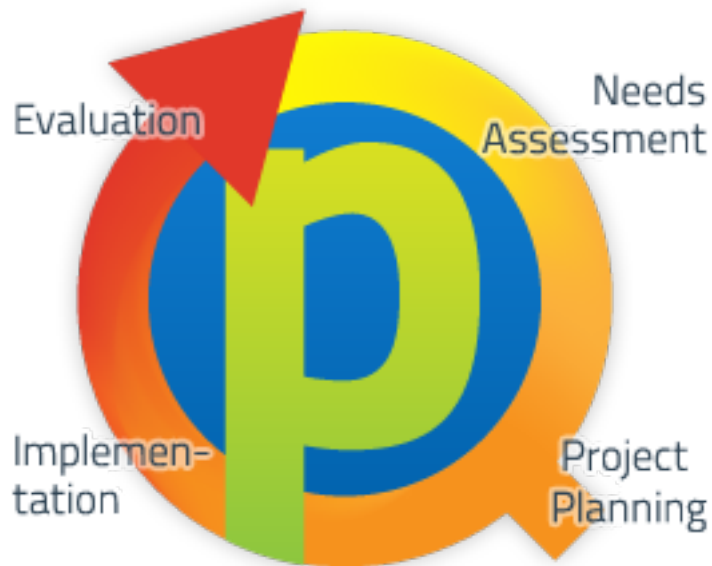# Participatory Quality Development

Concepts, Toolkit and Case Studies

Original concept and website developed by

Michael T. Wright
Martina Block
Hella von Unger

With support from

Wissenschaftszentrum Berlin für Sozialforschung
(Social Science Research Centre Berlin)

Deutsche AIDS Hilfe e.V.
(German AIDS Service Organization)

Gesundheit Berlin-Brandenburg

**English Translation and Editing:**
Matthias Wentzlaff-Eggebert

Content

How to use this document

Welcome!

This interactive document is an English translation of the original German website http://www.partizipative-qualitaetsentwicklung.de/. The site is intended to support health promotion service providers in addressing the social determinants of health. The concepts and tools offered assist providers in planning their work and in assessing and improving the quality of interventions in collaboration with the target group.
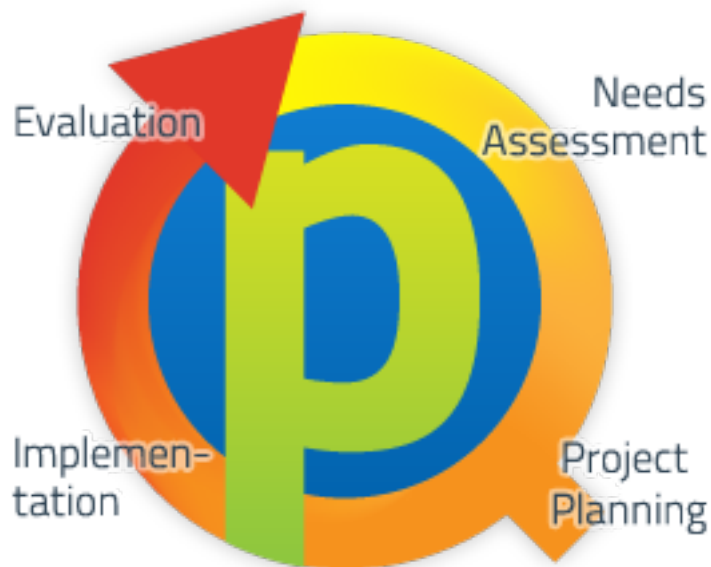
In this document you will find three main sections: Key Concepts, the Participatory Quality Development (PQD) Toolkit of methods, and Case Studies from health promotion and prevention practice. You will find the theory underpinning Participatory Quality Development in the Key Concepts section, and the practical methods in the PQD Toolkit. The Case Studies show how these have been applied to concrete health promotion activities.

We suggest that you read the Key Concepts section first. It will describe the participatory approach and assist you in choosing the right methods for your needs from the toolkit.

Each of the three sections of this document has a number of headings. Depending on your needs and interests, you can access them individually by clicking on the page numbers in the list of contents on pages 2 and 3. There are also links throughout the text. They are marked by underlined words and take you directly to related sections. In addition, clicking on the page number at the bottom of each page will take you back to the list of contents on pages 2 and 3.

For easy distribution to your collaborators and stakeholders, you can also download the eleven methods in the toolkit as individual PDF documents from the IQ^{hiv} website (www.iqhiv.org).

Key Concepts

PQD stands for Participatory Quality Development. In this model, quality is developed cyclically. The process includes four phases (adapted from the Public Health Action Cycle): Needs Assessment, Project Planning, Implementation and Evaluation. Participation and Collaboration are cross-cutting themes or principles that apply to all phases.

PQD Toolkit

In principle, there is an unlimited repertoire of participatory methods for quality development. Selected methods, which haven undergone extensive field trials internationally, are presented in the PQD Toolkit. These selected methods enable practitioners to better target their activities, design them with stronger participation from the target group and to check the results based on their own data collection and against their own objectives. The various methods have been organised according to the phase of the PQD cycle (Needs Assessment, Project Planning, Implementation and Evaluation) to which they correspond.

Case Studies from Health Promotion Practice

The Case Studies are generally taken from health promotion services supported by WZB (*Wissenschaftszentrum Berlin für Sozialforschung,* Social Science Research Centre Berlin) staff through local consultancy and technical assistance (capacity building). Collaboration focussed on the (further) development of an evaluation or quality improvement instrument or procedure for a local primary prevention activity. Each case study provides an individual window into the process of assisting the development and implementation of service organisation-focussed quality assurance and evaluation measures. The materials used during the consultancies are available on the original German site (http://www.partizipative-qualitaetsentwicklung.de/) as PDF downloads (in German).

Concepts

Participatory Quality Development

Participatory Quality Development refers to the continuous improvement of health promotion and prevention through an equitable collaboration between the service providers, the target group, the funding body and other important stakeholders. This collaboration is characterised by its aim for the strongest possible participation and ownership of all stakeholders - especially the target group - in all phases of developing an intervention:

- Needs Assessment,
- Project Planning,
- Implementation and
- Evaluation/Analysis (see also Public Health Action Cycle).

Participatory Quality Development depends significantly on the local knowledge of stakeholders and assists them in utilising it, reflecting on and expanding this knowledge. It employs participatory data collection and project planning methods for this purpose.

Participatory Quality Development uses concepts and methods that are tailored, feasible, useful, participatory and evidence-based:

Tailored means that the concepts and methods are adapted to local conditions, e.g. to the composition of the target group, the mission and values of the service organisation and the available capacity and infrastructure.

Feasible means that the time needed for a chosen concept or method of quality development is proportional to the time needed to provide the intervention itself. This results in a quality development strategy which is limited to what is necessary and which can be documented without great effort and can thus be integrated into daily working routines.

Concepts and methods of quality development are **useful** when they provide results that can be translated directly into specific ideas for improving health promotion and prevention interventions.

Participatory concepts and methods are those that give primacy to the subjective observations of service providers and service users. The local knowledge of (potential) users is of particular value in all phases of intervention planning and evaluation.

Evidence-based means that the concepts and methods allow for a systematic critique of local health promotion and prevention activities and that they are informed by the findings of current research.

Participatory Quality Development follows the Action Research tradition, known internationally in the health field as *community-based participatory research* or *collaborative action research*. In regard to the question of proving the effectiveness of interventions, Participatory Quality Development is focused on generating practice-based evidence.

Continue with:

- [Participation](#)
- [Collaboration](#)
- [Needs Assessment](#)
- [Project Planning](#)
- [Implementation](#)
- [Evaluation/Analysis](#)
- [Methods](#)
- [Further Reading on the Participatory Quality Development Approach](#)
- [Local Knowledge/Local Theory](#)
- [Practice-Based Evidence](#)

Authors: Wright/Block/Unger

Practice-Based Evidence

In general, the demand for *evidence-based practice* in the health sciences means that sufficient scientific proof (*evidence*) must be collected for the effectiveness of an intervention before it is released for practical application. The scientific experiment (randomised clinical trial or RCT) is recognised as providing the best basis for such evidence. It tests an intervention under controlled experimental conditions to detect whether it has a quantifiable, statistically significant effect on the health issue concerned, and estimates the size of this effect on its target group.

Such trials, however, are rarely feasible in health promotion and prevention with socially disadvantaged populations. In addition, there are practical, scientific and ethical reasons why evidence-based practice in its original sense is not suitable for this field. In recent years *practice-based evidence* has been proposed as an alternative. In *evidence-based practice,* academic researchers set the standards in data collection and interpretation for judging the effectiveness of interventions. *Practice-based evidence*, in contrast, is an approach that derives proof of the effectiveness of interventions from the structure and logic of practice itself: proof that, in turn, is employed directly for the improvement of practice. Here, academic researchers have a supportive instead of a privileged role in determining the validity of the data generated. This approach promises timely insights into the processes and outcomes of interventions that can easily be integrated into work practice, directly promoting learning processes among practitioners.

The Participatory Quality Development framework produces primarily *local evidence*. This means that indications for the effectiveness of an intervention are tested in a particular context, at a particular time and in a particular location in order to improve an organisation's practice *in situ*.

Authors: Wright/Block/Unger

Local Knowledge/Local Theory

Local knowledge includes local stakeholders' existing insights about the target group and the world they live in. Those who possess insider knowledge about the lived experience of members of the target group are considered the experts in this regard. They are generally themselves members of the target group, but they may also be other persons who are in close contact with the target group and who are therefore more likely to understand their situation (e.g. outreach workers, shopkeepers in the local district, trainers at a sports club, publicans/barkeepers etc.). Within the framework of Participatory Quality Development, hypotheses about the target group's health status are formed on the basis of this local knowledge. A local theory can in turn be developed on this foundation, and would then contain the following:

- A description of the characteristics of the local problem,

- An explanation of the local causes of the problem,

- Conclusions for the development of adequate responses.

In contrast to a "universal" scientific theory, a local theory does not claim to explain large-scale social dynamics or processes. Accordingly, local theories are less abstract, but also less comprehensive. The aim of a local theory is to provide a plausible explanation for a health problem that can be understood in local terms. To accomplish this, the concrete, tangible manifestations of the problem and its underlying behaviours and conditions are described within their particular context (setting). Specific interventions to resolve or mitigate the problem can then be derived from the description.

Local knowledge and local theories are often implicit (unspoken) and rarely exist in a structured, written form. Implicit insights and explanations are made explicit through the application of participatory methods of data collection and analysis. These insights and explanations include everything that is known about the health status of the target group as well as assumptions about what will improve it or make it worse. The Developing Local Objectives and Strategies (ZiWi) method is particularly suited to constructing local theories based on local knowledge, which can then serve as the basis for an evaluation.

Continue with:

- Collaboration

- The ZiWi Method

- Examples of the practical application of the ZiWi Method: DROBS Magdeburg, The Homeless Colony (*Obdachlosensiedlung*) Mainz, (*Präventionsteam Kinderschutz*) Child Abuse Prevention Team Berlin and Guardian Angels (*Schutzengel*) Flensburg

- Methods

Authors: Wright/Block/Unger

The Participatory Quality Development Approach: Further Reading and Links

Green, LW (2006) Public Health Asks of Systems Science: To Advance Our Evidence-Based Practice, Can You Help Us Get More Practice-Based Evidence? American Journal of Public Health; 96: 406–409.

Olsen, LA; Aisner, D; McGinnis, JM (Hg.) (2007) The Learning Healthcare System: Workshop Summary (IOM Roundtable on Evidence-Based Medicine). Washington, DC: Institute of Medicine, National Academy of Sciences.

Wright, MT (2006) Auf dem Weg zu einem theoriegeleiteten, evidenzbasierten, qualitätsgesicherten Primärprävention in Settings. Jahrbuch für Kritische Medizin, 43: 55-73.

(Wright, MT (2006) Toward theory-led, evidence-based, quality-assured primary prevention in social settings. Yearbook of Critical Medicine, 43: 55-73. In German)

Wright, MT (2004) Partizipative Qualitätssicherung und Evaluation für Präventionsangebote in Settings. In: R. Rosenbrock; M. Bellwinkel; A. Schröer (Hg.) Primäre Prävention im Kontext sozialer Ungleichheit. Bremerhaven: Wirtschaftsverlag NW für Neue Wissenschaft: 297-346.

(Wright, MT (2004) Participatory Quality Assurance and Evaluation for Prevention Services in Social Settings. In: R. Rosenbrock; M. Bellwinkel; A. Schröer (Ed.) Primary Prevention in the Context of Social Inequality. Bremerhaven, Publishing House for the New Sciences: 297-346. In German)

Links:

Lawrence W Green's homepage ("If we want more evidence-based practice, we need more practice-based evidence"): http://www.lgreen.net/authors/lwgreen.htm

Participation

In Participatory Quality Development, participation means not only "taking part". It also includes ownership, i.e. the power to make choices in all important areas of life. This mans the power to define which health problems should be addressed through health promotion or prevention activities. The more influence people exercise in a decision-making process, the stronger is their participation.

This principle follows from the Ottawa Charter's central demand to position citizens' self-determination at the core of health promotion. This role for self-determination is also based on many years of debate in the fields of urban planning, and later also in development studies, about the role of citizens in the implementation of interventions aiming to improve their environment. This debate has been influenced significantly by the work of the US American Sherry Arnstein who attempted to explain the success of citizens' groups in processes of urban planning in her seminal article published in 1969. In her conclusion she states that sustainable changes improving the day-to-day life of residents are only then realised when the residents have had the opportunity to influence their living conditions directly.

Participatory Quality Development places a major emphasis on ownership by target groups and service providers (particularly front line workers) because they are the stakeholders who possess local knowledge and who contribute significantly to the success of interventions. It is also these two stakeholder groups who are most often not included in the development of quality assurance processes.

Participation is not an "either/or" decision, but a developmental process. Self-reflection and successful local stakeholder collaboration promote the further development of participation in health promotion and prevention projects. Depending on the conditions in the project's operating environment and the target group's living conditions, participation can be realised to varying degrees. The task at hand is to find the appropriate level of participation for the prevailing conditions (see also *Levels of Participation*).

Continue with:

- Levels of Participation
- Collaboration
- Further Reading on Participation
- Target-Group-Oriented Interventions

Authors: Wright/Block/Unger

Levels of Participation

Based on our own research and following Sherry Arnstein's work (Participation), we have developed a staged model to better describe the characteristics of participatory processes that already exist within health promotion and prevention. Service providers can apply this model to e.g. assess the degree of participation they have already achieved within their activities and to develop options to increase it further (see also *Circles of Influence*). It is our view that participation is not an "either/or" decision but a developmental process. In many circumstances certain precursors to participation have to be implemented before a comprehensive inclusion of the target group in decision-making processes becomes possible. Many interventions that call themselves participatory do not offer any opportunities to influence decisions, and can therefore not be classed as such.

Individual levels of participation are explained below using the example of target group involvement:

Many variants are imaginable on the non-participatory level. Here we describe two types frequently encountered in the fields of health promotion and prevention:

Level 1: Instrumentalisation
The target group's concerns do play some role. Decisions are made without them and centre on the interests of the decision makers. Members of the target group may participate in events without being aware of their purpose or objectives (target groups as "decoration").

Examples:
Only those residents in a district who support the views of the decision makers are asked for their opinions. The results of such a survey are reported as the opinions of all district residents. Or: small children are used in political rallies to convey the positions of their parents without being able to understand the nature of the event themselves.

Level 2: Instruction
Decision makers (often professionally trained personnel) take note of the target group's situation. They define the problems and the responses to resolve or mitigate these problems exclusively on the basis of their (expert) opinions. The target group's views of their own situation are not taken into account. Communication on the part of the decision makers is directive.

Examples:
Many conventional forms of medical, psychotherapeutic, educational or social work counselling and treatment are characterised by the fact that professionals carry sole responsibility for defining (diagnosing) the problem as well as choosing the solution. Such professionally determined interventions are often necessary, e.g. in cases of imminent danger (disease, child abuse) or where the options available to those affected are restricted (e.g. limited decision-making competency, as in young children or in certain crisis situations).

Precursors to participation include the increasing integration of the target group into decision-making, even if they cannot (yet) influence its processes directly.

Level 3: Information
Decision makers tell the target group about its problems (from the point of view of the decision makers) and what kind of assistance they require: They recommend to the target group options to resolve or mitigate their problems. The decision makers explain and give reasons for the process they use and the information they provide. They take the views of the target group into account in order to promote target group member acceptance of the information and the retention of the messages provided.

Example:
Conventional health education activities generally fall into this category. Whether as part of a national campaign or within the context of training programs, at the forefront is the conveying of information as adapted and presented by experts.

Level 4: Consultation
Decision makers are interested in how the target group sees their own situation. Members of the target group are consulted, but have no control over whether their views are taken into account.

Example:
The consultation strategy most often employed in health promotion and prevention practice is the survey. Whether conducted orally or in writing, through individual or group interviews, the survey is intended to elucidate the target group's situation by asking them a set of questions. Individual or group responses are normally reported anonymously and combined with the views of others to arrive at an overall picture of the target group's circumstances.

Level 5: Inclusion
The service organisation asks selected members of the target group for advice (these are often persons close to the decision makers). The advice received, however, is not guaranteed to influence decision-making.

Example:
In considering the establishment of a new service, a service organisation contacts a migrants' organisation for more detailed information on the situation of young women from the relevant cultural background. A representative from a group for single mothers is invited to a board meeting to report on the needs of women in her situation.

In "true" participation, the target group has a formalised, guaranteed role in decision-making.

Level 6: Shared Decision-Making
Decision makers consult target group representatives to agree with them on substantive aspects of an intervention. On important questions, negotiations between target group representatives and decision makers may be necessary. Members of the target group have a right to be heard, but no independent authority to make decisions.

Examples:
The membership of target group representatives on a decision-making committee (board, advisory group, steering committee) is one example of shared decision making. The establishment of a Service User Advisory Committee consisting exclusively of members of the target group is another. Formal collaborations with organisations representing the interest of the target group can also enable shared decision-making.

Level 7: Partial Delegation of Decision-Making Authority

A right to participation ensures that the target group can determine particular aspects of the intervention themselves. Responsibility for the intervention, however, remains in the hands of others, e.g. personnel of the service organisation.

Examples:
A service organisation wants to make a sexuality education video for young people and asks a youth group to develop the content. A group of volunteers from the target group is formed whose task it is to develop and implement new services for the target group (peer-based model). For example, the service organisation convenes a group of sex workers to raise awareness of Sexually Transmitted Infections (STIs) among other sex workers. The volunteers determine how best to achieve this objective and are supported by the service organisation to put their ideas into practice.

Level 8: Decision-Making Authority
Members of the target group determine all substantial aspects of an intervention. This takes place within the framework of an equal partnership with the service organisation or other stakeholders. Stakeholders outside the target group also participate in making important decisions, but their role is to support or advise, not to determine.

Examples:
A Service User Advisory Committee within a service organisation suggests a new service for the target group and takes responsibility for planning and implementing it.

Women in a residential district would like to organise a cooking course and a service organisation provides them access to kitchen facilities.

A migrants' organisation makes contact with an AIDS service organisation to garner their support for developing information sessions in mosques.

The top level of the model goes beyond participation. It includes all forms of self-organised intervention that are not necessarily the result of a participatory developmental process, but can be initiated by citizens themselves from the beginning.

Level 9: Community-Owned Initiatives
An intervention or project is initiated and implemented by members of the target group themselves. Such initiatives are often organised by those who are directly affected by a problem. The target group makes decisions independently and takes responsibility for them. Responsibility for implementation also rests with the target group. All decision makers are members of the target group.

Examples:
This level includes all types of initiatives that are conceptualised and implemented by members of the target group themselves. They may be organised formally (e.g. as a not-for-profit organisation) or informally: as the (spontaneous) action of like-minded people.

Continue with:

- Further Reading on Participation
- Circles of Influence
- Service User Advisory Committee

Authors: Wright/Block/Unger

Target-Group-Oriented Interventions as the Foundation

Targeted interventions in health promotion and prevention are characterised by approaches that encourage action and build skills. This sets them apart from a conventional health education methodology. They differ in the following ways:

Conventional Methodology	Target-Group-Oriented Methodology
Affected populations as clients (recipients of assistance)	Affected populations as service users and partners (collaborators)
Project staff as experts who identify and solve problems	Project staff as facilitators who encourage defining problems and finding solutions
Health promotion and prevention as treatment or educational practice	Health promotion and prevention as mobilising and supportive practice
Assistance is offered within a passive structure that users have to actively seek out	Assistance is offered within an active structure that seeks out the target group (e.g. through outreach work)
Services are normative in their language and objectives	Services are oriented towards participation and lived experience, both in their language and objectives (setting-based or community-based approach)
Aims to elicit specific behaviours	Aims to support self-determined action in response to problems (empowerment)

Note: This juxtaposition is highly simplistic. Practice normally moves between the two extremes of *conventional* and *target-group-specific*, tending more towards one or the other in each case. It is possible, for example, that a project worker will in some situations take the role of *expert* because of her training and expertise (e.g. expertise in legal statutes or procedures), and in other situations (e.g. during a discussion on integrating health promotion into daily routines) that of *facilitator*. Target-group-oriented methodology strengthens the autonomy and initiative of service users. It promotes the development of competencies (skills building, empowerment) and enables context-specific, concrete and sustainable solutions. The more the work orients itself to the target group, the more participatory it will be. The more participation can be built into the daily routine of health promotion and prevention, the easier it will be to involve target groups in quality development as well.

Continue with:

- Levels of Participation

Authors: Wright/Block/Unger

IQ
hiv
Improving Quality
in HIV Prevention
in Europe

Participation: Further Reading and Links

Arnstein, Sherry R. (1969) "A Ladder of Citizen Participation," Journal of the American Planning Association, Vol. 35, No. 4, July 1969, pp. 216-224.

Ottawa Charter for Health Promotion, First International Conference on Health Promotion, Ottawa, 21 November 1986 - WHO/HPR/HEP/95.1, http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

Trojan, Alf (2004) Nachhaltige Gesundheitsförderung durch Partizipation. Gesundes Österreich. http://www.fgoe.org/hidden/downloads/Magazin/GOe_204_35-50.pdf

(Trojan, Alf (2004) Sustainable Health Promotion through Participation. Interview in: Healthy Austria. In German)

Trojan, Alf (1988) „12-Stufen-Leiter der Bürgerbeteiligung" In: BZgA (2003) Leitbegriffe der Gesundheitsförderung: Glossar zu Konzepten, Strategien und Methoden in der Gesundheitsförderung. 4. Auflage. Schwabenheim: Fachverlag Peter Sabo, S. 170.

