



Regeneration through Community Assessment and Action Overview of Methodology

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Background and Introduction

Successful regeneration requires the inclusion of community members as partners and participants in decision-making. This form of inclusion is more than just 'consulting' with 'the community' after important decisions have been taken, and goes further than community consultation being limited to a few representatives, or activists, speaking on behalf of groups. Inclusion involves engaging with representatives of all sections of the community, through all stages of decision-making.

Residents are experts of their own lives and circumstances. Effective community participation is about facilitating community members to articulate their views and perceptions on issues and problems facing the community, and the solutions and actions to address these. Community participation is also about promoting a sense of ownership and involvement within the local community. This leads to more active communities, and solutions that are more likely to succeed because they are appropriate, sustainable and respond to the community's own priorities.

Participatory Appraisal (PA) was developed in countries in Africa and Asia – it used very visual techniques and started with the premise that local people are experts in their own lives. PA is now widely used in developing countries in government and non-governmental organisations. It is increasingly becoming used as a tool for enabling community involvement in European countries, including the UK.

Participatory Appraisal and Community Mapping methods were piloted by Development Focus in collaboration with Sustain, the alliance for better food and farming and Oxfam UK's Poverty Unit. Development Focus has continued to develop these research methods in different parts of the UK and internationally. This work has resulted in a research methodology – Regeneration through Community Assessment and Action – that combines both qualitative and quantitative methods, ensuring rigorous and robust research. Development Focus offers an accredited training course in the methodology.

The Regeneration through Community Assessment and Action process enables local residents to set their own agendas, identify and prioritise issues and problems that affect them. Identifying solutions and action plans includes identifying who is

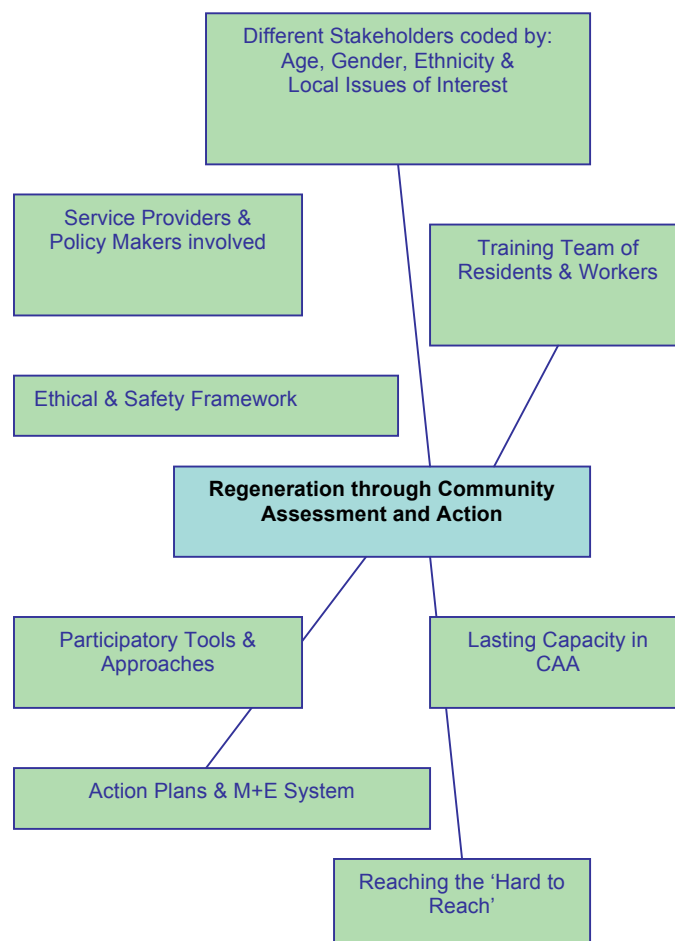


responsible for taking strategies forward. The process results in detailed information and action plans from which communities and local agencies can begin to make changes happen.

