

# East End health action participatory appraisal for East End health strategy

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## Introduction

East End Health Action (EEHA), the local Community Health Project, in Glasgow, Scotland, has a reputation for operating within the principles and practice of community development and health. The Project was approached by the East End Social Inclusion Partnership<sup>1</sup> Health Strategy sub-group to identify a possible means of developing the East End Health Strategy.

East End Health Action had initiated similar work in 1996 with the development and production of the East End Health Plan and the methodology used for this was based on a Vision Workshop and Stakeholder Analysis approach. Although this is an effective way of engaging participation, East End Health Action, wishing to avoid being repetitive in its approach, was looking for something different and innovative and began to investigate a unique technique known as Participatory Appraisal.

Further investigation revealed that there were a number of other organisations like Oxfam and Development Focus in Brighton who were using PA in the UK. Initial discussion and negotiation with Oxfam began in order to formalise the idea of using Participatory Appraisal in the east end of Glasgow. What little the Project knew about PA was soon greatly enhanced following several meetings with Oxfam's UK Poverty Programme Development Worker for Scotland who introduced the Project to how the tools and techniques of PA, used mainly in developing countries throughout the world, could be transferred to the east end of Glasgow.

Agreement was then reached with Oxfam to provide training and continuous support to the project, which proved to be extremely important and was appreciated throughout the training process.

In recognising the enormity of the task facing the Project, EEHA soon discovered that the Project staff team was not in a position to carry this out alone. Therefore, the Project identified other development workers from a range of disciplines, such as, for example Greater Glasgow Health Board, Calton Child Care (local childcare service provider), the Social Inclusion Partnership Team, Reidvale Adventure Playground (local service) and two community representatives, and invited them to participate in the training. Everyone agreed to this unique request and 'The Team' was born.

The wheels were then set in motion for Oxfam and Development Focus to work with EEHA in assisting us to set short, medium and long-term objectives in relation to the Social Inclusion Partnership Strategy and outline timescales (using a timeline tool) for the process. Although this work was very time consuming, it was extremely valuable in assisting the Project to focus on its objectives and how they related and were interlinked. This was an essential step in this type of work

Once the objectives, timescale and process had been formalised, the Project was given the task of working with a number of agencies and organisations across the east end to recruit community and agency representation to the process. This was a huge task, with initial contact with local people and organisations being made by telephone to explain what the Project was attempting to do. Following this, a more detailed letter was sent outlining the process and asking the organisations to assist us in identifying people they knew who would wish to participate and who could also gain something by doing this.

The agencies and the identified community representatives were very receptive to the idea and the innovation of the method made this much more appealing. Therefore, there was never really any difficulty in securing participants. However, like most other projects, there is always a reserve list, in the event that nearer the time, someone could not participate.

Once the local people had been identified, staff arranged to meet people informally, over a cup of coffee, so as to put a 'face to a name', to discuss the procedure further, to outline what the Project hoped to gain from this exercise and allay any anxieties people may have had. Once completed, a full list of participants was collated and preparation for the forthcoming Focus Groups started. This took the form of two Focus Group Workshops per week focusing on the identified key issues for children and young people, for example:

- supporting positive parenting practices for parents with young children;

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<sup>1</sup> Social Inclusion Partnerships are a Scottish Executive designed response to social inclusion in local areas. The partnerships are made up of representatives from LAs (councillors), Health Boards, Housing bodies, Police, local business representatives, a representative from the voluntary sector and from community organisations.

- supporting the impact of family conflict on young children;
- supporting safe play opportunities for local children;
- the development of child health policies;
- reducing the impact of territoriality;
- reducing the impact of chronic addiction;
- supporting positive parenting practices (both in the parenting of adolescents and for young people who are parents); and,
- the development of health policies.

These issues had been identified by the SIP health strategy sub-group, but the work they did was based on a wide variety of community consultation responses including the East End Health Plan which EEHA had helped to facilitate.

