), the techniques and methods are broadly categorized according to an action planning model 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 (Fig. 4).

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.

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

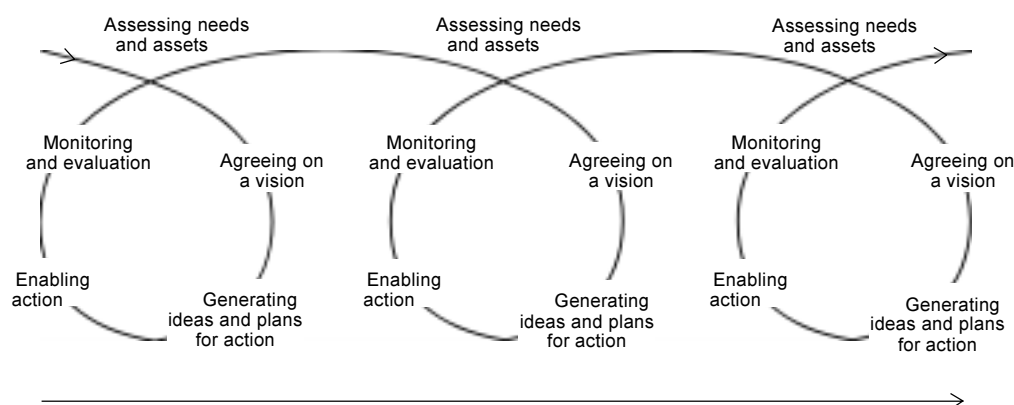
First, the toolbox is indicative and

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 readily be used in other stages than that described, this is indicated.

Third, the methods described represent just a small selection of the techniques used in the community participation process. Further, 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.

Fig. 4. The action planning cycle



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 and focus of community participation?

Why are you engaging in community participation? Are you viewing participation as a means or an end? If it is a means, what is your focus? Do you want to hear stakeholders' views on a specific planning proposal or about a particular issue? Do you want to review service delivery? Or do you want to identify community concerns and agree on an action plan for health and/or sustainable development as a whole? 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, simulations 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. As highlighted above, the toolbox focuses on methods that enable high levels of participation.

How important are quantity and quality?

Some techniques emphasize involving a relatively small number of representative community members as stakeholders in the participation process, often through community and voluntary-sector agencies. Others give priority to and, indeed, gain their legitimacy from the participation of a large proportion of a given community. Being aware of the distinction between stakeholder and more broadly based public participation (41) and deciding the relative importance of the quantity and quality of involvement 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

Introduction

The toolbox consists of 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. For each technique, a case study is presented together with further information on resources needed, useful contacts and relevant publications, documents and resource materials. The techniques described are listed below.

A. Assessing needs and assets

1. Community profiles and appraisals
2. Neighbourhood and parish maps
3. Rapid participatory appraisal

B. Agreeing on a vision

1. Future workshops
2. Guided visualization
3. European awareness scenario workshop
4. Future search

C. Generating ideas and plans for action

1. Modelling and simulation: Planning for Real
2. The work book method
3. Citizens' juries

D. Enabling action

1. Community networks
2. Community participation advisory groups and community councils
3. Theatre of the oppressed

E. Monitoring and evaluation

1. Story-dialogue method
2. Community indicators

A. 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. Hancock & Minkler (71) identify two broad motivations for such assessment – to stimulate, monitor and assess the impact of change and to contribute to a community empowerment process.

Minkler (72) highlights this dual focus on needs and assets, arguing that:

Increasingly ... the importance of shifting our gaze from a narrowly conceived needs assessment to a broader community assessment has been realized ... appreciating that communities are not simply collections of needs or problems but vital entities possessing many strengths and assets (pp. 137–138).

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 (27).

A range of techniques can be used to involve communities in assessing needs and assets – and three are profiled below.

A1. 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 tended to be 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 A1

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 (73) 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.

Contact:

Ms Joan Devlin, Coordinator, Belfast Healthy Cities Project, The Beeches, 12 Hampton Manor Drive, Hampton Park, Belfast BT7 3EN
Northern Ireland, United Kingdom
Tel.: +44 (0)2890 328811
Fax: +44 (0)2890 3283333
E-mail: info@belfasthealthycities.com
Web: www.belfasthealthycities.com

Other examples of similar techniques and methods

Parson Cross and Foxhill Health Needs Assessment, Sheffield
Healthy Sheffield
Tel.: +44 (0)114 2735868 or 5869
E-mail: healthysheffield@sheffcc.freeserve.co.uk

Thornhill Participatory Needs Assessment, Southampton
Calshot Participatory Needs Assessment, Southampton
Liz Lee
Tel: +44 (0)2380 725488
E-mail: liz.lee@sswh-ha.swest.nhs.uk

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.

Other contacts

- Action with Communities in Rural England (ACRE), Somerford Court, Somerford Road, Cirencester, GL7 1TW, United Kingdom
Tel.: +44 (0)1285 653477
Fax: +44 (0)1285 654537
E-mail: acre@acre.org.uk
Web: www.acre.org.uk
- Countryside and Community Research Unit (CCRU), Cheltenham and Gloucester College of Higher Education, Francis Close Hall, Swindon Road, Cheltenham, Gloucestershire, GL50 4AZ, United Kingdom (Malcolm Moseley)
Tel.: +44 (0)1242 544083
Fax: +44 (0)1242 543273
E-mail: jcarter@chelt.ac.uk
Web: www.chelt.ac.uk/el/ccru

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, United Kingdom, tel. and fax: +44 (0)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* (www.who.dk/healthy-cities/hcppub.htm#City_Health). Copenhagen, WHO Regional Office for Europe, 1995 (document ICP/HSIT/94/01 PB 02) (accessed 16 September 2001). Available in the following languages: English, Hebrew, Hungarian, Latvian, Portuguese, Russian and Slovakian.
- City health profiles – a review of progress* (www.who.dk/healthy-cities/hcppub.htm#Profile). Copenhagen, WHO Regional Office for Europe, 1998 (document EUR/ICP/CHDV 03 01 01/1) (accessed 16 September 2001).

A2. Neighbourhood and parish maps**Purpose**

The purpose of neighbourhood and 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 term parish is primarily used in the United Kingdom, referring to a small geographical area and the lowest unit of local government.

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 area. 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.

Recent research has evaluated the potential for computerized geographical information systems to help facilitate community involvement in better understanding and highlighting local issues at the grassroots level. Established parish mapping techniques focus on producing artwork maps but typically do not make full use of the range of information available within people's heads on local issues. Desktop geographical information system packages are now sufficiently easy to use that, with some training, community groups can use them to explore local geographical issues. Information gathered during the parish-mapping process may be stored within personal computer spreadsheet, database, geographical information system and word-processing packages and then presented for a wide variety of needs related to local discussion, spatial analysis, information storage and visualization. For example:

- readily available maps displayed as a computer screen backdrop;
- important local features digitized by hand for screen display as different seamless

- overlaid map layers; and
- information derived from community feedback electronically stored as attribute data and linked to map features.

There is great potential for such locally collected data to be converted into useful information and used to benefit greater understanding and knowledge about a wealth of local issues. Once stored electronically, this community-led information source may be presented via the World Wide Web, in the form of Web pages and interactive clickable Web parish maps or used for discussion with a range of planning agencies in the form of thematic geographical information system maps of the parish or neighbourhood.

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.

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.

Other contacts

- Common Ground, P.O. Box 25309, London NW5 1ZA, United Kingdom
Tel.: +44 (0)207 267 2144
Fax: +44 (0)207 267 2144
E-mail: info@commonground.org.uk
Web: 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.

A3. 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 (74), derives largely from the concept of rapid appraisal planning developed by Chambers and others (75,76) 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.

Case study A2

Lithuania and Romania: using parish mapping to empower communities (Powerful Information)

Background

Powerful Information is a nongovernmental organization supporting local initiatives concerned with civil society and sustainable development in middle- and low-income countries, especially in central and eastern Europe and Africa. Over the past few years, Powerful Information has been exploring the use of parish maps to support their work in Lithuania and Romania.

Aims

The aim of the work has been to explore the use of parish maps with local groups to empower individuals and rebuild community spirit. In particular, it is recognized that the technique can be used as a way of getting people to “see” their local environment with new eyes – to focus not on what they lack but rather on what they have, be it rich cultural tradition, colourful local festivals, interesting historic buildings or picturesque locations.

Process

Over the last couple of years, Powerful Information has carried out parish mapping exercises in local group workshops, and the response has been overwhelmingly positive: groups have adapted the idea to their local situation and new initiatives have been born. Although the exercises have not yet produced actual parish maps, they have

started people thinking in a different way and highlighted the importance and value of local knowledge. Workers are confident that it will only be a matter of time before groups are ready to make their own maps.

The process has involved exercises on local distinctiveness – getting people to think about the things that make their village or town special and then defining the key elements and looking at how these can be preserved in the face of heartless developers, local neglect or undesirable “cultural” influences from outside. Exercises have been successfully run in which people identify distinctive features of each others’ villages – with surprising and often humorous results. At one recent event in the Kelme district of Lithuania, villagers identified a bus stop as one of the distinguishing features; another a Most Beautiful Cow of the Year Award.

Sometimes it takes an outsider to point out the value of seemingly everyday things! Similar approaches have been used to empower local people to tackle their own problems by analysing the issues and identifying those that they can tackle themselves. Unemployment in rural areas, for example, is not just about lack of money, it is about the loss of personal status in the community and the family, leading to depression, alcoholism and even suicide. These issues are ones on which a caring community can actually act if they can organize themselves locally. People are often surprised at just how many solutions exist within their community when they put their minds together.

Evaluation and reflections

Although the work is still at an early stage, the process has been extremely valuable in encouraging a recognition of local distinctiveness and also of shared problems. It has also enabled people to gain an appreciation of the importance and value of the knowledge and experience that exists within local communities. In many of the newly independent states of the former USSR, local people too often turn to experts for solutions to their problems rather than trying first to understand the underlying problems themselves.

One of the most interesting aspects of the work has been finding out more about the rich cultures that exist in countries like

Romania and Lithuania and how much people in the rest of the world can learn from them. The work is now beginning to explore how cultural exchange between local communities might be used to help people in all countries value more what they have and protect it from the more insidious aspects of globalization.

Contact:

Powerful Information, 21 Church Lane, Loughton, Milton Keynes MK5 8AS, United Kingdom

Tel.: +44 (0)1908 666275

Fax: +44 (0)1908 666275

E-mail: powerinfo@gn.apc.org

Web: www.gn.apc.org/powerful-information

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.

