Jan Marie Fritz
Jacques Rhéaume   *Editors*

Community Intervention

Clinical Sociology Perspectives

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Community Intervention

Clinical Sociology Perspectives

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Streets and Community

STREET SCENE IN LONDON—WINTER EVENING.

Thomas Nast (1840–1902) is "often spoken of as the first great American catoonist" (Murrell and Chipman, 1936, p. 472). United States (U.S.) President Ulysses S. Grant declared that Nast, as a political cartoonist, "did as much as any one man to preserve the Union and bring the (U.S. Civil) War to an end" (Paine, 1904, p. 106; Reaves, 1987, p. 61). Nast is known for his wood engravings that depicted political dilemmas such as the corruption of elected officials in New York City, popularized the donkey and the elephant as symbols of the two main political parties in the U.S., and gave us our modern drawing of Santa Claus. Nast also captured other scenes such as the one included here of a crowded street in London in 1859.

The importance of streets/public spaces is often noted by experts today when they discuss indicators of community livability:

> A public space may be a gathering spot or part of a neighborhood, downtown ... or other area within the public realm that helps promote social interaction and a sense of community (American Planning Association, n.d.)

... streets that cater to the daily functional, social, and leisure needs of people have been positively associated with economic growth, physical health, and a sense of community (Mehta, 2013, p. 9).

Pedestrian-friendly streets create opportunities for people to meet and interact, helping to create community networks (Victoria Transport Policy Institute, 2011).

The streets of our cities and towns are an important part of the livability of our communities. They ought to be for everyone ... (Smart Growth America, n.d.)

London, in the mid-1800s, has been described (Rothblatt, 1979, pp. 176-8) as a "foul" place with "low standards of personal hygiene and open-air food markets (with) decaying vegetables" in the "care-free piling of debris" in its "filth(y)" streets. London, with its "breathtaking population growth," was "an unimaginably dirty, unhealthy city (where) typhoid and cholera ... swept through" a number of times with terrible consequences. Nast's depiction of this London street in the mid-1800s reminds us to examine the ways design (intended or unintended) and a great deal of pedestrian activity on a street may - or may not - promote a sense of community when the street is located in a problematic setting.

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Foreword

I am pleased to introduce a volume focused on the community not only as a topic of research, but as a partner in creating new knowledge to address the challenges facing communities—small and large, urban and rural, socially and economically diverse—all around the world. As Deputy Director of Programs, Community Resilience, Land and Housing Campaigns for the Huairou Commission, I am glad that we have this opportunity to learn about the research of clinical sociologists who engage communities on their own grounds, promoting the recognition and value of local knowledge and practice as tools for advocacy, policy change, and real community development.

The Huairou Commission is a global membership and partnership coalition of women's networks, non-governmental organizations and grassroots women's groups in 50 countries. The global secretariat is in Brooklyn, New York (USA). The Huairou Commission supports grassroots women's organizations to steadily enhance their community development practice and collectively secure public leadership on issues that affect their lives and well-being at local through global levels. Established in 1954 at the 4th World Conference on Women in Bejing, Huairou aims to close the gap between poor communities and development decision-makers. We facilitate strategic partnerships among women-led grassroots groups and individuals and institutions that share a commitment to reducing poverty, empowering women, and transforming development so that development is people-centered, equitable and sustainable.

At the Huairou Commission, we believe that peer exchange—be it between members of a specific community or between communities as entities—builds on the idea of empowerment, chipping away at the traditional hierarchy of teacher-learner education that can repress and oppress individuals and their communities from trusting in their own knowledge and capabilities. This horizontal approach encourages organization and self-empowerment providing an opportunity to affect change where often there is little or no access to traditional channels of power for individual community members.

As you will read in the following chapters, partnership—for example, in research and development—does not have to be a top-down model with practitioners or academics imposing their knowledge on local communities. Instead, specific and

needed community interventions can come about through carefully fostered relationships in which community members bring their knowledge, leadership, drive, and capacity and the partner researchers/organizations bring their knowledge, access to decision-making spaces and links to sources of power. Effective, responsible partnership is a matter of equality among partners.

At Huairou, we are focused on women as the core constituents of our focus communities in terms of our work on AIDS; community resilience; land and housing; and governance. This book focuses on two of these topics—community resilience and governance. I welcome this valuable book because it shows the necessity of empowerment, organizational development and participatory research in establishing and developing communities that are just, inclusive, safe and sustainable

Katia Araujo
Deputy Director of Programs,
Community Resilience, Land
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partnerships and knowledge transfers within the Alliance de recherche universités-communautés en économie sociale, devoted to developing research with nonprofit organizations, public agencies and unions regarding social and community services. Over the years, Dumais has developed an expertise in disability policy and has been involved in several evaluative studies with regards to inclusive social policy. Trained as a sociologist and political scientist, she contributed, in the 1990s, to occupational health research in Canada and was involved in interdisciplinary research with ergonomics, social psychology, environmental studies and clinical sociology. Her email address is dumais.lucie@uqam.ca.

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in-partnership approach allowing university researchers, clinicians, managers, community organisations and others to collaborate and develop research and training activities as well as clinical guides and tools. With the scientific director, she is responsible for the research programme and ensures that it takes into account emerging clinical and population needs pertaining to diversity and healthcare services. Her expertise in knowledge transfer has led to the creation of a series of intercultural training seminars offered throughout the province of Québec and elsewhere. Xenocostas is the principal investigator of a province-wide e-learning project that will provide intercultural training to all nurses working in Québec's health information line (Info-Santé). In addition to participating in research and teaching, she is a member of the regional council of the Minister of Immigration and Cultural Communities and sits on numerous intersectorial committees. Her email address is sxenocos@ssss.gouv.qc.ca.

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Chapter 1
Introduction to the Volume

Jan Marie Fritz and Jacques Rhéaume

Community Intervention: Clinical Sociology Perspectives,[1] a project of the clinical sociology division (RC46) of the International Sociological Association, brings together scholar-practitioners from Canada, France, the Philippines, South Africa and the United States to discuss research and interventions that take place in communities. The analyses and interventions presented in this volume aim to improve the quality of life of individuals, organizations and communities of all kinds, from neighborhoods to societies.

The shifting responsibilities among the state, civil society and for-profit market[2] in many economically-developed countries has often widened the gap between "poverty and prosperity" (Ledwith 2005, p. 1) within and between communities. Clinical sociologists assist communities in economically-developed as well as economically-developing countries to visualize and move toward a desired future. This is done by working—internally and externally—with governments, community groups and businesses to analyze current situations; identify short-term and long-term goals; assess various ways to achieve those goals; examine the facilitators and barriers to achieving goals; develop inclusive rights-based policies and/or practices; as well as establish action plans and monitor implementation efforts.

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[2] Ledwith (2005, p. 1) refers to the market globally as a "profit-over-people-and-planet" approach.

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This introductory chapter[3] begins with brief discussions of the terms *community*, *clinical sociology*, and *intervention*. The chapter concludes with an introduction to the contents of the volume.

Community Defined

Community has been defined in different ways. Robert Ezra Park (1864–1944), in his 1936 article on human ecology, defined community in terms of its essential characteristics:

> (1) A population, territorially organized, (2) more or less completely rooted in the soil it occupies, (3) its individual units living in a relationship of mutual interdependence that is symbiotic rather than societal, in the sense in which that term applies to human beings.

Park noted that the symbiotic community possesses a "mechanism (competition) for (1) regulating the numbers and (2) preserving the balance between the competing species of which it is composed."

In developing a definition for use in this volume, it might be useful to first review the four types of communities identified by Calvin Redekop (1975):

1. The *"geographic community"* refers to an aggregate of people situated in a rather definite ecological area. In this view of community, there is a strong tie between the social system that develops and the territorial unit it occupies.
2. In the *"spiritual community"* people are not bound together geographically but by a solidarity that comes through friendship, religious belief, tradition, and/or language. Examples of this kind of community include the Jewish, intellectual, and religious communities.
3. The *"purposive community"* refers to those who live, work, or meet together because of common objectives or purposes. Members of a corporation, a mental hospital, or a college are referred to as communities in this sense. A purposive community has a geographical base, but this factor is not the basic characteristic of this kind of community.
4. The *"intentional community"* is quite different from the other three. In this case, the collective is formed for its own sake—to become a community. This is the aim of most contemporary communal movements, as well as classical Christian communes such as the Shakers.

Contemporary definitions of community often build on what has been identified as the "geographic community." In this volume, we do the same. We discuss where people live and/or work; we define community here as an aggregate of people within a geographic area among whom there is some degree of mutual identification,

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[3] This chapter is based, in part, on "Practicing Sociology: Clinical Sociology and Human Rights" (Fritz 2012), *International Clinical Sociology* (Fritz 2008) and "Community Matters" (Fritz 2002).

interdependence, loyalty, and common social organization of activities.[4] Community is seen as "a complex system of interrelationships woven across social difference, diverse histories and cultures" that is affected by "political and social trends" (Ledwith 2005, p. 34). A community that is prosperous for all, sustainable, secure and has principles and practices of inclusivity (e.g., integrating different socioeconomic groups, races, ages, sexes, sexual orientations) will be a strong, enjoyable and productive place to live and work (for example, see Meikle and Luloff 2011, pp. 101–102).

Community is generally seen as something quite positive (Ife 2010, p. 11). Even though some communities historically and currently have been and are oppressive places, the longing for community is so strong that negative examples are frequently not given equal consideration. This point has not been missed by those in public relations, political life and advertising who recognize that linking something with community—e.g., community policing, community service, community bank, community garden—includes the second word in the glow of acceptance.

The boundaries of a community may be easily visible (e.g., posted borders; river, train tracks or other geographical boundary) or rather fluid. While the physical "place" is an important part of the definition, the essence of a community is in the relationships/networks—both informal and formal—and the resulting social capital[5] of its members. The clearest examples of communities, using the geographic definition, are villages, neighborhoods, and small towns, but you could also include, as we do in the chapters that follow, much larger entities such as cities or nations.[6]

Clinical Sociology

Clinical sociology is a creative, rights-based and interdisciplinary specialization that seeks to improve life situations for individuals and collectivities (Fritz 2008, pp. 1, 7–8). Clinical sociology needs to be *creative* in order to be innovative/inventive/novel as well as useful. Creativity, a process as well as an outcome, refers to "ideas of duality and paradox, the combination of ideas into new and unexpected patterns, combinations of innovation and value, of different thinking styles, rationality and irrationality" (Bilton 2007, p. xiv). While individuals can hold on to paradoxical

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[4] These characteristics usually are connected with something that is positive. These same characteristics, however, under certain situations (e.g., fear, high unemployment, gang activity, perceived lack of resources) may make some people in a community very uncomfortable with their neighbors and result in intolerance or exclusion rather than inclusion. Diversity, for instance, has been associated with reduced levels of social trust (Putnam 2007). As Gilchrist (2009, p. 18) has noted, communities are sometimes "elitist" and "oppressive".

[5] Social capital, a collective resource that develops from networks, allows "Social capital, a collective resource that de (Burt 2000, p. 3).

[6] The economics and politics of a nation-state and the influences of outside entities (e.g., World Bank, corporations) can be facilitators as well as strong barriers to community development that is inclusive and meets the needs of all community members.

ideas that lead to unique outcomes, creativity is perhaps more likely to be found in the interplay that comes through networks or groups, particularly ones that include contributors with different disciplinary and practical backgrounds (Fritz 2014). A *rights-based approach* means that clinical analysis and intervention/practice is expected to "promote and maintain a minimum standard of well-being to which all people… would ideally possess a right" (Johnson and Forsyth 2002).

Clinical sociologists work with systems to assess situations and avoid, reduce or eliminate problems through a combination of analysis and intervention (Fritz 2008, pp. 1, 7–18). Clinical *analysis* is the critical assessment of beliefs, policies, or practices, with an interest in improving the situation. *Intervention* is based on continuing analysis; it is the creation of new systems as well as the change of existing systems and can include a focus on prevention or promotion (e.g., preventing illness or promoting healthy communities).

Clinical sociologists have different areas of expertise such as counseling, small group dynamics, organizational development, health promotion, conflict intervention, or policy development. They are concerned with the different levels—micro, meso and macro—of intervention. Some are university professors (full-time or part-time) who use their clinical expertise (e.g., in organizational development, participatory research or mediation) on campus and/or in the community. Others can hold positions such as full-time or part-time consultants, advisers, community organizers, sociotherapists, focus group facilitators, social policy implementers, action researchers, or managers. Clinical sociologists assist individuals, communities as well as organizations in the public sector (government and nonprofit organizations) and/or for-profit enterprises that are publicly or privately owned.

Clinical sociologists often have education and training in more than one discipline and a great deal of experience in working with intervention teams whose members have a variety of backgrounds. In part, because of the multidisciplinary training and practice, clinical sociologists use a range of theoretical approaches (e.g., grounded, standpoint, multicultural-liberationist, psychoanalytic, systems, land ethic, conflict, social constructionism, symbolic interaction, critical, and/or social exchange) and frequently integrate them in their work.

Clinical sociologists who conduct research may do so before beginning an intervention project (to assess the existing situation); during an intervention (to follow what is happening or to possibly make changes) and/or after an intervention has been completed (to evaluate the outcome). While some clinical sociologists may focus only on intervention or leave research to other members of an intervention team, this volume showcases the work of clinical sociologists who do both intervention and conduct research.

Clinical sociology is as old as the field of sociology, and its roots are found in many parts of the world (Fritz 2008, p. 2). The clinical sociology specialization often is traced to the fourteenth-century work of the Arab scholar and statesperson Abd-al-Rahman ibn Khaldun (1332–1406). Ibn Khaldun provided numerous clinical observations based on his work as secretary of state to the ruler of Morocco and chief judge of Egypt.

Auguste Comte (1798–1857), Emile Durkheim (1858–1917), Karl Marx (1818–1883) and Marcel Mauss (1872–1950) are among those who have been mentioned as contributing to the development of the specialization (Fritz 2008; Gaulejac 2008). Comte, the French scholar who coined the term *sociology*, believed that the scientific study of societies would provide the basis for social action. Emile Durkheim's work on the relation between levels of influence (e.g., social in relation to individual factors) led Alvin Gouldner (1965) to write that "more than any other classical sociologist (Durkheim) used a clinical model." Karl Marx, as Alfred McClung Lee noted in 1979, brought to his written work "the grasp of human affairs only possible through extensive involvement in praxis…" Mauss gave us "some of the strongest ideas at the base of clinical sociology" including the importance of "lived experience" and "the need for sociology to take into account the meaning people give to their lives" (Gaulejac 2008, p. 59).

It is not surprising that many of the early sociologists in the United States were scholar-practitioners interested in reducing or solving the pressing social problems that confronted their communities (Fritz 2005). Sociology, in the late 1800s and early 1900s, emerged as a discipline when the nation was struggling with an economic depression, issues of democracy, and different views of social justice. It was a period marked by reform and, at the same time, the emergence of corporate capitalism. There was rural and urban poverty, a growing need for economic security, women were still without the vote, and there were lynchings. At the turn of the twentieth century, frustration led to public protests and the development of public interest groups and reform organizations.

If one focuses on the use of the words *clinical sociology*, the specialization has its longest disciplinary history in the United States.[7] The earliest known document in the United States using the words *clinical sociology* was put forward by Milton C. Winternitz, a physician who was dean of the Yale School of Medicine from 1920 through 1935 (Fritz 1989; Gordon 1989). At least as early as 1929, Winternitz planned to establish a department of clinical sociology within Yale's medical school. Winternitz wanted each medical student to have a chance to analyze cases based on a medical specialty as well as a specialty in clinical sociology.

The first published discussion of clinical sociology by a sociologist was Louis Wirth's 1931 article, "Clinical Sociology," in *The American Journal of Sociology* (1931a). Wirth wrote at length about the possibility of sociologists working in child development clinics and noted that "it may not be an exaggeration of the facts to speak of the genesis of a new division of sociology in the form of clinical sociology." That same year Wirth (1931b) also wrote a career development pamphlet in which he "urged (sociology students) to become specialists in one of the major

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[7] The term *clinical sociology* was mentioned in Spain in 1899 (Rubio y Gali 1899) and appeared in Québec sociology (Canada) in the 1950s in the work of Fernand Dumont and others that were connected to Laval University (Enriquez et al. 1993; Rhéaume 2008, p. 37) In France, the van Bockstaeles and their colleagues (2008) published two pieces about clinical sociology in the 1960s. Gaulejac (2008, p.a34) has noted that clinical sociology emerged in France in a continuous way in the 1980s and Noguchi (2008, p. 72) wrote that the specialization emerged in Japan in 1993.

divisions of sociology, such as social psychology, urban sociology… or clinical sociology."

The first clinical sociology course in the United States was taught by Ernest W. Burgess at the University of Chicago (Fritz 2008, 28–29). In 1928 and 1929, the course was a "special" course, but it was a regular course from 1931 through 1933. Clinical sociology courses also were offered in the 1930s at Tulane University and New York University (Fritz 1991, pp. 17–19). The Tulane University course was designed to give students the opportunity to learn about behavior problems and social therapy. The New York University seminar in clinical practice, taught by Harvey Warren Zorbaugh and Agnes Conklin, provided undergraduate and graduate preparation for dealing with behavioral problems in schools to visiting teachers, educational counselors, clinicians, social workers, and school guidance administrators.

The clinical sociologists in the United States have focused on publication,[8] emphasized intervention, designed a certification process, and helped establish a commission that accredits clinical as well as applied and engaged public sociology programs. While the United States has the longest history under the name of clinical sociology and the only credentialing processes, the activity in this area (e.g., conferences, publications, working groups) are now in a number of different countries (e.g., France, Canada, Italy, South Africa, Spain, and Uruguay.[9] In all areas of the globe, the specialization has always had a central concern with justice, humanism and/or rights in terms of definitions, research agendas, publications and interventions.

Intervention

The role of the clinical sociologist can involve one or more levels of focus from the individual to the global (Fritz 2008, pp. 9–12). Even though the clinical sociologist specializes in one or two levels of intervention (e.g., individual counseling, small group therapy, neighborhood improvement, organizational intervention, social policy development specialist, mediation after a civil war), a practitioner will move among a number of levels (e.g., individual, organization, community, global) in order to analyze or intervene. Clinical sociologists focus on one level but also have an additional focus or at least a background in one or more other levels and integrate that knowledge in their work.

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[8] See Appendix 1 for a basic list of publications from around the world. Clinical sociologists in many countries have made publication a priority. In particular, see the work of Enriquez, Fritz, Gaulejac, Rhéaume, and Sévigny.

[9] For example, a special conference was held in Paris in June of 2010 to celebrate the 40th anniversary of the Social Change Laboratory that is directed by Vincent de Gaulejac. It is a research center where one finds the majority of clinical sociologists in France. The Grupo de Sociologia Clinica Uruguay held the VIII International Congress of Psychosociology and Clinical Sociology in Montevideo (April 2011). Gaulejac (Gaulejac et al. 2013) is a co-author of *La recherche clinique en sciences sociales* (Clinical Research in the Social Sciences) and Ana Maria Araujo (2011), the organizer of the conference in Uruguay, is the author of *Sociologia Clinica, una epistemologia para la accion* (Clinical Sociology: An Epistemology for Action). Groups of clinical sociologists have formed in the last few years in Spain and in South Africa.

The basic intervention process with a client system (an individual or group that uses the assistance of an interventionist or intervention team), as outlined by Ronald Lippitt and his colleagues in 1958, is divided into seven stages (Fritz 2008): (1) The client system discovers the need for help, sometimes with assistance from the change agent. (2) The helping relationship is established and defined. (3) The change problem is identified and clarified. (4) Alternative possibilities for change are examined and the goals of the change are established. (5) Change efforts are attempted. (6) Change is generalized and stabilized. (7) The helping relationship ends or a different type of continuing relationship is defined. Two general points should be made about these stages. First, it is possible not only to progress through the stages but also to cycle back through them as necessary. Second, the length of time required for each stage will depend on a number of factors, including the kind of change under consideration.

Clinical sociologists differ in their consultation models (e.g., control or influence, extent of citizen participation) (Fritz 2008, pp. 11–12). A consultant's approach might be, at one extreme, directive (advising clients what they might do) or it could be quite the opposite. The approach could be a collaborative one in which the consultant would be acting as part of a client group and, like other members of the group, offering one's skills to help the group make a decision. Clinical sociologists usually operates in a facilitative (assisting rather than directing) or collaborative way.

The characteristics of the client system are particularly important during a period of change. The largest share of work in any change initiative generally must be undertaken by the client system. Therefore, the extent and quality of the change will depend, in large part, on the energy, capability (including available resources), and motivation of the client system as well as the extent to which the client system is able to make independent decisions.

It is useful to outline the principles, attitudes, and tools needed by clinical sociologists to conduct interventions (Fritz 2008, p. 12) While these can differ depending on the level of intervention (e.g., individual, community, nation), they generally include: having a rights-based ethical framework, practicing inclusiveness, working with the people's interests and opportunities, encouraging recognition of other viewpoints, demonstrating interdependence as a factor in the change process, encouraging capacity building, having relevant knowledge and knowing how to access additional information, encouraging empowerment and having a long-term perspective. Change agents need to work well with others and be open-minded and, at times, rather courageous.

The context in which change takes place is very important (Fritz 2008, p. 12). The clinical sociologist and the client system need to identify and review the internal and external forces that foster or resist change at the onset as well as throughout the process. This is a particularly creative part of the change agent's work. If one does this well, appropriate intervention tools and techniques will be selected that can lead to effective, sustainable change.

Clinical sociologists use many different intervention tools and approaches. For instance, clinical sociologist Jean-Philippe Bouilloud (personal communication;

December 13 and 15, 2010), who is with ESCP Europe in France ,[10] says that when he does intervention work with companies he uses the "clinical tradition of co-construction of solutions" as well as role-playing. Jan Marie Fritz (2004) uses an HIP (humanistic-integrated process) approach in her work as a mediator and organizational consultant in the United States. Brazilian Norma Takeuti (personal communication; December 14, 2010), using an "interactive or dialogic model," works with young people "to make possible the inventive capacity of subjects" so they can reflect and examine "other futures." Her techniques include a biographical approach; a "workshop in the history of life in communities" and individual drawings (e.g., clay pictures) or some kind of collective work (e.g., writing). French clinical sociologist Vincent de Gaulejac (personal communication; December 15, 2010) uses two main approaches in his research and intervention —"organizing groups of involvement and retrieval (GIR) in which participants work on their life history… and 'organidrames' (in which participants analyze the causes "of conflict structures at work or in social life)." Canadian Jacques Rhéaume (2008, p. 47) also uses a "life narrative research and training approach" (e.g., written life histories commented on in small research or training groups, life stories developed in research interviews; life narratives produced by a group) "to improve future choices" and facilitate the empowerment of individuals or groups.

Clinical sociologists who work with or in communities know that critical education, visioning processes, research, and community action are all necessary components of the work. *Critical education* helps people to understand the history of their community and how internal and external forces have affected that history. *Strategic visioning processes* are based on discussions of what people would like for their community. *Research*, whether qualitative and/or quantitative, contributes to the critical "emancipatory action research" (Ledwith 2005, p. 34) that helps empower communities to meet their goals. *Community action* is needed to provide leadership or support for leaders in seeking and making changes. Not all people in a community need to take part in all of these activities. But when community members participate in one or more of these activities, they teach as well as learn about their community and see the power that can come from shared ownership of change efforts.

Contents of the Volume

The chapters that follow this introduction are divided into two parts. Part One contains three chapters about some of the basics of community practice. Part Two includes discussions of selected areas of application.

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[10] ESCP Europe is the official name of the international business school. The history of the school goes back to 1819 and at one point, in 1905, it was the Ecole Supéuieure de Commerce de Paris (E.S.C.P.) http://www.escpeurope.eu.

Basics. In Chapter 2, the first chapter in the section about basics, Jan Marie Fritz discusses some of the essentials of community intervention. While this chapter mentions the importance of research in the community intervention process, the next chapter, by Jacques Rhéaume, focuses on research for the community. Rhéaume indicates the methodological characteristics of clinical sociology approaches to community development and shows how clinical sociology research converges with and differs from other research methods. He pays particular attention to the participatory process in research and intervention. The third and final contribution in the first part of the book is Chapter 4 by Jenifer Cartland and Holly S. Ruch-Ross. Their chapter, "The Researcher's Mark," focuses on an important challenge for researchers who have been involved in community-based participatory research (CBPR). The authors discuss how to plan and prepare for leaving a community at the close of a CBPR project.

In addition to the chapters mentioned above, the Appendices contain four profiles of renowned pioneers in community intervention. The first profile (see Appendix 2) is of *Wangari Maathai* (Kenya). Maathai formed the Green Belt Movement, a grassroots organization of rural Kenyan women who, by planting trees, combatted deforestation, generated income and stopped soil erosion. Maathai, awarded a Nobel Peace Prize in 2004, was recognized for her important work in environmental conservation and in support of human rights. The second profile is of clinical sociologist/social activist *Saul Alinsky* (see Appendix 3). Alinsky's *Rules for Radicals* is a basic text for those interested in community mobilization and intervention. The third profile (Appendix 4) is about *Orlando Fals-Borda*, a Columbian sociologist and activist who developed the Participatory Action Research (PAR) strategy. Fals-Borda thought research should be open and inclusive and that community members should be involved as co-researchers. The last profile (Appendix 5) is about *Jane Addams*, the first woman in the United States to win a Nobel Peace Prize. She is known for developing a very effective settlement house in Chicago that attracted visitors from around the globe. She also is remembered for her work in developing the city of Chicago, commitment to many local and national progressive causes, role in the development of *Hull-House Maps and Papers* and involvement in national and international peace efforts.

Selected Areas of Application. Part II contains nine contributions (Chapters 4 through 12) about actual interventions and, in one case, a potential intervention in different kinds of communities. In some cases, the analysis and/or intervention may refer to an organization or sector of a community or it may be about a community as a whole. While different kinds of communities, topics and perspectives are discussed in the chapters, there is a shared base—democratic, inclusive and participatory—found in the approaches of the authors.

Chapter 4, by Jacques Rhéaume is entitled "Community Development and Empowerment." Rhéaume, using a collective life history method, discussed an action-research intervention in a food assistance community organization in Montréal, Canada. Chapter 5, by Harry Perlstadt, is "The Healthy Cities/Communities Movement." This international movement has sought to improve the health and quality of

life in communities by creating multi-sector partnerships that set priorities, establish new public health policy and implement programs. Chapter 6, by Catherine Montgomery, Spyridoula Xenocostas and Vania Jimenez, focuses on working with immigrants in communities. The model used by the researchers encouraged innovative interventions (e.g., intercultural training for practitioners, establishing a welcoming home for vulnerable pregnant women) based on the co-production of knowledge by researchers, health and social service practitioners, and newly-arrived immigrants.

In Chapter 7, "Coeducation in the Popular Districts of Marseille," Pierre Roche describes an approach to co-education (shared education) that took place in a neighborhood school in Marseille, France that involved school specialists and parents as well as social workers and youth workers from the community's social welfare sector. The reflective thinking of participants was encouraged by using repeated collective interviews with feedback. The following chapter, "Economic Intervention in Communities: The Québec Case," was written by Jean-Marc Fontan and Lucie Dumais. Economic initiatives are explored by the authors as a promising new area of community intervention. The authors analyze two faces of economic development in Québec—socioeconomic integration initiatives and the social economy sector.

Emma Porio, in Chapter 9, deals with a specific environmental issue in the Philippines. "Climate Change Adaptation in Metro Manila: Community Risk Assessment and Power in Community Interventions" documents how community-driven interventions effectively facilitated adaptation strategies among urban poor communities that increased their resilience to climate-related dilemmas such as flood, typhoons and rising sea level. Human rights is the core of Judith Blau's Chapter 10, "Human Rights Cities : The Transformation of Communities of Simply Treading Water?" Blau provides some information about the Human Rights Center (with educational and social services and ties to other community organizations) that she founded in 2009 and discusses whether cities can really be human rights cities.

In Chapter 11, Michel Bonetti and Jean-Didier Laforgue describe a participatory process (involving decision makers as well as residents) to design sustainable urban renewal projects. The chapter includes an example of the process that was used in a public housing estate in the Belleville district in Paris, France. In the final chapter (12), Tina Uys evaluates the progress that has been made in establishing an inclusive community in post-apartheid South Africa. Using a critical and historical review of developments in South Africa, Uys identifies the actions that are required, on a number of levels, to have effective nation building. She notes that living well together is more than formal politics and economics.

This last point is a principal message of this book. Clinical sociology research and intervention—based on principles of inclusion, social justice and democratic practice—aim to develop strong social practices in communities. Political and economic structures can be barriers or facilitators for effective community development. But even at their facilitative best, they are not sufficient, by themselves, to improve the quality of life of all community members.

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Part I
The Basics of Community Practice

Chapter 2
Essentials of Community Intervention

Jan Marie Fritz

Introduction

Clinical sociology is a creative, rights-based specialization that seeks to improve the quality of life in the world around us (Fritz 2008). Clinical sociologists incorporate scientific knowledge from a number of disciplines and fields (for instance, sociology, psychology, social work, economics, political science, organizational development, and/or planning) as well as experience, in a variety of settings, when they assist with or undertake interventions. Like a number of other fields, clinical sociology is both scientific and artistic. While scientific research guides analysis and intervention, each intervention situation is unique and the interventionist—whether an internal or external practitioner—is expected to be artistic in collaboration, analysis, design, implementation and evaluation. Many of the clinical sociologists work as external consultants on issues facing a community and that kind of work is the focus of this book.

   This chapter presents some of the basics regarding interventions that are undertaken when working with and in communities by different kinds of practitioners. The following two chapters discuss the research process that often is part of the interventions. The ideas in the three chapters were influenced by research in many fields as well as by the work of the contributors to this volume.

Intervention and Interventionists

The clinical sociologist will move among a number of levels (e.g., individual, small group, organization, neighborhood, local community, region, nation, world) to analyze and/or intervene. The lines among the levels show that clinical sociologists

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Fig. 2.1 Levels of
Intervention

who are interested in focusing on one level (e.g., local community) also have an
additional focus or at least a background in one or more of the other levels and
integrate that knowledge in their work.

The intervention levels (from individual through global) are depicted in Fig. 2.1.
While no level is assumed to be more important than another, the local community
level is highlighted here as it is the focus in this volume. Shading in the national and
international levels indicates that these levels also can be viewed in terms of com-
munity. The global level refers to work done on a worldwide basis as well as to a
time when other worlds may converse with us (and we with them). The global level
also has the possibility, at some point, of being viewed as a community.

Intervention refers to taking action in an existing situation and that situation may,
or may not, be defined by one or all involved as something that is problematic. Par-
ties may want to understand, improve or prevent something and still not think of the
current situation as something that is a problem.

There are many kinds of interventions and they may be initiated by a commu-
nity representative with authority to do so (e.g., mayor, manager, supervisor); those
representing a community organization or government agency; and/or an advisor,
arbitrator, coach, consultant, or judge. The person or team undertaking the interven-
tion may be an inside individual or group (e.g., a planning unit of a city initiating
discussions about possible changes in the city) or an outside individual or group
(e.g., a national consulting group that is not a part of the community where action
will be taken). The clinical sociologist who works as a community consultant is a
resource and may work as a consultant within a community or be an external con-
sultant with no permanent role in the system to which she or he acts as a facilitator
or advisor. While clinical sociologists may hold either kind of role, the focus in this
book is on the clinical sociologist as an outside consultant who is working with the

community or as an analyst who may be assessing the effectiveness of community-initiated or collaborative projects.

Consultation is a professional activity for members of every social and behavioral discipline and other fields such as business, education, and health. One of the most complete listings of the *characteristics of a good consultant*,[1] regardless of discipline, is that developed by Ronald Lippitt and Gordon Lippitt (1978). They list the characteristics under three areas of competence:

1. *Knowledge areas*, including a thorough grounding in the behavioral sciences; knowledge of systems, human personality, and oneself; and an understanding of philosophical systems as foundations for value systems.
2. *Skill areas*, including communication, teaching, counseling; ability to form relationships and work with groups in planning and implementing change and ability to conduct research and diagnose problems.
3. *Attitude areas*, including open-mindedness, courage, and the possession of a humanistic value system.

Gordon Lippitt and Ronald Lippitt (1986) also identified eight roles for consultants: objective observer; process counselor; fact finder; identifier of alternatives and resources; joint problem-solver; trainer/educator; information specialist, and advocate. Consultants may combine these roles or do some of these in a sequential fashion.

The objective of intervention can be different in various situations. In general, an intervenor tries to help participants understand, deal with, and/or alter a situation and may do this in any number of ways. These interventions can include undertaking needed research, critical education, training, leadership development, strategic planning and/or assessing different kinds of actions. The tasks might be manageable or quite daunting.

Kelly and Cuputo (2011, p. 2), for instance, focus on the move toward neoliberalism[2] in Canada and noted that the national government has withdrawn backing from social support programs and "download(ed)" that responsibility to local communities. As Kelly and Caputo note (2011, pp. 2–3), this is a "significant shift away from a welfare state approach" and the safety net for individuals in the society has been reduced or eliminated. The outcome has been that a small percentage of the population (in countries like Canada and the U.S.) has become increasingly wealthy

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[1] Block's (2011, pp. 37–50, 121–126) "flawless consultant" has authentic behavior (which, he says, leads to higher trust from the client) and knows about the requirements of each stage of a project (contracting, discovery/inquiry, engagement/implementation). In addition, Block describes the similarities and differences between internal and external consultants. For instance, Block mentions that an internal consultant's job level/status in an organization can limit the internal consultant's access to high-level people. An external consultant's status is ambiguous and that allows the external consultant to more easily move among the levels of an organization.

[2] *Neoliberalism* is "a philosophy and a political approach to governing that includes the belief that the state's role is to protect individual and property rights. According to this view, the state should not interfere in areas beyond these two and especially should not interfere in the operation of free markets (Kelly and Caputo 2011, p. 112).

while most of the population has less and "the gap between the rich and poor…
continues to grow" (Kelly and Caputo 2011, p. 108). Interventions in this situation
may be difficult because there can be competing demands and not enough resources
to provide adequate social support programs.

Intervention can begin in different ways. For instance, national or regional poli-
cies may be put in place or an arm of a global organization (e.g., UN Security Coun-
cil) may have mandates that must be followed. Frank Moulaert et al. (2010, p. 5)
think the urban neighborhoods are "pivotal sites for initiating and implementing
social change that may ripple through the city:"

> They offer these experimental innovative sites from which new and emancipatory initia-
> tives emerge. The main argument… is that locally based initiatives, often much more so
> than official state-led programmes, can galvanise a range of publics to engage in activities
> that have city-wide (if not greater) impacts on the dynamics of urban cohesion and social
> development.

One of the premises of this book is that community groups can be drivers of
change. An entity, through its social relations, can foster or deliver effective change
if it is operating in a structurally-conducive setting.[3] It is difficult for change to oc-
cur if the political-economic-social setting is not open to that change.

Approaches to Community Intervention

Whether the interventionist is a head of a community group, mayor, city planner,
consultant, or developer, each person will have a certain mindset about working
with communities. For instance, for some of these individuals, the most important
aspect may be that the intervention will bring high profits, others might want the
fastest approach, some might want specific outcomes, and, for some, the desired
approach will be one that has engaged the highest number of different kinds of
stakeholders.

Numerous categorizations have been proposed to capture the different kinds of
approaches to community change. Robinson, Jr. and Fear (2011, pp. 57–58), for
instance, indicate there are three broad *approaches to planned change*: *self-help* (in-
dividuals/groups/communities "working together can improve the quality of life in
the community); *technical assistance* (community power structure is usually the em-
ployer or sponsor, "economic growth or improvement of the physical infrastructure
is typically the focus…;" "advancing community-based capacity may or may not be
a central concern") and *conflict* (groups struggle to maintain or increase their power).

Ohmer and DeMasi (2009, pp. 8–13) discuss what they view as the seven ma-
jor approaches to community organizing. These are *two kinds of social action
approaches*—one aims to "build/shift power" and the other aims to "radically

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[3] *Structural conduciveness* refers to the organization of the larger entity (e.g., society, region) in
which a community is based. For instance, it the larger entity has a good communication network
and open administration, this sets the stage for certain changes to be considered or implemented in
a local community (Fritz 2002).

restructure power and institutions." The third approach is *locality development/ civic organizing* and it sees the "power structure (as) a potential partner;" it aims to "restore social order" and emphasizes social integration. The fourth approach is *social planning* ("offering expert solutions to problems") and the fifth is *community building* ("aims to strengthen the social fabric and connect to outside resources"). The sixth approach is *women-centered/feminist* and it aims to "link private women/ family and pubic issues." The seventh approach, and the one the authors favor, is *consensus organizing* ("power creation based on mutual self-interest, parallel organizing among residents and power structure").

In 2013, Ohmer and Brooks (2013, pp. 234–238) expanded on the thinking in the 2009 Ohmer and DeMasi article as they now included previously mentioned approaches either as *conflict* or *consensus approaches* to community organizing and then introduced a third approach. Ohmer and Brooks indicated *conflict* approaches were "direct action organizing," "social action" or "Alinsky-style" organizing. On the other hand, the authors noted that the philosophy behind *consensus* approaches is "finding ways to realize or develop mutual self-interests and the belief that power can be grown and shared." The authors link this latter idea to Jack Rothman's original three models of community practice,[4] "primarily in locality development." Locality development "reflects a consensus approach, emphasizing engaging a broad range of key stakeholders in solving problems by fostering harmonious relationships among people." Ohmer and Brooks also present a blended approach involving both conflict and consensus. The authors think community organizers must be open to the use of both conflict and consensus approaches and then blend them, "strategically select and utilize" the approaches as needed.

Clinical sociologists use a number of approaches, but whatever the approach, they usually emphasize community involvement in all stages of a community project. A good example of this kind of community involvement comes from The Huairou Commission, a global organization that establishes partnerships between grassroots women's groups and professionals to make sure that women have a central role in their communities. Huairou has talked about the need to identify the Community Justice Path in each community. Huairou recognizes the path may be different in different communities but, based on their work with communities in Africa, the Huairou Commission suggests the following process for women's groups in their own communties:

1. Come together, get organized
2. Know community issues
3. Know community power holders
4. Engage community leaders
5. Engage and equip community justice workers
6. Raise community awareness
7. Sustain support for community justice

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[4] Rothman's three models were social action, social planning and locality development.

