

# Dysart Food & Health Initiative



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# Contents

<b>Part 1 Setting the scene .....</b>	<b>2</b>
1.1 Outline .....	2
1.2 Background .....	2
1.3 Introduction .....	4
1.4 Project Aims .....	5
1.4.1 Project objectives .....	5
1.5 Key principles of the evaluation .....	6
1.5.1 Stages of the evaluation of the project.....	6
1.5.2 Key stages.....	8
1.6 Approach taken in the evaluation .....	8
<b>Part 2 ~ Evaluation Process .....</b>	<b>9</b>
2.1 Participatory Appraisal as a methodology.....	9
2.1.1 The context of participatory appraisal .....	9
2.1.2 Participation.....	10
2.1.3 The participatory appraisal approach.....	10
2.1.4 Why participatory appraisal?.....	12
2.2 Phase 1 .....	12
2.2.1 Evaluation of the preparatory stage .....	12
2.2.2 Maintaining momentum .....	16
2.2.3 Evaluation of Participatory Appraisal 2-day event.....	16
2.2.4 Evaluation of taking the initiative forward from 2-day exercise .....	20
2.2.5 The “Food Access” report .....	21
2.2.6 Evaluation of the project by Steering Group members .....	22
2.3 Phase 2 .....	28
2.3.1 Action Planning.....	28
2.3.2 Evaluation of the project during this phase .....	31
2.3.3 Evaluation of the extent to which opportunities for healthy eating have been increased .....	35
2.3.4 What’s been good?.....	35



2.3.5	What's not been so good? .....	36
2.3.6	Key learning .....	37
2.3.7	Participatory methods that were used successfully in the project.....	38
2.3.8	Recommendations.....	39
2.3.9	Working in partnership .....	40
2.3.10	Summary .....	41
<b>Appendix .....</b>		<b>43</b>
Appendix 1 Methods used during the project and during evaluation .....		44
<b>References.....</b>		<b>50</b>



# 1 Part 1 ~ Setting The Scene

## 1.1 Outline

This evaluation has been drawn up in accordance with the Guidance on the Evaluation drawn up by the Steering Group on June 30th 2004 and subsequent initiation meeting held on July 15 2005 between the Project Co-ordinator, a Scottish Community Diet Project Representative and the Consultant.

Due to the participatory nature of the project it was decided that the most appropriate way to evaluate it would be to use participatory approaches as it progressed.

At the start of the project evaluation a timetable of expectations were drawn up with a start of Phase 1 in June and Phase 2 taking over in November 2004. Within the original timeline it was anticipated that the Community Action Plan would be starting to evolve from August 2004. Due to unforeseen delays this only started happening at the Food Event at the beginning of February 2005. Further pressure on staff time, staff changes and illness has meant that the project has got no further than the initial stages of action planning. Thus evaluation ended in March with phase 2 incomplete. A time line illustrating the process can be found on page 7.

The project has been evaluated on the bases of how far it has reached recognising that the evaluation was originally timed to be completed by the end of January, extended to the end of March with a further date of July when it is acknowledged that no further work will be done on the project until additional staff are in place.

The positive outcome of this pilot project is that applications have been put forward to fund additional staff whom, it is anticipated, will work towards taking forward similar schemes and build on this project. In addition visual project reports have been published and are available through the Fife Council web pages, Fife Direct, and as hard copies. Please see the reference section on page 50.

## 1.2 Background

Food poverty is a hidden problem. Many people do not have the option of choosing a healthy appropriate diet for many reasons – it may be because of money, transport issues, lack of quality food locally or any other number of reasons. Levels of food poverty may vary greatly depending on geographical location, access to amenities, family make up and health. Different people have different needs and no identical solution will automatically meet the needs of all individuals.



National funding over the last few years has led to a strong focus on healthy eating initiatives aimed at children and young people. This is detailed in “A Stronger Future for Fife”; Fife’s Community Plan (2004) Fife’s Joint Health Improvement Plan takes a life course approach to improving health and reducing inequalities at every stage. Adults living in areas of deprivation face barriers when accessing affordable healthy food. For example, transport to supermarkets for low-cost, healthy foods, can be a problem, living on a low income with a limited budget for food can result in difficult choices. So too can accessing help and advice on healthy eating options. Solutions to these barriers are often best resolved at the local level where the people experiencing them have the knowledge of what will work for them. Kirkcaldy and Levenmouth Local Health Care Partnership LHCC, Health Improvement and Modernisation Plan indicates that 24% of men and 39% of women are eating five portions of fruit and vegetables a day. However this does not demonstrate the real picture and is likely to be lower for people living in areas of deprivation. Developing healthy eating initiatives with adults living in areas of deprivation, such as the regeneration area, should contribute towards a reduction inequalities and contribute to a step wide change and health and well-being.

Fife’s Food and Health Group, is a multi-agency group consisting of health service, local authority and voluntary agencies. Its role is to prioritise actions to raise awareness of nutrition and increase availability of healthy food. Current priorities are young people and the community.

Healthy eating was identified as a priority for action in Fife’s regeneration areas. Following discussion a small working group was established in Dysart with a remit to explore opportunities for healthy eating

Dysart is a designated regeneration area (Scottish Executive, 2004), within the larger Kirkcaldy regeneration area, one of four priority area initiatives in Fife. It is a small coastal village overlooking the Forth with picturesque harbour, strong local identity and a rich history reflected in many of its buildings. It has a population approximately 2200 people with the majority of housing in local authority ownership.



The area evidences a number of indicators of deprivation including:

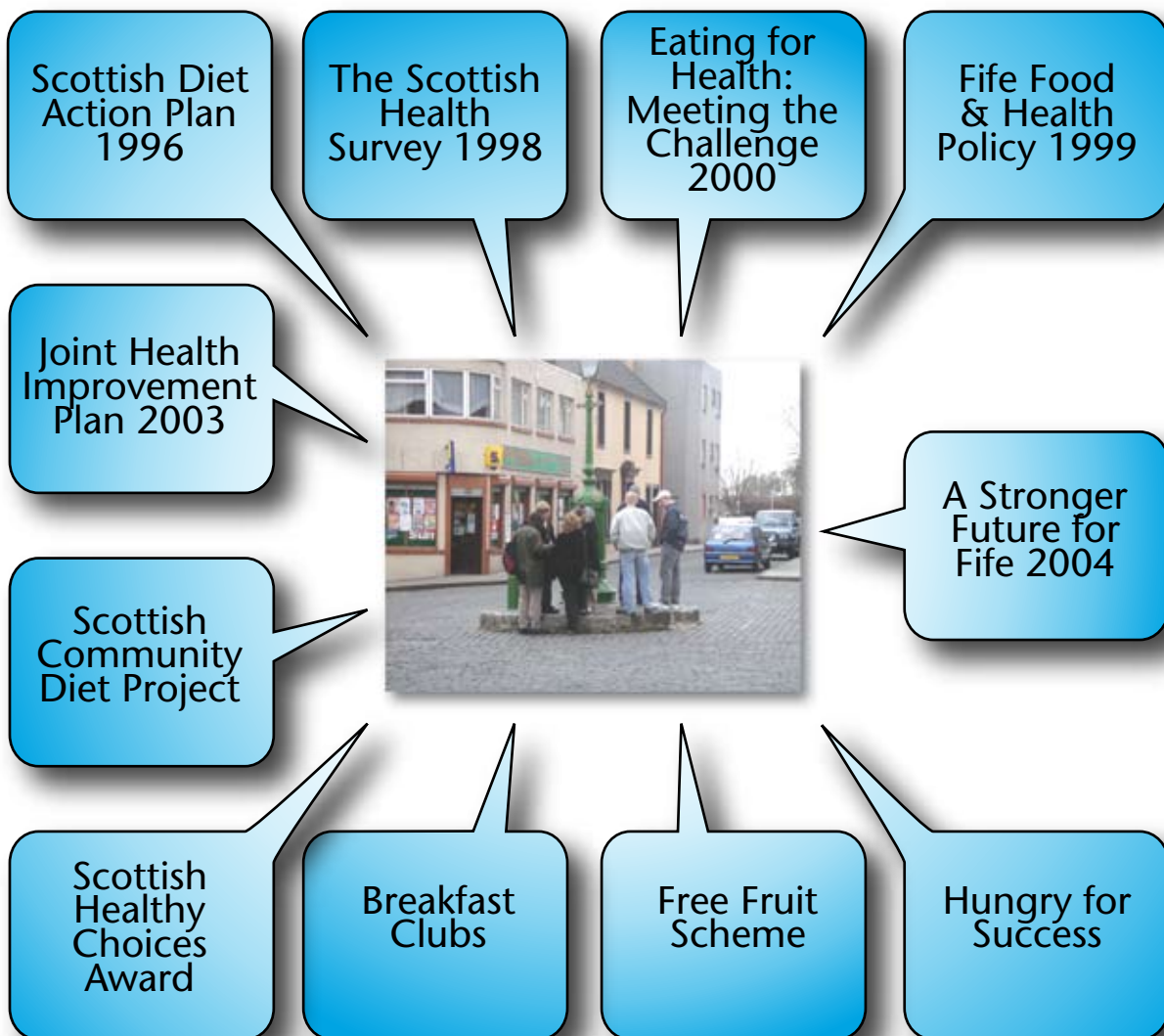
- high level of unemployment
- large number of low income families
- large proportion of the children being raised in families dependent on benefits
- poor health
- poor educational attainment
- low aspirations/lack of confidence/self-esteem
- poor physical environment
- lack of good quality indoor/outdoor play leisure facilities

(Fife Public Health Dataset. 2004)



### 1.3 Introduction

The Dysart Food and Health Initiative has been influenced by national and local initiatives, the following diagram illustrates the range of initiatives that have influenced the project.





Fife Food and Health Group sought to use a fresh and innovative approach to encouraging healthy eating in one of Fife's regeneration area. The community of Dysart on the outskirts of Kirkcaldy has been identified as an area suitable for running a pilot project looking to increase access to healthy food locally to address concerns over equity of access. This is a relatively small community which has suffered from the loss of jobs locally and associated socio-economic issues.

Recent reports such as The Scottish Health Survey (1998) highlighted concerns over the Scottish Diet and the effects this has on health generally in Scotland. Furthermore the Diet Action Plan for Scotland (1996) had already set out a number of key national dietary targets for 2005 and Fife itself in its local policy documents of Fife Food and Health Policy (1999) and Joint Health Improvement Plan (2003) has highlighted equity of access to a healthy diet as a priority.

Participatory methodologies have been shown to assist with enabling community needs and aspirations to be revealed (Chambers, 2002). Therefore the Dysart community based pilot project aimed to use this approach to enable the community to explore the opportunities for healthy food choices in Dysart and in collaboration with the project team to work on solutions to their concerns and issues.

## **1.4 Project aims**

The key project aims are to use participatory appraisal methods to explore the opportunities for increasing healthy eating choices in the Dysart regeneration area, Fife.

A significant aim of the project underpinning the approach is to support and enable local people to examine the issues and problems that reduce access to the diet they want, to find appropriate solutions and identify the right people to take actions forward. It recognises that local people are the experts in their own lives and circumstances and any changes that have taken place or take place will stem from this knowledge. Fundamental to this is the aim to improve access to food for people on low incomes.

### **1.4.1 Project objectives**

In deciding to evaluate the project the steering group identified 2 key phases to the work and objectives within each phase:



### **Phase 1**

- 1: 1: to include a wide cross-section of the local community
- 2: 2: to gather ideas and opinions from individuals and groups about the experiences of eating a healthy diet
- 3: 3: to explore barriers to eating at healthy diet and how to overcome them
- 4: 4: to explore opportunities to eating a healthy diet and how to put these into action.

### **Phase 2 (from the results of the initial actions) is**

- 1: 5: local staff and community will develop plans to action
- 2: 6: local staff and the community will use a range of methods and I to disseminate findings and recommendations.

However, given the nature of the project and the approach, the evaluation process has taken an iterative and merging route rather than two distinctive phases.

An additional objective of this participatory process will be to identify methods that have worked particularly well in engaging people in the Food and Health initiative in Dysart and other areas where similar methods have been part of the process.

## **1.5 Key principles of the evaluation**

There were to be regular feedback to the steering group, which would have some influence on on-going development of the work. These included

- Conclusions/key points from the findings
- Points for improvement

In keeping with the above point the consultant attended meetings and events and evaluated with the key participants on a regular basis as appropriate to the stage of the process.

The process and methodology are described and visual diagrams are used to draw out the key learning points. It is anticipated that these can be used as stand alone diagrams for display purposes.



### **1.5.1 Stages of the evaluation of the project**

The evaluation process was agreed with the Steering Group and consultant in July 2004. Although the project was designed to be undertaken in two stages it was acknowledged that these would be interactive and overlap due to the participative nature of the project.