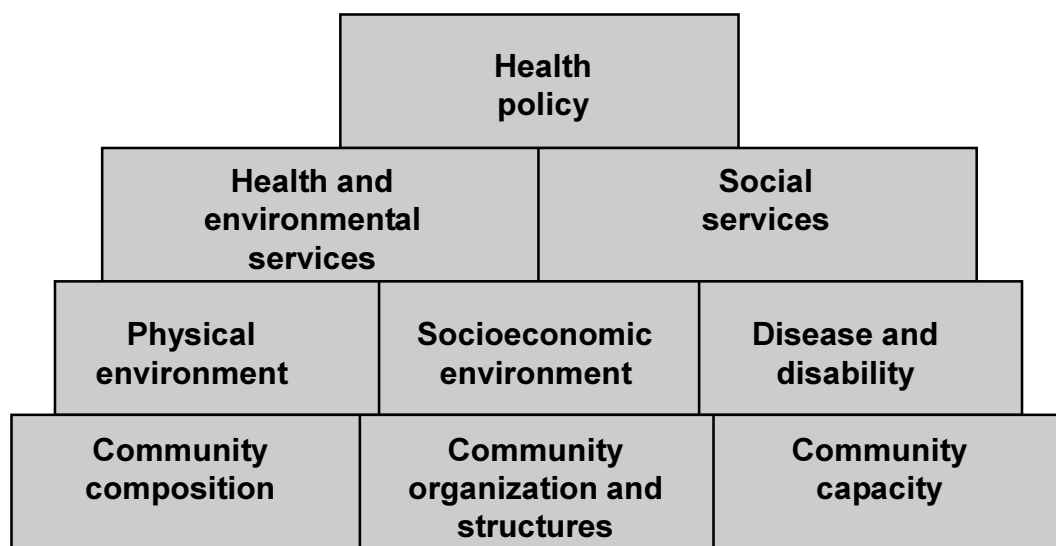
The key stages in rapid participatory appraisal are preparation, collecting information, analysing and interpreting information, review and feedback and producing the report and recommendations.

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

Fig. 5. Information pyramid for rapid participatory appraisal



Source: adapted from Annett & Rifkin (74)

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.

Case study A3

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 reflections

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).

Contact:

Selma Sogoric, National Network Coordinator, Croatian Healthy Cities Network, Andrija Stampar School of Public Health, Medical School, University of Zagreb, Rockefellerova 4, HR-10000 Zagreb, Croatia

Tel.: +385 1 4684440

Fax: +385 1 4684213

E-mail: ssogoric@snz.hr

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.

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.

Other contacts

- Institute of Development Studies, University of Sussex, Brighton BN1 9RE, United Kingdom
Tel.: +44 (0)1273 606261
E-mail: jasv@ids.ac.uk or ids@ids.ac.uk
Web: www.ids.ac.uk
- International Institute for Environment and Development Resource Centre (collection on participatory learning and action), 3 Endsleigh Street, London WC1H 0DD, United Kingdom
Tel.: +44 (0)207 388 2117
E-mail: resource.centre@iied.org
Web: www.iied.org
- Scottish Participatory Initiatives (SPI), 38 Queen Charlotte St, Edinburgh EH6 6AT, United Kingdom
Tel.: +44 (0)131 553 2138
E-mail: 101234.2170@compuserve.com or hugh@napiers.demon.co.uk

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* (www.who.dk/healthy-cities/pdf/croatia.pdf, pp. 1–5). Copenhagen, WHO Regional Office for Europe, 1998 (accessed 16 September 2001).

Sogoric, S. *One year later – evaluation of the rapid assessment programme* (www.who.dk/healthy-cities/pdf/croatia.pdf, pp. 6–9). Copenhagen, WHO Regional Office for Europe, 1998 (accessed 16 September 2001).

B. Developing and agreeing on a vision

Introduction

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, four are described here: future workshops, guided visualization, future search and the European awareness scenario workshop. Many countries have organizations specializing in visioning, futures and social innovation. The known ones are listed at the end of the book under useful resources and contacts.

B1. Future workshops

Purpose

The purpose of a future workshop (*Zukunftswerkstatt*) 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 & Müllert argue (77):

... 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 and Austria, 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

Case study B1

The newly independent states: using future workshops to involve the community in developing a shared vision and practical immediate action for improving urban health in medium-sized cities

Background

The WHO Collaborating Centre for Healthy Cities Training and Capacity Building has undertaken the special task of promoting, facilitating, and supporting the Healthy Cities movement in the newly independent states of the former USSR under the guidance of the WHO Centre for Urban Health of the WHO Regional Office for Europe. One of the methods used is city-to-city cooperation on exchange of experience to set up city models of good practice to be disseminated within the Healthy Cities national networks in the newly independent states.

Aim

The aim of the work is to start a democratic process for improving urban health focused on establishing political commitment, a local support structure and a transparent organization with interdisciplinary staffing – the focal point for the process. The process includes long-term training, trainers' courses and setting up a parallel strategy of long-term action planning combined with practical tangible actions. Genuine community participation is a prerequisite for reaching the aim.

Process

A practical example is a future workshop on improving the health of children and young people in a city in Ukraine. The participants in the 2-day workshop were representatives from the local authorities, health professionals representing the health care system, representatives from regional public health institutes, day care institutions, nongovernmental organizations and the business sector.

The financial limitations of a city in the newly independent states always occupy the minds of the participants at the start of the workshop, but the interactive method very soon makes nearly everybody surrender and participate in a fruitful dialogue. The health and wellbeing of the younger generation is a big concern of everybody, because the dissolution of the USSR has placed the populations of the newly independent states in a vacuum between rejection of the former morals and adoption of new morals. It is therefore vital to lead development and not to be led by development.

The participants in the workshop decided to focus on family conditions, lifestyle, leisure facilities, environmental education and conditions – all topics related to the health of children and young people. The workshop ended up with an implementation plan for practical action on these four topics and by delegating responsibilities, including a system for reporting back to the focal point of the organization.

Evaluation

Some obvious barriers must be overcome in supporting a democratic process in the newly independent states. The most distinctive barriers are an inactive population, a credibility gap between the local authorities and the citizens, no widespread tradition of interregional cooperation, an invisible and closed decision-making process and the uncoordinated efforts of numerous caretaking nongovernmental organizations, which are more or less recognized by the local authorities. Future workshops have proved a valuable instrument in diminishing these barriers.

The organizer must be aware that the nearly nonexistent tradition of interregional cooperation does not always allow for an optimal mixture of professions in the group work of the workshop. It is a question of security for the participants, which has no significant impact on the result of the

workshop.

Using this method requires limiting the scope of the workshop so that the participants can transfer the vision (the ultimate dream) into practical tangible action that can be started as soon as the workshop ends. Otherwise the workshop can end up with a number of declarations and no practical action, which only reinforces the credibility gap between the local authorities and the citizens.

Contact:

WHO Collaborating Centre for Healthy Cities Training and Capacity Building
Nørretorv 2
P.O. Box 189
DK-8700 Horsens
Denmark
Tel: +45 7560 2182
Fax: +45 7562 8060
E-mail: horsens.who.collab@get2net.dk
Web: www.healthinternational.dk

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.

Resources needed

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

Other contacts

- Many countries have organizations specializing in visioning, futures and social innovation. The known organizations are listed at the end of the book under useful resources and contacts.

Publication

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

B2. 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.

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.

Other contacts

- Many countries have organizations specializing in visioning, futures and social innovation. The known organizations are listed at the end of the book under useful resources and contacts.

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.

B3. European awareness scenario workshop

Purpose

The purpose of the European awareness scenario workshop is to identify future scenarios for sustainable urban living through facilitated dialogue between stakeholders.

Description

Developed in Denmark, the European awareness scenario workshop method stems from an experience of the Danish Board of Technology. The Directorate for Dissemination and Exploitation of R&TD Results, Technology Transfer and Innovation of the European Commission's Information Society Directorate-General has adopted this

Case study B2

Topped Mountain (Northern Ireland): using guided visualization to develop a shared community vision

Background

Topped Mountain is situated in a rural area northeast of Enniskillen in Northern Ireland. There was and, to a lesser extent, still is a strong sense of local identity among people who were born in the locality. The Topped Mountain Historical Society was facing new challenges and wanted to involve local decision-makers in helping decide the future of their area.

A common problem in community organizations is a lack of shared vision. The Topped Mountain Historical Society decided to take up the challenge of developing a shared community vision with help from facilitators at the Sustainable Northern Ireland Programme.

Aims

The aims of the community vision process were not only to develop a shared vision and to turn ideas into practical tangible actions but also to strengthen each member individually and develop the cohesion of the group and its capacity to work effectively as a team. In addition, it was anticipated that the process would contribute to the development of a Local Agenda 21.

Process

The community vision process began with introductory meetings and a visioning day and concluded with action planning days. Key contacts in the group participated in the

design of the sessions and the process.

The visioning day used a technique called guided visualization to take the group on a time travel exercise to the year 2025. A facilitator read a script that helped group members focus on a day in their life many years in the future and encouraged them to visualize, feel and sense what it might be like. The time travel worked for the majority of people in the group as a means of generating ideas. The ideas were then copied onto posting notes and stuck onto the wall. This provided an opportunity for everyone to read all the ideas and made an impressive visual start to the whole process. As a result of this exercise, a number of key themes started to emerge. The themes were common to everyone, and this was the beginning of sharing a vision.

These common themes provided the basis for action planning work – the next stage in the process, which the group saw as crucial to the realization of the ideas generated through the visioning exercise. The group devised a three-tier action plan approach by working in a way that felt most comfortable to them, and at the end of the action planning session they were impressed by the amount of work they had done in a short space of time. Already, the benefits of working together in small teams with a purpose and sense of direction were becoming clear, as was a recognition that the group itself had the necessary skills and talents to do this work.

At a third session, the Sustainable Northern Ireland Programme and the group took the opportunity to put the achievements to date in focus. It was also

an opportunity to make sure that the group's actions were going to be sustainable. Using a closed script, the group looked at a scenario from the perspective of different stakeholders in the community – a young person, a businessperson, a local resident and an employer. The challenge was how to reach a consensus. The exercise illustrated that the group, even after two sessions, was aware that a process that provides people with empowerment in which all views are equal is vital in creating a successful outcome agreeable to all stakeholders. It also provided an opportunity for the group to explore how social, economic and environmental concerns can be given equal weighting in the decisions being made about the future.

Evaluation and reflections

The Topped Mountain community vision process, using the guided visualization technique, has proved valuable both to the group itself and to the Sustainable Northern Ireland Programme. For the group, it provided an inclusive and participatory way of identifying issues of common concern for

the future, building cohesion and harnessing its strengths. For the Sustainable Northern Ireland Programme, it offered an opportunity to pilot the process, learning what worked and what did not and further developing a tool that is flexible and transferable to other community groups in both rural and urban contexts.