Community Assessment and Action (CAA) uses participatory visual methods and tools, such as maps, ranking lines and matrices. A central feature of the methodology is the development of a coding system so that all those consulted can be monitored in terms of issues of interest and difference, such as age, gender, ethnicity, disability, employment. Coding systems are specific to each project. Members of communities have differing and often competing or conflicting interests. Monitoring who is spoken to, and who says what, helps to ensure that these interests are identified. Solutions and actions must be designed in such a way that addressing one section of the community's interest, does not undermine another section's interests. Developing an ethical framework that the research team adheres to when talking to residents is also an important feature of the methodology.

The research process reveals where there is agreement and where there are differences of opinion between different people in the community. An important part of the methodology is a process of feedback of findings to local people and engaging with them to prioritise issues and to develop action plans.

Unlike traditional research methodologies, CAA allows local people to set their own agendas and priorities, and move through to recommendations for action on their chosen priority issues. The process reaches different people in the community in shopping centres and public places, parks, pubs, working men's clubs, schools,





mother and toddler's groups and other existing activities and groups in an area. Focus groups are also set up or existing groups visited to ensure representation from people in the community who have not been consulted, to cross check findings, and to carry out further action planning on the solutions prioritised by different groups of interest.

Involvement in an inclusive and participatory research process can help to create an active community and thus more sustainable actions. The process involves many different stakeholders in the community, with particular emphasis on those that are usually excluded from decision-making processes. Local service providers also participate in the process. Their involvement from the early stages of the research can often help to add detail as to how to take forward locally identified actions.

Regeneration through Community Assessment and Action involves training a team of researchers to conduct the participatory process. The team comprises both local residents and local professional workers. In this way, capacity in research skills and work experience is built within communities. Those that carry out the research are not 'outside experts', but those who have experience within the community and are known and respected. However, an outside perspective within the team can offer fresh insights.

The key features of participation in CAA are partnership, ownership, action and accountability:

Partnership – remembering that all stakeholders in the community including different community members, workers and policy makers are involved, and that participants are involved throughout the process.

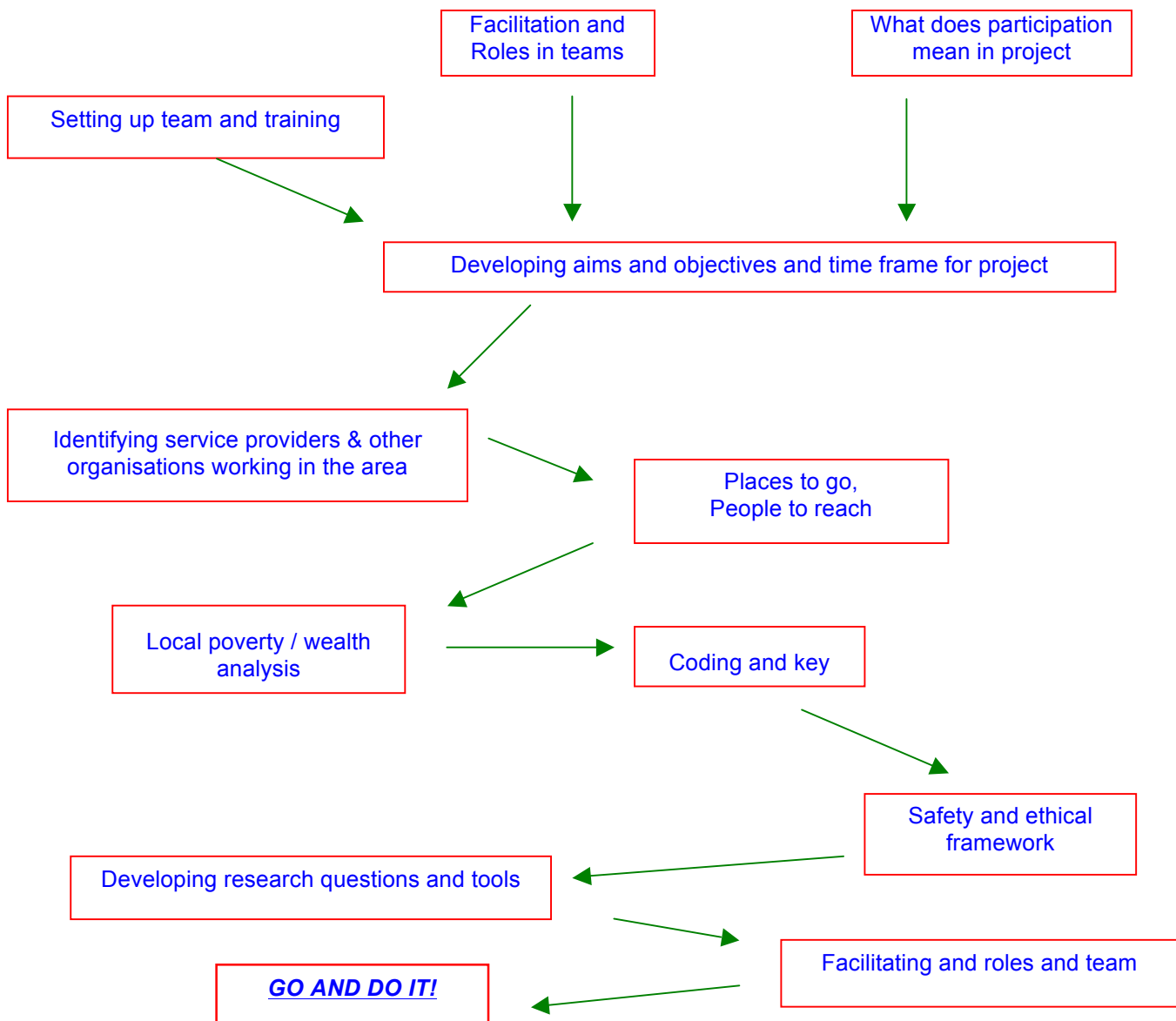
Ownership – that the process has the support of local people and policy-makers who feel a sense of ownership of actions that come out, thus creating a more active community and more likelihood of sustainable solutions.