The following time line shows the planned project timeline alongside what actually happened. Due to various issues, including lack of staff time, staff illness and other factors phase 2 never took place. The Food Event on February 2nd 2005 did provide an opportunity for the people who participated to prioritise what they thought should be taken forward and a further meeting with parents at the school on 17th March 2005 also achieve some further action planning ideas.

Thus the evaluation has only been undertaken on what had been achieved by the project in Phase 1.



Planned Project Timeline		Actual Project Timeline & evaluation	
Date	Activity	Date	Activity
5/5/04	Steering Group meeting		
Phase 1 – Evaluation to take place from July 2004 – October 2004			
June – August 2004	Gathering more information from Food retailers, filling in the age gaps identified from PA in April	July – November 2004	Gathering more information from Food retailers. Report published January 2005
		4/6/05	Evaluation contract awarded
June – August 2004	Involving young people & display. Lack of staff/ Support, never happened	17/7/05	
9/6/04	Steering Group meeting		
Dysart Gala Day 31/7/04	Feedback to community. Report of PA available	Dysart Gala Day 31/7/05	Feedback to community
5/8/04	Steering Group meeting cancelled		
27/8/04	Steering group meeting		
		31/8/04	Evaluation meeting with 3 steering group members
8/9/04	Steering Group meeting		
21/9/04	Steering Group meeting		
September – October 2004	Community Action Planning, bringing together, circulation implementation (ongoing) This did not take place. Some action Planning in February/ March 2005		
5/10/04	Steering Group meeting		
		September 04 – February 05	On-going evaluation with project team



November 2004	Food events planned for November	November 8-12	Food event postponed till February. Some meetings take place at school, Healthy Tuck shop, Soft-start Nursery parents. Also Diabetics event, Lunch club.
*Phase 2 to start November 2004 - Evaluation from November '04 – January '05 extended to March '05 Phase 2 never started ~ Some action planning taking place in February & March. Project on hold.			
2/11/04	Steering Group meeting - cancelled		
30/11/04	Steering Group meeting		
14/12/04	Steering Group meeting		
11/1/05	Steering Group meeting		
24/1/05	Steering Group meeting		
		2/2/05	Food Event at Dysart Primary School. Ranked highly participants, enable those attending to prioritise issues.
25/2/05	Steering Group meeting		
		17/3/05	Action Planning Meeting with parents at Dysart Primary School, 7 attendees
		July 2005	Letter from Community Dietician to everyone who had participated in any way to say project on hold until staff appointed.



## **1.5.2 Key stages identified were:**

### **Phase I**

This will include an evaluation of the initial stages of the project from its conception in December 2002 through the formulation of the project, the decision to use Participatory Approaches to the carrying out of the Participatory Appraisal in Dysart in April 2004 and the production of the report of the outcomes.

### **Phase II**

The second phase of the project will evaluate how this initial phase was taken forward in terms of the continuing engagement of the community, sustaining staff involvement and action planning a way forward.

It will also attempt to evaluate the extent to which opportunities for healthy eating have been increased. To appraise and evaluate on reflection what has worked well or been good about the project, what has not been quite so good about the different stages and share what might be changed or improved to make things work better.

### **Recommendations**

Overall recommendations will be drawn from the whole evaluation to act as good practice guidelines for future projects

## **1.6 Approach taken to the evaluation:**

Throughout the evaluation participatory methods were used to engage the participants in evaluating themselves how the project was going.

Participatory approaches engage participants in assessing through their own knowledge, ideas and opinions how things are and what might be better by arriving at their own solutions. They acknowledge that the participants are the people who have the experience to explain and understand their own situation and appraise how it might be made easier, improve or change. The advantage of using participatory evaluation methods is that the process encourages people to be much more reflective about the project than questionnaires as they are an open format.

The key methods used were:



- Monitoring and evaluation timeline – to evaluate and analyse project progress
- H diagram – to evaluate participant
- Semi-structured interview
- Orbits of participation diagram.

Examples of these can be found in the appendix at the end of this report.

As the steering group had initially identified PA as the approach to be taken throughout project it is appropriate to evaluate the project using similar approaches.





## 2 Part 2 ~ Evaluation Process

### 2.1 Participatory Appraisal as a Methodology

Participatory Appraisal (PA) is described as a one of a growing family of **approaches, methods, attitudes and behaviours** that enable people to share, enhance and analyse their knowledge of life and conditions, and to enable them to **plan, act, monitor, evaluate and reflect**. (Chambers 2002) It acknowledges that people have that knowledge themselves and specifically encourages reaching out beyond the “usual suspects”.

#### 2.1.1 The context of participatory appraisal

Participatory appraisal is an approach that enables people to share their ideas and knowledge about life and local conditions.

It is also a **process** that involves a wide cross-section of local people, members of specific interest groups or a range of people within an organisation.

Participatory appraisal encourages **analysis** of past and present situations, **exploration** of future preferences and priorities, **development** of plans and actions, and enables **decisions** to be made about the future. Similarly the approaches can also be used for monitoring and evaluation purposes as is the approach in this evaluation process.

It is applicable in an wide range of contexts including rural, urban and institutional settings to enable “actors” to examine a wide variety of issues from very general to specific topics from health and community development to service, infrastructure development and policy and strategy development and implementation.

The approach incorporates an expanding collection of visual methods which:

- Provide a structure
- Act as a focus for discussion
- Are easy to relate to
- Increase participation.

These visual diagrams can be adapted as appropriate to the context and the objectives of the process. They are not a recipe to be followed as a matter of routine but they will be different each time and dependent on the situation, aims and objectives.

Participator Appraisal is an iterative<sup>1</sup>, reflective **process**, one of a range of participatory methodologies that link and share philosophies.

<sup>1</sup> evolving, changing and developing, depending on the context and process



*Attitude is everything. You can have the techniques and tools written like a recipe book but without the right attitude you won't get anywhere. (Maddon, S, 2001)*

## 2.1.2 Participation

The term participation is widely used to mean a variety of degrees of local involvement, which can range from brief or token to meaningful long-term involvement. PA can come at different places along the following scale of participation depending on the context, objectives, application, project constraints, funding restrictions and degree of active follow up and these scenarios apply to many other research methods. (Jones, C)

tokenism or manipulation	<i>action "on" local people</i>	co-option
tasks and incentives given	<i>action "for" local people</i>	co-operation
external analysis of local opinion	<i>action "for/with" locals</i>	consultation
local and external discussion		
with external responsibility	<i>action "with" local people</i>	collaboration
sharing of knowledge and joint planning		
with external facilitation	<i>action "with/by" locals</i>	co-learning
locally determined agenda	<i>action "by" local people</i>	collective action

## 2.1.3 The participatory appraisal approach

The PA approach varies from many others approaches in a number of key elements, which should all be present. However, the extent to which each of the following elements are met will influence the placing of the individual PA on the scale of participation, and may vary depending on the objectives of the PA and the constraints placed upon the facilitators by the project and /or other practicalities.

**Relevant:** The PA process should be designed to meet specific, achievable objectives. These can range from general local development to exploration of specific issues, or working with particular groups of stakeholders. The approach is flexible and can be adapted to a meet a wide range of objectives.



Lightly structured: In order to meet objectives, it is important initially to have a potential process structure which may be followed during the PA, a range of relevant methods which may be used, and have identified some of groups with which it is possible to meet. This structure will vary depending on the objectives and there is no blueprint for its development. It should be a guideline process only, which does not need to be rigidly adhered to as new ideas and groups are identified. It should allow for:

- **iterative<sup>2</sup> development** with each stage informing the development of the next, requiring ongoing assessment, monitoring and evaluation;
- **flexibility** within the objectives, in the use of methods and those participants involved
- **adaptation**, being initially adapted to the agreed objectives, the process will further adapt to the participants needs as it proceeds
- **invention**, in the overall process innovation frequently occurs as well as innovation in the use of individual methods

**Inclusive:** The PA process encourages inclusion by striving to involve as wide a cross section of local people as possible, ensuring an equal representation of all inputs. This is particularly important for those whose voices are not often heard or valued – “the hidden voices”. The approach seeks diversity, recognising that people’s lives and ideas are diverse and complex; it seeks to reach out beyond the usual suspects and does not seek to create averages or demand homogeneity. The use of visual methods enhances and encourages participation.

**Empowering:** PA enables the local community, members of an organisation or community of interest to have an opportunity to set their own agenda. It is also empowering in a number of other ways:

- **Local ownership:** In traditional approaches, facilitators own information gathered and can analyse it according to their own interpretation, usually away from the locality. In PA, the emphasis is on open ownership information by the groups, who can make decisions over its analysis and use.
- **Encouragement:** By enabling local people to assess their own potential, realistic local solutions can be developed which empower people to believe in their own abilities.
- **Communication:** the approach frequently raises awareness helps achieve greater communication between local people, which can strengthen local institutions, but the PA can be used to open up and establish dialogue with official decision-makers. It

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2      evolving, changing and developing, depending on the context and process



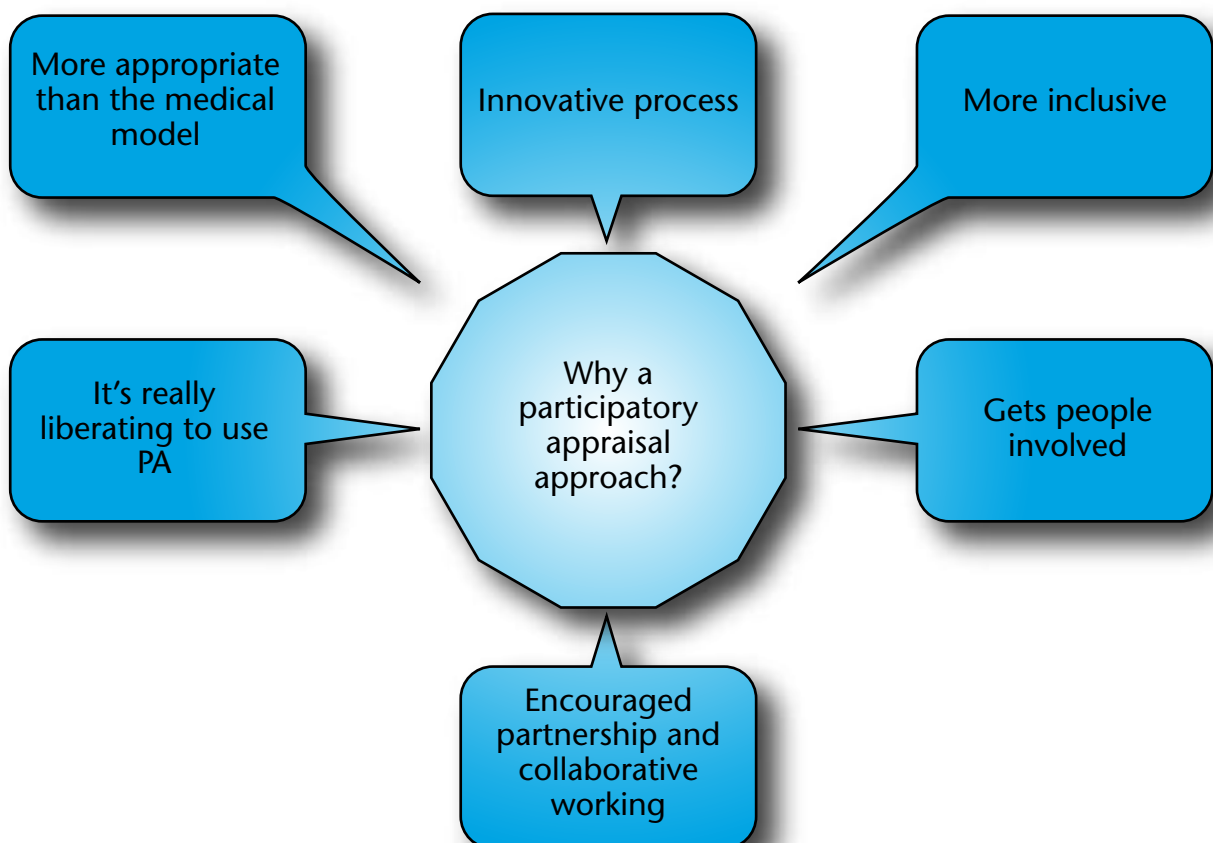
gives the ideas and priorities of the local people greater visibility as well as enhancing their validity.

**Enjoyable:** The PA process and the visual methods used are enjoyable experiences. This encourages a wider range of people to become involved in the appraisal and analysis, should make it more sustainable because people become interested, remain engaged and involved by choice and (importantly) the ideas that they put forward are real, based on their knowledge and experiences and the commitment they make is realistic.

### 2.1.4 Why participatory appraisal?

PA was considered by the project to be an appropriate way to approach food and health issues in Fife's regeneration areas as it enables local people to explore issues of importance to them in a non-threatening way. The communities can then begin to identify their own priorities for action.