(Trojan, Alf (1988) "The12 Steps to Active Citizenship" in: (German) Federal Centre for Health Education (2003) Health Promotion Terminology: A Glossary of Key Concepts, Strategies and Methods. 4th Edition. Published by Fachverlag Peter Sabo, Schwabenheim. p. 170. In German)

Wright, M.T./ Block, M./Unger, H.v. (2007) Stufen der Partizipation in der Gesundheitsförderung: Ein Modell zur Beurteilung von Beteiligung. Infodienst für Gesundheitsförderung, 3, 4-5

(Wright, M.T./ Block, M./Unger, H.v. (2007) Levels of Participation in Health Promotion: A Model for Assessment. Health Promotion Information Service, 3, 4-5. In German)

Collaboration

Collaboration is a core marker of Participatory Quality Development. The emphasis here is on the participation of all stakeholders who are important for the planning, implementation and evaluation of health promotion and prevention projects. The particular collaboration between target group, funding body and service organisation lies at its heart: it is in this three-way relationship that specific activities are conceptualised and carried out. In many cases, other stakeholders also contribute substantially to decision-making.

The "Threesome" for Targeting Social Determinants in Health Promotion

Through building collaboration among stakeholders, Participatory Quality Development aims to create a situation where contributing stakeholders can name their often diverging interests and perspectives and negotiate solutions. This should be done following certain basic principles. Based on unrealistic assumptions, the effort required for successful collaboration is often underestimated. Strong participation by all stakeholders can only be guaranteed when it is made clear who contributes to decision-making processes, and to what extent (see also *Circles of Influence*). A variety of factors can promote or hinder successful collaboration.

Continue with:

- Participation
- Basic Collaboration Principles
- Collaboration Myths
- Circles of Influence
- Collaboration: Enablers and Barriers
- Multiple Perspectives

Authors: Wright/Block/Unger

Basic Collaboration Principles

The principles that are valid for all group processes require particular consideration in shaping collaboration among stakeholders in the field of health:

- Building trust and workable structures takes time.
- The success of any collaboration cannot be left to chance, but requires continuous leadership.

Abraham Wandersman and colleagues (1997; see also Stevenson et. al. 1996) summarise, based on the experiences of several organisations, the most important prerequisites for the success of collaborative work:

A suitable combination of stakeholders: Collaboration is usually planned and coordinated by a core group of people – perhaps even a working party or steering committee. All groups supposed to take part in implementing and evaluating the activity are invited to participate, particularly funders, the project team and the target group. This, however, does not mean haphazardly recruiting representatives of a group or organisation, but to directly approach people who can publicly represent their respective group's interests and become active in the initiative. Just as important as a multiplicity of interests is a multiplicity of individual competencies. It is therefore necessary to consider which strengths potential individual representatives possess.

Structures for active leadership: Clear structures, agreed-upon procedures and delegated authority as well as processes for conflict resolution are indispensable for productive and satisfactory collaboration. In the case of larger working parties or steering committees, leadership should, according to Wandersman and colleagues, be in the hands of a small number of people who fulfil the following criteria:

- Experience with group processes and leadership functions
- Experience with (local) political structures and processes
- The ability to organise and facilitate meetings
- The ability to build relationships of mutual trust with various stakeholders
- Flexibility
- Access to decision makers and media at the local level

Formalising ways of working and employing methods of conflict resolution enable working parties and steering committees to manage a variety of interests.

Balancing the maintenance of working relationships with goal-oriented activities: those stakeholders who equally strive for contributors' satisfaction and for reaching agreed objectives succeed in achieving successful, long-term collaborations. Ensuring harmonious interaction alone can lead to a high degree of trust and team spirit without necessarily achieving marked progress in improving the health of the target group. On the other hand, an exclusive focus on goal-oriented activities leads to the neglect of internal conflicts among participants and eventually to a loss of motivation.

Goal Orientation: Setting clear goals to be achieved within an agreed time frame clarifies the reason for and purpose of the collaboration and motivates participants to commit to the process for the long term. All goals and objectives should be negotiated among stakeholders using agreed decision-making processes.

Further Reading and Links:

- <u>Collaboration: Further Reading and Links</u>

Authors: Wright/Block/Unger

Collaboration: Enablers and Barriers

In order to plan a successful collaboration, project leaders should ask themselves the following questions in preparation for a planned intervention:

- With whom do I want to/have to collaborate?
- What form should this collaboration take?

How much decision-making power can be granted to each stakeholder? Many factors influence whether participation can be realised within the collaboration among the project team, target group, funding body and other stakeholders. Based on our research results, we have identified the following aspects as being most important for practitioners:

- Attitude
- Effort
- Collaboration Maintenance
- Interests
- Internal Unity
- Professional Expertise

Each aspect was further differentiated according to each cooperating partner: target group, funding body and others.

Attitude

Target group participation may under certain circumstances require a change of perspective regarding implementation: a project is not (or no longer) primarily implemented for, but with the target group. The development of participation is a process that a project has to consciously embark on. To do this necessitates trust in the target group, patience with the process and discipline in following through with efforts to strengthen participation. Building trust in the collaboration between the project team and the target group can prove problematic because of the suspicion with which some socially disadvantaged people view social service service organisations. A barrier in the opinion of many service organisations wanting to enable stronger target group participation is a lack of interest on behalf of the funding body to support target group participation as a project objective.

The degree to which concessions have to be made to funders' expectations in order to gain their understanding and respect is not always the same. Project personnel generally consider it important to preserve authenticity in their collaboration with funders: to present oneself exactly as one is in day-to-day professional practice can make one's position more believable. A prerequisite for increasing a project's participation in decisions about the funding of interventions is trust on behalf of the funding body. An overly demanding attitude can get in the way of participatory collaboration.

In collaborative arrangements with cooperating partners, project personnel have to accept that some service organisations are not allowed to share decision-making power based on their internal policies or (hierarchical) structures. Competition between agencies and service organisations is another reason why participatory forms of collaboration can sometimes only be established in a limited way or not at all.

Effort

Building collaboration – whether with the target group or with other cooperating partners – is a demanding process that can only be established over a longer period and through the investment of resources (human and material). Participatory forms of collaboration may therefore be more costly in the short term than non-participatory ones. Over the long term

however, health promotion and prevention services developed and implemented using participatory processes will have better outcomes because their involvement of the target group provides for better integration into the lived experience of the socially disadvantaged, making services more effective.

Collaboration Maintenance

It is the duty of cooperating partners to recognise that collaboration does not emerge on its own accord, but that it must be built and continuously looked after by all.

For working with the target group, this means leadership that enables stronger participation of the target group over time (e.g. in the form of a strategic planning process to strengthen collaboration). A consumerist attitude on the part of the target group can be a barrier to the establishment of participatory structures. In this scenario, confrontations between project personnel and members of the target group may be necessary in order to motivate the target group to move from the passive stance of being a recipient of services to a more active position of ownership of the project. It may be helpful here to demonstrate to the target group how important their involvement is for the continuation of the project.

The form that collaborations with funding bodies take should be determined with care and diligence. A partnership in the sense of equally shared power to make decisions on all aspects of the project is often not desirable, but a collaboration that preserves a certain degree of autonomy for the project is. To establish a culture of communication between the project team and the funding body, adequate structures have to be created (regular meetings, decision-making and conflict resolution processes, information exchange etc.). Transparency on both sides is the prerequisite for successful collaboration.

From a practitioner's point of view, the development of a respectful culture of communication is also important for working with other cooperating partners. A diverse range of group discussion methodologies can be used to this end. The motto "stronger together" can be used as a maxim to encourage participants to identify common interests and consider concrete forms of collaboration. Organising meetings where potential cooperating partners can introduce themselves (project conferences) can contribute to reaching consensus on the subject matter of the project. Not infrequently, collaborations are prescribed by funding bodies or other (political) decision-makers; in the experience of practitioners however, some such "mandated collaborations" work better than others. "External" suggestions for collaboration may be useful, but their rationale must be clearly communicated and the right framework must be created for the collaboration.

Two further phenomena can cause problems for the establishment of collaborations with other partners: *pseudo-collaborations* and *too many collaborators*. *Pseudo-collaborations* do not expect participation to occur in decision-making processes, yet the working relationship is presented as if it were included. Regarding the number of collaborators, the old adage of "too many cooks spoil the broth" should be kept in mind: too large a number of cooperating partners or partnership agreements can make processes lengthy and create unnecessary levels of bureaucracy; quality development may not be enhanced, but slowed down and compromised.

Interests

Shared interests are the foundation of all forms of cooperation, especially in the case of participatory collaboration, which requires a high degree of consensus.

The target group's interests are not always easy to discover. The interests of the service organisation, which are strongly influenced by the interest of the funding body, are often equated with the interests of the target group. A basic assumption is generally made of the target group's needs, which are then used in the application process as the reason for providing a service, yet which do not offer a basis for participatory collaboration with the

target group. It is not unusual for the target group to define their life situation differently and to prioritise other definitions of and solutions to health problems. Importantly, ways should be found to investigate the interests of the target group outside of the rationalisations of the application and funding grant process. It is also possible that the target group does not have one shared, but several (and diverse) interests, as "target groups" are themselves constructed, as opposed to than naturally forming communities of people who normally confer with each other regarding their common interests.

Discovering the prevailing interests is also of central importance with other cooperating partners. Smaller and larger preferences, both in regard to subject matter and in regard to forms of interaction, are important to consider in establishing collaboration.

Internal Unity

It happens not infrequently in projects that a group of workers aims for a collaborative arrangement with a target group or other collaborating partners without the agreement of their colleagues or superiors. The resulting disunity in the service organisation means that no durable collaboration can be established because the interests of the organisation cannot be represented to the outside consistently and credibly. For this reason, many practitioners follow a rule: to internally answer the question of who to collaborate with before launching into concrete steps toward concrete forms of collaboration.

Professional Expertise

Further prerequisites for a project's successful collaboration with all its partners are the following aspects of professional expertise:

- Clear goals and positions on relevant content-related questions
- Clarity on one's own boundaries and limits during negotiations (which compromises can we agree to as an organisation, and which ones not?),
- Awareness of successful, comparable projects
- The ability to communicate the work clearly, including its specific significance (using relevant documentation, case studies etc.),
- The ability to (co-) represent the concerns of the target group,
- The ability to adjust to the language used by politicians and other decision makers as well as to that used by the target group, and
- The ability for political advocacy (lobbying).

Authors: Wright/Block/Unger

Collaboration Myths

A large obstacle to strengthening collaboration among target group, service organisation and funding body (and other stakeholders where relevant) are unrealistic assumptions about the significance and the design of collaborative work. With reference to the writings of Joan M. Roberts (2004), seven assumptions that often lead to the failure of stakeholder collaboration are presented here:

1. All those involved share the same motives, altruism in particular.

2. Conflict is undesirable in collaborations and must be avoided.

3. Power or power imbalances play no role in collaboration

4. Guiding and leading collaborations follows the same principles as guiding and leading in my organisation.

5. Organising and maintaining the collaboration requires only a small amount of coordinating effort.

6. The collaboration does not need its own structure.

7. The effort to maintain the collaboration consists simply of participating in joint meetings and information exchange.

Deconstruct the Myths!

Stakeholders' motives in health promotion and prevention are always diverse. In the case of project personnel, a frequent motive is to help others (altruism). In the case of the target group it is to receive assistance. In addition, however, other organisational and personal desires and aims of those involved are at least as important. To recognise and consider these motives is an important part of successful collaboration. Conflicts cannot be entirely avoided in collaboration. A marker of successful collaboration is not the absence of conflict, but the ability to deal with contentious topics in a way that satisfies all involved. Power is always part of the game in collaborations including a target group, service organisation and funding body. To recognise imbalances of power is a prerequisite for developing options for sharing it in the context of decision-making processes. Unrealistic assumptions about guidance and leadership do cause conflict between the funding body and the implementing service organisation. The structures of associations (NGOs) and public authorities, for example, are fundamentally different in respect to the organisational culture they enact (decision-making processes, reporting relationships, hierarchy, delegated authority, legal responsibility). There is also a variety of organisational cultures within both categories of organisations. These differences must be recognised and understood to enable successful, long-term collaboration. The need of collaborations to be coordinated is often underestimated. One commonly relies on the occasional exchange of information and does not ensure a structure that enables regular communication. In any case, it is important to observe the fact that there will be no successful collaboration without effort. Collaboration is not – as is frequently claimed - merely a question of the right "chemistry" or of chance, but rather the result of a concerted effort on behalf of all involved.

Authors: Wright/Block/Unger

Multiple Perspectives (Triangulation)

Participatory Quality Development follows the approach that quality in prevention and health promotion can be maximised by considering the various perspectives of major stakeholders. No partner alone can comprehensively describe the health problem and potential strategies to solve it. Only through bringing together the diverse perspectives of all partners can a feasible, sustainable solution emerge. In the international discussion on quality assurance and evaluation, this approach is couched in a variety of terms, e.g. *stakeholder perspective* or *stakeholder orientation*.

For methodological purposes this means that, for example, needs assessments or evaluations take into account and compare several differing perspectives, which may either complement or contradict each other. When a variety of information sources and/or research methods are combined to investigate a particular phenomenon, social research terms it *triangulation*.

Authors: Wright/Block/Unger

Collaboration: Further Reading and Links

Roberts, JM (2004) Alliances, Coalitions and Partnerships: Building Collaborative Organizations. Gabriola Island/British Columbia: New Society Publishers.

Stevenson, J.F.; Mitchell, R.E.; Florin, P. (1996) Evaluation and self-direction in community prevention coalitions. In: D.M. Fetterman; S.J. Kaftarian; A. Wandersman (Hg.) Empowerment evaluation. Knowledge and tools for self-assessment and accountability. Thousand Oaks, CA: Sage Publications: 203-233.

Wandersman, A.; Goodman, R.M.; Butterfoss, F.D. (1997) Understanding coalitions and how they operate: An "open systems" organizational framework. In: M. Minkler (Hg.) Community organizing and community building for health. New Brunswick, NJ; London: Rutgers University Press: 261-277.

Needs Assessment

"How do we know what the target group needs?"

A need describes that which the target group requires to improve its health status or its opportunities for good health.

Target group needs can be assessed in a variety of ways. In Participatory Quality Development, need is not only determined by external experts, but also by project personnel and the target group. The needs of the target group are best captured when distinct perspectives and knowledge bases (of project personnel, target group, funding body, academic research and relevant other stakeholders) are brought together.

Several information sources are therefore tapped into for a Needs Assessment. If important data are missing (e.g. the local perspective of the target group), they can be collected using participatory methods.

When the needs of the target group are determined, interventions can be appropriately planned and argued for (e.g. in funding applications). Target-group-oriented work in health promotion and prevention is a good foundation for putting participation into practice in Needs Assessments as well.

Continue with:

- Target-Group-Oriented Work as the Foundation
- Needs Assessment (Target Group)
- Participatory Needs Assessment
- Further Reading

Authors: Unger/Block/Wright

Needs Assessment

A variety of information sources can be used to assess the needs of a target group:

- Official data on population health, especially on the local level
- Official reports on social status and social problems
- Academic research
- Observations and experiences of project personnel
- Press articles, publications in electronic media and on the internet, documentaries
- Statements and reports of other organisations or experts
- Regional or institutional data sources (e.g. school entry health examination data from the local district)
- Target-group-specific information sources (e.g. if the target group is young people who use drugs: police reporting on young offenders and drug-related crime, youth studies)
- Members and representatives of the target group itself (e.g. reports of self-help organisations, advocacy groups, personal experiences as a member of the target group or target group surveys)

The necessary information can normally not be provided by a single source. Information from a variety of sources should be combined – see also *Triangulation*.

The following questions arise during a Needs Assessment:

- "Who is the target group concerned?"
- "Which information is required?"
- "Which information sources should be considered?"
- "How do we obtain this information?"
- "What is the information telling us?"
- "How credible is the information"
- "How can contradictions within the information be explained?"
- "What is missing?"

When information is missing, there is an opportunity to collect additional data. The local needs of a target group are best assessed with the involvement (meaning: participation) of the target group. This means that information is not only collected about the target group, but also from and with the target group.

Continue with:

- Participatory Needs Assessment
- Multiple Perspectives (Triangulation)

Authors: Wright/Block/Unger

Participatory Needs Assessment

Where information required to assess the needs of the target group is missing, additional data can be collected using participatory methods: by involving project personnel and the target group (and other stakeholders where relevant) in the planning and implementation of data collection and in the analysis. Several levels of participation are possible.

Advantages and Disadvantages of Participatory Needs Assessment

- Lived experience is taken into account more and the needs of the target group are assessed more appropriately when their knowledge, their perspectives and their approaches to interpretation are included.

- Using participation at the Needs Assessment stage offers a springboard for the development of health promotion and prevention strategies that orient themselves on lived experience.

- Involving practitioners in the needs assessment utilises their local, specialist and practical knowledge. It enhances their (research) capacity and improves the chances that the results of a Needs Assessment will actually be used.

- Including target group members strengthens their status and capacity to act – they are mobilised for their own cause (empowerment).

- When practitioners and target group representatives jointly assess the needs of the target group, it promotes collaboration and increases the credibility of the results.

- When the target group participates, data collection instruments (e.g. questionnaires) as well as the results of the needs assessment can be articulated in the language of the people to be reached.

- On the other hand, participation is relatively time and labour intensive.

- The results of Participatory Needs Assessments are often highly relevant to the local context, and therefore offer only limited generalisability further afield.

The Process of Participatory Needs Assessment

It should be clarified initially whose needs are to be assessed, i.e. the target group must be defined. Secondly, service organisations and individuals who possess knowledge required for the needs assessment (lived experience or specialist knowledge) should be involved. Relevant information from a variety of sources is reviewed (see also possible information sources for Needs Assessments). When it is clear which information is missing, research questions can be developed for data collection. A variety of methods can be used to collect the data.

Methods of Participatory Needs Assessment
In principle, the repertoire of participatory methods to collect data for assessing the needs of a target group is unlimited. The methods suggested here have been field tested in a variety of contexts and can be implemented relatively easily, even when resources are limited. The degree of participation (in terms of power to define one's own health problems and decision-making power) differs depending on the method.

Fig.1: Degrees of Participation in Comparison
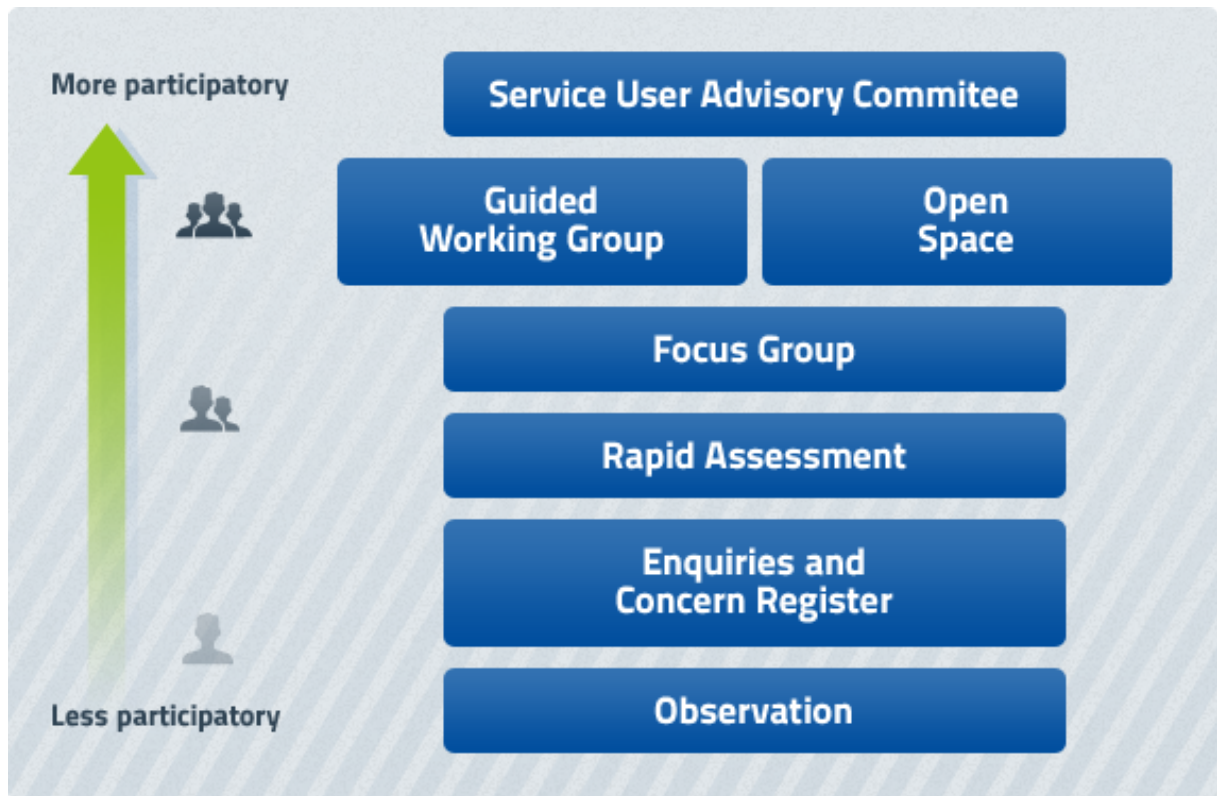
Continue with:
- Levels of Participation
- Needs Assessment

Continue with the following methods:
- Enquiries and Concerns Register
- Rapid Assessment
- Focus Group
- Service User Advisory Committee
- Guided Working Group
- Open Space

Authors: Wright/Block/Unger

Needs Assessment: Further Reading and Links

Quint-Essenz (Schweiz): Hier wird allerdings zwischen Bedarf (im Sinne von „objektiv"
durch Experten feststellbar) und Bedürfnissen („subjektiv" von Zielgruppe geäußert)
unterschieden – diese Unterscheidung ist für den hier vertretenen Ansatz nicht relevant
http://www.quint-essenz.ch

*(Quintessence (Switzerland): Here however, a distinction is made between requirements
(i.e. the "objective" need determined by experts) and needs (i.e. the "subjective" needs
as expressed by the target group). This distinction is not relevant for the approach
advocated here. http://www.quint-essenz.ch)*

Workshops und Arbeitsblätter zur Bedarfserhebung in Gemeinden zum Thema
Suchtprävention
http://www.bedarfserhebung.ch

*(Workshops and Worksheets about Needs Assessments in Local Communities on the
Prevention of Drug Dependency*

http:/www.bedarfserhebung.ch in German and French)

Partizipative Methoden der nexus-Akademie
http://www.partizipative-methoden.de/index.php?page=angebotsvarianten

(Participatory Methods of the nexus-Academy

http://www.partizipative-methoden.de/index.php?page=angebotsvarianten)

Moser, H (2003). Instrumentenkoffer für den Praxisforscher. Freiburg: Lambertus.