The main outcomes of the process have been a vision statement, funding applications for projects relating to the vision and action plan and a sense of ownership of the process by the group. Using the prompts of vision, action and celebration, the group have action-planned a number of projects that are now completed and plan to develop the Topped Mountain area as a resource to inform and educate the entire community.

Contact:

Sustainable Northern Ireland Programme,
75A Cregagh Road, Belfast, BT6 8PY,
Northern Ireland, United Kingdom
Tel.: +44 (0)28 90507850
Fax: +44 (0)28 90507851
E-mail: tara@sniponline.org
Web: www.sniponline.org

as a tool to promote a social environment that favours innovation in Europe and to provide cities with common instruments. It was decided to focus on the urban environment as a test case for developing the method, and following diagnostic and dissemination phases, the European awareness scenario workshop package was tested and optimized

in collaboration with the Directorate-General for Environment, Nuclear Safety and Civil Protection and the Sustainable Cities Campaign in which it is a partner (www.sustainable-cities.org). This confirmed its usefulness and flexibility and led to a second generation of projects applying the European awareness scenario workshop to

subjects such as health, transport and information technologies.

A European awareness scenario workshop consists of a meeting of 1–2 days and usually involves 24 or 32 participants representing four groups of stakeholders – local residents, policy-makers, technical experts and the private sector – and includes a number of different stages over 2 days.

Introduction

The workshop begins with a short introductory presentation by the local authority on the current state of affairs and plans for the future development of the city.

Generating scenarios

Participants are then divided into four separate stakeholder groups, according to their roles (residents, policy-makers, technical experts and the private sector). Using double interviewing, they generate best-case and worst-case scenarios for the sustainable city of the future, reflecting on both the introductory presentation and their own experience. These scenarios are then discussed in a round-table format, and the main objectives for a sustainable future are recorded on a poster.

Presentating and discussing ideas

The first day usually ends with the presentation of the four groups' posters and discussion of the ideas.

Thematic discussion of results: what should be done?

The second day is concerned with how the ideas generated can be realized. Participants are divided into four groups, each focusing on a different theme (such as living conditions or

energy). Participants generate proposals for action on individual cards, discuss the feasibility of each proposal and record the results on a poster.

Selecting and assessing ideas

The posters are presented to the whole group, which then votes to agree on priorities for action.

Final steps

The workshop ends with participants considering how the actions to be given priority will be taken forward and by whom.

Dissemination

The ideas and proposals from the workshop are presented to the local authority and other agencies and to the general public and the mass media.

Relationship to other stages of the action planning cycle

Although it is a tool for developing and exploring scenarios and visions for the future, the European awareness scenario workshop also moves into the next stage of planning – generating ideas and plans for action and considering how these can be implemented.

Resources needed

- Skilled coordinators or facilitators trained in the European awareness scenario workshop method.
- A planning group representing the range of stakeholders to be invited.
- A comfortable and spacious room with workshop materials.
- Two days.
- An adequate budget for preparation, organization and dissemination.

Case study B3

Göteborg, Sweden: the Future Days

Background

The City of Göteborg is actively participating in environmental cooperation at the European level. One part of this cooperation is a Sustainable City Scenarios project financed by the European Union involving 13 cities. The Future Days is the Göteborg component of the project, developed as part of the City's work on Agenda 21 and organized as a cooperative initiative between Göteborg's Environmental Strategic Office and the local district Bergsjön.

Aims

The initiative aims to develop ecologically based future scenarios for sustainable living through dialogue between a range of stakeholders.

Process

The Future Days initiative uses the European awareness scenario workshop method. Before commencing the workshops, the method and the process were discussed and adjusted to the local circumstances and needs by a working group that met about 20 times.

Participants were then invited to three introductory meetings. There were 24 participants, drawn from four stakeholder groups:

- decision-makers and politicians
- experts

- people living in the area
- private companies.

As the Future Days initiative formed part of the ongoing work in the local district focusing on positive change, it was agreed that a number of scenarios from the programme for better living-conditions in the local district would be highlighted during the workshop:

- urban planning and ecologically sound buildings
- industry and employment
- environmental information and education
- intersectoral cooperation and local democracy.

During the first day of the workshop, the participants in each of the four stakeholder groups went through a brainstorming process to generate and explore ideas, desires, fantasies and visions for the future. During the second day, each group selected five ideas to be presented to participants from the other groups. After reflecting on all ideas, participants voted to set priorities among the ideas.

Following the workshop, the Agenda 21 office of the local district is responsible for overseeing the implementation work – ensuring that there is continuing dialogue with participants and that ideas generated during the workshop and new ideas are followed up. A newsletter will be produced and follow-up meetings will be held.

Evaluation and reflections

In addition to formulating future scenarios for the local district and generating and

setting priorities among ideas for implementation, people from different stakeholder sectors have met and new networks have been established. All of this can be of great value for future work in the district.

Contact:

Ms Marianne Hallbert, Healthy Cities
Project Coordinator, Healthy Cities Project,
City Office, S-404 82 Göteborg, Sweden
Tel.: +46 31 611078
Fax: +46 31 7740263
E-mail:
marianne.hallbert@stadshuset.goteborg.se
Web: www.folkhalsa.goteborg.se

Other contacts

- See the European awareness scenario workshop Web site (www.cordis.lu/easw/src/monitors.htm) for details of national monitors for the following countries: Austria, Denmark, Finland, France, Germany, Greece, Ireland, Italy, the Netherlands, Portugal, Spain, Sweden, the United Kingdom and the United States.
- See the Fleximodo Web site (www.cittadellascienza.it/fleximodo/partners.htm) for details of Fleximodo Project partner organizations from Denmark, Italy, the Netherlands and Portugal.

Publications and other resource materials

A wide range of information, guidance and training resources are available via the European awareness scenario workshop Web site (www.cordis.lu/easw). Those available to download are listed under the following address: www.cordis.lu/easw/src/download.htm.

Information about the Fleximodo Project funded by the European Union, which has extended use of the European awareness scenario workshop to the themes of urban

mobility, urban information and communication and urban regeneration, can be found at www.cittadellascienza.it/fleximodo/fleximodo.html.

B4. 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.

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.

Other contacts

- SearchNet, Resources for Human Development Inc., 4333 Kelly Drive, Philadelphia, PA 19129, USA
Tel.: +1 800 9516333
Fax: +1 215 8497360
E-mail: fsn@futuresearch.net
Web: www.futuresearch.net
- Many countries have organizations specializing in visioning, futures and social innovation. The known organizations are listed at the end of the book under useful resources and contacts.

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.

Case study B4

Milwaukee, Wisconsin: future search in the context of public health

Background

Milwaukee, Wisconsin, like many other cities in the United States, has experienced multifaceted changes during the past 4 decades that have profoundly affected the health and safety of its citizens. Alongside the welfare reform of the 1990s, racial and ethnic disparities in health indicators such as infant mortality worsened and the sense of exclusion felt by the city's long-disenfranchised population has intensified.

In 1993, a small group representing central city hospitals, public health and community advocates, family members and foundations started to consider the feasibility of applying future search to reducing infant mortality. These initial deliberations resulted in the formation of Milwaukee Common Ground. Also in 1993, the Wisconsin Maternal and Child Health (Title V) Program, housed within the state's Department of Health and Family Services in Madison, established five guiding principles as the driving force for its endeavours to enhance the health and safety of all children and families.

The future search principles being applied through Milwaukee Common Ground and the five guiding principles being implemented throughout the state turned out to be remarkably congruent.

Aims

The aims of the future search process were:

- to reduce infant mortality

- to reduce inequality between groups of the city's population
- to address the challenges presented by systemic racial discrimination.

Process

Milwaukee Common Ground includes stakeholders from medicine, managed care, public health, foundations, education, clergy, community leaders, government officials, welfare reform and families. With the goal of reducing the city's high infant mortality, which disproportionately affects families of color, Common Ground sponsored future search conferences in 1994, 1995 and 2000.

One issue that emerged at the initial future search in 1994 was a sense of deep division and alienation based on race. The process proved to be successful in fostering a safe environment for open and frank discussion of a highly sensitive issue. Following the conference, Common Ground facilitated further discussions that highlighted the enormous challenges presented by systemic factors of racial discrimination.

At the second future search in 1995, the process was expanded to include youth, the public school system and religious leaders as stakeholders; Spanish and Hmong interpreters; and enhanced efforts for on-site child care and transport to support the involvement of families in the process. In addition, the trained future search facilitators included a community leader and a single father. These features demonstrated an increased commitment to involving community members. The conference also highlighted the importance

of thinking long-term and of individuals and organizations learning how to incorporate future search principles into their work and service. Common Ground thus shifted its focus to discovering, sustaining, supporting and celebrating a diversity of approaches aimed at keeping the future search spirit alive.

In 1998, the Milwaukee Healthy Beginnings Project, funded under the federal Healthy Start Program, decided to staff and coordinate Common Ground and sponsor the third future search conference in 2000. The grantee for the Milwaukee Healthy Beginnings Project is the Black Health Coalition of Wisconsin, a community-based agency that prides itself in family involvement and inclusion as the foundation for all that it does. This investment in Common Ground by the Milwaukee Healthy Beginnings Project provided evidence of the potential for future search to have long-term systemic ripples.

The third future search conference in June 2000 was facilitated by two of the 1995 facilitators as well as a staff member from the Milwaukee Healthy Beginnings Project and a 21-year-old mother from the community, both of whom had attended the future search learning workshop just 2 months earlier. The third future search was characterized by the infusion of many people new to Common Ground, a translation service that enabled the Latino stakeholders to play a larger role and a level of harmony that represented a significant evolution from the first future search of 1994.

In 1993, the same year that Milwaukee Common Ground started, the Wisconsin

Maternal and Child Health Program established five guiding principles: family-centered care, community-wide leadership, resiliency, outreach and cultural competence. The principles reflect an underlying belief in the central role of communities and systems in supporting children and families and in affirming the core human values of dignity and respect as cornerstones for their health. These principles are remarkably congruent with the values applied through and emerging from the future search process.

Evaluation and reflections

The outcomes of Common Ground have been multifaceted. They include the following:

- the creation of an environment supportive of family-centered and culturally competent strategies for public health that give priority to community and family involvement and empowerment;
- the development of progressive service delivery that is responsive to the unique needs of women, children and families in Milwaukee and committed to high levels of citizen participation;
- the opening up of significant new channels of communication between people and organizations and a consequent increase in shared understanding; and
- a consensus within the Wisconsin Division of Public Health on the need for a new research paradigm to address African-American infant mortality that is community-driven, engages families and community leaders and advocates as

stakeholders in the design and implementation of the study and focuses on the positive rather than on the negative.