Action – ensuring that community participation leads to action that is realistic and sustainable in the community, also looking at the responsibility of who is going to carry out the action and make it happen.

Accountability – monitoring representation from the community and establishing local targets and indicators with local people, workers, service providers and policy makers.

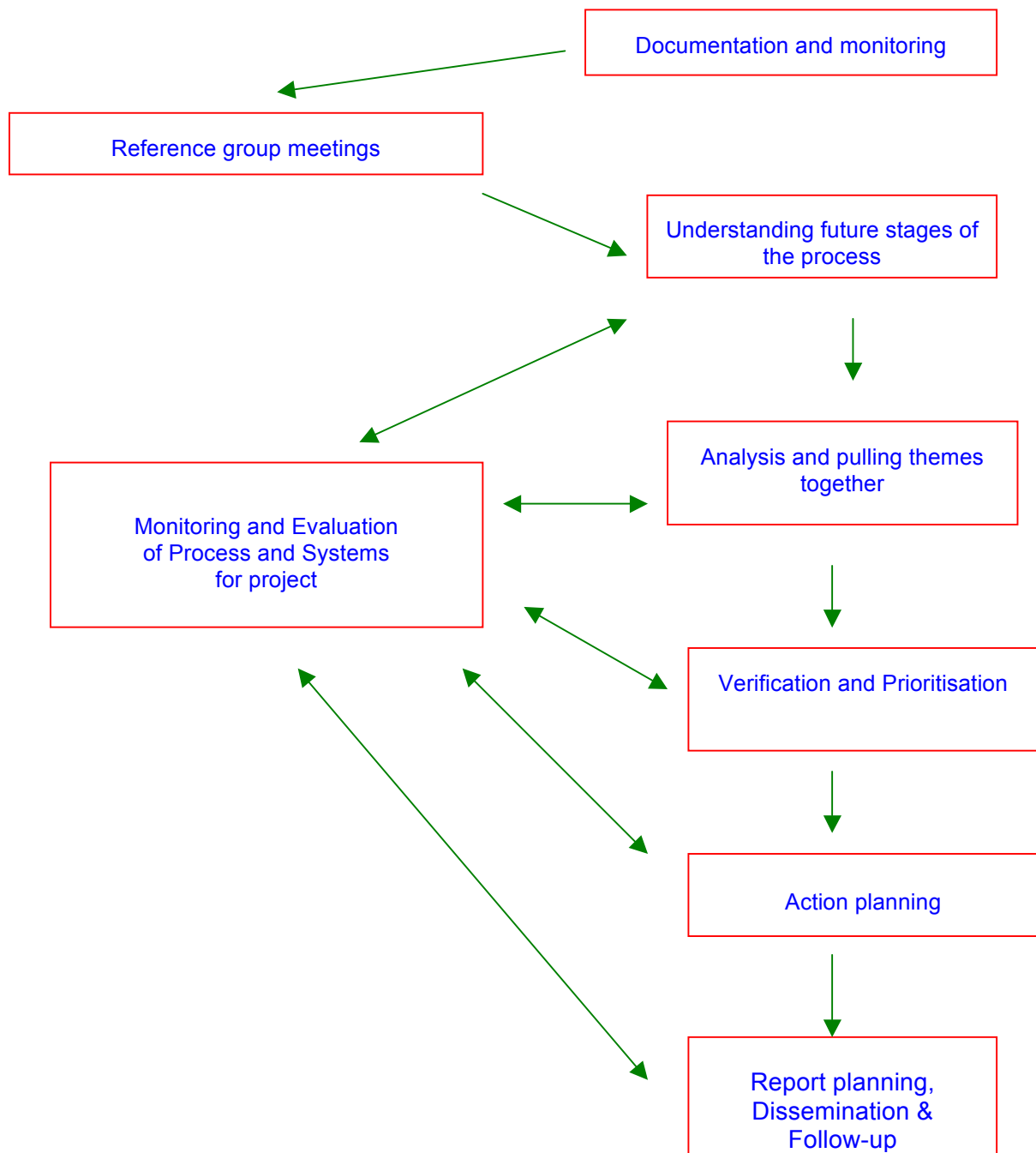
Overview of Methodology

The Regeneration through Community Assessment and Action methodology is outlined in the flow diagrams below and overleaf. The first stage of the process involves training a local team of researchers over six days. During this training researchers are trained in concepts of participation, facilitation skills, participatory research methods and the ethics and safety aspects of working in the community. Researchers develop their own aims and objectives for the project, the tasks and activities that they will do, and the monitoring system for assessing progress towards achieving aims and objectives. The research team also develops its coding system for monitoring who has been spoken to in the community. Identifying existing services, initiatives, organisations and research reports is an important part of the initial training. The team develops the research questions and the participatory methods used to facilitate discussions with residents. The research questions are designed specifically to generate information needed to meet aims and objectives. An 'access' map is developed which highlights where the research team need to go in order to meet people. Particular emphasis is placed on identifying those places to go to meet the 'hard to reach' groups in the community.