(Moser, H (2003). Toolkit for Research Practitioners. Freiburg: Lambertus. In German).

Project Planning

From Needs Assessment to Goal-Setting and Strategy Development

The more the target group's local knowledge is integrated through their involvement, as early as during the project planning stage, the more the intervention can be tailored to their lived reality. This means that interventions are not only designed for, but with the target group. The target group's participation in this process has several advantages:

The intervention uses language appropriate for the target group and is well understood. The strategy is uses is tailored to the target group's lived experience and therefore meaningful for them.

The target group moves from a passive position of having things done to them to an active position of doing (see also *Levels of Participation, Target-Group-Oriented Interventions*).

This strengthens motivation and enables people to contribute ideas. Their views on the planned project can be taken into account and they can, in the end, experience self-efficacy.

In the context of prevention and health promotion, an intervention is a measure taken to influence the behaviour and/or the social conditions of a target group in order to achieve better health. A project is a planned activity applying one or more interventions in a particular setting over a (usually) limited time. According to the Participatory Quality Development Approach, a project is ideally planned with the involvement of the target group and other contributing stakeholders, e.g. the funding body. To plan a project for a target group, an assessment of their needs is required first in order to develop tailored objectives and strategies for solving or mitigating problems: objectives and strategies that are oriented to the target group's lived experience. For planning to be realistic, it is sensible to define objectives as well as the methods assumed to be effective for reaching the project goal in the preparatory phase. It is also sensible to plan for the necessary resources, for example using a program logic methodology. Such methods can also be combined (e.g. combining the *Program Logic* and *ZiWi* methods).

Goals and objectives are also linked to vision and mission statements, i.e. a desired state of changed conditions that may go beyond what is feasible in the short term. These in turn lead to the formulation of objectives and strategies.

Continue with:

- Needs Assessment
- From Vision to Mission, Objectives and Strategies
- Local Knowledge, Local Theories
- Levels of Participation
- Target-Group-Oriented Intervention

Continue with the following methods:

- Program Logic
- Developing Local Objectives and Strategies (ZiWi)

Authors: Block, Unger, Wright

From Vision to Mission, Objectives and Strategies

People working in health promotion and prevention generally have a vision of a better world as the driving force at the heart of their activities. This vision is, however, not always shared across the team. Rather, an assumption is made that colleagues operate with a similar vision. It can be helpful for collaboration to make these explicit and share them, especially to articulate a common organisational philosophy in a mission statement, and concrete objectives and strategies for the work.

Vision *relates to* **Society**

Mission *relates to* **Service Organisation**

Objective *relates to* **Intervention**

Vision Statement

Key Question: "What do I want to achieve for society?"

A Vision Statement is a lively, positive image of a desirable future, a motivating picture of a new and better reality. In prevention and health promotion, a Vision Statement represents an ambitious desire for how a target group's health behaviour and social conditions should look in the future. It generally aims beyond what is feasible in the short term and what can be achieved with the opportunities that a single project offers. A Vision statement nourishes people's commitment to a common cause and reflects their (professional) ethics, values and convictions for the wellbeing of people in this world.

A Vision Statement for health could read like this:

"Health and social inclusion for the socially disadvantaged"

Agreement about the Visions of individual personnel within a service organisation can lead to clearer aims, away from the individuals and their question "What can I do for society?" to a common statement on "What do we want our project to achieve for society?" A project (team) agrees on the common components of their Visions, which then serve internal communication and consistency as well as the public profile. A written version of this common "line" supports identity formation and flows on to a Mission Statement.

Mission Statement

Key Question: "What does my organisation want to achieve?"

A Mission Statement expresses the "philosophy" of a project or an organisation. It informs about the identity the organisation or project strives to build. It should be brief and concise, and it serves both direction and commitment. Apart from describing the organisation, it deals with its values, principles, ideas, methods and the quality expectations it has of its work. To develop a mission statement is a process of negotiation that should be repeated regularly because teams, performance expectations and working conditions are subject to change.

The example of a Vision Statement provided above could be reflected in a Mission Statement like this:

"We strive to promote the health of the socially disadvantaged living in our district."

A subsequent step towards concrete statements detailing the intent represented by the Mission Statement is the formulation of objectives. These in turn lead to the development

of strategies for a target group: in the case of the above example, people in a particular district who are socially disadvantaged.

Objectives

Key Question: "What do I want to achieve with my intervention?"

In Participatory Quality Development, all involved jointly develop the objectives (target group, service organisation, funding body and relevant other collaborative partners).

One tool to assist with developing objectives and milestones (sub-goals) is the Local Objective and Strategy Development (ZiWi) method. SMART criteria can be used to support putting individual objectives into words. The more accurately the target group is defined, the clearer the objectives for the intervention strategy.

An objective written using the SMART criteria could read like this:

"By the year xx, more children from socially disadvantaged families in our district will have a body weight appropriate to their height, age and gender."

To reach this objective, the intervention must include strategies to promote healthy nutrition and exercise.

Interventions/Strategies

Key Question: "What will I do to achieve my objective?

An intervention or strategy is an action that the project chooses to perform in order to achieve a particular objective within a particular timeframe. It can act on the level of individuals, their families, the social setting or at the population level. It is intended to influence behaviour and/or social conditions. This is illustrated in a diagram based on the work of Rolf Rosenbrock (2003) and reworked in the context of our research.

Intervention Level	Behaviour (information, education, counselling)	Social Conditions (Influencing the social context)
Individual/Family	Individual nutrition advice	Home visits, meeting basic needs
Social Setting (organisation, district)	Education on healthy eating in child care centres and schools	Provision of healthy meals in the child care centre/school
Population	"Five a Day" as encouragement to eat five servings of fruit and vegetables per day	Structural assistance to support socially disadvantaged families with small children (adequate level of social security payments to ensure a healthy diet for children and their parents)

In our example on healthy body weight in socially disadvantaged children in a district, a strategy for the child-care setting could look like this:

Provide healthy snack foods and sugar-free drinks in a child-care centre (prevention targeting the social setting). Prepare healthy meals jointly with children, parents and child-care workers (behavioural prevention).

Continue with:

- Project Planning
- Developing Local Objectives and Strategies (ZiWi)
- Developing SMART Objectives

Authors: Block/Unger/Wright

Project Planning: Further Reading and Links

Graf, P. & Spengler, M. (2004). Leitbild und Konzeptentwicklung (4. Aufl.) Erschienen in der Reihe Sozialmanagement Praxis. Augsburg: ZIEL-Verlag.

(Graf, P. & Spengler, M. (2004). Mission and Concept Development (4th Ed.), published as part of the Social Management Practice Series. (In German) Augsburg: ZIEL-Verlag)

Rosenbrock, R. (2003). Primäre Prävention. Begriffe, Begrenzungen, Konzepte und Klassifikationen. Vortrag auf der BKK Tagung „Wettbewerbsvorteil Gesundheit" am 26.11.2003 in Köln.

(Rosenbrock, R. (2003). Primary Prevention: Terminology, Boundaries, Concepts and Classifications. Lecture given at the "Health as Competitive Advantage" conference, Cologne, 26 Nov 2003.)

Implementation

The health promotion or prevention intervention developed during project planning is put into practice in the implementation phase. Participatory Quality Development anticipates during this phase to collect data on the process and impact for the purpose of evaluation data. Data collection is an integral component of the project (Integrated Data Collection). A variety of participatory methods can be used: Enquiries and Concerns Register, Rapid Assessment, Focus Group, Service User Advisory Committees, Guided Working Group). In the Participatory Quality Development approach, data collection processes (as well as documentation procedures and systems) are determined not solely by the funding body or another external authority, but rather using participatory methods in collaboration with project personnel and (representatives of) the target group, to ensure they are relevant to practice and lived experience.

Continue with:

- Project Planning
- Participatory Quality Development
- Evaluation/Analysis
- Integrated Data Collection
- Collaboration

Continue with these methods:

- Enquiries and Concerns Register
- Rapid Assessment
- Focus Group
- Service User Advisory Committee
- Guided Working Group

Authors: Wright/Block/Unger

Integrated Data Collection

In Participatory Quality Development, collecting data om the lived experience of target group members as well as on the process of project implementation is an integral part of the collaboration between the project and the target group. Target group members are not the objects of an investigation, but rather partners in exploring their own livesBy employing participatory data collection methods, the project signals its interest in the target group's concerns. Further, it communicates its desire for a longer-term collaboration with the target group in planning, implementing and evaluating projects. Data collection should be understood in this context as an integral part of the project because it directly contributes to the establishment of participatory collaboration. For this reason, a core characteristic of Participatory Quality Development methods is that they can be built into the daily practice of health promotion and prevention with socially disadvantaged target groups. Service organisations in charge of implementing an intervention should choose methods that are compatible with the habits of the target group, with the established communication pathways within the social settings to be reached and with the organisation's ways of working.

Continue with:

- Participatory Quality Development
- Collaboration

Authors: Wright/Block/Unger

Evaluation

The term *evaluation* comes from Latin and means assessment. Evaluations are employed in Participatory Quality Development to check the results of concrete health promotion and prevention interventions. Participatory evaluation is an approach oriented towards collaboration. It means involving all stakeholders as early as possible in the evaluation process, including the development of the evaluation questions. The entire evaluation process is designed together. The results then represent a common, data- and value-based perspective on a program, project or organisation.

Self-evaluation with target group involvement is the core component of the participatory approach. Because all evaluation measures are negotiated among stakeholders, a certain public viewpoint, which bears similarities to an external evaluation, is also covered (see also Wright 2004).

After the needs of a target group have been assessed and a project has been planned accordingly, it is only natural to want to know whether it worked and achieved the desired results or objectives (see also *ZiWi Method* and *SMART Criteria*). It is important for projects and funding bodies alike to demonstrate whether an intervention has had the desired effect and how its effectiveness can be explained. This provides the implementing organisation with an opportunity to optimise existing interventions or to develop new ones.

The demands and expectations that various stakeholders (funding bodies, project leaders, project personnel and the target group) have of an evaluation may actually differ and require negotiation (collaboration).

The following process is recommended for planning and carrying out an evaluation:

1. Which intervention is to be evaluated? Who should/must be involved (collaboration)? Invite desired participants formally where relevant.

2. Answer the following questions: "Why is this evaluation carried out? What are we hoping to gain from it?"

3. Clarify the audience. For whom is the evaluation carried out (e.g. in the project's own interest, or upon demand from the funding body)?

4. Answer the following question: "What do we already now about the impact of the intervention (taking stock)?

5. Develop evaluation questions. The most important question in most cases is: "Are we achieving our objectives? Do we reach the indicators measuring the achievement of objectives/milestones and of the overall goal (ZiWi Method)?"

6. Develop a methodology (timeline, selecting data collection instruments). Data collection methods are selected according to the indicators formulated during Project Planning (ZiWi Method). This includes clarifying which types of data are necessary and possible to collect.

7. Data Collection

8. Data Cleaning and Analysis

9. Utilising the Results (for publication or other uses, for drawing conclusions regarding improvements)

Continue with:

- Needs Assessment

- Project Planning

- Types of Evaluation Data

- Collaboration

Continue with the following methods:
- SMART Criteria
- ZiWi Method

Authors: Block/Unger/Wright

Types of Evaluation Data

To carry out an evaluation, data are collected, or existing data are accessed that can be used to assess the effectiveness of an intervention. Data can be collected using a range of methods including the following, which we found to be useful in a wide variety of settings:

- Observation (with varying degrees of participation)

- Survey (e.g. Rapid Assessment, Focus Group, Interviews)

- Documentation (documentation forms, Enquiries and Concerns Register)

- Collecting visually represented data (drawings, taking photographs etc.)

It is recommended to collect several types of data at the same time, human resources and time permitting. An assessment from several perspectives, e.g. from the points of view of the target group and project personnel can be very revealing regarding the impact of an intervention (triangulation).

Example: A public performance in the course of a prevention event can be perceived and assessed differently from the points of view of those performing, the audience (target group), and of observers recording audience reactions. Together they provide a more comprehensive overall assessment than choosing the impressions of one group only would have offered.

Continue with:

- Rapid Assessment
- Focus Group
- Enquiries and Concerns Register

Authors: Block/Unger/Wright

Evaluation: Further Reading and Links

Bortz, J, & Döring, N. (2006). Forschungsmethoden und Evaluation für Human- und Sozialwissenschaftler. Berlin: Springer.

(Bortz, J, & Döring, N. (2006). Research Methods and Evaluation for the Humanities and Social Sciences. Berlin: Springer. In German.)

Definition von Partizipativer Evaluation in Glossar wirkungsorientierte Evaluation, Univation-Institut für Evaluation Dr. Beywl, 2004.
http://www.univation.org/glossar/show_entry.php?id=123

(Definition of "participatory evaluation" in Outcome Evaluation Glossary, Univation Institute for Evaluation Dr. Bewyl, 2004.
http://www.univation.org/glossar/show_entry.php?id=123)

The complete glossary (In German) can be accessed at:
http://www.univation.org/glossar/index.php

Evaluation – was ist das? IDA NRW (Informations- und Dokumentationszentrum für Antirassismusarbeit in Nordrhein-Westfalen). http://www.ida-nrw.de/projekte-interkulturell-nrw/such_ja/05evalua/eval_was.htm

(What is Evaluation? Centre for Documentation and Information on Anti-Racism Work in North Rhine-Westphalia (IDA NRW) (In German). http://www.ida-nrw.de/projekte-interkulturell-nrw/such_ja/05evalua/eval_was.htm)

König, J. (2007). Einführung in die Selbstevaluation. Ein Leitfaden zur Bewertung der Praxis sozialer Arbeit. Freiburg: Lambertus Verlag.

(König, J. (2007). Introduction to Self-Evaluation. A Guide for the Assessment of Social Work Practice (In German). Freiburg: Lambertus Verlag.)

QS Web vom Bundesministerium für Familie, Senioren, Frauen und Jugend.

(QS Web of the Federal German Ministry for Families, Seniors, Women and Youth.)

You can find a glossary on quality assurance including definitions of evaluation terminology here (In German): http://www.qs-kompendium.de/index.html

Wright, M.T. (2004). Partizipative Qualitätssicherung und Evaluation für Präventionsangebote in Settings. In R. Rosenbrock, M. Bellwinkel & A. Schröer (Hrsg.), Primärprävention im Kontext sozialer Ungleichheit S. 297-347). Bremerhaven: Wirtschaftsverlag NW.

(Wright, MT (2004) Participatory Quality Assurance and Evaluation for Prevention Services in Social Settings. In: R. Rosenbrock; M. Bellwinkel; A. Schröer (Ed.) Primary Prevention in the Context of Social Inequality. Bremerhaven, Publishing House for the New Sciences: 297-347. In German)

Wright, M.T. & Block, M.(2006). Partizipative Qualitätssicherung und Evaluation in der lebensweltorientierten Primärprävention. In W. Kirch & B. Badura, Prävention (S. 157-172). Berlin: Springer.

(Wright, M.T. & Block, M.(2006). Participatory Quality Assurance and Evaluation in Target-Group-Oriented Primary Prevention. In W. Kirch & B. Badura, Prevention (pp.157-172)(In German). Berlin: Springer.)

PQD (Participatory Quality Development) Toolkit

In this toolkit we present a selection of participatory methods for quality development that have proven useful in our research projects as well as in local practical applications.

The following table shows which method is suited to which phase of the PQD Cycle (1. Needs Assessment, 2. Project Planning, 3. Implementation, 4. Evaluation):

Method	Brief Description	1	2	3	4
Guided Working Group	Participatory group process for the planning, management, implementation and evaluation of quality development measures	X	X	X	X
Enquiries and Concerns Register	Recording the target group's concerns with little effort and in the ordinary course of work	X		X	X
Rapid Assessment	Quick target group survey using a brief questionnaire	X		X	X
Focus Group	Group interview to obtain answers to specific questions	X		X	X
Circles of Influence	Reflect on participatory decision-making processes	X		X	X
Service User Advisory Committee	Formalise target group participation	X	X	X	X
Open Space	Provide a space for open, free-flowing discussion	X	X	X	X
Program Logic	Planning for the resources, implementation and impact of an intervention		X		
SMART Criteria	Developing objectives that are specific, measurable, attractive, realistic and time-bound		X		X
Participant Observation	Recording data by participating in the social setting of the target group	X		X	X
ZiWi Method	Developing objectives and strategies for project planning or evaluation		X		X

Guided Working Group

Brief Description

A Guided Working Group is composed of members of the target group and facilitated by an external person who is not part of the target group. In some cases, other relevant people who are in close contact with the target group (experts on the target group's lived experience) may take part in addition to target group representatives.

The so-called *Health Circle* (*Gesundheitszirkel*), a health action group method used in occupational health promotion is the best-known and most common form of a Guided Working Group the health field in Germany.
The strength of this method is that it gives the target group the opportunity to define health problems and their causes as a group, and to develop solutions. The target group can also describe its own resources and strengths for health. Due to its high degree of self-determination, the Guided Working Group is a significant resource in itself.

Prerequisites

- A suitable venue where the group can talk without being disturbed
- Experience in facilitating group discussions

Applications

- Target group Needs Assessment
- Developing strategies for action

Process Overview

1. Recruiting participants from the target group
2. Organising a venue
3. Discussion (facilitation and documentation of results, repeated where appropriate)
4. Responding to outcomes

Resources Required

Time:
Recruiting members of the target group may take a lot of time. The participants should decide the frequency and duration of sessions and the overall lifetime of the group.

Personnel:
One worker is needed to facilitate the working group.

Materials:
Writing pads, pens, facilitation materials and a flip chart to record the discussion.

Other Costs:
Refreshments may also be served.

Detailed Working Steps

1. Recruiting Participants from the Target Group

   Belonging to the target group and a strong motivation to participate in the process are the two most important criteria for choosing potential participants. Participation by members of the target group who have particularly good insights into their concerns because they are well connected or in a position of leadership is an advantage.

2. Organising a Suitable Venue

   A venue that is conducive to discussion should be chosen for the group sessions. It should be a place where participants feel at ease and one that offers good working conditions. Public places such as parks or restaurants are not excluded here as long as they allow for a group discussion to take place undisturbed.

3. Discussion (Facilitation and Documentation of Results)

   The task of facilitation is not just to lead the discussion but also, and primarily, to enable an exchange among participants on the group's topic. The more participants can organise the group themselves, the better it is for its development. Participants should determine the ways in which the outcomes of discussion will be documented. These may include audio recording, notes on a flip chart, visualisations using cards or just verbal summaries by members of the group.

4. Responding to Outcomes

   Objectives and strategies developed by participants may not necessarily have to be put into practice by the participants (alone). Depending on their scope and focus this will require the involvement of others, e.g. certain decision-makers or service organisations. Neither are facilitators responsible for putting objectives and strategies into practice, only for supporting the group to clarify the necessary implementation steps.

Please Note:

- In contrast to a Focus Group, the facilitator does not determine the topics of a Guided Working Group. The task of facilitation is to enable constructive communication among participants so that they can jointly define problems and develop potential courses of action.

- The Guided Working Group is an open-ended process that supports a target group to take charge in improving their circumstances. If a service organisation is looking for specific information to improve existing services or structures, other methods (e.g. Rapid Assessment, Focus Group) are more suitable.

- The Guided Working Group is not an educational method, but one aimed at self-determination. It is not about teaching a target group particular behaviours or information, but about promoting self-efficacy or empowerment through the experience of self-determination.

Further Advice

- The idea of a working group may not be interesting to many target groups initially, because the connection between this form of collaboration and potential improvements to their own life or health situation is not self-evident. A Focus Group may offer a no-obligation, time-limited entry point to a discussion of common problems that may then motivate participants to establish a working group.

- A time limit on collaborating in the form of a working group (as is the case in the original concept for the German *Gesundheitzirkel*, the Occupational Health Action Group) can be a motivating factor because it makes the required effort seem manageable. However, depending on the participants' wishes, a working group may meet for an extended period.

- A health problem raised as a topic by the target group may provide the impetus for establishing a working group. Such a direct connection between a problem already recognised by those affected and the opportunity of dealing with it collectively is a promising starting point for committed collaboration.

- Experience from occupational health promotion shows the advantages and disadvantages of including participants who are not target group members in a working group (in the German workplace example: *Gesundkeitszirkel*, Occupational Health Action Group). In many workplaces there are "mixed" Occupational Health Action Groups that include not only employees (the target group), but, for example, team leaders, management and company doctors. The participation of people not belonging to the target group may be an advantage if they can decisively influence the target group's living or working conditions. However, especially such mixed groups must ensure that members of the target group can express themselves and develop ideas and suggestions to improve their situation without fear of reprisals or other negative consequences. This may be achieved, for example, through the opportunity to work out their positions in separate meetings for target group representatives only.

Authors: Block/Unger/Wright

Further Reading and Links

Faller, G. & Meier, S. (2002). Gesundheitszirkel für Studierende. Ein Modellprojekt. Düsseldorf: Landesunfallkasse Nordrhein-Westfalen.

(Faller, G. & Meier, S. (2002). Health Action Groups for Students: A Pilot Project. Düsseldorf: State Accident Insurance North Rhine-Westphalia. (In German))

Slesina, W., Beuels, F.-R. & Sochert, R. (1998). Betriebliche Gesundheitsförderung. Entwicklung und Evaluation von Gesundheitszirkeln zur Prävention arbeitsbedingter Erkrankungen. Weinheim: Juventa.

(Slesina, W., Beuels, F.-R. & Sochert, R. (1998). Occupational Health Promotion. Development and Evaluation of Health Action Groups for the Prevention of Work-Related Illness. Weinheim: Juventa. (In German))

Sochert, R. (2000). Gesundheitszirkel: Evaluation eines integrierten Konzeptes betrieblicher Gesundheitsförderung. In A. Schröer, A. (Hrsg.), Betriebliches Gesundheitsmanagement und Prävention arbeitsbedingter Gesundheitsgefahren (S. 79-94). Essen: Bundesverband der Betriebskrankenkassen.