An example of more limited community involvement, would be the one proposed by Coyle (2011, p. 25) in moving a community to be a pedestrian-friendly, low-carbon community. He suggests the following steps:

1. Define the project type (planning framework)
2. Determine the project pathway (primary means for accomplishing the goals)
3. Prepare the team (determine the composition of the team)
4. Select the tools (e.g., visual mapping, data gathering)
5. Prepare the place (research existing conditions)
6. Prepare the people (involve only those essential to plan development or engage all stakeholders)
7. Develop goals, objectives and performance measures
8. Develop the strategies (draft preliminary actions, develop evaluative criteria)
9. Develop the action plan
10. Implement the Action Plan (includes deciding on monitoring and reporting)

From these examples, the Huairou Commission, like many clinical sociology projects, appears to involve the community (or community representatives) throughout the whole process. It is true, however, that there could be extensive work done prior to the implementation of the seven steps that are listed here and those steps may or may not have involved the community. Community involvement is only introduced explicitly in step six of Coyle's model. Steps 1–5 could include community representation but that is not clear. Clinical sociologists, in general, would try to include community representatives as early as possible in planning and intervening.

Community Intervention Tools/Techniques/Ideas

There are, of course, many tools, techniques and ideas available for all kinds of community interventions for positive change. Eight interesting ones have been selected for discussion:

1. Community Mapping. The Huairou Commission stresses the importance of community mapping and documentation. Community mapping is defined as "a participatory process for raising peoples' awareness and informing decision-making" (Ransom and Brown 2013, pp. 12–13, 22). Huairou uses five kinds of community mapping activities: (1) A *community survey* is the most common method. A survey team goes through the community in order to identify issues and/or problems. (2) A *physical map* is drawn to show demographics and the location of the community members who are affected by issues or problems. (3) *In-depth interviews* are held by community members with those neighbors who can help the whole community understand the issues or problems that have been identified in the community. (4) *Key informant interviews* are held with neighbors who know many people and know what is going on in their lives. (5) *Focused group discussions* are held with a

group of neighbors to understand how the participants see the situation and the roles of different individuals and groups in relation to the issue or problem that is being discussed. After all the information has been collected and documented, the findings are discussed in a community meeting. Huairou finds the community meeting is an essential part of the process in order to get community ownership. Huairou's community mapping has allowed grassroots women's organizations to develop their own knowledge about the community as well as projects that involve advocacy and action planning. Outcomes of community mapping can include creating a fact sheet based on the findings, holding community meetings and developing publicity ("advocacy messages') based on the findings of the mapping.

2. Community Organizing. Community organizing (see Appendices 2-5) is a process in which people who live near each other come together to promote their shared interests. This may be a process that is developed by those in a community; a facilitated process in the community (as was the case with Jane Addams and the women of Hull-House); or one in which an organizer or team comes from outside the community (as was the case with Saul Alinsky).

Saul Alinsky is one of the best known community organizers not only because of his work in high-profile organizing efforts but also because of his publications, particularly *Reveille for Radicals*. (1945) and *Rules for Radicals* (1971). Alinsky (1971, pp. 7, 12, 18, 21) wanted to develop a "science of revolution." He provided words and rules for community organizers to move forward. For instance,

- My aim is to suggest how to organize for power: how to get it and use it.
- A word about my personal philosophy. It is anchored in optimism.
- The basic requirement for the understanding of the politics of change is to recognize the world as it is (not as you think it should be).
- The setting for the drama of change has never varied. Mankind has been and is divided into three parts: the Haves, the Have-Notes, and the Have-a-Little, Want Mores.
- The leader goes on to build power to fill his desires… The organizer finds his goal in creation of power for others to use.
- I believe that man is about to learn that the most practical life is the moral life and that the moral life is the only road to survival.

Alinsky (1971, pp. 72–81) also discussed the ideal qualities of an organizer: curiosity, irreverence, imagination, a sense of humor, a bit of a blurred vision of a better world, an organized personality, a well-integrated political schizoid; a strong ego, the art of communication, a free and open mind and political relativity. Alinsky thought "the best of organizers should have…all (these qualities), to a strong extent, and any organizer needs a least a degree of each."

As an example of this work, Huairou (Ransom and Brown 2013, p. vii) discusses community organizing activities in relation to improving grassroots women's access to land and property. The four community organizing activities they identify are:

- Conducting community-driven processes for resolving land disputes

- Raising awareness of land rights issues
- Providing advice and help in dealing with the legal system
- Offering support to people who might not be able to afford legal services

The Geneva Centre for the Democratic Control of Armed Forces (DCAF) and the Institute for Inclusive Security (IIS) provide 23 tools for women to take action for Security Sector Reform[5] (Bastick and Whitman 2013, pp. 36–63) so security institutions are "something people run to and not from." Among the tools are a stakeholder mapping exercise, a sample invitation for women to join a new coalition that will involve women in SSR, a template for an action plan and a sample action plan.

3. Leadership Development. Leadership is generally defined as the process of influencing the activities of a group to accomplish common goals (Stovall et al. 2011, p. 143; Northouse 2013, p. 5). The two most common kinds of leadership are *assigned* (e.g., occupying a head position in an organization) and *emergent* (leadership does not come because of one's position in the hierarchy of an organization, but because others support and accept the views of the person.) Either kind of power may be characterized in a variety of ways. A person may be seen, for instance, as a *charismatic* leader (inspiring or motivating others based on strongly-held values/beliefs) or a *servant* leader (putting followers first, empowering them and helping their development) (Northouse 2013, pp. 395, 219).

Leadership development is very important in open communities. Huairou (Ransom and Brown 2013, p. viii), in its community work with women's organizations, uses four kinds of leadership development activities:

- Conducting assessments to identify community, group and individual needs
- Deciding relevant training objectives and planning training activities
- Identifying potential trainees and selecting training participants
- Organizing, conducting, and evaluating community events and training activities

Leaders and potential leaders can benefit from field trips/externships (an internship or field experience outside of one's own community). These experiences can energize people who have lived in one place for a rather long time as they can give the opportunity to see how matters are handled in other communities and consider new ideas, projects and/or processes.

4. Appreciative Inquiry. The basis of appreciative inquiry is that "every living system has something that works well already, where people have experienced some success, some satisfaction, something positive in their lives" (Stratton-Berkessel 2010, p. 2). Appreciative inquiry is a way for each person in a group/community to uncover the capacities and the strengths that already exist in the community. Know-

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[5] Security Sector Reform (SSR) "aims to increase a country's ability to meet the range of communities' security needs in a way that is efficient but also consistent with the standards of civilian control, transparency and the rule of law. SSR also works to ensure security sector institutions operate with full respect for human rights and do not discriminate against anyone" (Bastick and Whitman 2013, pp. 5–6). Security is broadly defined and includes, for instance, the ability to go to school and walk down a street as well as have access to justice systems.

ing the "positive core" makes it easier for the community to "to embrace change and creative… value" (Stratton-Berkessel 2010, p. 3). The focus is on what the group wants and people are mobilized through their "positive images of the future" (Stratton-Berkessel 2010, pp. 27–28). The five core principles are:

- Constructionist Principle: Words create worlds
- Principle of Simultaneity: The very first question starts the change
- Poetic Principle: What we focus on grows
- Anticipatory Principle: Image inspires action
- Positive Principle: Positive affect leads to positive action

The narrative (story being told) comes from asking "positive questions that guide the conversation"(Whitmore et al. 2011, p. 23). The flow of Appreciative Inquiry is discover, dream, design and destiny (Stratton-Berkessel 2010, pp. 31–32).

Different workshops are offered based on this approach. One of these, the Creating Change Positively workshop (Stratton-Berkessel 2010, pp. 65–68), is held when change is occurring and "there is some resistance or discomfort." Participants start in pairs with storytelling that focuses on their highs from previous change experiences. The pairs then form small groups to share stories and to decide on "three wishes to make the next change a positive experience." Small groups then discuss the new things that might be done to ensure the change will succeed and will present the group's dream. The last part of the workshop would be for small groups and individual reflection. The topics would be what needs to be done to strengthen the "change muscle" and what each individual thinks is the high point of the day and how she/he can support the change process.

Representatives of the Community Engagement Division of the city of Charlotte, North Carolina (USA) reported on their involvement in an Appreciate Inquiry training workshop and follow-up work in their communities (Alexander et al. n.d.). In a process that involved five categories of stakeholders (including neighborhood leaders and community volunteers), they discussed the merits of a deficits-based approach and compared it to a strengths-based approach in planning for positive change. This discussion "resulted in a process called 'Vision 2 Action', where (they) facilitate(d) a community driven process to assist neighborhood organizations and their partners in planning and prioritizing for their future through positive inquiry" (Alexander et al. n.d., p. 1). Reported outcomes (Alexander et al. n.d., p. 4) included:

> Neighborhood based groups feel that this process has been extremely helpful in changing the way they work together and their ability to improve their community. This has enabled us as city staff to engage with the community in a more meaningful way. It has reshaped our conversations, from answering complaints to providing preemptive citizen service and engaging neighborhoods as partners… Appreciative Inquiry has fundamentally changed our platform of community engagement.

5. Asset-Based Community Development. The basis of asset-based community development (ABCD) is that "communities have individual, organizational, and institutional resources that are often overlooked and can be used to enhance the quality of life" (Green 2010, pp. 71–79). The approach builds on Appreciative

Inquiry. This approach fits well with the self-help approach to planned change in that "asset building assumes that significantly relying on technical assistance and external resources does not build community capacity. Instead, it creates dependencies that constrain the ability of community residents to solve their social and economic problems."Asset-based community development focuses on "mapping and mobilizing local resources." Examples of community resources include "physical capital and infrastructure (buildings, roads, open and public spaces such as plazas and parks); finance and economic capital; and political and social capital" (Arefi 2008). The community's social capital is "the trust, norms and social networks" (Green 2010) that can facilitate change efforts.

Focusing on assets does not mean that communities and practitioners disregard needs. As Green and Haines (2012, p. 10) have noted:

> In many cases, it may make sense to begin by identifying a community's assets and then assess its needs. A discussion of the needs and problems is almost inevitable in community processes and often serves to mobilize residents to act on an issue. The concern with an exclusive focus on needs is that a community often jumps immediately to problem solving rather than identifying its goals and strengths.

According to Russell Cormac and Ted Smeaton (2009), most of the NGOs that worked in Sub-Saharan Africa had used one or some combination of four approaches in their development work: "a needs-based approach, a sustainable livelihoods approach (SLA), a rights-based approach, and/or participatory rural appraisal (PRA)." The co-authors (2009, p. 1) think assets-based community development (ABCD) when used "intentionally and consistently" with the latter three approaches will have "significant and sustainable development impacts."

In 2010, an ABCD workshop was held in Woyin-Woya, a village with over 1,000 residents in Ethiopia (Gilfoy n.d.). It involved:

> appreciative interviewing and reflection on past successes, asset mapping, and community economic analysis using a simple "Leaky Bucket" diagram showing how money flows into the local economy and either stays or leaks outs… The intention (was) to shift the community's focus from needs to assets and opportunities as a way to stimulate activities that it could undertake using primarily its own resources and expertise. In turn, these activities would inform the program decisions of (the trainers) so that it could invest in and complement community-owned initiatives while increasing its own relevance and the sustainability of it programs.

Five months after the workshop, an ABCD group was formed in the village. Many activities were put in place the first year, but "the most remarkable initiative… (is the one that used) some of the income generated by… activities to support local children affected by HIV/AIDS and food insecurity" (Gilfoy n.d.)

6. Community Money. In 1991, a local currency system (HOURS) was put in place in Ithaca, New York (USA). Paul Glover (2000), a community economist in Ithaca, learned about a local currency being used in South Dakota and decided to develop Ithaca HOURS. Ithaca has put more than $ 100,000 of its own money (Hours) in circulation (Mascornick 2007, p. 11). Ithaca's money stays in its own region to help community members hire each other. Paul Glover, the creator of the system, has explained, "While dollars make us increasingly dependent on the

multinational corporations and bankers, HOURS reinforce community trading and expand commerce which is more accountable to our concern for ecology and social justice."

Glover (1997, p. 1) described the operation of HOURS system as follows:

The Ithaca HOUR is Ithaca's $ 10.00 bill, because ten dollars per hour is the average of wages/salaries in Tompkins County. These HOUR notes, in five denominations, buy plumbing, carpentry, electrical work, roofing, nursing, chiropractic, child care, car and bike repair, food, eyeglasses, fireworks, gifts, and thousands of other goods and services. Our credit union accepts them for mortgage and loan fees. People pay rent with HOURS. The best restaurants in town take them, as do movie theaters, bowling alleys, two large locally owned grocery stores, our local hospital, many garage sales, 55 farmer's market vendors, the Chamber of Commerce, and 300 other businesses. Ithaca's new HOURly minimum wage lifts the lowest paid up without knocking down higher wages. For example, several of Ithaca's organic farmers are paying the highest common farm labor wages in the world: $ 10.00 of spending power per HOUR. These farmers benefit by the HOUR's loyalty to local agriculture. On the other hand, dentists, massage therapists, and lawyers charging more than the $ 10.00 average per hour are permitted to collect several HOURS hourly. But we hear increasingly of professional services provided for our equitable wage.

Everyone who agrees to accept HOURs is paid one HOUR ($ 10.00) or two HOURS ($ 20.00) for being listed in our newsletter HOUR *Town*. Every eight months they may apply to be paid an additional HOUR, as reward for continuing participation. This is how we gradually and carefully increase the per capita supply of our money. Once issued, anyone may earn and spend HOURs, whether signed up or not, and hundreds have done so.

Ithaca's decision to develop a local currency was not the first in the US. Local currencies (or scrip) were used in some form by 400 communities during the depression (Shaffer 1998, p. 1; Fritz 2002), and there were at least a number of local currencies in the 1970s and 1980s—for example, Constants in Exeter, New Hampshire (USA); LETS (local economic trading system) on Vancouver Island (Canada); and Deli Dollars in Great Barrington, Massachusetts (USA) (Swann and Witt 1998). There are now at least 4,000 local/complementary currencies around the world (Block n.d.) including in Central Europe (i.e., Czech Republic, Slovakia, Poland, and Hungary); Tokyo, Japan; and Argentina (Jelínek et al. 2012; Kurita et al. 2012; Gómez 2012).

A local currency can help develop a local or regional economy in a number of ways, for example (Solomon 1996, p. 32):

1. Encouraging local businesses and individuals to patronize with each other;
2. Allowing small businesses to obtain credit without competing with larger, more established enterprises;
3. Encouraging the development of small businesses, which in turn promotes a more viable (stable and flexible) regional economy;
4. Assisting rural and inner-city communities away from being more dependent, subsidized economies.

The premise here is that the development of a local currency can allow a community to develop from within and be proactive in shaping its economy. One innovative case is Vermont's VSBR Marketplace, a "partnership between a state-wide membership association, Vermont Businesses for Social Responsibility and

a currency design and management organization, Vermont Sustainable Exchange (Kirschner 2011, pp. 68–72). VSBR Marketplace has a credit line granting process, connects with the business community through trade, views its accounts as a member benefit to be activated rather than having a separate membership organization, and supports relocalization initiatives.

Blanc (2012, p. 4) reviewed the research about community currencies around the world. He noted, "one major strength of CCs (Community Currencies) over the last 30 years has been their impressive capacity to give birth to social innovation." Blanc concludes, however, "they still have to prove they can change the present state of things."

7. Sustainable Communities. Sustainable communities meet multiple functions and do so within a setting that is "walkable or drivable" (Coyle 2011, p. 3). They are resilient in that their buildings are durable as well as adaptable to changing needs/demands. These can include *conventional/high-carbon communities* (low density, less mass transit, less walking) as well as *low-carbon communities* (compact, pedestrian-scale blocks and streets, manage available resources, value natural environment).

Sustainable community development is more than limiting waste, preventing pollution, and promoting energy efficiency. Sustainable community development "practice leads to a holistic development strategy that strives to integrate environmental, economic, and social factors in such a way that, for example, biodiversity and cultural diversity can both be protected" (Gamble and Hoff 2013, p. 215). This brings us to a discussion of justice, inclusivity and democracy (Reisch et al. 2013, pp. 86–87). Social justice principles and practices need to be incorporated in the work of communities and organizations. Community practice work involves transforming institutions, systems and relationships and dealing with the gaps between stated values and goals on the one hand and reality on the other.

Communities can be changed as a whole (e.g., moving from a high-carbon to a low-carbon community, becoming more just and inclusive) or in terms of their component systems (e.g., food production, education, water, economic, land distribution, energy, health). Morton and Glasgow (2011, pp. 240–241), for instance, describe a component system change—a food and fitness initiative—that took place in a regional area in the state of Iowa (United States). A strategic plan among food producers, processors and storage businesses to support and expand the local food and farm economy led to the food and fitness initiative. A university community extension group received a two-year Kellogg grant for a community planning effort that would increase access to physical activity and local healthy food. The regional process involved five local planning teams that "assess(ed) local conditions, develop(ed) priorities and initiat(ed) activities in support of the region's vision" and a regional team that, among other initiatives, created "policy and wellness change."

8. Reducing and Resolving Disputes and Conflicts. Disputes (when participants and issues can be easily identified) and conflicts (where it is rather difficult to understand who all the participants may be and the issues that are problematic) can be challenging situations in many communities. In order to establish a just peace

in a community (Fritz 2014), a consultant, working with community groups, may have to undertake or use a number of different approaches. These approaches might involve changing norms, strengthening organizations to take leadership in difficult situations or putting processes and organizations in place to deal with disputes and conflicts. In a number of countries, community members are trained to help assess, reduce and/or resolve disputes and conflicts. In some cases this might involve training people in cultural competency/cultural diplomacy skills (Fritz 2014, pp. 17–33), establishing community mediation centers (Cutrona 2014, pp. 69–89) or developing other kinds of innovative projects to deal with problematic situations.

An example of a particularly creative project is the one put in place by a physician and her colleagues in Enugu State, an Igbo-speaking area in the South East region of Nigeria (Nwadinobi 2014, pp. 167–188). Widows, women whose husbands have died, can be subjected to harmful traditional practices (e.g., forced hair shaving, periods of confinement, loss of property) carried out by in-laws and other community members. Conflicts arise when widows protest unfair treatment. WIDO (the Widows Development Organization) is a non-governmental organization based in Enugu, the capital of Enugu State. WIDO has been in existence for 15 years and provides support for widows whose rights have been violated. These violations include eviction, disinheritance, abduction of children and wrongful arrest. WIDO has held mediations—in the community, at the WIDO office or in a Traditional Ruler's residence—to deal with the problems faced by widows. WIDO's approach included a Vanguard Team (investigator, counselor, scribe, para-legal officer, photographer) that went to a communities to facilitate the resolution of problems faced by widows. The project also included Community Focal Persons who were given cell phones and asked to alert WIDO when they heard about any widows having problems within their communities. Unfortunately, WIDO could not find continued funding for the full Vanguard program and, as the author notes (Nwadinobi 2014, p. 187), this "shows the difficulty of sustaining the work of small but effective organizations in economically developing countries."

Conclusion

The challenges for community practice often include addressing, in some ways, the world's core economic challenges (Gamble and Hoff 2013, p. 238):

- poverty and mass unemployment…
- greater equity, stability, and transparency needed among regulatory structures of the world market and finance systems…
- more sophisticated and comprehensive measures of societal progress (e.g., alternatives to gross domestic product) that take into account human well-being and environmental resource protection

Communities and organizations, often with the help of internal or external consultants, have initiated or participated in new kinds of relationships, projects or

structures to address economic problems as well as other social, political and ecological challenges. These ideas catch the attention of other communities and policymakers, and the new initiatives (or adaptations of them) spread and can help dramatically change the social-political-economic-ecological landscape, in our time, in very important ways.

Community intervention is undertaken by different kinds of internal and external practitioners. These practitioners differ in a number of ways (e.g., expertise, disciplinary background, approach, access to decision-making). While clinical sociologists, like other practitioners, are very concerned with outcomes, they also particularly are concerned about the amount and kind of community involvement in their activities. For clinical sociologists, effective community involvement at all stages of an intervention process is extremely important in order to achieve an inclusive, sustainable as well as desirable community.

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Chapter 3
Research for the Community

Jacques Rhéaume

Introduction

Community development is a major area of social practice. It refers to people who, on a local and territorial basis, organize themselves in order to insure a better quality of their daily life and resist the dominant neoliberal ideology which is reproducing and increasing social inequalities. It is important to situate community development in the larger context of our actual societies. It can be seen as a response and a form of resistance to the social pressures of "hypermodern" (advanced modernized) societies. Those societies, located mostly in the Northern occidental world, are dominated by an ideology based on market exclusive priorities; performance and financial wealth; and consumerism. But this occidental influence constitutes the core development of what is called globalization and it pervades State and institutional development as well as the daily life of people in many other countries.

Better organized citizens in local communities can influence the development of institutions and the State; defend justice and human rights at the local, regional and national levels; and develop themselves as full citizens. More organized communities stimulate collective affiliation against individualism. But what is community development? How can research be developed to sustain it? What kind of methodology should be the basis? What are the contributions of a clinical sociology approach to the diversity of research experiences in community development?

In the first section, I will identify some basic models of community development and their strategic approaches to intervention and research. I will next present, more specifically, what I think is the most appropriate methodological research process, Community-Based Participative Research (CBPR). CBPR is common to many research experiences in the field. Some methodological principles and techniques then will be shown, illustrating the methodological standpoint of a clinical sociology approach.

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Community Development

The term *community* development needs to be clarified since the notion of *community* refers to different realities, as we saw in the Introduction. I retain here, principally, this definition: A community is basically a group of people living together and residing in a specific territory: rural, semi-rural, or urban. It includes a diversity of organizations, institutions, and governmental entities locally or, being external, having some influence on its population. The term also can be used for large cities, regional or national territories or even internationally. In those enlarged meanings, the notion refers to people "having to" live together as full members of a community. The term, in this case, is being used as a metaphor.

Society is the other word to speak about populations, especially at the national and international levels. It was the distinction made, long ago, by Ferdinand Tönnies (1987), between *Gemeïnshaft* (being together, informally, spontaneously, as a community sharing common realities and problems, materially or symbolically,) and *Gesellshaft* (defined as a population living together by social contract, having deliberate organizations, governed by explicit rules, a society). Community development in that sense is a paradoxical adventure. It aims to better organize the informal "population" in a more formal community, through mobilization, association and organization. This "development" should not interfere with, and stay grounded in, the local communities:the informal and spontaneous way of living of the people.

Development is the other notion to be defined. Interventions addressing community development represent a large spectrum of approaches. A classical typology of those approaches is the one developed in the late 1970s by Cox and Rothman (1979, 1987), describing three types of *strategies of community organization*: Local Development (Model A), Social Planning (Model B) and Social Action (Model C).

This typology was revised in 2008 by Ohmer and DeMasi, following revisions made by Rothman, himself, (2001) and Smock (2004). Additions or subdivisions were then made. A group of Canadian researchers and community development practitioners, sociologists and social workers also revised the basic Rothman typology (Bourque et al. 2007) putting forward the central issue of power relationships and economy. I will include those contributions in the presentation of the three basic types that I think remain central.

Model A, *Local Development*, addresses issues of territorial communities, urban or rural, where people live and develop different community organizations on a grassroots basis, adopting a bottom-up strategy that can also rely on practitioners' expertise in community organization such as social workers, psychologists or others. There can be organizations offering education services, food assistance, employment guidance, that is, a diversity of responses to community expressed needs. The main goal of this type of strategy is actually the internal development of a local community on a participative basis: their members forming groups and organizations. This internal focus does not, of course, exclude relationships with locally-based formal institutions (schools, healthcenters, businesses, government agencies) and higher levels of decision centers at the State level that can sustain this internal development. The contributions of Jacques Rhéaume (Chapter 5 "Community

Development and Empowerment") and of Montgomery, Xenocostas and Jimenez (Chapter 7 "Cultural Encounters"), which investigates approaches for working with immigrants, are good examples of this model.

The complementary strategy of *Locality Development/Civic Organizing* gives emphasis to local development strategies whose "main goal is to restore social order and social control by creating informal forums for residents to discuss issues and concerns and partnering with the public sphere to address those concerns". (Ohmer and DeMasi 2008, p. 5) I also include here the strategy of *Community Building* which combines Locality Development and Model B Social Planning: "Community- building facilitates bridging social capital by creating social networks among large numbers of agencies and institutions based on normative ties (i.e., shared vision of the common good of the community.)" (Ohmer and DeMasi 2008, p. 12). A number of contributions in this volume present research and examples representative of the Community Building model.

The emergence of a new model called *Social Economic Development* (Bourque et al. 2007) is strongly related to Model A, Local Development. However, it focuses on community-based, non-profit, self-managed economic organisations offering services to their members and the community population at large. It could be referred to as part of the third sector economy developed in many countries, based on production or service organisations that take place between the public administrative sector and the private sector. Fontan and Dumais's Chapter 9 "Economic Intervention in Communities: the Québec Case". which presents research on housing cooperatives, is a good example of the Social Economic Development model.

Model B, *Social Planning*, is defined as a top-down strategic approach, often related to governmental agency or Non-Governmental Organisation (NGO) initiatives, that operates in a larger context, internationally or nationally. Public health interventions are typical of this type of approach. For example, some specific sociological and interdisciplinary studies are conducted on a national, regional and local basis identifying social health issues such as drug consumption or obesity. Classical social sciences survey methodology is then used to collect data to be analysed by a variety of experts, including sociologists. Global planning is then established, fixing specific goals, defining intervention strategies and establishing operational steps in order to change individuals targeted or at risk behaviours. Usually it is at the end of the process that involvement and participation of the people, groups and formal organizations at local levels are required for an effective "application" process, respecting the priorities and goals established after the experts' diagnosis of the situation. Civic Organizing and Community-Building (Ohmer and DeMasi 2008) have emerged as alternative approaches to the classical presentation of Social Planning as a top-down strategy. There are alternative ways of doing Social Planning and they are more participative.

Model C, *Social Action*, is mainly characterized by a political orientation addressing social inequalities and justice issues. Collective mobilization coupled with consciousness- raising interventions are the typical strategies that have been developed, for example, by Saul Alinsky in the United States (Alinsky 1971) and Paulo Freire (1970, 2005) in South America. Advocacy, defence of citizens' rights, de-

mand for new policies and confrontation with political representatives, each involving the participation of vulnerable populations, are examples that can be included under this model. The courageous work of Jane Addams and Wangari Maathai, to which we refer to in this book, are good examples of this strategic intervention. The typical research methodology is usually based on a participative action-research model. The contributions of many authors in this book are partly influenced by this model.

A complementary *Social Action/Transformative* strategy is a more complex approach, including "relational organizing strategies", putting more emphasis on stable community "bonding" (Ohmer and DeMasi 2008, p. 11). These authors make an interesting distinction between 'bridging' strategies that establish relationships between a community and external actors and institutions, while 'bonding' strategies develop internal closer relationships between community residents or members. Tina Uys' Chapter 13, "Riding Off into the Sunset?", could be related to this model, focusing on the global power issue, relating national politics and community development in South Africa.

Community Development Research Methodology and Clinical Sociology

The different intervention strategies in community development are social practices appealing to some specialised leaders, usually community organizers, who could be experienced community leaders, social workers, psychologists, lawyers, economists, educators and, of much interest here, sociologists and clinical sociologists. Research is also an important dimension for most of the community development projects whose goal is to produce knowledge-based change. While there are many kinds of methodologies or research procedures used, there is one basic process that runs through many of the models I have presented and which is shared by the clinical sociology approach. It is Community-Based Participatory Research (CBPR) (Leavy 2011).

CBPR is basically a *participatory action-research model* involving partnership between researchers and community participants and leaders. This approach usually includes the following phases: (a) social demand and contract, (b) analysis of the situation or diagnosis, (c) planning, fixing goals and operational steps, (d) action strategies and evaluation.

a. A social contract

Research starts with a social demand from the community, usually expressed by some representative to an individual or group of researchers. A social demand refers to some problems or needs experienced by people in the community, problems that require investigation to be better understood in order to alleviate the situation. A great deal of work has to be done through meetings with partners to clarify the true relationships between researchers and social actors. This involvement is

revealed through the development of increasingly sophisticated analyses of how the researcher/practitioner treats the social demands of the groups asking for intervention, through a better understanding of the contractual relationship between the researcher/practitioner and client, and the power issue inherent in this relationship.

It is in those meetings, completed with some preliminary observation and document analysis, that the research contract is established, reframing the social demand; defining the goals, the strategy and techniques to be used; and identifying the required resources (time, money, material) as well as the people involved and their initial roles. It is during this phase that an advisory board is often created, including researchers, community members and, eventually, representatives of local or national entities.

b. Analysis of the situation

This phase, depending on the social demand and the situation to be analyzed, can be more or less in depth, being based on different data producing tools and techniques such as individual and/or collective interviews, questionnaires, group observation and document analysis. This "diagnosis" is participatory, involving community members and representatives, not only for data gathering, but for working together with the researchers throughout the whole process (designing data collection instruments, producing data and providing analysis, for example, which is usually done by the researcher alone in more academic research).

c. Planning and d) Action

Following the diagnosis phase, choices are to be made on the different dimensions that could produce change, solve problems or lead to a better quality of life. Planning is required to prepare for testing and implementation—for instance, to establish new policies, create new rules or resources for an association, mobilize a population, or develop training. The different intervention strategy models offer a wide range of possibilities. Researchers usually play a different role in that phase when practitioners and community members are most active by supporting initiatives based on their specific expertise and knowledge.

e. Evaluation

This phase is crucial in community development, not only for researchers and community members, but also for external decision-makers and financial supporters. Research, as in the diagnosis phase, is very welcome here—gathering new data; producing reports; facilitating debates and discussion about the results; and evaluating change—and should include the subject, the community. Group and assembly meetings are usually required to create a participative democratic process. Diffusion of the results can be extended, for instance, through the media, scientific circles, and/or producing training materials.

Patricia Leavy (2011) presented seven core principles for a Community-Based Research (CBPR) process. Her book, *Essentials of Transdiciplinary Research*, stresses the importance of transdisciplinarity (a holistic approach that crosses disciplinary boundaries) in this type of research.

- *Collaboration* is the first principle and resides between researchers and the community throughout the process. As Leavey (2011, p. 89) stated, "when thinking through issues of collaboration it is important to remember that community identified needs should be at the center of the research".
- *Cultural Sensitivity, Social Action and Social Justice* is the next principle. Those ethical standpoints are to be respected by all partners and constitute the basic orientation of community development: to understand people and their differences and to clearly address power issues in order to improve social justice.
- *Recruitment and Retention*. A participative approach cannot elude this issue: How can we reach the concerned people, facilitate their involvement in the research and, more basically, in the future of community development? The representative quality of the leaders is another dimension we must consider.
- *Building Trust and Rapport*. Confidence established between partners, researchers and members of the community is an indicator of the quality of the participatory process.
- *Multiplicity, Different Knowledge, Participation and Empowerment*. The fifth principle is that it is important to reduce or eliminate knowledge domination of researchers and experts by creating conditions for dialogue and knowledge sharing. Leavy (2011, p. 95) indicated that.

  All partners will bring different kinds of knowledge—experiential, scientific and lay—to the project. It is likely that different partners will also bring different skill sets to the project. These different kinds of assumptions, knowledge, and experience must be respected and valued.

- *Flexibility and Innovation*. Community-based research is partially unpredictable because of its uniqueness, population characteristics and complexity of problems. Contrary to standardized procedure in formal research surveys, participation and transdisciplinary exchanges require innovation and adaptation.
- *Representation and Dissemination*. The last principle refers to the final phase of knowledge production and results to be diffused, discussed and presented to different publics and under different forms.

Clinical sociology is quite attuned to different principles and procedures of community-based participative research. I will now highlight some shared methodological specifics.

Clinical Process, Interaction and Partnership

Clinical sociology in community development is also based on the *Action-research* process. It aims more specifically at producing a sociological knowledge (if we understand sociology here in the broad sense of social and human sciences) in order to reach a better and critical understanding of a situation. A critical sociological standpoint is to be mentioned concerning social inequalities. Consciousness-raising in the long tradition of Paulo Freire (1970, 2005), for example, or even the stricter

Lewinian participative and "reeducative" approach (Bennis et al. 1985) would support this theoretical emphasis on power issues and social foundations.

Participatory research is much akin to a clinical research perspective. The clinical metaphor introduces three more distinctions: the participants in the research are in a "clinical" relationship, one actor is defined as a demander, and another one is the respondent or provider of research expertise in sociology. "Clinical" refers to the uniqueness of the situation to be analyzed; the "clinical case" is always a singular situation. And, finally, participation, in a clinical context, means a very complex interaction between the researcher and other participants. This relationship is one of "critical involvement" of the researcher creating a dynamic transference which has some similarity to transference in psychoanalysis. In social terms, the asymmetrical and unequal initial relationship between a demander and a provider has to develop into a more symmetrical and equal participation between different actors producing a common understanding of the situation through different expertises.

Sharing Knowledge: The Transdisciplinary Issue

Many researchers in clinical sociology identify with a theoretical approach characterized as complex and dialectical (Pages 1993; Enriquez et al. 1993 Rhéaume 1993; Gaulejac and Roy 1993). Without delving too deeply, it is important to stress the combination of these two concepts: complex and dialectical. As in many systemic theories, or ecological thinking, we recognize the complexity of social "reality". We then explore the complexity of levels from the microsocial to the macrosocial, from the individual to societies and the world. We can take into account the complexity of forms of expression and types of knowledge from the rational and conscious use of formal languages to the non-rational and unconscious physical and affective experiences. Researchers and participants in a research and intervention experience represent different expertises, different forms of knowledge and different experiences as social subjects-actors. Everyone is participating in the *coproduction of knowledge* within the specific social situation under study. This standpoint is the same here as Leavy's fifth principle mentioned earlier.

From this perspective *interdisciplinary research* is the optimal condition for research. Sociology, as a social science, is opened to diverse contributions—for instance, from anthropology, political science, economics and/or psychology—to the extent that those disciplines can be of assistance in this unending attempt to understand the complex and dialectical relationship of the individual and the society, confronted with social problems and social situations to be changed. The reference to discipline and a multidisciplinary approach is also an interesting perspective as it stresses the importance of rigorous training and expertise in one field or another and the diversity of viewpoints necessary to cover the complexity of social phenomena. Interdisciplinarity, on the other hand, leads ideally through effective exchanges made between the diversity of disciplines, their concepts and theories, research methods and techniques, to some transdisciplinary emergent knowledge,

as it is conceived by Particia Leavy (2011). It is true that focusing on common concrete social situations or problems to be solved and involving a participative process with all the social actors lead in that direction. But it is challenging enough, in my opinion, to create a "sociological" mark in clinical sociology, then looking forward toward an interdisciplinary focus, and, eventually, a transdisciplinary one.

Social Planning, Community Building and Translational Knowledge

We can consider that the previous comments on the CBPR and clinical sociology methodology principles and procedure cover a large part of the different community development intervention models perspectives, as far as research is concerned. Social Action and other power-based strategies, and, more particularly, Community-Building and different forms of Local Development are well suited to those types of research. But what about the Social Planning strategy which seems to be more top-down, expert-driven interventions that are more compatible with "objective" academic research? Are there some alternate ways to conduct such research closer to the CBPR or clinical types?

This alternative perspective is clearly developed in Chapter 6 ("The Healthy Cities/Communities Movement") by Harry Perlstadt through his discussion, as a clinical sociologist, of the approach called Translational Research (Wethington and Dunifor 2012) in public health and well being. Wethington and Dunifor (2012) explain that the translational model is historically situated in the epidemiology domain of public health and medical intervention. It is based on an ecological model (Bronfenbrenner 1979) in which the individual is connected to micro (a person's immediate social context), meso (relationships between two or more personal micro social contexts), exo (social events that are not directly related to a person's actual activities) and macro (the larger institutional and structural social system) systemic levels of social influences. Interventions aim at developing a better health or quality of life for the population. Complex operations, from international to local policies and programs, involve many steps for short to long-term changes.

Research and action follow a linear biomedical model that goes from "scientific basic research findings to human health applications, then, to developed applications for trial/intervention, diffusion to clinical practice… producing public health impact, with a feedback loop on step one, basic or applied research" (Wethington and Dunifor 2012, p. 7). It is called *Translation 1* type of knowledge production for clinical applications. It evolves into a *Translation 2* type of knowledge that can "speed up the applications of the evidence-based clinical practices to the improvement of community health", referring to some indigenous practical knowledge production from clinical practices. But there is new development more adapted to social science research on health and quality of life issues. The *Translation 3* model involves a much more interactive and complex relationship between the different phases of knowledge and practice. Development of practical and behavioral

sciences shares the CBPR research principles and procedures, producing appropriate practical knowledge from a bottom up perspective. Thus, participatory local research is valued in itself, and the relationship with basic scientific research and its applications is more interactive with symmetrical types of knowledge exchanges.

Emancipatory Project: An Ethical Issue

A Critical Involvement

Following the principle of sharing knowledge in the context of action, we meet the issue of orientation and values: Is the researcher to stay neutral, external to the subjective point of view of the participants, being objective in her/his analysis? In a clinical approach, this standpoint is not only impossible, but is to be avoided. The researcher is involved in the research contract with the demanders; the researcher shares knowledge and meaning in the situation and participates in a collective project. That does not mean the researcher, as such, has to be compliant or dependant on the practitioners' or population's point of view; the researcher's contribution is, on the contrary, to create a distance, to introduce critical data and knowledge, to give different interpretations.

That critical involvement is "overdetermined" by the epistemological perspective of community-based and participatory research. The basic clinical orientations here are to facilitate consciousness-raising in order to change situations, to establish a more collective and egalitarian interaction between subjects-actors and to engage in a global ethical orientation towards democracy, empowerment, emancipation. As it has been said above concerning CBPR, increasing social justice cannot be put aside as a main goal to be pursued.