During the evaluation process when the Steering Group members were asked to reflect on this very question the following comments were made about how the decision was made to use a participatory approach:





## 2.2 Phase I

### 2.2.1 Evaluation of the preparatory stage

Following the principals of participatory appraisal the evaluation of this stage was undertaken by engaging the three initial project team members in reflecting on the process using a participatory monitoring and evaluation timeline as a focus, this meeting took place at the very end of August 2004.

The Objectives of the evaluation meeting

- 1: To encourage the team to reflect on and evaluate why and how a participatory appraisal approach has been taken to the Dysart Food and Health Initiative;
- 2: To reflect on the process for agreeing the work in Dysart, the focus for the work and why PA as the methodology;
- 3: To identify who was initially involved in the process and to evaluate who else should have been involved;
- 4: To reflect on the progress of the project since inception;
- 5: To evaluate what has been happening and to agree how the lessons can be integrated into future planning;
- 6: To start the process of identifying good practice and learning lessons;
- 7: To reflect on and evaluate the 2-day PA exercise and how it linked into the project process.

#### **Method:**

A participatory monitoring and evaluation timeline (see picture on page 14) was used to encourage the group to reflect on the process so far. From this process a range of ideas and reflections emerged including why the team had decided to use a participatory approach.

#### **The story of the decision to use participatory appraisal methods:**

There was seen to be a need to explore issues before deciding whether an academic or practical approach was taken to the project. The team explored using a medical model because of the health board background of members of the steering group but it was clear from an early stage that they needed to explore alternative ways of approaching the work. There was a recognition in the group of a “climate of change” when they were looking at what approach to use in taking forward the project. These ranged from a medical model to action research approach.



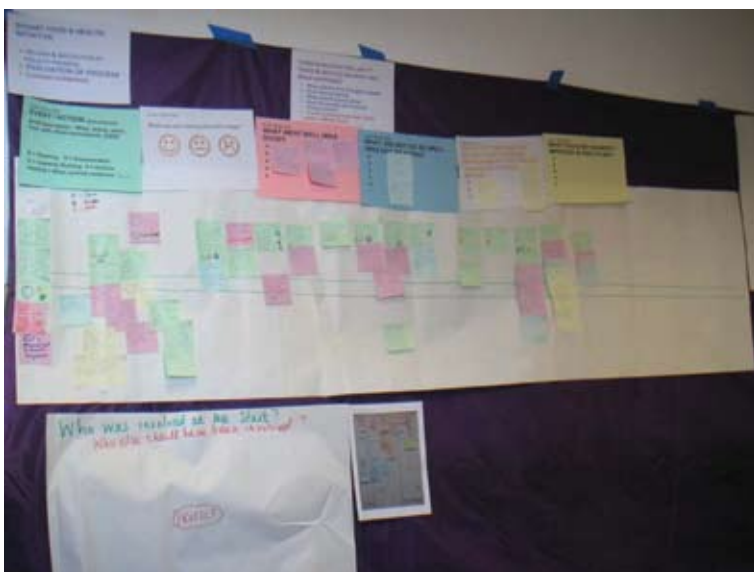
In discussions they were quite clear that the community needed to be involved, there was recognition of the need to have hard facts and figures but also to hear what people were saying.

There was thinking around using external consultants focusing on diet and food – health issues for all 4 regeneration areas as a research project but it was decided that a broad sweep would not recognise different areas. It was also recognised that the project was becoming too big and there was an emerging need to focus on one area.

Around March 2003 the team were looking at using Participatory Action Research and it was also around this time that one of the steering group attended a participatory appraisal workshop run by NHS Health Scotland. The emerging theme was of wanting to do it themselves, to retain ownership within the area.

With a second member of the team participating in the PA workshop run by Scottish Community Diet Project in September 2003 there was even more impetus to use participatory approaches.

The opportunity arose to collaborate with the University of Edinburgh's bi-annual Participatory Appraisal (PA) workshop<sup>3</sup> in providing a fieldwork placement for the workshop participants. This enabled a PA to be carried out as an integral part of the project without great cost to the project. It was seen as an opportunity to move the project on.



Participatory monitoring & evaluation timeline

It emerged that the process of agreeing the work in Dysart was an iterative process starting in December 2002 with a focused link to the Fife Regeneration Project. The reasons for taking a PA approach are illustrated under **2.1.3 Why participatory appraisal?** on page 11. It was clear that the team wanted to take an innovative approach and move away from using a medical model. They recognised that

3 <http://www.geos.ed.ac.uk/postgraduate/short/>



discussion was part of the process but feelings of frustration began to emerge at the time taken to move things on. By March 2003, 3 months into the project, it had been decided that an action research approach should be taken. One of the changes that emerged throughout the evaluation process was the need to identify more time within their work schedules if the project was to have priority.

They recorded key events and evaluated the process using the following stages.

#### Participatory monitoring & evaluation timeline

- 1: Event or Action since inception  
Brief description – What, where, when, how, with whom-participants  
What was your feeling about this stage? Evaluate using ☺ ☹ ☹
- 2: What went well / was good?
- 3: What did not go so well / was not so good?
- 4: On reflection can you suggest any changes or improvements that would have made it work better?
- 5: What could be changed / improved in the future?

*“The process seemed slow but need to recognise that it was only the 3rd meeting”* June 13 2003  
(Steering Group Member)

*“A slight disadvantage for the Community Dietician is that her remit is Fife wide, so less familiar with the project area. This made some difficulties in pulling the PA placement together.”* (Steering Group Member)

The commitment of the core group and the team working was seen as positive. Initially a wide range of organisations were involved but maintaining that commitment was difficult, during the wider steering group evaluation some people identified not being sure of the overall aims and objectives of the project and suggestions for dealing with this can be found in the recommendations at the end of this report.



Positive spin-offs from people being involved in the project:

- Being involved in partnerships
- Thinking more widely
- Helping with the project encouraged joint working
- Drawing on each others knowledge
- Improved working relationships
- Strategic services are focusing on areas of most need.

Key events that helped move the project on were staff members attending PA training workshops in March and September 2003. An additional spur was the decision in October 2003 to use the project as a practical placement for the University of Edinburgh April 2004 Participatory Appraisal Training workshop. See 2.2.3 on page 15 for how this worked. This was a decision that helped move the project on and it was decided to seek support from the Scottish Community Diet Project (SCDP).

A project highpoint was the award of support from this national body. This highpoint carried on through the winter as planning for the PA placement moved on with a range of meetings and links into the community.

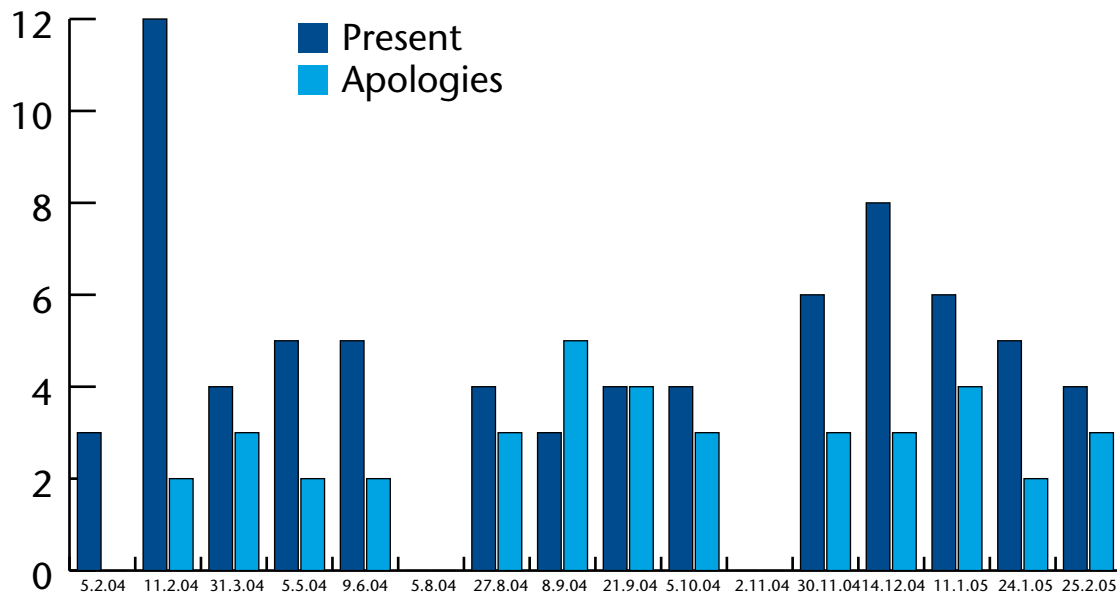
During the evaluation a couple of the Steering Group team identified participatory appraisal methods as helping to re-energize meetings and get people more involved. The team identified using matrices as also being useful for planning (see appendix 1).

*“Using PA methods in planning meetings speeded the meetings up and worked well”*. (Steering Group Member)

Maintaining momentum was identified as an issue. People were not always able to come and attendance went down during holidays. Getting people involved in setting the agenda and developing the project timeline should help manage this issue.

## **2.2.2 Maintaining momentum**

One of the key issues arising from the evaluation was the challenge of maintaining interest and momentum in the project, particularly of the steering group. The levels of participation are illustrated in the diagram overleaf:



The diagram shows how interest was high initially, as can be seen at the high attendance at the initial meeting on 11/2/04, tailed off during the summer, a couple of meetings had to be abandoned due to poor attendance, and interest rose again around planning for the “Recipe for Change” event before falling off again. Summer holiday times proved a difficult time to keep the momentum going and restarting after the holidays was difficult.

During the evaluation one person recorded that the aims and objectives of the project were not clear to them, some people will also de-select themselves when at the first meeting it is clear that they cannot be involved or they are not interested. The diagram above shows that the high of 12 people attending at the start of the process of involving more people was never achieved again. The highest number after that was on 14/12/04 when there was planning for the Food Event; “Recipe for Change”.



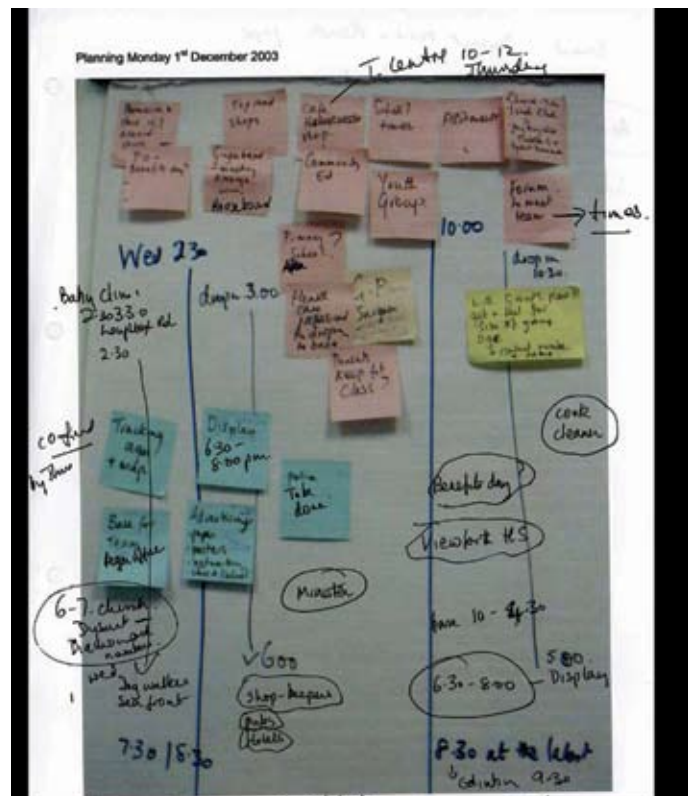
## 2.2.3 Evaluation of the 2-Day PA Exercise

Participants on a 5-day continuing Professional Development workshop on Participatory Appraisal at the University of Edinburgh undertook community work within Dysart as an integral part of the training. This was on behalf of the Dysart Project, the outcomes of this work are recorded in a report *“Food Access in Dysart: A report of the work carried out by students undertaking a short course with the University of Edinburgh”*, June 2004. Dysart Regeneration Initiative. It is available on the Fife Direct website (see reference section).

PA methods were used during the planning process for the community work. An example of this is shown to the right.

The timeline, done on flip chart paper so everyone could get involved, helped the planners to identify what needed to be done, when, who with, contact details and venues. It was easily photographed and emailed around straight after the meeting. This meant no tedious minutes to type up! At the next meeting this was used to check what had been achieved and additional notes written directly onto the “photograph” minutes.

The training workshop was made up of 2 days in the training room with a very hands-on practical introduction to the approach and methods which led onto the participants planning the process and methods they would use working within the community. Over one and a half full days, including evenings the workshop participants engaged the community in sharing their knowledge, ideas and opinions about food access in Dysart. The workshop participants met people on the streets, at the school, at their houses, in the shops and at prearranged meetings. On the evening of the 2nd day in the community the workshop participants put together a display of all the ideas to feedback to the community. This also enabled people who had not been involved to have a say. The meeting was advertised through poster, in the Regeneration Newsletter and the newspaper in advance.