In summary, future search has started a process that has the courage to tackle the thorny systemic issues that are root factors contributing to many of the major health disparities and shortcomings in health access in the United States. It has equipped about 200 people in Milwaukee with the tools necessary for profound systemic

change aimed at achieving social justice and peace.

Contact:

Richard A. Aronson, Chief Medical Officer for Family and Community Health, Wisconsin Division of Public Health, 1 West Wilson Street, P.O. Box 2659, Madison, WI 53701-2659, USA
Tel.: +1 608 2665818
Fax: +1 608 2663125
E-mail: aronsra@dhfs.state.wi.us

C. Generating ideas and plans for action

Introduction

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 development 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. Three are described below.

C1. Modelling and simulation: 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

Simulation and modelling techniques have long been used to aid communication between professional planners and designers and future users and, more broadly, to engage people in the design of the built environment (46,47,78). The range of techniques includes small-scale and full-scale modelling in formal laboratory and informal settings. It has been argued that such models are (79):

non-threatening, and have an element of fun or game-playing. As a result a quality and flow of discussion is generated that would be difficult to match using more abstract stimuli...

A specific method is Planning for Real[®], which begins by catching people's attention and leads on to a sequence of decision-making for practical action. The approach includes a cluster of techniques and materials to 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[®] has won national and international best practice awards and 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.

Developed as a way of overcoming the problems inherent in traditional consultation techniques (such as public meetings), Planning for Real[®] and a number of other modelling and simulation methods provide visual, active and dynamic tools that are non-threatening and informal. Detailed guidance on Planning for Real[®] is provided in information packs produced by the Neighbourhood Initiatives Foundation in the United Kingdom. Planning for Real[®] packs tailored specifically to different countries are also being developed by Tony Gibson in association with appropriate national bodies and the United Kingdom Centre for Research and Innovation in Social Policy and Practice

(see below for contact details).

The Planning for Real[®] 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 – often a mix of residents, school students and others – for a period of 7–10 days. They first research the area, exploring the use of buildings and land, drawing on their own knowledge and identifying particular problems. Then, usually using a pack of ready-made materials, they build a large-scale (about 1 : 200) three-dimensional model of the neighbourhood. This size makes it easy for people to identify their own homes and meeting places. Streets are marked, and the ground can be coloured to mark areas where there is grass or areas that are no more than rubble. Any significant local features can be highlighted – for example, by adding matchsticks and scraps of tinfoil to represent unwanted garbage. The model is made in separate sections, usually about 1 m², so that it is easy to take around and reassemble. The model is constructed in such a way as to allow people to move components around, trying out different ideas

and seeing the effect of making specific changes.

Displaying the model

In order to raise awareness of the process, the model is then reassembled and displayed in a variety of prominent community locations (such as a library, school, launderette, religious meeting places or community centre or sometimes outside supermarkets and shops) or at specific community events. It can be helpful to publicize where and when the model is being displayed through local mass media or by distributing leaflets to households.

Using community events and holding open meetings

Using community events or open meetings, some for the whole geographical community and some for specific groups (such as young people, women or older people), the model is then used as a focus for discussion and interaction. Professionals and outside experts are invited as guests, to allow for an exchange of ideas and information. A selection of hands-on materials including suggestion or option cards (some blank and 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.

Resources needed

- A facilitator trained in Planning for Real®.
- Space for building and displaying the model and holding open meetings.
- A budget for publicity and producing the report.
- A Planning for Real® kit.

Other contacts

- Neighbourhood Initiatives Foundation, The Poplars, Lightmoor, Telford TF4 3QN, United Kingdom
Tel.: +44 (0)1952 590777
Fax: +44 (0)1952 591771
E-mail: nif@cableinet.co.uk
- CENTRIS (Centre for Research and Innovation in Social Policy and Practice), Suite 1.01 St. Mary's Centre, Oystershell Lane, Newcastle upon Tyne, NE4 5QS, United Kingdom

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.

Case study C1

Using Planning for Real® in the activating planning process in Potsdam-Babelsberg

Background

In 1993 it was decided that an urban regeneration programme needed to be developed in Babelsberg, a town in eastern Germany. Babelsberg had an abundance of historical buildings, but some of these were run down, and parts of the town needed renewal urgently. The residents could not pay for this, since they had been strongly affected by the structural changes after the reunification in 1990. Many inhabitants were long-term unemployed or elderly. A broader focus on socioeconomic development was therefore intended.

Aims

A broad urban regeneration programme called NOWA especially focusing on self-help and other personal recourses of the inhabitants was launched to try to address housing, quality of life and employment problems of local areas. As part of this programme, the technique of Planning for Real® was used by the Förderverein Böhmisches Dorf Nowawes und Neuendorf e.V. and supervised by the Technologie-Netzwerk Berlin e.V. Local authorities were invited to the meetings but were not formal partners in the process.

Process

As a first step, the method was introduced during two public events. Various groups (public and private bodies) and local

inhabitants were invited. One meeting was in the morning and one in the evening to increase opportunities for people to attend. In addition to the Planning for Real® process, a working group for interested people to discuss concerns was established.

About 50 interested people built a model of the area. The model itself was 4 by 4 metres and constructed from paper, cardboard and plastic foam. The pupils of the regional grammar school finished the model by painting and decorating it. The model was built over a period of 4 weeks, always at the same place (the cultural centre) but at different times of the day. All the dates were publicized in the local newspaper and by using posters, fliers and personal invitations. The pupils of a school for physically disabled children were involved, and this process made it obvious that the school was isolated from everyday life.

During the period of building, the inhabitants already began to exchange their perceptions and opinions about the area and started to discuss further development and solutions. Everyday problems such as the poor quality of cycle lanes and the lack of lifts at the local railway station were identified as structural problems.

Next, the model was displayed at different locations in the town. Over a period of 3 weeks, nine different locations were used, including the market square, the railway station, the central bus station, the grammar school and a home for old people. Overall, about 450 people were involved in discussions about their concerns and needs. This included people from 100

organizations, clubs and groups in the town and 100 schoolchildren.

Aspects of everyday life (such as lack of opportunities to buy fresh fruit and vegetables) and environmental issues (conditions of playgrounds and the brief crossing time at pedestrian crossings) were among the issues discussed. All the feedback was put in writing.

In addition to the standard process of Planning for Real®, as a next step a neighbourhood-support survey was conducted to build a neighbourhood skills exchange. Inhabitants were asked what kind of support would make their life easier and what skills they could offer as a service for others (manufacturing work, school support, sawing, shopping, painting, decorating and looking after children). Residents were also asked whether they felt that professional support was needed for such a skills exchange service.

Following this, an open meeting was held, and about 70 people attended. All the results of the initiative were introduced to the public. Additional experts and representatives from the local authority had been invited. The main object of the meeting was to place suggestion cards for improving the town on the model. The categories were related to the themes: buildings and housing, traffic, business and shops, skills exchange, meeting points and locations, greens spaces and parks, housing improvement, children and adolescents, sport groups and facilities, and streets. The suggestion cards helped to encourage everyone to join in and inspired the discussions.

As a next step, the suggestions for change were given priority according to what was felt to be necessary in the short, medium and long term. Issues for immediate action were: traffic planning for disabled and able-bodied people, urban regeneration of Weber Square, improving housing conditions, and promoting a disabled people- and family-friendly Babelsberg. The model was then displayed again and fliers with the results were distributed. Several information events were also held.

Working groups of interested inhabitants were then established for these themes. This process showed that new themes came up in the groups and new working groups were formed.

Outcomes

This project period was accompanied by public technical meetings on various themes. Although Planning for Real® was used, the improvements to the areas were not only physical but focused more on an intersectoral approach to improving the quality of life. A special priority was given to new employment opportunities. In the end 16 projects were implemented, including setting up various support mechanisms for elderly people, enabling people to buy fresh food directly from farmers, counselling offices related to social and legal issues and second-hand shops for clothes and furniture. Suggestions for environmental changes were made to the local authorities, and the quality of green spaces was improved immediately.

Contact:

Technologie-Netzwerk Berlin e.V.,
 Wiesenstr. 29, D-13357 Berlin, Germany
 Tel.: +49 (0)30 4612409
 E-mail: technet@t-online.de

C2. 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.

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.

Case study C2

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.

Contact:

Bosvedjan district
Ylva Jakobsson, Sundsvall Environment and Health Office
Tel.: +46 60 191194

Indal district
Carina Sandgren, Sundsvall Environment and Health Office
Tel.: +46 60 191180

Publications and other resource materials

Case study: City of Sundsvall, Sweden

(www.who.dk/healthy-cities/sundsvall.htm#Full). Copenhagen, WHO Regional Office for Europe, updated 4 December 1998 (accessed 16 September 2001).

C3. 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.

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.

Case study C3

Rennes, France: a citizens' jury for preventing suicide

Background

Citizens' juries in France have been seen as a credible means of community participation since a national consultation project in 1998, the Etat Généraux de la santé. Each region set up a citizens' jury to produce recommendations – and in Brittany the jury focused on the health of older people.

Aims

In Rennes, a collective of ten nongovernmental organizations and five statutory organizations wanted to provide an opportunity for the general public to put forward recommendations and produce simple practical ideas for preventing suicide. They chose to use a simplified citizens' jury.

Process

The jury would consist of people who were not already active in pressure groups. The members would have an opportunity to learn more about preventing suicide during two preparation sessions and then to present their views at a public meeting, to be held on 5 February, National Suicide Prevention Day.

The jury was recruited through articles in all the local newspapers 4 months before the event and by word of mouth. All interested people were sent a one-page questionnaire. It asked for contact details,

age, employment status, membership of any club or charity and why the person wished to participate.

Ten people were selected to reflect a range of backgrounds and ages. Most had an interest in preventing suicide as they had known someone who had attempted to take their life.

During the two preparatory meetings, the jurors were briefed on the aims of the initiative. They were given access to experts and documents, asked questions and shared experiences.

Over 250 people attended the public meeting. Each of the jurors presented their viewpoint and their recommendations. Then local public health specialists addressed the meeting and, finally, there was a debate with the public.

Evaluation and reflections

This process allowed members of the community to put forward their viewpoints, and the statutory organizations heard these. Three reports are being produced:

- the methods used
- recommendations for the government and other statutory organizations
- a summary for the general public (being written with help from a journalist).