The contribution to this book by Cartland and Ruch-Ross (Chapter 4 "The Researcher's Mark: What Researchers bring to Communities…") deepens two central dimensions of a clinical sociology methodological perspective: the involvement of the researchers with other participants in collaborative and participatory research in a community and the exchange of knowledge that is produced in a close partnership and through dialogue. The researchers have to reflectively consider their position, their influence in the whole process of participatory research and, particularly, their responsibility in producing change and how to end the research intervention process. The quality of change itself is dependant on the shared knowledge produced. "The sociological view held by Community members (their implicit sociology perspective)" is to be taken into account as 'real knowledge' compared to the one of the sociologists (Sévigny 1983).

But what happens when some demands for research are intended to increase power of the elite, or the professionals, over or against other segments of the population? Is it not too often the role of "participative" research to find better ways for the leaders to resolve conflicts by reducing "opponents" power? Can a clinical researcher working with powerful social leaders stay neutral and objective? The

clinical sociologist cannot adopt such a perspective and has to make clear her or his democratic-critical standpoint. The well-known theoretical and methodological developments in social analysis or institutional analysis intervention have revealed the importance of "working through" the demand of an intervention, analyzing the power issues—the hidden dimension of domination, the self interest bias.

At another level, the emancipatory perspective can be challenged on the ground of the contradictory movement that characterizes how our societies qualified as "post" or "hyper" modern societies—there is no clear political or economic direction in the so-called "social movements" of feminist, world peace, ecology or participatory citizenship movements. For example, the theory of social classes is seen by many as obsolete and there is no real alternative to that previous global interpretation. There are many reasons to think that a clinical sociology approach based on the radical and critical epistemology evoked here is, in this context, most necessary. It aims at developing social subjects-actors capable of collective social action. It works at reducing the main "pathologies" of this time: a crisis of meaningfulness of life situations, a feeling of intense powerlessness and solitary individualism.

Some Methods in Clinical Sociology

We have seen that what characterizes clinical sociology is the interactive process of research and shared analysis: it is a process of coproduction of knowledge and this knowledge speaks of individual and collective production of society and of selves. It shares completely, with many others, the Community-Based Participative Research approach.

The historical development of clinical sociology favored some research techniques and methods that are shared also with many other disciplines, researchers, practitioners, because clinical sociology emerges from different scientific backgrounds. I briefly mention five of them:

- *Group work* and meetings at different stages of research are highly valued. The T-Group training and group dynamic studies (Bennis et al. 1985) are classical references for many. Cultural consciousness-raising groups and dialogue strategy from Freire (1970, 2005) are just as classical. That means that small group meetings used at different points in a research project, even when they are used as working groups, are significant activities for change and development dependant on in-depth analysis.
- *Life history or life narratives* are also quite developed methods in clinical sociology. These can be done with individuals, small groups or collectives. During interviews, the focus is put on the importance of understanding historical change as it is experienced by individuals and collectives, interpreted into the larger sociohistorical context. This is a structured process as follows: listening to or reading the life narrative of participants developed around specific themes and periods of life; sharing a social analysis that can be made of those narratives; and revising as well as creating new directions and projects for the future.

- The use of *sociodrama or role playing* techniques in small or large groups is another efficient research tool. It permits exploration of complex social issues such as power relationships and creative problem solving. It is particularly productive and efficient in consciousness-raising strategies on social inequality or discrimination issues.
- *Feedback survey* or using *questionnaires on a participative basis* is another historical practice in clinical sociology. It can reach large groups and collectives that can discuss and debate the results and develop projects on a collective basis.
- Finally, *case studies* are in-depth examinations (for a defined period of time) of individuals, programs or events. Case studies can focus on a single case or multiple ones. They particularly are useful for understanding typical situations as well as ones which are unique or exceptional. Case studies can be very useful in understanding the relation between interventions and change.

Conclusion

Clinical sociology has a methodological approach to the study of social phenomena. As such, it is not restricted to a particular domain. As a clinical and critical process of social analysis, some particular issues are privileged—the complex and dialectical relationship of the individual and society as well as the social construction of self-identity. Some social objects are of particular interest in this perspective, such as the study of community development, the struggle for survival and strategies of emancipation developed by excluded or marginalized people. The social construction of self-identity is another area that corresponds well to a social clinical perspective.

I noted the different Models of Community Development strategies: the Local Development and its complementary models, Social Planning, and, finally, the Power-based and Social Action strategies. I then focused on the basic methodological research process—Community-Based Participative Research (CBPR) and its main characteristics and principles.—that can be developed through a wide spectrum of research and intervention strategies:

I also evoked some clinical sociology methodology dimensions that correspond closely to the basic CBPR process. Clinical sociology values epistemological and ethical standpoints which are different and critical of methodologies dependent on the natural sciences paradigm. Research and theory building are not to be separated from action and social practices. As such, they rely on social interaction and power issues related to knowledge production between social actors.

The clinical sociologist as other community development researchers or organizers involved in producing knowledge in the context of social action can be seen as a sort of knowledge broker, dealing with linking different social actors occupying different places in the social structuring of action. The exercise of this role varies greatly and is dependant on the sociologist's social status, the type of knowledge produced, the quality of her/his relationship with the people involved, the kind of issues at stake and so many other considerations.

Social transformation, in a clinical sociological perspective is to be seen as inherently linked to individual transformation. This is not to be understood in a pure circular relationship between the two, neither as a unilateral cause and effect relationship, society conditioning and determining individual type or behaviour, neither as a closed autarkic (self-sufficient) view of the individual being a self-centered and free entity "creating" her or his own world. No, we have to consider this relationship in dialectical and complex terms. Societies, at every level, represent basic material and restraining structures to any social action, individual or collective. But the free individuals, as social actors, can influence and change power structures and institutions. Community development, as presented here, is a fundamental social practice, creating social change through collective empowerment.

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Chapter 4
The Researcher's Mark: What Researchers Bring to Communities, and What May or May Not be Left Behind When Their Work is Done

Jenifer Cartland and Holly S. Ruch-Ross

The United States is now experiencing a substantial expansion of community-based participatory research (CBPR). This expansion has been fueled by the recognition on the part of the Institute of Medicine (IOM) and the National Institutes of Health (NIH) that traditional (i.e., medical) approaches to reducing pervasive health disparities among Americans have failed. Researchers from many different disciplines (medicine, psychiatry, public health, social science, genetics) are being asked for the first time to partner with community organizations in the hope of developing more effective disparity-reduction strategies.

The new CBPR work funded and facilitated by NIH is charged with addressing systemic and individual barriers to good health. It builds on multiple decades of accomplishments in the fields of action research and evaluation research (Wallerstein and Duran 2008), and draws on similar approaches used across the globe, for example in studies of development (Long 1992) and marginalized populations (e.g., Sévigny 2008; Porio and Crisol 2003). This NIH initiative seems like a natural fit for clinical sociologists. And while many clinical sociologists conduct CBPR and evaluation research and may be involved with these new NIH-sponsored undertakings, not all community-based researchers and evaluators are clinical sociologists, nor do they necessarily embrace the broader vision of clinical sociology. This broader vision involves facilitating social change, not just program effectiveness.

Researchers who are new to community-engaged research would benefit from briefly reflecting on how the research process itself (beyond any particular intervention being studied or planned) impacts the community and the social processes of the community over the short and long term. Such a reflection serves as an orientation to and cautionary tale about the radical and political nature of the community research enterprise—an enterprise which often leaves both the researcher

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and the community changed in unexpected ways. This chapter focuses on a specific problem in CBPR: planning and preparing for leaving a community at the close of a CBPR project.

Much of the CBPR work that is the focus of NIH funding takes place in geographic areas that have loosely come to be known as 'disparity communities' in the US. Disparity communities are geographic areas that are low income, have a disproportionate population of individuals at heightened risk of poor health outcomes and lack the human and financial resources sufficient to address systemic and individual barriers to good health. Although many organizations and individuals may provide services in these communities, they typically do not have the collective resources to address systemic barriers to good health, to sustain effective interventions, and to take innovative interventions "to scale." This lack of resources raises significant issues for researchers collaborating with the communities, especially as they plan to end that collaboration.

Neither CBPR nor the field of evaluation provides guidance for the researcher. A great deal of energy is spent on describing how to begin working with a community and how to work with a community (for example, Israel et al. 2005; Minkler and Wallerstein 2008), but little is spent on the process of leaving and disengagement. Studying the process of leaving a community, we believe, provides a window into how theoretically thin the role of the research can be in these disciplines; we will demonstrate the resources that clinical sociology has to offer that can expand, enrich and clarify that role.

The authors have worked for many years with organizations and public agencies to support their capacity to better serve the needs of children and adolescents. It is in the context of this work that the issue of when and how to end the partnership has surfaced as having key importance. The authors have partnered with community-based mental health agencies, schools, youth development organizations, advocacy organizations and healthcare providers to improve health outcomes for children and adolescents. For children and adolescents in these communities, poor health outcomes include chronic conditions that are not well managed (such as asthma or mental health conditions), exposure to violence (both as victims and as perpetrators), use of substances (alcohol, cigarettes and drugs), and environmental risks (such as lack of access to healthy and affordable food and safe places to play). It is the challenge of building the capacity of communities to address systemic barriers in a sustained and effective manner that motivates this chapter.

Reflections on the Social Process of Participatory Methods in Evaluation and Research

We begin by looking more closely at the participatory method of conducting evaluation. The authors have been involved with building the empirical evidence base in evaluation and have examined questions regarding how evaluators make use of participatory approaches. We define the participatory method quite broadly, as any

approach to research that engages stakeholders and subjects of the research in developing priorities or methods for a research study.

Evaluation theory presupposes that evaluation takes place in a social context that is dominated by complex social dynamics, perhaps made more complex by the very presence of the evaluation researcher (Weiss 1998; Chouinard and Cousins 2009). What lessons can be learned from the way evaluators engage these social processes?

Communities are never simple, but one could argue that the most complex side of the community is revealed when change is contemplated, implemented or reflected upon (for example, King 2008)—which are all evaluative moments, whether or not they involve a specific research presence. Evaluators choose how to engage the social context they confront in the community they are working with, either as an observer who measures or manages the impact of the social context on the study or as a facilitator of an improved social context (Abma and Widdershoven 2008).

By employing participatory and collaborative methods, evaluation can do for the community what Stern calls for it to do for academic and policy circles: it can open a space in the community within which many practitioners, policy-makers, clients and other stakeholders can generate new knowledge for the community, and perhaps for other communities as well (Stern 2008). When the evaluator engages in a participatory process, he or she brings to the community a set of skills and resources. Community stakeholders bring knowledge of the community, their own personal and professional skills, and other forms of local knowledge. The evaluator works with the stakeholders to "co-construct" new knowledge through an evaluative or research process (Symonette 2004), and to do so he or she must create a learning space in which it is safe for collaborators to speak frankly and radically about their community programs and institutions.

There is growing acceptance that effective evaluators adopt three principals in order to engage stakeholders fully in the evaluation process (House 2005; Cartland et al. 2012). The first principle is inclusion, which requires the evaluation researcher to work to expand the voice of less powerful stakeholders (for example, children or the poor). The second principle is dialogue, by which is meant that the researcher facilitates dialogue among stakeholders in reference to the evaluation. The third principle is deliberation, which asks the evaluator to facilitate the building of consensus around the evaluation process and product.

One of the challenges of putting the principles of inclusion, dialogue and deliberation into practice is that not every community and not every group in each community is prepared to participate in evaluation research. It is not enough to create a space for deliberation and invite stakeholders to the table, evaluators most go further and prepare both the stakeholders and the 'space' for collaboration. For instance, evaluators are encouraged to train participants for participation in evaluation, especially if they represent less powerful stakeholders. They should accommodate the unique preparation needs of less powerful stakeholders (Plottu and Plottu 2009). In preparing the space, evaluators must assure that the dialogue among groups can be and is inclusive, respectful and productive. One of the challenges facing evaluators is whether they have the capacity to engage community partners in this manner and whether they believe it is an appropriate role to take on (Cartland et al. 2008).

Taking the lessons from the field of evaluation seriously, community-engaged research presupposes that the researcher leaves the community in a changed state (for example, see Chavez et al. 2008). He/she enters the community by invitation from one or more high-ranking stakeholders. The broader community or organization becomes involved with defining the research project through a participatory process. That process may require the empowerment of groups within the community that have not participated in community decision making in the past (e.g., patients in a clinic, low income sectors of the community, racial minorities). The empowerment of these individuals and groups serves the project's ends—in the effort to improve health outcomes, for example, those most vulnerable to having poor health share their challenges in achieving good health. Interventions are more precise and durable if they are based on such real-world observations of individual decision-making.

Once the researcher and community stakeholders have the information they need to develop a project, community engagement may or may not cease. If it ceases, the leaders of the project put the intervention in place and evaluate its effectiveness. If it does not, community members may be involved in many stages of the intervention process, learning a wide range of research skills along the way. Regardless of the point at which the community engagement ceases, the researcher leaves the community once the effectiveness of the intervention is determined and results have been disseminated. This is generally true even if a researcher ascribes to an approach that emphasizes empowerment or capacity-building within the community.

Choosing When to Leave—Why it Matters

Although the CBPR literature is not fully developed, it can take heed from both the fields of clinical sociology and evaluation that the process described above is a social process that brings social responsibilities to the researcher (Abma and Widdershoven 2008). The process of research does not occur in a vacuum with no effect on the broader community. Rather, the process of community research is often expected to be destabilizing to the social relations in the community. What is often not recognized is that the community is willing to undergo this instability because of the 'prize' of better outcomes that the researcher has offered it. It is often the researcher's professional credibility that sways the high level stakeholders to take the risk of destabilizing social relations. What happens, then, when the researcher leaves the community? Perhaps one or more of these scenarios:

a. The community may re-stabilize with the changes put into place during the research process. Those members of the community that were given space for their voices to be heard during the research process may continue to be offered this social space, or they may continue to demand it. The community may find then a 'new normal,' where social relations are more equitable and leaders are more likely to use 'data-driven' thinking to improve the effectiveness of their organizations than they were before the research, or they may just seek out better data than the data they routinely used before the research was conducted.

b. There may be a backlash to reaffirm the 'old' power structure. The professional credibility of the researcher may only be enough for key stakeholders to tolerate the destabilized social structure for a limited time. Once the research is completed, these stakeholders may move to reassert the 'old normal.' This scenario can be most injurious to the stakeholders that brought the researcher to the community in the first place—the true change agents. In our work, change agents have lost their jobs soon after the close of a project ('we just don't need all that chaos that she seems to always create') and other stakeholders have sabotaged future projects planned by the agent ('that's not going to happen again'). Because the change agents are high-performing, well-connected, and typically charismatic individuals, their marginalization can be quite destructive to the sense of empowerment that less powerful community members gained during the research process.

c. Research participants begin to feel empowered about other elements of community life besides those that the project focuses on, what might be called 'empowerment bleed.' In this scenario, the research process may put into motion a series of empowerment events that make it impossible for the old normal to be reestablished. For example, a project may choose to train lay people to become community health workers because they have personal experience that would bring high value to the position (for example, former membership in a gang, having recovered from a drug addiction). For these individuals, college may not have been possible, but they find themselves earning a wage that college graduates earn and having the same level of power in discussions about the project. Often, this experience is life-changing. Such individuals gain new expectations for themselves and for the institutions that they interact with.

d. If change continues to happen and destabilization continues, many disparity communities lack the human resources needed to manage and support an ongoing participatory process. Change creates additional work, usually at a pretty high level, and there has to be competent administrative staff on hand to facilitate it. If the capacity is not there, frustration and cynicism may set in. Perhaps newly empowered and newly trained staff will leave to find work in communities and organizations that are able to be more responsive to the need for change.

These scenarios offer a few examples of how the participatory research process is merely one stage in the life of a community. Because it requires a certain level of instability to succeed, the research process can lead to unintended consequences, many of them not in the best interest of the community. Can the researcher have a role in helping to assure that the consequences of research are mostly good?

Tools that Clinical Sociology Offers

Clinical sociologists know well the complexity of positioning oneself in a social context and at the same time distancing oneself from that context (Sévigny 1997). Far more than other community researchers or evaluators, the clinical sociologist

enters the social context knowing that there will be, perhaps, unintended conse-
quences of that interaction that the sociologist cannot control, and indeed does not
always want to control. This is part of the sociologist's clinical work: "clinical so-
ciology projects aim at developing a greater reflexive consciousness, social justice,
and democracy," (Rhéaume 2008). Thus, if greater inclusion, dialogue, deliberation
and transparency are achieved and if these are sustained after the research project
is ended, all the better. Mending of the social fabric, and all that depends on that
fabric, cannot occur without inclusivity, dialogue and deliberation, which are the
clinical sociologist's main tools.

The challenge for the clinical sociologist is to understand when one's job is
'done.' This is not necessarily when the research project ends, as it often is, regard-
less of the impact on the community, for the community researcher and evalua-
tor. The clinical sociologist has a deeper project. Understanding this deeper project
may help community researchers and evaluators understand more fully their role in
community change and identify milestones that indicate how and when to end their
involvement in the community (presuming they have a choice about the timing and
method of leaving).

To explore this deeper project, we begin by examining what community members
bring to the table when a research project begins. As mentioned above, they bring
their professional knowledge and their knowledge of their community and how it
works—that is, explicit information. Community members presumably bring their
own goals for their community to the project. They also bring their own theoretical
framework that makes sense of their community's social reality—what has been
called 'implicit sociology' (Sévigny 1997; Rhéaume and Sévigny 1988). The focus
of implicit sociology is on the underlying justifications for the community reality as
community members perceive it—often being expressed with indirect language that
takes the form of "images, metaphors, nonverbal signs, and even silences" (Sévigny
2008). This sociology may surface in incomplete ways as community members dis-
cuss problems they face and barriers to solving them with the researcher, such as,
"we know we will never get that school board to work with us"—and in more
complete judgments about their social reality, such as, "that's not how things work
around here," or "this place is different than where you live." Statements such as
these, partial or complete, reflect not merely knowledge about the community but a
subtle capacity for community members to disengage from their immediate reality
to make sense of that reality—either as judges or as interpreters.

This process is the reverse of the sociologist, who enters the community with a
general theoretical notion of 'community' and attempts to engage the community
enough to develop a more specific understanding of this particular community and
how this particular community fits into the general notion of 'community' the soci-
ologist brings with him or her. The sociologist attempts to put a foot on each shore,
the general and the specific, but begins with the general—having, usually, a better
grasp of the general than the community member (Houle 1997). The community
member begins with the specific, with what is known and immediate and typically
not spoken in an explicit manner. The process of seeking the more general view is
the process of implicit sociology.

The community researcher, evaluator, or sociologist prompts further thinking on this more general view. Community members know ahead of time, perhaps instinctively, that the project, whatever it turns out to be, will challenge their understanding of their own community, that is, their general view of 'community' and therefore their evaluation of their own community. Meeting the researcher, evaluator or sociologist represents a certain kind of danger because it threatens to undermine the sociological understanding that is perceived as sustaining the community.

Once in the community, the researcher, evaluator or sociologist begins the work of preparation, inclusion, dialogue and deliberation at whatever speed and in whatever form the project allows or requires. What community members do not usually understand ahead of time is that it is not the project so much as the process of the project that is revolutionary and dangerous. For example, proposing the inclusion of parents of school children in developing a new school curriculum may elicit comments from school administrators, such as, "Once you meet our parents, you will realize we cannot include them." Including clients of a mental health provider may elicit similar sentiments.

Preparation work focuses on developing the skills of the individuals in powerful positions to accept criticism from their clients or staff and developing the skills of clients and staff to provide criticism in a manner that can be productive. Inclusive dialogue cannot be productive unless all of the included individuals know how to speak to one another and how to listen to one another. Preparation is facilitating and supporting (sometimes coaching) community members in how to talk and listen to one another. In this preparatory work, the researcher, evaluator or sociologist performs a radical intervention in the community by insisting that problems can only be solved when a certain kind of equality is established among all community members.

After preparation comes inclusive dialogue. If the preparation is effective, this dialogue can be transformative. The disenfranchised may 'find their voice;' and the powerful may gather new insight into their organization's work, leading to valuable deliberation over how to improve services or what research work needs to be done.

For the inclusive dialogue to continue without the facilitation of the researcher, community members must see its value. It may have value that the participants do not see from the start, but only when they recognize its value will they be willing to embrace it. The value of inclusive dialogue may take time and practice over a number of months or years of facilitated meetings to become evident to the participants. The limited time that is associated with research work may undermine the full fruition of the inclusion process. Clinical sociologists are not as restricted, generally speaking.

The extent of the transformation can be predicted somewhat by an assessment of the stability and basis of social hierarchy prior to the beginning of the project. There are likely endless varieties of social hierarchies that would find the inclusive process destabilizing, or at least challenging. The role of the clinical sociologist is to facilitate a positive transformation that results in better outcomes for the clients of the subject agency or members of the community.

The sociological view held by community members (their implicit sociological perspective) provides grounding and orientation amid the transformative dialogue. For the clinical sociologist, the focus of the preparation work is not empowerment of the 'voiceless' per se, not just paving the way for them to have some power in the dialogue, it is helping them find their own voice and explore the impact of using it. To find their voice, the clinical sociologist facilitates the surfacing of their implicit sociological perspective, brings it out in the open, and allows them to explore it explicitly. Community members then decide what they think about the problem they have been asked to consider, what they will say, to whom they will say it, how they will say it, and what risks they are willing to take. For example:

> Parent: The special education teacher sometimes tells the students that they are stupid, and I think that's really wrong. It makes me so mad. My son is only in that class because he talks back. He gets OK grades, but now he has a teacher telling him he is stupid.
> Interviewer: Did you say anything to anyone?
> Parent: I talked to the principal (of the school).
> Interviewer: What happened?
> Parent: Have you met this principal? (heavy sigh) He told me that he talked to the special ed teacher and the teacher denied it. So great. Now my kid has a teacher who not only is a bad teacher but is also angry because I complained.
> Interviewer: What about the superintendent (of the school district, the principal's supervisor)?
> Parent: Why would I talk with him? He's too high up.

The implicit sociological perspective of this parent is that her voice counts, but only so much and only to certain people. This is an opportunity for the clinical sociologist to make this implicit perspective explicit and give the parent an opportunity to view it out in the open, clinically, so to speak. The parent then can either choose to continue that perspective or change it.

The process is parallel when working with leaders who are not accustomed to engaging clients in their agency planning. Leaders already have a voice, but the clinical sociologist also seeks to surface their implicit sociological perspectives so that the perspectives can be explored more explicitly. A later conversation from the same project, but with a group of school superintendents:

> Researcher: In our work, we spoke to a number of special ed (education) parents. Some of them feel that they cannot bring their complaints to superintendents. [Explained nature of some complaints.]
> One superintendent: (exasperated) Why didn't they come to me? I'm here all the time!
> Other superintendents nod, clearly frustrated.

The superintendent's implicit sociological perspective is that everyone has equal voice and uses it when they need it. If he or she does not hear complaints, then everything must be fine. This, of course, is an opportunity to make the implicit perspective explicit and consider with the superintendent ways to empower parents sufficiently so that, in this case, the special education program receives perhaps additional supervision for a time.

The importance of focusing on the implicit sociological perspective of community members is that the clinical sociologist seeks to leave that perspective changed, but intact. Thus, the transformation that the community undergoes, if it is properly

matured and facilitated, will be owned anew by community members. It will become the 'new normal.'

The challenge to community researchers and evaluators is that their participatory approach does not come adequately tooled. The limits of time and disciplinary commitments restrains the researcher such that they do not fully engage in the strengths that the community has prior to the project and, hence, cannot fully build on them during the project. The project is potentially seen as ONLY disruptive, not as truly reformative or transformative. To be either reformative or transformative the project must be anchored in a deeper community change that the community researcher and evaluator do not necessarily have the tools, or the understanding, to carry out.

Leaving

Given the previous argument, communities would benefit if community researchers and evaluators approached their role with the tools and skills that clinical sociology can provide. But regardless of whether this is possible, researchers and evaluators would serve their community partners better if they conducted an 'exit assessment' before leaving a community with which they have engaged and if they worked with their community partners to prepare for the exit assessment from the beginning of the partnership. This would give the researcher the opportunity to identify unintended consequences of their involvement, with the community partners, and strategize about how best to address unintended consequences that are negative.

In a study conducted in 20 evaluations, each in a different community, we found that communities could be sorted into one of the three following categories at the close of a three year evaluation study:

Embracers. In a few sites, seeking out relevant research-based knowledge and open deliberation seemed to become standard practice when decisions were being made and this standard practice was applied across all or most projects and initiatives (not just those connected to the study project). The leaders of the school district and other organizations appeared to embrace research-based knowledge and open deliberation as one of the key factors to consider when they were making a decision.

Selective Users. In a second set of organizations, research-based knowledge and open deliberation began to be seen as potentially useful, but was not something consistently sought in decision making—e.g., it could be seen as relevant to deciding the right number and kinds of social workers the school should hire, but not relevant to deciding whether the school should have recess for grade school students. Research-based knowledge and open deliberation were employed when the research findings supported an agenda promoted by stakeholders or when an initiative or project was perceived to be 'research-relevant.'

Resisters. In this sub-set of sites, stakeholders seemed to resist using research-based knowledge and deliberative practices in decision-making. Evaluation results were perhaps useful in deciding which funded programs to sustain, but these sites did not seek out research-based knowledge when they had other decisions to make. Resistance could be either active (some stakeholders expressed little faith in research-based knowledge and open deliberation) or passive (stakeholders made decisions based on the information that was presented to them and did not seek out any additional information).

Because of limitations in the data, we could only assign these categories based on our knowledge of the reactions of a few key stakeholders. But it is clear from our data that if the core group that worked closely with the evaluator could be categorized as 'embracers,' the larger group of stakeholders might not be embracers. In other words, the narrow group of stakeholders working with the researcher most often represented an 'island' or 'outpost' for using research for decision-making in an open, deliberative process. A full exit assessment and preparation process would need to examine all key decision-making nodes in the community of interest and explore their cross-learning, or more precisely, the contagion of the perception that knowledge gained using research methods and inclusive deliberation were helpful and the process of participatory decision-making leads to improved service delivery and outcomes.

In addition to examining the state of community decision making using this simple framework, the exit assessment might include some withdrawal tests. These tests would focus on the researcher reducing their role and examining the outcomes of that small role.

> Is the deliberative space durable?
> Is the researcher's role seen as a vacuum into which others step?
> Who steps in, does the space maintain its participatory capacity?
> How does the quality of the space change?
> Are there groups or interests that are imperiled?

These tests would both reveal the changes and the durability of the changes in the community and serve as learning moments for those whose roles expand as the researcher's role decreases. The researcher could serve as coach, or less intrusively, as a sounding board for those stepping into the facilitative role.

Finally, as the relationship closes, the researcher may conduct exit interviews with a range of stakeholders—or may ask a third party to do so on the researcher's behalf to avoid biasing responses. These interviews would focus on the observed changes in the community, the stakeholders' perceptions about the value and durability of these changes, and the stakeholders' perceptions about the processes by which decisions are made and which stakeholders' insights are considered invaluable. Such interviews would provide insight into the value of the researcher's involvement in the community and the shape of the impact of the research process on the community. The information gleaned and appropriately shared could be of significant value to the community in seeing the way forward.

In the long-term, we would like to see community-based researchers and evaluators of all stripes begin to plan for the inevitable "leave-taking" from the very

beginning. If leaving is understood as a part of the process, it may facilitate taking opportunities for building capacity within the community and relying more fully on the tools that clinical sociology has to offer. Moreover, baseline assessment of community decision-making could be shared with community members at the outset, and ultimately make the exit assessment more meaningful.

Conclusions

We have attempted to show that research in a community setting has the potential to confront the community with significant, sometimes radical, change in the way stakeholders relate to one another, how decisions are made, and the status of research-based knowledge. Many of these changes are positive and are widely embraced by community-based researchers, as well as the communities and organizations they work with. But not every community or organization is prepared for these changes, particularly disparity communities which often lack the human and financial resources to complete or sustain worthwhile social change. Waiting for disparity communities to become 'ready' for research on their own may rob them of rare opportunities now present. The goal of the researcher in these cases must be shaped by a certain level of caution and finesse.

The field of clinical sociology provides some tools for addressing these challenges, by providing a means by which the researcher can engage community members in conversations about their own, sometimes faulty, perceptions of their power and insights, and by teaching both powerful stakeholders and less powerful stakeholders how to deliberate as equals, with each bringing a willingness to learn from each other and the capacity to add value to the deliberation. The researcher can be a source of consciousness-raising and can help establish new normal ways of decision-making that provide new skills to both the powerful and to the less powerful in the community.

The final challenge facing the researcher in this context is to decide when and how to end his or her collaboration with the community and to fix the timing of the departure in a manner that supports the community's continuing efforts to develop. Certainly, a researcher's period of interaction with the community is just one small moment in decades of development and decline. And the breadth of their involvement can be quite narrow. Nonetheless, the involvement must be seen as an opportunity to support and expand the strengths of the community, and in the very least 'to do no harm.' Hence, focusing additional effort in assessing the readiness for exit and the long-term impact on the stakeholders that have worked most closely with the researcher will go some ways to minimizing negative community outcomes.

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Part II
Selected Applications

Chapter 5
Community Development and Empowerment: A Clinical Sociology Perspective

Jacques Rhéaume

Introduction

Community action in Québec is intimately connected to the social context and to the role of the State, that is to say, etched directly into the dynamic of the civil society in a context that is simultaneously social, economic, political and cultural. The society discussed here is the society of Québec, the "francophone province" surviving on otherwise English-, Spanish- and Portuguese-speaking American continents. By the State, I mean to say the province of Québec (population 7.8 million) within a Canadian confederation (population 34 million), respectively provincial and federal entities sharing jurisdictions that devolve to the province by virtue of the constitution. These jurisdictions include health, social services, education, culture, housing, justice, economic development, and income and work security, i.e., the day-to-day living conditions that are the primary spheres of activity for people involved at the local, community level.

Community action is an important phenomenon that occupies an increasingly larger place in Québec's civil society. Approximately 8000 community organizations in Québec meet the definition established by the province the criteria of the Act Respecting Health Services and Social Services (Communications Branch, Ministry of Employment and Social Solidarity 2013) and the Policy on Community Action, An Essential Contribution for the Exercise of Citizenship and Social Development of Québec (Communications Branch, Ministry of Employment and Social Solidarity 2001). Taken together, these organizations employ 15,000 salaried workers (with women continuing to be in the majority) and amount to a provincial financial commitment of more than US\$ 300 million (Secretariat Autonomous Community Action 2004).

How do clinical sociologists contribute, through research, training or involvement to the development of community action? Contributions in the form of sociological theories are numerous, particularly in the areas of social inequality,

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marginality, discrimination and, more generally, in the fields of social action and social movements. It was primarily on the methodological level, with the close collaboration of clinical sociology, that various forms of action research or participative research were developed in America and elsewhere. In this chapter, I will concentrate on a specific approach to clinical sociology that uses collective life history as a research as well as an activist methodology.

First, I define the basic concepts of collective life history, empowerment and clinical sociology. Then, I present the result of two community-based research projects to illustrate how using collective life history works well within a clinical sociology approach.

Collective Life History

Collective life history is defined as the story that members of an established group or a formal organization tell about their collective experience. The narration concerns primarily the story of the group's experience even if it is, of course, based on an account rooted in the subjective experience of individual members. Being a *collective* life story implies that the "storytelling" occurs in group meetings and revolves around the emergence and establishment of the group as a collective unit, the group's evolution, its accomplishments and future projects. In addition, the group's shared history is inseparable from the deeper individual dynamic that replays on the group level. It sometimes happens, and such is the case of the research described later, that the individual stories of group members told within the research framework of individual interviews supplements the collective story. As such, the individual's life story rounds out the collective story which leads to a better understanding of the fundamental meanings provided by individuals about their involvement in, and their commitment to, the group, i.e., their underlying motivations, aspirations, fears, commitments and personal projects.

Empowerment and Historical Consciousness

The conceptual framework of empowerment forms the basis of many community organizations (Rhéaume et al. 2003). "Empowerment" could be defined as a process that allows individuals and communities to gain more power over their lives and their life situations. This concept includes four dimensions: the development of self-esteem; skills recognition and development; a relational framework characterized by egalitarian relationships; and the development of a critical social consciousness. (Wallerstein and Bernstein 1994; Le Bossé et al. 1996; Gutierrez 1995). These dimensions are strongly interrelated.

First, empowerment implies a personal and individual dimension, that of each individual becoming less subjected to and progressively more in control of his or her life. This requires, however, that individuals in groups and organizations be able to participate in a collective and meaningful way in the decision-making process

and in the determination of the group's orientations, and that they are able to share the power to take action, whether in the work environment or within different life groups, e.g., family groups, leisure activity groups, associations. Finally, this collective participation assumes the development of a critical consciousness of social and established power relationships. Ninacs (1996) defines critical consciousness as the result of the dialectic dynamic arising from the interaction between action and reflection that Freire (1970) calls *praxis*. Ninacs identifies three stages: the development of a collective consciousness (it is not only the individual who has a problem), the development of a social consciousness (individual and collective problems are influenced by the nature of societal organization), the development of a political consciousness (social change provides the solution to these problems, i.e., a political act in the non-partisan sense of the word).

Storytelling and Identity Building

The development of a critical consciousness that takes into account cultural differences related to different socioeconomic conditions, gender, age, and including different ethnocultural backgrounds is strongly linked to historical memory work. Retracing one's life arc, but also one's past and future projects, is an essential element of the individual or collective identity (Bertaux 1980). This identity-building is strongly linked to any mobilization to action. In a discussion of the movement to promote health in Canada and in Québec and the issues surrounding empowerment and community participation, Robertson and Minkler (1994) underline the intrinsic importance to a community of "stories" that allow people to connect to their common history and to their individual experience in order to reveal knowledge and direction more appropriate to their future orientation. The authors define "community" by following McKnight's four criteria: (1) a larger importance placed on "capacities" rather than deficiencies, (2) informal, friendly operations, (3) the existence of "storytelling" or community histories, and (4) the inclusion of celebratory moments as well as moments of tragedy that reveal the fragility of the community's life. The nature of communal histories that a community's members have at its disposal would turn out to be a key element of individual and social integration, adaptation and change.

Rappaport (2000) points out that in order to transform tales of terror into joyful stories, dominant cultural stories must be analyzed critically. Within a perspective of empowerment, this process of exposing the reality combined with reflection-action furthers the development of critical consciousness and a positive identity.

Clinical Sociology

The collective life history approach is placed within the more general framework of a clinical sociological perspective used in my work with individuals, groups and organizations. Here, the term "clinical approach" should be understood in a

metaphoric sense in which the notion of "clinic" borrows the idea of closeness and involvement with people (*klinè*—in Greek—meaning "at the bedside" in order to help an ailing person). By analogy, a social clinic means to get involved with people, with social groups, in the hopes of being useful and at the same time applying proven knowledge (Enriquez et al. 1993).

Clinical sociology is based upon a certain number of conditions: a negotiated relationship between supply and demand for research; the researchers' involvement; a democratic knowledge sharing mechanism; the mutual goal of an emancipation ethic; and a shared responsibility for results.

Social Demand and Research Supply

A clinical sociological research project usually develops from a request brought by individuals or the representatives of a requesting organization. For example, people in charge of a community group want to conduct an assessment or an evaluation of their group to better determine the group's future orientation and they ask social science researchers to help them do it. In fact, behind the request for research lies the 'social demand' which involves a more radical critique of the practices actually brought into question by the request. The targeted change uses issues of orientation to mask a bigger social question, for example, a problem involving the power relationships necessary to act on social inequality or marginalization. Such questioning is rarely explicit at the outset and must be addressed as soon as the first meetings with the different actors involved in the situation. Note that the researcher's position is not immune to the questioning process. He or she handles the request, however, the researcher continues to pursue personal interests related to his or her career as a researcher at a university or a research center.

The work surrounding a demand never simply responds to a request or to an offer. It is a process of negotiation surrounding complementary objectives that culminates in the creation of an agreement. This leads, for example, to the drafting of a research protocol which will then be presented to public funding organizations. At the beginning of the research project, a research supervisory committee is created to ensure oversight.

The use of collective life histories requires a greater degree of involvement than a survey questionnaire, for example, because this type of undertaking demands more in the way of subjective work. This is true not only for the narrators, i.e., those available to voluntarily present their life stories, but also for the researchers called upon to listen, guide, analyze and interpret or not interpret these accounts. Often this inter-subjective dimension creates a certain discomfort or culture shock for people accustomed to demanding their rights, to developing services and to mobilizing group members since one's personal life is viewed as a private matter belonging to the informal and hidden sphere. A stronger bond of trust must be created requiring explanations and ethical guaranties.

Knowledge Sharing

At the heart of the clinical work plan are the analysis and interpretation of accounts or, more generally, the relationships between the types of knowledge involved in the research project or intervention. Such an approach relies on a elaborate tradition of thought and practice in research—in sociology as in the fields of social psychology, anthropology or philosophy—concerned with the specificity of practical, professional knowledge and with the knowledge of everyday life or plain common sense.[1] Over time, clinical intervention has assigned a great importance to a plan of communication and cross-analysis in which each actor, based on his or her position and his own knowledge, engages the others in understanding the situation.

In the use of collective life history, the key knowledge sharing moments occur between researchers and group representatives during discussions pertaining to the conceptual framework and the methodological approach that draw on the researchers' academic knowledge and the representatives' professional knowledge. As a condition of a shared, critical reflection where experience and knowledge collide, the collective life history meetings and/or individual interviews with organization members also imply the real job of translating different types of knowledge.

A Liberating and Critical Ethic?

The clinical sociology approach implies an ethical and deontological framework in which the limits and rules of the various actors' participation are defined, i.e., the voluntary nature of participation, freedom of expression, confidentiality of exchanges between individuals or within the meeting groups. Beyond these classical deontological rules, a clinical approach introduces two additional rules. The first is consistent with the fundamental ethical stance related to democratic open-mindedness that allows knowledge sharing on a pluralistic, more egalitarian and complementary basis, i.e., all participants may express themselves and participate in the various phases of the research. A second rule stems from what can be described as the liberating aim: the research encourages the expression of statements that translate into action likely to reduce social inequalities. This occurs on two levels. First, the clinical approach innately produces knowledge by constantly questioning the hierarchical institution of knowledge. But, also, there is the larger aim of relying on the effects of consciousness-raising and of

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[1] I refer here to three types of knowledge of which the epistemological bases are: scientific knowledge, practical and specialized work knowledge, and knowledge gained through the relationships of daily life. These types of knowledge constitute an established hierarchy based on a socio-historical evolution. Scientific knowledge is now sanctioned by academia, and professional knowledge is sanctioned partly by formal education, but also by professional orders or guilds. Finally, experience-based knowledge is the "common sense" shared by a given social group. Other types of knowledge also could be mentioned. For instance, aesthetic knowledge forms the common ground for arts, and spiritual knowledge is the basis of all religions.

knowledge sharing among researchers, professionals and participants in order to actively pursue a greater participation and a reappropriation of the social actor's power (empowerment).