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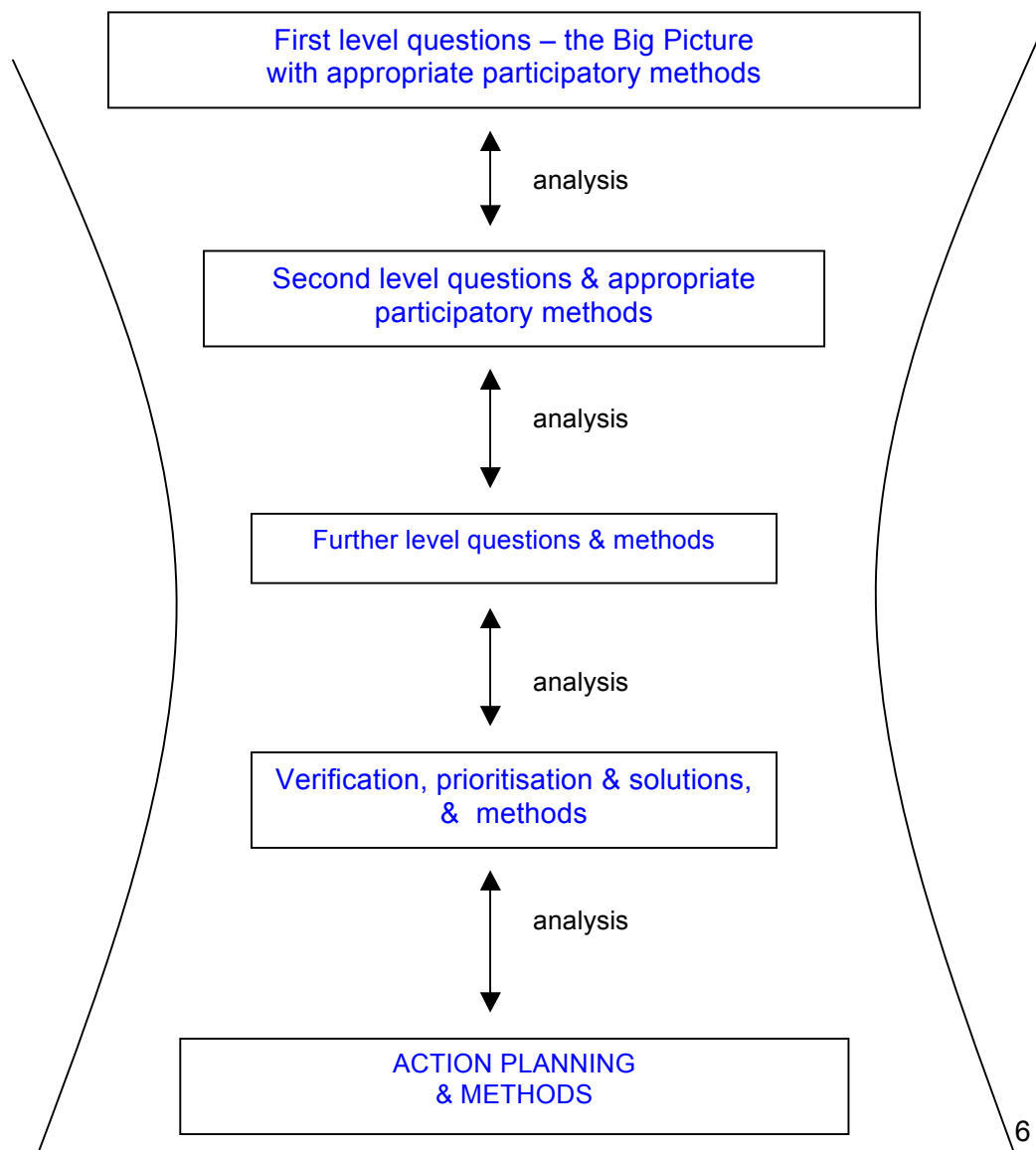
After the initial six day training the team carry out the fieldwork and go to talk to residents. During the research process, the team comes together at regular intervals for further workshop based training. During these two-day training sessions, team members reflect on the process, the findings that are emerging and further research questions and methods to use. The aims, objectives, and activities/ tasks are continually reviewed. The flow of the research process results in verification and prioritisation of issues, leading to residents identifying solutions and actions to those issues. A 'reference group' of local decision-makers and service providers is set up during the initial stages of the project, and during the course of the fieldwork, the research team facilitates reference group meetings where results and findings are shared with the group. The group members identify those areas where they can take action, and take recommendations from residents forward.



The Research Funnel

The research questions that are developed during the workshop-based training are designed to address the aims and objectives of the research. The initial questions that are used to facilitate discussions with residents are broad and open in nature, and are designed to seek out the 'Big Picture'. This is comparable to throwing out a fishing net over a wide area and see what comes back. This approach is based on the premise that the research team must have an open mind and should not seek to narrowly define the boundaries of the research without being informed by local people.

Associated with the broad and open questions are participatory research methods that can be used to capture a wide set of responses and issues. During the initial six-day training, the research team develops this first set of questions and the research methods to use. The diagram below depicts the research flow, starting with the initial research questions and methods, leading on to further questions (and methods).





During the first two-day workshop after the initial period of fieldwork, the team analyse the data generated from the first level of questions. From this analysis a second level of questions is developed that is more focused and specific than the first level. These questions are designed to explore in more detail issues arising from the first level questions. Associated with the more focused and specific questions are participatory methods that are designed to produce more in-depth and analytical information.

Development of questions and methods is an iterative process. Analysis of findings from each level of questions leads to further research questions (and methods). There may be two, three, or more levels of questions. This will depend on the findings that emerge from the previous levels, and the time and resources available to the team.