Contact:

Sophie le Bris, Ville de Rennes, Service communal d'hygiène et de santé, 14 rue saint yves, F-35000 Rennes, France
Tel: +33 299678562
Fax: +33 299678597

Other contacts

- Local Government Association (LGA),
Local Government House, Smith Square,
London SW1P 3HZ, United Kingdom
Tel: +44 (0)20 76643000 or 76643131
Fax: +44 (0)20 76643030
E-mail: info@lga.gov.uk
Web: www.lga.gov.uk
- Institute for Public Policy Research, 30–32
Southampton Street, London WC2E 7RA,
United Kingdom
Tel.: +44 (0)207 4706100
Fax: +44 (0)207 4706111
E-mail: ippr@easynet.co.uk
Web: www.ippr.org.uk
- Les Etats Généraux de la santé en France:
an example of a citizens' jury, Mme
Schaetzel, ENSP, avenue du Professeur
Léon Bernard CS 74312, F-35043 Rennes
Cédex, France
Tel: +33 02 99022842
Fax: +33 02 99 022623
E-mail: fschaetz@ensp.fr

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.

D. Enabling action**Introduction**

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 (41);
- 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.

D1. Community networks

Purpose

Networking as a general approach is clearly fundamental to enabling community participation in local health and sustainable development. More specifically, 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, a strategic approach to community participation requires support for networks among communities and professionals. Networking is concerned with the interactions between people that 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.

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.

D2. 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. They can usefully act as umbrella groups for coordinating and overseeing community participation work through all stages of the planning cycle.

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 by providing a formal mechanism for strategic input from communities into city planning and decision-making processes.

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

Case study D1

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:

- 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.

- 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 LGECC.
- 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.

Contact:

Lancashire Global Education Centre,
37 St. Peter's Square, Preston PR1 7BX,
United Kingdom
Tel.: +44 (0)1772 252299
E-mail: lgecc@gn.apc.org

Other examples of similar techniques or methods

Incluir Network, Seixal, Portugal
Mário Durval or Anabela Soares, Healthy
Seixal Project
Tel.: +351 21 2212923 or 2271754 or
2271595
Fax: +351 21 2271503 or 2271907 or
2271907
E-mail: mariodurval@mail.telepac.pt or
Seixal.saudavel@mail.telepac.pt
Web: www.seixalsaudavel.com

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.

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* (www.who.dk/healthy-cities/pdf/israel.pdf, pp. 5–8). Copenhagen, WHO Regional Office for Europe, 1998 (accessed 16 September 2001).

D3. 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 (*80,81*) is an arts-based method that applies many of Freire's ideas on conscientization and empowerment (*57*). 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

Case study D2

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.

Contact:

Coordinator, Healthy Cities Project, 111 Agrippas St., P.O.B. 61442, Jerusalem, Israel

Tel.: +972 26 251778

Fax: +972 26 235129

E-mail: healthyc@mail.internet-zahav.net

Other examples of similar techniques or methods

Regional Partnerships, Turku, Finland
 Heini Parkkunen, Turku Healthy City Project
 Tel.: + 358 2 2627 249
 Fax: + 358 2 2627 566
 E-mail: heini.parkkunen@turku.fi

Healthy Seixal Forum, Seixal, Portugal
 Celeste Gonçalves, Mirieme Coelho and
 Margarida Braga, Healthy Seixal Project
 Tel.: +351 21 2271595 or 2271596
 Fax: +351 21 2271907
 E-mail: seixal.saudaval@mail.telepac.pt
 Web: www.seixalsaudavel.com

“see what they are looking at”, “feel what they touch” and “listen to 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.

Resources needed

- A skilled community drama worker trained

Case study D3

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 (82).

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.

Contact:

Adrian Jackson or Katrina Duncan,
Cardboard Citizens, Mary Ward House, 5
Tavistock Place, London WC1H 9SN,
United Kingdom
Tel.: +44 (0)20 73876688
Fax: +44 (0)20 73872069
E-mail: katrina@cardboardcitizens.co.uk
Web: www.cardboardcitizens.com (site
under construction)

- in Boal's techniques.
- Rehearsal and performance space.

Other contacts

- Boal Centre du Théâtre De l'Opprimé, 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
- Theater of the Oppressed Laboratory

Community participation: a toolbox of techniques and methods

(Toplab), 122 West 27th St., New York, NY,
10001-6281, USA
Tel.: +1 212 2424201
Fax: +1 212 7414563
E-mail: brecht@people-link.com

Publications and other resource materials

- Boal, A. *Theatre of the oppressed*. London, Pluto, 1979.
- Boal, A. *Games for actors and non-actors*. London, Routledge, 1992.
- Boal, A. *Legislative theatre*. London, Routledge, 1998.
- Boal, A. *Hamlet and the baker's son*. London, Routledge, 2001.
- Heaven, S. *Cardboard citizens*. TV programme on video (contact Cardboard Citizens above).
- Morelos, R. *Como queremos 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, Web: www.qut.edu.au/arts/acad/cia/boal3.html).
- Schutzman, M. & Cohen-Cruz, J., ed. *Playing Boal: theatre, therapy, activism*. London, Routledge, 1994.

E. Monitoring and evaluation

Introduction

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. Further, if a commitment to community participation is central to local health and sustainable development work, monitoring and evaluating the process, effects and outcomes of this participation is important. This is highlighted by the inclusion of process and outcome measures relating to participation within the phase III Healthy Cities monitoring, accountability, reporting and impact assessment (MARI) framework (83).

It is widely acknowledged that evaluation and monitoring should not be viewed as additions 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 (41,84). Such participatory evaluation plays an important role in empowerment and contributes to community capacity-building (85).

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

E1. 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 (86) 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 (57), 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.

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.

Other contacts

- Health Promotion Development Division, Research & Program Policy Directorate,

Case study E1

**Saskatoon District Health, Canada:
developing a framework and
benchmarks for community development
practice**

Background

Acknowledging the value of community development practice in contributing to promoting and maintaining health, the Saskatoon District Health Community Development Team was established in 1993. This research process was initiated in recognition of the lack of clarity about both the theory of community development practice and its evaluation and accountability. The research deliberately used methods that are ethically and theoretically congruent with community development – starting with the story-dialogue method (87) and supplementing this analysis with a literature review, discussions and focus groups.

Aims

The aims of the research were to develop a framework that would:

- articulate a theory of community development practice built on existing theories and drawn on practice;
- outline values, knowledge and practice benchmarks;
- present a logic model of expected community development outcomes; and
- articulate organizational conditions that support community development practice.

Process

The process began with a group of community development practitioners identifying and naming as generative themes a number of recurrent challenges faced in their daily work. The following themes were selected for further development and exploration:

- knowing our role in successful community development;
- power and ethics in the relationship between community development workers and community groups;
- power and ethics in the relationship between community groups and health institutions;
- ensuring that work supports those most at need or at risk;
- confronting racism: taking sides or building bridges; and
- choosing issues for community development support.

The community development team then prepared case stories relating to the themes – each including elements of description, explanation and reflection. These stories were presented to other community development practitioners at a two-day workshop who engaged in dialogue with the storytellers, posing questions that added description, contributed an explanation, synthesized learning and drew conclusions for action. The process thus moved the discussion beyond the particular story to the generalizable insights illustrated by it.

These insights were then organized into categories and developed into a comprehensive theory note linking all the

different parts together. This was then synthesized with the findings of a literature review to form a framework for practice – which included benchmarks for practice and a logic model of expected outcomes. The benchmarks were developed around values, knowledge and practice – as a means of increasing accountability and enabling ongoing monitoring and evaluation of practice. The logic model moved the focus from the work of the community development practitioner to the community groups and wider community – presenting indicators and associated outcomes that can be used to evaluate the success of the practitioners' work.

To ensure the validity of the framework, it was discussed with experienced practitioners, modified as necessary and used by the local team for 4 months, monitoring and comparing their work against the benchmarks. The benchmarks were restated and streamlined prior to

further discussion with a focus group comprising community group members and final modification.

Evaluation and reflections

The use of the story-dialogue method proved to be appropriate and effective in researching the theory and practice of community development, enabling a comprehensive framework to be developed that included benchmarks, indicators and outcomes for use in monitoring and evaluation (85).

Contact:

Lorraine Khachatourians, Prairie Region Health Promotion Research Centre, University of Saskatchewan, 107 Wiggins Road, Saskatoon SK S7N 5E5, Canada
Tel.: +1 306 9667939
Fax: +1 306 9667920
E-mail: khachatourl@sask.usask.ca

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
- UK Health for All Network Ltd., PO Box 101, Liverpool L69 5BE, United Kingdom
Tel.: +44 (0)151 2314283
E-mail: ukhfan@livjm.ac.uk

Publication

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.

E2. 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.

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.

Other contacts

- New Economics Foundation, Cinnamon House, 6–8 Cole Street, London SE1 4YH, United Kingdom
Tel.: +44 (0)207 407 7447
Fax: +44 (0)207 407 6473
E-mail: participation@neweconomics.org
Web: www.neweconomics.org

Publications and other resource materials

- Born, M. *Signposts for a Sustainable Bremen – Sustainable Community Indicator Project*. Bremen, Econtur, 2000 (Econtur Positionen, Vol. 7).
- MacGillivray, A. et al. *Communities count! A step by step guide to community sustainability indicators*. London, New Economics Foundation, 1998.
- MacGillivray, A. & Zadek, S. *Signals of success: a users' guide to indicators*. London, World Wide Fund for Nature and New Economics Foundation, 1997.
- Webster, P. & Price, C., ed. *Healthy Cities indicators: analysis of data from cities across Europe* (www.who.dk/healthy-cities/hcppub.htm#Indic). Copenhagen, WHO Regional Office for Europe, 1997 (accessed 16 September 2001).

Case study E2

Bremen, Germany: Signposts for a Sustainable Bremen – the Sustainable Community Indicators Project

Background

The wellbeing of a city like Bremen can be measured in many ways. Traditional measurements often analyze a single issue by itself, such as the number of new jobs. New measurements called indicators of a sustainable community are designed to provide information for understanding and enhancing the relationships between the economic, ecological and social aspects of long-term sustainable development.

Signposts for a Sustainable Bremen – the Sustainable Community Indicators Project is a voluntary network of citizens and experts committed to establish indicators for measuring progress towards sustainable development in Bremen, Germany. The Project is coordinated by a steering group and serviced by econtur, the International Agency for Sustainable Projects. The Project started in 1998 as part of the Local Agenda 21 process in Bremen.

Aims

The mission of the Project is to promote, encourage and support community-level discussion, actions and initiatives that move Bremen towards a sustainable future. The Project hopes that the indicator report will be used as a tool for learning and action by stakeholders and inhabitants of Bremen. Other aims of the project are:

- to create a focal point for discussion of sustainability issues in general to raise these issues to a higher level of public debate;
- to provide an educational tool that can be used by teachers, private and public decision-makers and community organizations;
- to monitor issues, actions and policies that affect the sustainability and quality of life in Bremen, to provide a basis for action and to influence policy, planning and community processes; and
- to demonstrate links among economic, social and ecological indicators.