Shared Results

The ethical principles described above demand that the project participants share responsibility for, and recognize each actor's respective contributions to, the interpretation, analysis and distribution of research results. In order to reach different audiences, distribution methods may vary to allow for actor-appropriate forms of expression (i.e., research reports, professional journal, audio–visual presentations).

The use of the life history in clinical sociology raises all sorts of methodological and epistemological questions that I will address using two community-based research projects in Montréal.[2] The first project involves a homeless collective and the second one was undertaken with a neighborhood community group that provides food assistance for people living in poverty.

Itinerancy and Alternative Social Insertion

The first project was accomplished with a community group made up of people defined as "without fixed address" or, the term frequently used in Quebec, "itinerants" (people living on the street). This group adopted the name that, in a way, sums up the collective project: *Le Groupe l'Itinéraire* (literal translation: The Itinerary Group). Indeed, this term describes the evolution from "itinerancy," i.e., erratic, aimless, meaningless movement, to the creation of an "itinerary", i.e., a defined, mapable, direction-driven and meaningful project arc.

From Social Demand to an Academic/Community Partnership

The coordinator of *Groupe L'Itinéraire* made a request for evaluative research following a resolution voted in by its organizational center, the board of directors, which functions according to peer group management principles. The request was submitted to the director of the Department of Community Services at the Université du Québec à Montréal (UQAM), a department formed in collaboration with the community organizing and organized labor sectors to offer research or training resources to groups working in community or social and solidarity economy activism. Projects are evaluated and then accepted or refused according to a philosophy

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[2] The city of Montréal is located on an island, by the St.-Lawrence River, in the Province of Québec. The greater Montréal region has 3 million people.

of partnership between universities and representatives of the activist community. Two university researchers,[3] a representative from the Department of Community Services and the coordinator of *Groupe l'Itinéraire* (the oversight committee) headed up the research project that would respond to the evaluative research request regarding the group's history since its establishment in 1988.

Le *Groupe l'Itinéraire* is a community group of formerly homeless people most of whom are addicts. Based on a commitment to concrete activities and work, the group manages to produce and distribute a street magazine called *l'Itinéraire* as well as operate a restaurant called *Café sur la rue* [literal translation: Street Café] and an internet café. These activities are intended to be financially self-supporting even if the group requires external financial aid (provided by private and public organizations) to ensure its infrastructure (coordination, equipment). Group members receive a salary. At the same time, the group has other objectives that include social support, mutual assistance among the group's members and a commitment to human rights advocacy, in particular the rights of those living on the edge.

Methodology and Main Results

The research methodology combined several data collection techniques: the analysis of written documents, survey questionnaires, and individual and collective life histories. Meetings were conducted at three key moments: when the study began, when a milestone report was issued, and when the final report was produced. Through its representatives on the oversight committee, *Le Groupe l'Itinéraire* was involved throughout the study.

Documentary research involved various texts, reports and advertising materials produced by the *Groupe l'Itinéraire*, including one particular study on the street magazine and its audience, already had been conducted the year before. The magazine had survived for 23 years, which is an exceptional accomplishment in the publishing world. It should be noted that the magazine's editorial content is produced largely by members that come from the streets and that the magazine is sold exclusively on the street by the group's homeless members.

The survey questionnaire along with the interview was conducted with 31 "regular" members of the *Groupe l'Itinéraire*. In addition to this stable core, a large number of "temporary" members, 30 in all, were not interviewed. They are involved mostly in magazine distribution. Another 30 members who were not interviewed are more or less regular clients of the Group's two cafés.

The profile of the regular members is as follows: the 20 men and 11 women who were surveyed are on average 38 years old; two out of three have a secondary school education or less and one-third have a college or university education. Four became members of the group in 1989, 14 joined in 1994–1995, 13 joined in 1996 or later. Of the 31, 20 work at the magazine, five at the Café, and six work in management. Without

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[3] The primary researcher was Jacques Rhéaume and the co-researcher was Réjean Mathieu.

going into the details of the survey results, a complex portrait emerges that includes strengths, i.e., interest in work, good primary network, active intellectual life, and weaknesses, i.e., serious areas of vulnerability in terms of finance, health and stability.

The analysis of histories was completed and validated by the group. These histories reveal some commonalities. In all cases, the family experience is a failure as is the relationship to school. For all, however, multiple drug addiction is the decisive factor that leads to living on the street. From one person to the next, however, experiences also vary a great deal: for instance, a difficult "coming out" experience for a homosexual, a traumatic experience of familial violence or violence experienced in one's own neighborhood during childhood or adolescence.

A common trait emerges from these interviews: the strong quest for an ideal, an ideal often betrayed, but no less desirable. For several, this ideal is a life "out of the ordinary" accompanied by an imposing, narcissistic self-image. Alternatively, it is a question of seeking an intense life experience that is strong, absolute, and in the here and now. Drug addiction both expresses and fuels this search for intensity. The quest for the ideal, for intensity, magnifies the harshness of the social and psychological losses experienced by members before joining *Groupe l'Itinéraire*.

The group's members come from the mainstream, admittedly modest, but not markedly underprivileged. Their fathers are, for instance, cab drivers, plumbers, or seasonal construction workers. For most group members, after regressing towards a more or less lengthy experience of precariousness on the street, their current life paths are relatively better than those of their upbringing.

For members, joining the *Groupe l'Itinéraire* represents a double challenge: psychologically, rebuilding dignity and self-esteem, and, socially, rebuilding autonomy and regaining mainstream or middle-class status. For several, this means getting drug-free and finding validation in intelligent and satisfying work. And it is not the ideal that is missing. The base, however, is fragile. Members of the *Groupe l'Itinéraire* want to live an experience that measures up to their need for intensity and an extraordinary life. At the magazine, the insistence on excellence and productivity strongly expresses this ideal. At the same time, tough addictions persist, requiring assistance and support. Most of all, members must rediscover a sense of the extraordinary in the ordinary which is, when all is said and done, found in the length, persistence and quality of human relations to be built.

Four individual histories were conducted. The analysis of these histories and the results stemming from the survey analysis were then presented to the collective during two meetings that allowed us to begin what might be called the collective story as well as the elaboration of a skills profile typology. The latter led to the identification of relational types, those skilful at establishing multiple contacts; sales types, people comfortable selling the magazine; and, finally, artistic types, people with aptitudes as writers, artists and copywriters. This typology was confirmed and improved upon by the group.

An informal follow-up on this community group's experience confirms the sturdiness of the organization that still continues to pursue its projects by integrating additional member support activities including meetings, mutual assistance and a presence on the social scene. These activities are a further indicator of a growing empowerment process.

Food Assistance and Community Action

Here, I present the results of another research project whose goal was to conduct a critical assessment of a community organization working in an underprivileged area by providing food assistance to a sorely impoverished population (the *Multicaf* organization). The collective life history constitutes the principal approach used. This research was conducted with *Multicaf* and the Research and Training Center of the CLSC Côte-des-Neiges[4] one of whose priorities is to collaborate with community organizations.

From Social Demand to a Research Center/Community Organization Partnership

The coordinator of *Multicaf* initiated the research project by requesting researchers at the CLSC to undertake a critical assessment of the organization and to retrace the principal stages of the organization's development in order to facilitate future choices. An evaluative research project, it relied on the empowerment-based analysis framework.

The approach chosen was participative and involved the establishment of a steering committee that included the researcher, a community organizer from the CLSC and *Multicaf*'s coordinator.[5] The participation of the organization's members at various stages of the research was particularly important in the collective life history process.

Methodology

The reconstitution of the historic evolution experienced by members of *Multicaf* relied mainly on life experience accounts.

- Eight individual interviews were conducted with a first group of participants made up of either supervisors or people who were very active in the first years of *Multicaf*'s existence. Two group interviews then brought together these same participants to confirm and complete the individual meetings. These interviews took place in the summer and fall of 2001.

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[4] "CLSC" designates a Local Community Service Center offering, on a territorial basis, social and health services. Côte-des-Neiges is a neighborhood located in the central west area of Montréal. One hundred CLSCs cover the territory of Québec. A reform recently transformed this institution by regrouping several CLSCs under the umbrella of the Social and Health Services Center (CSSS). This reorganization was based on population and territory.

[5] The primary researcher was Jacques Rhéaume. Roger Côté was the CLSC's community organizer and co-researcher Alain Landry, a research partner, represented *Multicaf* as the group's coordinator. *Multicaf* received a grant from the Fond Québécois de recherche sur la société et la culture (FQRSC) (the Québec Foundation for Societal and Cultural Research) (Grant SR-4346). This research was conducted between 2001 and 2005.

- Fourteen individual interviews were conducted with the principal actors currently involved in the organization, the management, the board of directors,[6] employees, and *member-users* (people using the different food services, the participative 'clients'). Four meetings with the board of directors were expanded to include the participation of employees; this allowed for the completion and validation of information collected in the individual interviews. These interviews were conducted in the summer and fall of 2002 while group interviews were conducted in 2003. The expanded board of directors constituted the "collective" aspect of the life histories. In fact, in this case, the expanded board of directors constituted the stable core of *Multicaf*.
- Seven individual life history type interviews were conducted with *member-users* and employees to illustrate their individual life paths. These interviews were conducted in the spring and summer of 2003.

There was also an analysis of the principal documents produced by the organization (e.g., annual activity assessments, study reports regarding specific activities, the founding charter), as well as newspaper articles and other public documents.

Finally, the principal main actors of *Multicaf* produced a DVD that dealt with the essentials of the written research report. A public screening of the DVD brought closure to the research process in 2004.

Multicaf's Story

Here, I reconstitute the central moments of the account by synthesizing the data and the statements collected. More than 25 years have passed since the founding of *Multicaf*, a community organization devoted to providing food assistance to an underprivileged population in Côte-des-Neiges, a Montréal neighborhood characterized by immigration and cultural diversity. Montréal poverty statistics show that 40% of Côte-des-Neiges' population of 40,000 live below the poverty line and at least 9000 suffer from hunger. This reality formed the basis for the project.

Main Results

Multicaf: Founding and Mission

The founders' accounts and revisiting founding documents, as well as revisiting the details of the group's first activities, constitute central reference points in the collective history and provide a key to understanding the entire evolution of the orga-

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[6] The Board of Directors is defined as a major authoritative body in the governance of any institution but takes on a specific meaning within community organizations. It often combines collective management with legislative and operational functions.

nization. Let's recall some elements of the first 'social framework' in the collective memory of the people interviewed.

In 1984, the Genesis Project, another community organization, first initiated the project of offering food assistance to the residents of the Côte-des-Neiges. Note that the name of the organization alone is innately evocative. This community group's members worked principally on individual and collective human rights advocacy by offering information, counseling and referral services. And it is through this work that the neighborhood's glaring need for food assistance became apparent.

All the founding activists interviewed stressed *Multicaf*'s triple mission: (1) Basic service: provide food assistance, (2) Social support: nurture a living environment for member-users, (3) Social action: raise awareness and mobilize the neighborhood to combat poverty. The meaning of the name "*Multicaf*," which was inspired by the neighborhood's multiculturalism as well as the idea of "multitude" and of diversity and openness to all, was another important element in the founding history. So, already at its inception, the aim of the organization's current activities—an inclusive notion of citizenship not only for immigrants but also for people of different socio-economic statuses and even those suffering from mental illness—had already taken root.

During group interviews, these elements are illuminating and palpable for *Multicaf*'s current *member-users*. The triple mission, as presented by the researchers and based on the interviews with the founders, provoked numerous comments and references to tensions between the mission's three aspects and their transformation. For example, several noticed a reduction in consciousness-raising and critical action. Critical mobilizations were very evident in the first years of the organization; in 2012, however, these mobilizations are clearly more low-key. The steady presence of several members in different action networks—i.e., social housing project advocacy, job access, social and solidarity economy, immigrant support—provides a counterbalance to this impression of minimal mobilization. As the members of the board of directors say, contemporary struggles are less about demonstrations and denunciations and more about stable organizations able to develop positions and to negotiate with political decision-makers.

On the other hand, all the members that had been met (at the board meeting or individually) recognized the organization's food assistance dimension had assumed a central focus: actually, from 2008 to 2009, *Multicaf* introduced new types of services including meals for children in elementary schools located in underprivileged areas and meals for socially dependant seniors. Several members worried about the now reduced importance of the other two aspects of the group's mission, leisure activities and social action support. The question became how to ensure active, participative or critical modes of operations in these sectors.

The tensions between *Multicaf*'s three action orientations are not the only tensions mentioned. In interviews, participants expressed their pride in advancing the organization's project of openness to ethno-cultural and social difference, of liberation and real citizenship for all. However, they frequently refer to difficult periods of integration. For example, one member recalled a period when members grouped themselves among ethno-cultural lines. Another member mentioned how

women rarely frequent the cafeteria and how young children attend even less. Another member underlined the daily interpersonal tensions related to differences in status between paid members, volunteers or permanent employees. Another source of tension is the mental illness affecting some members. In light of these remarks, *Multicaf* appears to experience a perpetual challenge of integration even if the organization is on a winning path according to testimonies and observations.

This first analysis phase led researchers to make connections with the narrative form of the tale. The heroic story or tale has a certain relevance to telling the organization's development story. In the first place, it is a founding story, describing the organization as the bearer of a generous project, a project designed to resolve a difficult situation. This project involves important actors that might be seen as heroes, as leaders that will battle to achieve a project that is at first uncertain. Despite numerous obstacles to overcome, the project develops and succeeds. Nonetheless, beneath this "heroic" form, that may serve as a unifying force for *Multicaf*'s members, the actors themselves provide a more critical analysis often provoked, or better yet drawn out, by the researchers that demonstrates the project's tensions, its challenges and limits. The tale becomes more realistic and complex, even if partially well-founded.

A Remarkable Evolution

In 1988, *Multicaf* consisted of two permanent employees with a budget of about US$ 50,000 and a complementary base of volunteers and financially precarious workers funded by public programs. At that time, the primary services consisted of serving noontime meals in a limited space (50 places) and providing monthly food baskets (roughly 75). In addition, and this is not negligible, several recreational activities are offered as well as several street demonstrations or demonstrations within institutions to denounce policies or insist on their rights.

In 2012, and progress has been consistent, *Multicaf* employs nearly 20 people of whom 12 are regular employees; 20 others participate in the organization. The budget exceeds US$ 1 million from various sources, mostly governmental (municipal and provincial). There are always contributions from various donors and this assistance is necessary. There have always been the reference points of important developments, e.g., securing larger and better-equipped facilities with "a complete and modern kitchen", reference points that turn up regularly in the collective memory.

Life Path at the Heart of Multicaf

It should be noted that certain more general characteristics of *Multicaf*'s life path, from inception to emergence, are based on data collected from individual life histories. Examining different types of ruptures along *Multicaf*'s life path permit us to identify some of our research participants' psychological profiles. Three profile

types emerge that point to individuals who are socially and economically marginalized to a greater or lesser extent but enough that they need food assistance:

- The immigrant who must start at zero or nearly zero;
- The individual who finds himself or herself without work and eventually in debt;
- The individual suffering from mental health problems (more or less severe).

The identification of these types allows us to identify two principal functions for *Multicaf* in the life of *member-users* and employees. The first is to be a welcoming transition space, a place one passes through to eventually make a fresh start. This is the case, for example, for people suffering from mental health difficulties. The second one is to respond to the need for living support, for food, but also, to the basic need of establishing significant relationships.

This part of the research project, which involved cross-checking the individual histories with collective life histories, allowed the subjective world of *Multicaf*'s *member-users*—their situational diversity and the fragility or vulnerability—to emerge. These different avenues of analysis were presented to and discussed with the expanded board during collective interviews. It was there that the historic narrative came to be a source of pride and motivation, tangled in a complex way with the backdrop of fragility. (Fragility to the point of exclusion and evident on a daily basis). *Multicaf* is basically a social solution to assist the underprivileged, but its very success calls into question the hypermodern, exclusionary society in which citizenship is not the same for all.

Conclusion

The collective life history is part of a larger domain: the autobiographical approach, used in research and training, in different formats (in interpersonal or small group settings and, here, in a context of a small formal organization). It has been demonstrated here that collective life history can be an important part of the clinical sociological approach by providing a particular color of involvement and complexity. The collective life history is the story of a group that collectively develops a voice related to its life experience as an established group, the carrier of a more or less long history.

While not excluding at all other data collection techniques, in the research projects using this approach it appears clear that the collective life history involves all the actors including the researchers. This is a long way from the type of exteriorized "life story" established by many historians, for example, referring only to documents or testimonials. We are also a long way from the individual history that may always remain "private". The collective life history is a narration created by different interlocutors, researchers, moderators, and participants with the goal of producing a living collective history committed to social action. Through two case studies, I have illustrated or suggested that a collective life story provides access to a collective memory and contributes to defining the form of a project and the quest

for identity. This quest for becoming is a real way to encourage full citizenship in a society of inequalities, encouraging the identification of concrete pathways for empowerment and community development.

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Chapter 6
The Healthy Cities/Communities Movement: The Global Diffusion of Local Initiatives

Harry Perlstadt

Introduction

The Healthy Cities/Communities Movement (HC/CM) empowers communities to create a health-supportive environment that will improve their quality of life and increase access to healthcare and related social services. International and national organizations work with local governments and agencies while community groups and citizens actively participate in the development, implementation and assessment of the interventions (Baum and Skewes 1992).

A Healthy City seeks to create a health-supportive environment, to achieve a good quality of life, to provide basic sanitation and hygiene needs, and to supply access to health care for its citizens (WHO 2013a). The Healthy Communities Movement is a strategy for health promotion activities that integrates actions across public health, popular education and community development involving local governments, the communities and other sectors (WHO 2013b). De Leeuw (2001) defines the Healthy Cities/Communities Movement (HC/HM) as a locality-based strategic and systemic approach that utilizes social, physical, and individual determinants of health and incorporates the full involvement of communities in the formulation, implementation and evaluation of policies and interventions in order to achieve equity in health and sustainable development.

One major goal is to move health higher on the political and social policy agenda (Goumans and Springett 1997). HC/MC has been referred to as "glocal," a combination of global and local (de Leeuw 2001).

This chapter will present the growth and dissemination of the HC/CM around the world. It will examine the history, philosophy, and development of HC/CM programs, how these programs can be studied and evaluated, and findings from multi-site comparative evaluations. It should be noted that sociologists have expertise in a variety of overlapping areas including health promotion and sustainable communities (Fritz 2001). HC/CM encompasses these two areas. Within sociology,

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the more prevalent term is sustainable communities, which focuses on local economic diversity, self-reliance, reducing energy use and recycling, and social justice in urban and/or rural communities (Bridger and Luloff 1999).

Historical Background

The Health of Towns Association existed in England from 1844–1849 (Ashton 1992). Dr. Thomas Southwood Smith founded the Association following the publication of Edwin Chadwick's 1842 *Report on the Sanitary Conditions of the Labouring Population of Great Britain*. The Association was not a charity which helped deserving poor individuals, but rather a loose voluntary coalition that took a more structural and political approach to improve their living conditions (Paterson 1948). Its stated purposes were to diffuse and popularize information on public sanitation, promote local sanitary inquiries, and encourage the creation of local sanitary associations. Among its supporters was Charles Dickens who had read Chadwick's report and later met with him (Litsios 2003).

Between 1845 and 1847, the Health of Towns Association held public meetings and printed pamphlets (Paterson 1948). One provincial branch of the Association, formed by the mayor of Liverpool in 1845, began publishing *The Liverpool Health of Towns' Advocate* every month. The next year Liverpool experienced a heavy migration of Irish who were fleeing the famine. The municipality persuaded Parliament to enact the Liverpool Sanitary Act, the first comprehensive sanitary measure passed in England. It gave the town council power to appoint a Medical Officer of Health, a Borough Engineer and an Inspector of Nuisance (Rosen 1993).

In 1847, the Health of Towns Bill, which included the City of London, was introduced into Parliament. But it was withdrawn and reintroduced excluding London (Ley 2000). Then as both revolution and cholera slowly crept westward across Europe, Parliament passed the Public Health Act in late August 1848. The Act created the General Board of Health which could establish Local Boards of Health when the average mortality rate in an area exceeded the national crude death rate of 23 per 1000 over a period of 7 years. Local Boards of Health could also be formed upon petition by one-tenth of the payers of the property tax used to provide poor relief in a city, town, or borough (Fee and Brown 2005; Paterson 1948).

As with many legislative health innovations, the Act encountered considerable opposition and was substantially amended and weakened over the next 25 years. But reformers, led by Prime Minister Benjamin Disraeli, who had attended the original meeting of the Health of Towns Association in December 1844 (Paterson 1948), got Parliament to pass the Public Health Act of 1875. In 1876, Benjamin Ward Richardson (2004) wrote *Hygeia: a City of Health*. The book presented a utopian vision of a healthy city and was dedicated to Edwin Chadwick.

Chicago was the next major focus of attempts to improve urban life. The city hosted the World Columbian Exposition and Fair of 1893. Architect Daniel Burnham was in charge of the planning and, with the help of Frederick Law Olmsted,

created "The White City," a set of buildings with white plaster of Paris façades that projected an illusion of marble and classic monumentality (Trachtenberg 1982, pp. 211–217). This led to the City Beautiful Movement in the United States and the Garden City/New Town Movement in England. Leaders of the City Beautiful Movement, who were upper-middle class, white males, believed the emphasis should be on creating a beautiful city, which would in turn inspire moral and civic virtue in the urban population (Rose 1996). The City Beautiful Movement focused on public spaces with little concern for residential neighborhoods and slum housing (Palen 2011, pp. 271–282).

Meanwhile in 1889, Jane Addams and Ellen Gates Starr founded Hull House with the purpose of helping working-class immigrants living in a near west side neighborhood of Chicago. They invited well educated young women to settle—re-side—at Hull House in order to learn about and to help solve the neighborhood's problems. The Hull House residents taught classes and promoted cultural activities for the immigrants as well as worked on a variety of progressive causes including better sanitation, public health, labor legislation, prison and criminal court reform, building codes and better schools throughout the city (Strobel 2002; Fritz 2005, pp. 48–50; Rosenberg 1982, pp. 32–34). Hull House was referred to as an experimental station in sociology (The New Unity 1895), and started the settlement house movement in the United States.

Among the Hull House residents was Francis Kelley, who organized a door-to-door survey in the Hull House neighborhood and, following the lead of Charles Booth's maps of poverty in London, created maps showing the nationality, wages and employment history of each resident (Perlstadt 2006). Another was Frances A. Kellor, who in 1901 as a sociology graduate student at the University of Chicago, published *Experimental Sociology* which explored various methods of investigating delinquents and their treatment. The book included an appendix containing a tentative outline of a sociological laboratory experience that would teach methods for gathering, recording and interpreting data; provide site visits to neighborhoods with different types of social groups; and place students in charity, religious, social, and business associations (Kellor 1901, pp. 301–302). As a result, during the twentieth century, Chicago became both a center for urban and community studies and a leader in urban architecture and landscaping.

Origin and Spread of the Healthy Cities/Communities Movement

Individuals who initiate social movements form interpersonal relationships that link other individuals, social networks and organizations together to work collaboratively towards a shared future (Ganz 2010, p. 531–532). The HC/CM began in the early 1980s in Toronto, Canada. Trevor Hancock, a physician who had been working as a health planner in the City of Toronto's Health Advocacy Unit became the city's Associate Medical Officer of Health. He was charged with the task of

making Toronto the healthiest city in North America. In 1984, he organized several sessions on Healthy Toronto 2000 as part of a conference called Beyond Health Care sponsored by the Toronto Board of Health, Health and Welfare Canada, and the Canadian Public Health Association (Health Canada 1998). He invited Leonard Duhl, a professor of Public Health and Urban Planning at the University of California, Berkeley, to give a keynote talk on the topic of "Healthy Cities," Duhl (1963). had edited *The Urban Condition; People and Policy in the Metropolis*, a collection of papers exploring the physical, social and psychological aspects of urban living including health. In his talk, Duhl proposed a new direction for health that would look at the city as a whole and include health promotion and the prevention of illness (Flower 1993; Duhl 2000)

Among the attendees was Ilona Kickbusch, the regional officer for Health Promotion at the World Health Organization/Europe based in Copenhagen, Denmark. Kickbusch earned a PhD in Political Science and Sociology from the University of Konstanz, Germany and had written a dissertation entitled "Women and Human Services: A Critique of Theories of Service Society." She returned to Copenhagen and, in January 1986, convened a small group of health promoters to develop a WHO/Europe healthy cities project. WHO typically coordinates and supports health strategies at the global, regional and national level (WHO 1981), but Kickbusch encouraged the group to bypass national level departments of health and, instead, work directly with cities (Hancock 1993; Ashton 2002). The intent was to provide a vehicle to test the application of the *Global Strategy of Health for All* (WHO 1981) health promotion principles in urban areas.

This moved WHO in a new direction, away from a focus on individual behavior modification and towards healthy lifestyles as collective behaviors embedded in a social cultural context. Kickbusch (2003) mentioned Emile Durkheim's findings in *Suicide* concerning the social determinants of health and Max Weber's understanding of lifestyles as a collective social characteristic of status groups that include healthy lifestyles. Cockerham et al. (1993) would later define healthy lifestyles as patterns of voluntary health behavior based on choices that are available to people according to their life situations. Kickbusch thought that Europe would be a promising region to start given the strong link between public health and social reform in its public health history.

WHO/Europe held the first Healthy Cities Symposium in Lisbon in April 1986. It attracted 56 participants from 21 cities in 17 European countries. The response was both surprising and overwhelming as WHO had expected from six to eight cities to be interested in developing projects. WHO then set up a process for selecting cities as well as formulating concepts and concrete guidelines to develop action based city health plans (Ashton 1992). In October 1986, WHO selected 11 cities that submitted a basic city health plan, and documented municipal political support, the capacity to provide administrative and technical support, and the potential to form a multi-sectoral steering group for the project. The 11 were: Barcelona (ES), Bloomsbury/Camden London (GB), Bremen (DE), Düsseldorf (DE), Horsens (DK) Liverpool (GB), Pécs (HU), Rennes (FR) Sofia (BG), Stockholm (SE) and Turku (FI) (Tibbetts 2003). Another 14 cities were added in 1988 (Hancock 1993; Tsouros

1994; de Leeuw 2001). The movement quickly spread across Europe and led to an international meeting in Helsinki in 1988 attended by representatives from Europe, Canada and Australia.

The second Healthy Cities Symposium was held in Düsseldorf in June 1987. It attracted 210 participants from 43 cities of which seven were outside Europe, and 23 countries of which four were outside Europe. Among the non-European attendees were three from California: Joseph Hafey, Joan Twiss and Lela Folkers. On their return, they organized a group of community health consultants from across the state. In January 1989, the California Department of Health Services contracted with the schools of Public Health at UC Berkeley and UCLA to conduct a state-wide HC/CM project. Although the population of California is larger than many European countries and, at the time, had the sixth largest economy in the world, it only had about a dozen cities with over two hundred thousand population (Duhl et al. 1998). After a competitive process seven medium to small-sized cities were selected based on a commitment of city leadership as indicated by the passage of a city council resolution, and broad community involvement as indicated by representatives from multiple sectors on a steering committee (Hafey et al. 1992). Five were within Los Angeles County (Bell, Duarte, Long Beach, Pasadena, and South El Monte), a sixth was in Riverside County east of Los Angeles (Palm Desert) and a seventh in Humboldt County, 300 miles North of San Francisco (Arcata).

Also in 1987, the Indiana University Department of Community Health Nursing sponsored a conference, "Health for All by the Year 2000: Progress in the Americas." One of the speakers was Trevor Hancock who discussed the Canadian experience with Healthy Cities. As a result, Beverly Flynn began a project known as Healthy Cities Indiana (Rider and Flynn 1992). Funded in part by the W. K. Kellogg Foundation, six cities of varying size and population characteristics were selected from around the state: Fort Wayne, Gary, Indianapolis, Jeffersonville, New Castle, and Seymour. The Indiana cities had to document sufficient local support to participate for at least 3 years.

On a national level, the U.S. Department of Health and Human Services asked the National Civic League (NCL) to help launch a nationwide Healthy Cities effort (Tibbetts 2003; Norris and Pittman 2000). The NCL, a non-profit organization that assists people to address the challenges facing their communities democratically and effectively, gives the All-America City Awards and publishes the *National Civic Review*. The NCL convinced federal agencies, including the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), and private foundations, including the W. K. Kellogg Foundation, Robert Wood Johnson Foundation, and the Colorado Trust, to help fund Healthy Cities initiatives around the US. This led to the formation of the Coalition for Healthier Cities and Communities (CHCC) in 1996 that brought together more than 1000 local, state and national organizations, and collaborative partnerships, to promote healthy communities.

The HC/CM then made the leap from Europe to the Western Pacific. After attending international meetings in Europe and Canada, members of the Australian

Community Health Association (ACHA) and staff from the Commonwealth Department of Community Services and Health started the Australia Healthy Cities Movement. In April 1987, the ACHA received funding from the Australian Government to pilot the WHO Healthy Cities concept in three cities—Canberra (ACT), Illawarra (NSW) and Noarlunga (SA) (Baum et al. 2006).

In 1988, John Ashton visited New Zealand. At the time he was a professor of Public Health at the University of Liverpool, co-author of *The New Public Health* (Ashton and Seymour 1988), and a member of the initial WHO Healthy Cities planning group. Following his visit and a meeting of the New Zealand Public Health Association Healthy Cities Conference, five healthy cities were started: Manukau City, now a part of greater Auckland which included a partnership with *Te Ora o Manukau*, a collective of the Maori (Kake 2010); Palmerston North, which also had a partnership with the Maori; Lower Hutt near Wellington, Christchurch; and Otago on the South Island (Takarangi and Takarangi 1992).

In 1990, the Tokyo Metropolitan Government's Third Long-Range Plan established the Tokyo Citizens' Council for Health Promotion to provide overall coordination of health promotion activities by citizens, the private sector, the metropolitan government, municipal governments, and researchers (Takano 1995). The next year the Japanese Ministry of Health and Welfare launched a nationwide Health Culture Cities programme. Meanwhile, the WHO/Western Pacific Region held a meeting in Hong Kong in 1992 that endorsed the WHO initiative to promote the urban health environment and, in 1994, WHO/Western Pacific started to collaborate with the governments of China, Malaysia and Viet Nam in developing and implementing the healthy cities approach (Omi 2000).

The WHO/Eastern Mediterranean Office sponsored a regional workshop on health in housing and urban environment in Damascus, Syria in 1989 followed by a technical consultation on urban environmental health in Alexandria, Egypt (WHO 2003). The regional program was formally launched at a conference in Cairo in 1990 and soon 13 countries were actively participating.

In Latin America, Healthy Communities (*Saúde Cidade*) began as cooperative sister city agreements between Toronto and São Paulo, Brazil and between the Québec Network of Healthy Towns and Villages and cities in Brazil, Colombia, and Mexico (WHO 2003). In 1994, Canada began working more closely with the Pan-American Health Organization (PAHO) which generated additional Healthy Cities initiatives.

Africa was the last region to establish a formal, Africa-wide, Healthy Cities network (WHO 2003). Early Healthy Cities included Rufisque in Senegal, which was supported by its sister city, Nantes, France, and Dar es Salaam, which became a Healthy City with support from the United Nations and bilateral funding agencies. Finally in 1999 the WHO African Regional Office organized four workshops which strongly endorsed the Healthy Cities approach as being relevant to Africa. This led to the introduction/implementation of Healthy Cities projects in Africa.

By the year 2000, over 4300 cities worldwide had joined the international Healthy Cities Network in one way or another: 1,500 in Europe, 1,500 in Central and South America, 500 in East Asia, 350 in North America, 250 in the Eastern

Mediterranean, 100 in Southeast Asia, 70 in Africa and 50 in Australia/New Zealand (de Leeuw 2001). Since then, the number of participating cities has increased around the world.

Philosophy and Project Development

The philosophical underpinnings for the HC/CM were explicitly stated in the Ottawa Charter for Health Promotion in November 1986, several months after the WHO/Europe Healthy Cities Symposium meeting in Lisbon and a few weeks after the first 11 cities were chosen. The Ottawa Charter was adopted at an international conference on health promotion, "The Move towards a New Public Health," sponsored by the Canadian Public Health Association, Health and Welfare Canada, and the World Health Organization (WHO 1986; Norris and Pittman 2000). The Charter declared that health promotion strategies and programs should be adapted to meet the local needs and possibilities of individual countries and regions. Its five key elements were promoting healthy public policy, creating supportive environments, strengthening community participation, improving personal skills and reorienting health services (Tsouros 1997).

To be successful, health promotion should be on the political agenda in all sectors and at all levels. This involves coordinated action to bring about safer and healthier goods and services, improved public services and cleaner more enjoyable environments. The community should actively participate in setting priorities, making decisions, planning strategies and implementing programs to achieve better health. The health sector must reach out to open communication channels and organizational links with the social, political, economic and physical environmental sectors, generating what is referred to as multi-sectoral action.

HC/CM shifts health promotion from what Wilson (1973, pp. 14–29) termed an alternative social movement that seeks to change individual behavior one person at a time (e.g. charities) to a reformative social movement that advocates for limited social change but across an entire community or society. In practice, HC/CM requires institutional support and a willingness to adapt to the socio-economic situation, values, abilities and local resources of different cities as it spread around the world (Ly et al. 1998).

WHO/Europe published *Twenty Steps for Developing a Healthy Cities Project* (Tsouros 1997). These steps are divided into three phases—getting started; getting organized and taking action—although some steps within each phase may be carried out simultaneously and phases may overlap. The first phase, getting started, involves building a local support group; understanding the concepts, strategies and practices of Healthy Cities; getting to know how the city works and the important health problems the community faces; finding financial support; deciding on an organizational location; preparing a project proposal, and obtaining project approval. Some cases are examples of a top-down approach where the city leaders, in response to WHO or private foundation initiatives, or national government directives,

initiate the process and provide the resources for developing a proposal. However, they face the task of convincing local community, professional and organizational groups to commit to the program. In other cases a bottom-up grass roots approach emerges when voluntary associations and individuals learn about Healthy Cities and then must convince the city or community leaders to endorse and support the effort.

The second phase, getting organized, begins after City or Municipal Council approval. The steps in this phase include appointing a project steering committee; ensuring that the project will be able to work with the city and partner organizations in the community, health system and business and industry; defining project work including a clear statement of the role and functions the project will perform; setting up a project office; planning a long-term strategy; building project capacity in terms of skilled personnel, adequate funds and access to information that will allow it to perform effectively; and establishing accountability mechanisms.

The third phase, taking action, is oriented towards six outcomes: increasing health awareness, advocating strategic planning, mobilizing multi-sectoral action, encouraging community participation, promoting innovation and securing healthy public policy. The idea is that these steps follow a logical progression culminating in new public health policies that institutionalize the mechanisms to sustain a Healthy City/Community.

In the United States, the movement did not follow the WHO Healthy Cities municipal government model (Tibbetts 2003) and was not centralized or coordinated. Many HC/CM initiatives were sponsored by non-governmental health foundations that favored a more bottom-up community-based approach compared with the more top-down city government approach of WHO. The Work Group for Community Health and Development at the University of Kansas (KU), which has been designated as a World Health Collaborating Centre since 2004, created an on-line Community Tool Box that provides knowledge, information and networking to help community leaders bring about the changes they envision (KU 2011). One section of the Tool Box deals specifically with HC/CM (Rabinowitz n.d.). It acknowledges that while Healthy Cities/Healthy Communities is a theoretical framework, it must be adapted to the particular needs of different communities. The Tool Box identifies the necessary components of any HC/CM initiative and incorporates the Canadian approach developed by Trevor Hancock.

The Tool Box recommends a series of steps starting with assembling a diverse and inclusive group that generates a compelling vision of a healthy community based on shared values. The group then inventories the assets and resources in the community that can help realize the vision and identify potential barriers. This enables the group to select an issue to focus on and develop a community-wide strategy that will incorporate as many organizations, levels, and sectors as possible. With respect to health, the Tool Box calls for a project plan that acknowledges the social determinants of health and their interrelationship with other areas of health and well-being. The plan is then implemented, monitored, and evaluated with a willingness to adjust the initiative or intervention to ensure its sustainability and success. The group celebrates benchmarks of progress and outcomes.

Both the WHO and KU models encourage participating individuals, groups and agencies to seek training to improve their knowledge and skills. This includes learning about HC/CM principles, processes, best practices, and collaborative leadership; working with media to ensure good community-media relationships; and benchmarking for success (Lee et al. 2000). The programs generally require some degree of technical assistance to help them develop a needs assessment and evaluation process that features a common data reporting system.

Two Case Studies

Each city starts from its own history, civic culture and infrastructure and then moves forward towards transforming itself into a healthy city. Two brief case studies will be presented that illustrate how the combination of national guidance and local circumstances generate both opportunities and challenges. Liverpool, England (population 440,000) is an example of national priorities and restructuring impacting local communities while Udine, Italy (population 99,000) provides an instance of a citizen initiative to deal with a local problem that is subsequently expanded to cover the whole city.

Liverpool, which was a leader in the Health of Towns Association in 1845, became one of the original 11 cities selected in 1986 by WHO for the Healthy Cities program. Over the next 25 years, Liverpool Healthy Cities has evolved in response to its activities and changes in its social and political environment (Otgaar et al. 2011). In the beginning a committee was created to raise awareness and promote Liverpool as a Healthy City to members of the City Council and other stakeholders. The committee also commissioned the Liverpool Quality of Life Survey in 1991 which found that high levels of poverty and unemployment influenced people's perception of their health and ability to cope with everyday problems.

