fruitful participation

involving people in food
and health work

why you
should do it

how it's
been done

where to
get help
to do it

community
food and health

(scotland)

community food and health (scotland)

Our overriding aim is to improve Scotland's food and health. We do this by supporting work within and with low-income communities that improves access to and take-up of a healthy diet.

Major obstacles being addressed by community-based initiatives are:

AVAILABILITY – increasing access to fruit and vegetables of an acceptable quality and cost

AFFORDABILITY – tackling not only the cost of shopping, but also getting to the shops

SKILLS – improving confidence and skills in cooking and shopping

CULTURE – overcoming ingrained habits

We help support low-income communities to:

• identify barriers to a healthy balanced diet

• develop local responses to addressing these barriers, and

• highlight where actions at other levels, or in other sectors are required

We value the experience, understanding, skills and knowledge within Scotland's communities and their unique contribution to developing and delivering policy and practice at all levels.

contents

thanks!

A big thanks to all the people who contributed to this publication. We would particularly like to thank those who energetically attended various follow-up days after attending one of our annual residential courses, and who also sent us information on how they had engaged with their communities.

A special thanks to those who provided case studies.

We also appreciate Vikki Hilton's contribution – for being an energetic trainer, and for giving her comments and assistance with this publication.

Community Food and Health (Scotland), May 2007

> "There is a strong national commitment to engaging with and involving people and communities in all aspects of health… It is very important that this commitment is not lost in the complexity of organisational partnership working and that people and communities are involved and have a role in shaping the action and delivering change. Ideally, we wish to empower and support communities to be involved in developing initiatives and solutions.

Scottish Executive, 2003. Improving Health in Scotland: The Challenge (online) Edinburgh: Scottish Executive.

Available from: www.scotland.gov.uk/Resource/Doc/47034/0013854.pdf (Accessed 27 April 2007).

who this is for

This publication gives you a snapshot of how getting people involved in decision-making around food and health issues can be enjoyable, democratic, empower those involved and make a difference. The publication discusses approaches and methods that are effective at involving people and that are different to some of the more traditional consultation and planning methods, such as questionnaires or public meetings. Although these traditional methods can be extremely useful, this publication promotes approaches and methods that are more visual and can attract people to take part and share their views. You could use these approaches in many types of situations, from town planning or business planning, to finding out how to market a fruit and vegetable stall or planning or evaluating work within a team. You will gain an understanding of how to involve people, whether you are a volunteer for a cookery club, or a decision maker for a Community Health Partnership.

Everything in the publication is based on the experiences of people who have received training on how to use participatory methods and approaches of engaging with the community. These people have then gone back to their communities or workplaces and used what they learnt. Although this publication is not a 'how to do' participatory planning or consultation book, it will show you how people have used participatory approaches in real life – what worked, what they learnt and what the impact was. It will also show you where to go next if you want to learn more.

The **first** section outlines how the principle of involving the community in decision-making is supported by current policy, the basic principles of participation, how participation in decision-making has developed, and how we gathered the information in this publication.

The **second** section highlights experiences of using participatory methods and approaches in work and community lives.

The **third** section shows where to go for more information on participatory techniques and approaches, community development, training and policy.

why you should get people more involved in your food and health work

Getting people involved and participating in food and health work can be challenging, whether this is involving people in a local nutrition strategy or volunteering for a food co-op. However, a study of food projects by McGlone and others (1999) showed that involving local people and working together with them could make a difference between the success and failure of a project. Therefore, it is certainly worthwhile pursuing. This is why involving people in the planning process is supported by current policy in many areas of work.

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At the end of the day, I get what I need in order to deliver my objectives but it has been done in an involving and democratic way.

Participatory Appraisal (PA) practitioner

Current policy that supports participation

In the last few years, changes have been made to the way that local services are structured, such as the introduction of Community Planning Partnerships and Community Health Partnerships. Their aim is to involve the community more in decision-making. These new structures require agencies to consider ways in which they can build relationships with their local community and partners. We also now have 'Standards of Community Engagement' (Communities Scotland, 2005) and 'Patient Focus and Public Involvement' (NHS Quality Improvement Scotland, 2006) which have been produced with the aim of making sure that local people or patients have a say in decisions that affect them within these new structures. The 'Developing Healthy Communities Task Group' was a mixed agency group that came together as a result of the 'community-led' pillar of the Scottish Executive policy 'Improving Health in Scotland: The Challenge' (2003). A report (Healthy Communities: A Shared Challenge, 2006) from its work showed that involving the local

community in shaping health improvement services can result in a service more appropriate to the local community. The service is also more likely to reach its target audience. The same report showed that community members who get involved in local health improvement services also benefit. The benefits to them include more confidence, development of skills and a sense of belonging.

The principles of participation

Although there are now plenty of policies that support the view that people need to be involved in shaping local services, there are a variety of ways of achieving this. One way is to carry out surveys and consultations and hold public or group meetings. These traditional methods can be effective at gathering information. However, this publication promotes approaches and methods that can be used alongside traditional methods to reach a wider range of people. Participation is also not just about collecting local opinions. Participation is also about having the opportunity to get more involved, such as being part of a group that makes changes.

Getting people more actively involved in decision-making can happen in several ways. Titterton and Smart (2006) describe how local people can be trained to use research methods and then supported to undertake consultation or research in their area. This approach can result in both effective research as well as building local skills and involvement.