Process

Signposts for a Sustainable Bremen started as part of the Local Agenda 21 process. After 2 years of consultation, a group of experts from different working groups started developing local indicators for sustainable development. A series of issue-oriented workshops with experts from local companies, organizations, associations and municipal offices was held in 1998. After these workshops, the participants agreed that a number of indicators could be used depending on the goals for sustainable development. The indicators have been allocated to different categories of the main issues of the Local Agenda 21 process, such as resource use, sustainable economy, the future of work, education for sustainability, transport, health and others. Much of the data relating to the indicators were readily available from public data sources, but some new indicators have no data. This means that new data need to be collected. An original set of about 100

indicators in different topic areas of the Local Agenda 21 process was narrowed down to an initial indicator set of 17 indicators in 12 categories. Each indicator has been presented with a description, definition, interpretation, evaluation, objectives and targets, links and options for action. The overall framework of the system of sustainable community indicators is flexible and open for regular updating. Using indicators, the present situation is evaluated and objectives for sustainable development in Bremen are worked out in close coordination with the discussion of an initial Local Agenda 21 action plan. About 40 indicators of a sustainable community will be described by 2002. The already developed indicators will be made available to all relevant users.

Evaluation and reflection

The Project has produced a report (88) on the indicators of a sustainable community. The initiative has identified a first core set of sustainable indicators. These indicators will help the different stakeholders of the Local Agenda 21 process to monitor the progress towards a more livable community and set priorities for future action. But there is still much left to be done. The Project needs to develop community support and leadership support for the indicators, identify or create an organization to gather and maintain data related to the different indicators, conduct new surveys and develop a strategy for communicating the indicators.

One of the project's major strengths is the well structured and multi-stakeholder process of selecting indicators. Citizen participation and community indicators are

key elements in the quest for sustainable development. For example, the Project applies a special set of criteria to select the indicators from a pool of about 100 possible indicators of a sustainable community. The indicators must be strongly related to sustainability and to the community in Bremen, should be agreed by most of the stakeholders involved and must be understandable to the general public.

The Project shows that indicators of a sustainable community can put issues on the public agenda and raise awareness about a problem. The health indicator allergy among children provoked an interesting discussion about the real situation and data management of this indicator. One of the main problems is the lack of data for some sustainable indicators. Does this mean that these indicators are ineffective or should we collect other data and information?

Indicators do not inherently produce change. The Project's report on the indicators of a sustainable community (88) is not a strategic plan for action. It is an effective information resource for such a plan, especially when the indicators process is carried out in such a way as to promote political commitment. Since indicators cannot effect change, they need to be part of an overall strategy for managing the transition to a sustainable community to monitor progress towards sustainability.

Another problem is how the results of indicator projects can be incorporated into government and sustainability planning. The Project's report on the indicators of a sustainable community, which is intended to

be published at regular intervals, should become a standard source of information in the sustainability community and help to guide decisions.

Nevertheless, some overarching principles have to be considered in developing an indicators project. Specifically, the framework for such a project should be strategic and long term, look at the whole picture, include a broad range of issues and invite all stakeholders of a community. Being patient is very important. Developing sustainable indicators with a participatory approach requires a lot of process. Do not try to develop indicators in a back room with a group of planners and experts. The process must be transparent, open and have broad participation within the community.

Contact:

Manfred Born, econtur – International Agency for Sustainable Projects, Am Gütpohl 9, D-28757 Bremen, Germany

Tel.: +49 421 6697090
or 421 230011-14 (direct call)
Fax.: +49 421 66970959
E-mail: born@econtur.de
Web: www.econtur.de

Other examples of similar techniques and methods

Sustainable Seattle, 514 Minor Avenue,
Seattle, WA 98109, USA
Tel.: +1 206 6223522
Fax: +1 206 6223611
E-mail: sustsea@halcyon.com
Web: www.sustainableseattle.org

Sustainable Calgary, 201 – 1225a
Kensington Rd. NW, Calgary, Alberta, T2M
3P8, Canada
Tel.: +1 403 2700777
Fax: +1 403 2708672
E-mail: sustcalg@telusplanet.net
Web: www.telusplanet.net/public/sustcalg

Chapter 4

Community participation: reflections

Introduction

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.

It is especially important to reflect on practice and learn lessons from the history and experience of community participation and community development to avoid making the same mistakes that have been made previously.

Dilemmas and pitfalls

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 usefully noted here. 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. Second, many community members lack the confidence, self-esteem, skills and resources to participate that professional workers may take for granted. Third, many professionals and politicians are critical of what they perceive as lack of representativeness while continuing to choose to work with individual community representatives – usually drawn from the larger voluntary-sector groups, which in many places are becoming increasingly professionalized and arguably elitist – rather than invest the resources necessary to enable more broadly based group and community participation (48). This latter point is especially important when

considering how to enable the participation of disadvantaged and often excluded groups.

Monitoring and evaluation is especially important in assessing levels of involvement and ensuring that the community participation process is working (see Chapter 3 under monitoring and evaluation).

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;
- a commitment to listening to community views and giving them priority;
- 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 can result in a number of tensions, especially when the action communities want to take is seen to be in opposition to the funding organizations or is deemed to be “too radical”. In reviewing the history of community development practice, commentators have highlighted this issue as a central and continuing dilemma (55,89). 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 understanding of and 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, many countries and situations have no well established culture of participation, especially in the newly independent states of the former USSR. In such situations, there is a clear need to give priority to organizational development and capacity-building to strengthen understanding and commitment within and between agencies at the national, regional and local levels.

Second, 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. As Robertson & Minkler argue (59):

... practitioners must be ever vigilant that community participation ... is not used as part of the rhetoric to justify budget cuts in professional and direct services.

Third, 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.

Fourth, 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 rather than work with communities on issues to which they give priority.

How can community development ensure that its practice is liberating and empowering rather than controlling and manipulative?

An important challenge is to ensure that the practice of community development liberates and empowers people rather than serve as a vehicle for controlling and manipulating them. The history of community development reflects this dilemma, as discussed by a number of commentators (55,59,89). Key issues include power relationships between professionals and communities, unanticipated negative consequences of community participation programmes, the use of community development by those in power as a form of social control and the danger that communities will give priority to action that is discriminatory and oppressive.

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:

First, 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.

Second, 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.

Third, it needs to be acknowledged that 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. The dilemmas and pitfalls discussed above highlight the importance of building monitoring and evaluation mechanisms into Healthy Cities, Local Agenda 21 and related programmes to assess the levels and quality of participation processes.

As we move forward in 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.

References

1. Kahssay, H.M. & Oakley, P., ed. *Community involvement in health development: a review of the concept and practice*. Geneva, World Health Organization, 1999 (Public Health in Action, No. 5).
2. *The global strategy for health for all by the year 2000*. Geneva, World Health Organization, 1981.
3. Alma-Ata 1978. *Primary health care*. Report of the International Conference on Primary Health Care, Alma Ata, USSR, 6–12 September 1978. Geneva, World Health Organization, 1978.
4. *Health for all in the 21st century*. Geneva, World Health Organization, 1998 (document WHA 51/5).
5. *World Health Declaration*. Geneva, World Health Organization, 1998.
6. *HEALTH21 – the health for all policy for the WHO European Region* (www.who.dk/cpa/h21/h21long.htm). Copenhagen, WHO Regional Office for Europe, 1999 (European Health for All Series, No. 6) (accessed 16 September 2001).
7. King M. Health is a sustainable state. *Lancet*, **336**: 664–667 (1990).
8. Russell, W. & de Viggiani, N. Promoting sustainable health: integrating health promotion and sustainable development. *Journal of contemporary health*, **6**: 48–52 (1997).
9. *Environment and health. The European Charter and commentary*. Copenhagen, WHO Regional Office for Europe, 1990 (WHO Regional Publications, European Series, No. 35).
10. *Sundsvall Statement on Supportive Environments for Health, 9–15 June 1991, Sundsvall, Sweden*. Geneva, World Health Organization, 1991 (document WHO/HED/92.1).
11. WHO Commission on Health and Environment. *Our planet, our health*. Geneva, World Health Organization, 1992.
12. *Environmental Health Action Plan for Europe*. Copenhagen, WHO Regional Office for Europe, 1994 (document EUR/ICP/CEH212(A)).
13. *Declaration on Action for Environment and Health in Europe*. Copenhagen, WHO Regional Office for Europe, 1994 (document EUR/ICP/CEH212).
14. Ottawa Charter for Health Promotion (www.who.dk/policy/ottawa.htm). Copenhagen, WHO Regional Office For Europe, 1986 (accessed 16 September 2001).
15. *Jakarta Declaration on leading health promotion into the 21st century*. Geneva, World Health Organization, 1997 (document WHO/HPR/HEP/4ICHP/BR/97.4).
16. *United Nations, Earth Summit – Agenda 21*. New York, United Nations Department of Public Information, 1993.
17. World Commission on Environment and Development. *Our common future*. Oxford, Oxford University Press, 1987, p. 43.
18. *Rio Declaration on Environment and Development*. New York, United Nations, 1992.
19. *Twenty steps for developing a Healthy Cities project* (www.who.dk/healthy-cities/hcppub.htm#Steps). 3rd ed. Copenhagen, WHO Regional Office for Europe, 1997 (document EUR/ICP/HSC 644(2)) (accessed 16 September 2001).
20. *The Milan Declaration on Healthy Cities: April 6, 1990*. Copenhagen, WHO Regional Office for Europe, 1990 (document CHDV 03.01.01/BG4).
21. Fudge, C. Summary report of the