Two specific children's workshops were planned solely for the children to look at the safe play issue. This worked exceptionally well with the children, as there was plenty of 'hands on' practical exercises such as mapping out on the floor the area where the children played.

The workshops were carefully thought out and planned in great detail by the Team, right down to the accessibility of the venue for local people, transport and crèche arrangements and a financial reward for the local people who participated and, at any given time, at least two staff members from East End Health Action were present for consistency and continuity.

With everything now in place, the workshops could begin. The overall process of the Focus Group Workshops went well and the team had the luxury of adapting to any situation as it arose, with the tools and techniques of PA allowing us to do this. People participating in the workshops felt comfortable with the tools, once they got into the way of using them to their full potential.

As part of the approach, we built in a way of identifying what women and girls felt about certain issues and what boys and men felt about certain issues. We did this by splitting the small discussion groups along gender lines so that when we were discussing issues like parenting or territoriality we got a gendered perspective.

We also often split people up dependent on their age, so we would keep the younger people apart from the adults a lot of the time and we often kept the workers in a separate group so that their perspective could come through.

This gave us very strong sense of the different outlooks of the different groups. For example the young men had a very different approach to parenting than the young women. The young men saw their role as being about providing for the children and the family in very material ways, whilst the young women were more focused on

caring for the children and loving and supporting them, providing more emotional support. Often the workers had a very different point of view from the local people and these differences sparked off very interesting debates in the feedback sessions.

The team did sense some slight apprehension and hesitation initially, due to this way of working being completely new to some people, and if one technique just did not work for the group, this was very quickly addressed and another method was found. Throughout the Focus Groups, Oxfam again provided the Team with support to review the process which was extremely important and worthwhile both for EEHA and Oxfam and helped to keep us focused.

After six weeks, lots of flip-chart paper, 'post-it' notes<sup>2</sup>, some wonderful photographs, exhausted staff and participants, the workshops were completed. With so much valuable information and in many shapes and forms, our next mission was to decide what to do with it all.

The first obvious step was to collate all the information and provide a report and, with so much of the process so far, this was going to take time. Secondly the Team wanted to engage the wider community in the process and outcomes of the Focus Groups to verify and add their own thoughts and views and were fortunate to be allocated time at the East End Community Conference to do this. The conference was being organised primarily to get community views on how community representation on the Social Inclusion Partnership should be organised and supported so the verification of the health strategy work was actually very relevant.

The verification at the conference involved the whole Team carrying out a shorter version of the Focus Group workshop (45 minutes instead of three hours) but we still managed to complete this and gain not only verification for what we had already done but also some additional information on each issue.

Once all the information had been gathered, community representatives and the Team presented a selection of the workshop findings to the Social Inclusion Partnership Health Strategy sub-group. The Focus Group workshops had produced enormous amounts of information which was too vast to present on the one night but would be reflected in the report, therefore the selection was based on ideas and views that arose several times and which were seen by the community as being particularly important.

The community also indicated to the Health Strategy Group that they were committed to and hoped that all the information collected would be acted upon. They did recognise, however, that some of the issues were long-term and therefore required a long-term process of planning and action. The commitment of the local people who were involved has continued throughout, with representatives keen to participate in local strategic forums, particularly the

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<sup>2</sup> Small pieces of coloured paper with an adhesive edge running along one side, so that they can be easily stuck to maps, charts etc.

Health Strategy sub-group, that has the responsibility of progressing action on each issue as identified by the local community.

On reflection and from discussion with the participants involved in the Focus Groups, this particular piece of work proved to be a great success. I believe that this is the result of the dedication and skills of the Team, the commitment and local knowledge of the community, the support from other colleagues to the process, including Oxfam and Development Focus and last, but by no means least, the innovation of Participatory Appraisal.

A great deal of thanks is owed to so many people for making this happen (you know who you are) and to say that Participatory Appraisal is the way forward for true and meaningful community participation and community development.

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