The participatory approaches discussed in this publication are often known as 'Participatory Appraisal' (PA). PA is one of a family of methods and approaches that can help people to share and discuss their experiences and plan and implement changes. Other methods of engaging with people share some of the principles and methods of PA. Any process that aims to involve people in decision-making and implementing changes, and has the underlying principle that local people are experts on their own lives, has a similarity with PA.

Participatory appraisal was developed in Third World countries where it was known as Participatory Rural Appraisal. It was used there to engage with local people and to work in partnership with them in order to respond to local needs. Participatory Rural Appraisal was used to make sure that decision-making included the views of the whole community and that development was not shaped by outsiders or more dominant members of the community (Caldwell, McCann, Flower, 2003).

Some of the approaches and ideals that are central to community development are similar to the underlying principles of PA.

Many writers (for example, Health Scotland, and others, 2003) say that the values of a community development approach include working and learning together, and respecting a person's right to participate in decisions that will affect their lives. According to Johnson and others (2000) these values are the same in PA.

PA approaches and methods often use visual or active techniques to engage with people and to find out their opinions. An example of using these techniques in a street survey would be to invite people to add their comments or draw pictures on a graffiti/sticky wall. They could also put a mark on a street

map to indicate where they lived to monitor who was taking part, or to find out where they wanted a particular service. An example of using these techniques in a meeting would be to ask people to write comments and ideas on 'Post-it' notes or pieces of paper and put them on the wall or a table. The group can then discuss and sort out these notes together into categories. This can help find out shared views and these notes can then be sorted out again in order to agree on priorities for action. There are many other existing PA methods. However, the advantage of PA is that you can create new methods or adapt existing ones. For example, on a PA student placement, trainees asked high school pupils in the street to draw a picture of their lunch on a paper plate.

The young people wrote how they chose their lunch on the back of the plate.

PA methods and approaches can also be very effective at involving people whose voices are least likely to be heard. Many of the methods are more accessible to people who may have basic literacy skills.

PA can be used at many levels. At its most comprehensive it can involve local people and staff learning PA together and following this up with community consultation and engagement. This was how Cultenhove Opportunities Partnership and Stirling Community Planning Partnership (2005) carried out PA in Cultenhove. On another level, individual staff or volunteers can attend a PA course and then introduce the approaches and methods into their area of work, organisation or local community. This is how Community Food and Health (Scotland) delivered the annual PA course.

A review of PA by the partners of the Oxfam UK Poverty Programme (2001) warned that participatory approaches must be used with caution. Engaging with people and finding out their views and then not acting on these views can lead to frustration and cynicism. An even worse scenario is listening to people then taking action that is completely different to these views. This is, of course, a problem with any consultation. With any engagement with local groups or individuals, caution must be taken to avoid raising expectations that will not be fulfilled.

Where our information comes from

For the past four years, Community Food and Health (Scotland), formerly known as the Scottish Community Diet Project, has organised an annual five-day residential course. The course is open to those working around food and health who wish to learn more about participatory ways of engaging with people by using participatory appraisal approaches and methods.

Since 2003, 56 people have taken part in the PA residential course. Six months after each residential course, participants are invited back to a follow-up day, to share what they have learnt. In December 2006, we were able to contact 45 people who had taken part in the residential course.

We wanted to find out how they had used PA approaches and methods in their work or organisations. These PA practitioners were invited to attend another follow-up day, where they would have the opportunity to share and learn again with those who had attended any of the PA courses since 2003. Thirteen people were able to attend the day and 26 people provided brief reports on how they had used PA since attending their courses. This publication uses the information gathered from follow-up days, brief reports and case studies to highlight what has been learnt.

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Community development recognises that everyone has the right to have their say – but it can be difficult to make sure that everyone has the opportunity to get their say. Participatory methods can help.

PA practitioner

participate

examples of involving people in food and health work

Where has PA been used and what has it been used for?

PA has been used by those who contributed to this publication in a vast variety of situations, with many different people and for a range of reasons.

Quite a few people had used PA with children and young people. Some used it with mixed audiences or at public events and others used the approaches and methods to develop action plans. Many people had used PA methods in their team or own work for project planning or decision-making. A few people had also incorporated PA methods into teaching – such as using a **body map** for health education with young people, or using a variety of methods with students to create a workshop atmosphere as an alternative to a traditional lecture.

PA was popular for carrying out evaluation, such as at cooking sessions, where a few had used an **H Diagram** as an efficient way to find out what people thought of sessions and to suggest improvements. One person had used PA to find out local people's views on local transport and food shopping. Another

What is a body map?

A body map (pictured) is an outline of a body. Individuals and groups are asked to draw or add comments to the body or on the outside of the body. For example, people are asked to add comments or draw pictures that show how they make food choices. Outside influences can be placed outside the body and personal choices or needs could be placed inside the body.

What is an H Diagram?

An H Diagram (pictured) asks one question. It provides space for positive, negative views and suggested changes relating to this question. It also often has a scale from 0 to 10, with 0 being a negative response and 10 a positive response. For example, a question could be 'what do you think about food shops in this area?' The person answering the question could rate the food shops as 6 out of 10, they could add positive and negative comments in the spaces provided and they might put lots of ideas about how food shops in the area could be improved. An H diagram could be used in various ways, including individually or in a group setting.
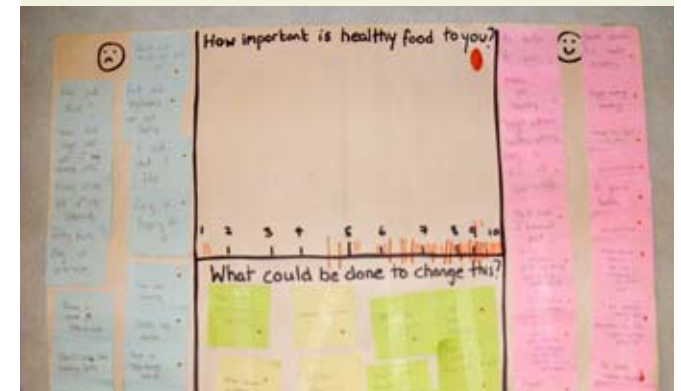
person used PA at a public event to find out if local people wanted a food co-op in their area. They encouraged people to vote for or against the co-op by asking them to use beans as counters in 'yes' or 'no' jars.