The workshop participants had objectives for the fieldwork, which were set by the Steering Group in collaboration with the workshop participants. On the 5th and final day of the workshop the workshop participants evaluated, using faces 😊😊😊 to show how well they felt the objectives had been met, the key points from the community and their recommendations on follow-up work including people or age groupings that had not participated. This was fed back to the Steering Group who also retained all the display material generated by the community.

### **Aim of the community work**

The aim of the workshop participants coming into carry out a PA, from the projects perspective, was to carry out a baseline study. From the trainees perspective it was to have the opportunity of practicing and reinforcing the skills they had learnt during the first two days of the workshop PA in a real project where the outcomes would have real and tangible impacts.

### **Community work objectives**

- 1: To engage with a representative cross section of the community of Dysart in terms of age, gender and income, and create opportunities for them to share, record and prioritise their ideas and opinions about access to food and related issues using PA methods. 😊😊 (There were some gaps, mainly in the youth group)
- 2: To enable a range of people living in Dysart to share their ideas and opinions about the barriers to, and ways of improving access to food locally. 😊
- 3: To engage with key players in food access, such as local staff, food retailers and local services to record their ideas and opinions about how food access could be improved within the Dysart area. 😊
- 4: To remain neutral and not to raise unrealistic expectations within the local community. 😊
- 5: To feedback to the local community all the ideas shared during the process. 😊 (*There were concerns that not many of the community came to the display and also worried that not everything was on display due to time constraints, however everything was recorded in the report*)
- 6: To ensure that all team members use a range of participatory approaches in a variety of situations and settings over the course of two days. 😊 (*this represents that they did not experience using as many methods as they hoped and not everyone had a chance to use PA in meetings as there was a lot of street work to try and reach a wide range of people*).



7: To ensure that the experience for all involved is as enjoyable and rewarding as possible. ☺

**What the workshop participants thought:**

- Change of perceptions
- It's easier than you thought
- More confident after the Dysart work to engage with hard to reach groups
- To avoid pre-conceptions
- Generates ideas from people
- There is flexibility to the methodology
- Practical and the community work reinforced the learning, skills and process
- It's fun
- A very practical approach and toolkit.

**The key learning points for the workshop participants were that:**

- It is an appropriate approach for projects like Dysart
- An insightful method
- It requires lots of energy!, resources, time and flexibility
- Time management is important
- Its engaging for everyone and fun
- The need to be highly reflective.

The workshop participants evaluated the community work undertaken in Dysart very highly and appreciated that it was an important part of the process for the project. They felt the work was valued by the project and the community was interested. On the final day of the workshop they analysed the learning experience and fed back the process, learning and recommendations to the Dysart Project Steering Group.

The workshop participants valued the fieldwork placement as a real piece of work with a purpose. The whole group emphasised the importance of the practical work in reinforcing learning. The report was emailed around the workshop participants in July and people were very pleased to know that the hard work they had put in had been valued.

For a project, such as this, it is a balance as to whether to bring in a "professional team", carry the work out yourselves, train up a local team to build local capacity, or take



advantage of a training event to have the work done for you. Much depends on time scales, money and peoples time. The cost to the project of this exercise, carried out as part of training, was staff time in setting up links and contacts, cost of hiring the Hall for the display and providing a crèche for the display. If the project team had carried out the work themselves they still would have had to undertake these activities in addition to the time taken doing the PA work. Providing the placement also reinforced the Steering Group experiences from when they had participated in the training themselves the previous year.

For the workshop participants there are immense advantages as this training is only viable with real work to bring it alive.

### **Benefits of hosting a field work placement?**

One of the questions in evaluating the process of integrating a training workshop community placement into the Dysart project was as to the benefits of this sort of approach, whether or not this compromised the work. For instance, would it have been better to use a “professional team”? It appears not to have compromised the process, as the team undertaking the fieldwork was mature individuals with a wide range of experiences in their own professional lives. The work may have been a bit less focused than if a consultant had undertaken it but on the other hand the team tried a number of methods including, mapping, timelines, H diagrams, pie diagrams, drawing that illustrated how engaging the approach is.

For the project there is the advantage of having the work done for you, acting as a kick start to the project. In many projects there is no staff time, and sometimes not the expertise to carry out a participatory appraisal. The cost is lower due to not requiring staff to give up time. In this case a team of 10 people carried out the work over 1.5 days including 2 evenings.

Another advantage for the project was that the workshop facilitator worked with the team from the beginning of December advising on the placement and helping with the initial planning.

The project team had to devote quite a lot of time to setting up meetings and working with the community to plan the 2 days but this would have had to happen anyway if they were using PA approach within the project. There was also a lot of “paperwork” at the end of the 2 days that had to be made sense of for the report, which was a lot of work. This is something the project team would have had to do if they had undertaken the work themselves.



## 2.2.4 Evaluation of taking the Initiative forward from the 2-Day Exercise

### 2.2.4.1 Making sense of the outcomes

The project co-ordinator pulled the report together with another steering group member and made the following comments about the process.

*“A considerable amount of work was required by two of the project staff to turn the material/ information into a format that was going to be useful to the steering group. – Collating and grouping all the H diagrams and other activities.*

*Once the material was collated and grouped it then had to be written up as a report for wider circulation and in order to proceed.*

*The information received probably did meet the steering group’s expectations. It did not allow clear actions to be extracted but we probably did not expect that it would.*

*The general feeling was that it had engaged the community although gaps were identified by the training team e.g. Young people and local groups”. (Project Co-ordinator)*

### 2.2.4.2 Involving the steering group in the report of the PA exercise



The Project Co-ordinator evaluated this process using an H-diagram.

*“At the first meeting following the 2-day PA Exercise Participatory methods were used to identify the steps required to progress the Initiative and draft the development plan. We used post-its of everyone’s ideas, these were then grouped into stages and the time line developed (see diagram above). This meeting was also attended by a student*



who was very impressed by the energy and creativity of the meeting format. She said she'd never been to a meeting like this before!" Project Co-ordinator.

	May	June	July	Aug	Sept	Och
Steering Gr membership	5	9		5	9	
Review of progress	17					
Review of help	21					
Review of info	21	9				
Review of reports						
Review of visual						
Review of content						
Review of org. event				11		
Review of action plan						
Review of population plan						
Review of Action Plan to app. groups						
Implementing Action Plan						

Planning matrix

"The steering group meetings in May and June were very productive and lively as a result of the enthusiasm generated by the 2 day PA Exercise but the summer break meant that this momentum was not maintained and was lost". Project Co-ordinator

However the next meeting (5th August) was cancelled as only 1 or 2 people turned up. The Co-ordinator was relying on those who work in the area to help and without that it was very difficult to proceed.

The two meetings in May and June, after the PA were highpoints and it was difficult to regain momentum after the summer break. This was mainly due to staff changes and lack of time allocated to the project.



## 2.2.5 The “Food Access” Report prepared by the Steering Group of the 2-Day Exercise

This examines how the report progressed the work of the project, the involvement of the community and value for money.



The report was made available to the community at the end of July with its launch being at the annual Dysart Gala Day.

A display at the Gala Day enabled the local community to examine and comment on the report as well as adding additional ideas.

The Project Co-ordinator would have liked to have had the report out sooner but this was not possible. It was visually attractive and easy

to read. It was made available in hard copy to the community, on Fife Direct web page and electronically to other services and interested people.

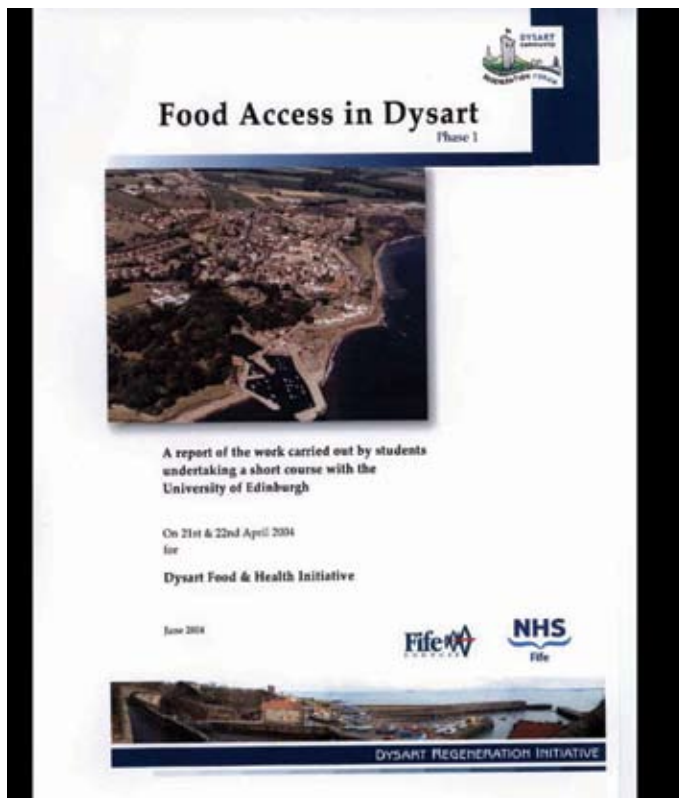
This was partly to enable a wide distribution in an easily disseminated form and also to cut down the cost of producing the report

*“The Gala day was a useful opportunity to provide feedback and to gather further views and opinions. However with hindsight the time and effort involved in organising the input to the Gala Day might have been better*





*spent on preparing for the Food Event which had originally been planned for August (end)/Sept. Particularly as it was difficult to make any progress during this time due to the summer holiday period". Project Co-ordinator*



The initial report of the outcomes of the PA exercise carried out in April has formed a foundation for subsequent work in an easily accessible and readable format.

Positive comments have been made on the “easy to read” visual format and this style has been used for subsequent reports.

Further work was undertaken by the Steering Group to pick up the gaps identified at the end of the training workshop by the workshop participants. In particular additional work was undertaken with the shopkeepers. This work is reported in “**Views, opinions and ideas of those**

**who provide “Access to Food” in Dysart” (January 2005)**

## **2.2.6 Evaluation of the project by steering group team members**

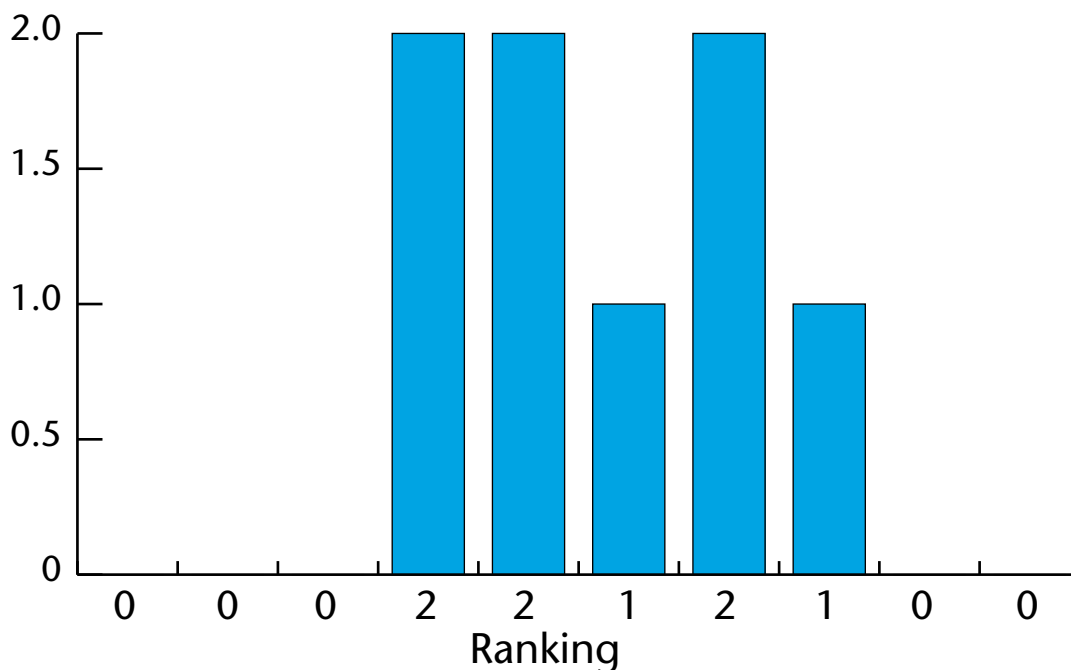
As part of the project evaluation members of the steering group, past, on going and new were asked to evaluate the project and events. These evaluations were ongoing and dependent on member’s availability. In some cases people who had initially been involved had moved on or withdrawn for a variety of reasons and were not available to participate in the evaluation. Steering group membership fluctuated with a maximum of 17 people on the contact list, some for information only. The maximum number attending a meeting was 12, which was at the beginning of the project, usually between 3 and 5 people attended.



Due to the fluctuations and people moving jobs nine people evaluated the project. These were the people who were available at the time of the evaluation that took place between August 2004 and February 2005. There was a difficulty in people being available to evaluate the project due to other work commitment or changes.