In 1993, a Joint Public Health Team was formed that brought together representatives from the District Health Authority which is a part of the National Health Service, and the City Council to develop a City Health Plan. In addition a Healthy City Unit, which was independent and neutral, provided staff and resources for the representatives of community and voluntary organizations on the task groups that worked on the plan. As it turned out, the City Council had more influence over one of the task groups while the health authority dominated another so that community and voluntary sector participants had little influence (Costongs and Springett 1997). The Healthy Cities Team coordinated the implementation of the City Health Plan from 1996 until it expired in 2000.

Meanwhile, Tony Blair and the Labor Party came to power in 1997 after a campaign that promised, among other things, to invest in health. The government set about reorganizing the National Health Service and created Primary Care Trusts (PCTs) which commissioned general practitioners and other providers. The PCTs were required to improve the quality of health service organizations as well as improving the health and reducing inequalities in their community (Gillam et al.

2001). In Liverpool, the former coordinator of the Healthy Cities Team joined the Primary Care Trust, but continued to call for a coordinated multi-sectoral approach to health promotion (Otgaar et al. 2011). In 2004, the national government recognized the WHO Healthy Cities Project in its White Paper "Choosing Health" (Department of Health 2004).

Following national directives, Liverpool joined other cities in creating a Cities First strategic partnership under the leadership of the City Council and the Primary Care Trust. Liverpool First consisted of representatives from key public, private, voluntary, community and faith organizations, and produced the Liverpool Sustainable Community Strategy covering health, education, the business climate, etc. In 2006, under the leadership of the PCT, a set of surveys and community workshops identified two objectives: improving healthcare facilities outside of hospitals and a replacement for the old regional children's hospital. This was followed by "The Big Health Debate Live!" a set of focus groups and meetings of citizens and health professionals that explored the needs and wants of hard to reach groups. In response to community feedback, the new hospital complex was constructed on part of a park adjacent to the old hospital, but then most of the old hospital land was turned into parkland with walking trails and sport pitches/recreation areas (Otgaar et al. 2011)

Udine, located 133 km Northeast of Venice, is in an autonomous region which can keep 60 % of all levied taxes if it provides healthcare, education and maintains most public infrastructures (e.g. roads, sewers). Udine joined the WHO Healthy Cities Project in 1995 (Otgaar et al. 2011). Without much visibility or public support, Udine had established a regional healthy cities network of more than 50 municipalities in the province of Friuli Venezia Giulia by 1999. The city and the regional health agency eventually created an office that linked the two. In addition, the Udine initiative included a coordination group of all city councilors and mangers of the municipal administration and a steering committee of representatives from non-governmental agencies, institutions, trade unions, etc.

In 2002, Udine presented a Health Profile of the city followed by a Health Development Plan jointly developed with the Local Health Authority. The plan was the result of a participative planning process using focus groups. A representative survey among more than 700 people identified the living conditions for the elderly, access to healthcare services, the quality of the road network, and pollution as the top four priorities. In 2008, the Healthy Cities Project Office was merged with the Local Agenda 21 office which had been established in compliance with the 1992 Rio de Janerio Earth Summit agreement to promote sustainable and environmentally sound development (Otgaar et al. 2011).

One of the very first Udine Healthy City Projects, Children Walking to School, was started by a parent at one school who was concerned about the safety of children walking to school (Otgaar et al. 2011). The Healthy Cities Office quickly setup a task force which identified safe routes for four schools and conducted a survey revealing that 60 % of the children are driven to school. In 2001, a working group consisting of parents, teachers, municipal and health authorities and the pediatric clinic at the Udine University created a network of safe routes to all schools in the city and a set of gathering points where children could be dropped off and then

walk to school. In 2002, the Healthy Cities Office organized the International Walk to School Day in Udine and the Friuli Venezia Giulia region. Children Walking to School was subsequently incorporated into a broader environmental energy saving project, Going to School on Foot, by Bike, by Bus.

Frameworks for Studying Healthy Cities and Communities

HC/CM is a reformative social movement (Wilson 1973, pp. 14–29) that advocates for limited social change but seeks to affect that change across an entire community or society. It extends the concept of population health from just using epidemiological evidence as a tool for health assessment to applying findings on the social determinants of health to design interventions aimed at improving the health of vulnerable populations (Cohen 2006; Dunn and Hayes 1999).

De Leeuw (2012) noted that HC/CM is not just about interventions but promoting a set of values—sustainability, equity, community participation and empowerment. As a result traditional research approaches have not developed a convincing theoretical base for Healthy Cities. Each Healthy City initiative has its own program theory that can be evaluated, but an evaluation must also ask: What works for whom and in what circumstances?

In her case studies of 10 Healthy Cities and health policy in the Netherlands and the United Kingdom, Goumans (1998, pp. 181–189) identified three models to account for local differences in the aims, development and activities of the cities. Programs falling in her "health model" are usually initiated by a health authority or department to promote individual and community health and to prevent disease through local projects. Those in her "city model" are usually initiated by a non-health sector entity, often the city administration or council, to integrate various municipal public policies and activities to promote health in other sectors. Her "vision model" (or better systems model) is usually initiated by visionaries outside normal channels who seek to integrate policies and activities of various sectors in order to promote the health of the city as a system. De Leeuw (2001, p. 41) interpreted this to mean enhancing the health of the city (such as economically, ecologically, and psychologically) rather than only that of its population.

Research on HC/CM has to go beyond public health best practices and community action models to what has come to be called translational research, linking practice with basic social and organizational theories (Perlstadt 2009). For example, Butterfoss and Kegler (2002) proposed a community coalition action theory based on practice and evaluation research. It holds that community coalitions proceed through three stages: (1) formation involving a lead agency or convener group and membership recruitment, (2) maintenance involving structure and activities to access resources, engage members and develop plans and (3) institutionalization involving implementation of strategies that enhance community capacity and change community outcomes. However these stages are affected by the community's social capital, that is, the extent of the collaboration and trust between sectors and organizations, and its social, political and economic conditions.

Because of its civic involvement, Minkler (2000) recommended that HC/CM utilize community-based Participatory Action Research (PAR) for both process and outcome evaluations employing quantitative and/or qualitative methods. PAR takes into account the active involvement of the people whose lives are affected by the initiative in every phase of the evaluation and the attitudes of the researchers who conceptualize and conduct the evaluations. HC/CM requires substantial bottom-up input and participation in a democratic decision-making and power-sharing manner, and PAR seeks to document the ability of people and communities to set priorities, determine interventions and contribute to the evaluation of the efforts.

Often one of the first steps in designing an evaluation is to conduct a community assessment to identify and document health issues that can then be prioritized and addressed. According to Sharpe et al. (2000), a community assessment should start with a shared vision and work towards identifying barriers and obstacles that must be addressed in order to achieve a healthy community. Community members and researchers conduct drive-through and walking tours of communities, interview key informants and leaders, and create an inventory and map of community assets such as schools, playgrounds, churches, meeting places, shopping areas and hospitals. This provides the basis for focus and discussion groups to develop a plan to improve the health and well-being of the community or the city.

Popay, Bennett, Thomas, Williams, Gatrell and Bostock (2003) conducted a needs assessment survey of four localities, two in Salford and two in Lancaster in the North West region of England. They found that residents living in the two disadvantaged areas were reluctant to accept the notion of inequalities in health between areas and social groups. While people in these communities questioned the findings, they acknowledged the negative health conditions in which they and others live. This creates a form of cognitive dissonance that may be resolved by emphasizing personal involvement and control over the situation.

The two major evaluation approaches for HC/CM are the World Health Organization's monitoring, accountability, reporting, and impact assessment (MARI) framework (WHO 1999) and the Logic Model (Milstein and Chapel 2011). Both can be used to empower community leaders and members to participate directly in evaluation efforts.

MARI is a participatory and empowering assessment process to help cities and communities plan and manage their HC/CM initiative; be accountable to the various stakeholders including local government, partner organizations, citizen participants and beneficiaries; and establish parameters for evaluation. Each city or community is asked to document its endorsement of the principles and strategies of HC/CM; the establishment of project infrastructures, the development of plans that include specific goals, products or outputs, changes and outcomes; and the creation of formal and informal networking and cooperation among interested parties from different sectors. This has yielded a set of case studies and process evaluations.

The Logic Model integrates planning, implementation, and evaluation of an intervention (see Milstein and Chapel 2011; KU 2011). It is usually presented as a diagram or flow chart that shows how a program's components are designed to reduce or eliminate the problem at hand as stated in the program's purpose or mission.

The Logic Model requires information on the context, conditions and/or location of the target population, the inputs in terms of resources and infrastructure, and the activities or interventions undertaken. The Logic Model also measures the program's outputs or products, and outcomes and impacts.

For example, a Logic Model flow chart for a HC/CM project would first identify the *purpose* of improving physical health and social well being through a multi-use walking and biking trail. The trail could follow a river or abandoned railway line in or near the city center, a *location* that would attract a *target population* of both families and retirees. The program would then need to build a coalition *infrastructure and staff*. Its initial *activities* would be to seek broad community input into the planning of the trail and obtain municipal approval and funding to build the trail. The *output* would be the completed trail with rest and activity stops where people could congregate, exercise or even participate in a weekly "walk and talk" with the mayor about any issue (Lang 2009). Afterwards the coalition would monitor its usage and conduct pre and post surveys to see if physical and social well-being had improved, that is, its *impact* or *long-term outcomes*.

Creating a Logic Model usually involves the evaluator in a series of meetings with the program director, the coalition steering committee, and the leaders and staff of partnership organizations to incorporate their perspectives on the various steps the program will take. It attempts to combine everyone's expectations and make them explicit. It helps avoid proposing activities with no intended outcomes and identifies outcomes with no supporting resources or activities. It can also be a reiterative process allowing participants to make changes at key points based on consensus-building and a logical process rather than on personalities, politics, or ideology. Above all, the Logic Model contributes to program accountability by keeping program leaders and key stakeholders focused on outcomes.

The MARI and Logic Model differ in several respects. MARI takes a planning and management approach that guides program managers and participants through the process of developing, monitoring and assessing an initiative. The Logic Model is a more comprehensive, and abstract approach, usually designed and conducted by an external evaluator to inform sponsors and management about program efforts to achieve short- and long-term outcomes. MARI is a pragmatic approach for guiding change and improvements while the Logic Model is an applied research approach to understand the causes and consequences of the change and improvements.

Multi-Site Comparative Evaluation Findings

While most published evaluations of Healthy Cities are extended case studies (Takano 2003), a few compare several sites. A multi-site comparative evaluation involves a set of congruent project-level evaluations in each site that are coordinated to a greater or lesser degree with an over-arching cross-site or cluster evaluation of projects established by an initiative (Worthen and Schmitz 1997). A multi-site evaluation approach allows both local program staff and stakeholders as well as na-

tional or international sponsors and funding agencies to learn what works, in which contexts, and whether or not the initiative as a whole was successful.

An evaluation of four HC/CM projects in developing countries (Cox's Bazar, Bangladesh, population 70,000; Dar es Salaam, Tanzania, population 3 million; Fayoum, Egypt, population 2 million; and Quetta, Pakistan, population 1.3 million), found that the main activities selected by the projects were raising awareness and improving the environment, particularly solid waste disposal (Harpham et al. 2001). Community participation in each of the four cities varied depending on the city's previous experience with community-based projects and the resources available to support them.

Several projects mobilized considerable resources, and most achieved effective multi-sectoral collaboration. But central components of the healthy city strategy such as developing a municipal health plan, focusing on health services or attaining political commitment and supporting policies were limited, perhaps because the municipalities had not requested the projects, but had been selected by WHO (three of the four were part of a United Nations Local Initiative Facility for Urban Environment initiative). Harpham et al. concluded that the ability of the project coordinators to access and influence high level politicians depended on their understanding of the project, their propensity to 'sell' the project, the status of the project and the current political climate.

On a broader scale, Plümer et al. (2010) surveyed 52 Healthy Cities program coordinators in Germany to monitor progress and identify strengths and weaknesses associated with the implementation of their HC/CM projects. The coordinators felt highly engaged and reported that a combination of traditional and innovative approaches were adopted and appreciated. They also revealed some shortcomings including a need for increased resources, greater integration with the German Healthy Cities Network and better access to the local political administrative systems.

The California Healthy Cities Project conducted a comprehensive multi-site evaluation of 20 communities over a 3-year period (Twiss et al. 2000). While the WHO Healthy Cities model focused on municipal governments, nine of the California projects had local government sponsors while the remaining 11 had private non-profit sponsors. Starting in 1998 communities were selected competitively with preference given to those that were rural or geographically remote; socially or culturally isolated, including communities of color; low-income, unserved or underserved; and/or at risk for inequities in health status (Kegler et al. 2003). Seven communities were classified as rural, four as municipalities in a rural setting, five as municipalities in an urban setting and four as neighborhoods in an urban setting.

The evaluation used a variety of quantitative and qualitative methods. Self-administered mail surveys were sent to members of the coalition governance team and individuals from other community groups that participated in coalition decision-making. The response rate for the mail surveys was approximately 70 % for both Year 1 and Year 3. Semi-structured interviews were conducted with key informants—the project coordinator, program staff, community leaders and representatives of the sponsoring organization. Towards the end of Year 3, coordinators and community leaders were asked to identify governmental and non-governmental policies that

their coalition was able to influence. Focus groups were held at the nine primary evaluation sites toward the end of the 1st year and the 3rd year. The focus groups included governance team members and community residents involved with the project (Kegler et al. 2003).

Eighteen of the 20 coalitions involved six or more community sectors including education, community-based organizations, social/human services, faith, healthcare and public health, criminal justice/safety, recreation, public/elected officials and business. Only a few had relationships with the housing and environmental sectors. About 80 % of participants represented an organization. Respondents in rural areas were more likely to hold other civic leadership roles associated with governance structures of new spin-off organizations. These organizations were created as a result of the CHCC action planning process but were not operated or sponsored by the local projects (Kegler et al. 2008a).

Governance teams had more women members (61–68 %), although almost half (48 %) of the members in the rural municipalities were men (Kegler et al. 2003). Overall 72 % were college graduates and 64 % between the ages of 45–64, reflecting the predominance of well-educated, middle-aged participants on governance teams. Urban-based governance teams were more diverse than rural-based groups in terms of ethnic and racial diversity, with African Americans composing about 25 % of governance teams in urban coalitions and Latino/Hispanics about 12 %. However, Latino/Hispanics accounted for 27 % of governance groups in rural municipalities.

The evaluation sought to document changes in five areas: individual skills, civic participation, within organizations, between organizations, and the community as a whole. One evaluation topic examined how the participants' views of a healthy community changed over the 3 years. Participants were asked to indicate which of five items (living conditions, supportive relationships, lifestyle decisions, quality healthcare, and genetics/heredity) had a relatively more important influence on health when matched in pairs against each other (Aronson et al. 2007). Of the five, lifestyle decisions, which respondents most likely interpreted as meaning an individual's responsibility for his or her own health, was ranked more important than its match against each of the other four by a majority of respondents at the end of Years 1 and 3. Quality of healthcare ranked second at the end of the 1st year but slipped to third at the end of Year 3 when supportive relationships, presumably reflecting the role of family and friends in contributing to health, rose from fourth to second.

Aronson et al. (2007, p. 450) noted a discrepancy between asking individuals about what is important to her or his health and the content of the action plans to make their community healthier. Despite an emphasis on lifestyle decisions and supportive relationships, a preliminary analysis of action plans from all communities revealed they proposed organizational and community level efforts to alter social structures and thereby improve the health of their community.

The evaluation found that many of the 20 coalitions were able to leverage significant financial resources across a diverse array of funding sources. Seven obtained federal funding; 13 received funding from the state of California; and 12 from county governments (Kegler et al. 2008b). All coalitions developed at least one new program, with 18 focused on youth development, 14 on civic capacity-building,

12 on lifelong learning and 10 on volunteerism. Fifteen of the coalitions reported that private non-profit organizations made policy and practice changes, including an increased willingness to collaborate with and respond to community needs. At 14 sites, schools were more willing to allow community groups to use their facilities and to provide enrichment and tutoring programs, and 11 coalitions claimed success in having county government shift budget priorities to support services to previously underserved populations or to collaborate with groups from these areas.

All but one of the 20 coalitions reported some level of policy or practice changes consistent with healthy cities/communities principles (Kegler et al. 2008b). These were implemented in county and city governments, school districts, and community-based organizations, and included new collaborative practices or fiscal and administrative policies that improved access to services for populations previously facing major barriers. The evaluators considered these changes as intermediate outcomes—a strengthened community infrastructure and increased community capacity and resources—that in the long run could improve health status and quality of life.

Policy changes primarily focused on procedural matters such as inviting diverse individuals and groups to collaborate and participate in the decision-making process. However, most communities reported at least one substantive change in public policy such as restructuring of government agencies, new public financing, or re-prioritization of services. Coalitions claimed that they directly influenced the adoption of 24 of the 32 reported public policy changes, with coalitions playing a supportive role in advocating for the other eight.

Perhaps a better indicator of long-term impact and sustainability is the institutionalization of the coalitions and continued funding for their projects. Eight of the coalitions became legal incorporations during or shortly after the 3-year grant period, including three that separated from their original sponsor to form an independent, non-profit entity at the end of the planning year. By the end of the third year, half of the coalitions had secured substantial or full funding for the next year and seven others reported such funding partially in place.

Long-term sustainability beyond the 3 year study period can be documented for several of the participating cities. For over 14 years, the City of Chino Hills committed itself financially with general funds and city staff for ongoing administrative support for CHCC programs (CHCC 2008). Programs included juvenile offender diversion and mentoring; intergenerational senior companionship and support; neighborhood leadership training; and a multi-use trails program that emphasizes social interaction as well as physical activity.

Residents of Escondido originally feared that the CHCC program would create demands on city resources that could not be met. However, partnerships were formed to accomplish city goals for recycling, water conservation, public safety, beautification, and code enforcement. The city has used Community Development Block Grant funds to help neighborhood groups develop indigenous leaders (CHCC 2008). CHCC enabled the Calle Montecito neighborhood of Oceanside to build a new health clinic on city-owned land, a Boys & Girls Club, 20 homes constructed by Habitat for Humanity, a career center and lighting and public art in the community's

park. One project that sought to reduce tobacco use among youth eventually led to a city-wide smoking ban in all city parks and beaches as well as outdoor and indoor smoke-free, mixed-used housing and commercial space (CHCC 2009).

Conclusion and Lessons Learned

Trevor Hancock, Leonard Duhl and Ilona Kickbusch, working with and through the World Health Organization, public health associations, a variety of national and local governments, and international and national organizations and philanthropic foundations were able to create the Healthy Cities/Healthy Communities Movement which spread around the world in less than 15 years.

While WHO has maintained more rigorous criteria for recognizing a healthy city/community, exactly what is a healthy city/community varies by global region, sponsoring entity, or local self-proclamation. Groups establishing a healthy city/community can utilize one of several "how to" manuals and guides to navigate the process of starting a coalition, setting priorities, developing plans and implementing them. HC/CM permits a wide range of approaches and programs that aim to improve the health and well being of the community. This suggests that sociologists can play a part in the HC/CM.

One objective of the HC/CM is to raise the visibility of health and environmental concerns on the political agenda. But policy is a rather ambiguous term. Many HC/CMs report internal policy changes that occur in the way the project itself or its various partners conduct business. Public policy changes involve laws and ordinances that, for example, ban smoking in public places, strengthen housing codes, or restrict air or water pollution. Government entities can promote HC/CM programs by providing funding or otherwise facilitate their activities.

One challenge is to document the process, outputs, outcomes and impacts of the social intervention. The evaluation effort should be both participatory and empowering. The input of participants, residents, staff, and community leaders can enrich an evaluation by identifying areas of importance or concern to the community, facilitating data collection, shedding light on findings, and accepting both the benefits and threats that an evaluation inevitably reveals. While each coalition can and should conduct its own process and outcome evaluation, a multi-site comparative evaluation can assist sponsors and funders as well as contribute to a general knowledge of the nature of HC/CM.

The Healthy Cities/Communities Movement has had both a global and local impact on the health and well-being of individuals and communities. It has integrated health with urban planning and community activists with mainstream politicians. It provides guidance and technical assistance to projects in differing social, economic and political contexts as they develop and implement their specific interventions. The wide range of problems that can be addressed under the rubric of health and well-being suggests that interest groups will organize and work to have their communities join or rejoin the HC/CM.

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Chapter 7
Cultural Encounters: A Research-Intervention Approach for Working with Immigrants in the Community

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Introduction

Immigration is a fact of the global context. According to the International Organization for Migration (IOM), in 2010 the total number of international migrants worldwide was estimated to be 214 million people. More than half (57%) of this number immigrated to high-income countries and account for 10% of the overall population of those countries (IOM 2010). As these figures suggest, contemporary migration movements are largely the result of socio-economic disparities existing between world regions and, while any number of factors may enter into the decision to immigrate to another country, improved life conditions and opportunities remain the most important considerations (Rachédi 2008).

In most receiving countries, immigration constitutes a needed economic and demographic force. According to the IOM, most of the main receiving countries consider their current level of immigration to be "satisfactory" (IOM 2010). At the same time, however, it is well known that border controls have increased over the past decade in most of these countries, as have negative attitudes and exclusionary practices towards migrant populations in general (Rachédi 2008). As the IOM report notes, these factors and others contribute to living conditions in receiving countries which are less than optimal and their recommendations call for increased vigilance in several sectors of activity, including measures to promote full civic and social participation. In 2008, the World Health Assembly specifically acknowledged the role of health organisations in improving living conditions for migrant

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populations and adopted a resolution inviting member countries, including Canada, to explore means of better achieving this objective (Health Canada 2010).

Canada ranks fifth among the leading receiving countries with immigrants comprising approximately 21 % of its total population (IOM 2010). Demographic models prepared by Statistics Canada (2010) suggest that the proportion of persons who are foreign-born could reach between 25 and 28 % by 2031, a record high for the country. Despite the *de facto* diversity of Canadian society, however, living with pluralism is not without its challenges. In the province of Québec, which is home to 19.6 % of all immigrants in Canada (CIC 2010), recent public debates on societal diversity sparked strong reactions from large segments of the population. A vast public consultation on the subject, set up by the Québec government in 2007 (Bouchard and Taylor 2008), draws attention to the continuing barriers to settlement faced by new immigrants and points to a crisis of perceptions between host and immigrant communities. At the same time, it also emphasises the necessity of developing innovative practices for encouraging inter-community dialogue and for improving resources provided to immigrant communities.

For close to 20 years, the Research and Training Centre of the *Centre de santé et de services sociaux* (CSSS) de la Montagne[1], a front-line health and social service institution in Québec, has developed a research-intervention model for working with immigrants and practitioners in the community. Inspired by a clinical sociological approach (Rhéaume 2010), this model has been at the core of numerous projects designed to facilitate the process of establishment of immigrant communities. This chapter sets out the general characteristics of the research-intervention model and examines three projects which rely on the co-production of knowledge between researchers, health and social service practitioners and newly arrived immigrants. These projects will provide the basis for a discussion of the potential and challenges of this type of research-intervention model for promoting dialogue in multicultural contexts and improving resources and life conditions of immigrant populations.

Immigration, Health and Social Services: Some Elements of Context

Diversity is more the norm than the exception in the majority of Canadian cities. Although immigration is by no means a new phenomenon, it has become more visible with the intensification and diversification of migration waves since the 1970s, largely the result of immigration policies intended to spur economic and demographic growth. Generally speaking, the challenges confronted by new immigrants

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[1] CSSS is the Centre for Health and Social Services de la Montagne (Montréal, Canada). A CSSS is a public health and social service centre which offers front-line services to populations living within a locally defined territory. The CSSS de la Montagne was created in 2005, following the merger of three existing clinics, known as Centres locaux de santé communautaire (CLSC) or Local Centres for Community Health Care.

have been well-documented in academic literature. Such challenges include the loss of country and primary support networks; language barriers; difficulties accessing jobs, housing and other services; lack of knowledge of existing resources and rights; discrimination, racism and other forms of social exclusion (CIC 2010; Rachédi 2008; Bouchard and Taylor 2008).

Adequate support services, such as those offered in the health and social service sector, are particularly crucial in the initial period of settlement. Whether through medical services, psychosocial intervention practices or specific settlement services, health and social service institutions are front-line actors in the integration process of new immigrants. This being said, the adaptation of services to societal diversity is not without its challenges, both from the perspectives of practitioners and the clientele.

Historically, issues relating to diversity have been largely ignored in the organisation of Québec health and social services (Jacob 1992; Roy and Montgomery 2003). Throughout the nineteenth and early twentieth centuries, few institutions specifically addressed the needs of new immigrant populations, with the exception of some private companies providing medical care to their immigrant workers and charitable and philanthropic organisations. These organisations, however, tended to operate on the margins of mainstream public health and social service institutions. It is not until the 1980s and 1990s that diversity became a particular preoccupation for the Québec government. Today, equality of access to the health and social services for persons of all origins is clearly written in the *Act respecting health and social services* which states that resources must be designed "to take account of the distinctive geographical, linguistic, sociocultural, ethnocultural and socioeconomic characteristics of each region" (Government of Québec 2010, Art. 25).

Despite these policies and legal guarantees, new immigrants do not always have optimal access to health or psychosocial services. They are not always aware of existing resources nor are services necessarily adapted to their specific needs or ways of conceiving health and social problems. In the clinical encounter, stereotypes may play into the way in which practitioners and clients interact with one another, creating potential conflicts and undermining intervention objectives. Also, practitioners may lack sufficient knowledge about migration histories, statuses and experiences which may be key elements to understanding intervention needs in the post-migration period (Roy and Montgomery 2003).

Finally, the length of clinical encounters also may be longer, creating strains on institutional resources or misgivings on the part of practitioners or service managers. In a study of medical services in Québec, Battaglini (Battaglini et al. 2005; Battaglini 2008) suggests that clinical encounters tend to last on average 2.9% longer between practitioners and newly arrived immigrant clients, a fact which is attributed to a variety of reasons including language barriers, divergent understandings of intervention objectives and differing cultural conceptions of health and ways of managing care. These barriers and others often operate unconsciously and may constitute an important limit for the potential of front-line health and social services to respond adequately to the needs of immigrant populations.

Promoting Dialogue Through Research and Intervention: A Clinical Sociology Approach to Working with Practitioners and New Immigrants in a Context of Diversity

The adaptation of health and social services to immigrant populations was one of the principal motivations behind the establishment of the Research and Training Centre of CSSS de la Montagne in Montréal (Canada) in 1992. Although the research centre is located in a front-line health and service institution, it is affiliated with three Montréal universities: McGill University, University of Québec in Montréal and the University of Montréal. This partnership between university and health sectors is a key defining characteristic of the research centre, its underlying philosophy being to make closer links between research and practice. The research centre also houses a separately funded research group, known as the METISS team, whose projects specifically address the themes of migration, ethnicity and interventions in the health and social services.[2] Interest for this theme emerged out of the specific context of CSSS de la Montagne which offers services in a neighbourhood largely characterized by immigration. In 2006, 52 % of its population was comprised of immigrants and non-permanent residents. Of this number, close to 60 % were recent immigrants who have arrived in Québec within the past 15 years and 45.8 % have neither English nor French as a mother tongue (Paquin 2008).

Due to the specificity of its population, the CSSS de la Montagne has long been a sought after milieu for university researchers interested in questions of ethnicity and immigration (Xenocostas 2010). Over time, however, health and social practitioners became wary of their milieu being used as a type of laboratory as once the researchers had finished their fieldwork, research findings were rarely brought back to them. Instead results were generally disseminated in university circles, often analysed through the lenses of theoretical concepts and models which sometimes deformed the reality that practitioners understood as being their own. It is in this context that the research centre was created with the explicit goal of bringing research and practice closer together.

The work of the Research and Training Centre can be situated in a perspective of clinical sociology although this term was never explicitly used in the early years of its establishment. As the Centre's co-founder, Robert Sévigny, notes: "the objective was not to discuss the notion of clinical sociology, but to do it" (Xenocostas 2010, p. 11). Interestingly, the themes of immigration, ethnicity and social intervention have also occupied a privileged position in the history of clinical sociology, largely through the early work of the Chicago School of Sociology. Sociologists such as Louis Wirth (1928; see Marvick and Reiss 1956), William Isaac Thomas and Florian Znaniecki (1958),

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[2] The acronym 'METISS' stands for Migration, Ethnicity and Intervention in the Health and Social Services (*Migration, Ethnicité et Interventions dans les services sociaux et de santé*). The team is funded by the Québec Funding Agency for Research on Society and Culture (*Fonds québécois de la recherche sur la société et la culture*).
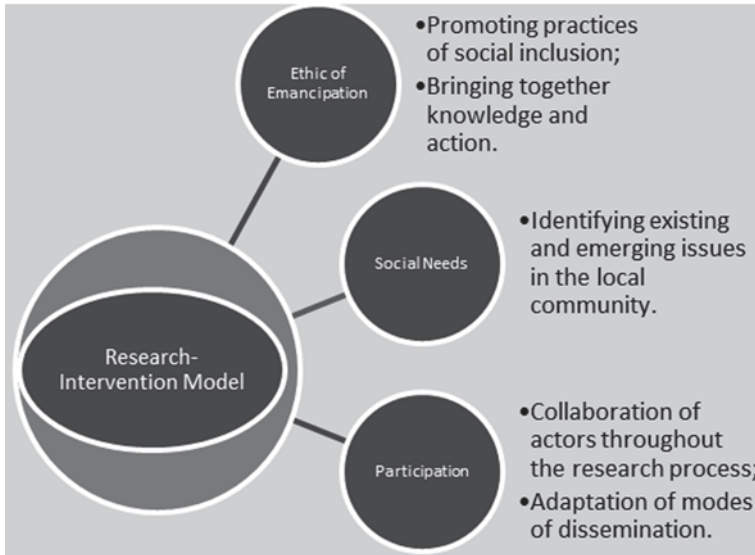
Fig. 7.1 Research-Intervention Model, Research and Training Centre, CSSS de la Montagne

Nels Anderson (1928) and Everett Hughes (1943) provided a wealth of ethnographic fieldwork around the themes of diversity in urban contexts and were also forerunners in using research as a means of informing decisions relating to social policy.

The research-intervention model which underlies the projects undertaken at the Research and Training Centre draws partly on this tradition, but can be defined more clearly around three key characteristics identified by Rhéaume (2010): an "ethic of emancipation" (*éthique de l'émancipation*), social needs and a participatory approach which acknowledges the expertise and knowledge held by all stakeholders involved in a given project. This model is illustrated in Fig. 7.1.

The first characteristic of the model, an "ethic of emancipation," refers to the overriding philosophy of the Centre's projects in which knowledge and action are brought together in the objective of promoting practices of social inclusion and the respect of fundamental rights. From this perspective, projects aim to empower organisations and populations in the community through initiatives designed to improve services and programmes, promote better access to resources and, more generally, to foster better living conditions. The second characteristic of the model is closely related to the first and corresponds to the grounding of the Centre's projects in social needs identified for the most part within the local community. Most projects are undertaken in collaboration with intervention-based organisations both in the public and community service sectors. Consequently, they tend to correspond to a more applied form of social research in which particular emphasis is placed on existing or emerging social issues of particular relevance to the participating actors.

Finally, the third characteristic of the research-intervention model refers to the acknowledgement that different types of expertise—academic, professional,

lay—are complementary to one another and that sharing different perspectives in a non-hierarchical way is fundamental to encouraging critical and reflexive dialogue around key social issues. As Rhéaume notes: "the process of sharing knowledge is a condition for change: it is already a form of action through analysis" (2010, p. 31). From this perspective, the model proposes the development of relations of proximity between the different actors, whether researchers, health and social service practitioners, community actors or managers. It also emphasises a collaborative approach which encourages the participation of the actors throughout the research process, from the development of research questions, to decisions concerning methodology and fieldwork, to the dissemination of research findings. The accessibility and transferability of research results to the actors is also a preoccupation. As a result, specific efforts are made to adapt research processes and findings to different needs and preoccupations through the formulation of policies or recommendations, the production of intervention guides and tools and the use of reflexive or narrative approaches for promoting dialogue and encouraging meaning-construction.

Outside of these basic characteristics of the research-intervention model, the projects undertaken at the Centre all have different objectives and methodologies, although they are confronted by similar challenges which will be addressed in the discussion. In the next section, we will look more specifically at three projects which illustrate different facets of the research-intervention approach.

From Clinical to Sociological: The Tale of Three Projects

La Maison Bleue (Blue House): Research and Intervention in a Clinical Resource for Perinatal Care

The *Maison Bleue* (Blue House) is a non-profit clinical resource for pregnant women and their families who are living in vulnerable contexts. The majority of its clientele is comprised of recent immigrant families. Because the criterion for care at the Maison Bleue are defined in terms of "conditions of vulnerability," it caters to the needs of women experiencing a wide range of situations that include but are not limited to recent immigration, adolescent pregnancy, conjugal violence, and/or extreme isolation. Founded in 2007, the *Maison Bleue* is primarily a clinical resource providing front-line medical services, pre- and post-natal follow-ups, vaccinations and psychosocial consultation. At the same time, however, the *Maison Bleue* is much more. To borrow the words of its founder, its objective is to "recreate the feeling of a village within our urban communities" (cited in Vadeboncoeur 2010, p. 43).

Drawing on an interdisciplinary team of practitioners, the *Maison Bleue* espouses a philosophy of intervention based on proximity with families and a preventive model of health and social care. It is an approach which adapts services for women and their families, rather than having them adapt to the sometimes overly-structured atmosphere of a classic medical clinic. Implicit in the village metaphor is especially

the idea of empowering women and reinforcing their capacities both as mothers and as parents. Since its opening, the *Maison Bleue* has served over 800 people (300–400 families). In 2011, a second clinic was opened in another multiethnic neighbourhood of Montréal.

The *Maison Bleue* is also the product of over 10 years of research on themes relating to perinatal care for immigrant women. Under the supervision of Vania Jimenez, a researcher of the Research and Training Centre, these projects looked at issues relating to the adaptation of health services to immigrant women, placing particular emphasis on their needs, values and conceptions of pregnancy, health and parenting. As a clinician specialised in family medicine, Jimenez's observations enabled her to marry research findings with her extensive clinical experience working with immigrants and other precarious status persons. The accumulation of these experiences—personal, professional and as a researcher—became the seeds for thinking about health care in another way.

The research tradition which contributed to the creation of the *Maison Bleue* has also been maintained in the ongoing activities of the clinic. In 2008, an innovative research-intervention project[3] was put into place to explore the notion of "cultural portage" (*portage culturel)*, which is a founding principle behind the clinic's work (Vadeboncoeur 2011). This notion, borrowed from the work of psychiatrist Marie-Rose Moro, places emphasis on an approach to perinatal care which takes into account the cultural dimensions of child-birth and child-care. The term "portage" comes from the practice used frequently around the world of carrying young children close to the body, in a cloth support or in other types of carriers. By extension, 'cultural portage' reflects the idea of maintaining proximity with cultural roots as a means of supporting immigrant families in the early childhood years.

The first stage of the project was structured around a series of focus groups with women from diverse backgrounds, the objective being to encourage them to share experiences of childbearing and motherhood and to reflect on what it means to carry and bring up children in a new country. In terms of research objectives, the focus groups provided a more complex understanding of the notion of "cultural portage" and documented the conditions necessary for putting this type of practice into place.

The information gathered in the focus groups also was integrated into the second stage of the project which took the form of a social theatre project. With the collaboration of a playwright, the stories were woven together to create a play which was enriched and validated by the participating women. The play, *Soleil Barclay*,[4] tells the story of six women who live in a residential building in a multiethnic neighbourhood of Montréal. All of the women are either pregnant or have young children and the plot revolves around their experiences of maternity from the perspective of their status as new immigrants. Public readings from the script were made during three official events. The participating women received a DVD copy

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[4] S*oleil* means sun and *Barclay* is the name of a street in the neighbourhood where the participating women live. The title represents the name of a fictitious residential building in which the play takes place.

of one of the public readings in addition to a photo album documenting their experience (Vadeboncoeur 2011). Over and above the research objectives of this project, the theatre experience provided a space for these women to share their stories with others who had had similar life experiences and, in so doing, contributed to breaking down isolation and promoting solidarities between the women.

The meaning of research-intervention in this example is about using research methods not only to collect data about the needs of women from diverse cultural backgrounds, but also as a means of helping them assume their roles as new mothers and, in many cases, as new or future citizens. Research, in this example, is clearly grounded in practice. In the words of Dr. Jimenez, "Research is what we do every day. Every minute with the mothers that we work with at the *Maison Bleue* is like a research project. Each instant is a complete story in itself" (cited in Tremblay 2010, p. 1).

The Family Novel Projects: Research and Intervention Through Storytelling

Narratives also play a central role in what are known as the 'Family Novel Projects' initiated at the Research and Training Centre.[5] These projects look at the way in which family stories, anecdotes and memories can be used to identify family strengths and be mobilised as coping mechanisms for facilitating establishment in a new country. The first Family Novel project was initiated in 2005 in collaboration with a community organisation offering housing and settlement services to recently arrived refugees. A second project was put in place in 2007 with families from North Africa (Algeria, Tunisia and Morocco) who had arrived in Québec as economic immigrants. In both cases, the projects used family narratives or "novels" as a means of accessing the subjective experience of immigrant families in relation to their migration trajectories and other facets of their family histories (Montgomery et al. 2009; de Gaulejac 1999; Rhéaume et al. 1996). Drawing on narrative techniques, families were invited to explore a certain number of themes relevant to their pre- and post-migratory experiences, including family history, memorable events and people, meanings of family names, important family traditions, migration and dreams and projects for the future. Other media also were used as supports to complement the narratives, such as genograms, photos, drawings, poetry and significant family objects.[6]

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[5] The two projects described here were funded by the Social Science and Humanities Research Council of Canada. The team researchers include Catherine Montgomery, Spyridoula Xenocostas, Josiane Le Gall, Lilyane Rachédi, Myriam Hamez-Spy, Michèle Vatz Laaroussi, Jacques Rhéaume, and Cécile Rousseau.