At the all-day event for those who had attended the course, the 13 participants were asked why they still continued to use PA methods and approaches and what they found the benefits were. The most popular comments were that the PA process involved people by either engaging with them, by being democratic or by sharing views.

What worked?

Overall those who had used PA in their work or communities found that it was enjoyable for everyone involved and people were easily engaged. It had helped people think more about what they were trying to achieve overall. It had also helped to make projects belong to those using them rather than the person paid to do the work. PA methods were highlighted as being suitable for all ages, although one person had found that body mapping was particularly good with young people. Another said that PA sets out a picture quickly of what people want. Others liked certain PA methods more than others. The H Diagram was popular with many, some were less keen on body maps.

involve

action

Case studies

The case studies that follow give more details on how PA approaches have been useful for involving people with planning, evaluating and changing food and health work. Because many of the PA practitioners are involved in other areas of work as well as food and health; some of the case studies reflect their uses of PA throughout their organisations.

I have used it (PA) extensively at work, with friends and at home.

PA practitioner

West Lothian Health Improvement Team

This case study from West Lothian shows how three members of a multi-disciplinary team used participatory appraisal (PA) methods and approaches with different groups that they work with, and for different purposes.

Image supplied by Vikki Hilton

Members of the West Lothian Health Improvement team have been using participatory approaches in their work for several years. A few members of the team attended the CFHS participatory appraisal course, whilst others had learnt the methods from other team members or elsewhere. Some had a community development background and found that participatory methods worked well alongside community development approaches.

In general, the team's work around food and health includes servicing and developing a network of food co-operatives, running a 'Get Cooking' programme and delivering health promotion activities, as well as promoting food access more strategically.

Using PA in working with cookery classes (or training)

The Get Cooking programme aims to invest in local people by training them to run their own cookery classes. Cooking tutors learn participatory methods in order to find out the training needs of potential new groups and to carry out evaluation during or at the end of the Get Cooking courses. The most popular method for both of these is the H Diagram. Completing this chart/diagram collectively or in small groups helped to stimulate discussion as well as helping to make sure that everyone gets what they want out of the Get Cooking sessions.

Using PA in working with food co-ops (or developing new projects)

The team found that participatory techniques are particularly useful for developing new or existing food co-operatives. For example, members of the team and volunteers used a variety of participatory methods to find out if local people wanted to develop or use a food co-op in their area. The team found that participatory methods worked well to involve people and to get a clear idea of what local people wanted. After a series of consultation events about the potential new food co-op, the team planned how to tell the community what had been found out. However, the local people who had started to get involved with developing the food co-op were keen to take action and open the food co-op, and did not want to be involved in any more activities or events. Although one of the principles of PA is letting people know what views have been heard in the community, another important feature of PA is making sure that community members control how and when they are involved. In this case, the group did not want any more events or activities, as they believed that enough had already been done. The new group then set up their food co-op.

PA gets into everything

Here are a couple of examples of how members of the team have used PA methods in other areas of their work.

In schools, they asked the children to draw a map of their area so that they could talk about what (food related) issues were important to them. Most of the children were happy to do this although one or two children were less comfortable with this approach because they were self-conscious about their drawing skills.

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When members of the team used a graffiti/sticky wall to present their work to the local CHCP (Community Health and Care Partnership), they found that adding posters, diagrams, arrows and photos to the sticky wall helped to 'build a picture' of their work and they preferred using this method of presentation compared with using a Power Point presentation.

Top tips

- If you are running an event and plan to use PA methods, particularly a sticky wall, go and see the building first to make sure that you have space and permission to use the wall space. Also, when using a sticky wall for presentations, don't put too much on the sticky wall, otherwise it will fall down.

- When using PA methods at a meeting or at an event, have plenty of table space to use large sheets of paper, then there is no need to make people crawl around on the floor.

- Make sure that anyone conducting PA knows the principles, make sure that they don't 'lead' people, use leading questions or 'keep hold of the pen'.

- Don't ask too many questions and keep the questions open ended so that you get lots of opinions.

- Explain to people what you are doing and why, take plenty of pens, and use coloured Post-it notes, for colour coding.

- It is important to leave good instructions or someone to explain how a particular process works. The team found that when PA type sheets were left in a community centre for people to complete, not all the sheets were filled in and tracking who had taken part was particularly difficult.

inform

discuss

case studies

Wallyford Community Centre, East Lothian

This case study from Wallyford Community Centre shows what happened when this community centre hosted a participatory appraisal (PA) training placement and how PA is used in many areas of the Centre's work.

PA placement

In October 2005 a PA study placement was set up in Wallyford. The aim was for those attending a PA residential course to practice their skills and for local people to express their views.

The village of Wallyford is in the process of being developed into a small town and within the next ten years the population will double from its current size of 2,500 to around 5,000. The local authority planning team was keen to know what food shopping arrangements the people of Wallyford wanted in this new, larger community. It was a key partner in setting up the placement and put forward the questions that they wished the Wallyford residents to answer.