For the general project evaluation the members were individually asked using a semi-structured interview to ascertain their role and involvement, then using a participatory method, the H diagram, to evaluate how they perceived the project before using a simple “orbits of participation diagram to show where they felt they were in terms of level of participation in the project. Examples of these method sheets can be found in Appendix 1.

People were asked to focus on “*How well do you think the project is going?*” and to evaluate from not so well to very well on a score of 0-10.

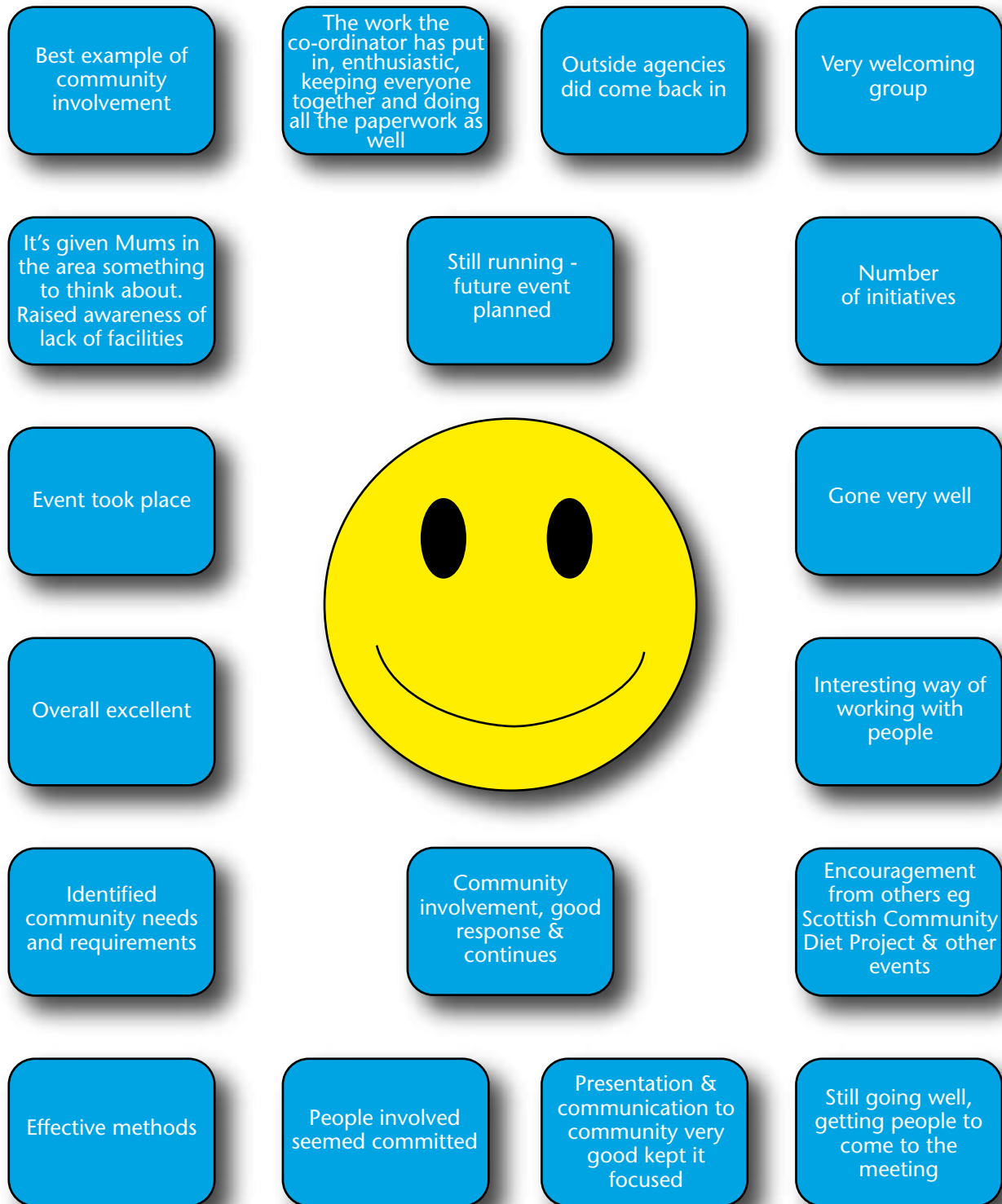


They were then asked to reflect and record their opinions about the positive things, the not so good things and changes or improvements that would make the project better.

Summary diagrams over the following 4 pages illustrate the positive, not so good and changes that people recorded.

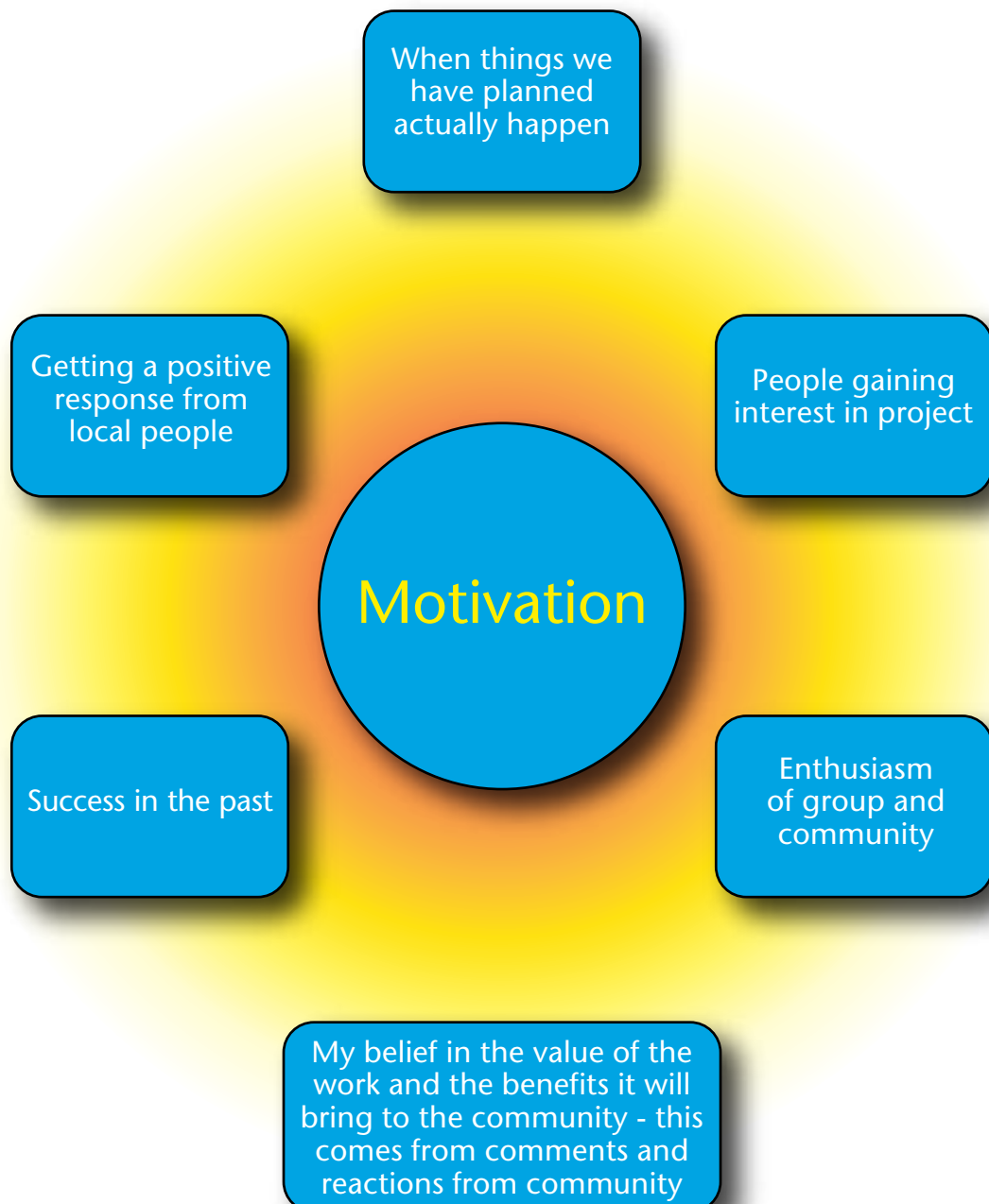


This is a summary of the things the Steering Group were saying is good about the project.



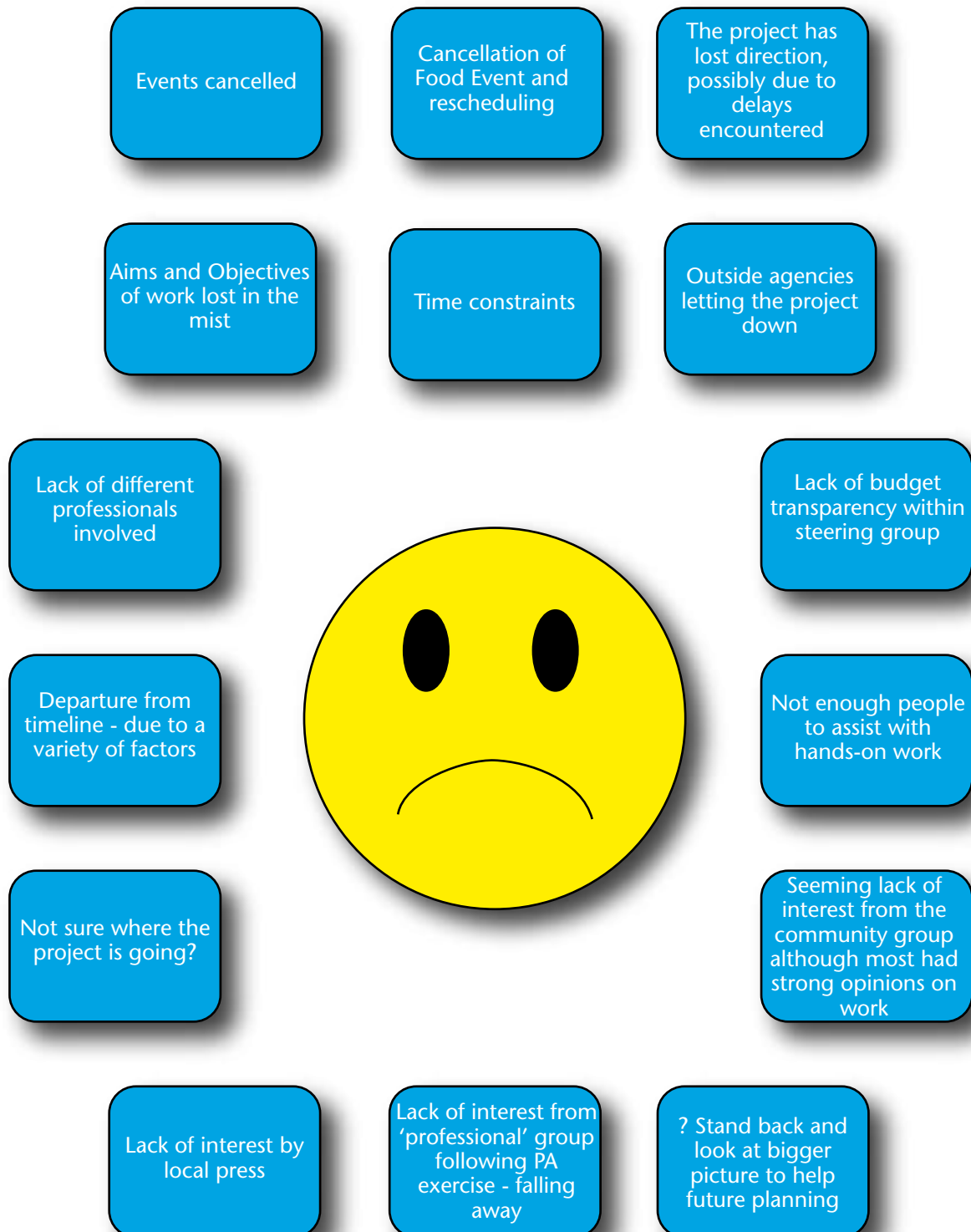


This is a summary of the things the Steering Group were saying motivated them to continue being involved.





This is a summary of the things the Steering Group were saying is not so good about the project.





This is a summary of the things the Steering Group were saying could be changed or improved in the project.