[6] Although the "Family Novel" approach is generally undertaken in group settings, in the form of interactive seminars, we met with each of the families separately for the construction of their narratives. The participants in our projects, particularly the refugee families, were reluctant about telling

The motivations behind both Family Novel projects were similar. From a research perspective, academic literature tends to focus on issues and challenges which emerge in the post-migration phase, such as employment barriers, access to decent housing, loss of social networks and racism or discrimination. Similarly, intervention practices with new immigrants tend to target immediate needs—housing and basic necessities, specific health problems, and difficulties at school or in finding employment, family crisis—which are circumscribed in time and tend to be limited to discrete events. In both cases, relatively little emphasis is placed on the way in which past experiences can influence these needs or be mobilised as mechanisms for helping families cope with problems relating to establishment in a new country. Instead there is often a feeling that immigrant families re-invent themselves completely in a new homeland, as if there is no continuity between their past and present life experiences. The 'Family Novel' projects challenge these perspectives by suggesting that immigration is not only a process marked by rupture, but also, and importantly, a process characterised by several forms of continuity.

In addition to research findings *per se*, which have been disseminated in the classic academic forms of published articles and conference presentations (Montgomery et al. 2010a, b; Montgomery 2009; Montgomery et al. 2009), the projects had a particular preoccupation for reaching participants and practitioners. The team members did not want to just "take stories;" they also wanted to be able to "give back." For practitioners, training seminars were put in place over the course of the projects with the objective of introducing practitioners to narrative tools and their usefulness for identifying the biographical strengths of immigrant families. A facilitation guide for using this type of approach was published in a synthesized version for use in intervention contexts (Montgomery et al. 2009).

The projects also were intended to create a space for families to reflect back on their pre- and post-migratory histories. Although the projects were not meant to be therapeutic in a true clinical sense, the use of a narrative structure enabled the families to step back from their day-to-day lives and to critically examine their pasts and their strengths. The reflexive dimension of this type of approach invited them to reconstruct links between the past and the present, which some families described as having a cathartic function for them. The projects also gave legitimacy to the family stories. At the end of the projects, each of the families received a formatted copy of their "novel" in the form of a small book containing their narratives and other supports (photos, poetry and images). As one participant suggested, seeing the "novel" in published form conferred legitimacy to his family's history. For others, the "novels" were a source of inspiration for continuing to reflect on their family histories. Some even asked for the verbatim transcriptions of their interviews so they could build on their narratives and interview other family members.

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their stories in a public space and preferred a more private setting. As a result, we met each of the families separately, which reflected the family's preoccupations for not wanting to share painful stories with the group and a research preoccupation for confidentiality. Meetings with the families were held in two or three sessions for a total of approximately 6–8 hours of narration.

From Research Results to Training Health and Social Service Practitioners: The Example of an Intercultural Training Project

Often the challenges relating to diversity are seen from the point of view of new immigrants: difficulties they face during the period of integration, inequalities of access to societal institutions, migration loss and mourning. However, integration is by no means a one-way process affecting only new immigrants and must also be considered from the point of view of the host society and its institutional response to diversity.

Over 10 years ago, the Research and Training Centre received a request from practitioners in an interdisciplinary intervention team at CSSS de la Montagne who felt that they needed additional tools and resources for working in a context of diversity. The practitioners already had significant field expertise working with this clientele, but the urgency of their day-to-day intervention routines left little time for stepping back to analyse their practices in a critical manner. To respond to the request, an initial series of intercultural training sessions were put into place. Co-developed by researchers and practitioners, the initial format called for monthly meetings spanning over a period of 6 months. In the end, the monthly sessions lasted 2 years (from 1998 to 2000) and were attended by a diversity of health and social service practitioners, including nurses, social workers, dental hygienists and psychosocial educators. The interactive workshops enabled practitioners to share their experiences and reflections around a diversity of themes, such as perceptions of otherness, identity markers, social class and gender differences, misunderstandings regarding services and institutional norms and interdisciplinary tensions between practitioners. The sessions were structured around problem-solving activities which focused on mobilising and rendering explicit individual knowledge and practice within a non-judgmental context. Overall, this type of format capitalises on the tremendous reflexive and creative capacities of the participating practitioners.

Despite the positive evaluation of the first training workshops, and the desire to continue, the initial format was too resource intensive in terms of organisational constraints and costs to be considered for implementation in all intervention teams or in other institutions. A second initiative was undertaken a few years later with the development of a research-intervention project designed to transform the initial training format into a more intensive format.[7] The project led to the creation of two new training modules, each of which could be given in a two-day period: *Intercultural I* on theories and concepts relating to intervention practices in a multicultural context and *Intercultural II* on migration statuses and trajectories.

All of the training modules have been the product of close collaboration between researchers, health and social service practitioners and managers. This collaboration is also present in the training seminars themselves which are generally co-facilitated by a researcher and a health and social service practitioner. Drawing equally on

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[7] This project was funded by the *Conseil québécois de la recherche sociale* (Québec Council for Social Research).

research findings and clinical expertise, the sessions provide a balanced forum for the integration of both concepts and practice. Detailed case-studies proposed by practitioners provide an important heuristic tool for grounding the training sessions in day-to-day experience and ensuring their relevance to clinical practice. At the same time, recent research findings combined with the presentation of theoretical concepts provide practitioners with key analytical tools for reflecting on their practice and interpreting their intervention experiences. Although practitioners are given tools to help them understand and manage complex intervention situations, they are not given recipes meant to provide the ABCs of how to work with individuals from any one given culture. In fact, a "culturalist" approach is eschewed since it often results in producing stereotypes, if not reinforcing existing prejudices. The idea instead is to create a space for dialogue and reflexivity which encourages the practitioners to question their own frames of reference (professional, organisational or personal) and, at the same time, to understand and acknowledge the frames of reference carried by their clients. By identifying the diverse elements which can act as barriers to clinical encounters, the participants are brought to reflect on problem-solving strategies.

Since 2003, over a thousand health and social service practitioners have taken part in the intercultural training programs which are offered to both public and community-based institutions working with a multiethnic clientele. The participants are all from diverse professional backgrounds, including nursing, medicine, social work, nutrition, physiotherapy, occupational therapy, specialised education, homecare, support services and management. From the original two-day basic seminars, new seminars have also been added to reach more specialised needs of practitioners working with youth in difficulty, management and recruitment practices and practitioners working with telephone help-lines. More recently still, an e-learning module was developed as a complementary training tool which can be consulted on-line.

Discussion

The examples above illustrate three very different ways of working with immigrant populations in the community: experimenting with new ways of providing health and social services to new immigrant mothers and parents, constructing narratives with immigrant families as a means of identifying coping mechanisms at work in the migratory process, and training health and social practitioners in an intercultural perspective. Yet, in one way or another, they all correspond to the research-intervention described earlier. In this section, we come back to the defining characteristics of this model, emphasizing differences and similarities between the projects and identifying some of the issues which can arise in this type of research practice.

All of the projects incorporate some link between research and intervention, but the objectives and underlying premises of each are quite different. The projects

represent a continuum of research-intervention practices. On one end of the spectrum, the Family Novel project comes closest to a classic research posture, its primary objective being to produce knowledge which will contribute to a better understanding of migratory processes. The *Maison Bleue* project is situated at the other extreme of the continuum. Although it draws on research results, its primary goal is to provide services which are better adapted to the specific needs of immigrant families. Finally, the intercultural training project is situated mid-stream between the two. Neither a research project nor a service-oriented project *per se*, it works instead on an intermediate level, bringing together different forms of expertise and knowledge as a basis for constructing training tools for practitioners.

Despite their differences, the projects also share important similarities. As mentioned previously, the Research and Training Centre emerged out of a critical reflection around academic research practices, particularly in relation to the fact that research tools, conceptual frameworks and means of dissemination tended to be more adapted to an academic audience and often had little relevance for practitioners working in the field. As a result, immigrant communities and practitioners were more often subjects of research studies, rather than active participants or stakeholders.

The projects described here were intended to break down some of these hierarchical distinctions by encouraging a greater proximity with the groups involved in the projects. This proximity is generally expressed in the projects by the idea of developing projects which "give back" in one way or another to the community. Proximity in this sense is closely linked to the idea of the clinical relationship between practitioner and patient. As Rhéaume (2010) suggests, the word 'clinical' is derived from the Greek 'Kliné' meaning bed, or being at the bedside of someone who is ill or suffering. The *Maison Bleue* project comes closest to the classic definition of the 'clinic' in its association with medical and health care practice. However, the intertwining of research objectives and a clear preoccupation for the social well-being of communities brings us closer to the meaning of a "clinical" approach to social research, in which the notion of proximity can be interpreted more specifically as linking research to the social needs of individuals and communities.

The idea of responding to social needs is another similarity which underlies the projects. Both academic research and observations from the field acknowledge the specific challenges faced by immigrant communities, particularly in the early years of establishment in a new country. The first two projects respond to social needs from the perspective of these communities. Whereas the *Maison Bleue* project aims at tailoring perinatal services to the specific life situations of immigrant women and their families, the Family Novel projects open up a space for families to construct meaning around their migratory and establishment projects. In both cases, social needs are addressed from a perspective of empowerment. Immigrant individuals and families are not considered as victims of their life circumstances, but rather as actors in their own right. Rather than considering them to be simple "clients" or "patients," both projects build on the existing capacities of the participants, reinforcing individual and family strengths as resources that can be mobilised as support mechanisms in the settlement process.

Social needs in research-intervention projects can also be defined from a practitioner perspective. Standardised intervention models taught in college or university training programmes do not always address the particularities of working with specific populations, such as immigrants. As a result, practitioners often feel unprepared for working in a multiethnic context. The Intercultural Training Project responds to this dimension of social needs by providing practitioners with training seminars and tools which can help them to better understand the role and limits of culture as an explanatory factor in intervention practice, providing them with skills which can help them deal with intervention challenges on a day-to-day basis. Similarly, the Family Novel projects address practitioner needs through the development of training seminars and facilitation guides for using a narrative approach in the intervention setting as a means of helping families come to terms with the migration process.

Despite the contributions of projects such as these, combining research and intervention practices is not without its challenges. Although these types of collaboration should reflect an equal and complementary role structure among the different participating actors, partnership can be tricky business. Hierarchical relations persist in different forms. On the level of actors, the presence of researchers is sometimes viewed with suspicion or even anxiety and the hegemonic divide between so-named scientific knowledge and other forms of knowledge tends to be deeply embedded. The use of hyper-specialised vocabularies and sophisticated research models—the tools of so named "science"—can create at the very outset an unbalanced partnership. Even when efforts are consciously put into place to level the playing field, the different actors may have different ways of conceptualising project objectives, finalities and ways of managing resources.

Power struggles between partner institutions, due to resource allocation or competition for available funding, often add to this complexity. The initial Family Novel project, for instance, unearthed unresolved conflicts between a public health care institution and a community organisation. Due to contractual agreements between the two partners, there were unclear jurisdictional boundaries, especially with respect to which establishment had ethical responsibility for this population. While the project was still ongoing, one of the key actors in the community organisation was let go. Although not specifically related to the project itself, the dismissal certainly had an impact on the organisational climate and the project more generally.

Similar institutional issues have emerged in the Intercultural Training Projects as a result of contract negotiations between establishments and, sometimes, different perceptions about the orientation of content. For instance, in one team meeting between researchers and practitioners in developing the content of a specialized seminar, practitioners strongly objected to the use of the term "bureaucratic" used to describe the organisation and high degree of complexity in terms of access and use of the health care system. The researchers situated this term in a management perspective, while the practitioners espoused a lay understanding laden with negative connotations. The matter was eventually solved to all team members' satisfaction through a lengthy discussion on the multiple meanings of this term and how this term can be used, without the risk of insulting health care participants.

Another important issue concerns projects which call for the participation of practitioners, whether from public or community institutions. While researchers from the Research and Training Centre are paid to do research, this is not the case with health and social service practitioners. In research-intervention projects, questions frequently arise as to how their time will be paid or whether they can be replaced for their clinical tasks during the periods that they are assigned to the research-intervention project. While stipends are sometimes offered as compensation, this is not always possible due to budgetary constraints or conditions imposed by external funding agencies. In other cases, practitioner participation may be considered as a type of contribution in kind which is specified in the contractual agreements between partnership institutions. Soliciting the participation of immigrant individuals or families in such projects also may be a challenge. The precariousness of every-day life conditions and constraints relating to recent immigration or parental status are very real and valid reasons why projects such as these may not be a high-priority of many individuals and families, despite the fact that they may be beneficial to them. Also, some may feel uncomfortable expressing themselves in open-dialogue type situations due to language or other cultural barriers. During the theatre project created by the *Maison Bleue*, for instance, it was not easy to maintain a constant participation of the women in the workshops. Despite kind reminders of the dates and times of the workshops, participation was varied and difficult to manage (Vadeboncoeur 2011).

Conclusion

The research intervention model developed by the Research and Training Centre, as well as the three project examples provided, point to an innovative partnership that strives to bring together two traditionally held apart worlds: that of academic research and clinical practice. Its innovative qualities are found in the multiple levels of proximity that characterise this approach: the physical presence of a social research centre within a front-line healthcare centre, the dialogue and exchange between researchers and practitioners in co-developing research projects or training seminars, and the shared pre-occupation of all actors to respond to expressed needs of the largely immigrant population served by the CSSS de la Montagne as well as the importance of giving back to the community. The strength of this model lies in its capacity to produce relevant results that not only respond to current needs, but also remain meaningful and recognizable to all actors that participate in the process. The challenges faced in implementing this model can vary from organisational and financial ones to misunderstandings or power struggles between researchers, managers and practitioners. Despite these difficulties this model offers an opportunity for innovative research that can lead to change in practice and perceptions amongst participants: researchers, practitioners and community members.

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Chapter 8
Coeducation in the Popular/Neighbourhood Districts of Marseille

Pierre Roche

Introduction

Schools. There is growing discontent about schools in France. The discontent is certainly more deeply rooted in secondary education, although it also concerns nursery and primary education. Since the early 1980s, this diagnosis has appeared to be subject to a large consensus, constantly upheld by the media which provide daily reports about acts of violence committed by pupils on school premises, including various special reports about serious problems, such as absenteeism, lack of motivation and even disengagement. Faced with this unease, they suggest a number of easy and practical explanations that call into question the professional skills and motivation of teaching staff as well as point out other deficiencies and parents' failure to take responsibility. The process (Roche 2010a) described in this article is part of a very different perspective; It comes under *coeducation*, or what can today more easily be referred to as *shared education* (Richez 2005).

It is worth remembering that the notion of coeducation understood in the sense of cooperation between parents and professionals[1] is undoubtedly the oldest. For education not to be only the work of specialists, for it to be the responsibility of all adults, is an idea that the advocates of popular education, like militants for the democratisation of society, have been defending for a long time. Many of them drew inspiration from Paulo Freire's ideas that education is a way of practicing freedom (Freire 1971). However, the notion, as such, only emerged in the mid-1980s in the field of public policies, in relation to the promulgation of official texts defining the

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[1] The term coeducation was for a long time used with another meaning to refer to mixed-sex approaches for educating boys and girls together.

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role of the family and also with territorialisation, priority education zones (ZEP)[2] and the first specific urban policy measures.[3] In 1998, it was, for example, at the heart of the debate by the Federation of State School Parents' Councils (FCPE) during its conference in La Rochelle, France. The notion of shared responsibility for education appeared recently, namely in connection with a new generation of town contracts[4] which emphasize the importance of education. It was in March 1999 that the Interministerial Delegation to Towns & Cities organised a conference under the heading "A Shared Responsibility: Education in Towns". In October 2000, an interdepartmental circular (Ministry of Education, Youth & Sport, Culture & Interministerial Delegation to Towns & Cities) stated: "By encouraging local authorities and their groupings to negotiate and sign local educational contracts (CEL), the State has for the last two years asserted its conviction that education is a shared mission". With the introduction of this issue, we are betting on the knowledge and skills of parents and professionals provided that a certain way of working together can successfully bring them together.

The approach used here is based on clinical sociology. After briefly presenting the local and institutional context, in addition to the actors and issues, I will begin by describing my main tool: repeated collective interviews with feedback. I show that it is important, from the perspective of co-constructing knowledge, to alternate working sessions with peer groups and groups with all the actors. I then briefly discuss the way these groups were formed and how they worked. Finally I turn my attention to the actors' work, endeavouring to highlight their contribution to co-constructing knowledge.

The present study took place in Marseille and ran from 2006 until 2008. Marseille is a port city in the southeast of France, on the Mediterranean coast. With a population of just over 850,000 inhabitants, it is France's second most populated city. Its social structure has been dramatically transformed over the last 30 years due to deindustrialisation, the increase of tertiary employment and also a sharp rise in unemployment. Its northern districts are mostly home to working classes while the southern districts are home to the middle classes.

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[2] The priority education policy was implemented in 1981. Based on the principle of positive discrimination, it aims to increase public means in priority education area (ZEP) establishments since they concentrate most of the social and school difficulties. Priority education networks (REP) were set up in 1997 to encourage local management. They are currently attended by around 5% of primary and secondary school pupils.

[3] Urban policy in France refers to a series of actions initiated by the state aiming to redevelop certain urban districts known as sensitive urban areas (ZUS) and reduce social inequalities between territories.

[4] Town contracts enabled urban projects to be carried out associating the state, local authorities and their partners. This measure was replaced by Urban Social Cohesion Contracts (CUCS) for the 2007–2013 period.

Research Context and Method

The Context of Research Actions

In France, state school is free of charge and nondenominational. It is attended by children living in areas designated by a school charter, whether they are of French nationality or not. Teaching staff depends on the Ministry of Education. State schools exist alongside the private sector. Primary schooling which is dealt with here includes nursery and primary school. Nursery school is for children between 2 and 6 years old. Although it is not compulsory, 23 % of children aged 2 and almost all children between 3 and 6 attend. It traditionally includes three classes (petite, moyenne and grande Section), which are the "initial learning" cycle (awakening and socialisation) and part of the "basic learning" cycle (knowing how to read and write, count, socialise with other children, a foreign language, sport and artistic education). This school is at the heart of a political combat between those who support its elimination in the name of "the necessary reduction of state expenditure" and those who defend it insisting on the essential role it plays in the learning process. Primary school is attended by children from 6 years old upwards. At this age, education is compulsory. It comprises 5 classes (preparatory classes, 1st and 2nd year primary classes, 1st and 2nd year intermediate classes) which are part of the "basic" and "consolidation" learning cycles.

With strong support from the local area's junior school inspectorate, this study was jointly conducted by two "Priority Education Networks" (REP) and a social welfare centre in the popular districts in the north of Marseille. The St Mauront—Belle de Mai and Le Canet REP's groups comprise around twenty nursery and primary schools. The activity of the St. Gabriel Social Welfare Centre is part of the diversified urban fabric mixing old buildings, jointly owned estates and social housing, but which is also fragmented, crossed by ring-roads and cut into two by a motorway. Its population is predominantly made up of blue and white collar workers, retired people and unemployed. In the centre the population is mostly elderly and on the periphery young. It is also multicultural. It has throughout its history constantly been enriched by new waves of migrants (Italians, Armenians, Russians, Greeks, Algerians, Vietnamese…) and this still continues today (Sub-Saharan Africans, Comorians, Romanians…). It is an urban space which is highly affected by poverty and a lack of job security. The rate of unemployment is over 30 %. There are few sports facilities and a single green space, part of which is about to be redeveloped into a block of apartments. We can, however, note the development of a free zone[5] in an economic and cultural cluster around a former railway yard at an oil mill with a structure designed by Eiffel.[6]

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[5] Urban Free Zones (ZFU) are areas where companies benefit for 5 years from tax and social contribution exemptions to encourage employment in districts with over 10,000 inhabitants with high unemployment rates and located in poor municipalities.

[6] The engineer Gustave Eiffel is undoubtedly best known for the tower in Paris which bears his name and/or his contribution to New York's Statue of Liberty.

This process brought together school specialists, social workers, youth workers and parents concerned above all with not shying away from certain difficult issues: how to work together so as to encourage pupils' learning and, beyond this, support their desire to succeed in their education. How can each side, within the framework of a neighbourhood sociocultural partnership, construct its place and acknowledge that of others so as to help children overcome obstacles which hinder their learning opportunities and, thus, create the best possible social conditions for their commitment to schooling? How, finally, can we show our solidarity to "bring up children" (Bordet 2005)? Such questions suggest that the good will of many is not enough because we know from experience the tensions[7] which coeducation can create. It teaches us that concrete results can contradict the aims which actors set themselves and that stumbling blocks are not only numerous, but are also to be found in unexpected places. Such issues, therefore, suggest that all the actors should be able to take the time to review the action so as to be able to implement it and together construct the knowledge it creates and requires.

Collective Interviews with Feedback

Was it possible to intervene with regard to coeducation in any way other than by proposing the co-construction of knowledge to those who volunteered for such a process? Was it possible to seriously work together on a common project without a common method? Was it possible to deny in the process what was to be promoted in the purpose? What we asked of actors present during working sessions was to describe the difficulties they encountered and what made them suffer and, little by little, transform this into knowledge. This also included making others aware of anything in their practices which could open up new perspectives in terms of co-educative action and combat the prevalent feeling of powerlessness .

For this, sociology's clinical approach has a participative methodology tool: repeated collective interviews with feedback. We began to build this tool during a research action carried out with train drivers (De la Cruz and Roche 1990). Since then, we have continued to refine it (de Gaulejac et al. 2007; Roche 2010b).

The interview is often repeated to encourage trust and thus avoid any sticking points. The interviewing is benevolent and informal in the 2nd person, making exchanges easier. The repeated interview changes the place of the listener and that of the speaker[8] who, on the other hand, begins to speak in the 1st person. This principle

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[7] These tensions are no longer subject to institutional denial. They have been evoked in Department of Education reports: "School/family tensions, often perceptible, are therefore quite normal. They are dynamic and rich if they remain contained within the right limits. It is however often a fine balance. The wish for pupils' parents to have a true statute which recognises their rights is a very good thing; recent texts are a step in this direction. Do we need to remind ourselves that the legitimate recognition of parents' rights should not however lead to complicating the already difficult task of teaching staff"? (Warzee 2006, p. 62)

[8] "All words have two sides. This is also determined by the fact that they come from someone rather than being directed at someone. They are the product of interaction between the speaker and

of repeating the interview enables the first challenge to be taken up, i.e., creating the conditions for speaking where often social actors contend themselves with reusing ideas or withdraw into an oppressive silence.

Furthermore, an interview with feedback makes the approach reflexive. The words are first recorded and transcribed so as to be passed on to the group's participants between two working sessions, then put into perspective and interpreted by the sociologist based on his/her own comprehensive resources. This should not however be done too quickly because the main point here is for everyone to be able to go as far as possible in their own arguments. In fact, the sociologist's analysis of the theme based transcriptions are sent, little by little, to the actors so they can fully be *homo sapiens sapiens*, thinking their own thoughts instead of them being thought for them and only being subject to dominating thoughts. This is part of a specifically Spinozist conception of the method, which cannot be assimilated—like with Descartes, for example, with a series of prior procedures which guarantees the objectivity of knowledge and which also consists of a debate on knowledge, on the way new material can always improve (Macherey 2004). I do not hesitate to state that the method does not pre-exist this knowledge, but simply extends it by thinking about it. The feedback principle is our system's masterpiece because it enables the second challenge to be taken up: transforming words into knowledge. The group is no longer limited to exchanging words, but a group where, through words, and by constantly going back over them, we endeavour to build knowledge and sometimes move away from ignorance.[9]

Peer Groups and Multi-actor Groups

In a clinical type process it is important for each peer group to have time alone because everyone within the group, feels, senses, guesses sometimes that others share common experiences. They can then hear about these and in turn will more easily speak about what they would ordinarily keep to themselves. To a certain extent they become authors, if by this we understand someone who utters a word until then unprecedented because they kept it to themselves. However, peer groups do, of course, only have true meaning if they are aimed at surpassing themselves by becoming part of the multi-actor group. What initially is patiently created in the peer group must subsequently be brought into play in the multi-actor group so as to give rise to confrontation. Everyone is then ready, or rather better prepared, to deal with this phase where otherness is more formal, even more "violent." After this confrontation it involves putting into perspective the partial points of view of the actor allocated to a place and who has to play a role and fulfil a determined position to access a certain level of social relationships. It involves leaving a system often dominated by reciprocal accusations so as to access a process of mutual understanding.

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the listener. All words are used for one to express vis-à-vis the other" (Bakhtine 1987, p. 123–124).

[9] For Spinoza, knowledge is an open experiential process. Knowledge is initially pre-reflective and essentially obscure and confused. Inadequate ideas are the ideas from the first grade of cognition. Then knowledge becomes reflexive. Adequate ideas are the ideas from the second grade of cognition.

How were these peer groups created? We first presented this process, its principles and rules, its tools as well as the different phases of how it works at a meeting on 25 January 2006 in a large local municipal hall. Around sixty people answered the invitation of two REP and the social welfare centre. After the exchange, those present were invited not to immediately take a position. It was normal for them, once they had been informed, to be given enough time to decide whether they wanted to take part in a process which requires long-term commitment and voluntary participation.

In February 2006, we created three peer groups, people with similar or, at least, close positions, who shared opinions about social affairs and who also had a similar outlook on life. The first brought together around 10 pupils' parents. They all had children at a nursery or primary school. Some also had children in high school. They were not contacted through federations of pupils' parents but through social welfare centres. The second group brought together around 15 specialists belonging to educational teams from the two REPs in question: nursery school teachers and head-teachers, primary school teachers and head-teachers, including CLIN[10] or RASED[11] participants, and school psychologists. It is worth noting that the schools' managements were involved in the process, either because their head teachers were themselves involved or because they had agreed for teachers to take part. The third group brought together around 20 popular (neighbourhood) educators - youth workers, cultural workers and infancy referral agents in social welfare centres, as well as social workers (specialised ADDAP[12] youth workers, CAF[13] social welfare or school assistants and cultural mediators). All these employees are from the social welfare sector but can be distinguished, namely by the type of relationship they are able to build with the inhabitants of popular districts and the aim of their activity. Popular youth workers give priority to working with groups of inhabitants and especially the young, implementing with them sociocultural activities. Their practice is part of an emancipatory perspective. Social workers give priority to inter-personal relationships with "disadvantaged people" and their practice is in line with helping, repairing, integrating the law, and social and professional (re)integration. Such a distinction is, of course, only of value as an initial approximation, without which it would fall into a dangerous mechanism, especially since the boundaries between popular education and social work are today blurred, permeable and fuzzy in so far as specialists from both fields tend to take on missions traditionally belonging to the other. Popular youth workers do not, for example, neglect working on the relationship between the law and young people, and positioning themselves with regard to social and professional integration. Social workers engage in processes with groups and are part of an emancipatory perspective, as is the case here with coeducation.

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[10] CLIN, the initiation class is an intensive introduction to oral and written French for non French-speaking pupils at primary school.

[11] "RASED" is a network of specialised help for pupils in difficulty.

[12] "ADDAP" is a departmental association for the development of preventative actions (Bouches-du-Rhône).

[13] "CAF" is the family benefits office.

Finally, it is worth mentioning the fact that the social welfare centre director took part in the coordination of "school" and "parent" groups, and two REP coordinators took part in leading the "popular education and social work" group.

This entire thought process was, therefore, regulated and divided into alternating peer time/multi-actor time. Each year, for two or three working sessions, each peer group drew up a collective opinion based on the subject of coeducation so as to be able to present it and confront it in the multi-actor group against the two other groups. It was important for this last working session to be held over an entire day and in a pleasant setting. (It was held by the sea under the pine trees, far from their districts and schools, outside the city of Marseille.) However, the multi-actor group was not only a space for confronting contrasting even contradictory collective points of view, but also a space for listening to what each side, based on its own history and experience, wished to express. Those who wrote individual texts were thus able to read them.

From Constructing to Co-writing Knowledge

Finally, we asked participants, following the sociologist's example, to write down social issues. Texts, thus produced, have a flavour which no theoretical writing could truly reproduce. These texts are intact and always bear the mark of an inimitable style which it would be regrettable to dilute or drown. Above all, co-writing constitutes a particularly important and even decisive moment in the joint-construction of knowledge. What we were actually asking of actors was less about writing down what they thought about given aspects of coeducation and more about engaging in a writing task which would trigger specific and original thoughts. Writing is not only a means of expression here, a support or a means for passing on knowledge, but is directly its source. It gives rise to specific thoughts which no spoken word can authorise.

The fact that writing may be a means of access in terms of daily practices is not our own specific discovery. No one understood better than Michel de Certeau (1990, p. 120) the recursive nature of relations which brought together narratives and practices: "A theory of narratives is inseparable from a theory of practices, like both its condition and its production". Other researchers (Imbert 1994; Meirieu 1993; André and Cifali 2007) have recognised the function of the written form, which the actors/authors of this process sometimes placed half-way between account and fiction, perhaps because a certain amount of fiction is often necessary to tell part of the truth.

The presence of the sociologist as a helping third-party was sometimes essential due to the difficulties encountered by social actors in engaging in such a writing process and seeing it through. What makes things difficult is not so much failing to master the language as a tool, spelling or syntax, but the very nature of an activity which, to be exercised, requires an intensive affective effort, even a dramatic mental effort. This is necessarily a destabilising activity. Spelling or grammatical mistakes are themselves sometimes symptomatic of a difficulty expressing oneself,

of a reality where suffering continues to exist, and the complexity of expression can very easily betray a will to not go through with something. Engaging in the writing process is not always easy even if the need is felt because many obstacles have to be overcome, especially the feeling of not having the legitimacy required *by* and *for* such an exercise or even the anxiety linked to an arbitrary beginning. The sociologist can help some of them, just like Mètis,[14] using tricks or by pretending to simply have to continue what has already begun. For this purpose, the writer can dictate or the sociologist can record and transcribe. Whatever the procedures implemented, it is essential to be able to review a text enabling them to engage in their writing process. This text will, later on, lose its place as incipit,[15] will be able to be displaced and be integrated into the heart of the writing, and even just disappear in its definitive version.

The aim of the sociologist is to reassure, play down and authorise, but refraining from any intervention which may be seen as an intrusion. The sociologist must also specifically help actors to successfully separate from themselves what is buried within (discourse *of* practice), then create and transform (discourse *on* practice), by reusing questions and objections. He must help them to implement this argument of experience and meaning,[16] description and analysis, and also to say what is left unsaid, the forbidden, the obvious, what is not talked about…

Results

Following this collective debate, what did we learn about coeducation? Perhaps we learned to better measure the extent of difficulties which any real participative process faces and which difficulties are likely to materialise through specific acts. Perhaps we learned to better identify the nature of these difficulties. We thus progressed a great deal in understanding what hinders coeducation as an educational principle. Although we cannot deny the role played by the social and urban

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[14] For Ancient Greeks, Metis is the daughter of Oceanus and Tethys. She is the personification of cunning wisdom. She can be defined as a form of knowledge involving "a complex but very coherent set of mental attitudes, intellectual behaviours (combining) flair, shrewdness, anticipation, a flexible spirit, trickery, resourcefulness, watchful attention, a sense of opportunity, different abilities and experience acquired over many years" (Détienne and Vernant 1986, p. 10).

[15] *Incipit* comes from the Latin *incipere* which means *to begin*. It generally refers to the first phrase of the text of a Roman. We namely owe to Louis Aragon the development of a theory of the incipit in connection with the act of writing itself (Aragon 1969).

[16] André Green developed this argument of meaning and experience: "The moment of experience and the moment of meaning do not coincide. What is meant at the moment of experience is in a manner of speaking, suffering, waiting for meaning. The moment of meaning is also retroactive. If a meaning seems to have coincided with experience, it is a later elaboration, referring to the initial experience… We could almost say that experience and meaning are mutually dependent without ever meeting. Experience pursues meaning without ever finding it. Meaning is acquired when the experience has been lost forever" (Green 1973, p. 279).

environment, here we are more concerned with the positions of actors, which are often defensive, mutually reinforcing and make all sides powerless.

Perhaps we learned also to identify resources in places where normally only obstacles exist. What this approach enabled us to understand, thanks to the processes of using both the spoken and written word, does not lead us to construct a vision of human practices exclusively based on the suffering/defence relationship, which, at the end of the day, would forbid any change, any innovation and, in this case, any perspective of coeducation. Such a vision would lead us to believe that we would be inevitably made to suffer. Actors mutually position themselves in their powerlessness. Knowing what should not be done; having a sort of negative method can enable numerous traps to be avoided on a daily basis. However, it is important to recognise the fact that reality is not characterised by a series of completed processes, but is constantly subject to trends. However strong and dominating they may be, these trends are never fully realised because they are always contradicted by counter-trends. They always come up, at one time or another, against tenacious and persistent resistance (Scott 2009; Lhuilier and Roche 2009).

A Counter-Educational Environment

The current social and urban environment of Popular Districts/neighborhoods is hardly favourable for the appearance of coeducation. The participants in the process constantly underlined the violence which can be expressed there, not only with regard to its most visible forms, the "children's war" taken into the street and even into schools, in relation to the tyranny of brands and even the makeshift economy, and the complications which go with it as well as, and above all, its most basic forms, inherent to dominating social relationships. Parents denounced everything which in the environment itself, from the deterioration of accommodation to the total lack of green spaces, makes their children suffer and does not respect their dignity, anything which broke their dream or cut their zest for life, leaving them disillusioned and even desperate, anything which hinders their identity process and encourages them to withdraw exclusively into their original community.

Parents, and also teaching staff, denounced the fact that schools were fully involved in the outburst of violence from the very outset. Dilapidated buildings, cramped and sometimes dirty premises show the lack of consideration for actors in the school system. Furthermore, due to the existence of conditions which are unfavourable to learning, selection mechanisms activated very early on with regard to choosing a future course of study are tantamount to forbidding these children from taking a path other than that of vocational training or changing track and escaping the fate of their class. We can also say that the social environment is counter-educational because the processes which structure it—such as pauperisation, stigmatisation and even exclusion—hinder the exercising of parental authority, complicating its exercise by weakening its material and symbolic supports.

Teaching Staff: Between a Loss of Interest and Commitment

For teachers wishing to do their job well and concerned about their pupils' future, committing themselves to coeducation is a very demanding response to an urgent situation. They are not satisfied with the conditions in which children attend, learn or are advised. They mention worn-out buildings and hygiene problems, the fact that classes often remain without substitute teachers for long periods of time when teachers are absent—a phenomenon which reveals their status—or even the difference they experience on a daily basis between a discourse which advocates equal opportunities and a system which generates selection based on social criteria, namely by directing pupils into courses of study according to a hierarchy.

It is also highly demanding because their relationships with their parents have become more difficult at a time when the unfolding of crisis makes them more necessary than ever. Pupils often feel they receive little support from parents to help them with concrete matters of learning and other educational aspects since their parents often do not speak much French and conceive authority and discipline in terms of physical punishment which does not help children to learn from their mistakes. Furthermore, the presence of parents on school committees would hardly be legitimate because they represent their own interests, merely contenting themselves with focusing on their own children's problems.

Coeducation also confronts teachers with risks, e.g., destabilising parents when they ask for things they are unable to deliver or exchanging comments with parents about career-related issues. In such cases, should teachers insincerely arouse some far off hope? Or should they, on the contrary, be more realistic, but in a way that is likely to shatter the illusion needed for parents' commitment, which helps them to live, and also encourages their children to be active at school? How much room for manœuvre do they have if they do not want to deliver a message which closes doors and for parents sounds like "it's not for you!"

It is also worth mentioning the risk of intrusion vis-à-vis parents, even encouraging them to take part in schools, bearing in mind the fact that this is seen by many colleagues as something that hinders the way the institution works and education is implemented. Finally, there is a risk of becoming agents of social control for "new dangerous populations" (Chevalier 1978). Teachers feel that their close position is even more fragile since they intervene in an institutional context which tends to turn them into a form of social control. Thus, they are required with increasing insistence to point out any child who has behavioural problems because these are simply the symptoms of a process which almost always leads to crime. Sometimes they are even required to fill in pupil databases, software officially designed to statistically process numbers of pupils that enables educational tracking, but likely to become an essential tool for population management and control given the inclusion of certain data (such as parents' nationality, year arrived in France, language spoken at home, original culture, help network, and health). Town halls also may consult these databases since they are responsible for enrolment at nursery and lower schools.

Teachers are unable to confront these risks without experiencing apprehension and this may encourage the reactivation of a defensive relationship with others,

particularly pupils and students. This leads teachers to distance themselves or become introspective with regard to others, rejecting their identity, projecting on it reasons for encountered difficulties, e.g., only the pupil's cognitive deficiencies and behavioural troubles can account for difficulties encountered in the school curriculum. Such procedures hinder exchanges and avoid posing destabilising questions or initiating a demanding, comprehensive approach.

However, the response can sometimes take a more positive turn, namely when teachers find enough strength in their desire to ignore these defences and become engaged in an exercise benefiting from proximity, authentic dialogue and rigorous knowledge; when they intensify their efforts to find solutions to complex issues, confronting problems which their training did not prepare them for and developing new skills, especially in the field of relations. In this system, "fear of" loses its negative and passive nature because it can be overcome and drives teachers to increase their power to act and think, energising rather than inhibiting their professional activity.

Parents: Between Excess and Mobilisation

What we learn from parents hardly confirms the thesis of their failure to take responsibility, but rather a position which should be situated between excess (Jamoulle 2002) and resistance. They do, of course, have a great deal of difficulty *confronting* because they are often immersed in a multitude of problems and are sometimes overcome by new-teenager culture. These parents have much more difficulty than others in exercising authority over their children because their material and symbolic supports are weakened by the logics of cause and disqualification with which they are confronted.

However, most of the parents remained mobilised, even when they did not attend school advisory meetings or answer invitations from teachers, preferring to send an older brother or sister. Let us not hasten to interpret these practices and attitudes as ways of expressing cold indifference with regard to their child's education. Some simply consider that the presence of their older children with teachers is more legitimate than their presence and, far from abandoning schooling, requires them to report back about the meeting. There was, therefore, a great deal of mobilisation exactly where we would expect only to see a failure to take responsibility. This mobilisation can be found in help doing homework and, namely, in the fact that they ask teachers for greater coordination both regarding educational methods and the content of the subject being taught. It is perhaps worth remembering that this mobilisation of the family with regard to their children's schooling was present for many of them prior to their arrival in France and, sometimes, the reason for migration. In many cases this interest for their child's progress at school drives them to resist, with determination, anything which hinders this, especially unacceptable career advice/selection from teachers (because parents then need to fight against the teachers who can only envisage vocational courses for their child) and also against their child (who is in a hurry to earn a living and under pressure to follow the examples of friends, not

going beyond a certain level of studies or qualifications). Furthermore, many of the parents do not know much about schooling and, as we have already seen, are not proficient in French. So parents also need to fight against themselves or rather the part of themselves which, under constant pressure, makes them want to accept what others and the school as an institution are trying to impose on them.