The trainee PA team were asked to engage with a cross-section of the community to:

- find out any current barriers to a healthy diet and how these could be overcome;
- and find out what food shops people wanted in the new larger community.

The PA team were asked to remain neutral regarding these views.

Over a day and a half, the PA team engaged with people in many situations and venues.

In total, they engaged with 209 people, half of these were primary-aged children, and the other half were made up of a good mix of ages. They spoke with people from all areas of the village.

They used a variety of methods and processes to engage with people. One approach was to ask people to draw a map of where they lived and to use Post-it notes to show the things that they liked and didn't like on their map. They also used H Diagrams to find out the population's likes and dislikes. In the street they displayed a map of the village and asked people to indicate their preferred location for future shops.

Finally, they showed the results of their PA work at a public display in the community centre, where people had the opportunity to see the results and to add comments.

Recommendations from the results included more individual shops, with longer opening times, traffic calming and more crossings, community police and a warden. Further work was also recommended to engage with more people between the age of 19–25, as the team had not talked with many people in this age group.

Results from the PA placement

The report was sent to the local authority planning department, who will use it for background information. Reports were also sent to other organisations, including the Community Planning Partnership.

PA everywhere

Generally, since then, PA methods and approaches have been used throughout the community centre and as a community development tool with the local population. The methods have been used for team work, family days and in the youth club. H Diagrams are used by youth club staff to evaluate each youth club session. Prior to using H Diagrams there had been limited formal evaluation. A result of using the H Diagram regularly was that youth club staff were more informed and therefore more able to tackle any problems, such as challenging behaviour.

case studies

PA approaches were also used in a rural development planning day that the community centre staff facilitated. The 30 people that attended this event were required to assist in the development of a rural development plan for the local authority. The main objective of the day concerned showing how the Scottish Rural Development programme was linked to key local concerns such as community planning and the Leader+ programme. This was a long but productive day. It had three facilitators and three groups. They used a variety of methods to engage with people, including mapping, voting and a matrix to capture people's views. The day went well, and the facilitator believes that less would have been achieved if they had used other methods, such as focus groups. The PA methods were particularly good for making sure that everyone had their say and that the discussions were not dominated by any individuals. They also found that although those attending were not familiar with PA methods, they had no problems understanding the tasks.

Top tip

- Good planning for a session that uses PA methods is essential. Although planning for PA events can be time-consuming, it does pay off.

Community Food Project, Fife

My main aims were to find out:

1. What activities the community would like to see in relation to food activities.

2. How they saw themselves linking in with the project.

3. And how Fife Community Food Project in Levenmouth could be improved.

I used a sticky wall with three headings. The response from the community was positive and gave me an insight from participants on what activities they would like to see in the future, which has enabled me to plan, link in with other projects and organisations.

Celeste Thomson

Tayside primary schools

I had been asked to work with Primary schools in Perth and Kinross to find out what the children thought of the school meal service. The team used several participatory appraisal methods, one of these was to give the children cameras and ask them to take pictures of things that they liked and things that they didn't like about the school meal service. The photos were then placed on a sticky wall in the classroom. Statements about the meal service were placed on the wall and the children were encouraged to agree or disagree with the statements or to add some comments of their own. Compared to previous years, the team agreed that this consultation exercise had been very successful. They believed this was partly because the pupils 'owned' the information. The pupils were then given the task to come up with an action plan to try and address the issues that they had identified.

Lyndsey Robinson

engage

case studies

Youth Club, Inverness

Food First is a healthy eating initiative run by the voluntary organisation, Partnerships for Wellbeing, in Inverness. Food First have used participatory appraisal (PA) methods and approaches throughout their work, this case study is an example of how they used PA with young people to help them decide what health activities they would like, and to get these activities started.

Girls at the youth club were invited to take part in choosing future activities around health (the boys were out doing other activities). They used body mapping to help them think about health issues that affected them.

The 14 girls, mainly in their teens, were asked to split into three groups and a volunteer from each group was asked to lie on a large sheet of paper (wall lining paper is ideal). Another member of the group then drew around them to create a body outline shape. Everyone was asked to draw on or around the body outline things that affected their body. They were then given:

- 3 pink Post-it notes to write things that make it easy to have a healthy body;
- 3 blue Post-it notes to write things that make it difficult to have a healthy body; and
- 3 yellow Post-it notes for ideas or changes they would like to make.

The girls wrote down and discussed a variety of issues that they believed affected their health and body image including bullying, junk food and thin models. They suggested that exercise, information on hygiene, healthy options in the tuck shops and cooking sessions would address some of these issues. The following week the girls had another discussion to prioritise and plan these activities. One of the actions that the girls agreed to was to make healthy options available in the youth club's tuck shop. They arranged to make smoothies, fruit juices, fruit kebabs and have lower fat crisps available. Since then, the changes that they have made have been popular with both boys and girls in the youth club, particularly the fruit kebabs and smoothies. The young people are also involved in preparing these foods. Prior to the girls' discussions, the youth club staff had considered offering healthier options in the tuck shop but did not think that the young people would be interested. Because the girls decided for themselves that they wanted healthier foods, these changes were acceptable and also resulted in the young people being actively involved in making, as well as promoting, healthier foods. The young people are also in the process of addressing some of the other issues that came up in the discussions.