Expectations - not make a demand, rather - "could you contribute" etc

If youth cafe had been open when project started might have been a better response from younger people

Plan of who needs to be consulted + when and how

Use participatory methods at steering group

Being realistic! Time and commitment

More help to manage project

Re-look at group members

**Things to change/improve**

More people to assist in "hands-on"

Revisit aims and objectives to help give clear direction and to increase motivation levels

Clear, achievable aims and objectives revisit during process

Revisit timeline - it doesn't feel good to be lagging behind

Transparent budget

Assistance for the lead rather than one person being responsible

Involve media

Increase publicity to community - doesn't need to be glossy - just let them know the project stage

Ensuring that everyone is on board and support events

Need to stand back and look at bigger picture to help future planning

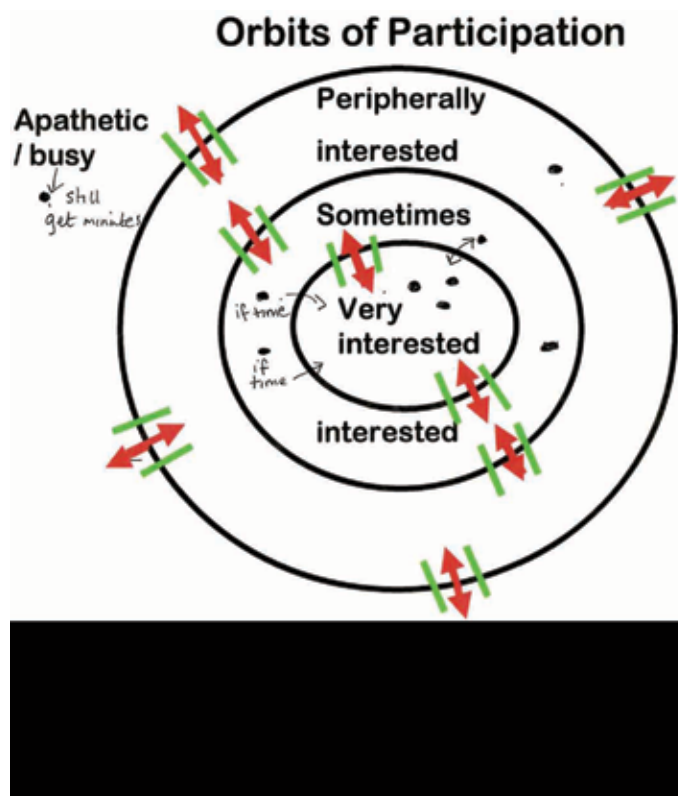


The Steering Group thought commitment could be sustained in the following ways for the community and the project team.

- By engaging with the community and facilitating their involvement, empowering them to be change agents
- Community & steering group needs to develop a clear idea of where the project is going, timescales, community & consultation plan – for a long-term process.
- Need the right people there, committed to project and part of work remit
- The need to see change happen *“we got to say what we thought but nothings changed”*. (Resident of Dysart)

### Orbits of Participation

Nine of the people who had been involved with the project were asked to identify where they saw themselves in terms of level of involvement using a target method with the centre being most involved and the outer ring being busy with no time or interest in being more involved.



they saw themselves in terms of level of involvement using a target method with the centre being most involved and the outer ring being busy with no time or interest in being more involved.

Three people saw themselves at the core; one person still retained an interest by receiving minutes. Two people would like to be more involved if they had time and one person moved in and out depending on what was happening. Those who would like to be more involved did not have time allocated to the project and had to make time from other projects when they wanted to be involved.



## 2.3 Phase II

The second phase of the project was anticipated to be starting towards the end of 2004 and was planned to involve local staff and the local community working together to develop plans for action. Unfortunately due to project slippage and project staff time commitments this stage has not been completed.

### 2.3.1 Action Planning

A food week was planned for November 2004 to start the process of action planning. However the main evening event had to be cancelled due to staff time constraints and was rescheduled for February 2005. Nevertheless a series of events took place, some based at the school plus a diabetic event and lunch club drop in. During these PA methods were used to think about access to food locally. This is reported in More "Food for Thought" from Dysart. More views, opinions and ideas on issues related to food from people living in Dysart. A report of the work carried out for Dysart Food & Health Initiative July – Dec 2004.



The "Recipe for Change" event took place at the beginning of February 2005.

The event was very engaging, with demonstrations and tasting sessions. People were interested and those who attended participated in identifying what they thought were most important of the ideas people had shared during the participatory appraisal carried out the previous April.

Imaginative visual diagram was used to encourage people to prioritise the ideas people had shared during the PA.

At the end of the event people were asked to evaluate how they felt the evening had gone. For each part of the event people were asked to rank by adding beans to each



circle how they felt about the evening from

“Really great, I loved it”

“Enjoyable”

“Not enjoyable”

The more beans in each circle the higher the rating

The demonstration sessions were ranked as:

“very useful”, “useful” or “not useful”

The majority of people rated the event very highly.

The event was well received but a very small number of people attended and these were mostly people who had already been involved in the project in some way already. One of the difficulties was that, due to the project timeline, it was held on a winters evening when some people will not go out to events for safety reasons and caring responsibilities. In addition the crèche was unable to run due to factors the project could not control.

The action planning diagrams made excellent summaries of the outcomes of the community engagement work that had taken place from April through to November. They provided a clear summary of the key themes that concerned people.





Participants were given a number of coloured dots and asked to use them to prioritise which of the ideas they thought most important.

The full set of these can be seen in the appendix.

These diagrams were used at a meeting in March 2005 with seven parents at Dysart Primary School. At this meeting the group discussed which issues were most important and added, on yellow post-it notes, their solutions to the issues. They expressed the view that it was time to stop asking and get onto action! The community needed to see things changing. Whilst the work had been going on the butchers in Dysart had closed so there were even less local shops.

The group also made suggestions for more activities and further groups and people to work with.



## 2.3.2 Evaluation of the project during this phase

At the end of February a meeting was held with the three initial project members who had evaluated the process in August 2004. This was to evaluate against key questions how the project was going using a participatory monitoring and evaluation method.

The following are how these three people evaluated the project against three questions:

### 1: How well is the project going?

Everyone rated this as 6/10

#### Things that were good

- Some local people interested in being involved
- Food event came together albeit numerous barriers
- Event in April discussed
- Some “quick things to do” thought about for discussion with local people
- Workshops were well received and evaluation of events positive
- Beginning Action Plan – “satellites” diagrams
- Good feeling at Food Event by community
- Was well received
- All attending fully engaged
- All attending went away with a goodie
- Momentum good – quick post event meeting – feedback to group meeting organised
- Event in April
- Food event gave me a buzz as the event went well
- Active involvement with community at food event

#### Things that were not so good

- Limited attendance at event
- Problems with Food event – space in school for crèche – no crèche workers – workshop demonstrator off sick – usually community reps
- Problems with crèche meant that it was just as well that there was a poor attendance
- Poor attendance at event



- Publicity – did not reach all it should have e.g. newspaper is not delivered to all homes
- Time constraints in preparation for the Food Event

### **Things that could be changed or improved**

- This type of project needs a dedicated member of staff who is working in the community.
- Need to get action plan actioned. NO more consultation, people maybe need to see action before they can be motivated into participating
- Dedicated staff member
- Need community workers (generic) involved in the Dysart area
- Publicity needs to be more targeted through existing groups, reaching wider
- Thinking about other events going on in the community – limited time for project staff

### **2: How effective has the project been in involving the community in the action planning ~ Think of methods, involvement, progress**

This was rated as 3/10 by 2 people and 6/10 for 1 person:

#### **Things that were good**

- Lots of different methods been used
- Lots of drip-feeding
- Methods – okay community appears happy to engage but not actively participate
- Some people have shown an interest but have not actively taken part

#### **Things that were not so good**

- Haven't got local people involved in delivering improvements / actions
- Too much time between ways of involving people
- Haven't got local people on core group
- Trying hard – but engagement with usual few
- Limited people involved in event who will have influenced action plan
- Despite letters being written to people who have shown an interest people have not become involved and did not attend the event both 1 & 2.
- Progress slow
-



### **Things that could be changed or improved**

- More effort with existing groups and contacts for events
- Need people working with the community in the community & connect with them
- Need to be workers in the community, know the local groups to link in.
- This type of project needs a dedicated member of staff who is working in the community.
- Need to get action plan actioned. NO more consultation, people maybe need to see action before they can be motivated into participating

### **3. As professional involved in the project process has this project enabled ~ or will enable increased opportunities for healthier eating?**

Everyone rated this as 2/10:

### **Things that were good**

- Feedback important
- Good learning process
- Hopefully will enable as continues to be developed
- It is certainly making people speak about healthy eating
- Just beginning to get to the action plan phase at present
- Most comprehensive recorded project
- Regeneration Food workers proposed

### **Things that were not so good**

- Big job to change attitude and behaviours
- 2 very limited events (in terms of impact/numbers) Gala Day – Fruit smoothies, tastings
- Recipe for change event (influencing 6 people)
- Still a long way to go
- No evidence to show it has enabled

### **Things that could be changed or improved**

- Dedicated member of staff / project team – administrative support
- Current Staff couldn't have done more



- This type of project needs a dedicated member of staff who is working in the community.
- Need to get action plan actioned. NO more consultation, people maybe need to see action before they can be motivated into participating.

These points are summarised in the three diagrams on the following pages:

This is a summary of the things the three initial Steering Group members evaluated as not so good:

Too much time  
between ways of  
involving people

Limited people  
involved in event  
who will have  
influenced action  
plan

Haven't got local  
people on core  
group

Big job to  
change attitude  
and behaviours



Progress slow

Still a long way  
to go

Trying hard - but  
engagement  
with usual few

Haven't got  
involved in  
delivering local  
improvements/  
actions



This is a summary of the things the three initial Steering Group evaluated good:



This is a summary of the things the three initial Steering Group evaluated things that should be changed or improved in future:





### **2.3.3 Evaluation of the extent to which opportunities for healthy eating have been increased.**

It is difficult to evaluate the extent to which opportunities for healthy eating have increased, as there has been no further action planning and implementation.

### **2.3.4 What's been good.**

Whilst it is difficult at this stage to obtain a clear idea of the impact of the project on increased opportunities for healthier eating the success of the healthy tuck shop initiative, the parents cooking groups and the participation of a small "interest" group are positive indicators. Although the first two of these had already started the project was able to build on the work.

There is some anecdotal evidence to show the "Recipe for Change" event may have some impact. However no follow-up evaluation was undertaken to assess impacts due to staff constraints and the momentum of the project fell away. In addition the staff member co-ordinating the project was off sick. This highlights the need for a dedicated staff member with time to manage and progress the project. In addition another core member moved jobs in December 2004; they initially maintained contact and helped with the February food event but then had to drop the project.

### **2.3.5 What's not been so good?**

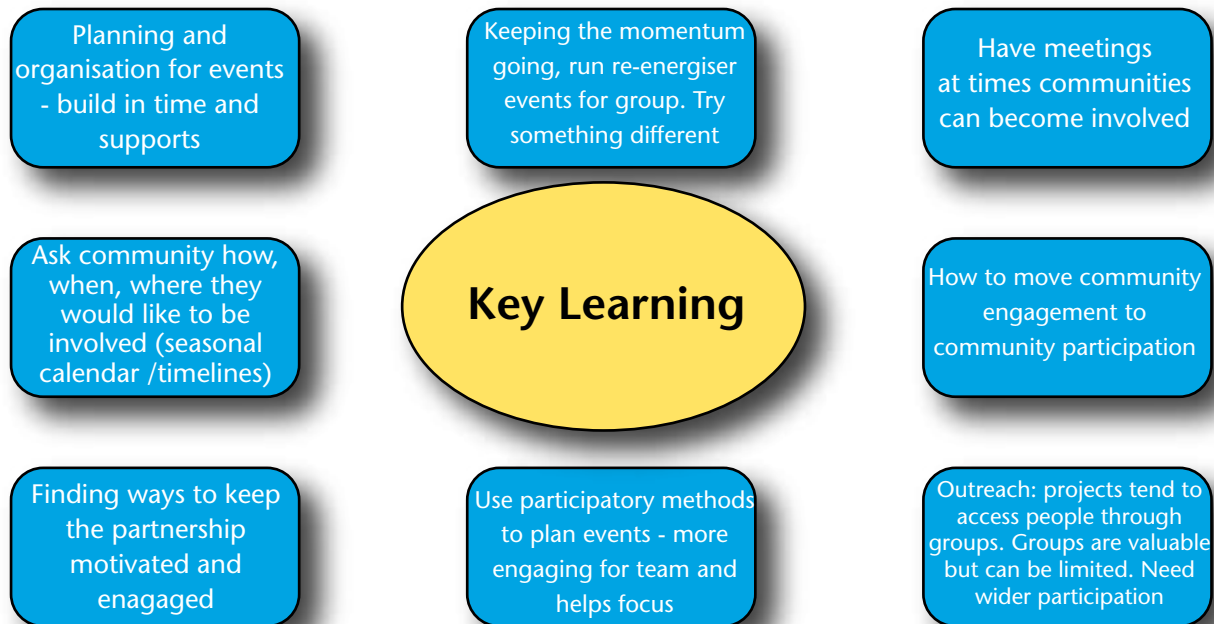
One issue clearly identified by the community as a negative impact within the community is the closure of the local butcher's in December 2004. Whilst the project may have not been able to have a direct impact on keeping this open in the short term the closure is seen as linked to the whole issue of access to foods locally.