- International Healthy and Ecological Cities Congress, Madrid 22–25 March 1995. In: Price, C. & Tsouros, A., ed. *Our cities, our future: policies and action plans for health and sustainable development* (www.who.dk/healthy-cities/hcppub.htm#Our_Cities). Copenhagen, WHO Regional Office for Europe, 1996, pp. 251–260 (document EUR/ICP/HCIT 94 01/MT04(A)) (accessed 16 September 2001).
22. *Strategic plan: urban health/Healthy Cities programme (1998–2002) – phase III of the WHO Healthy Cities project* (www.who.dk/healthy-cities/hcppub.htm#Strategy). Copenhagen, WHO Regional Office for Europe, 1998 (document CHDV 03.01.01/BG4) (accessed 16 September 2001).
 23. Draper, R. et al. *WHO healthy cities project: review of the first five years (1987–1992). A working tool and a reference framework for evaluating the project*. Copenhagen, WHO Regional Office for Europe, 1993 (document EUR/ICP/HSC 644).
 24. *WHO Healthy Cities project phase III: 1998–2002. The requirements and the designation process for WHO project cities*. Copenhagen, WHO Regional Office for Europe, 1997.
 25. *Athens Declaration for Healthy Cities* (www.who.dk/healthy-cities/hcppub.htm#Declaration). Copenhagen, WHO Regional Office for Europe, 1998 (document CHDV 03.01.01/BG3E) (accessed 16 September 2001).
 26. *City health planning: the framework*. Copenhagen, WHO Regional Office for Europe, 1996 (document EUR/ICP/HCIT 94 01/MT06/7).
 27. *City planning for health and sustainable development*. Copenhagen, WHO Regional Office for Europe, 1997 (document EUR/ICP/POLC 06 03 05B, European Sustainable Development and Health Series, No. 2).
 28. *City health development planning: concept, process, structure and content*. Copenhagen, WHO Regional Office for Europe, in press (document, WHO Healthy Cities project).
 29. Barton, H. & Tsourou, C. *Healthy urban planning*. London, Spon Press, 2000.
 30. *Towards a new planning process. A guide to reorienting urban planning towards Local Agenda 21* (www.who.dk/healthy-cities/hcppub.htm#book3). Copenhagen, WHO Regional Office for Europe, 1999 (document EUR/ICP/POLC 06 03 05C, European Sustainable Development and Health Series, No. 3) (accessed 16 September 2001).
 31. Crombie, H. *Sustainable development and health*. Birmingham, Public Health Trust, 1995.
 32. Hancock, T. Planning and creating healthy and sustainable cities: the challenge for the 21st century. In: Price, C. & Tsouros, A., ed. *Our cities, our future: policies and action plans for health and sustainable development* (www.who.dk/healthy-cities/hcppub.htm#Our_Cities). Copenhagen, WHO Regional Office for Europe, 1996, pp. 65–88 (accessed 16 September 2001).
 33. Labonté, R. Econology: integrating health and sustainable development. Part 1. *Health promotion international*, **6(1)**: 49–65 (1991).
 34. Labonté, R. Econology: integrating health and sustainable development. Part 2. *Health promotion international*, **6(2)**:

- 147–156 (1991).
35. Labonté, R. A holosphere of healthy and sustainable communities. *Australian journal of public health*, **17**: 4–12 (1993).
 36. Price, C. & Dubé, P. *Sustainable development and health: concepts, principles and framework for action for European cities and towns* (www.who.dk/healthy-cities/hcppub.htm#sustdev). Copenhagen, WHO Regional Office for Europe, 1997, pp. 45–47 (document EUR/ICP/POLC 060305a, European Sustainable Development and Health Series, No. 1) (accessed 16 September 2001).
 37. Dooris, M. Healthy cities and Local Agenda 21: the UK experience – challenges for the new millennium. *Health promotion international*, **14**(4): 365–375 (1999).
 38. Tsouros, A. Healthy cities mean community action. *Health promotion international*, **5**(3): 177–178 (1990).
 39. *Convention on Access to Information, Public Participation in Decision-making and Access to Justice in Environmental Matters* (www.mem.dk/aarhus-conference/issues/public-participation/ppartikler.htm). Copenhagen, Ministry of Environment and Energy, Denmark, 21 April 1998 (accessed 16 September 2001).
 40. *Declaration of the Third Ministerial Conference on Environment and Health* (www.who.dk/London99/dece.htm). Copenhagen, WHO Regional Office for Europe, 1998 (accessed 16 September 2001).
 41. Smithies, J. & Webster, G. *Community involvement in health: from passive recipients to active participants*. Aldershot, Ashgate, 1998.
 42. Walter, C. Community building practice: a conceptual framework. In: Minkler, M., ed. *Community organizing and community building for health*. Piscataway, NJ, Rutgers University Press, 1998, pp. 68–83.
 43. Boutilier, M. et al. Community as a setting for health promotion. In: Poland, B. et al., ed. *Settings for health promotion*. Beverly Hills, Sage, pp. 250–279.
 44. de Leeuw, E. Commentary – beyond community action: communication arrangements and policy networks. In: Poland, B. et al., ed. *Settings for health promotion*. Beverly Hills, Sage, 1999, pp. 287–300.
 45. *Community involvement in health development: challenging health services*. Report of a WHO study group. Geneva, World Health organization (WHO Technical Report Series, No. 809).
 46. Churchman, A. Can resident participation in neighbourhood rehabilitation programs succeed? In: Altman, I. & Wandersman, A., ed. *Neighbourhood and community environments*. New York, Plenum Press, pp. 113–162.
 47. Lawrence, R. Simulation and citizen participation: theory, research and practice. In: Marans, R. & Stokols, D., ed. *Environmental simulation: research and policy issues*. New York, Plenum Press, pp. 133–161.
 48. Jewkes, F. & Murcott, A. Community representatives: representing the “community”? *Social science and medicine*, **46**(7): 843–858 (1998).
 49. Kummeling, I. *Community participation in Healthy Cities*. Dissertation. Maastricht, Faculty of Health Sciences, Maastricht University, 1999.
 50. Smithies, J. & Adams, L. *Community participation in health promotion*.

- London, Health Education Authority, 1990.
51. Bracht, N. & Tsouros, A. Principles and strategies of effective community participation. *Health promotion international*, **5**: 199–208 (1990).
 52. Mittelmark, M. Health promotion at the community-wide level: lessons from diverse perspectives. In: Bracht, N., ed. *Health promotion at the community level 2: new advances*. 2nd ed. London, Sage, 1999, pp. 3–27.
 53. Marshall, T. Citizenship & social class. In: Marshall, T. & Bottomore, T., ed. *Citizenship and social class*. London, Pluto Press, 1992, pp. 1–51.
 54. Van Steenberg, B., ed. *The condition of citizenship*. London, Sage, 1994.
 55. Naidoo, J. & Wills, J. *Health promotion: foundations for practice*. 2nd ed. London, Baillière Tindall, 2000.
 56. Schuftan, C. The community development dilemma: what is really empowering. *Community development journal*, **31**(3): 260–264 (1996).
 57. Freire, P. *Pedagogy of the oppressed*. London, Penguin, 1972/1996.
 58. Abbott, J. *Sharing the city: community participation in urban management*. London, Earthscan Publications, 1996, pp. 81–97.
 59. Robertson, A. & Minkler, M. New health promotion movement: a critical examination. *Health education quarterly*, **21**(3): 295–312 (1994).
 60. Wallerstein, N. & Bernstein, E. Empowerment education: Freire's ideas adapted to health education. *Health education quarterly*, **15**(4): 379–394 (1988).
 61. Minkler, M. & Wallerstein, N. Improving health through community organization and community building: a health education perspective. In: Minkler, M., ed. *Community organizing and community building for health*. Piscataway, NJ, Rutgers University Press, 1998, pp. 30–52.
 62. Skinner, S. *Building community strengths: a resource book on capacity building*. London, Community Development Foundation, 1997, pp. 1–2.
 63. Tam, H. Enabling structures. In: Atkinson, D., ed. *Cities of pride: rebuilding community, refocusing governance*. London, Cassell, 1995, pp. 129–137.
 64. Bookchin, M. *Urbanization without cities: the rise & decline of citizenship*. Montreal, Black Rose, 1992, pp. 226, 259.
 65. Arnstein, S. Eight rungs on a ladder of citizen participation. *Journal of the Institute of American Planners*, **35**: 216–224 (1969).
 66. Brager, G. & Specht, H. *Community organizing*. New York, Columbia University Press, 1973.
 67. Davidson, S. Spinning the wheel of empowerment. *Planning* 1262 (3 April): 14–15 (1998).
 68. *Community participation for health for all*. Liverpool, UK Health for All Network, 1993.
 69. Strobl, J. & Bruce, N. Achieving wider participation in strategic health planning: experience from the consultation phase of Liverpool's "City Health Plan". *Health promotion international*, **15**(3): 215–224 (2000).
 70. Hoggett, P. Does local government want local democracy? *Town & country planning*, **64**(4): 107–109 (1995).
 71. Hancock, T. & Minkler, M. Community health assessment or healthy community assessment: Whose community? Whose

- assessment? Whose health? In: Minkler, M., ed. *Community organizing and community building for health*. Piscataway, NJ, Rutgers University Press, 1998, pp. 139–156.
72. Minkler, M. Community assessment. In: Minkler, M., ed. *Community organizing and community building for health*. Piscataway, NJ, Rutgers University Press, 1998, pp. 137–138.
73. Dunwoody, M. *A health profile of the Greater Shankill area*. Belfast, North and West Belfast Social Services Trust, 1996.
74. 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).
75. Institute for Development Studies. Rapid rural appraisal. special issue. *IDS bulletin*, **12**(4)(1981).
76. Chambers, R. The origins and practice of participatory rural appraisal. *World development*, **22**: 953–969 (1994).
77. Jungk, R. & Müllert, N. *Future workshops: how to create desirable futures*. London, Institute for Social Inventions, 1987.
78. Canter, D. et al. *New directions in environmental participation*. Aldershot, Avebury, 1988.
79. Hardie, G. Community participation based on three-dimensional simulation models. *Design studies*, **9**(1): 56–61 (1988).
80. Boal, A. *Theatre of the oppressed*. London, Pluto, 1979.
81. Boal, A. *Games for actors and non-actors*. London, Routledge, 1992.
82. Beale, S. Real citizens. *Squall*, **12**(spring): 52–53 (1996).
83. de Leeuw, E. *Monitoring, accountability, reporting, impact assessment (MARI): a framework for phase III Healthy Cities*. Copenhagen, WHO Regional Office for Europe, 1999 (document, Centre for Urban Health).
84. Springett, J. et al. Towards a framework for evaluation in health promotion: methodology, principles and practice. *Journal of contemporary health*, **2**: 61–65 (1995).
85. Coombe, C. Using empowerment evaluation in community organizing and community-based health initiatives. In: Minkler, M., ed. *Community organizing and community building for health*. Piscataway, NJ, Rutgers University Press, 1998, pp. 291–307.
86. 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.
87. Saskatoon District Health Community Development Team & Labonté, R. *Working upstream: discovering effective practice strategies for community development in health*. Saskatoon, Saskatoon District Health Community Development/Prairie Region Health Promotion Research Centre, University of Saskatchewan, 1999.
88. Born, M. *Wegweiser für ein nachhaltiges Bremen - Bericht des Projektes "Nachhaltigkeitsindikatoren" für die Stadt Bremen* [Signposts for a Sustainable Bremen – the Sustainable Community Indicator Project]. Bremen, Econtur, in press.
89. Minkler, M. & Pies, C. Ethical issues in community organization and community participation. In: Minkler, M., ed. *Community organizing and community building for health*. Piscataway, NJ, Rutgers University Press, 1998, pp. 121–136.