(Sochert, R. (2000). Health Action Groups: Evaluation of an integrated concept of occupational health promotion. In Schröer, A (Ed.), Occupational Health Management and the Prevention of Occupational Health Hazards (pp. 79-94). Essen: Federal Association of Company Health Funds. (In German))

Helpful links for definitions of Health Action Groups (German sites):

IQhiv
Improving Quality
in HIV Prevention
in Europe

- http://www.uni-bielefeld.de/Universitaet/Einrichtungen/Zentrale%20Institute/IWT/FWG/Gesundheitszirkel/Definition-Gesundheitszirkel.html

- http://www.gesanet.de/12gesundheitszirkel.html

- http://www.infoline-gesundheitsfoerderung.de/ca/j/hej/

- http://www.hamburg.de/contentblob/116910/data/bgf03-pdf.pdf

Preußer, I. (2003). Betriebliche Gesundheitsförderung durch Partizipation. Eine qualitative Studie zu den individuellen Voraussetzungen für eine Beteiligung an Gesundheitszirkeln. Dissertation, Universität Hamburg. http://deposit.ddb.de/cgi-bin/dokserv?idn=971234884&dokvar=d1&dok ext=pdf&filename=971234884.pdf

(Preußer, I. (2003). Occupational Health Promotion through Participation: A Qualitative Study on Individual Prerequisites for Participation in Health Action Groups. PhD Thesis, Hamburg University. http://deposit.ddb.de/cgi-bin/dokserv?idn=971234884&dokvar=d1&dok ext=pdf&filename=971234884.pdf (In German))

Enquiries and Concerns Register

Brief Description

Recording the enquiries and concerns of the target group means the continuous documentation of needs expressed by members of the target group. Immediately after every target group contact (in person or by phone or email), the needs mentioned in the course of the conversation are documented by marking them off on a register of predetermined topics. The marks are then added up and analysed at regular intervals for each topic area. The list of topics is revised as necessary to include additional needs. Carrying out this kind of documentation over a longer period provides information about the changing needs of a target group over time. The advantage of this method lies in the fact that it can be relatively easily built into the daily working routine. The expressed needs of a target group can be recorded in this way "as you go along" (incidentally).

Prerequisites

- A form with categories of need and a space for marking them off
- Consistency in filling the form in regularly

Applications

- Target group Needs Assessment
- Detecting trends in the changing needs of a target group

Process Overview

1. Determining categories of need
2. Designing the form (register for marking)
3. Training personnel in using the form
4. Adding up results at regular intervals
5. Analysing the results

Resources Required

Time:
Developing the form normally takes less than one working day. Team members can be trained in its use as part of a team meeting. Using the form after each target group contact is a matter of minutes. The time the analysis of results will take depends on its scope and the service organisation's expectations.

Personnel:
A member of the team can develop the form. It is recommended to consult those workers who are in direct contact with the target group on the content and design of the form in order to check in advance that it is user-friendly and suitable for practice. All personnel who have contact with the target group should use the form.

Materials:
A printed form for all personnel with direct target group contact. Where relevant,

computers to develop the forms, to enter and analyse the data and to report it in graphs (e.g. using Excel or a similar software).

Other Costs:
None

Detailed Working Steps

1. Determining Categories of Need

> Categories of need should match the language used by the target group in order to facilitate allocating their statements quickly. They may cover basic needs (e.g. food, clothing, medical care) and/or other topics (e.g. counselling, organising an apprenticeship, information on a particular health issue).

2. Designing the Form (register for marking)

> A table with the list of needs in the first column and space for marking in the second is sufficient as a simple form for this type of documentation. Only marginally more involved, but significantly more meaningful is case-specific documentation: this requires a column for each person (see "Further Advice" below). Discussing the form with the personnel that is supposed to use it will make it more user-friendly and practice-oriented.

3. Training Personnel in Using the Form

> During the introduction to using the form, both the marking process (completing it after each and every client contact) and the significance of each listed need should be discussed to ensure that everyone allocates statements made by members of the target group in a comparable manner.

4. Adding up Results at Regular Intervals

> To add up results means to convert the marks appearing next to each category to numbers, e.g. Counselling (54), Accommodation (6) or Child Care (13).

5. Analysing the Results

> The simplest form of analysis is ranking, i.e. listing the needs in order of the number of marks they received. Where case-specific information is available (see Further Advice below), a more differentiated analysis (e.g. according to gender or age group where available) can be conducted and reference can be made to links between needs. By recording enquiries and concerns of the target group over a longer period, changes in their needs can be documented.

Please Note:

- The method of recording enquiries and concerns of the target group is not a survey, but a form of documenting statements made by the target group within conversations occurring as part of commonly practiced forms of service provision.

- A frequently encountered problem is that team members have not yet developed a common understanding of the meaning of the categories of need appearing on the form. It is recommended to use concrete examples to clarify the categories during the training.

- The categories appearing on the form should not need or even allow any further interpretation by workers, but simply reflect statements made by the target group. A worker may, for example, think that a person needs psychotherapy. If the person,

however, does not explicitly request therapy, the category "psychotherapeutic treatment" should not be marked.

- The recorded needs should not be limited to the primary focus of the service organisation's work, but rather consider all categories mentioned by the target group. On the basis of the information collected in this way, existing services can be reflected upon in view of the target group's lived experience.

Further Advice

- Case-specific recording of needs offers the opportunity to differentiate needs according to important personal characteristics. It is possible to record e.g. gender, age, ethnic background or similar for each conversation, so that the analysis can differentiate according to subgroups. Tracing statements back to individual cases can also provide insights into which needs are linked.

- A column with examples can be introduced o obtain clear definitions of the listed needs. It should quote typical statements to be allocated to the respective need. Such examples can guide workers who are filling in the form.

- A field for notes is also helpful for recording comments to be included in the next revision of the form (e.g. ideas for additional categories).

- The currency of the categories listed on the form should be checked regularly. It usually becomes necessary over time to add new categories or remove them (because they are hardly used) in order to adapt the form to the statements made by the target group. It may also become apparent that categories are not differentiated enough, or the reverse: that several categories can be combined under a new heading.

Authors: Wright/Block/Unger

Rapid Assessment

Brief Description

Rapid Assessment is a brief, topic-specific collection of data. It is a method known from the fields of international development (Rapid [Rural] Appraisal or Rapid Assessment) and market research. Such a survey can be conducted verbally or in written form. In the form proposed here it should take 10 minutes or less to complete.

The strength of Rapid Assessment is that it can be integrated into practical outreach work because of its small scope. This way it can reach many people who do not normally respond to surveys.

Prerequisites

- A concrete, clearly defined issue
- Personnel trained in conducting a survey

Applications

- Target group needs assessment
- Pre-testing the concept for a project
- Developing new ideas for project work
- Checking service acceptance
- Checking the impact of a service

Process Overview

- Determining the survey topic
- Developing the survey questions
- Determining the survey method
- Training personnel in conducting the survey
- Analysing the results

Resources Required

Time:
The preparation time for a Rapid Assessment can vary (Working Steps 1-3). Personnel can be trained in conducting the survey as part of a team meeting. Interviewing takes at most 10 minutes per individual respondent. The time required for analysis depends on the questions and the expectations of the service organisation.

Personnel:
 A team member can develop the survey. It is recommended to consult those workers who are in direct contact with the target group on the content and type of survey in order to check in advance that it is user-friendly and suitable for practice. How many workers will contribute to conducting the Rapid Assessment depends on where it is applied.

Materials:
All personnel conducting the survey should have access to the survey questions in written form. Where the target group is asked to fill in printed questionnaires, the required number of sheets must be provided.

Other Costs:
None.

Detailed Working Steps

1. Determining the Survey Topic

>What – Who – Where - How?
>A clearly defined topic is an important prerequisite for a successful Rapid Assessment. The topic should be able to be summarised in one main research question that is easy to understand.

2. Developing the Survey Questions

>The survey questions should serve to answer the main research question. They should be clearly worded and quick to answer. They must be adapted to the language used by the target group, unambiguous and understandable. A decision must be made whether to use pre-worded, multiple choice options or ask respondents to answer in their own words.

3. Determining the Survey Method

>The survey should be conducted in a way that maximises the number of target group members reached. This requires creativity and an understanding of the target group. It is possible to integrate the questions of brief surveys into a variety of current working procedures (see "Further Advice" below).

4. Training Personnel in Conducting the Survey

>All personnel contributing to the survey should participate in the training. The training will explain where and how the survey will be conducted, how the responses will be recorded and how its reach into the target group can be maximised.

5. Analysing the Results

>The analysis depends on the type of questions used. Simple questions (e.g. closed questions that can be answered "yes" or "no") can produce unambiguous results if they simply aim to determine the majority view. In many cases however, surveys are based on the service organisation's interest in more complex information, creating many uncertainties in the analysis, especially about how answers to individual questions relate to each other. In such cases it may be advisable to call on a person with a scientific background as well as experience in the analysis of questionnaires for assistance.

Please Note:

- A Rapid Assessment can, due to its restricted scope, only provide information on a limited number of questions. If several topics are to be dealt with, a series of Rapid Assessments may be conducted, taking care to space them comfortably, from the target group's point of view.

- The first two working steps are the most difficult for many service organisations. To define a specific topic and to formulate appropriate questions can often be a great challenge. It is therefore advisable to allocate sufficient time to these steps.

Further Advice

- The simplicity of Rapid Assessment makes it possible to integrate its questions into conversations with the target group that are part of ordinary service provision without compromising the interaction. The beginning or the end of such a conversation is often the most appropriate time for asking survey questions.

- Rapid Assessment can be successfully integrated into public relations or awareness-raising activities, e.g. at an exhibition stall, in bars or shopping centres.

- Rapid Assessment is also well suited for use on websites because of its small size and short completion time.

- As applies to all surveys, it is useful to conduct a test run. This means asking members of the target group the questions and then collecting their feedback and suggestions on the questions as well as on the survey process.

- An open question, e.g. "What else would you like us to know?" can be revealing as a supplement to pre-worded, multiple-choice answers.

- Wordings for the questions, the contributing personnel, the locations for conducting the survey and the form of the responses (written or verbal) should be selected in a way that maximises target group participation. Acceptance by the target group should be paramount.

- Collecting some demographic data important to the service organisation allows a more differentiated analysis, e.g. one according to gender, age or ethnic background.

- Willingness to participate in the survey can be increased if representatives of the target group conduct the Rapid Assessment themselves. Members of the target group have direct access to places that are important in their lives and are not perceived there as "intruders". For this to occur, representatives of the target group must be recruited and trained in conducting the survey.

Authors: Block/Unger/Wright

Further Reading and Links

On Rapid Appraisal:
Beebe, J. (1995). Basic Concepts and Techniques of Rapid Appraisal. Human Organization, Vol. 54, No. 1, pp.42-51.

Food and Agriculture Organization of the United Nations (FAO):
http://www.fao.org/docrep/W3241E/w3241e09.htm

Anschauliche Präsentation von D. Sarrazin (2004) über Rapid Assessment and Response:
http://www.lwl.org/ks-download/downloads/searchII/Doris%20Sarrazin_RAR.pdf

(Illustrative presentation by D. Sarrazin (2004) on Rapid Assessment and Response:

http://www.lwl.org/ks-download/downloads/searchII/Doris%20Sarrazin_RAR.pdf (In German)

Ressourcen zur Fragebogenentwicklung und Auswertung:
Kostenlose Software zur Erstellung und Auswertung von Fragebögen: www.grafstat.de
(Resources for the development of questionnaires and their analysis: Free software for designing and analysing questionnaires: www.grafstat.de (In German)

Statistiklabor der Freien Universität Berlin: http://www.e-learning.fu-berlin.de/werkzeuge/lernsoftware/statistiklabor/index.html

(Laboratory for Statistics of the Free University Berlin: http://www.e-learning.fu-berlin.de/werkzeuge/lernsoftware/statistiklabor/index.html (In German))

Fragebogen: http://www.quint-essenz.ch/de/files/Fragebogen_20.pdf

(Questionnaires: http://www.quint-essenz.ch/de/files/Fragebogen_20.pdf (In German)

Moser, H (2003). Instrumentenkoffer für den Praxisforscher. Freiburg: Lambertus.

(Moser, H (2003). Toolkit for Research Practitioners). Freiburg: Lambertus (In German)

Focus Group

Brief Description

A Focus Group is a facilitated group discussion for 6-12 participants on a pre-determined topic. The discussion lasts for 1-2 hours. In health promotion and prevention, Focus Groups are used to gather feedback from members of the target group on all stages of project planning and implementation.

The strength of a Focus Group is that the project can learn about the target group's views on a health problem or a (planned) intervention within a relatively short time and at the same time gains insight into the target group's lived experience. The Focus Group is a market research tool that is also used extensively in health and social services internationally.

Prerequisites

- A venue where the group can talk without disruption
- Experience in facilitating group discussion
- A clearly defined topic

Applications

- Target group needs assessment
- Pre-testing the concept for a project
- Developing new ideas for project work
- Checking service acceptance
- Checking the impact of a service

Process Overview

1. Determining the discussion topic
2. Developing a discussion guide
3. Organising a venue
4. Determining the composition of the group
5. Recruiting participants from the target group
6. Conducting the discussion (facilitation and documenting results)
7. Analysing the results

Resources Required

Time:
Conducting the discussion will take 1-2 hours. The time required for planning (working steps 1-3) depends on internal project procedures. The time required for analysis depends on the questions and the service organisation's expectations.

Personnel:
At least one worker is needed to conduct the Focus Group. Ideally, two workers contribute to its implementation: one as facilitator and one to record the results and take care of organisational tasks (e.g. audio recording).

Materials:
A writing pad to take notes during the conversation. An audio recording device is also useful for documenting the discussion.

Other Costs:
Incentives such as vouchers or sitting fees can be offered to promote participation. Should this not be possible within the budget, it is important to express appreciation for group members' participation in other ways.

Refreshments may also be served during discussion.

Transcribing the audio recording should be planned for in advance.

Detailed Working Steps

1. Determining the Discussion Topic

   A clearly defined topic is an important prerequisite for a successful Focus Group. The topic could be a service or a research question.

2. Developing a Discussion Guide

   The guide is a compilation of the most important questions to be answered over the course of the discussion. It should not be comprehensive (5 questions at most). It is intended for the facilitator, not for Focus Group participants. It serves preparation and also assists in focussing the conversation. While it is there to provide orientation during the discussion, its questions do not necessarily have to be discussed in order.

3. Organising a Venue

   A venue that is conducive to conversation should be organised for the discussion. It should be a place where participants can feel at ease. Public places such as parks and restaurants are not excluded here as long as they allow for group conversation to take place undisturbed. To convince hard-to-reach target groups to take part in the discussion it may be necessary to recruit participants at their favourite locations and also to conduct the Focus Group there. The regulars' table at the local pub may just be the ideal Focus Group!

4. Determining the Composition of the Group

   Participants should represent relevant characteristics of the target group to be reached with project activities. Where a service is trying to reach a range of target groups, conducting several Focus Groups is recommended. Focus Groups work best when their composition allows participants to talk to each other easily. Participants should therefore not be too diverse.

5. Recruiting Participants from the Target Group

   To successfully recruit participants for a Focus Group it is important to convey what its aim is and how such a group discussion works. The topic, location and expected duration of the conversation as well as the confidential treatment of discussion content (that statements will be de-identified) should be explained.

6. Conducting the Discussion (Facilitation and Documenting Results)

Ideally, two workers, one as facilitator and one responsible for administrative tasks and for recording results will conduct the Focus Group. The facilitator ensures that a conversation on the questions listed in the discussion guide develops among participants. The overall topic is reiterated at the outset and participants are encouraged to ask questions if anything is unclear. Group agreements are made on how to interact with each other and with the topic: confidentiality, respecting different opinions, one person speaks at a time etc. It is important to ensure that everyone has the opportunity to contribute. The facilitator assists people to express their views and to explain their reasons for holding them. The course of the discussion and its results are noted down in writing (with as many de-identified quotes as possible), and, wherever feasible, using an audio recording device.

7. Analysing the Results

Analysing the results means to understand the opinions expressed in the course of the discussion and to reflect on their significance for the further development of project activities. The simplest form of analysis is to identify the main topics of the conversation and to describe and explain the different opinions expressed about them. These topics may correspond to the questions in the discussion guide or they may be new topics raised by members of the group. The written notes are used for summarising and analysing the Focus Group. It also makes sense for the two workers to utilise the audio recording to complement written notes.

A verbatim transcript of the audio recording and a scientific analysis of the conversation, e.g. using methods such as qualitative thematic analysis and discourse analysis, require more effort. Transcription and scientific analysis can lead to more accurate findings, but the time it takes to complete them should be considered in relation to their benefit.

Please Note:

- A Focus Group is not a free exchange of ideas, but a guided discussion with a clear objective (namely to obtain feedback on a particular topic).

- A Focus Group is not an invitation for general feedback on the project's activities (the facilitator should therefore take care that the conversation does not drift too much).

- The Focus Group is a method of guiding discussion, not a quiz. A marker of a successful Focus Group is a lively conversation that is mostly carried by the participants (i.e. the facilitator should not follow the guide too rigidly but use it flexibly to stimulate discussion).

- Written notes are a limited basis for analysis because often many important details are lost. Even if transcription is not possible, an audio recording should be made of the conversation. The notes should include as many "sound bites" (de-identified quotes) from the conversation as possible to make the results more authentic and the arguments easier to follow.

- The Focus Group is a method for discovering the views of a group. The group's influence on individual opinions is part of its dynamic. For this reason the Focus Group is less suitable for discussion topics too intimate, stigmatised or taboo for the particular target group.

Further Advice

- The topic must be worded precisely, clearly and comprehensibly.

- It is important to take care when forming the group so that its members are able to interact easily. Known personal or ideological conflicts should be taken into account in determining its composition.

- When in doubt, e.g. if the results of a Focus Group are ambiguous or there are indications that that important opinions were not expressed, further Focus Groups may be conducted with different participants from the same target group, but using the same discussion guide. If this does not produce any new information it indicates that all relevant data have been collected.

- A Focus Group promotes a common group experience. Important components for this are a pleasant atmosphere, giving participants time and space and providing professional support where appropriate.

Authors: Block/Unger/Wright

Further Reading and Links

On Focus Group Methodology:
http://en.wikipedia.org/wiki/Focus_group

http://www.cse.lehigh.edu/~glennb/mm/FocusGroups.htm

http://managementhelp.org/research/focusgrp.htm

Scientific Literature:

Dürrenberger, G. & Behringer, J. (1999). Die Fokusgruppe in Theorie und Anwendung. Akademie für Technikfolgenabschätzung: Stuttgart.

(Dürrenberger, G. & Behringer, J. (1999). The Focus Group in Theory and Practice. Academy for the Assessment of the Consequences of Technology: Stuttgart (In German))

Krueger, R. (1994). Focus Groups. London: Sage Publications.
Bohnsack, R. (2004). Gruppendiskussion. In U.Flick, E,v.Kardorff, I.Steinke (Hg) Qualitative Forschung. Ein Handbuch. Reinbek:Rowohlt, S. 369-384.

(Bohnsack, R. (2004). Group Discussion. In U.Flick, E,v.Kardorff, I.Steinke (Ed.) Qualitative Research: A Manual. Reinbek:Rowohlt, pp 369-384. (In German))

Text über eine Auswertungsmethode: Pelz, C., Schmitt, A. & Meis, M. (2004). Knowledge Mapping als Methode zur Auswertung und Ergebnispräsentation von Fokusgruppen in der Markt- und Evaluationsforschung. Forum Qualitative Sozialforschung, 5(2), Art. 35. Verfügbar über: http://www.qualitative-research.net/fqs-texte/2-04/2-04pelzetal-d.htm

(Text on a method for analysis: Pelz, C., Schmitt, A. & Meis, M. (2004). Knowledge Mapping as a Method for the Analysis and Presentation of Focus Group Results in Market and Evaluation Research. Forum for Qualitative Social Research, 5(2), Section 35. Available at: http://www.qualitative-research.net/fqs-texte/2-04/2-04pelzetal-d.htm (In German))

Literatursammlung zu Gruppendiskussionen: http://www.qualitative-research.net/organizations/or-gr-l-d.htm

(Bibliography on "Group Discussions": http://www.qualitative-research.net/organizations/or-gr-l-d.htm (In German))

Links to Case Studies:
- Rent Boy Projects
- Neighbourhood Detectives Berlin

Circles of Influence

Brief Description

Circles of Influence is a method of visually representing the influence of those contributing directly and indirectly to a project. The diagram can also be used to represent the relationships of stakeholders (project personnel, target group, funding bodies and other relevant collaborating partners) with each other. Strategies for strengthening the participation of stakeholders who so far only peripherally take part in decision-making processes can be developed on the basis of this depiction. The *Circles of Influence* are based on the *Levels of Participation*. A further advantage of this method is that projects can clarify how decision-making processes unfold and who contributes to which decisions. This allows (for the first time) reflection on the collaboration's current condition (actual state) and how it could look in future (target state).

Prerequisites

- Those in charge of the project are prepared to critically reflect on stakeholder participation.

Scope

- As an instrument to determine the degree of participation of all involved in the various stages of a project (needs assessment, planning, implementation and evaluation)

Process Overview

1. Choosing the topic.

2. Listing relevant stakeholders.

3. Distributing stakeholders in the diagram (actual state).

4. Redistributing stakeholders in the diagram (target state).

5. Planning for the strengthening of participation.

Resources Required

Time:

By using *Circles of Influence*, both the current degree of stakeholder participation as well as ideas for strengthening the participation of those who are so far only peripherally involved can be worked out within an hour.

Personnel:

Workers can apply *Circles of Influence* by themselves. It is, however, more productive to include the perspectives of various stakeholders in the development of the diagram (see *Further Advice* below).

Materials: Two sheets of paper with one *Circles of Influence* diagram on each.

Other Costs: None.

Working Steps

1. Choosing the Topic

   The object of the exercise is chosen. For example, a collaborative partnership, an entire service organisation, a department, a specific project or an individual intervention could be considered.