Top tips

- Keeping boys and girls in separate groups when discussing health issues can be helpful in some situations. In the above example, the girls refused to carry on their discussion when the boys returned from their own activities.
- Body mapping – draw around people with a pencil – this stops ink getting on clothes.
- Take pictures of your work (with the permission of those in the pictures) to help record what happened.

case studies

Children's Garden, Glasgow

This case study from the Children's Garden in Glasgow shows how this community group used participatory appraisal (PA) methods and approaches to change the way in which this organisation is run.

The Children's Garden is a community project based in Glasgow Botanic Gardens and has been open since 2003. The Garden is open to the public and local children are involved in planting and maintaining the Garden.

Until very recently, the Garden has relied on a very small handful of volunteers to co-ordinate and develop activities. In 2006, the group planned to change this and involve more people, particularly children, in both co-ordinating the Garden's activities and deciding what these should be.

Using PA to encourage people to make decisions

The Garden's committee decided to take action by setting up a children's 'Team Challenge', supported by grant funding from Communities Scotland under the SCARF programme (Scottish Community Action Research Fund, managed by the Scottish Community Development Centre). The 'Team Challenge' involved the children being invited to take part in a course to teach them how to use participatory methods and approaches over three days in the school summer holidays. This aimed to encourage the children to decide what they themselves wanted from the garden and decide how they could get involved. During the course the children also used the methods to find out the views of people visiting or using the Children's Garden.

Twelve children mostly aged between eight and eleven years old took part in the Team Challenge. Although the course achieved what it set out to do, it took the course co-ordinators some time to convince the children that their views and the information that they gathered would be taken seriously and acted on. Once the children realised that their opinions would be taken seriously, they were very enthusiastic and actively discussed their views.

Making decisions together

An exercise called snowballing was used to help the children come to a consensus decision about what they would do in the Children's Garden if they had £100 to spend. The group split into pairs and agreed what they would do, then each pair joined with another and came to a decision with the new, larger group. The groups kept joining until there was only one group. The final decision to spend the theoretical £100 on fruit trees involved all the children. This process was useful in helping the children reach a consensus and develop a team spirit.

The children also spent some time talking with people visiting the garden and asking them to give their views. The results were displayed publicly and councillors and other officials viewed these and commented on them.

Changes as a result of using PA approaches

As a result of the Team Challenge and subsequent work with adults on the committee, the Children's Garden has been strengthened and now has more people, including children, involved in decision making. They have set up more sub-committees, each with a special

case studies

focus, such as cookery classes or gardening, to deliver work according to their own area of interest. Each sub-committee reports to the full committee. The Children's Garden now has more people to run it and there are more activities for the children developed as the direct result of involving local children.

Top tip

• Make sure that all key stakeholders, including strategic partners and funders, are involved in any significant changes to the way the project is going to be run.

Clinical Standards Project, NHS Tayside

We took part in two Patient Focus Public Involvement (PFPI) days in Angus and Dundee organised by the operational chief executive's department of NHS Tayside. We (the project team) put up our sticky wall and had various sheets so that people could comment on hospital food, such as favourite foods, things they didn't like, comments about the food service and some demographics. It was a popular corner of the event and caused a lot of comment, both from the public and from other members of staff. We collected names and addresses and gave a basket of fruit to be drawn at the end. This encouraged people to take part but couldn't be linked back to their comments as these were on the wall. The information we collected from the public has been collated and fed back to the project's menu planning group as we are about to start reconfiguring hospital menus across NHS Tayside. The Head of Catering for NHS Tayside has found all the public involvement surveys we have done over the past four years very helpful.

Since these events, a few colleagues have borrowed the sticky wall and used some of the PA techniques at their own events. We also continue to try and develop a much more interactive approach to our work as well. I can recommend PA to anyone doing training and/or evaluation work with disparate groups of people. It allows everyone to contribute in their own way, and collective statements empower people who might not otherwise have a voice.

Anne Woodcock and Caroline Hubbard

training

Drumchapel Healthy Living Initiative, Glasgow

This case study shows how a healthy living initiative in Drumchapel is successfully using participatory methods to plan, monitor and evaluate their work.

Drumchapel LIFE, a Healthy Living Initiative in Glasgow, has used participatory methods and approaches in many parts of its work and with members of its own Board. The project has also run a course on the methods and approaches for another organisation in their area.

The Initiative's work around food and health includes supporting a local network of nine fruit and veg barras and 'Food Dragons', a cookery and educational programme for children and parents delivered in local nurseries.

Using participatory methods for ongoing evaluation

As Food Dragons is currently running as a pilot programme, Drumchapel LIFE is keen to undertake thorough monitoring and evaluation. Nursery staff involved with Food Dragons have each been asked to complete H Diagrams. Parents have been sent standard questionnaires (a method parents would be more familiar with).

Future evaluation will include the use of a dragon shaped body map to help tease out ideas from those who have been involved in how to improve the programme. This will take place when the project launches the Food Dragon cook book. The nursery workers will also be taught some of the participatory approaches and methods so that they can carry out their own evaluation in the future.

Using participatory methods for project planning with the Board

The Board for Drumchapel LIFE are keen users of participatory methods. The Board found the methods helped them to focus and be creative at a recent planning day. Members of the Board drew representations of their current organisation, and then drew what they would like the organisation to 'look' like in the future. This and other processes helped the Board get a lot of work done in a short space of time and put together a plan for the next three years.

Top tips

- Remember that PA is more than H Diagrams and body maps… it is about attitude and skills as well.

- As with any other type of method, you still need to have good facilitation skills in order to get the best results.