This resistance sometimes takes on a collective form. They thus express much anger and indignation in the face of what they deem unacceptable. For example, they may be faced with the failure to replace absent teachers, which also means that their child, who is from a so-called underprivileged background, does not have the right to success at school. This only leaves them with the option of fighting, along with teachers, not only *against* the contempt to which they are subject, but also *for* their child's dignity. Consequently, sometimes parents are highly mobilised and show determined resistance where the defensive positions of others shows only resignation and indifference.

Social Workers: Half Spectator, Half Militant

Unlike teaching staff, social workers do not see coeducation as a series of risks leading them towards the unknown, undoubtedly because they are used to working closely with and integrating parents, more or less, according to their institutions or associations and their work culture. A social worker's position leads her/him to act as a third party between parents and teaching staff. They try to make both parties understand the expectations, hopes and fears of the other, enabling both to overcome the unilateral and even caricatural representations which they have about each other. They endeavour to acts as guarantors for mutual respect. They also often act as cultural interpreters, namely by translating for parents the language of teachers, not only French for those who have foreign backgrounds but also abbreviations and jargon specific to French education. They also invite teachers to see where parents live to create better understanding. Social workers here are reminiscent of the escorts in the mountains who organise crossings from one country into another or even that of a bridge linking two sides together.

Providing support for parents goes as far as physically accompanying them to teachers' offices. It also takes on a psychological form when they are told they can play a greater role in this coeducation work even if they do not have any knowledge of the subjects being taught. They explain to them that they can provide concrete help for their children, namely by encouraging them to be active at school, stimulating their thirst for learning and curiosity, and asking them in the evening about what they did at school that day.

It is, however, worth noting the way in which the issue of third-parties has changed as our exchange progressed because the presence of an interpreter or facilitator had tended to adjust the situation rather than transform it and was able to block any coeducation process. Being able to use the social worker's services actually exempted both parties from placing themselves in the front line and risking a direct relationship with the other party. The social worker invites both parties to

stick to their assigned role and avoids taking part in transforming social relationships. Avoiding conflict at any price may certainly provide, at least initially, comfort and peace of mind to specialists, but in the long term becomes a paralysing function.

Participants did not call into question resorting to a third-party, but rather tended to add a certain number of conditions to it. This should only happen temporarily in moments of crisis. In every instance, schools will only become more democratic if the balance of power which structures them is transformed. It is with regard to this transformation that social workers are striving to help parents organise themselves and construct a collective discourse so that the school, as an institution, acknowledges its role as a partner in the field of education.

Mutual "Interpellation," a Source of Powerlessness

We were able to highlight the fact that the way in which each "interpellates" (Butler 2002) the other is at the heart of a defensive system generating powerlessness for everyone. Thus, teachers question parents about extracurricular activities because a child is not a good pupil due to either having problematic behaviour or learning difficulties. Such questionings are based on a denial of parents' skills in the field of coeducation and positions them as subjects who are incapable and even responsible for the failure of a their child school. We can add to this the fact that the spatial and temporal framework of this questioning considerably consolidates the asymmetrical nature of the teacher/parent relationship. It is significant that parents are most often summoned to the school's premises and frequently rather belatedly, but not before the end of the first term.

The questioning of social workers by teachers is reminiscent in certain ways of that of parents, namely with regard to its purpose since it most often involves pupils' behavioural problems. Its timing is also too late and is a matter of urgency. Such questioning is based on a lack of awareness about the social workers' skills in the field of co-education, and positions them as servants to school power, serving a purpose that is foreign and imposed. The social workers are admittedly subjected but not, following the example of parents, incompetent. Moreover, they are often over-competent with regard to specific aspects of co-education. The denial of skills which affects parents in the field of coeducation here gives way to overestimating the real power of social workers since they are attributed the almost magical ability to immediately solve any behavioural problems which mar the "purity" of educational endeavours.

In turn, teachers regret not being questioned enough by parents with regard to content and learning methods within the framework of a nursery school which is all too often considered by the parents as a simple day care situation. They regret, as well, that questioning is turned into pressure from a primary school regarding the fulfilment of syllabi or success at meeting goals in terms of exams and qualifications. Teachers are questioned by parents about topics which go beyond their skills, and even in which they have no knowledge, or points which do not concern school learning but are about learning to respect social norms. They are unable to answer questions because they lack the legitimacy to do so. What can be said to parents

who ask for advice on how to bring up their children? What gives teachers the authority to dictate social norms or how to behave in France?

This system of mutual "interpellation" gives rise in actors to "sad passion" complexes[17] Fear, guilt and shame dominate the affective universe of parents. It is the feeling of not being recognised in their own skills and being instrumentalised which dominates the social workers. We find fear and also frustration, illegitimacy and even the feeling of powerlessness in teachers. Against these sad passions, they all implement more or less rigid defences. Parents who do not wish to hear unpleasant judgments about their children choose withdrawal, escape and shunning. Social workers prefer to resort to projective mechanisms and assign to the department of education more powers of integration than it really has. They find endless faults, make endless complaints and give warnings sometimes to the extent that they forget to think about their own responsibilities. Teachers have a wide range in terms of defence. They can implement procedures for distancing and shunning, closure vis-à-vis the other side, projection on the other side of difficulties that are encountered and can even accuse, deny and conceal.

That is not all, however. What for some concerns defence or refusal may for others be seen as how to make a choice that they assume, i.e., not taking part in coeducation. Thus, when parents withdraw, shun or avoid having a relationship with teachers, this can be interpreted by others as a way of showing indifference or failure to take responsibility. Likewise, any refusal by social workers to occasionally intervene to do the "dirty work" (Hughes 1996; Lhuilier 2005) may be seen by teachers as a flat refusal to their request for help, showing a lack of cooperation. Finally, the refusal of teachers to give certain advice to parents may be seen as a lack of interest in the parents' problems.

Presently, we understand more about how each side, through its "interpellation", defence and even interpretations of the other side's defences, contributes to an increasingly closed system. Therefore, nothing is of greater importance than recognising the defensive function, which some sociologists have referred to as the misunderstanding between schools and families (Dubet 1997). This necessarily leads us to think that goodwill alone is not enough to clear up such a misunderstanding and that the misunderstanding will resist for a long time, as long as there are reasons to fulfil that function. This leads us to constructing approaches which, above all, aim to make these defences flexible and even deprive them of their *raison d'être*.

Discussion

We are now, based on this co-analysis, better able to list social and subjective conditions for implementing and developing such an approach and its requirements with regard to the actors who commit themselves to it. If we want actors to be able to

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[17] Sad passions (Spinoza 1994), in contrast to cheerful passions, reduce or hinder our ability to act. These are all passions which we associate with the idea of something which goes against our appetite for life.

go beyond their defensive positions and develop more active and reactive practices of resistance, the institutional partnership must be organised with exchanges that include projects as well as more spontaneous initiatives. Finally, education as a profession needs to be radically transformed and training reorganised.

An Institutional Partnership and Original Meetings

The actors must at least be partners. This can only be acquired after a complex process of mutual recognition. Doing things together requires each side to be able to identify the specific skills which the others can implement, the standards and values to which they refer, and the ideals which drive them. For example, each side should be aware of the fact the others do not necessarily share their way of defining a common notion such as success. Partnership requires each side to include the others before beginning any process, namely finding suitable rhythms and time slots. Finally, each side has to have a precise idea of the others' framework of action, their possibilities and also their constraints and limits. The actors need to be socially acquainted; they need to be able to meet and find convivial moments to speak about life's "little mundane things".

After a meeting, a teacher declared: "*To meet parents, we have to be human beings*." Such an assertion does not mean that it is enough to show kindness and respect and then simply be professional. It is, on the contrary, an invitation not to content oneself with playing a professional role because for parents in popular districts nothing is a greater obstacle to coeducation than the coldness of institutions and workers who represent them. Greater professionalism is required by the teacher because he/she is more exposed and unmasked when speaking and having to confront a much richer relationship, but also one which is much more demanding.

Formalised Projects and more Spontaneous Initiatives

A collective project does many things. It enables occasional interventions to be integrated; all actors to be associated upstream in the process; and a break with this instrumental logic that certain members question others at a given moment in time in order to solve a specific problem. It also enables a coeducational process to be sustained after the initial people (those who have been most involved and often behind the project) leave. The project gives social recognition and institutional visibility because it sets objectives which force people to work together, structure the process and set criteria for the project's evaluation.

It is also necessary for these processes to be initiated without being subject to a prior formalised project. Thus, teachers have been able to help parents set up a choir or even prepare for their driving tests. Nothing here was planned. Everything was decided based on "why not?" and on a relationship of reciprocal recognition and confidence. Concrete and tangible results were obtained, whether creative (music),

practical or emancipatory (passing the driving test) or even in the field of coeducation (another perspective for children with regard to their parents, improving their school results) without precise objectives having been set beforehand. These results, in terms of coeducation, are therefore obtained indirectly and, rather like healing during analytic treatment, *by addition* (Freud 1975). This *addition* is not *the little extra* in the background of a process but, on the contrary, what gives full meaning to the commitment of the actors. It is the fruit of their resistance to the hold of a world dominated by instrumental rationality.[18] It opens up a breach and enables the *most improbable* to become *possible*, to come into existence and take form.

Professional Implications of Coeducation

What does commitment in coeducation demand of social professionals? What does it demand of teachers? First we should recognise the fact that social workers and neighbourhood youth workers have both been trained to work with those using services and that many have chosen to work in a local community. They both also review their working practices, think about their positioning in spaces adapted for team meetings or regulatory, supervisory sessions, and even analyse their practices. Their commitment to coeducation is, from this perspective, part of the continuity of their daily job. They often use the notion of third-party to define an essential dimension of their positioning and it is perhaps less the French language itself and more the technical and educational jargon used which hinders the parent-teacher relationship. This is also the case for the language of representations used by each side with regard to the other. A third-party such as a mediator is able to encourage each side to listen to the other's reasons and offers both a rich space for communication, exchange and confrontation.

This notion of third party is not accepted without reticence. Such a position seems highly ambiguous in so far as it can also prevent the parent/teacher relationship. This is particularly the case when it exempts either of the sides from taking the risk of the relationship. This notion of a third-party is then put into perspective, admitted provisionally, perhaps only when it involves *here and now* in a complex situation characterised by crisis. It is possible provided that the aim pursued is the transformation of social relationships and not their adjustment. With regard to this

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[18] By rationality we understand what complies with reason and by instrumental rationality what complies with a particular reason which tends to prevail in our society. Within this framework, actors relate to the other side as though they were simply the means to their own ends. Any attitude becomes objectivist, denies others their dimension as subjects and tends to transform these into objects. Any action becomes an intervention *on* the other side. The criteria which enable it to be evaluated are reduced to efficiency and performance. They can only give rise to indicators expressed as figures. Its aim, at the end of the day, is instrumental manipulation (Habermas 1987). A coeducation process must promote co-subjectivating rationality in which action is interaction, where each side questions the other as a subject capable of understanding and transforming reality. The criteria which enable it to be evaluated are also qualitative and cannot be dissociated from specifically ethical considerations. Finally, its aim is emancipatory.

specific point, commitment to coeducation undoubtedly requires more social workers than neighbourhood youth workers. This is because it requires of them to break with a professional culture that tends to restrict their identity to that of individual relationship technicians. It requires them to considerably enrich their profession by integrating into their daily practices collective and political dimensions and by concretely supporting parents and constructing a collective voice and weigh against teachers in the field of education. It requires them to act professionally within the framework of collective social work or, to use an expression of the CSTS,[19] have social interventions of collective interest in processes taking inspiration from the orientations and values of popular education.

The initial position of teachers with regard to coeducation is different. They have little training in aspects likely to encourage coeducation. Of course, we cannot ignore the fact that the IUFM[20] was chosen to implement several modules on parent-teacher relationships, that trainee school teachers have used their memory to explore this (Sénore 2009) and even that pioneering experiments were carried out with promising results. We can only underline the marginal, even experimental, nature of these approaches within the department of education's training system. Furthermore, in their job as teachers, they hardly have any framework enabling them to deal with the difficulties which they face. The need to talk about what concerns them and even what makes them suffer is such that lunchtime, for better or worse, acts as a regulatory or supervisory meeting.

The weakness of this initial position is even more problematic since coeducation for them is not something optional but a vital occupational requirement. For those who take part in the process, the stakes are no other than being able to continue to work and leave behind the powerlessness they feel, namely in the face of parents' distress. This is why a teacher, questioned about her presence and participation in this process said: "*I think we answered an emergency, not just a wish*". An emergency to think about is one's positioning and, more radically, redefining one's occupation. But coeducation is not only a demand, it is also a risk. How is it possible to engage in such a process without destabilising parents, acting as an intruder or even actively contributing to social control? How is it possible to engage in such a process without even further exacerbating fears and apprehension in parents and activating their defences? How is it possible to establish a quality relationship with parents without arousing in them excessive trust which leads them to question teachers about aspects they do not control? It would be futile to attempt to provide definitive answers to such questions because these lead professionals to an increasingly clinical and, undoubtedly, also political reflection about negotiating the boundary between support and destabilising the other side, between proximity and intrusion, between help and social control. Asking such questions shows that we need to reform their initial and vocational training.

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[19] The "CSTS" is the High Council for Social Work.

[20] Teacher training colleges (IUFM) are further education establishments responsible for training primary, high school and college teachers.

Conclusion

In conclusion, the key role of teachers' training should be retained. Does the current teacher training reform,[21] take into consideration these new requirements which are imposed on teachers? Will it offer them a more favourable framework to redefine their occupation so as to satisfy the challenges of coeducation and, namely, acquire skill number 9 of its specifications, titled "working as part of a team and cooperating with parents and school partners"?

The information we currently have available makes us greatly doubt this and even think that the timid progress made over recent years within the framework of teacher training colleges risks being called into question. We know that the year specifically dedicated to preparing trainees to embark upon their career has been abolished. Several weeks after taking the competitive entrance exam, young teachers find themselves responsible for a class for 12 to 16 hours per week without having taken a single module about working with pupils' parents and school partners. They are supported, of course, and a third of their time is dedicated to training to acquire knowledge in "other areas". However, we can observe that the circular of 25 February 2010 which concerns the system for welcoming, supporting and training teachers does not mention relations with parents or school partners at all. The fact that trainees cannot learn about such a subject as part of a compulsory module shows just how little interest it is given. But there is more. Is it reasonable to think that those who wish to could deal with it outside their working time, as part of more individualised and optional courses suited to their vocational training paths? Will they have, in fact, the time and energy needed for this when they have to spend much of their time preparing their lessons? Finally, can we hope that master's courses in the future will, in their preparation for the competitive entrance exam, provide specific teaching about skill number 9? Nothing at present would suggest this is the case. We must remain very watchful about this point.

We have, further to this research action, gained much in terms of lucidity. We better understand that it is not enough to want to implement coeducation because the actors who engage in this type of process are inevitably faced with difficulties whose extent we were able to measure and, above all specify. We better identify what should evolve and even be radically transformed in terms of the district's environment, school logics, the content of different work activities, and the way in which each side questions the other both in daily life and as part of particular actions. We also have gained in our ability to act because we can now be supported by resources whose existence we did not even suspect beforehand, the ability of professionals to resist and, more perhaps, parents. A new more operational process has just begun. Integration into this of groups of pupils was necessary if we wanted to persevere in our effort, to continue to push back the walls of the school as an institution and stay on course for success at school for everyone.

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[21] This reform introduces the recruitment of Master 2 level teachers.

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Chapter 9
Economic Interventions in Communities: The Québec Case

Jean-Marc Fontan and Lucie Dumais

Introduction

If there is a fundamental dimension to understanding the functioning and development of human communities, it is an economic one. Without an economy, that is to say, without the presence of subsistence activities that allow individuals to collectively ensure their existence, it is difficult for a community to exist over time. This chapter focuses less on the economic dimension as a whole, and more on how communities—stakeholders in complex societies—compensate for conventional mechanisms, generally associated with a capitalist market, to address the latter's shortcomings and complement the modalities of regulation established by the State.

To illustrate the "community" dimension of the economy, we will look at the experience of Québec. Québec is one of ten Canadian provinces, but is also the cradle of French Canadian nationalism and the only province that is predominantly French speaking. Québec accounts for a quarter of the Canadian population, that is eight out of 34 million. The provincial government holds important powers vis-à-vis the federal government, in both economic and social affairs, in comparison to other regimes, such as the United States, that are federations. Québec's features make it an original case and important context to study in terms of political and socioeconomic development (Gagnon 2009).

Québec province is characterized by a large community movement which grew through the development of modern civil society. This community movement is intertwined with other social movements that advocate trade union, feminist or environmental action in order to propose and pursue initiatives under various forms of social, economic, political or cultural development. As a result, the Québec commu-

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nity movement tends to have a strong influence on civil society in this part of North America as it identifies more spontaneously with the notion of civil society. In contrast, the religious factor, once socially and politically hegemonic in the province due to the power of the Catholic Church between 1840 and 1960, and the business sector, long dominated by English-Canadians rather than by the French-speaking majority, are not immediately associated with what is now commonly called the "bone and sinew" of Québec civil society. As a result, many analysts do not necessarily include these other, more conservative social and economic elements, in the very definition of civil society (Bothwell 1995).

To talk about the Québec experience from an economic-dominant community action perspective, we will proceed in four phases. In the first section of the chapter, we will present an historical outline of community action in Québec. In the second section, we will analyze the impact of modernization on contemporary Québec's community movement. We will then highlight, in a third section, two faces of Québec's community economic development, namely, socioeconomic integration initiatives and the social economy sector. The fourth section will put forward an analysis of these two strategies and propose a critical outlook on community action as it unfolds in a context marked by turbulence on the global, continental, national and local scenes. In the conclusion, we will discuss how clinical sociology contributed to the field of socioeconomic interventions and mention the recent emergence of incubators, a socioeconomic alternative of Latin American inspiration which is beginning to appear in Québec.

Community Action in Québec: A Brief History

Before 1800, the social assistance model par excellence in Québec was a combination of direct mutual aid, communal charity among the common people, and charitable activities supported by members of elite organizations in connection with religious organizations (Fecteau 1989). Partnership through community action emerged in the late eighteenth century and developed throughout the nineteenth century. It did so on a volunteer basis, around a social mission and in a secular and self-managed context.

In the nineteenth century, social assistance consisted mainly of alleviating issues resulting from poverty. In its early manifestations in the field of socio-economic development, this assistance worked by addressing the needs of economic integration among people with adaptation issues. Support was made available to the unemployed, ex-offenders, older women, prostitutes, migrants and urban newcomers. These populations were deemed apt for employment and, consequently, socioeconomic interventions that favoured occupational integration among the disadvantaged were encouraged which, in turn, led to the creation of organizations, such as the *Maison d'industrie* (employment house) in 1808, the *Oeuvre de la soupe* (soup kitchen) in 1827, the *Magasins à bon marché* (low-cost stores) in 1867 and the *Coopérative de consommation de Pointe Saint-Charles* (consumer's cooperative of Pointe Saint-Charles) in 1886.

Up to 1960, three types of associations or community groups existed. The first, referred to as business oriented associations, corresponded to the liberal entrepreneurship and cooperative entrepreneurship movements. The latter contributed to the development of today's social economy. A second type of organization was composed of secular and religious associations for the defense or promotion of ethnic interests (a national issue), of class interests (workers' movement, socialist movements or employers' organizations), of class concerns (philanthropic movements promoting charity, social integration and reintegration), and in defense of collective rights (feminist movement). Finally, a third type, described as organizations doing socialization and identity or cultural expression, was composed of faith and secular groups centered on exchange, sharing, and training, and promoting renewed sociability (Brault and St-Jean 1990).

Since 1960, community action has acquired a high degree of autonomy from the Church. Community action can be divided into the following practices: local democracy; the collective re-appropriation of areas and social living conditions; emancipation; the institutionalization of intervention methods; the professionalization of practice; cultural and social changes; and the movement away from democratization requirements and towards alternative experiences and critical actions (Favreau 1989; Hamel 1986).

In quantitative terms, the current community action movement has about 8,000 organizations across both rural and urban areas in Québec and nearly half have an independent status.[1] Contemporary community action was born in the urban setting around 1963 with the formation of citizens' committees and in rural areas around 1964 with the community leadership experience conducted by the *Bureau d'aménagement de l'Est du Québec* (Office of eastern Québec development). This movement strengthened and diversified in the 1970s, giving rise to two terms that reflect its evolution: *groupes populaires* (collective groups) and *groupes communautaires* (community groups). These two terms refer respectively to practices focused on mobilization/advocacy and support to collective services. The distinction between advocacy groups and service groups, however, remained blurred since organizations change focus over the course of their history, for example, moving from a mobilization role to a service role, or, as indicated by Dumais and Côté (1989), because the two trends can overlap in one organization.

In regard to working conditions, a survey of 260 community groups conducted by Dumais and Côté (1989) presented a mixed profile of innovative and traditional features, yet marked by precariousness. These jobs were innovative because of the framework that included participative management, self-management or joint management, and they were traditional because the jobs held by women were mostly non-supervisory. The jobs were also precarious, because wage conditions were well below those found for the same type of employment in the government sector. These findings were not surprising, but for the first time, a study revealed a clear picture of working conditions in these types of organizations.

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[1] This is as of December 2010, according to official statistics of the Gouvernement du Québec (Government of Québec) (2012).

The idea of community development and citizenship empowerment crystallized in the first citizens' committees and gradually became an issue and a new social demand. A demand that, like the one formulated by non-religious associations prior to 1960, was addressed to the State and then tried out by organizations such as community clinics and law clinics in the 1960s, *Opération dignité* (dignity operation), community media, *Groupes de ressources techniques en habitation* (housing technical resources groups) and *Sociétés acheteuses* (purchasing groups) in the 1970s, and finally the Community Economic Development Corporations in the 1980s.

The Role of Community Action in the Transformation of the Québec State

The Role of Government in the Economic Development of Québec

In the early 1960s, the move to modernize the Québec state had to deal with the issue of the uniform application of economic development throughout the province. Inspired by the theory of poles of growth, the provincial government initiated a process of devolution and decentralization for some public services—process that would give regions more room for decision-making. A regional development strategy unfolded through the creation of 10 administrative regions.[2] This strategy was reinforced in the 1970s with the launching of various regional development programs and the creation of sectoral intervention structures in the health, education, leisure, culture and environment sectors.

Through the 1980s and 1990s, the fundamentals of this strategy became stabilized through the creation of new consultation and land-management structures. The 15 economic summits that took place between 1983 and 1989 and the creation of regional county municipalities (MRC in French) were noteworthy developments. Finally, an Act regarding the ministère des Régions (regional ministry) (1997) allowed the upgrading of the main regional and local development programs. New intervention mechanisms in the areas of workforce development and support for business creation were created at that time. In each region, local development centres (CLD) and local employment centres (CLE) also were created.

During the 40 years encompassing the process of devolution and decentralization, the socioeconomic environment underwent important changes. First, the Canadian and Québec economies, based on the development of natural resources, gave way to knowledge economies. Second, there was an increased trend towards the service sector, such as personal and business services, or tourism and cultural activities, while low productivity manufacturing sectors were swept out (garment and shoe

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[2] In 1960, there were ten regions in Québec. In 2011, there are 17 regions (Gouvernement du Québec 2013).

industry, for instance). Third, the emergence of the new economy was reflected in the appearance of new sectors of activity, such as new communication technologies, biotechnology, and the development of businesses offering services to companies or individuals. Finally, this reorganization of the economy meant the addition of new players who took on greater importance. The traditional private-sector players were no longer alone; public corporation managers and social entrepreneurs from both the community movement and the new social economy were now part of the mix.

This reorganization of Québec's economy was part of economic globalization, which in the 1980s was marked by a more solid governance on the part of major international organizations. Global economics and free trade dictated structural adjustments and new guiding principles for national policies. For example, in terms of workforce mobility, the watchword was to support open markets. National administrations were urged to review public methods of regulating or intervening in order to facilitate the privatization or communalization of public services. Consequently, private or social, sectoral or territorial mechanisms for intervention or governance were created at that time.

How Economic Development and the Role of the State Impact Community Action

In Québec, as elsewhere, the 30 glorious years of growth of the post-war gave way to 30 very difficult years. From 1970 to 2000, Québec's economy faced a rapid reorganization that resulted in a rise in the unemployment rate and greater household dependence on public income security programs. Plant closures were numerous and significant layoffs occurred throughout the 1980s. In a difficult economic context in which workers were faced with a significant reduction in access to employment, the challenge was twofold: the provincial government of Québec had to support economic recovery through measures favoring the creation of economic activities and facilitate the integration of de-skilled, unemployed workers into the labour market. To achieve this, key stakeholders in Québec were mobilized, including important forces of civil society.

It was in this context of massive destruction of the job pool that community action witnessed the birth of an economy-focused social movement. It was called the *développement économique communautaire* (community economic development), and featured actors from different social movements, including the community action movement. The initiatives implemented by community action leaders received special attention from the State at the provincial level, which agreed to allocate the initial funds to support interventions aimed at workplace integration or to promote the creation, by unemployed workers, of new economic activities.

And so, in the early 1980s, a series of sectoral- or territorial-based local initiatives appeared. *Entreprises d'insertion* (welfare-to-work companies), whose goal was to combat the economic exclusion of young people, was one of the initiatives. CDÉCs (community economic development corporations) also were created and

their mandate was to revitalize the socioeconomic fabric of the old industrial areas of the metropolitan area of Montréal where nearly half the population of Québec lives.

From marginal organizations in their infancy, these local initiatives quickly regrouped to develop negotiation power vis-à vis the provincial state. Minimum recognition was obtained in the early 90s, resulting in formalizing financing for their activities. They consolidated their institutional bases and organizational capabilities. This recognition reached a higher level of institutionalization when the provincial government drew on these experiences to develop public policies for labour or regional economic development. As a result, employment integration became part of the developmental action of Emploi-Québec, Québec's workforce development agency, and the ministère des Régions set up a funding program to support local development initiatives throughout Québec with the creation of CLDs (local development centres).

Through its recognition of community economic action, the provincial government of Québec innovated by forging partnerships with civil society organizations in order to act directly in the areas of development and consolidation of Québec's economic market. The 1980s brought commitment, not only from the community action sector, but also from the trade union sector with the implementation of major projects including *Corvée-Habitation* (a workers/government partnership) and the *Fonds de solidarité FTQ* (a trade union fund). This compromise was surely part of the decentralization strategy in which the State accepted a form of joint construction of public policies and co-production of services offered to the public and to business people.

The Economic Intervention of Québec's Community Movement in the Development of Society: Two Illustrations

Not surprisingly, changes were made in the ways community organizations were funded. Revenues in the form of subsidies coming from the State increased, as did income coming from market-related activities and sales of goods and services. A community economy took shape, which developed new packaging with the birth of the new social economy in the mid-1990s.

Starting in the 1960s, the community movement was structured according to two main intervention approaches: the first focused on practices of political demands, and the second was involved in offering community services to the public. Around the 1980s, a third structural approach towards community action came from organizations whose mission was to provide technical services to the various community-movement organizations.

Although this development is interesting to note, we will discuss only the approaches taken by organizations that chose to offer services to the public. We will do this by focusing on two areas of intervention, which are basically economic in type: first, the development of employability and workplace integration, and

secondly, the development of the social economy. These sectors are at the core of the research work we have carried out over the last 20 years.

It also is useful to make a brief mention of the research method we have chosen. It is related to the methodology used by a sociology of proximity or clinical sociology. We described it as a type of action research method characterized by the development of a strong partnership between academics and practitioners (Sutton 2007a, b).

> The type of research carried out in communities, and supported by mechanisms for consultation, often employs a type of knowledge based on the experience of individuals present in those communities. These individuals are essential to the researchers who, for their part, must systematize this experience and characterize it for the practitioners in the field who employ theoretical frameworks to guide their work. As for their partners, their knowledge of the environment constitutes an irreplaceable asset when the time arrives to validate the results obtained by the researchers. In addition, the researchers' viewpoints sometimes enable individuals in the community involved to begin analyzing and transforming practices that might have been more difficult to undertake based solely on their internal dynamics. Thus, the relationship between researchers and practitioners in the field involves a genuine relationship of reciprocity. (Jetté, in Sutton 2007a, p. 6)

We also use the terms "extension sociology" to describe a working method that is inspired by American pragmatism (Mauduit 2011). In a partnership linking research with action in the field, agreements are established between researchers and organizations. These agreements are often tacit, but sometimes written, and allow parties to jointly develop research objectives, to discuss methods of investigation or the type of data to collect, and to plan for the diffusion of results so as to mobilize partners to use the resulting knowledge. Partnership research clearly poses special challenges to researchers, particularly with respect to maintaining a close relationship between actors while at the same time keeping a critical distance, and in terms of the manner to proceed. However, as with any research known as participatory, the partnership approach offers appropriate conditions for the development of social research focused on practical benefits.

The Development of Employability and Integration

The transformation of the Welfare State in the Western world did not spare Québec. Many community organizations were redeployed following the successive crises of the early 1980s and 1990s to working with the unemployed. Following this, we were repeatedly called upon as researchers to conduct research on employability, to evaluate pilot projects in the area of workplace-integration support, or to draw up sectoral balance sheets.

Several community organizations focused on rights advocacy: the right to employment insurance, on the one hand, and the right to receive assistance, on the other. Another important segment of the community movement chose to offer services to people wishing to enter the labour market. This placed these organizations in an unstable position because, if it allowed them to obtain financing from public funds, it forced them to compromise themselves politically in a form of instrumentalization

rather than placing them in a position of political influence (Vaillancourt 2009a). We will cover this positioning to demonstrate how a significant part of community action dedicated to developing the social and professional integration of the unemployed is linked to the State.

In Québec, as elsewhere in the Western world, the field of workplace integration has evolved over the last 20 years along with its analysis. Sociologists, such as Robert Castel, have often mentioned the withdrawal of the State as being concomitant to the commodification[3] of social protection (Castel 1995). However, sociological interpretation became subtler since then, in light of findings from social work showing that employment and community activity can help break people's isolation, consolidate the social fabric, and even reshape forms of integration (Astier 1997, 2010).

Recent findings, combined with a new analysis of integration problems, help to explain individual and social exclusion issues and reflect on collective solutions that may be able to address them (Astier and Duvoux 2006; Jenson et al. 2007; Castel 2009; Dubet 2009). Recently, Bernier (2011) argued that public policy reforms implemented in Québec in the last 10 years rely innovatively on the development of multi-sector partnerships, such as vocational training agreements formed between schools, private businesses, unions and third sector organizations.

In 2013, the field of workplace integration in Québec numbers at least 400 community organizations and they have formed several federations. These, in turn, have joined forces to begin a dialogue with the State, within the COCDMO (Coalition of Community Organizations for Workforce Development) (Larose et al. 2005; Coalition des organismes communautaires pour le développement de la main-d'oeuvre and Chantier de l'économie sociale 2005; Coalition des organismes communautaires pour le développement de la main-d'œuvre 2011). Among others, we list the federation built around the CJEs (youth job centres) in Québec, bringing together one-hundred CJEs, as well as the RQuODE (Québec coalition of organizations developing employability) and the RSSMO (network of specialized labour services), each bringing together 100 organizations, and one last group of organizations designed especially for people with disabilities. The interventions of these workplace integration organizations are intended for people excluded from the labour market. There are also networks of integration organizations or training businesses, which produce goods and services in addition to providing facilities for training as well as short- or long-term internships. Finally, there are clubs for people who are seeking work and ready to enter the labour market.

The mission of most of economic driven organizations is to assist people in enhancing or acquiring professional skills and workplace social skills. Although some of these agencies are involved with people ready and willing to search for a job, most cater to beneficiaries who have become removed from the labour market due to challenges related to their low levels of education, health problems, disabilities, age or number of years without Work. Depending on the particularity of the target population, these organizations are involved with youth, immigrants, women or

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[3] The term decommodification was coined by Esping-Andersen (1990) to express the regulatory role of the Welfare State over the market and, as a consequence, its role in protecting people that could not rely on the job market alone to fulfill their basic needs.

people with disabilities (Coalition des organismes communautaires pour le développement de la main-d'oeuvre and Chantier de l'économie sociale 2005).

According to survey data collected from intervention personnel and managers of these organizations, the population benefiting from social and professional integration services is becoming more heterogeneous and more isolated from the job market. Therefore, the situation requires not only additional expertise from personnel, but also a better alignment with employment policies.

At the political level, the COCDMO serves as an interface with the State, and especially with *Emploi-Québec* (an agency of the Québec's ministry of employment and social solidarity). However, the majority of the identified organizations are funded by Emploi-Québec under public programs designed largely by the ministry itself. While the organizations dedicate their interventions to targeted members of the public and the law recognizes their mission of specific assistance, the Ministry retains full responsibility for the development of the workforce. This control allows it to divide its activities into two components: one for preparing those who have lost almost all capabilities to join the labour market and another for upgrading worker training. The second component is managed directly with companies requesting personnel training in accordance with the managerial rights they exercise. This dual system has confined community action to interventions upstream in the labour market.

The relationship between Emploi-Québec and community groups is asymmetric, dominated the State. This kind of relationship reflects more concern for sound financial management and the contracting of profitable services than a vision based on a decision-making partnership benefiting the public in need of services. In other words, the State dictates orientations and sets up programs in a bureaucratic manner, leaving little leeway for the community movement. Within this context, organizations adapt to a greater or lesser extent to this contractual relationship, and some are highly critical of the negative impact on their autonomy (White et al. 2008). In the area of employability and integration, some analysts argue that the position of distrust regarding the State may be less robust than in the field of health and social services, where independent community action makes more assertive claims about its own mission (Jetté 2008; Vaillancourt 2009b).

Must the service-focused approach lead necessarily to a subcontracting relationship with the State? Does the institutionalization of the community movement correspond to a form of loss of political intervention power? Our answer to both questions is nuanced. The example of the field of employability and integration shows a real tendency towards a contracting of community organizations by the State, thus making them politically and financially tied to the institutional interests of the State. However, these organizations have collectively been able to change integration methods using less bureaucratic professional practices, better adapted to individuals' unique situations and to the bumpy path of social or professional integration. If there is dominance on one hand, we also see, on the other, a satisfying degree of autonomy that influences the State in its way of organizing and managing contractual relationships with these organizations.

The Development of Social Economy Entrepreneurship

At the turn of 2007, a consortium of socioeconomic agents from CDÉCs and CLDs in Montréal sought to form a research partnership aimed at assessing social economy practices. Their questions were related to the evolution of the practices, factors influencing past and future changes, as well as desirable strategies for development. The results of the research partnership are presented in this section.

From 1998 onwards, the main mechanism for providing technical and financial support to private or collective businesses in Québec was CLDs. About 100 centres were established in Québec (Comeau et al. 2001). In Montréal, about 20 of these organizations were created, some of which were integrated into CDÉCs, older organizations (Fontan 1992). A significant portion of the mandate of these corporations pertained to the management of two funds: the *Fonds d'investissement local* (local investment fund) and the *FÉS* (social economy fund). To activate these mechanisms, development agent and social-economy development agent jobs were created.

In a 10-year period, the number of social economy agents increased substantially in Montréal, from 9 (in 1998) to 15 (in 2008). The agent's day is centered around four core activities. These are, in order of importance: advice to entrepreneurs, local or regional consultations, hierarchical accountability, and finally, management of the FÉS. The advisory activity is by far the most important according to the agents themselves.

The offering of advice is a support activity and will differ depending on whether the promoter comes from an organization that already exists or seeks to create a company in compliance with local social economy recognition criteria. In the second case, the support offered concerns governance, anchoring in the community, and the project's social utility. In the first case, because the company is already anchored in the community and very focused on the development of local services, the agent is more concerned with requirements related to the company's economic viability. But overall, projects involving new companies are rare compared to those originating from existing businesses.

In the late 1990s, social-enterprise projects were often undertaken by community organizations moving into the social economy framework. Over the years, new organizations became interested in the potential for business start-up assistance. Our research found that among these new activities, solidarity cooperatives and worker cooperatives were the most attractive. More recently, new entrepreneur types, men and women without experience in collective or community traditions, but committed to social values and wishing to embody them in a business project, have asked for support. Agents should not only advise these entrepreneurs about economic viability, but also educate these promoters on the need to be anchored locally and to implement principles of democratic governance. The importance of the advisory role in the collective entrepreneurship domain is relatively new. Moreover, demands from new entrepreneurs will likely make this role more important. Fulfilling this role will become an ever greater challenge as social economy projects increase in number, become more complex and extend beyond community boundaries, becoming multi-territorial, regional, and in some cases, national in scale.

Finally, some sectors of activity have evolved over time. Opportunities for developing a local service-based economy have become fewer, because certain needs no longer exist or because some businesses proved economically unsustainable. Our results suggest that the cultural, environmental and real estate sectors are those that are in highest demand in Montréal. The business models are varied, taking the forms of worker cooperatives, collective property ownership, or user cooperatives. The relationship of trust between the agent and the promoter, in conjunction with the entrepreneurial skills of the promoter, is a good indicator of project success.

Overall, the analysis of our data suggests that the changing roles of social economy agents in Montréal has as much to do with economic viability (and job creation) requirements encouraged by public policies as with the entrepreneurs' and promoters' own visions of development. We have seen a gradual depletion of the pool of promoters deriving from the community movement and the emergence of new promoters, which contributes to a diversification of organizational models, of anchoring in the community (often exceeding the local borders) and of sectors of activity.

The research has identified four key gains resulting from the activities of social economy agents in Montréal, namely the:

1. Appropriation of the economic by the social, including the ability to extend the definition of "social" beyond the meaning of local services to the most disadvantaged;
2. Establishment of a unique entrepreneurship-support practice, including an awareness of the needs of the different actors and entrepreneurs;
3. Networking among agents;
4. Negotiation with funding partners of the social economy.