On completion of the 'levels' of questions, the next phase of the research process is the development of participatory methods that enable residents to verify, prioritise and identify further solutions to the issues that have been identified. The final phase of the research represents a 'broadening out' of the process, and involves working with residents to develop action plans to take solutions forward.

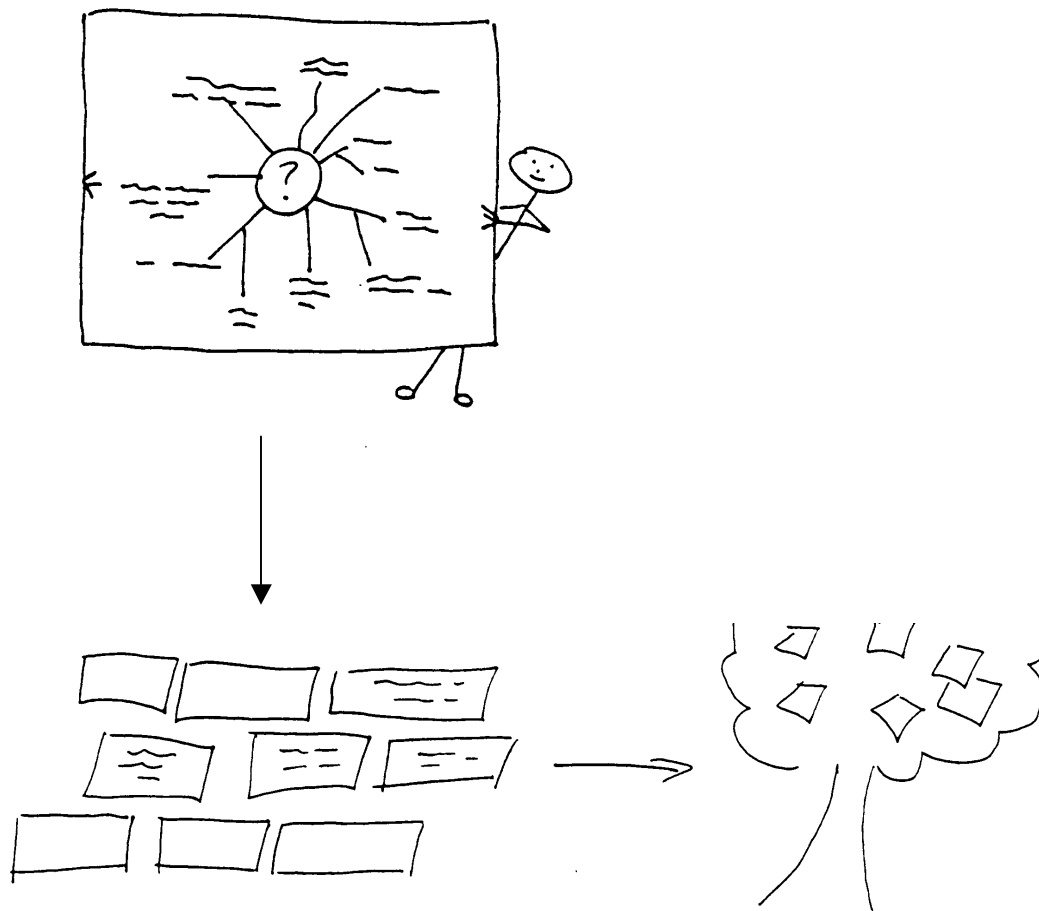
Horizontal and Vertical Sequencing of Questions and Methods

Sequencing of questions and methods is an integral part of the research methodology. Horizontal sequencing refers to sequencing of questions and methods within each level of the research process.

For example, during the first level of questions of a project looking at health issues, a question could be "What does good health mean to you?" A spider diagram may be the participatory method used for this, see overleaf.

After the respondent has placed her ideas on the spider diagram, she could then be asked to think about the things, or barriers that prevent her from having good health. These barriers could be placed on a problem wall. Finally, the respondent can be asked if she can think of any solutions to address the barriers, and place her ideas on a solution tree, see overleaf.

In this example respondents are asked to reflect on three distinct aspects of health, with three methods used by the research team, to facilitate this reflection. This is an example of a sequence of first level questions and methods. Although solutions and actions are addressed in detail in further phases of the research, the research team generates information on these from an early stage.