- Make sure you have a good PA tool box. Make sure you have loads of Post-it notes, (having them in different colours can be useful), colouring pens, Blu tack, Sellotape, sticky things such as dots, stars etc (useful for voting or prioritising) and lots of big blank paper (rolls of lining paper are great, they're cheap and you can spread them on the floor).

evaluate

case studies

Dysart Food and Health Initiative, Fife

This case study from a food and health initiative in Dysart, Fife shows how members of Fife's Food and Health Team and Fife Council Regeneration Managers used participatory appraisal (PA) methods combined with a community development approach to take forward a Healthy Eating Initiative in Dysart.

The Initiative aimed to engage with a cross-section of the community and find out their ideas or opinions of their experiences of eating a healthier diet. This included ideas on how to address the barriers to a healthy diet. Local staff and the community would then work together to start a process to make policy and practice changes around food access. The aim was that an action plan would identify: 'what we can do for ourselves' (as individuals) 'what we can do with others (as a community) and 'what we need others to do for us'.

What happened?

The team engaged with the community in various ways, for example at a Gala Day, and with local groups such as the allotment association. They also spoke with local retailers and hosted a PA student placement. The PA placement students spent two days engaging with a cross-section of the community to find out their views on food access.

The Initiative was successful at involving various groups and ran cookery sessions with some local people. It also had success in changing the ways some of the staff members worked with the community. However, members of the community were disappointed that action was not taken faster. This was due to a lack of staff time. A more positive result linked to this work is that the group and other agencies accessed funding to employ community staff. These new workers have been employed to work with the community to address food access issues and they work in several areas, including Dysart. The work in Dysart has regained some momentum and local people are keen to have access to a food co-op in their area. One or two people are keen to volunteer to run a food co-op and the worker is in the process of encouraging more people to get involved in running a food co-op.

Top tip

- Use an **Orbits of Participation** diagram with staff and stakeholders early in the project in order to gauge level of interest and ability to get involved. This diagram helps people to assess their levels of ability to get involved in work and can help the group to have realistic aims of what they could achieve.

What is an Orbits of Participation diagram?

This diagram has been adapted from a model by Aggens (1998) and it aims to illustrate how people get involved in decision-making. It can be used as a way of enabling people to show how they would like to be involved in something. In the Dysart Project it was used for people to record where they felt they were placed in terms of involvement in the project.

It is also a very good way of working in partnerships for people to think about and show where they sit in terms of involvement and how they might be involved. It helps people to recognise that at some stages they may move between levels, how and when this might happen. The "windows of opportunity" (see the movement arrows) enable people to move between areas of involvement.

Image supplied by Vikki Hilton

case studies

Problems and solutions

There were four main challenges that were frequently reported in the PA practitioners' reports or at the follow-up days that they had attended.

The first challenge involved finding a way to encourage leaders or others in an organisation to either take part in a participatory process or to accept the results from applying PA tools and approaches in the community. Some PA practitioners had found resistance from people in their organisations to using PA, whereas others had experienced no problems at all. Suggestions for overcoming this challenge included: having a 'PA Champion' (or a person who is keen to adopt PA) in the organisation to help, showing examples of where the PA process has worked, to lead by example or to use PA in small ways – such as using a PA method for one agenda item in a meeting. An Oxfam review of PA (Oxfam GB, 2001) considered that PA work needs to also show credibility to win over decision-makers. This can be done partly by ensuring that PA methods are rigorous and reach a wide section of the community that will be affected by any changes. This can be achieved by using maps to monitor which sections of the community have been involved and keeping a check-list of the ages and gender of those involved.

PORT GLASGOW

The second challenge was finding ways to encourage the public or members of a group to actually take part in participatory appraisal. Although most PA practitioners found that PA methods were very successful at encouraging people to become involved, a few found that it took time to get some groups involved, especially with people used to sitting and listening, rather than participating. Asking people to participate in any process at a meeting can take some people out of their 'comfort zone'. Some found that groups could be made more comfortable by explaining the PA method or process that they were using. Another solution seemed to be to try different methods to find out what people were comfortable with and to have a 'plan B' prepared in case some methods did not work.

Although PA is more suitable for people with literacy issues compared to questionnaires, literacy issues were still a problem for some. This is because popular PA methods involve inviting people to write their ideas or suggestions. These methods are useful for making sure that everyone has a chance to

have their say, particularly for those who are not confident about speaking in meetings. However, some people might be uncomfortable with their spelling or writing skills. To overcome this problem, some PA practitioners had used picture symbols, others had asked participants to draw 'stick drawings' and another had read out statements and asked people to agree or disagree with the statements. One of the case studies (Tayside primary schools) shows how photos were used to show typical scenes of the school meal service. The school pupils then had the opportunity to indicate whether they agreed with what these photos represented.

The fourth challenge concerned the time-consuming nature of PA, the process itself and the time taken to plan PA methods. Many agreed that choosing which methods to use could take time and some said that this reflected how confident they were with using the methods. With the PA process, it could be argued that any method that aims to empower people to take part in decision-making and action will take time, particularly when aiming to include the most excluded people in a community. The time taken for the PA process was also highlighted as a challenge in a review of PA by Oxfam GB (2001). This review warned that the community can also get fed-up if there is too much time between gathering their views and taking action as a response to these views.

Other issues that came up were: the challenge of writing up the findings from a PA exercise into an acceptable report form, building up a tool box of PA resources and trying to avoid leading questions when deciding what to ask people. Another area of concern highlighted by both the PA training participants and the Oxfam GB review (2001) was that of resolving conflict. The PA process can uncover conflict and this needs to be given sufficient time to be addressed.