2. Listing Relevant Stakeholders

   Which stakeholder combination is important for the success of the health promotion or prevention activity is decided. Over and above target group, funding body and the project or service organisation, other important (potential) cooperating partners may be considered (e.g. politicians, charitable foundations, public authorities, other service organisations etc.). The names of stakeholders are listed, i.e. names of organisations/groups or, where available and also relevant, the names of individuals from these organisations/groups.

3. Distributing Stakeholders in the Diagram (actual state)

   The individual stakeholders are placed in the circles of the diagram. Those stakeholders who are indispensable in making decisions about the activity are placed in the innermost circle. The further away stakeholders are from the centre, the weaker is their influence on decision making. The titles and respective descriptions associated with each concentric circle assist in placing stakeholders. This builds up an image representing the actual state of stakeholders' decision-making authority compared to one another.

4. Redistributing Stakeholders in the Diagram (target state)

> The next step consists of visually representing the target state: which stakeholders should be involved in which decision-making processes? A second diagram is developed in this step.

5. Planning for the Strengthening of Participation

> The final task is to consider what must happen to move from the actual state to the target state. The primary question is what one can do oneself, or what one's organisation/group can do to achieve the target state.

Please Note:

- *Circles of Influence* has been devised as a method to represent the collaboration among stakeholders from various organisations/groups. It is also conceivable to apply it within an organisation in order to reflect on internal decision-making processes.

- *Circles of Influence* is about representing participation in terms of degrees of decision-making authority. Stakeholders may be very strongly involved in project activities without substantially contributing (or being allowed to be contributing) to important decisions. This is often the case for service users.

- Whether one is already aware of the way decisions are made will at the latest become apparent when distributing stakeholders on the diagram for the first time. Planning, implementing and evaluating projects in the field of health promotion and prevention do not happen as one clearly structured procedure. Who has a say about what, and when, often has to be reconstructed for this exercise. A first important interim outcome may be to reflect upon which formal and informal decision-making processes are running and who influences them. These insights create transparency and as such are a prerequisite for stronger participation: decision-making authority can only be shared when it becomes clear who exercises it in the first place.

Further Advice

- The *Circles of Influence* can also be designed as an interactive group process by using psycho-drama methods. The diagrams of the actual and targeted states are dramatised: the "protagonist" (the person whose work is being depicted) chooses people to represent the various stakeholders. The Circles of Influence are marked on the floor and each "stakeholder" assumes his/her position. The protagonist then instructs each "stakeholder" as to what kind of stance to assume and gives them an appropriate line of text to say to reflect the experience of the real stakeholder being depicted. The dynamics between stakeholders in decision-making processes are acted out in this way in order to gain new insights about them.

- Individual stakeholders (e.g. a project team) can use *Circles of Influence* to depict the participation of all involved from their point of view.

- The method can also be used in collaborations between stakeholders. It may be helpful to convene e.g. target group, funding body and project representatives to clarify the delegation of decision-making authority. Independently developed circle diagrams can show different perceptions of the decision-making processes and serve as the basis for a clarifying conversation. It may also be the foundation for collectively strengthening the low levels of participation of some stakeholders.

Authors: Wright/Block/Unger

Further Reading and Links:

Ulrich Deinet, Marco Szlapka, Wolfgang Witte (2008) Qualität durch Dialog. Bausteine kommunaler Qualitäts- und Wirksamkeitsdialoge. Wiesbaden: VS Verlag.

(Ulrich Deinet, Marco Szlapka, Wolfgang Witte (2008). Quality through Dialogue: Building Blocks for Local Dialogue on Quality and Effectiveness. Wiesbaden: VS Verlag. (In German))

Trojan, Alf (2004) Nachhaltige Gesundheitsförderung durch Partizipation. Gesundes Österreich. http://www.fgoe.org/hidden/downloads/Magazin/GOe_204_35-50.pdf

(Trojan, Alf (2004) Sustainable Health Promotion through Participation. Healthy Austria. http://www.fgoe.org/hidden/downloads/Magazin/GOe_204_35-50.pdf (In German))

Peter Soppa (2004) Psychodrama. Ein Leitfaden. Wiesbaden: VS Verlag.

(Peter Soppa (2004) Psychodrama: A Guide. Wiesbaden: VS Verlag. (In German))

Continue with:

- Levels of Participation
- Collaboration

Weblink:

- Psychodrama (Wikipedia) http://en.wikipedia.org/wiki/Psychodrama

Service User Advisory Committee

Brief Description

A Service User Advisory Committee consists of members of the target group and advises the service organisation on needs assessment and intervention planning, implementation and evaluation. Committee members may be current or potential service users. The committee is incorporated into the organisational structure and is involved in decisions about services for the target group. The strength of a Service User Advisory Committee is that it offers members of the target group direct participation in decision making. The degree of participation may be more or less developed depending on the possibilities. An added advantage of this method is that participation takes place over a longer period. This continuity supports collaboration.

Prerequisites

- Target group members are prepared to sit on the committee
- The service organisation is prepared to consider the advice of service users

Applications

- Advice on all stages of intervention planning and implementation

Process Overview

1. Recruiting target group members to participate in the committee
2. Determining committee structure
3. Integration into existing decision-making processes
4. Convening and supporting the committee

Resources Required

Time:
Recruiting target group members to participate in the Advisory Committee usually requires the largest effort. It may take weeks or months depending on how well connected the service organisation is to the communities it is trying to reach. Committee meetings take place at regular intervals depending on the service organisation's need and members' availability. Monthly or quarterly meetings are common As they do for all committees, preparation and debriefing as well as administrative support take effort, the extend of which mainly depends on the scope and content of the meetings.

Personnel:
One worker should serve as the contact person for members and support the work of the committee.

Materials:
Meeting room and materials for taking minutes must be made available.

Other Costs:
Compensation for members may, for example, take the form of vouchers. Refreshments served during meetings contribute to a positive working environment.

Working Steps

1. Recruiting Target Group Members to Participate in the Committee

Committee members can be recruited via existing contacts within the target group, especially via current service users. Existing networks and organisations (clubs, associations, informal meeting places etc.) may also be important contact points for recruiting members.

2. Determining Committee Structure

The structure of a Service User Advisory Committee should be determined together with its members. It is important that the service organisation as well as the members consider the structure sensible and workable. Meeting frequency, forms of discussion and facilitation should be designed to maximise members' individual opportunities to participate in the meetings.

3. Integration into Existing Decision-Making Processes

The Service User Advisory Committee should be integrated transparently and effectively into the decision-making processes of the service organisation. This means building the committee into the structure of the organisation. It should be clear how and on which topics the committee is asked for advice, how its recommendations are treated and how management provides feedback to the committee.

4. Convening and Supporting the Committee

As they do for all committees, preparation and debriefing as well as administrative support take effort. A staff member of the service organisation should take this on. Supporting the committee also includes, as does working with all volunteers, developing ways to keep in contact with individual committee members. Equally essential is public recognition of the contribution that target group representatives make to the organisation as members of the committee.

Please Note:

- The degree of influence it has on the service organisation's work is crucial for the committee's success. It is not sufficient to simply convene a Service User Advisory Committee. The organisation should first clarify internally how the committee's recommendations will be considered. Otherwise it runs the risk of creating a kind of pseudo-participation, which will frustrate and de-motivate committee members.

- If committee members are recruited solely from among the organisation's current service users, there is a great risk that the views of populations not yet reached remain unrepresented. Successfully inviting target group representatives previously unfamiliar to the service organisation can maximise information gain about the concerns of the target group.

- Public recognition and keeping in contact are the cornerstones of every successful partnership between paid staff and volunteers. These two components play a particular role in the development of a Service User Advisory Committee because members do not necessarily hold committee work in high regard.

- Advisory Committees not infrequently hold views different from those of paid service organisation staff on the direction and design of interventions. The perspective of service users differs from the "professional" point of view. This difference is the strength of the Service User Advisory Committee because it

balances the "blind spots" a service organisation can develop. To bridge this gap through dialogue, however, is a great challenge for all involved.

Further Advice

- A Service User Advisory Committee's structure should be adapted to the ways members usually discuss topics. Many members will not arrive with committee experience. Facilitation needs to respond creatively by using various forms of interactive communication that encourage member participation.

- Children's Committees are also possible. Assisted by age-appropriate adult facilitation and support, groups of children can voice their opinions on concrete topics.

- Direct and easy to understand communication about the Service User Advisory Committee's impact on the service organisation's decision-making processes is necessary for a committee to be successful. Committee work is only then rewarding for target group members when they receive timely and transparent feedback about their influence. Opportunities to interact with the service organisation's board or management team during committee meetings promote communication.

Authors: Wright/Block/Unger

Further Reading and Links

Jugendbeirat der Bundesinitative „Jugendonline" (Bundesfamilienministerium)
www.netzcheckers.de

(Youth Advisory Committee to the Federal "Youthonline" Initiative (Federal German Ministry for Families) www.netzcheckers.de (In German))

Klientenbeirat und Angehörigenbeirat
Einrichtung: Hilfe nach Maß, Hilfsangebote für Menschen mit Behinderungen (Sigmaringen)
http://www.hilfen-nach-mass.de/index.php?page=beirate

(Client Advisory Committee and Relatives' Advisory Committee

Service organisation: Help Made to Measure: Assistance for People with Disabilities (Sigmaringen)
http://www.hilfen-nach-mass.de/index.php?page=beirate (In German))

Open Space

Brief Description

"Open Space is an organised coffee break"

Source: www.bildung-zukunft-suedtirol.it/begriff_openspace.html (in German)

The term *Open Space* refers to "an open space, accessible to all", created for a (large) group of more than ca. 10-15 people. It became known through Harrison Owen who in 1986coined the term *Open Space Technology*, an internationally renowned process of participation and decision making. Owen wrote a manual for running interactive mass events.

Open Space as much in common with the village or town meeting, a form of collaboration found in many cultures.

The aim of Open Space meetings is to mobilise as many people as possible for the solution of complex individual or shared problems. Participants have the opportunity to determine the content of the meeting then and there. All participants have the same rights and are considered experts at an equal level.

The strength of the Open Space method is the creativity encouraged by its open and informal structure. A high level of participation is possible and the events are characterised by a relaxed and fun approach to the debate.

Prerequisites

- A suitable venue where the event can take place undisturbed

- Experience in facilitation/support of group discussions

- High level of participant engagement

- A topic touching the lives of all participants

- A topic too complex to be solved by one person alone

- An urgent problem that encourages participation

Applications

- Applicable at all stages of a project (needs assessment, project planning, implementation and evaluation).

- Where cooperation and participation are valued over passive service use in solving a problem and learning.

- Where a low-threshold method is needed to enable many people in one place and at one time to create innovative responses to their own concerns.

- For self-determined learning and problem solving in groups.

- To cultivate communication and collaboration among groups or participants.

Process Overview

Preparation Meeting

1. Answering the central question: why should the meeting take place?
2. Writing a schedule
3. Determining the resources required, including venue, materials and catering
4. Documenting the meeting (where appropriate)
5. Writing the invitation to potential participants

Open Space Event

1. Welcoming participants
2. Announcing the topic
3. Explanation: how does Open Space work?
4. Invitation to share ideas/opening the proceedings
5. Collating concerns and forming break-out groups (divergent phase to encourage the broadest and most creative thinking possible)
6. Discussion within and among break-out groups (convergent phase to set priorities and identify areas for action)
7. Implementation phase (after the event itself). An outlook statement and action plan should however be developed during the meeting.

Debriefing Meeting

1. Stock-take of the meeting
2. Assessing the results
3. Outlook and next steps

Resources Required

Time:

- The event takes up at least half a day and can last up to three days.
- Two and a half days are considered ideal for an Open Space meeting.

Personnel:

- Depending on the size of the group, one or two facilitators are needed for implementation.
- The same people should take part in both planning and debriefing.
- Catering as well as setting up and cleaning up the venue should be assigned to particular people if the group is very large.

Materials:

- Pinboards (bulletin board, documentation board, boards for break-out groups)
- Facilitator's toolkit
- Pens and paper for taking notes
- Access to technology for copying and documenting results (photocopier, laptop computer, projector, printer, camera)

Other Costs:

- If more facilitators are needed than the team can provide, contractors' fees must be budgeted for
- Professional support from people experienced in Open Space processes where appropriate
- Room hire fees where necessary
- Where appropriate, fees for personnel to participate in Open Space facilitation training
- Catering

Detailed Working Steps

Preparation Meeting

1. Answering the Central Question: Why Should the Meeting Take Place?

- The need for an Open Space event may result from a service organisation-internal need for clarification or innovation. This leads to core questions such as, for example: "How can we move against violence towards and abuse of children in our community?"
- It may also be about discovering more about the needs and opinions of people external to the service organisation. Open Space lends itself to planning, conceptualising and evaluating services, e.g. when service users express their needs and goals, so that the service can be tailored to their particular requirements.

2. Writing a Schedule

- Creating an overall timetable for the event
- Clarifying who needs to be involved: who are the possible facilitators?

3. Venue, Material and Catering Requirements

- When the approximate group size is known, a suitable venue must found and inspected
- Estimating catering needs and making arrangements with the caterer
- What technology will be required, how does it work and who will be responsible for it during the event?
- Are all materials (e.g. facilitator's toolkit) complete and available?

4. Documenting the Meeting

- Recording the agenda for the event and taking notes during the meeting
- Taking photographs of the preparation meeting where relevant

5. Writing the Invitation to Potential Participants

- The group to be invited must be defined and an appropriate text composed.

Open Space Event

1. Welcoming Participants

> Participants are asked to sit in a circle and are welcomed by the facilitators. Everyone has the opportunity to take their time noticing the other members of the group.

2. Announcing the Topic

> The topic is sketched out. It would already have been mentioned in the invitation and is explained again at this point. This topic may also be worded as a core question and amended again if necessary.

3. Describing the Open Space Process

> The participants are made aware that they are at the centre of this event and central to it. It is they who define their concerns and who can work out possible solutions. Depending on the occasion, Open Space may run over one half to three days. At this point the voluntary nature of participation is pointed out. Anyone may leave the event at any time. This is called the Law of Two Feet: everyone has the right and the responsibility to leave the group when they have ceased to either learn or contribute anything more.

> The format of the event (plenary – break-out groups - plenary) is explained.

4. Invitation to Exchange Ideas / Opening the Proceedings

> All participants are invited to exchange views and ideas with each other. It is made clear that there are no rules regarding topics and that time is organised freely. There are no scheduled breaks. Refreshments are available at any time. This has to be arranged with the caterer. Only the times for changing groups are determined and a plan for group meeting times and locations is developed together. All participants can refer to it to find out when and where the group on a topic of interest to them takes place.

> The following applies to cooperation among participants:

> *Whichever people turn up are the right people!*

> *Whatever happens is the only thing that could have!*

> *Whenever it starts is the right time!*
> *Ideas turn into initiatives!*
> *When it's over, it's over – initiatives are set in motion!*

> Sources: http://en.wikipedia.org/wiki/Open_Space_Technology

> www.michaelmpannwitz.de/index.php (German)

> These simple while somewhat grandiloquent statements illustrate the philosophy behind Open Space well: All are welcome and invited to actively shape the process. The same goes for the rules of cooperating within the small groups (see also point 5. below).

5. Collating Concerns and Forming Break-out Groups (divergent phase to encourage the broadest and most creative thinking possible)

> Participants are asked to write their ideas - whatever they are itching to talk about - on a piece of paper as briefly as possible, introduce them to their group and pin them to the so-called *Bulletin Board*.

> Everyone has the opportunity to join groups on topics that interest him or her. In the so-called *Market Place* phase of the process, participants negotiate how many

groups there should be, where they should meet and when they will start. Sometimes, topics can be combined by negotiation.

The rules for small group work are explained:

Contribute!
Be honest!
Let it happen!

6. Discussion within and among Break-Out Groups (convergent phase to set priorities and identify areas for action)

Discussions take place within Break-Out Groups and, during the break, among different groups. Participants can change groups. In this phase, the Break-Out Group discussions are about building consensus, setting priorities and identifying areas for action. Developing recommendations is also an option. Results are noted down within each Break-Out Group. A copy is then put up on the documentation board for all Open Space participants to read. A final plenary, where the discussion results are presented and discussed, is also an option.

7. Implementation Phase (after the event itself)

An outlook statement and action plan should, however, be developed during the meeting.

Debriefing Meeting

The form this meeting takes varies according to how much time has passed since the event. If it takes place directly following the event it sets the main strategies for implementation in motion. If some time has passed since the event it can be used for a stock-take, an assessment of outcomes to date and for making a list of points yet to be acted on.

1. Stock-Take

    What was decided at the Open Space event?

2. Outcome Assessment

    What has been put into practice?

3. Outlook and Next Steps

    What are the next steps?

Please Note:

- Many creative impulses and ideas emerge during the Open Space process. If there is a lack of opportunity to put them into practice afterwards, the use of the Open Space is not recommended. In this case it would be counterproductive and participants and personnel may lose trust in the process.

- Participation must be strictly voluntary; otherwise there is a danger the event will be used solely for voicing complaints.

- Not every topic can be raised in open groups (a more protected framework is recommended for delicate or intimate topics).

- Take care with planning and implementation: Open Space has a neither a typical agenda nor defined tasks or predetermined speakers. Too much structure impedes the open process.

- An Open Space event is not an appropriate method for approaching all types of problems. It is unsuitable when the question is too simple (e.g. if the core question has a yes/no answer) or not urgent enough. One person alone or a small group could, in some cases, better solve the problem.

- Open Space is unsuitable if solutions have already been contemplated or are already "in the pipeline" and ready for implementation. Open Space workshops produce unique solutions that may differ from those that have already been decided. Conducting the event is a futile undertaking in these circumstances.

Further Advice

- To advocate on a topic in front of groups takes courage and personal commitment. This means that very dedicated people will take the floor to raise topics.

- Complex topics and problems can actually be dealt with in large groups.

- People can be recruited to or sensitised for a cause through participating in an Open Space event.

- Well-suited for learning processes that aim to incorporate the collective knowledge of all participants (*think tank*).

- Ideal for target groups for whom conventional conferences are not appropriate.

- Well-suited for target groups that are not usually listened to. Open Space can, for example, be conducted with children in a playground, where joint discussion with the children will produce ideas that would not have had the space to emerge in individual interviews with children or their teachers, parents or carers.

- Useful when the target group is to be provided with a space for creativity and self-reliance.

- Useful when the scope of a topic is broad enough there will be space for innovation and creative solutions. However, the warning bells should go off if the opposite is the case, i.e. when the topic is too narrow.

- Ideally, an Open Space event can lead to Open Space organisations, where grassroots groups can work outside of hierarchical structures on topics that are important to them. Ongoing forms of target group participation (such as advisory committees) may emerge.

- Open Space provides a method, so that complex problems can be worked on by large groups of people.

- Open Space can promote the development of ideas for interventions and increase the motivation to make them happen.

- Open Space is particularly suitable for the development of new concepts, methods and processes.

- The application of the Open Space process can lead groups to the imaginative use of creative potential that had not been sufficiently challenged previously.

- Open Space can be useful to mark out paths toward renewal, especially in times of change.

- New kinds of relationships and contacts can be made among participants during the process.

- Open Space can promote self-reliance among participants as well as the ability to co-operate.

- Ideally, Open Space offers a safe space that is relatively authority-free, where participants can express desires, visions and creative ideas without fearing resentment.

Authors: Block/Unger/Wright

Further reading and Links

Baumann, F. & Detlefsen, M. (2005). Open Space – oder: Kaffeepausen in der Stadt- und Regionalentwicklung. In RaumPlanung 123/2005, S. 249-253.

(Baumann, F. & Detlefsen, M. (2005). Open Space – Or: Coffee Breaks in Town and Regional Planning . In RaumPlanung 123/2005, pp. 249-253. (In German))

Chambers, R. (2005). Participatory Workshops. Open Space (pp. 125-126). London: Earthscan.

Drescher, U.M. (1998). Großformen der Moderation. In S. Bolender (Hrsg.) Managementtrainer. Frankfurt/M.: Campus-Verlag.

(Drescher, U.M. (1998). Large-Scale Facilitation. In S. Bolender (Ed.) The Management Trainer. Frankfurt/M.: Campus-Verlag. (In German))

Owen, H. (1997). Open Space Technology. A User's Guide (2nd Edition). San Francisco: Berett-Koehler Publishers, Inc.

Rauter, J. (1974). Siemens-Autoren-Team: Planung durch Kooperation, Kapitel Informationsmarkt, S. 261 ff.

(Rauter, J. (1974). Siemens Authorship Team: Collaborative Planning, Information Market Place Chapter, p. 261 ff. (In German))

Open Space on Wikipedia:
http://en.wikipedia.org/wiki/Open_Space_Technology

Materialien zu einer Übertragung des Handbuchs von Owen von Michael M. Pannwitz
Was ist denn open space?
Hier sind auch anschauliche Praxisbeispiele zu finden
http://www.michaelmpannwitz.de/index.php?id=6

(Materials for a German translation of Owen's Manual by Michael M. Pannwitz
What, then, is open space?
Includes illustrative examples
http://www.michaelmpannwitz.de/index.php?id=6 (In German))

Worldwide Open Space website:
http://www.openspaceworld.org

(Pictures on Open Space (German site):
http://www.zwnetz.de/galerie/schule)

Program Logic (PL)

Brief Description

The Program Logic method (PL) offers an opportunity to relate resources, planning, interventions and expected results to each other and represent them visually. This reveals the logic that underpins all stages of a project. The Program Logic method (PL), which is based on the Logic Model approach practiced internationally for over 30 years, is particularly suitable as a planning tool. It also offers a solid basis for writing funding applications.

Program Logic (PL) Method

Planning		Implementation	Results	
I **Resource Stock-Take**	II **Planning Activities**	III **Carrying out the Intervention**	IV (immediate) **Outcomes**	V (broad) **Impact** (intended and unintended)

Block, Unger, Wright (2008, own illustration)

Prerequisites

- Sufficient time to collate the elements of the method and document them in writing

Applications

- Writing a project funding application
- Conducting a stock-take
- Strategic intervention planning
- Effective internal and external communication about planned or completed projects
- Planning an evaluation
- Continuous learning and improvement of practice

Process Overview

1. Recruiting colleagues to participate in the process, forming a working group.
2. Setting aside time, organising regular meetings.
3. Describing the planning phase (I Resource Stock-Take, II Planning Activities)
4. Describing the implementation phase (III Carrying out the Intervention)
5. Describing the results (IV Outcomes, V Impact)

Resources Required

Time:

The effort required for the PL method can vary. A half working day can be sufficient for developing a project overview. If the components are to be used in a funding application, several intensive meetings plus time for research and writing are required.