Another key factor influencing the project has been the lack of commitment from senior staff to the project; it appeared not to be seen as a priority for their work. It was also seen as a health project by at least one other agency, which may have influenced commitment to the project. In addition there were several changes of staff which influenced continuity, some of which have already been mentioned in 2.3.4 above.

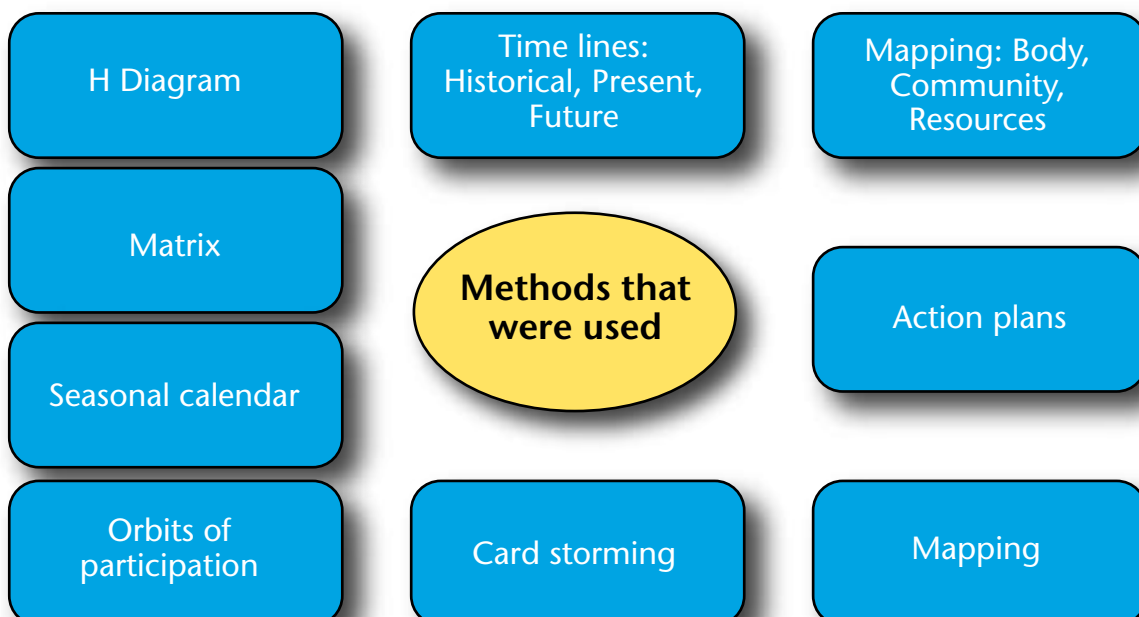


## 2.3.6 Key learning

These are the learning points that have been identified through the evaluation.



## 2.3.7 Participatory methods that were used successfully in the project





A range of participatory methods were used during the community work and in the planning and management of the project. These were used during the community work and for planning and evaluation by and with the steering group.

### 2.3.8 Recommendations

The recommendations have evolved as an outcome of the evaluation and are based on what the community and steering group have been saying and recording. They are applicable to an organisation driven project, a community driven project or a partnership project.





## 2.3.9 Working in partnership

This is a partnership project and during the evaluation some clear patterns were emerging that would help in making the partnership work better. This diagram is a summary of the key points.





### 2.3.10 Summary

This project was described by one person who was involved for a few months as *“the best example of community involvement I have seen”*.

It has brought about positive change in the way some members of the team work within their teams and with the community. This is the start of a process and we hope it will continue.

The key project aims were to use participatory appraisal approaches methods to explore the opportunities for increasing healthy eating choices in the Dysart regeneration area, Fife. Under Phase 1 of the project this has been achieved but actioning the ideas the community explored has been more difficult with the major factor being lack of dedicated staff time and lack of local staff on the ground to work collaboratively with the local community.

The biggest challenge for the project has been maintaining the momentum, which was a big issue, under the pressure of lack of dedicated staff time for both key staff and other members of the steering group. It was clear from the evaluation that there needs to be senior management support. This means recognition that for a project, such as this, to succeed and have tangible benefits time, money and support have to be clearly identified and ring fenced. It cannot be an add-on to other work, done despite peoples other workloads.

There have been many good examples and learning lessons shared within the evaluation process and these are clear in the summary diagrams. They can be used to help inform a similar process for other projects and are not specific to health related projects.

However despite the many good examples the action is not happening fast enough for some members of the community who want action and *“no more consultation”*. Harnessing those peoples interest in helping drive forward changes people identified should be incorporated in the next phase when, the hope is, more staff are brought into the project. In the future it is vital that the links and relationships built up so far are developed, encouraging those people already involved through, for instance, the cookery group or parents group, to be more involved in taking forward the action planning. Involving the community in training for instance to build local capacity and skills and open up work opportunities. For the project to succeed the project needs to be more collaborative, whilst there was a local person involved on the steering group at the start this was not sustained. Latterly there was more local interest and this should be



developed when the project moves forward again as we hope.

Going on to action is a vital part of the process, most “participation fatigue” is not caused by being asked to contribute views; it is caused by the lack of action and lack of feedback following a consultation event. A genuinely participatory initiative contains a commitment to support the work that is suggested by the dialogue, discussion and debate that occur during the participation.

A continuing process of feedback needs to be built into any project, keeping the community up to speed with regular updates. People expect to see results and are often disappointed and disillusioned if nothing appears to happen. For a project a year may be a short time to implement ideas but to a community, perhaps seeing more resources close, as in Dysart, a year is a long time.

Finally, it was clear throughout the evaluation that the approach and methods were successful despite the barriers discussed above.





## Appendix

### Appendix 1:

This section shows some of the methods used during the project. There is no “right” method to use; these are shown to give an idea of the range used both in the project and for the evaluation.

Examples of the interview sheet used with the project team .....	44
H diagram to evaluate the project .....	45
Orbits of participation method .....	46
Timelines .....	47
Matrices .....	48
Mapping .....	48
Action planning diagrams .....	49



## **Appendix 1: Methods used during the project and during evaluation**

Semi-structured interview used with steering group members in conjunction with the H diagram and orbits of participation diagram to evaluate the project

Name:

Role/organisation:

Why involved:

Key function:

Key function in project:

How long have you been involved: Date of 1st involvement:

Would you say you have been proactive/active/supportive/passive/disengaged

What do you feel you have been able to contribute:

If you have not been involved since initial inputs why is this:

What could have been better/made it easier:

How else could the project have involved you?:

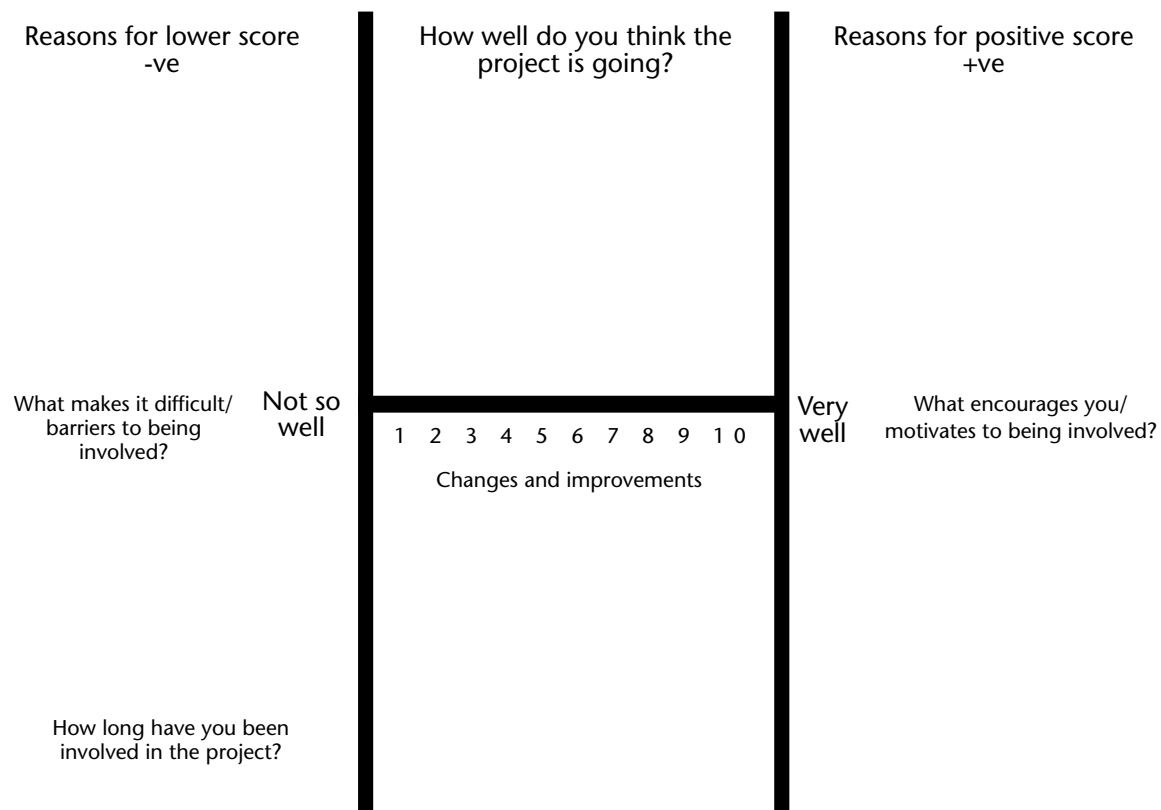
How could commitment be sustained?:



## H diagram

An H diagram was used to encourage steering group members to evaluate the project. The outcomes of these are drawn on in the report.

People were asked to evaluate from not so well to very well on a scale from 0 to 10 how well they thought the project was going and then to record the good things, the things that were not going so well and then changes or improvements that they thought should be put in place in future.



This method was also used during the community work to encourage people to evaluate access to food locally.



## Orbits of participation:

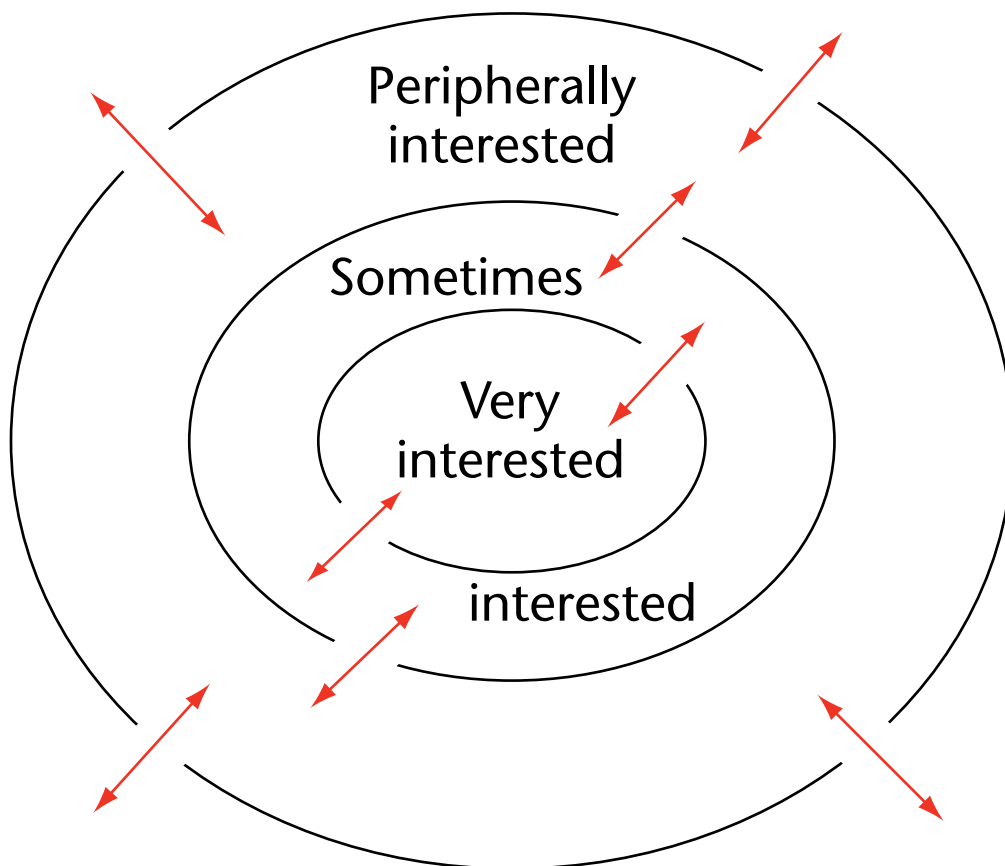
This diagram is a very simplified adaptation of Aggens (1998) ways of illustrating how people get involved in decision-making.

During the evaluation 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 “portholes” enable people to move between areas of involvement.

Where do you place yourself? How could the “portholes” be better managed?