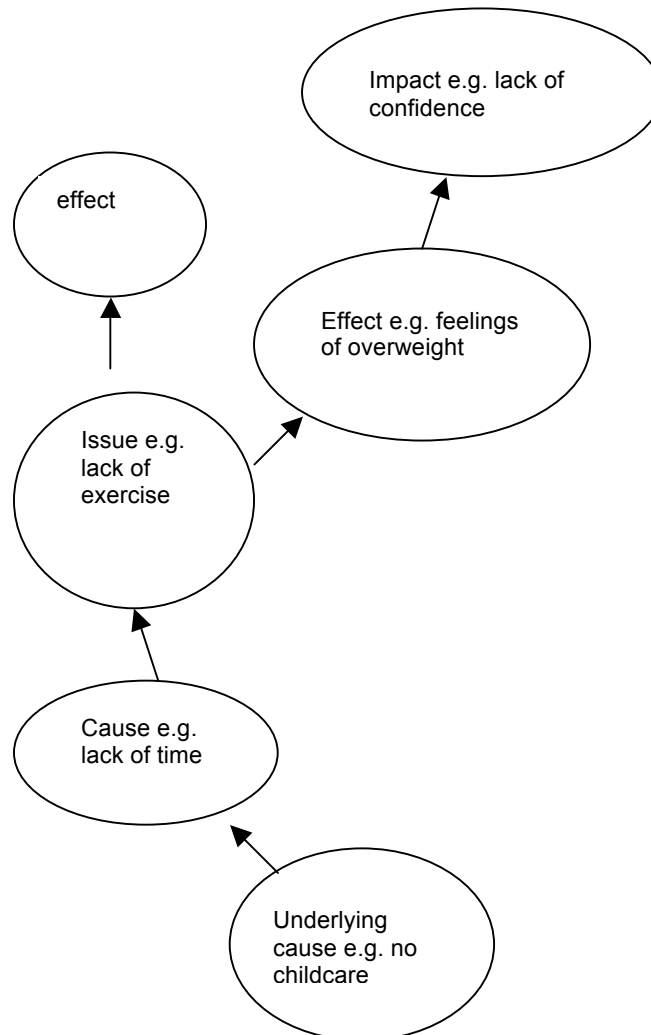
Vertical sequencing refers to sequencing of questions from one level to another. For example, analysis of the results from the first level questions described above, may lead to the identification of lack of exercise as a factor accounting for poor health. In this case, the second level of questions may include questions that seek to identify the underlying causes of lack of exercise, together with the impacts on the respondent's health from this. One method that could be used to facilitate this discussion might be a cause-impact flow diagram (see overleaf). In this case the respondent is asked to reflect on the immediate causes of lack of exercise, and then to reflect further and identify underlying causes. For example, an immediate cause may be lack of time, and an underlying cause may be no opportunities for childcare to release the time required.

The respondent could also be asked to reflect on the immediate effects or impacts on her health, and then to further reflect on the secondary, or wider impacts. For example, an immediate effect might be feelings of being overweight, and wider impacts of this might be lack of confidence to go out and meet other people.

This example illustrates how the sequencing of questions from one level to another, leads to a greater understanding of one aspect of health issues facing people. Note



that the method used in this case helps the researcher to get the respondent to engage and think about specific issues in more detail.



Verification and Prioritisation leading to Action Planning

Regeneration through Community Assessment and Action goes beyond identifying needs and issues in the community. An integral part of the methodology is to continue the process of engagement and facilitating residents to verify the analysis of the data and to prioritise issues and themes. Residents are also asked to identify and prioritise solutions that they think will address the issues. Further consultation with residents aims to develop actions that could be implemented to achieve the identified solutions.

There is a wide range of participatory methods that can be used for these stages of the research (see Development Focus Toolkit of Methods). The example overleaf shows the 'VAP Grid' designed to combine the verification, prioritisation, solutions and actions within one method.