The case for involving people

Although the examples in this publication show that PA is not without its challenges, many people find that it works. At the Community Food and Health (Scotland) PA follow-up days 24 people out of a total of 26 people (many from health backgrounds) agreed, or strongly agreed that their work practice had changed as a result of taking part in PA training.

PA does get people involved. It does make sure that people get heard, especially 'hard to reach' communities. Getting people involved does mean that projects and activities are more likely to work. Getting people involved in food and health improvement activities in their groups or in their communities, as opposed to 'parachuting' solutions into an area, means that a project is more likely to be successful.

further information and references

As discussed earlier, participatory appraisal approaches and methods share some of the approaches and principles of other schools of thought. These include community development and work in developing countries. This section provides basic background reading on some of these theories. There is plenty of information on involving people and theories of participation available on the internet. This section provides just a starting point for ideas on involving people in community work.

References

- Aggens, L, 1998 Identifying Different Levels of Public Interest in Participation pp.189 – 194 in *Public Involvement Techniques*, Creighton, J, Priscoli, J and Dunning C, Institute of Water Resources Research Report 82-R-1

- Community-led Supporting and Developing Healthy Communities Task Group, 2006. *Healthy Communities: A shared challenge. Summary report* (online). www.healthscotland.com/documents/1403.aspx (Accessed 30 April 2007).

- Communities Scotland, 2005. *National Standards for Community Engagement* (online). Available from: www.ce.communitiesscotland.gov.uk, Edinburgh: Communities Scotland. (Accessed 30 April 2007).

- Caldwell, C., Mccann, G., and Flower, C., 2003. *Have you been PA'd? Using Participatory Appraisal to shape local services* (online). East End Health Action, Greater Easterhouse Community Health Project, Greater Glasgow NHS Board, Oxfam GB. Available from: www.oxfamgb.org/ukpp/db/index.php/browse/resource.html?search%5BID%5D=59 (Accessed 30 April 2007).

- Cultenhove Opportunities Partnership and Stirling Community Planning Partnership, 2005. *Get Talking in Cultenhove: A Participatory Appraisal Project* (online). Available from: www.participatorytraining.co.uk/Cultenhovereport.pdf (Accessed 30 April 2007).

- Johnson, V., Webster, J., Sustain, Oxfam GB and Development Focus, 2000. *Reaching the parts… Community mapping: Working together to tackle social exclusion and food poverty* (online). London: Sustain in association with Oxfam's UK Poverty Programme. Available from: www.sustainweb.org/pdf/pov_reach.pdf (Accessed 30 April 2007).

- Mcglone, P., Dobson, B., Dowler, E., and Nelson, M., 1999 *Food projects and how they work*. Joseph Rowntree Foundation. This report is available to buy from www.jrf.org.uk.

- NHS Quality Improvement Scotland, 2006. *Patient Focus and Public Involvement Draft Framework 2006–2009* (online). Available from: www.nhshealthquality.org/nhsqis/1843.html (accessed 30 April 2007).

- NHS Health Scotland, 2003. *Insight – case studies in community development and health in Scotland* (online). Edinburgh, NHS Health Scotland. Available from: www.hebs.com/services/pubs/pdf/ InsightBook.pdf (Accessed 27 April 2007).

- Scottish Executive, 2003. *Improving Health in Scotland: The Challenge* (online). Edinburgh: Scottish Executive. Available from: www.scotland.gov.uk/Resource/Doc/47034/0013854.pdf (Accessed 30 April 2007).

- Titterton, M. and Smart, H., 2006. *Can participatory research be a route to empowerment? A case study of a disadvantaged Scottish community*. Community Development Journal Advance Access. An abstract of this article is available from: www. oxfordjournals.org/cdj/about.html (put the authors names into the search facility).

- Oxfam GB.,2001. *Participatory Appraisal Review Workshop* (online). Oxfam GB. Available from: www.oxfamgb.org/ukpp/ resources/downloads/Oxfam_PA_workshop_report.pdf (Accessed 30 April 2007).

Reading

Food and health

- Mcglone, P., Dobson, B., Dowler, E., and Nelson, M., 1999. *Food projects and how they work*. Joseph Rowntree Foundation. A summary of this report is available from www.jrf.org.uk

Community development

- Scottish Community Development Centre, *What is Community Development?* (online). Available from: www.scdc.org.uk See 'About Us' section.

- Ledwith, M. 2005. *Community Development: A critical approach*. UK: Policy Press. Available to buy from: www.policypress.org.uk

Participation/engaging with communities

- Wilcox, W., 1994. *The Guide to Effective Participation* (online). Available from: www.partnerships.org.uk

- Scottish Community Development Centre, 2007. *Better Community Engagement. A better framework for learning* (online). Available from: www.scdc.org.uk

- *Participation Works! 21 techniques of community participation for the 21st century* (online). Available from: www.neweconomics.org

- Participation Services, 2004. *Participation Handbook* (online). The Scottish Parliament, Public Participation Team. Available from: www.scottish.parliament.uk (see the 'Visit, Learn, Interact' section).