### Apathetic/busy





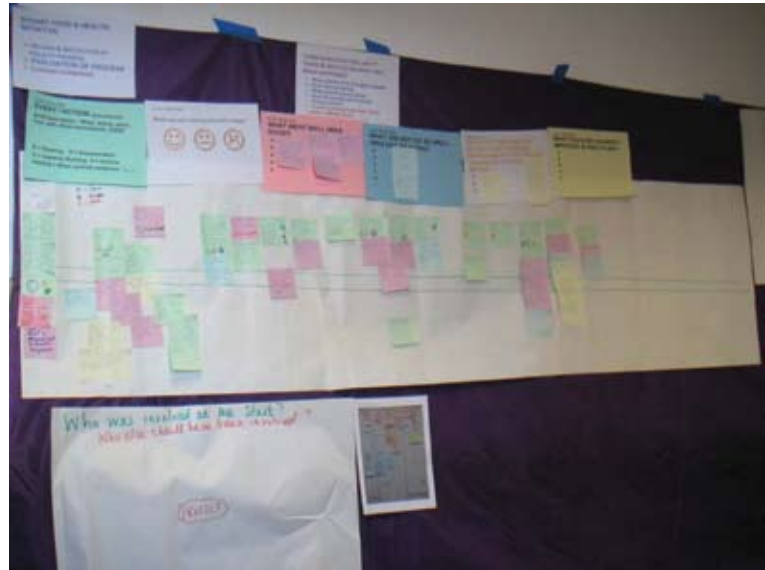
## Timelines

### Monitoring and evaluation timeline

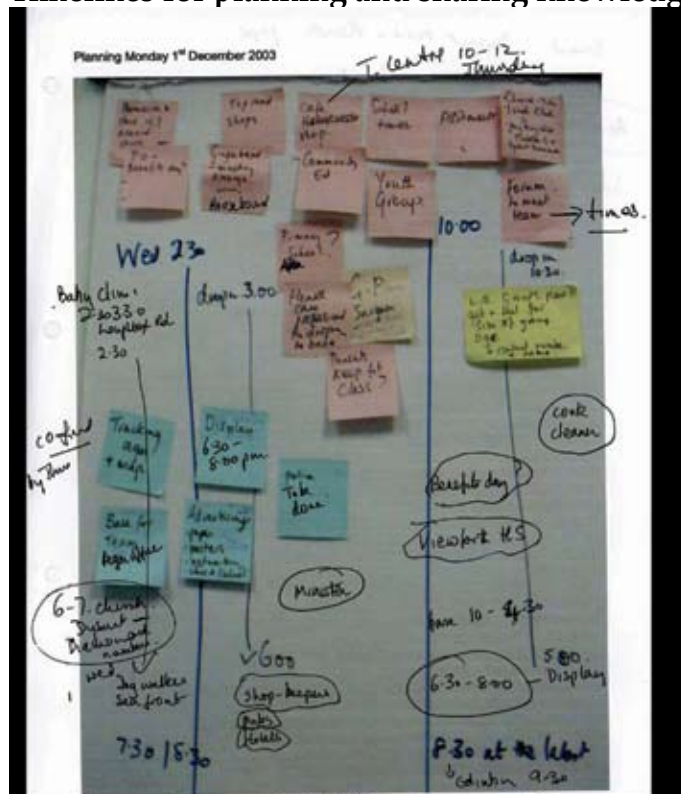
This was used to encourage reflection on the process that had been undertaken.

Participants were asked to record events and evaluate what worked well, not so well and what could be changed in the future to make the project work better or be more effective.

Using this approach engaged participants in sharing and recording their experiences as well as reflecting on what could be done better in the future.

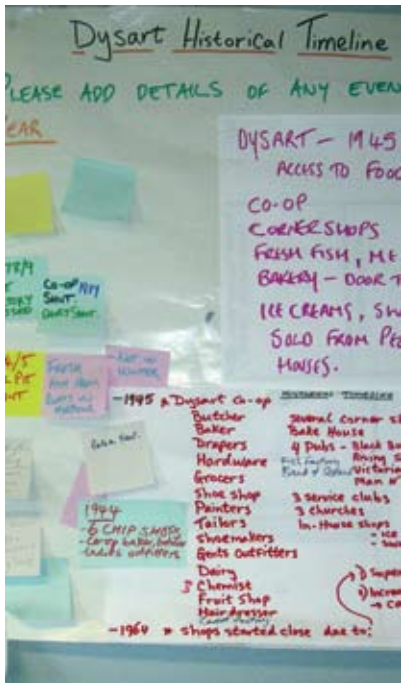


### Timelines for planning and sharing knowledge



They can be simple chronological depiction of events. This may be general to a locality or follow a specific theme or project. The time line developed into the future or used as a planning tool. In the project timelines were used in planning the participatory appraisal workshop community work, planning other events and meetings and by the community to show changes over time to shopping in the area.

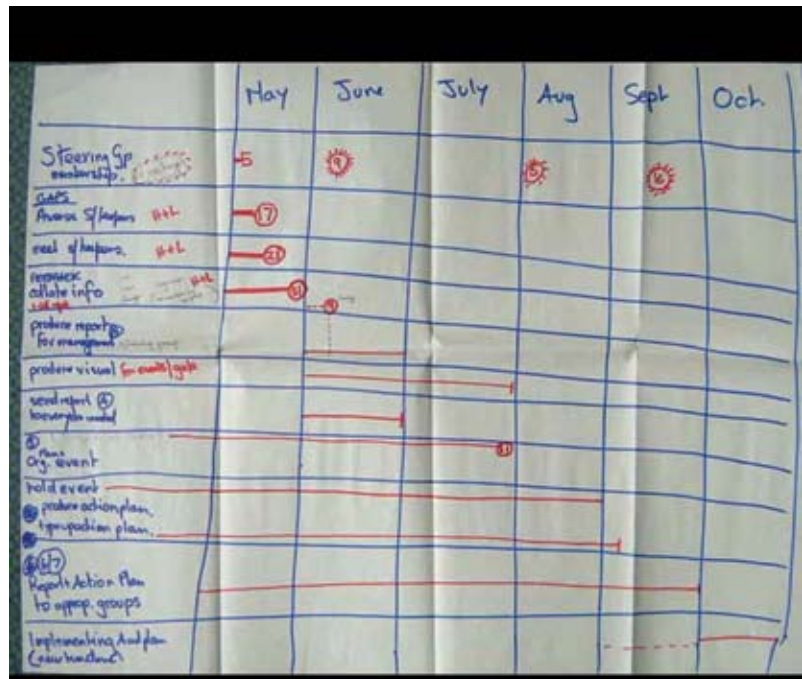
This shows the historical timeline the community developed and how it was incorporated into the report.



### Planning matrix

The steering group used a matrix as one of their planning tools. It enabled them to identify what needed to be done in a very open way and work out when it and happen.

This gives a visual image that can be used as a working document and also be evaluated against later in the process.





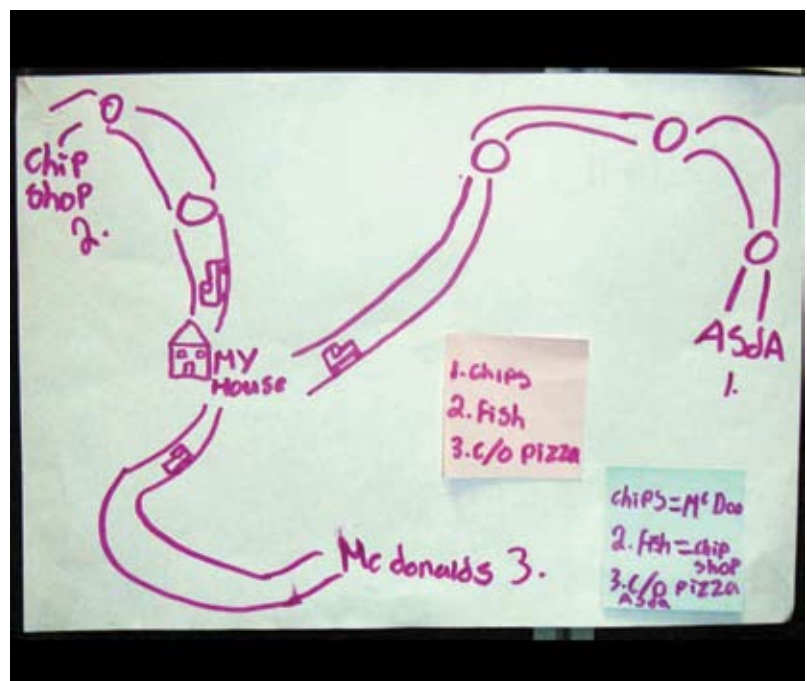
## Mapping

Mapping is a very useful baseline method that can be used both in planning and in engaging people in thinking about their area. Maps range from area maps which can be used to identify resources and services to body maps to think about food and health issues.



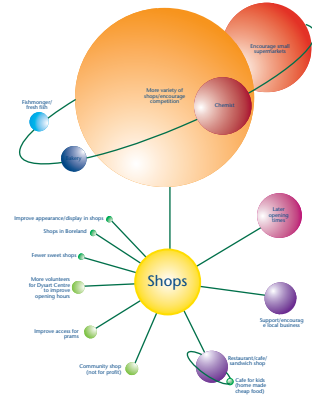
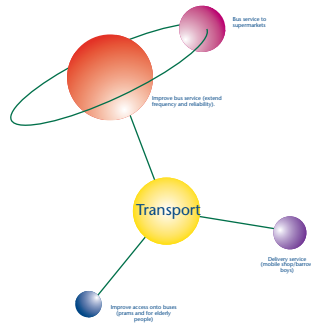
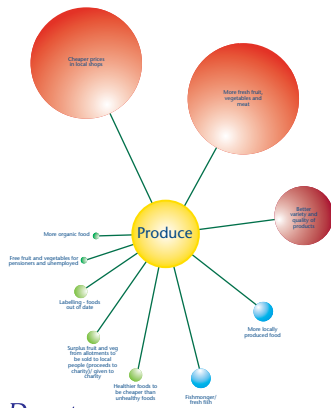
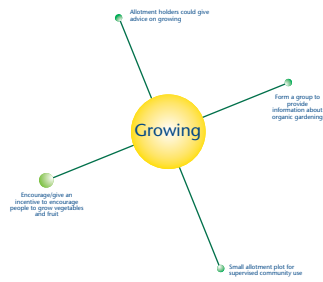
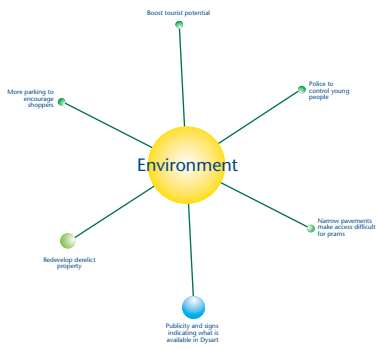
Mapping was used to identify where shopping resources were in the community and what they were like and the kind of improvements people would like to see to shopping in the area...

Young people also drew maps to show what food they ate and where they got it from. This is also a way of engaging people in reflecting on food access and distance travel





## Action planning diagrams





## Bibliography & References

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\*New Economics Foundation (1998) *Communities Count*

\*New Economics Foundation (1998) *Participation Works* also *Tools for Participation*

\*available from New Economics Foundation, First Floor Vine Court, 112 – 116 Whitechapel Road, London E1 1JE. Tel: 01713775720 [www.neweconomics.org](http://www.neweconomics.org)

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Sustain, 2000, *Reaching the parts: Community mapping: Working together to tackle social exclusion and food poverty*, Sustain: The alliance for better food and learning, 94 White Lion Street, London N1 9PF Tel: 02078371228 Fax 02078371141 emailsustain@sustainweb.org web: www.sustainweb.org

There is also a lot of information on the WWW a few examples are given below and these have links to other information:

<http://www.eldis.org/participation/>  
[www.sustainweb.org](http://www.sustainweb.org)

<http://www.scip.org.uk/rocks/report.htm>

[http://www.iied.org/sarl/pla\\_notes/](http://www.iied.org/sarl/pla_notes/)

<http://www.iisd.org/casl/CASLGuide/PRA.htm>

### **The Dysart Project Reports**

*Food Access in Dysart: a report of the work carried out by students undertaking a short course with the University of Edinburgh*, June 2004. Dysart Regeneration Initiative

<http://www.fifedirect.org.uk/atozsearch/index.cfm?fuseaction=displayservice&Objectid=8E04C149-79C1-433B-85BB9C6B617366A0&menuid=1C835426-ED85-4388-B9042355A06728A0&cfdid=1497726&cftoken=42760592>

*Views, opinions and ideas of those who provide "Access to Food" in Dysart: A report of the work carried out for Dysart Food & Health Initiative July – November 2004*, January 2005. Dysart Regeneration Initiative

*More "Food for Thought" from Dysart. More views, opinions and ideas on issues related to food from people living in Dysart. A report of the work carried out for Dysart Food & Health Initiative July – Dec 2004*. April 2005. Dysart Regeneration Initiative

### **Other relevant reports**

<http://www.dietproject.org.uk/>