Personnel:

The working group should preferably include those responsible for planning and implementing the (envisaged) project. However, project management alone may also use the PL method or delegate this task to one specific team member.

Materials:

Materials for documentation (writing pad, computer etc.)

Existing concepts etc. as background

Other Costs:

Budget for research (literature search) costs where necessary.

Detailed Working Steps

1. Recruiting Colleagues, Forming a Working Group

> Those contributing to the planning, implementation and evaluation of a (envisaged) project should participate in the process. Depending on the size of the team it may make sense to invite a selection of team members to participate. To be considered are not only paid staff but also volunteers and target group representatives.

2. Setting aside Time, Organising Regular Meetings

> A time slot that all involved can integrate into their work schedules must be found for the meeting(s). Where appropriate, regular meetings must be organised.

3. Describing the Planning Phase

> I. Resources / Prerequisites

> The process starts with a stock-take: How much personnel, what financial resources and accommodation are available for the project, or have to be applied for, to be able to develop, implement and evaluate it? Which prerequisites are present in the community/municipality or social setting and available for the project's activities?

> II. Planning Activities

> This includes all activities to be carried out to develop a project. They are, for example, considering whether personnel need further training in order to be qualified to carry out the intervention. In addition, the concept for the preventive or health promotion project must be clarified. Selecting and assessing the needs of the target group are also part of this component: who is to be reached with what?

> III. Carrying out the Intervention

> At this point, all activities included in the service (to be) created for the target group are described.

4. Describing the Results

IV. Outcomes

The hoped-for results of the intervention for the target group or its environment are listed/described here.

V. Impact

In this section, the (possible) effects that go beyond the immediate (target-group-specific) impact (effects on the social determinants of health) are described here. These include not only intended but unintended effects: if, for example, a self-help group responding to concerns within a district emerges from a language course for migrants.

Please Note:

- Using the PL method is an opportunity to gain an overview that may lead to a more detailed representation of program logic using the Developing Local Objectives and Strategies (ZiWi) Method.

- The simplicity of the method is at the same time its strength and its weakness. It does not allow in-depth exploration. Strategy development is omitted and the method does not make links to the context of the setting.

Further Advice

The method enables the description of individual components of a project, e.g. to satisfy information requests from funding bodies.

It offers the foundations for better communication. One point is that it promotes internal discussion and this may also support internal quality assurance. It can also increase transparency for the outside observer and provide arguments to justify the project, e.g.: "To develop a particular project (refer to box III) we need the following resources (box I), otherwise we are unable to carry out the necessary planning activities (box II). (See diagram)

When all components are worked through, they can serve as the basis for a funding application.

Authors: Block/Unger/Wright

Further Reading and Links:

Harvard Family Research Project, http://www.gse.harvard.edu/hfrp/

Learning from Logic Models in Out-Of-School Time.
http://www.gse.harvard.edu/hfrp/projects/afterschool/resources/learning_logic_models.html

Logic Models Workbook. The Health Communication Unit at the Center for Health Promotion, University of Toronto,
http://www.thcu.ca/infoandresources/publications/logicmodel.wkbk.v6.1.full.aug27.pdf

A Guide to Developing Public Health Programmes: A generic programme logic model. Published in March 2006 by the Ministry of Health, Wellington, New Zealand.
In pdf format:

http://www.moh.govt.nz/moh.nsf/0/3980073CB3F0231ECC257146001881DD/$File/Public-Health-Programmes.pdf

McNamara, C. Guidelines and Framework for Designing Basic Logic Model. http://www.managementhelp.org/np_progs/np_mod/org_frm.htm

Link for comparison of PL and Theory of Change (see also ZiWi Method):

http://www.evaluationtoolsforracialequity.org/evaluation/resource/doc/TOCs_and_Logic_Models_forAEA.ppt

Wissenschaftlicher Text über die Erstellung eines „Programmbaums" für eine wirkungsorientierte Evaluation:
Beywl, W. (2006). Demokratie braucht wirkungsorientierte Evaluation – Entwicklungspfade im Kontext der Kinder- und Jugendhilfe. In Projekt eXe (Hg) Wirkungsevaluation in der Kinder- und Jugendhilfe: Einblicke in die Evaluationspraxis. München: Deutsches Jugendinstitut.

(Academic text on developing a "program tree" for outcome evaluation:
Beywl, W. (2006). Democracy needs outcome evaluation – Paths towards its development in the context of children's and youth services. In Project eXe (Ed.): Outcome Evaluation in Children's and Youth Services: Insights into Evaluation Practice. Munich: German Youth Institute. (In German))

SMART Criteria

Brief Description

SMART criteria are used to develop objectives for interventions and projects. With their help, objectives are worded in a way that makes them:

- specific,
- measurable,
- attractive,
- realistic and
- time-bound.

SMART (-ly) worded objectives are a marker of quality and facilitate the assessing results (evaluation): SMART criteria are an integral component of many approaches to quality development. The acronym is taken to stand for different sets of adjectives in the literature.

Prerequisites

There are no particular prerequisites for using SMART criteria. Participatory Quality Development however envisages the involvement of people with the necessary knowledge of lived experience as well as practical and professional knowledge in order to give life to the criteria (e.g. to be able to judge which objectives are realistic in the local context). This means that target groups and project personnel are also included where appropriate. Such participatory processes require sufficient time as well as a preparedness to learn and discuss on behalf of all involved.

Applications

- Developing objectives during project development and planning
- Tailoring the objectives of prevention and health promotion interventions to local situations and to the specific needs of target groups
- Preparing for evaluation
- Developing a funding application that includes determining project objectives

Resources Required

The effort required varies according to the amount of consultation to be conducted. If the SMART criteria are used for collective goal setting in a participatory group process, the discussion may be time-intensive. Much depends on how similar or dissimilar the views of those involved are: if they make strongly divergent assessments (e.g. about what may realistically be feasible locally and within a particular timeframe, and be attractive at the same time), more time may be required to reach consensus than when participants' views match.

Working Steps

An objective is worded in a SMART way if it satisfies the following criteria:

S Specific: Is the objective concrete and unambiguous, i.e. is it clear what should have changed for whom?

M Measurable: Is it possible to check whether the objective has been reached? Not every objective or outcome can be measured in numbers – there are other ways to assess whether an objective has been reached. In any case, indicators (from the Latin *indicare* = to show, point out) that show whether an intended process has taken place are helpful. Indicators for the acceptability of an event could be, for example, the size of the audience, the vigour of the applause or feedback from the target group. Good indicators are of central importance, economical, simple, timely and accurate.

A Attractive: Is the objective desirable for all involved? In different sources the "A" of the SMART criteria is also taken to stand for "acceptable", "aligned", "achievable", "agreed", "assignable", "actionable", "action-oriented", "ambitious" or "appropriate" (see http://en.wikipedia.org/wiki/SMART_criteria#cite_note-Wiktionary-10). The latter means that an objective should be tailored to the situation of the target group. "Ambitious" means that an objective should not be aiming too low. On the contrary: in most cases, significant effort is required to fulfil important objectives. "Action-oriented" emphasises that objectives should encourage practical steps, including target group participation.

R Realistic: Can the objective actually be achieved? An objective should not aim too high, but should be achievable given the available resources and competencies. Otherwise, disappointment and diminishing motivation will result.

T Time-Bound: Can the objective be achieved within a manageable time frame? In some sources, the "T" in SMART signifies "time-framed", indicating a requirement to determine the period within which the objective is to be achieved.

Please Note:

- The SMART criteria compete with each other to some extent: e.g. an objective may be attractive because it is ambitious and reflects the vision of those involved or the mission of the service organisation, but it is possible that this objective cannot be achieved within a project period of e.g. 2-3 years, and is therefore not realistic. It is therefore also important to weigh up the criteria against each other.

Further Advice

- Do not forget the "R"! Sometimes objectives aim (too) high and a reality check is advisable: "Do we really think we can achieve this objective within 1-3 years (or whatever the project period is)?"

- SMART criteria can be applied to goal-setting in many respects: a workshop participant said that SMART had become a new way of thinking for him, helping him set goals in a variety of ways.

Authors: Unger/Block/Wright

Further Reading and Links:

SMART Objectives in quint-essenz (Switzerland): http://www.quint-essenz.ch/en/topics/1133

Zielfindung und Zielformulierung – Ein Leitfaden. Materialien zur Qualitätssicherung in der Kinder- und Jugendhilfe. Bundesministerium für Familie, Senioren, Frauen und Jugend (BMFSFJ) 1999. Zugänglich über: http://www.univation.org/download/QS_21.pdf

(Goal-setting and Wording Objectives – A Guide. Materials on Quality Assurance in Children's and Youth Services. Federal German Ministry for Families, Seniors, Women and Youth (BMFSFJ) 1999. Available at: http://www.univation.org/download/QS_21.pdf (In German))

Participant Observation

Brief Description

Participant Observation is a data collection method that can be integrated into daily practice relatively easily because it requires little effort and is very compatible with the everyday life of those being observed. In participant observation the observers locate themselves within the social setting to be observed and participate in it actively. The scientific method of Participant Observation differs from ordinary forms of participation and observation in three aspects: intention, selection and analysis (Schöne 2003). When we use Participant Observation to e.g. collect data for a needs assessment or evaluation, we pursue a certain objective or purpose, select only particular components of what we notice and analyse these systematically.

Prerequisites

- Sufficient time for preparing, conducting and analysing the observation
- If using the method in private or semi-public locations, first obtain permission where appropriate

Applications

- Needs assessment
- Evaluation
- Continuous learning and improvement of practice

Process Overview

1. Preparation
2. Conducting the observation(s)
3. Analysing the observations

Resources Required

Time:

The time required varies significantly depending on the purpose and location of data collection through observation. Enough time should be allocated to prepare for observation (briefing meeting, observation form including pre-testing where appropriate), for conducting it (best done repeatedly) and for analysis.

Personnel:

If possible, several people should be observing simultaneously because this way several impressions and points of view can be recorded (multiple perspectives). It is advisable to select observers who can immerse themselves well into the social setting to be observed and who are not reluctant to make contact.

Materials:

An observation form can be created and used, but notes may also be taken on paper or electronically without a structured form. Photography and video recording may be used to assist observation. It is, however, important to take care not to intrude upon the privacy of others and to obtain prior permission where necessary.

Working Steps

1. Preparation

> The purpose of Participant Observation is clarified in advance. It may for example serve to evaluate the effectiveness of a health promotion or prevention intervention by documenting the target group's responses.

> What needs to be paid attention to is discussed during preparation. If, for example, an audience's responses to an event are being observed, several positions may be considered for observation as well as particular behaviours of the target group (attention, participation, laughter, applause etc.). Not only indications of the desired effects, but also indications of potentially undesirable effects and responses should be taken into consideration.

> It is clarified when and how notes are to be taken of the observations: during or after participating in the setting, with or without structured forms, with or without photography or video recording. It is always good to test a method in advance. Observation forms should therefore also be subject to pre-testing like any other data collection instrument.

2. Conducting the Observation(s)

> Participant Observation should disrupt what occurs in the setting as little as possible. Important persons in the setting should be advised of the data collection activity in advance (e.g. the owners of bars where audience responses to a prevention event are observed). It may be opportune to use several observers simultaneously in order to record different impressions and perspectives. Photography or video recording may be used in support (privacy legislation and regulations must be observed, however). Detailed notes are best taken afterwards, although it can be useful to note down impressions and observations in point form at the time. These notes are then expanded on retrospectively, adding as much descriptive detail as possible. The longer and more frequent an observation takes place in a particular setting, the better the data usually become because certain patterns and the exceptions to them appear clearer and the observers' attention becomes sharper with repeated observation.

3. Analysing the Observations

> Notes are entered into a word processing document. Notes should clearly show which observations were made when, by whom and from which perspective. The analysing team reads all observations and compares them. Both similarities and differences between observations are interpreted. The differences are often particularly instructive. These data may also be used to supplement those from other sources, such as interviews or Rapid Assessments.

Please Note:

- Observers should enter the setting as open-mindedly and receptively as possible so that they are able to notice the unexpected.

- When observing it is good to let go of the expectation to notice everything, and instead look more closely and attentively at that which presents itself.

- As much descriptive detail as possible should be documented when writing notes, especially when working on the comprehensive electronic version.

- The main notes are primarily about good descriptions, less about assessments or interpretations. It is helpful to separate these two steps as clearly as possible: 1) impressions from observation and participation (in the setting/field); 2) description (when writing notes); 3) assessment and analysis (during analysis in the team).

Further Advice

- Different observations of the same phenomenon are possible (depending, for example, on the perspective)

- Different interpretations of the same observation are also possible (depending, for example, on the background of the person analysing the observation)

Authors: Unger/Block/Wright

Further Reading and Links

Teilnehmende Beobachtung. Methodenkoffer. Bundeszentrale für politische Bildung. Zugänglich über: http://www.bpb.de/methodik/5JRHMH,0,0,Methodensuche.html

(Participant Observation. Tool Kit. Federal Centre for Political Education. Available at: http://www.bpb.de/methodik/5JRHMH,0,0,Methodensuche.html (In German))

Flanierende Begehung und Beobachtung. Methodenkoffer. Bundeszentrale für politische Bildung. Zugänglich über:
http://www.bpb.de/methodik/J4X0OC,0,0,Anzeige_einer_Methode.html?mid=513

*(Walk-Through and Observation. Tool Kit. Federal Centre for Political Education. Available at:
http://www.bpb.de/methodik/J4X0OC,0,0,Anzeige_einer_Methode.html?mid=513 (In German))*

Schöne, Helmar (2003) Die teilnehmende Beobachtung als Datenerhebungsmethode in der Politikwissenschaft. Methodologische Reflexion und Werkstattbericht. Forum Qualitative Sozialforschung, 4 (2), verfügbar über http://www.qualitative-research.net/index.php/fqs/article/view/720/1559

(Schöne, Helmar (2003) Participant Observation as a Data Collection Method for Political Science. Methodological Reflection and Workshop Report. Forum for Qualitative Social Research, 4 (2), available at http://www.qualitative-research.net/index.php/fqs/article/view/720/1559 (In German))

Developing Local Objectives and Strategies (ZiWi Method)

Brief Description

The ZiWi method serves to clarify the objectives and strategies for a project. The method was developed with reference to the "Theory of Change", which has been used in the English-speaking world since the 1990s for project and evaluation planning. The method allows for the visual representation of a project's objectives and strategies and the development of indicators for measuring the extent to which the objectives have been achieved.

The strength of this method lies in its capacity to clarify what is to be achieved. It makes implicit knowledge explicit, i.e. the knowledge that is often taken for granted in daily practice acquires a new quality through being clearly articulated. One's own assumptions about the origin of and solution to a health problem (i.e. the "local theory") become clear and can therefore be examined. The ZiWi method can be used for conceptualising new projects as well as for the evaluation and quality assurance of existing prevention and health promotion activities.

Applications

- Developing and planning projects
- Adapting prevention and health promotion interventions to local or specific target group needs
- Evaluation planning
- Continuous learning and improvement of practice
- Developing funding applications

Prerequisites

- Sufficient time
- The option of forming a working group
- Preparedness to reflect on one's work on a conceptual/theoretical level
- Patience, willingness to learn, ability to compromise and critical thinking – the method only works if people are interested in discussing content and prepared to negotiate the process as well as important principles and objectives as a group. It helps if members of the group already know and trust each other.

Process Overview

1. Forming a working group (making time, organising regular meetings)

2. Preparation: reviewing relevant materials (e.g. concept notes, previous funding applications, mission statements)

3. The ZiWi method step by step:

- What is it all about?
- Who is the audience?
- What is the goal?

- What will lead to its achievement? (Strategies and milestones)
- Developing a project chart
- Developing indicators for measuring success
- Turning the project chart into a written document (descriptive summary)

Resources Required

Time:

The ZiWi method is time-intensive. Several meetings are necessary. It is recommended to allocate time between meetings for research, brainstorming, documentation and reflection. Developing the descriptive text, whether this is done in stages for each step or at once, also takes time.

Personnel:

It is preferable if the working group is made up of those people responsible for the planning and implementation of the (envisaged) project. It may include paid staff as well as volunteers. If possible, target group representatives should also be involved as the experts on their own lived experience. The method should under no circumstances be applied without consultation with those who are involved in planning and implementing the project. Where appropriate, external facilitation could be invited to assist.

Materials:

Tools for visual representation:
- Flipchart
- Coloured cards
- Thick felt pens
- Glue/sticky tape
- Digital camera to record the results (i.e. to take photographs of the flipcharts)

Materials for written documentation
- Writing Paper
- Computer

Existing concept notes etc. as background information

Other Costs:

Establish a budget for the costs of a literature review and other research where required.

Working Steps

1. Forming a Working Group

Colleagues are recruited to a working group, which will meet regularly for a certain period. All those who contribute to planning and implementing the (envisaged) project should be part of the process. Not only paid staff, but also volunteers as well as target group representatives should be considered. A prerequisite for participation is the willingness to reflect on and discuss practice.

Regular meetings of at least two hours' duration each should be organised. The time required and the frequency of meetings depends in the main on the

complexity of the (envisaged) project. An alternative to a series of working group meetings would be a single block of meeting time (e.g. a planning day or - weekend).

2. Preparation: Reviewing Existing Concepts

It is helpful to review existing concept notes, funding applications, mission statements and similar documents at the beginning. This will assist the group in clarifying the principles and direction of their practice before it embarks on using the ZiWi method to plan or evaluate a specific project.

3. Going through the ZiWi Steps as a Group

What is it all about?

First it must be clarified to which (planned or current) project the ZiWi method shall be applied. It is a good idea to describe the target group (Needs Assessment) and the local conditions as accurately as possible.

Who is the audience?

The audience should be defined before starting the process: "for whom are we doing this?" The answer to this question influences the design of subsequent steps. If it is, for example, about a funding application and the intended funding body is known, the project chart may look different than if the method is applied for the purpose of internal quality assurance only. Different audiences have different needs or expectations of the rationale for a project and of the indicators for its effectiveness.

What is the goal?

The overall objective (or goal) of the project or intervention is articulated first. It is recommended to use the SMART criteria for this purpose to ensure that the goal is specific, measurable, appropriate, realistic and time-bound. This means that the task is to determine an overall objective (or goal) that is high-level and long-term, yet still appears achievable within a certain period. Participants' views on which goals are realistic often differ. This step is about reaching agreement based on a balance between ambition and realism that everyone can support. In formulating the goal it can be helpful to refer to the differences between Vision, Mission and Goals.

What will lead to Achieving the Goal?

As soon as the overall, long-term goal is determined, both short- and medium-term objectives are clarified, i.e. the milestones on the path to achieving the goal. Hypotheses are developed about how objectives may be linked and how and why they contribute to the goal. The following questions can assist with the development of (proposed) strategic pathways:

- Which conditions and prerequisites are necessary to achieve the overall goal?
- How does the intervention contribute to mitigating the target group's health problem?
- Why does the intervention contribute to mitigating the target group's health problem?
- How are objectives linked to each other and to the long-term goal?

These strategic pathways can be developed *forwards* (from the intervention to the goal) or *backwards* (from the overall goal to the intervention). If they are

developed forwards, the question "What has to be achieved next?" is used. If they are developed backwards, the question is: "What is a necessary prerequisite?"

The model can be illustrated vertically instead of horizontally, in which case strategic pathways are developed from the bottom up (or, if using the backwards direction, from the top down). Diagram: The ZiWi Model
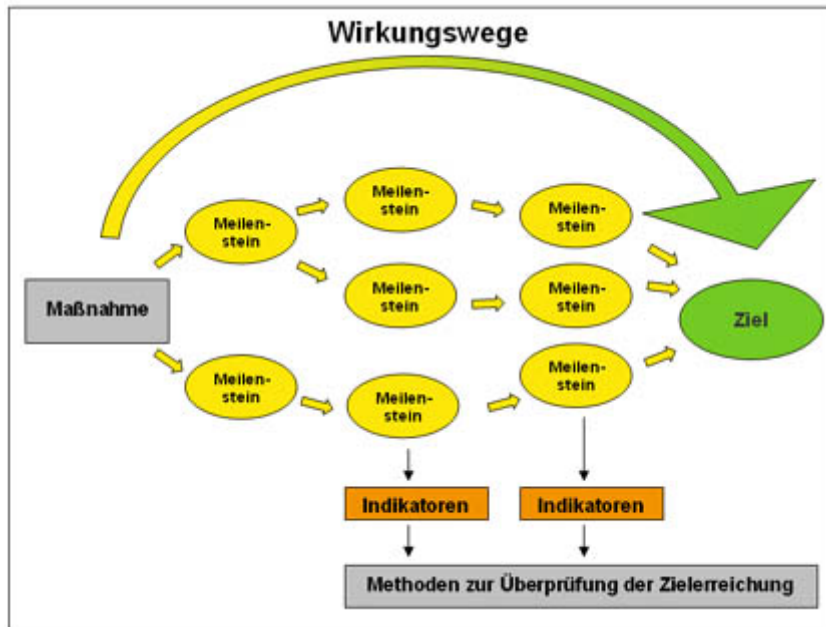
(Wirkungswege = Strategic Pathways

Maßnahme = Intervention, Meilenstein = Objective, Ziel = Goal

Indikatoren = Indicators

Methoden zur Überprüfung der Zielerreichung = Evaluation Methods)

5. Developing a Project Chart

Often there is more than one strategic pathway. Individual strategic pathways and objectives are integrated into an overall chart. Where the ZiWi method is used for developing a new project, the concept for a prevention or health promotion activity is deduced from the overall goal, the objectives and the strategic pathways.

6. Developing Indicators for Measuring Success

At this point, indicators for the achievement of the overall goal as well as the objectives are developed. These indicators are necessary and helpful for evaluation (checking effectiveness).

Indicators (from the Latin *indicare* = to show, point out) make it possible to follow and evaluate processes. Indicators are measurable. Good indicators fulfil the following criteria:

- Central (meaningful for the objective)
- Economical (data can be collected with a reasonable amount of effort)
- Simple (easy to understand and interpret)
- Timely (results are available within a reasonable time frame)
- Accurate (measurements are reliable and specific)

For example, indicators for the target group's acceptance of a prevention event could be audience numbers, applause and positive feedback. Data on these indicators could be collected, for example, through documenting or estimating audience numbers, using observations (e.g. of the vigour of the applause) and a Rapid Assessment survey of the audience (e.g. "How did you like the event?").