Participatory Appraisal (PA)/Participatory Rural Appraisal (PRA)

- Robert, C., Blackburn, J., and Barnard, G.,1996.
  The Power of Participation: PRA and Policy. IDS Policy Briefing 7.
  Available from: www.ids.ac.uk

- Scottish Community Diet Project, 2003.
  Exploring, Identifying and tackling community food issues by Participatory Appraisal – A residential training course, New Lanark Mill Hotel 29 September – 3 October 2003 (online).
  Glasgow: Scottish Community Diet Project.
  Available from: www.communityfoodandhealth.org.uk

- East Lothian Council, 2005. *Wallyford Participatory Appraisal* (online). Wallyford.
  Available from: www.communityfoodandhealth.org.uk

- Hilton, V., 2005. *Dysart Food and Health Initiative* (online).
  Fife Council and NHS Fife.
  Available from: www.communityfoodandhealth.org.uk

- Glasgow Centre for Population Health recently developed a PA training course aimed at volunteers and others in Glasgow. Trainees attended a follow-up event to report on how they had used PA.
  A report will be available at www.gcph.co.uk

Policy/Policy guidance

Community Health Partnerships

- CHEX, 2005. *'Putting the "community" into Community Health Partnerships' (A briefing on Community Health Initiatives potential role in CHPs)* (online). Briefing Sheet for the Community Health Exchange: Glasgow. Available from: www.chex.org.uk

Community Planning Partnerships

- Information about Community Planning Partnerships can be found at Communities Scotland's website: www.communitiesscotland.gov.uk

- Scottish Centre for Regeneration, Communities Scotland, 2005.
  Learning Point 1: Making it meaningful: involving communities in community planning (online).
  Available from: www.ce.communitiesscotland.gov.uk

- Scottish Centre for Regeneration, Communities Scotland, 2006.
  Learning Point 13: Community planning partnerships: engaging communities (online).
  Available from: www.ce.communitiesscotland.gov.uk

- Communities Scotland, 2005. *Community Engagement 'How to…' Guide* (online).
  Available from: www.ce.communitiesscotland.gov.uk

develop

co-operate

Useful contacts

- **Community Food and Health (Scotland)**
  www.communityfoodandhealth.org.uk
  0141 226 5261
  cfh@scotconsumer.org.uk

- **Oxfam GB Poverty Programme**
  www.oxfamgb.org
  0141 285 8880 (Scotland)
  ukpp@oxfam.org.uk

  Oxfam's UK Poverty Programme (UKPP) was created in 1996, in response to the growth in poverty and inequality in the UK. The UKPP is guided by the same principles as Oxfam's work in other countries: it develops ways of working which enable people living in poverty to work out their own solutions to their problems, and to challenge the policies and practices that are responsible for creating and maintaining poverty.

- **The Scottish Community Development Centre**
  www.scdc.org.uk
  0141 248 1924
  info@scdc.org.uk

  The Scottish Community Development Centre is the designated National Development Centre for community development in Scotland. It provides information on community development training, seminars and information on the National Standards for Community Engagement.

Participatory appraisal trainers

- **Vikki Hilton**
  0131 331 1523
  vikki@hiltonassociates.com

  Vikki offers participatory appraisal training, mentoring, facilitation and participatory processes for involvement.

- **John Rowley and Kate Gant**
  John: 01865 456074/Kate: 0121 7785695
  john.rowley@participatorytraining.co.uk
  kate.gant@participatorytraining.co.uk
  www.participatorytraining.co.uk/trainers.htm

- **University of Northumberland**
  0191 227 4715
  http://northumbria.ac.uk

  The Participatory Evaluation and Appraisal in Newcastle upon Tyne (PEANuT) project is a regional focal point for PA consultation and research.

Participatory appraisal equipment and model

- Fabric for 'sticky/graffiti' walls can be purchased from the Point North Company www.profabrics.co.uk or tel: 01407 760195. The recommended fabric is 'Ripstop Nylon' (put NR3 into search window). Use 3M Spray Mount to make the wall 'sticky', which is usually available at art shops and some stationery shops.

- Guy, S., and Inglis, A., 1999. *Tips for Trainers: Introducing the "H-form" – a method for monitoring and evaluation* (online). PLA notes Issue 34. pp 84-87 IIED London. Available from www.iied.org/NR/agbioliv/pla_notes/pla_backissues/documents/plan_03415.PDF (Accessed 30 April 2007).

PA networks

- A network for practitioners who use participation methods in UK communities, **UK Community Participation Network – UKCPN**. This discussion list is run by InterAct, To subscribe, send a blank email to: UKCPN@yahoo.co.uk

- **Participatory Practitioners for Change**
  www.ppfc-uk.net/who.shtml

- **International participation network**
  http://community.eldis.org/pnet/

Contact details of case studies

- **Drumchapel LIFE**
  0141 944 6004
  info@drumchapellife.co.uk

- **Cath Findlay, Partnerships for Wellbeing**
  01463 729997
  foodfirst@pfw.org.uk

- **John Hancox, Hillhead Children's Garden**
  0141 9467122
  john@weegarden.co.uk

- **Kay Johnson, former West Lothian 'Get Cooking' tutor**
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  johnsonkay@hotmail.com

- **Pamela Martin, Wallyford Community Centre**
  0131 653 2804
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- **Angela Moohan and Clare Bell,
  West Lothian Health Improvement Team**
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  angela.moohan@westlothian.gov.uk
  clare.bell@westlothian.gov.uk

- **Lyndsey Robinson, Perth Royal Infirmary**
  01738 473396
  lyndsey.robinson@tpct.scot.nhs.uk

- **Stella Stewart, Community Development Project
  (Dysart and other areas in Fife)**
  stella.stewart@fife.gov.uk

- **Celeste Thomson, Fife Community Food Project**
  01592 411266
  Celeste.Thomson@fife.gov.uk

- **Anne Woodcock, Clinical Standards Project, NHS Tayside**
  01382 527961
  anne.woodcock@nhs.net

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notes

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