Useful resources and contacts

89

The WHO Regional Office for Europe does not assume any responsibility for the accuracy of the information contained in the following resource materials and Web sites.

Bibliography and other resource materials

- Abbott, J. *Sharing the city: community participation in urban management*. London, Earthscan Publications, 1996.
- Bell, D. et al. Approaches to community participation. Leicester, Environ, 1994 (Environ Research Paper 94-3).
- Creating involvement: a handbook of tools and techniques for effective community involvement*. London, Environment Trusts Associates & Local Government Management Board, 1994.
- Department of the Environment. *Community involvement in planning and development processes*. London, H.M. Stationery Office, 1994.
- Facilitators' toolkit*. Cheltenham, Vision 21. Further information: office@vision21.demon.co.uk.
- Mumby, S. Case studies in community participation for health for all. In: *Health for all resource pack*. Liverpool, UK Health for All Network, 1991.
- Participation works! 21 techniques of community participation for the 21st century*. London, New Economics Foundation, 1998.
- Roundtable guidance: community participation in Local Agenda 21*. London, Local Government Management Board, 1993.
- Skinner, S. *Building community strengths: a resource book on capacity building*. London, Community Development Foundation, 1997.
- Smith, G. *Community-arianism: community and communitarianism – concepts and contexts* (www.communities.org.uk/greg/gsum.html). London, UK Communities Online, published 18 September 1996 (accessed 16 September 2001).
- Tsouros A., ed. *World Health Organization healthy cities project: a project becomes a movement – review of progress 1987 to 1990*. Milan, Sogess, 1990.
- Warburton, D., ed. *Community and sustainable development*. London, Earthscan, 1998.
- Wates, N. *Action planning: how to use planning weekends and urban design action teams to improve your environment*. London, Prince of Wales's Institute of Architecture, 1996.
- Wates, N., ed. *The community planning handbook: an A-Z of ways to get involved in shaping your city, town, village or hamlet in any part of the world*. London, Prince of Wales's Institute of Architecture, in press.
- Wilcox, D. *The guide to effective participation* (www.partnerships.org.uk/guide/index.htm). Brighton, Partnership Books, 1994 (accessed 16 September 2001).

Web sites

Local Sustainability: European Good Practice Information Service (EURONET/International Council for Local Environmental Initiatives)

Additional languages: French, German

– cities21.com/egpis/index.htm

EU European Sustainable Cities Project

– euronet.uwe.ac.uk/eurosustcit/project.htm

Campaign Interactive: Sustainable Cities Information System (European Sustainable Cities & Towns Campaign/European Sustainable Cities Project)

– www.sustainable-cities.org/home.html

International Council for Local Environmental Initiatives (ICLEI)

• World Secretariat, Toronto

Additional languages: French, Portuguese, Spanish

– www.iclei.org

• European Secretariat, Freiburg

Additional languages: French, German

– www.iclei.org/europe

Partnerships Online: creating online communities

– www.partnerships.org.uk

Together Foundation/United Nations Centre for Human Settlements (Habitat):

Best Practices for Human Settlements Database

– www.bestpractices.org

UK Communities Online

– www.communities.org.uk

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)

– www.un.org/esa/earthsummit

Earth Summit 2002

– www.earthsummit2002.org

World Health Organization

• Regional Office for Europe, Copenhagen

– www.who.dk

• Regional Office for Europe – Centre for Urban Health, Healthy Cities project

– www.who.dk/healthy-cities

• Headquarters, Geneva

– www.who.int

Contacts

Community development organizations

Netherlands

- Kees Stuurup, Landelijk Centrum Opbouwwerk (LCO), P.O. Box 1004, NL-8001 BA Zwolle, the Netherlands
Tel.: +31 38 4232112
Fax: +31 38 4230714
E-mail: lco@lcoz.demon.nl

United Kingdom

- Community Development Foundation (CDF), 60 Highbury Grove, London N5 2AG, United Kingdom
Tel.: +44 (0)207 2265375
Fax: +44 (0)207 7040313
E-mail: admin@cdf.org.uk
Web: www.cdf.org.uk
- National Council of Voluntary Organisations (NCVO), Regent's Wharf, 8 All Saints Street, London, N1 9RL, United Kingdom
Tel.: +44 (0)20 77136161
Fax: +44 (0)20 77136300
E-mail: ncvo@ncvo-vol.org.uk
Web: www.ncvo-vol.org.uk
- Powerful Information, 21 Church Lane, Loughton, Milton Keynes MK5 8AS, United Kingdom
Tel.: +44 (0)1908 666275
Fax: +44 (0)1908 666275
E-mail: powerinfo@gn.apc.org
Web: www.gn.apc.org/powerful-information

Supports local initiatives concerned with civil society and sustainable development in middle- and low-income countries, especially in central and eastern Europe and Africa.

International health and sustainable development organizations

- European Sustainable Cities and Towns Campaign, Rue de Trèves/Trierstraat 49-51, Box 3, B-1040 Brussels, Belgium
Tel: +32 2 2305351
Fax: +32 2 2308850
E-mail: office@skynet.be
Web: www.sustainable-cities.org/home.html
- International Council for Local Environmental Initiatives (ICLEI) European Secretariat, Eschholzstrasse 86, D-79115 Freiburg, Germany
Tel: +49 761 36892-0
Fax: +49 761 36892-19
E-mail: iclei-europe@iclei-europe.org
Web: www.iclei.org/europe
Additional languages: French and German
- International Council for Local Environmental Initiatives (ICLEI) World Secretariat, 16th Floor, West Tower, City Hall, Toronto, M5H 2N2, Canada
Tel: +1 416 3921462
Fax: +1 416 3921478
E-mail: iclei@iclei.org
Web: www.iclei.org
Additional languages: French, Portuguese and Spanish

- World Health Organization Regional Office for Europe (Centre for Urban Health), Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark
Tel: +45 39 171224
Fax: +45 39 171860
E-mail: ani@who.dk, cmi@who.dk, jfa@who.dk
Web: www.who.dk

Visioning, futures and social innovation organizations

Australia

- World Futures Studies Federation (WFSG Secretariat, c/o The Communication Centre, QUT, GPO Box 2434, Brisbane Q 4001, Australia
Fax: +61 7 8641813
E-mail: hofman@qut.edu.au
- Future Study Centre, 62 Disraeli Street, Kew, Victoria 3103, Australia
Tel: +61 3 8537882
Fax: +61 3 8536380

Austria

- International Futures Library, Imbergstrasse 2, Salzburg A 5020, Austria
Tel: +43 662 73206

Finland

- Finland Futures Research Centre, P.O. Box 110, FIN-20521 Turku, Finland
Tel: +358 2 3383530
Fax: +358 2 2330755
E-mail: tutu@tukkk.fi
Web: www.tukkk.fi/tutu

France

- Foundation for the Progress of Humankind, 38 rue St Sabin, F-75011 Paris, France
Tel: +33 1 43147575
Fax: +33 1 43147599
E-mail: paris@fph.fr
Web: www.fph.ch
- International Network for Social Dynamics, La Combe de Ferriere, F-48160 St. Michel-de-Dèze, France
Tel: +33 66 455243
Fax: +33 66 454013

Germany

- Clearing-house for Applied Futures, Völklinger Str. 3a, D-42285 Wuppertal, Germany
Tel: +49 202 2806310, 2806322 or 2806323
Fax: +49 202 2806330
- CAF/Agenda-Transfer, Budapester Str. 11, D-53111 Bonn, Germany
Tel: +49 228 604610
Fax: +49 228 6046117
E-mail: caf@agenda-transfer.de
Web: www.agenda-transfer.de
- Global Challenges Network, Frohschammer Str. 14, D-80807 Munich, Germany
Tel: +49 89 3598246
Fax: +49 89 3590456

Lithuania

- Forum of Central and East European Innovations, c/o Lithuania Today, Maironio 13, 2600 Vilnius, Lithuania
Tel: +370 2 222114
Fax: +370 2 613086

Netherlands

- Institute for Social Inventions (Instituut voor Maatschappelijke Innovatie), Rapenburg 8-10, NL-2311 EV Leiden, the Netherlands
Tel: +31 71 5127707
E-mail: info@iminet.org
Web: www.iminet.org

Norway

- Stiftelsen Idébanken, PO Box 2126 Grünerlokka, N-0505 Oslo, Norway
Tel: +47 22 034010
Fax: +47 22 364060
E-mail: idebanken@online.no
Web: www.idebanken.no

Russian Federation

- Foundation for Social Innovations, 2nd floor, Hotel Yaroslavskay, Yaroslaskaya St, 4 Bldg. 8, 129243 Moscow, Russian Federation
Tel: +7 95 2176035
Fax: +7 95 2176021 or 2176033

Spain

- Ecoconcern, Pca. Catalunya, 9, 4rt, E-08002 Barcelona, Spain
Tel: +34 3 3178121
Fax: +34 3 31726 91
E-mail: A00476 @servicom.es

Sweden

- Swedish Institute for Social Inventions (SISU), Peter Myndes Backe 12, 5 tr, SE-118 46 Stockholm, Sweden
Tel: +46 8 7724587
Fax: +46 8 6422641

- Vision Centre for Futures Creation (Visionscentret Framtidsbygget), Bror Nilssons gata 5, SE-417 55 Göteborg, Sweden
Tel: +46 31 7797575
E-mail: visionscentret@framtidbygget.se
Web: www.framtidbygget.se

Switzerland

- Fondation Charles Léopold Mayer pour le progrès de l'homme (Foundation for the Progress of Humankind), Longeraie 9, CH-1006 Lausanne, Switzerland
Tel: +41 21 342 50 10
Fax: +41 21 342 50 11
E-mail: lausanne@fph.ch
Web: www.fph.ch

United Kingdom

- Institute for Social Inventions, 20 Heber Road, London NW2 6AA, United Kingdom
Tel: +44 (0)208 2082853
Fax: +44 (0)208 4526434
E-mail: rhino@dial.pipex.com
Web: www.globalideasbank.org/ISI.html
- New Economics Foundation, Cinnamon House, 6-8 Cole Street, London SE1 4YH, United Kingdom
Tel: +44 (0)207 4077447
Fax: +44 (0)207 4076473
E-mail: participation@neweconomics.org
Web: www.neweconomics.org

Web-based networks

- Futures Community Center
Web: www.planet-tech.com/community/default.asp
- Communities of the Future
Web: www.communitiesofthefuture.org
- Alliance for a Responsible and United World
Web: www.fph.fr

cities

health

sustainable
development

**European
Sustainable
Development
and Health
Series:**

4