7. Documenting the Project Chart (Descriptive Summary)

The project chart (including the indicators) is summarised in a written document. Developing this detailed description offers an opportunity to reflect on individual components and how they work together. All participants in the process should confirm the description as an appropriate representation of discussion outcomes.

Please Note:

- The ZiWi method requires a lot of effort. Compared with other methods, a lot of time must be available so that a detailed exploration of the situation, the underlying problem and the project as a possible strategy for solving or mitigating it can take place.

- The process should be conducted in a working group. It can be overwhelming for an individual, and valuable discussions may be forgone.

- The discussions encouraged by the ZiWi method may trigger conflict among those involved. Such conflict stems from different perceptions of the target group's situation or different views about the value and purpose of activities. Appropriate conflict resolution processes (perhaps using supervision or external facilitation) are an important prerequisite for the successful application of this method.

- The ZiWi method serves to articulate and examine the internal logic underpinning a project. Often the method makes implicit (unspoken, not readily articulated) assumptions about the activity visible (explicit). Accordingly, an important indicator of a successful application of the method is the extent to which already existing hypotheses about the work can be made apparent.

- Members of the working group should be inquisitive and keen to shift their thinking from the practical level of daily routine to the conceptual. Otherwise the process will stall, or worse, fail.

Further Advice

- If an overall descriptive summary seems too difficult, sections of text can be written for each step and collated at the end.

- It is necessary for someone to be responsible for facilitating the working group. This person will ensure that the method is applied step by step and is also responsible for recording results. It is recommended to use external facilitation, which can assist the working group to critically reflect on their work and to resolve differences of opinion among its members.

- It is possible that a project has already clarified its approach and overall goal but does not yet know how one will lead to the achievement of the other. The ZiWi method can also be used in this case. Here, the emphasis will be on describing objectives and strategic pathways.

- Ideas for suitable interventions can be found in specialist information sources. Good Practice Examples, Practice Guidelines and relevant scientific literature (from the fields of social science, social work, psychology etc.) could all be considered.

- The descriptive summary is a good foundation for funding applications, project descriptions and similar documents used to make the work of a project transparent and comprehensible.

Authors: Unger/Block/Wright

Further Reading and Links

Examples for the practical application of the ZiWi Method: <u>DROBS Magdeburg</u>, <u>The Homeless Colony</u> (*Obdachlosensiedlung*) Mainz, <u>Prevention Team for Child Protection</u> (*Präventionsteam Kinderschutz*) Berlin and <u>Guardian Angels</u> (*Schutzengel*) Flensburg

SMART Objectives in quint-essenz (Switzerland): http://www.quint-essenz.ch/en/topics/1133

Wissenschaftlicher Text über die Erstellung eines „Programmbaums" für eine wirkungsorientierte Evaluation:
Beywl, W. (2006). Demokratie braucht wirkungsorientierte Evaluation – Entwicklungspfade im Kontext der Kinder- und Jugendhilfe. In Projekt eXe (Hg) Wirkungsevaluation in der Kinder- und Jugendhilfe: Einblicke in die Evaluationspraxis. München: Deutsches Jugendinstitut.

(Academic text on developing a "program tree" for outcome evaluation:
Beywl, W. (2006). Democracy needs outcome evaluation – Paths towards its development in the context of children's and youth services. In Project eXe (Ed.): Outcome Evaluation in Children's and Youth Services: Insights into Evaluation ´Practice. Munich: German Youth Institute. (In German))

Overview over the "Theory of Change" http://www.theoryofchange.org/about/what-is-theory-of-change/toc-background/

Case Studies from Health Promotion and Prevention Practice

A series of practical examples is listed here to demonstrate how the concepts and methods of Participatory Quality Development can be applied on the ground.

These case studies are not meant to be examples of "best practice" as it is commonly understood. They function as realistic demonstration projects that illustrate the application of Participatory Quality Development under the day-to-day conditions of health promotion and prevention practice.

In general, the following are case studies on projects supported by the WZB's quality assurance and evaluation consulting service:

- Case Study DROBS Magdeburg (Germany)
- Case Study Office of Youth Affairs, Leipzig (Germany)
- Case Study Neighbourhood Detectives, Berlin (Germany)
- Case Study The Homeless Colony, Mainz (Germany)
- Case Study Prevention Team for Child Protection, Berlin (Germany)
- Case Study Guardian Angels, Flensburg (Germany)
- Case Study Rent Boy Projects (Germany)
- Case Study TAMPEP Hamburg (Germany)

Case Study: DROBS Magdeburg (Germany)

1. Title:

Evaluation of the film project „*Szene zeigen*!" ("Be Scene!") for young people (DROBS Magdeburg)

Implementation period: February 2006 to December 2007

2. Participating Service organisations:

Youth and Drugs Counselling Service (DROBS) in Magdeburg, Germany

3. Authors:

- Michael T. Wright (WZB)
- Diana Grothe (DROBS Magdeburg)
- Silke Reich (DROBS Magdeburg)

3b. Scientific Support:

Public Health Research Group, Social Science Research Centre Berlin (*Wissenschaftszentrum Berlin für Sozialforschung*, WZB)

4. Brief Description of the Prevention/Health Promotion Intervention Undergoing Quality Assurance:

The Youth and Drugs Counselling Service (DROBS) Magdeburg's "Be Scene!" project is a drug prevention intervention directed at socially disadvantaged young people. In the "Be Scene!" project, young people have the opportunity, among other things, to make their own videos on the topic of addiction - supported by DROBS personnel and the Audiovisual Centre at Magdeburg University.

5. Quality Assurance Objective:

The application of quality assurance in this case aimed to evaluate the "Be Scene!" video project. The evaluation focussed on the intervention's preventive effect on the participating young people.

6. Benefits:

The evaluation strategy has been implemented successfully. Developing the evaluation process increased workers' attention on possible change processes in the young people and demonstrated the particular effects of film making (in comparison to other forms of intervention).

The ZiWi Method was used as part of this consultancy in order to determine the effects of filmmaking and has since also been used for planning other projects. This means that for DROBS, the benefits of the evaluation process go beyond the evaluation of the video project itself.

7. Step-by-Step Methodology:

The evaluation of the youth film-making project "Be Scene!" received scientific support from the WZB. The following steps were taken over an 18-month period:

1. Clarifying the objectives and strategic pathways of filmmaking (using the ZiWi Method)
2. Developing an evaluation process
3. Carrying out the evaluation using:
   a. Rapid Assessment
   b. Questionnaires
   c. Focus Groups
4. Adapting and improving the process
5. Analysing the data and writing the evaluation report

8. Quality Assurance Outcomes:

Twelve video productions with 94 young people were evaluated in total during the process. The evaluation results show very positive responses from the young people and provide strong indications that the intended project objectives have been achieved. The most significant measured effect for most participants was not increased knowledge (the young people already have a good basic level of knowledge), but a more in-depth examination of the development of drug dependency and possible solutions to it.

9. Learning and Further Advice:

It became apparent that the main problem in carrying out the evaluation was the fact that answering questions brought out young people's fears. Many school students' insecurity about voicing their opinions noticeably prevented them from talking about their knowledge and the filmmaking process. Participating in the filmmaking itself, however, is much less problematic for the same students because their individual verbal skills are not at the forefront there. Ways to respond to these barriers had to be found, especially not to put too much demand on individual participants' language skills (writing skills in particular). Data collection methods for the video project were revised several times in order to make the questions clearer and easier to understand, and to tailor them better to the needs of the participating young people. In addition, interactive components and pictorial representations of statements were introduced as alternatives to the written questionnaire.

10. Illustrations/ Documents for Download (In German) from http://www.partizipative-qualitaetsentwicklung.de/subnavi/praxisbeispiele/drobs-magdeburg.html:

- DROBS Questionnaire No 1
- "Be Scene!" Evaluation Report 2008
- ZiWi Table (Project Chart and Table)
- Photo of DROBS Magdeburg ZiWi Chart

Case Study: Office of Youth Affairs, Leipzig (Germany)

1. Title:

Needs Assessment and Social Marketing Strategies Directed to Young People as a Target Group of Social Work Outreach (Social Work Outreach Unit, Office of Youth Affairs, Leipzig, Germany)

Implementation period: February 2006 to August 2007

2. Participating Service Organisations:

Social Work Outreach Unit, Office of Youth Affairs, Leipzig (Germany)

3. Authors:

- Michael T. Wright (WZB)
- Lutz Wiederanders (Social Work Outreach Unit)
- Benedikt Geppert (Social Work Outreach Unit)
- Annette Junge (Social Work Outreach Unit)
- Ina Klass (Social Work Outreach Unit)
- Marco Wultschew (Social Work Outreach Unit)

3b. Scientific Support:

Public Health Research Group, Social Science Research Centre Berlin (*Wissenschaftszentrum Berlin für Sozialforschung*, WZB)

4. Brief Description of the Prevention/Health Promotion Intervention Undergoing Quality Assurance:

Social Work Outreach with Young People (street outreach work as well as counselling at service points)

5. Quality Assurance Objective:

To develop new needs assessment and social marketing strategies in order to better reach specifically those target groups that have not yet been reached.

6. Benefits:

The greatest benefits are needs assessment methods available to regularly and systematically learn about the target groups' opinions of the unit's services.

7. Step-by-Step Methodology:

New needs assessment and social marketing methods were assessed and improved using the following steps:

1. Defining the target groups

2. Answering the question of who can be reached

3. Developing strategies to better reach the target groups

4. Developing needs assessment strategies for individual teams

8. Quality Assurance Outcomes:

New social marketing methods comprise advertisements/articles on the daily newspaper's youth page, video screen advertisements on trams, T-shirts (for the outreach teams as well as the young people themselves), counselling appointments offered in schools as well as a peer education approach (clients promote the services to other young people). The new needs assessment strategies vary according to the questions to be asked and individual teams' capacities to apply them. Rapid Assessment and Focus Groups are used for data collection.

9. Learning and Further Advice:

- It is helpful to have access to reference material. We developed new content in a vacuum. It would have been helpful to get to know examples of other projects at the beginning in order to scope the possibilities.

- Focus Group methodology frames group discussions differently and gives them a different status.

- Methods must be able to be integrated into teamwork and into the project concept.

- To analyse results for internal purposes is one thing, to utilise them for external communications about the activity is another. It is important to ask: which information should be included in the (statistical) report? How can we better document the work on building relationships?

10. Illustrations/ Documents for Download (in German) from http://www.partizipative-qualitaetsentwicklung.de/subnavi/praxisbeispiele/jugendamt-leipzig.html:

- Description of Social Marketing Activities
- Needs Assessment Guidelines and Processes

Case Study: Neighbourhood Detectives (*Kiezdetektive*) Berlin (Germany)

1. Title:

Participatory Quality Development in the Neighbourhood Detectives Project

Implementation period: February 2006 to November 2007

2. Participating Service Organisations:

Office for Health Planning and Coordination, Health Promotion and Prevention Unit (led by Ingrid Papies-Winkler), District Authority Friedrichshain-Kreuzberg, Berlin

3. Authors:

- Martina Block (Social Science Research Centre Berlin)
- Ingrid Papies-Winkler (Office for Health Planning and Coordination)

3b. Scientific Support:

Public Health Research Group, Social Science Research Centre Berlin (*Wissenschaftszentrum Berlin für Sozialforschung*, WZB)

4. Brief Description of the Prevention/Health Promotion Intervention Undergoing Quality Assurance:

"Neighbourhood Detectives – Involving Children for a Healthy, Future-Proof City"

The intent of the project can be gleaned from its name: "Neighbourhood Detectives – Involving Children for a Healthy, Future-Proof City". Children are to be involved as experts on their own interests in planning and decision-making processes for healthy and sustainable urban development and urban design.

The "Neighbourhood Detectives exist since 1999, then as part of the international "Agenda 21" program and developed by the Office for Children and Youth Marzahn-Hellersdorf (Berlin, Germany). When funding ran out for the initiative's personnel, the Office for Health Planning and Coordination in Friedrichshain-Kreuzberg took the project on.

Primary school students explore their social and residential environment as "Neighbourhood Detectives", discovering problems as well as treasures, and document and present their results to the responsible politicians at their local town hall. These, in turn, are asked to work on the problems together with their administrations, independent external service organisations and the children. Six months later the results are reported back at a follow-up conference.

The project gives children the chance to get to know their immediate urban living space, to actively adopt it as the world they live in, and help to shape it. Being actively involved is aimed at the general development of their personalities and of their perceptiveness, self-confidence and sense of responsibility, as well as to provide them with an experience of democracy in action. It therefore represents a comprehensive approach to health promotion. The project is hoped to reach children in neighbourhoods with a high burden of social problems, often those with a high proportion of migrants, and motivate them to get involved in health and social topics. Three to four classes, i.e. 75-100 children aged 9-10 are reached by and participate in each project cycle.

5. Quality Assurance Objective:

The objectives of the consultancy were:

1a. To improve internal transparency: Data management, including the entry, handling and analysis of the data collected in each project cycle were to be simplified and made more transparent. An option was needed to create an overview of and refer to, at a glance, the project implementation process as well as the status of the response to the problems identified by the children in the neighbourhood. So far, Ingrid Papies-Winkler had collated results and processes on lists kept in folders. The desire was for project documentation to contain all relevant variables yet at the same time be manageable and easy to handle.

1b. Improving external transparency: the external communication of the project's effectiveness was to be improved. Successes on the level of problems solved should be better tracked and documented in future.

2. The project's successes with the target group had been difficult to prove. An instrument to collect evidence of changes at the level of the participating children was to be developed for this reason.

6. Benefits:

The Participatory Quality Development consultancy resulted in increased "compliance" in the sense that the documentation of results was developed systematically. The new forms of documentation serve the further development of practice. The new documentation system has become an integral part of the project.

The quality assurance and evaluation strategy could be translated into concrete options for new activities (surveying the children using a Focus Group).

Quality Assurance was beneficial for:

- The project's public profile
- Individual professional development
- The service organisation (politically)
- Prevention practice
- Collaboration with the target group

7. Step-by-Step Methodology:

As part of the Participatory Quality Development consultancy, an electronic database was developed for demographic data on the children (ethnic origin, language spoken at home, gender etc.) participating in each "Neighbourhood Detectives" cycle as well as for the short- and longer-term project results. It collates the problems and treasures noticed by the target group in their residential and school environment. Data on the process of solving the problems are also collected (responsible public authority, follow-up, time to resolution).

An interview guide was developed for conducting a <u>Focus Group</u> with the children in response to the second objective.

The questions posed to the children are meant to represent the objectives of the project:

Motivating children to get involved in health and social topics (overall project goal)

- Getting to know the urban living space (neighbourhood)
- Strengthening the children's perceptiveness
- Involve children in planning and implementation
- Help shape the word they live in
- Promote a sense of responsibility
- Experience and learn to use the democratic process (power to make decisions)

Apart from measuring the extent to which these project objectives have been achieved, the children are to be surveyed to assess the "Neighbourhood Detectives" project's implementation. Their feedback serves to optimise subsequent project cycles.

Methods used:

- <u>Enquiries and Concerns Register</u>
- <u>Focus Group</u>

8. Quality Assurance Outcomes:

Several of the concerns of the Office for Health Planning and Coordination, Health Promotion and Prevention Unit were addressed through Participatory Quality Development. While the "Neighbourhood Detectives" project cycles were already being documented, the system used was not user-friendly. It was to be simplified and designed to be filled out without major effort and to serve multiple purposes. It should not only depict the results of the current cycle, but also capture the progress of various local politicians' responses to the problems identified by the children: Which demands have been satisfied already, which are yet to be responded to and therefore require follow-up? There was a desire to use this instrument not only for internal purposes, but also to answer enquiries from politicians or potential funders regarding the results of the current cycle. For this reason the documentation form needed to be easy to understand and interpret.

The documentation system that was developed is easily integrated into daily practice. This also goes for the Focus Group. The processes developed are easily integrated into the working routines of the Office for Health Planning and Coordination and schools without overtaxing the capacities of those involved (children, school personnel, Office for Health Planning and Coordination staff).

The Development of the Focus Group fulfilled a long-standing desire to evaluate the effectiveness of the intervention for the target group and to demonstrate the achievement of its chosen objectives. The results are contained in the implementation report (Papies-Winkler 2008), available for download.

9. Learning and Further Advice:

Experience with the children in the Focus Groups has shown that the core questions had to be modified slightly or explained further because they were sometimes not completely understood or misunderstood.

However, we principally kept to the core questions.

In addition, discussion among the children only occurred in some of the groups – it became necessary to ask the questions directly and repeatedly.

Problems with discipline and concentration in two of the four Focus Groups required more directive facilitation.

A project brief from the accompanying methodological workshops conducted by the WZB and the core questions developed during the consultancy formed the basis of the Focus Groups.

Four to eight children participated in each of the four Focus Groups. The survey took place in a separate, closed room. One worker (Ingrid Papies-Winkler) posed the core question and facilitated the discussion while a colleague operated the audio recording device and took notes (Florian Barthelmeß and Angelika Schmidt respectively). Each interview took about one hour.

Core Questions "Neighbourhood Detectives"

- What does "Healthy City/Healthy Neighbourhood" mean to you?

- Have you noticed anything in the neighbourhood that you didn't see before?

- Do you feel more responsible for your neighbourhood now?

- Were you able to contribute to changes?

- Do you feel taken seriously by the politicians?

- What did you like most about "Neighbourhood Detectives"?

- What did you not like at all about "Neighbourhood Detectives"?

10. Illustrations/ Documents for Download (in German) from http://www.partizipative-qualitaetsentwicklung.de/subnavi/praxisbeispiele/kiezdetektive-berlin.html:

- Project Cycle 2007/08 Report

Case Study: The Homeless Colony (*Obdachlosensiedlung*) Mainz (Germany)

1. Title:

Clarifying the Objectives and Effects of Project "Snoezelen Room" [1] (*Snoezelenraum*), a Child Development Service for Children Aged 3-6 Years (Poverty and Health Association Germany Inc., Mainz).

Implementation period: January 2006 to January 2007

2. Participating Service Organisations:

Poverty and Health Association Germany Inc. (*Armut und Gesundheit in Deutschland e.V.*)

3. Authors:

- Michael T. Wright (WZB)
- Gerhard Trabert
- Gisela Bill (Poverty and Health Association Germany Inc.)
- Doris Pfeiffer-Meierer (Poverty and Health Association Germany Inc.)

3b. Scientific Support:

Public Health Research Group, Social Science Research Centre Berlin (*Wissenschaftszentrum Berlin für Sozialforschung*, WZB)

4. Brief Description of the Prevention/Health Promotion Intervention Undergoing Quality Assurance:

The Poverty and Health Association Germany Inc. has been advocating for health care service for poor population groups with a particular focus on services for the homeless in Mainz and surrounding areas since 1977. This project was organised at the "Homeless Colony Zwerchallee" to improve the health of its residents through a combination of interventions targeting behaviour as well as the social determinants of health. The so-called "Snoezelen Room" is one of the seven action modules of the "Health in Social Trouble Spots Now!" concept developed by Gerhard Taubert. The concept of "Snoezelen" (originally developed in the Netherlands) is used here, according to our enquiries for the first time, in a social trouble spot. A variety of objects are used in a white, simply furnished room to activate the sensory perception and experience of participants through primary stimuli (light, music, touch, smell or taste). The children and young people from the Homeless Colony are invited to use the room with the aim of promoting their positive, holistic development.

---

[1] **Snoezelen** or **controlled multisensory stimulation** is used for people with mental disabilities, and involves exposing them to a soothing and stimulating environment, the "snoezelen room". These rooms are specially designed to deliver stimuli to various senses using lighting effects, colour, sounds, music, scents, etc. The combination of different materials on a wall may be explored using tactile senses, and the floor may be adjusted to stimulate the sense of balance. Originally developed in the Netherlands in the 1970s, snoezelen rooms have been established in institutions all over the world and are especially common in Germany, where more than 1200 exist. The term "snoezelen" (pronounced / snuz l (n)/) is a neologism formed from the Dutch "snuffelen" (to seek out, to explore) and "doezelen" (to doze, to snooze). (from http://en.wikipedia.org/wiki/Snoezelen)

5. Quality Assurance Objective:

The Snoezelen Room's contribution to the development of health competencies in children aged 3-6 years was measured in collaboration with the WZB.

6. Benefits:

The resulting description of the objectives and effects of the Snoezelen Room has already been used in conversations with various stakeholders, including potential funders. In addition, it has become the foundation of a documentation form, which is used to record every "Snoezelen" activity in detail.

7. Step-by-Step Methodology:

The Development of Local Objectives and Strategies (ZiWi) Method was applied.

8. Quality Assurance Outcomes:

The resulting detailed description of the Snoezelen Room as a health promotion intervention has been documented in the form of a matrix and descriptive text, which is used in negotiations with funding bodies and other stakeholders to explain the project. In a further evaluation process ("Qualiset-Praxis", Ingeborg Jahn, BIPS/ Doris Hayn, ISOE/Poverty and Health Association Germany Inc.), both matrix and description were used in a very detailed documentation table for each individual child.

9. Learning and Further Advice:

- The project coordinator recommends getting scientific advice, especially at the beginning of a project. The focus should be on the question of how good documentation can be built into the work using simple, not excessively time-consuming methods and which criteria can be used to assess and further develop quality. This requires external assistance and enough work time to be set aside.

- It became apparent how complex it can be to define objectives (e.g. expanding children's health competency, developing body awareness etc.) without heading down the wrong path in applying the ZiWi method.

- The outside perspective of an external consultancy counteracts the danger of becoming blind to problems in one's own organisation in the rush of day-to-day work. It again and again provides impulses to pay attention to quality assurance.