For example, one of the issues in the health example may be the lack of childcare for young mothers to enable them to do exercise and keep fit classes. A young mother might agree that this is an issue and state that she has two young twins and has no one to leave them with. She may identify childcare facilities as a solution. In terms of specific actions – the what, when and where – she may identify the need for crèche facilities at the local gym on Tuesday mornings when she would be able to go to the aerobics classes held at that time. The young mother may consider that such a crèche could be set up within weeks or possibly months and the local authority (the owner of the sports centre) should be responsible. 'Other comments' might include the suggestion that the council subsidises both the price of the aerobics class and the crèche for single mums on low incomes.

Issue	Agree ☺	Disagree ☹	Priority	Solution	What, when, where	Timeframe weeks, months, years	Whose responsible	Other comments
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Documentation, analysis and feedback

Robust systems of storing and documenting data need to be created. For each fieldwork session carried out, a 'post session recording sheet' needs to be completed, that highlights the questions and methods used, the research team members' names, the date, time and location of the session, key findings and process comments, as well as key quotes. This sheet needs to be attached to the fieldwork, e.g. flipchart papers, and the comments recorded by the team during the session.

The coding system developed by the research team for monitoring who is consulted, involves defining coding criteria, and either allocating each resident who is consulted a number (the raffle ticket method) with a recording sheet indicating the coding criteria for that individual, or allocating her with a sticker of various shapes/ sizes/ colours, with letters/ numbers written on it, indicating her coding criteria. All contributions made by the participants need to have either the participant's number or coding sticker placed on them.

During each session a monitoring map needs to be completed, where each resident who takes part in the session places her/ his coding sticker, or number, indicating the vicinity of where s/he lives. At the end of each session the research team need to duplicate the stickers (or numbers) generated on the session's monitoring map, onto the project's monitoring map that provides a visual record of the coding stickers of all resident's consulted during the process, and their geographical location. The picture below provides an example of a monitoring map.

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Summary data from each fieldwork session can be compiled electronically, for example in a spreadsheet. This data should include: date, time and place of session; the participants; the members of the research team; questions asked and methods used. The summary data should also include a record of the numbers of residents spoken to, broken down by the criteria in the coding system.

This summary information provides accessible information on the numbers of people spoken to and their characteristics, revealed by the coding system. It also allows for monitoring of team members, in terms of their inputs in to the research, and monitoring of locations where people have been consulted.

During the regular two-day workshops, the summary data, together with the monitoring map should be used to assess the residents consulted on each set of questions and methods, the gaps, and the locations and groups that need to be reached to fill the gaps.

Analysis of the data collected during fieldwork sessions is carried out from the early stages of the fieldwork, with continual reflection and review at the two-day workshops. After the first level of questions the team members identify the issues arising and then discuss clustering the issues into themes. For example, in the health case, themes that might emerge could include: children and young people; access and availability of information; facilities and venues. The second level questions would be developed as a result of this initial analysis. The second level (and further level) questions would aim to explore the issues within the themes in more depth.

Throughout the analysis, there is much emphasis on identifying for which residents different issues are a concern, how different issues impact on different residents, and the differences and similarities between residents, and the different actions and solutions that are appropriate for each group of residents (as defined by the coding system).



Depending on the capacity and skills of team members, time and resources available, the electronic compilation of data could go beyond the summary data described above, and include the details of individual responses given by residents during consultation sessions. Such data can assist in drawing out findings during analysis.

The findings and analysis need to be taken back to residents for verification. In this way the research team's interpretation of the data it collects is checked out through the process. Findings and analysis should also be presented to the reference group for their comments and feedback on how representatives on the group can take findings forward.

Report writing

Report writing should be seen as a collective activity by the research team. Part of the training and capacity building of the team involves planning the structure, contents and format of the report, and taking responsibility for writing the various sections of the report.

Reports should be accessible, understandable and easy to read for local residents as well as service providers and other local professionals; they should be visual and informative; they should be a fair reflection of the research process and the finding that emerge from that process.

The final draft report should be distributed to local service providers and other organisations represented on the reference group for their comments and inputs. Specifically, those representatives should indicate the role that their organisation can play in taking forward the actions and recommendations. This information should then be incorporated into the final report.

The report should be publicised and distributed widely, and made accessible to all those residents that request a copy. The report should also be distributed to all those professionals and organisations that have a remit to work in the community. The reports can also be used as an advocacy tool in promoting community consultation processes in local and national government agencies, and for supporting funding applications.