10. Illustrations/ Documents for Download (in German) from http://www.partizipative-qualitaetsentwicklung.de/subnavi/praxisbeispiele/obdachlosensiedlung-mainz.html:

Products of applying the ZiWi method:

- Descriptive ZiWi Text
- ZiWi Table
- ZiWi Project Chart (Photograph)

Case Study: Child Abuse Prevention Team Berlin (Germany)

1. Title:

Conceptual Work in the Prevention of Violent and Sexual Abuse of Children

Implementation period: January 2006 to December 2007

2. Participating Service Organisations:

The Child Abuse Prevention Team of the Office of Youth in the Friedrichshain-Kreuzberg District of Berlin

3. Authors:

- Ilse Haase (Child Abuse Prevention Team)
- Elke Markert (Child Abuse Prevention Team)
- Martina Block (Social Science Research Centre)

3b. Scientific Support:

Public Health Research Group, Social Science Research Centre Berlin
(Wissenschaftszentrum Berlin für Sozialforschung, WZB)

4. Brief Description of the Prevention/Health Promotion Intervention Undergoing Quality Assurance:

Preventing sexual abuse of and violence against children.

The Child Abuse Prevention Team provides a sexual abuse and violence-specific prevention service within a holistic life skills development approach. The service is an intervention program consisting of modules that can be adapted to each group and its social conditions. It is culturally sensitive, considers religious diversity within the target group, contains gender-specific modules and is provided in the school setting.

The target group for abuse prevention is 2nd to 4th year primary school students and their adult carers (parents/teachers). Each activity lasts for three days and is run by four workers (two team members and students on placement).

A second target group is 6th year secondary students, who are offered the three-day "Feelings in my Body" sexual education workshop conducted in the meeting rooms of the family education and counselling centre.

5. Quality Assurance Objective:

The objectives of the consultancy were:

- To develop strategies for evaluating the effectiveness of prevention work for the target group (including a documentation method)
- To integrate the conceptual building blocks of prevention work

6. Benefits:

The team used abridged documentation forms principally for formative evaluation. They serve daily quality control and the further development of practice. Based on the notes taken at prevention workshops, it is possible after each module to check whether all relevant topics have been raised and how the target group responded. This is a solid foundation for reflecting on prevention practice.

After the consultancy was completed, a new target group (students across all year 1-3 primary school classes) was added. Because the service organisation now has access to a range of instruments to check the achievement of objectives and their appropriateness for the children, the intervention was adapted seamlessly and successfully. The preparatory conceptual work contributed significantly to this result.

Articulating the vision, developing the mission statement and, finally, integrating all conceptual components into a consistent whole have all strengthened internal clarity and increased the quality of the project's public profile. Professional self-confidence has received a boost.

Quality Assurance was beneficial for:

- The project's public profile
- Individual professional development
- The service organisation (politically)
- Prevention practice
- Training social work students on placement

7. Step-by-Step Methodology:

The Participatory Quality Development consultancy pursued two objectives. The primary focus was developing ways to measure the effectiveness of prevention work for the target group. The second objective was the comprehensive written documentation and integration of the conceptual components of prevention activities in order to increase internal clarity as well as external transparency. Two further necessary steps emerged in the course of working towards these objectives: articulating the overall goal and objectives of prevention activities, a review of the documentation practices that provide data for evaluating effectiveness and developing a mission statement to support the project's public profile.

The long duration of the consultancy (two years) made it possible to work on several interlinked goals and objectives. To develop ways to evaluate effectiveness it was first clarified which prevention objectives were to be achieved through violence and abuse prevention activities. The prevention team exchanged views regarding the vision and overall goals of their work. Using the Developing Local Objectives and Strategies (ZiWi) method, objectives were chosen for each module, which were then incorporated into the documentation forms. SMART criteria were also applied in order to arrive at exact wordings for the objectives. Internal team discussions on vision, overall goals and objectives led to the articulation of a mission statement.

Multiple use of documentation forms showed that they were overly detailed and required an immense investment of time for filling in. They were revised, adapted to daily practice and abridged. They are now used in project modules primarily in the sense of formative evaluation to optimise the intervention.

Integrating all conceptual components led to a detailed overall concept developed by the prevention team. A short version has been used in a widely disseminated brochure, which serves external transparency.

IQhiv
Improving Quality
in HIV Prevention
in Europe

Methods used:
- Enquiries and Concerns Register
- ZiWi Method
- SMART criteria

8. Quality Assurance Outcomes:

The abridged documentation system can easily be integrated into daily practice. Results are used during project implementation in the form of formative evaluation.

Integrating the project's conceptual elements into an overall concept has fulfilled a long-held desire of the service organisation. A short brochure was written for external promotion and received very positive feedback from colleagues, superiors and politicians. In addition, a comprehensive concept description was developed for internal use, which will be able to ensure the sustainability of the prevention work. Future students on placement and colleagues will be able to use it to familiarise themselves with the ways the prevention team thinks and works. All this has contributed to empowerment in the sense that it increased the service organisation's professional self-confidence.

9. Learning and Further Advice:

Integrating quality management into daily practice has its rewards. It is recommended to schedule specific times for it.

10. Materials for Download (in German) from http://www.partizipative-qualitaetsentwicklung.de/subnavi/praxisbeispiele/praeventionsteam-kinderschutz-berlin.html:

- Child Abuse Prevention Team brochure: "Preventing Sexual Abuse of and Violence against Children

Case Study: "Guardian Angels" (*Schutzengel*) Flensburg (Germany)

1. Title:

Evaluating Crisis Interventions with Mothers of Children Aged 0-3 Years

Implementation period: February 2006 to December 2007

2. Participating Service Organisations:

Guardian Angels Inc. (*Schutzengel e.V.*) Flensburg North

3a. Authors:

Guardian Angels Inc. (North):

- Heike Menge, family counsellor, coordination
- Kirsten Sydow, family counsellor
- Gisela Abrahamsen, medical practitioner
- Anne-Joke Laabs, family midwife
- Claudia Diestel, staff member, Parent Drop-In Centre

Martina Block (Social Science Research Centre)

3b. Scientific Support:

Public Health Research Group, Social Science Research Centre Berlin (*Wissenschaftszentrum Berlin für Sozialforschung*, WZB)

4. Brief Description of the Prevention/Health Promotion Intervention Undergoing Quality Assurance:

Crisis Intervention

Guardian Angel Inc. was founded in 2000 and is located in Newtown Flensburg (*Flensburger Neustadt*). It provides counselling for families and single parents with children aged 0-3 years.

Guardian Angels Inc.'s work rests on three pillars: 1. Parent Drop-In Centre, 2. Family Midwifery and 3. Family Counselling. The team offers low-threshold outreach as well as low-threshold services for parents of children under three years old, both to be considered part of prevention and health promotion. The Participatory Quality Development consultancy focussed on crisis interventions with users of "Guardian Angels" services.

5. Quality Assurance Objective:

The objective for the consultancy was:
- To develop ways to evaluate the effects of crisis interventions with mothers in the social trouble spot of North Flensburg.

6. Benefits:

The quality development process was useful for the team. Team members received "food for thought" and generated ideas. To confront one another as well as the content of the project's activities has brought about changes. The achievement of the objectives of crisis intervention could be measured (anonymously), assisted by the indicators developed using the ZiWi method. Rapid Assessments can be conducted and evaluated without much effort. Results are incorporated into future prevention activities.

Quality Assurance ahs been useful for:

- The project's public profile
- Individual professional development
- Prevention practice
- Transparency for the association's board about the services on the ground

7. Step-by-Step Methodology:

The Participatory Quality Development consultancy employed the Developing Local Objectives and Strategies (ZiWi) method to build an evaluation approach for crisis intervention work. After defining the audience, the ZiWi method was applied to crisis intervention, a measure aiming, among other things, to avert danger to a child's welfare. A detailed description of objectives and milestones on the way to overcoming a crisis followed. Apart from the objectives that clients must achieve on their way out of a crisis, the interventions provided by the family counsellors and family midwives were also listed in the interest of completeness. A team member then wrote a descriptive text on crisis intervention using this list. Indicators for evaluating crisis interventions with clients were in turn based on the descriptive text. Indicators were also derived from the milestones to be met on the way to achieving the objective. Data to measure the indicators were collected from clients towards the end of crisis intervention.

Methods used:

- ZiWi Method
- Rapid Assessment

8. Quality Assurance Outcomes:

The Rapid Assessment results were very pleasing overall. The Rapid Assessment could be conducted and analysed quickly and without much effort. It offered the possibility to check the extent to which the objectives articulated for crisis intervention had been achieved. The first round of data collection provides evidence for the success of team members' interventions: women who had used the crisis intervention service had received assistance quickly, felt understood, cared for and relieved, and most could see possible solutions to their problems. Calm returned to the lives of many and they reported being able to think more clearly again.

Apart from one open question (without pre-worded multiple choice answers), which was never answered, the closed questions (which provided a choice of several pre-worded answers) should be kept for the future. Conducting a Focus Group could replace the open question.

The positive result of the Rapid Assessment serves Guardian Angels Inc. Flensburg North as evidence for their claim of providing above-average accessibility.

9. Learning and Further Advice:

Because workers on the ground developed it, this form of quality assurance delivers consistent and reliable results. The effort put in by the team was high. However, it has often reduced (and continues to do so) later workload because components of products of this process can be used, or at least provide a basis for reporting.

10. Illustrations/ Documents for Download (in German) from http://www.partizipative-qualitaetsentwicklung.de/subnavi/praxisbeispiele/schutzengel-flensburg.html

- Rapid Assessment Crisis Intervention (PDF document)

Case Study: Rent Boy Projects

1. Title:

Focus Groups with Rent Boys (male sex workers)

Implementation period: April - September 1999

2. Participating Service Organisations:

SUB/WAY Berlin, Basis Project (*Basis Projekt*) Hamburg, Marikas (Munich), KISS (Frankfurt) (all Germany)

3. Autor:

Michael T. Wright (WZB)

3b. Scientific Support:

Public Health Research Group, Social Science Research Centre Berlin (*Wissenschaftszentrum Berlin für Sozialforschung*, WZB)

4. Brief Description of the Prevention/Health Promotion Intervention Undergoing Quality Assurance:

These Focus Groups took place as part of a process evaluation of German projects addressing male youths and young men working in the male sex industry. The evaluation was a collaborative project of the German AIDS Service Organisation (*Deutsche AIDS-Hilfe*) and the Working Group of German-language Rent Boy Projects (AKSD). *Deutsche AIDS Hilfe* funded the project. Michael Wright conducted the evaluation.

Michael Wright spent one whole week with each project to collect process evaluation data. Focus groups were conducted to learn about the views of rent boys (service users) on the projects' achievements.

5. Quality Assurance Objective:

The process evaluation was intended to primarily investigate the structural and process interventions of the projects in question in order to produce comparable data for a further collective quality development process within the AKSD working group. Focus groups, alongside individual interviews, were intended to incorporate the perspective of the target group into the evaluation.

6. Benefits:

On the basis of their positive experience with the process evaluation, the projects represented in the AKSD working group have decided to write common guidelines for their work. This has now happened in collaboration with *Deutsche AIDS-Hilfe* and Michael Wright.

7. Step-by-Step Methodology:

The social researcher recruited participants for the Focus Groups with the assistance of the respective project team. To make participation in a Focus Group attractive for the target group and to create a relaxed atmosphere for group discussion, the researcher offered potential participants an invitation for an evening meal at a restaurant of their choice. This was covered by the research budget set aside for conducting the Focus Groups. The conversation took place over dinner. A discussion guide was used to structure the conversation. The researcher recorded participants' statements on a note pad, but did not use audio recording. The young male participants took their task very seriously and chose restaurants where they felt comfortable and where the conversation could take place without disruption (by sex work clients).

8. Quality Assurance Outcomes:

The statements made by Focus Group participants demonstrated a high level of satisfaction with the work of the projects overall. However, specific criticisms of individual team members or services were also voiced. Several participants also had experience working in some of the projects, which provided interesting opportunities to make comparisons with their service user's perspective.

9. Learning and Further Advice:

- Focus Groups can also be conducted with people who don't want to talk sitting in a circle in a meeting room. It is important to find locations and forms of conversation that fit the target group's way of life. In this case they were restaurants known to the participants and at the same time suitable for this type of conversation.

- Group discussions take up valuable time, in this case that of the participants, who may have been able to use it for sex work or other activities. Reimbursements or stipends (in this case a dinner invitation) recognise this time investment and encourage participation.

- Addressing potential participants as experts rather than "research subjects" provided a good basis for the conversation. In this case, rent boys were to report on and assess the work of the projects from their perspective as service users. Many participants were surprised (in a positive way) that a researcher would approach them in this manner and take their opinions seriously.

10. Illustrations/ Documents for Download (in German) from http://www.partizipative-qualitaetsentwicklung.de/subnavi/praxisbeispiele/stricherprojekte.html:

- Discussion Guide for Focus Group

Case Study: TAMPEP Hamburg (Germany)

1. Title:

Revision of a Survey on Prostitution (TAMPEP Germany)

Implementation period: January to November 2006

2. Participating Service Organisations:

TAMPEP-Germany (European Network for HIV/STI Prevention and Health Promotion among Migrant Sex Workers)

3. Authors:

- Michael T. Wright (WZB)
- Veronica Munk (TAMPEP Germany)
- Regina Wenzel (TAMPEP Germany)
- Alex Golobof (TAMPEP Germany)
- Simone Oppenheim (TAMPEP Germany)

3b. Scientific Support:

Public Health Research Group, Social Science Research Centre Berlin (*Wissenschaftszentrum Berlin für Sozialforschung*, WZB)

4. Brief Description of the Prevention/Health Promotion Intervention Undergoing Quality Assurance:

An existing countrywide survey on the situation of migrant women in sex work was to be revised.

5. Quality Assurance Objective:

Quality assurance aimed to revise the survey in order to improve response rate and data quality.

6. Benefits:

The new questionnaire could not be tested before the end of the consultancy because funding had not been approved for the next phase of the project. However, team members expect substantial benefits from improved data quality. The survey's country report for Germany will be more meaningful as a result.

Through the collaboration with the WZB team member, TAMPEP workers developed new competencies in assessing and designing questionnaires, particularly in respect to return rates, implementation and data quality.

A further benefit is that the results of the consultancy have already been communicated to the European Steering Committee, which could have an impact on the further development of the entire reporting system.

7. Step-by-Step Methodology:

The questionnaire was revised using the following steps:

1. Clarifying the current problems with the survey
2. Inviting feedback from participating organisations on return rates and analysing the response (Guideline for a telephone survey)
3. Developing suggestions for improving the survey.
4. Implementing the suggestions (revised questionnaire)

8. Quality Assurance Outcomes:

On the basis of the collaboration with the WZB, TAMPEP team members have revised language and content of the questionnaire that underpins the survey. The data collection method was simplified and focused. In future the will no longer be a complete survey of all German organisations in contact with migrant women in the sex industry. Rather, only a selection of public health clinics and NGOs who are either located in the twenty largest cities or in areas of cross-border prostitution will be surveyed as in the sentinel surveillance model. These service organisations will function as sentinel sites in order to follow developments in the area of sex work over a longer period. A close relationship is established with these service organisations in order to enable systematic follow-up in case important data are missing or ambiguous. The new questionnaire and data collection process will be built into the next round of data collection in Germany and will serve as the basis for the further development of the survey on the European level.

9. Learning and Further Advice:

- A telephone survey of service organisations that are supposed to fill in the questionnaire provides important information about what needs to be changed in order to simplify its completion.
- "Short but Sweet!" – It is better to survey a small, carefully selected group of service organisations instead of trying to reach them all, especially when resources are limited.
- It should be clear who is to be reached with a survey and what resources are available for its implementation so that expectations remain realistic.

10. Illustrations/ Documents for Download (in German) from http://www.partizipative-qualitaetsentwicklung.de/subnavi/praxisbeispiele/tampep-hamburg.html:

- Telephone Survey Guide
- Questionnaire Part 1 Sex Industry 2008
- Questionnaire Part 2 Services 2008
- Questionnaire 2008 - Accompanying Letter

Further information: www.tampep.eu

Further Reading and Links

Additional Information on participatory research and quality development in health promotion and prevention:

BZgA - Kriterien guter Praxis in der Gesundheitsförderung bei sozial Benachteiligten
http://www.bzga.de/botmed_60645000.html

BZgA – Good Practice Criteria in Health Promotion with Socially Disadvantaged
http://www.bzga.de/botmed_60645000.html (In German)

 Community-Campus Partnerships for Health (CCPH) – A North American network for participatory research and collaboration in the health field:
http://depts.washington.edu/ccph/index.html

Forum: Qualitative Social Research (FQS) – Online journal for qualitative research
http://www.qualitative-research.net/index.php/fqs/index

Nexus Academy for participatory methods
http://www.partizipative-methoden.de/en/

WHO Ottawa Charter for Health Promotion, Regional Office Europe (WHO Europe)
http://www.euro.who.int/en/who-we-are/policy-documents/ottawa-charter-for-health-promotion,-1986

Participatory Quality Development in HIV Prävention (Deutsche Aidshilfe e.V.)
http://www.qualitaet.aidshilfe.de/index.php?id=10415&sessionLanguage=en

Quint Essenz (Switzerland) Glossary: https://www.quint-essenz.ch/en/concepts

Glossar wirkungsorientierter Evaluation (Univation, Köln, 2008)[br
/>http://www.univation.org/glossar/index.php

Outcome Evaluation Glossary (Univation, Cologne, 2008)[br
/>http://www.univation.org/glossar/index.php (German-English Glossary for German-speakers)

Service Organisations and Collaborative Partners:

Federal German Ministry for Education and Research (BMBF) http://www.bmbf.de

German AIDS Service Organisation Inc. (*Deutsche AIDS-Hilfe e.V.*)
http://www.aidshilfe.de/

German Institute for Urban Planning (*Deutsches Institut für Urbanistik*, DIFU)
http://www.difu.de/

Public Health Research Group, WZB: http://www.wzb.eu/bal/ph/

Health Berlin Inc. (*Gesundheit Berlin e.V.*) http://www.gesundheitberlin.de

"Health Promotion with Socially Disadvantaged Populations" Cooperative
(*Kooperationsverbund "Gesundheitsförderung bei sozial Benachteiligten"*)
http://www.gesundheitliche-chancengleichheit.de

About **This Document**

Health Berlin Inc (*Gesundheit Berlin e.V.*) and the Public Health Research Group of the Social Science Research Centre Berlin developed the original German website, which the content of this document is based on, as part of the collaborative prevention research project "Using experience – Deepening Knowledge – Improving Practice". The Federal German Ministry for Education and Research (*Bundesministerium für Bildung und Forschung*, BMBF) funded the work.

To further international discussions on setting-based approaches to health promotion (community-based prevention) and action research in public health (participatory action research), internationally proven participatory research methods that aim for the active participation of the target group were transferred to the context of German health promotion and prevention practice (quality development). This document presents health promotion and prevention concepts, methods and case studies that have been developed in workshops and through consultancies, and have proven useful in practice.

They are directed at workers in independent service organisations, public health services, health insurance companies or social service organisations involved in the planning and implementation of health promotion interventions with socially disadvantaged populations.

The material has been translated into English as part of the IQ[hiv] initiative. Some links and biographical references are to German materials. However, you can find information in English about many of the concepts and participatory methods by searching the Internet.

Imprint

The original German website http://www.partizipative-qualitaetsentwicklung.de/ is maintained by:

Health Berlin Inc (*Gesundheit Berlin e.V*.)
Statewide Health Promotion Collaboration

Project Coordination:
Carola Gold (Executive)
Holger Kilian

Project Personnel:
Carsten Direske (Public Relations)
Marco Ziesemer (P.H. and Admin.)

Friedrichstr. 231
D 10969 Berlin, Germany
Tel.: +49 30 - 443190 - 60
Fax: +49 30 - 443190 - 63
Email: info[at]gesundheitberlin.de
www.gesundheitberlin.de

In collaboration with:

Social Science Research Centre Berlin (*Wissenschaftszentrum Berlin für Sozialforschung gGmbH*)
Public Health Research Group
Project Coordination:
Michael T. Wright

Project Personnel:
Martina Block
Hella von Unger

Reichpietschufer 50
D 10785 Berlin
Tel.: +49 30 - 25491 - 0
Fax: +49 30 - 25491 - 684
Email: wzb[at]wzb.eu
www.wzb.eu

Web Design und Programming of the original German site http://www.partizipative-qualitaetsentwicklung.de/:

Intermatix GmbH
Oranienstr. 6
D 10997 Berlin
Germany
Tel: +49 30 - 695656 - 83
Fax: +49 30 - 695656 - 89
Email: info(at)intermatix.de
www.intermatix.de

Disclaimer: Health Berlin Inc (*Gesundheit Berlin e.V.*) and WZB online information contains links to other websites. Despite careful content management we do not accept liability for the content of external links. The authors of such links alone are responsible for their content. Health Berlin Inc (*Gesundheit Berlin e.V.*) and the WZB have no influence over external providers' compliance with privacy legislation.

Disclaimer

Copyright and other protective rights:

The content of this document on PQD is copyright. All rights are reserved. This includes its individual parts, graphics, diagrams, layout, photographs, logos, video, software, text and other content. Making the document or any of its parts available on another website is prohibited. "Framing" (displaying the content within your own webpage frame) is a breach of copyright and is prohibited. Prior written permission must be sought for the reproduction of text and other content.

A Note Regarding External Links:

Health Berlin Inc (*Gesundheit Berlin e.V.*) and the Social Science Research Centre Berlin (*Wissenschaftszentrum Berlin für Sozialforschung gGmbH*) are liable according to relevant legislation for their own content provided for public use. Links to the content of other providers are to be distinguished from such own content. External links are used to provide access to "foreign content". Health Berlin Inc (*Gesundheit Berlin e.V.*) and the Social Science Research Centre Berlin (*Wissenschaftszentrum Berlin für Sozialforschung gGmbH*) are only then liable for such foreign content (including any illegal or prohibited content) if they are properly aware of it and if it is both reasonable and technically feasible to prevent its use (§5 Abs.2 TDG, German Telecommunication Services Act).

Links are dynamic interconnections subject to change. While Health Berlin Inc (*Gesundheit Berlin e.V.*) and the Social Science Research Centre Berlin (*Wissenschaftszentrum Berlin für Sozialforschung gGmbH*) have checked foreign content for any potential liability under civil or criminal law before creating the initial link, information providers do not have a duty to continuously check linked foreign content for changes that may make them liable. Only when providers discover, or are made aware by others, that a particular service they have provided a link to is causing civil or criminal liability will they sever the link to the service in question, as long as this is reasonable and technically feasible. Neither technical feasibility nor reasonability are influenced by the possibility that the illegal or criminal content can also be accessed through other servers after the link from the www.partizipative-qualitaetsentwicklung.de website has been severed.

IQ hiv
Improving Quality
in HIV Prevention
in Europe