Our research also has allowed us to identify some challenges specific to the practice of the social economy agents. These are: defining the concept of "social economy," creating a relationship with the local territories in the metropolitan area, and dealing with the position of agents as interfaces between the entrepreneurs and the financial backers. In fact, on this last point, the practice involves a conflict of interest and places the agent in an uncomfortable position. Indeed, the agent, who is offering one-on-one support to the developers, is also dealing with the corporation's allocation committee, to whom he or she must make recommendations. On another level, aligning the different definitions of the term "social" is a challenge. For some local actors, social means seeking the good of the community through the development of local services in response to the needs of the disadvantaged. But "social" can also be understood from a public good perspective, where the goal becomes, for instance, job creation, preservation of the environment, and cultural diversity, all grouped under the "social" umbrella.

Finally, development practices on a local scale were the important innovations of community economic development that predated the formal social economy. Thinking about development on a neighborhood or a district scale meant that one could envisage improving residents' quality of life and address problems specific to this territory. Today, it is clear that anchoring the community in the urban setting refers, in fact, to many communities in which the referent is not necessarily local (or even

territorial) and that the growth of social economy enterprises entails expanding beyond the original territorial boundaries. What was previously a vehicle for development is now, sometimes, a major limitation.

What Lessons Can Be Learned from this Overview of Québec Community Action in the Economic Sector

Although the example of the Québec community action movement is a special case of the development of civil society in the context of advanced modernity, the movement shares a number of features with all community actions present in different national configurations in a majority of countries in the world.

First, community action arises from the need to respond to emergency situations resulting from economic or political tumult or from the desire, on the part of individuals or groups, to develop aspirations. Due to the current standardisation of national economies and of models for managing national political spaces, emergencies caused by economic and political unrest generate convergent solutions. Countries in the Global North have implemented measures for income security and local development support. But while support for community economy is mainly practiced in Africa and South America, in Europe, solidarity-based economy and social economy are favored. This results in a stronger form of cooperation, in many ways forced, between civil society organizations and governments. In the South, where governments are less well endowed with financial resources, this developmental configuration is structured between international organizations in Northern countries and civil society organizations in the South.

In response to the evils that accompany the development of a global economy and the deployment of contemporary forms of government, national civil societies have taken form, striving to meet the demands for social justice arising from the problems encountered. A new state system of rights compensation (rights to social and professional integration) replaces those rights that had been acquired during the era of the welfare state (the right to passive welfare assistance), and this new system comes with responsibilities (taking charge of oneself, being proactive, becoming a social entrepreneur). But this system is going through a "living-together" structuring phase, also represented by civil society, which is not entirely absorbed by the world economy or the State.

How does civil society manage to bring this phase towards further development? On one hand, it is deployed in a variety of forms, including collective action, and is structured accordingly to the social characteristics and aims of groups it represents. On the other hand, civil society molds and adapts how it responds to the emergency at hand based on an understanding of needs which vary greatly from one population to another. Attempts to standardize or to submit community action to market or lawmaker's goals have failed to obliterate the specific characteristic of community action. It retains some leeway that permits it to influence the State in how to provide services to job seekers, for example, or to bring the market to combine social

and economic goals, as social economy businesses do. In a way, community action presents a paradoxical situation: it allows resistance through and in its collaboration for the standardization imposed by economic and political modernity.

Moreover, civil society allows a revitalization of culture by offering alternatives to the utilitarian imperatives dictated by a consumer economy and contract-based governance. It remains a special place in which it is possible to escape from growing inequalities and ecological predation.

Québec community action reflects this reality of a civil society that has become a space open to the possibility of cultural alternatives, but there could certainly be a greater degree of flexibility in this respect than at present. Again, both the social economy and welfare-to-work businesses of the Québec model demonstrate the potential for change for community actions. But to be fully deployed, these alternatives require an assumption of full political, economic and cultural responsibility on the part of stakeholders.

It is important to claim full recognition, not by defending one's position in a market economy, but rather by demanding a plural economy. And such a demand must be made of a State that tends more towards solidarity than political utilitarianism or financial performance. It is in the best interest of community action to recognize and consider itself as a third structural front for the "living-together" goal. However, although the Québec example shows the existence of groups and sectoral coalitions able to make advances on this front, the fact remains that civil society action on the larger level remains divided and not unified, concerning both goals and methods, in relation to social justice demands.

Beyond the province of Québec and North America, there is a common base. It exists in and through everyday actions carried out by organizations located in Mumbai, Jakarta, Nanjing, Casablanca, Lima or Moscow. This common base represents an answer in the form of demands to fight injustices and problems caused by the excesses of capitalism and by certain kinds of interventions undertaken by the post-welfare state.

Conclusion

Can we do without clinical sociology—without partnership research? The question has been posed in several ways and debated for decades in the area of sociology of knowledge and science. The question has become more salient in the past decade, possibly due to the fact that various sectors of society have come to rely on research, science and technology. Both governments and private companies have mobilized science and are still doing so for different projects. They do this by setting up research laboratories or by securing the collaboration of university scholars. It also has become clearer that the same is happening in civil society and that institutional arrangements are being put in place for this purpose. Progressive organizations in civil society have benefited greatly from being able to mobilize scientific knowledge and action-research expertise in order to diagnose situations and support project development.

In this sense, it is difficult to understand the advances that have been permitted by Québec community action for social purposes without looking at the special relationship that this sector has entertained with university researchers. By the late nineteenth century, Québec universities had established research relationships and conducted customized training activities with community representatives. They did so by using different mechanisms, such as University Settlements, by supporting the growth of structures for the development of the cooperative economy sector, or by establishing, for example, the *Conseil québécois de la coopération et de la mutualité* (Québec council for cooperation and mutuality) in the mid-1930s. More recently, new mechanisms have been implemented, such as research alliances between universities and community organisations (Bussières and Fontan 2011) or university incubators.

For academic researchers, working in partnership provides access to information that they would have found difficult to acquire within a traditional research process. The building up of trust as a research project is setting up makes it easier to collect key information during the course of a research. For community actors of the social economy, regular contact with the researchers offers possibility to shape the research project according to their needs and expectations. Finally, for students, research in action represents an important opportunity to learn and develop skills and competence in research partnerships. Students' involvement also allows taking part in the production of research reports, co-authoring of scientific articles and communicating their research findings.

The importance of research partnerships comes out clearly when one considers that knowledge production is a collective process that involves a variety of actors and questions in specific places and at well-defined times. It is crucial to depersonalize and de-individualize the process of knowledge production. We must ensure that collective and reflexive environments are set up in a democratic way so that the intellectual contributions of other than those who usually make a living out of thinking—namely scientists or the intelligentsia—can be recognized and gain in importance.

The development of extension sociology and research partnerships ensures knowledge co-production and cross-engagement. In an era when economic interests lead our governments to redefine their commitments towards various major socioeconomic issues, such as reducing greenhouse gas emissions or increasing disparities between social groups, knowledge cross-engagement and the alignment of research with action in the field become modalities allowing the formulation of solutions appropriate to the future of our communities. On the organizational practice level, various research methods inspire us to work together on organizational issues, as we mentioned in our discussion of the evolution of the work of social economy agents. And this constitutes a significant economic universe open to exploration by clinical sociologists.

There is certainly not an ideal model for "living together" that could be applied to remedy the evils that afflict the world. On the contrary, the recipe is yet to be invented as we move into our future societies.

The commitment to action, for academic representatives and those in other sectors of society, is not always obvious (Fontan 2000; Wieviorka 2008; Dumais 2011). Commitment requires considering the action in its entirety and determining at the same time how to associate (or dissociate) professional or technical expertise with (or from) socio-political action. By giving the political dimension its rightful place, it becomes easier to understand that collaboration between social actors constitutes a strong relationship between "progressive thinking" and "progressive action". Hence, the importance of such meetings, since they allow parties to understand reality from different points of view and distinct perspectives. To achieve this, acting on a clinical level, i.e. fostering a close association of knowledge between actors in the field, institutional representatives, engaged citizens and researchers involved in studies with practical implications, represents a strategy for mobilizing resources that has already begun to show results.

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Chapter 10
Climate Change Adaptation in Metro Manila: Community Risk Assessment and Power in Community Interventions

Emma Porio

Introduction

Climate change-related effects such as floods resulting from the increasing intensity and frequency of tropical storms, typhoons, monsoon rains, sea level rise (SLR) and storm surges have devastating impacts on coastal cities, especially marginal populations like the urban poor in informal settlements. About 40 % of Metro Manila's population of 12 million live in informal settlements in risky and unserviced areas; thus, they do not have access to adequate services and facilities for potable water, electricity, health and sewage and sanitation (Magno-Ballesteros 2000; Porio 2011).

Metro Manila has a land area of 636 km^2 with a semi-alluvial plain formed by the sediment flows from the Meycauayan and Malabon-Tullahan river basins in the North, the Pasig-Marikina river basin in the East (Bankoff 2003), and the West Manggahan river basin. The city is open to Manila Bay on the West and to a large lake, Laguna de Bay, on the Southeast. Therefore,

> the metropolitan area is a vast drainage basin that experiences frequent inundations from overflowing rivers and storm waters that render the existing system of *esteros* (modified natural channels) and canals constructed during the Spanish and American colonial periods inadequate. (Liongson 2000 cited in Bankoff 2003).

The impacts of climate change on this ecological-environmental system are highlighted by the marked sea level rise (SLR) and increase in monsoon rains, typhoons, and floods. Moreover, this environmental context interacts in complex ways with the patterns of human activities in the metropolis (Adger 2000; Porio 2010).

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This study is part of a larger participatory community risk assessment (PCRA)[1] of flood impacts on urban poor families living in the KAMANAVA (acronym for the cities of Kaloocan, Malabon, Navotas, and Valenzuela) flood basin, which largely include residents along river banks, marine ponds, coastal areas, creeks and other water channels and nearby areas classified as danger zones by the government. The poor, informal settlers, in these areas also have suffered terribly from the monsoon floods of 2012. The areas have been declared unsuitable for human habitation because of the risks of flooding. Owing to this government policy, several assessments of flooding impacts on the informal settlers in these danger zones have been done by government and non-government institutions. While this chapter describes the particular PCRA process conducted in Tanza, Navotas City between September 2012 and January 2013, it utilizes some of the data obtained in the earlier community assessment of flood impacts brought about by tropical storm/typhoon Ondoy in 2009.

The first part of the study outlines the approach and methodologies utilized in the conduct of the PCRA while the second part describes the profile of the population at risk to floods and other climate change-related effects. The third section describes the application and formulation of the community-based risk reduction plan, including the tasks and responsibilities of each sector. Finally, the last part reflects on the intersections of social relations of power reflected in the assertions of key community groups (e.g., women's groups, local leaders, disaster management officials) during the whole process of the PCRA and the formulation of the community-based risk reduction and management plan (CB-RRMP).

Backgound and Context of the Study

The Philippines ranked fifth in the world in 2011 in terms of climate change-related risks and disasters (Harmeling and Eckstein 2013, p. 4, 7). Located within the so-called Pacific Ring of Fire and the typhoon belt of the North Pacific Basin, the country suffers high risk levels from the dangers and impacts of earthquakes, volcanic eruptions, storm surges, landslides, floods and droughts. These many disasters greatly erode and challenge the efforts of both the national and local governments of the Philippines to reduce poverty and the number of people that are highly at risk to these natural hazards.

Over the past six years, the number of deaths and losses from typhoons and floods have increased. The devastating effects of these natural hazards have been intensified by the lack of preparedness among affected communities and most of all, on the part of government, civil society and the private sector. This lack of preparedness prevents them from being able to respond proactively to these calamitous events and assist the affected communities more effectively.

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[1] Participatory community risk assessment utilizes participatory methods/approaches in identifying or assessing risks posed by climate change effects like typhoons, floods, sea level rise and the like. For elaboration, please see van Aalst et al. (2008).

The Philippines gets an average of 20 typhoons annually. In 2009, Metro Manila weathered 10 strong typhoons bringing heavy rainfall and floods to the metropolis requiring the evacuation of thousands to schools, churches and basketball courts serving as relief centers and sleeping quarters. In 2011, damages of typhoons Pedring and Quiel were estimated to amount to Php 15 billion (about US$ 377 million); in 2012, the heavy moonsoon floods submerged the metropolis, resulting to damages worth Php 604.63 million (US$14.31 million). Aside from Metro Manila, 42 Philippine cities and municipalities, were also declared under a state of calamity by their local governments. In the national capital alone, about 366,669 people were severely affected by the floods, with 109,023 housed in evacuation centers for several days (Malig 2011). Most of the evacuees were residents of urban poor communities or informal settlements, with no tenurial security[2] and no access to adequate housing and basic services.

The link between poverty and the level of vulnerability among urban poor communities to the impacts of floods, sea level rise (SLR), storm surges and coastal inundation, and other climate-related hazards[3] is very high. High-risk sites such as informal settlements along the coasts and riverine[4] systems also suffer from very poor quality housing and absence of social services and badly needed infrastructure support. The risk levels of these communities also have been greatly heightened by badly planned, low quality roads and infrastructure (e.g., highway officials raising the roads with no adequate drainage systems which end up flooding the nearby communities).

Inventory or assessment of damage and losses from typhoon and flood impacts are done by disaster management officials at the local government unit or city level. Hardly any assessment is done at the community level or, more importantly, from the perspective of marginal, urban poor communities. Thus, the conduct of this community-based PCRA by the clinical team and the CBOs is very significant in promoting collaborative research and analysis with community groups as a basis for formulating effective community interventions. This is affirmed by a report about the proceedings of the December 2012 Doha Climate Conference:

> Yvette Abrahams, a researcher with Gender CC and a member of Women for Climate Justice in South Africa, during the AlertNet-hosted debate in the conference announced: 'We cannot develop climate adaptation plans in nice air-conditioned offices far away from the women who make a living off the land and think that we are going to come with ready-packaged solutions'. In response, the ministers adopted an agreement calling for greater gender balance at future conferences, with governments promising to add more female delegates. But more needs to be done to bring in women's views and understand their needs. (Alert Net News, January 2013)

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[2] Urban poor families without security of tenure to their home lots can be evicted from their places of residence any time the owner wants to use, sell or take possession of the property.

[3] For elaboration on the link between poverty and other climate-related hazards like typhoons, floods, sea level rise (SLR), storm surges, coastal inundation, please see Eliott (2000).

[4] In Asia, where large number of communities are settled along river systems like those in the Marikina-River System or the Navotas-Malabon River System are considered riverine communities.

Fig. 10.1 Map of Metro Manila and Tanza, Navotas City. (Source: Porio 2013)

Thus, top-down approaches to assessing the impacts of climate change-related effects on cities and their marginal populations have so far dominated disaster risk reduction planning and programming. But, these approaches are quite inadequate because of the general lack of participation of the poor. The absence of their persectives or voices in local decision-making, especially those pertaining to planning and implementing climate disaster-related projects and programs in vulnerable settlements and communities is a widespread phenomenon in third world countries like the Philippines. This study, conducted in Tanza, Navotas City (see Fig. 10.1) is an attempt to contribute to this gap in the literature.

Approach and Methodology

The university-based clinical sociology group in partnership with the women's groups (henceforth, the Team), examined the vulnerability and adaptation of urban poor families (with special focus on vulnerable groups like women-headed households) living in the riverine communities of the cities of Navotas and Malabon. This chapter is particularly focused on the making of the "Tanza Participatory Community Risk Assessment (PCRA)" by the Tanza Women's Association in Tanza, Navotas City. Located in the KAMANAVA[5] Flood Basin, one of the three flood basins of the metropolis, the clinical sociology team and women's CBOs concentrated on producing a community risk profile that the Tanza Womens Association (TWA) could use in formulating a community-based risk reduction and management plan (CBRRMP). In turn, this became the basis of their advocacy for better social and environmental services before their local government unit (LGU) and national government agencies like the Social Welfare Department and the Disaster Risk Reduction and Management Council.

In conducting the PCRA, the team used the following participatory action research methodologies: (1) focus group discussions (FGD), (2) key informant interviews, (3) lifehistories, which highlighted residential changes associated with climate-related events like typhoons and floods, and (4) community risk mapping. Through these methodologies, the women's groups were dynamically engaged in the risk assessment and planning for risk reduction that will be described in the next sections.

Organizing and Conducting the Participatory Community Risk Assessment (PCRA)

In employing the participatory research methods, the mobilization and organization of the community by the Team (the women's group in partnership with the university-based clinical sociology group) became efficient and effective. Engaging the community neighborhood groups through these methods to formulate their own community-based risk reduction and management plan became a doable project for the women's group.

The mobilization of the community to conduct the PCRA consisted of the following activities: (1) preliminary talks and negotiations by the university-based clinical sociology group with their community-based partners, namely, the TWA officers/members and the local officials, (2) signing of the tripartite memorandum of agreement (MOA) among the partners, (3) training of the members of women's groups in employing participatory action research methods in risk assessment, in-

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[5] Acronym for the cities of Kaloocan, Malabon, Navotas and Valenzuela, four of the 17 municipalities and cities comprising Metro Manila.

cluding conducting focus groups, having key informant interviews, conducting community walk-throughs, making community/life histories and doing community risk mapping, (4) data collection and processing, (6) collating and presenting the PCRA results by the women leaders to the whole community and their local officials, and (7) formulation of the CB-RRMP by the women's groups. All of these activities which involved many tutoring sessions, group meetings and community assemblies, took a total of six weeks between September 2012 to December 2012.

The PCRA process is summarized below by Malou, the president of the Tanza Women's Association:[6]

> During our mapping process, we interviewed 50 men and women, who were very interested in participating in the community risk assessment of flood impacts and how these affected their livelihood options. The women, and to lesser extent men, were very eager to participate in our group activities as they could see its potentials to create changes in the quality of life of their neighborhoods and communities. We organized a total of 7 focus group discussions (FGDs) which attracted a total of 105 people, women, children, youth, men, from the seven (7) neighborhoods of the Tanza community. Our women leaders led and coordinated the conduct of FGDs, in collating and summarizing the information about the flood impacts and climate-related risks that our community suffered from and continue to bear. It was a long and ardous process but very enlightening to our spirit that we can see these experiences recorded now in our community data bases; more importantly that we are using it in planning activities and programs that will make our community safer from flood-related disasters.

Profiling the Community of Tanza Located along the eastern shores of Manila Bay and the mouths of the Tullahan River System, Tanza is one of the 14 *barangays* (villages) of Navotas City, the fishing capital of the Philippines. Tanza is largely inhabited by fisherfolks and workers in the nearby fish port. Thus, about 70 % of its population derive their livelihood from fishing, fish trading, fishnet mending, and fish processing.

The construction of the community profile and risk map involved several group activities and challenges. The profile and risk map were constructed from the data obtained by the women's research teams through the following activities: 1) community walk-through, 2) seven focused group discussions or FGDs, and 3) in-depth interviews of 50 families. These data collection activities focused on the community's experiences of flood impacts and losses, including the families' residence moves and livelihood changes associated with climate-related events. The conduct of these activities jointly by the Team (the women's group and the university-based clinical sociology group) and the community greatly facilitated the building of trust and confidence with each other and feeling of solidarity among the residents.

The research and mobilization activities demanded a lot of time and commitment from the Team. Ana, a community leader, elaborated on their difficulties and gains from the community risk assessment process:[7]

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[6] This quote is excerpted from the community leader's speech (Malou Pescador) during the culmination activity of the project (held before the community general assembly on December 15, 2012).

[7] This is an excerpt from an in-depth interview with the community leader, Ana Maria Lampitoc,conducted by the author on November 28, 2012.

At first, it was quite hard to motivate the people to come to the meetings or to get them involved in the group activities. After several one-on-one conversations and group sessions with the women leaders and the university-based researchers, the people finally understood that the activities were for the good of their children and families. After this, we were able to capture their attention and dedication to participate - to be open about their problems and their possible contribution or roles in reaching solutions to these problems. But we also have to strategize how to sustain their interest in conducting the activities. It took quite a lot of discussion and negotiation but we collectively formulated an appropriate or commensurate incentive structure/processes that facilitated the continuing community interest to flow during the weeks and months of community data collection and mobilization. The material incentives were further sustained by their strong motivation to make a better life for their families. During the final presentation of the output and subsequently our planning for action, the whole assembly told us, it was extemely fulfilling because they claimed that they gained a greater knowledge of their community and most important of all, they felt… closer to their neighbors and other members of the community because they faced the same set of challenges and realized they must work together in finding solutions to their problems.

Constructing the community risk map During the construction of the community risk map,[8] especially in its finalization during the community sessions, it is interesting to note that different groups highlighted different risk points. The women pointed out sources of risks that were connected to their roles/activities such as bringing their young children to school, washing clothes in the river, and fetching water during floods. Moreover, they pointed out that after the floods they spent an enormous amount of time and resources cleaning their houses (from mud and sludge) and taking care of other home and childcare-related activities (see Tables 10.1, 10.2, 10.3, 10.4). The men on the other hand identified sources of risk that were connected to their livelihood and security (e.g., fishing and deterioration of the mangroves). The community leaders and officials, however, were more concerned about the strength of the dikes and navigational gates during high tide and flooding season. They were also concerned about the fitness of schools and daycare centers for evacuation while the women were more interested that their children can go to school right after the floods. The overriding concerns of each group, therefore, seem to reflect their social locations and their corresponding socio-political interests in the community.

The case box (10.1) below shows the time line of events associated with the PCRA formulation in the flood-prone Tanza community.

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[8] Community mapping is a grassroots-led, community focused tool whereby grassroots women's groups work to jointly analyze a specific situation or issue in their community and its direct effect on women. Community mapping is also a leadership tool because it positions individuals or marginalized groups, who are normally excluded from decision-making or research work, to lead the effort. A mapping involves community members methodically moving through an area, talking to other community members through one-on-one interviews or focus group discussions, listening to residents' challenges and desires, and documenting the findings for future advocacy and lobbying campaigns. Community mappings have been used by grassroots women's organizations and community-based organizations to enhance their activities. They can help organizations provide better services, create and improve linkages with government agencies and NGOs, and advocate on behalf of the community. Community mappings often lead to mobilizing community members and other stakeholders to address community needs (Huairou Commission 2007).

Table 10.1 Summary of costs/losses of urban poor households (HH) by gender due to floods from tropical storm Ondoy. (Source: Porio 2012)

	Pre-Ondoy		Ondoy period		Post-Ondoy	
	Men-headed HH	Women-headed HH	Men-headed HH	Women-headed HH	Men-headed HH	Women-headed HH
No. of school absences	6	8	14	17	6	7
No. of work days lost from sickness	5	7	9	10	5	8
No. of work days lost	6	8	20	22	6	9
Avg. income loss	P1,715	P3,250	P7,250	P6,450	P2,750	P3,400
Avg. expenses on medicines	P300	P400	P3,200	P3,000	P500	P450
Avg. losses (appliances, etc.)			P25,000	P20,000		
Avg. monthly income	P6,250	P5,000	–	–	P6,500	P4,200

Table 10.2 Percent increase/decrease of costs/losses for women-headed households due to floods from tropical storm Ondoy. (Source: Porio 2012)

	Pre-Ondoy	Ondoy Period	Post-Ondoy
	Women-headed HH	Women-headed HH	Women-headed HH
No. of school absences	↑33%	↑21%	↑17%
Work days lost from sickness	↑40%	↑11%	↑60%
No. of work days lost	↑33%	↑10%	↑50%
Avg. income loss	↑90%	↓−11%	↑24%
Avg. expenses on medicines	↑33%	↓−6%	↓−10%
Avg. losses (appliances, etc.)		↓−20%	
Avg. monthly income	↓−20%	–	↓−35%

Table 10.3 Summary of costs of basic needs/services (monthly in pesos, US$ 1 = P40). (Source: Porio 2012)

	Pre-Ondoy		Ondoy Period		Post-Ondoy	
	Men-headed HH	Women-headed HH	Men-headed HH	Women-headed HH	Men-headed HH	Women-headed HH
Food	P6,000	P5,800	P2,500[a]	P2,000[a]	P6,500	P6,000
Drinking water	P50	P45	P240	P240	P60	P50
Cooking & washing (well/piped)	P80/P500	P80/P500	P80[b]/P1,500	P80[b]/P1,500	P80/P740	P80/P700
Energy/electricity[c]	P2,000	P1,800	P5,000	P4,500	P2,500	P2,150
Sanitation/laundry	P300	P310	P2,000	P2,000	P360	P320
House Repair			P1,500–P15,000	P1,000–P8,000		

[a] including relief goods
[b] long lines
[c] mud, waist deep; cleaning took two weeks to one month

Table 10.4 Percent increase/decrease of costs of basic needs/services in men- and women- headed households (monthly). (Source: Porio 2012)

	Pre-Ondoy		Ondoy Period		Post-Ondoy	
	Men-headed HH	Women-headed HH	Men-headed HH	Women-headed HH	Men-headed HH	Women-headed HH
Food		↓ −3%	↑ 20%			↓ −8%
Drinking water		↓ −10%	same			↓ −17%
Cooking/washing (piped)		↑ 10%	–			↓ −5%
Energy/electricity		↓ −10%	↓ −10%			↓ −17%
Sanitation/laundry		↑ 3%	same			↓ −11%
House repair			↓ −33% to −47%			

Case Box 10.1. Timeline of Key Events Leading to Community-Driven Interventions in Tanza, Navotas City, Philippines

1992—Reclamation project proposed before the city council which led to many informal land reclamation in the community

2006—Start of the construction of the flood control program (supported by foreign loans)

2009—Tropical Storm (or typhoon) Ondoy[9] wrought heavy damages to Metro Manila. University clinical sociology team started working in the flooded informal settlements of KAMANAVA

2011—Typhoon Pedring[10] wrought immense damage to Metro Manila and Central Luzon

2011—Fires raged in Navotas City rendering 8,000–10,000 homeless

2012 August—Heavy monsoon rains for three weeks causing continuous flooding in Metro Manila but the storm/tidal surges in KAMANAVA led to the displacement of hundreds of families in Tanza, Navotas City.

2012 September—Signing of memorandum of agreement between the university clinical sociology team, Tanza Women's Association, and the Tanza Community Council

2012 October—Community mobilization meetings and training sessions on participatory methods and a community walk-through in preparation for the risk mapping

2012 November—Hold focus groups, conduct key informant interviews and make the community risk map

2012 December—Presentation of the community risk assessment results and formulation of the community-based risk reduction and management plan (CB-RRMP)

2013 February—The Community Council recognized the CB-RRMP submitted by the women's groups. The officials promised the community assembly and especially the women leaders that most of the components of the plan will be incorporated into the local disaster planning and management process of the city, perhaps with the exception of those which demand a huge resource outlay like provision of alternative livelihood and housing sites (see Case Box 9.2).

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[9] Ketsana is the innternational name for typhoon Ondoy.

[10] Nesat is the international name for typhoon Pedring.

As illustrated in the risk map below (Fig. 10.2), the whole community is surrounded by the coastal waters of Manila Bay, rivers and water channels. A large part of what used to be a marine pond mainly composed of mangrove trees (until recently), has been informally reclaimed, inhabited and densely populated by informal settler families (ISF). While the last census (2007) pegged Tanza's population at 23,723
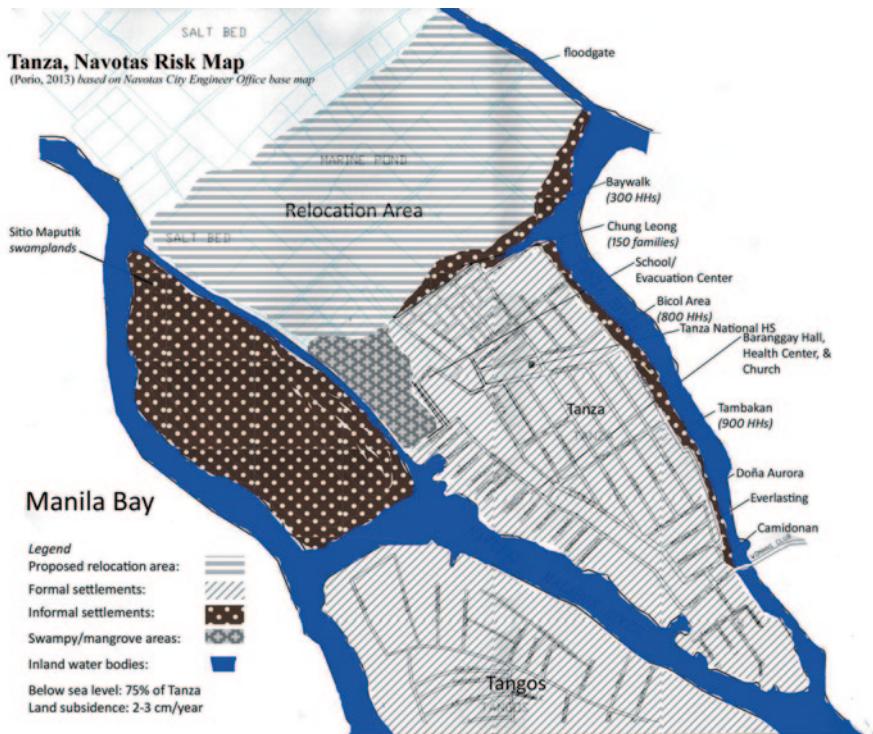
Fig. 10.2 Community risk map of Tanza community. (Source: Porio 2013)

residents, local officials estimate its 2013 population to be about 26,608, distributed in an area of 4.76 km² (Local Government of Navotas City 2013).

Processing and Analysing the PCRA Information/Data Bases

Themes/patterns emerged from the focus groups discussions, community and life histories; key informant interviews; and the community risk mapping. The community risk mapping revealed that the following ecological-environmental and social factors pose dangers and risks to the life, homes and livelihoods of the people in Tanza.

Ecological-Environmental Factors:

1. Storm/tidal surges and coastal inundation from Manila Bay;
2. Flooding from the Navotas-Malabon River and Tanza River that bring heavy siltation of the soil as well as garbage from upland and surrounding communities;

3. Flood dikes surrounding the community, especially in the government relocation areas, are supposed to protect the community from coastal waters. (When storm/ tidal surges are high during floods, the navigational gates have to be closed. The dikes then hold both upland and coastal waters and nearby communities are flooded.)

Social-Environmental Factors:

1. Increasing population and congestion of settlements along river banks;
2. Clogging of canals and creeks with trash/garbage which slows the flow of flood waters into the main rivers, the Navotas-Malabon and Tanza rivers;
3. Floods and tidal surges that bury dug wells and water pumps, the main sources of water for cleaning, cooking and drinking.
4. The key problems facing the community were identified as pollution of the environment; clogging of water channels; overfishing and habitation of wetlands; overpopulation; and lack of adequate income sources.

Economic and Political Factors:

1. The poverty levels of the informal settler households were classified and ranked according to their income levels: (1) better-off (Php 12,000/month or about US$ 300), (2) poor (Php 8,000 or about US$ 200) and 3) poorest of the poor who were mostly women-headed households (Php 4,200 or about US$ 100);
2. The poverty levels of households were highly correlated with their tenurial status (own housing structure, renter, sharer) and length of residence;
3. The poverty rankings of households were postively correlated with their varying levels of access to potable water, electricity, health, sewage and sanitation facilities;
4. About two-thirds of the households (poor; poorest of the poor—mostly women-headed households) suffered more losses (e.g., income, work, health/sickness, household appliances, housing damage) from typhoons, floods, and tidal/storm surges but only a small portion of them obtained help from formal institutions (e.g., local government units or LGUs, charitable agencies);
5. Majority of the households only received help from their own support networks of relatives, friends and neighbors.
6. Most of the women-headed households appeared most vulnerable - consistently incurred higher losses (e.g., income and workdays) and intense inconveniences (e.g., water source buried by floods, toilets blocked and wastes sometimes overflow to their floors) compared to male-headed households (See Tables 10.1 and 10.3).
7. More importantly, the ecological-environmental vulnerability of the low-lying flood prone areas (especially those in the swampy areas or wetlands) along the rivers and water channels *interact strongly* with the social vulnerability of poor households, in the process, intensifying the impacts of climate-related effects (intensity of monsoon rains, floods and tidal/storm surges) on the impoverished households.

Table 10.5 Cost of health services in health center/hospital to climate-sensitive diseases. (Source: Porio 2012)

Service	Estimated cost
Ordinary checkup	Php 300–1,500
Sputum analysis/Check-up	Php 750−1,500
Dengue[a]	*Php 35,000–60,000*
Leptospirosis[a]	*Php 10,000–50,000*
Blood analysis	P2,320—P750–3,200
Urine analysis	P90—P700
Blood typing	P90—P700
ElectroCardioGram	P90—P1,000–2,500
X-ray	P90—P500
Physical exam A (including Blood Chem, Blood typing, and ECG)	P490—P2,500

[a] Climate-sensitive diseases where patients are referred to public hospitals and pay minimal amounts

The above themes can be partly gleaned from the summary tables below. As pointed out earlier, women-headed houseolds incurred higher losses compared to male-headed households. Children from women-headed households consistently had more school absences before, during and after the floods (Table 10.1). In the same manner, they also lost more workdays and incomes due to sickness and floods. Interestingly, women-headed households seem to better manage their expenditures on basic services (Table 10.3) compared to male-headed households. But the costs of climate-related diseases such as dengue and leptospirosis was much higher compared to those of other health complaints/services (Table 10.5).

Formulating the Community-Based Risk Reduction and Management Plan (CB-RRMP)

The last section of this chapter focuses on how the PCRA processes and methodologies enabled the Tanza Women's Association in Navotas City to enhance its advocacy for a safer, adaptive and resilient community through the formulation of its CB-RRMP.

The Tanza Women's Association crafted their CB-RRMP following these steps: (1) identified the key themes and sources of risks from the assembled information bases needed to formulate a risk reduction and management plan, especially for those living along the marine pond, rivers and other water channels; (2) mobilized its members to organize and manage the strategy formulation sessions in seven neighborhood groups;[11] (3) collectively processed the insights from the PCRA information base and pinpointed the sources/areas and categorized the themes that

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[11] These neighborhood groups are called *purok*. Several of these constitute a *barangay* (village), which is the lowest political-administrative unit of the government.

emerged; (5) fleshed out or gleaned the implications of the themes/patterns that emerged from the community risk profile; and, finally, 6) formulated the action plans to reduce risk of flooding and the negative impacts on the community infra-structure, social services and livelihood activities.

Case Box 10.2. Summary of Risk Reduction and Management Interventions in the CB-RRMP

The Tanza Women's Association report the following summary of resolutions and actions:

Principles of Action

1. Every community/family member must be pro-active in managing their surroundings such as protecting river walls, water channels and drainage systems from siltation, trash and clogged wastes.
2. At the family level, decisions about livelihood, income and expenditure and other resource-related issues must be agreed by the spouses/family members and aligned with the neighborhood and community risk reduction and management projects.

Community-Based Risk Reduction Strategies*

1. Clean-up and clear coastal areas and river/water channels of wastes on a monthly basis. Protect the mangroves in the coastal lines from fuel and fish egg poachers in order to support the fishing households in the community.
2. Maintain the river and coastal concrete walls through donation of materials from the government and NGOs and collective labor support from the community.
3. Continue advocacy before the local councils and disaster risk reduction and management council of the city to improve drainage systems, roads and basic services (water, electricity and sanitation).
4. Support the community-based organizations' efforts, especially those of women's groups, in mobilizing the resources of the community, including partnering with external NGOs, private sector and local-national government agencies.

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*These strategies are going to be implemented by the CB-RRMP Council, composed of the local officials, women's leaders, neighborhood representatives, church leaders and private sector representatives.

The women's group concluded that their collecting and analyzing community data allowed them to better understand the risks their community faces with the increase in typhoons and floods over the years. The results of their participatory community risk assessment allowed them to push for creating a risk reduction and management plan for their community. It also provided them an effective advocacy tool before their local community councils to support the following community collective efforts: 1) rehabilitating the river walls/barriers along the water channels, 2) improving drainage systems; 3) installing more flood pumps (locally known as *bombastic*); 4) strengthening the community-based disaster warning systems during typhoons, heavy monsoon rains and floods, and, finally, 5) providing resources and supporting community's efforts to improve their "water-based lifestyle" that include raising the floors or increasing the number of floors in their homes, building makeshift bridges among households in swampy areas, and building Styrofoam boats for transport.

Given all these initiatives, on their part and from the local disaster risk reduction and management councils, the women leaders and their members concluded that local governments, NGOs/CBOs and the private sector must "partner" with each other to maximize the resource- and capability-building initiatives designed to increase adaptive capacities of communities to the effects of climate change.

Lessons Learned from the Participatory Community Risk Assessment and Planning

During the community assembly, the women leaders and local officials enumerated the following lessons that they learned while conducting the community risk assessment and planning activities:

- Openness and transparency lead to receptivity and cooperation of both local officials and community leaders;
- Belief in genuine participation and contribution of ordinary people in the community and how they can be constrained by the structures of power in their communities;
- Sharp analysis of the community structures of leadership/authority (different kinds of aders and authority);
- Local development can be made most effective and relevant to local needs when there are active partnerships between local government and mobilized communities;
- The magnitude of problems caused by poverty can only be solved by principled, collaborative and empowering partnerships of civil society, market and state actors with vertical and horizontal support from all sectors to act effectively, through a pooling of human, technical and financial resources;
- Admittedly, engaging the government and the community through participatory assessment methods demands a great investment in time and resources for a collaborative examination and reflection of the community's problems and potentials.

- Because of the collaboration of the vulnerable groups in producing the data used in the formulation of CB-RRMP, their flood losses and experiences became central considerations in crafting the local government budgetary appropriations for its disaster risk reduction and management plan.

Clinical Analysis, Intervention and Intersections of Power

Clinical analysis and intervention bring the Team (the clinical sociology research group and the women's group) face-to-face with the structures of power in the community. During the community assembly, the women noted that these intersections of power relations were reflected in the access and distribution of resources during floods and disasters. They understood that relief services and other assistance were often distributed *unevenly* across different income groups, with the poorer and women-headed households getting less because their voices and experiences of loss and devastation did not get reported accurately in the official documents. The women leaders explained that these patterns of distribution were often correlated with the groups' positive relationships or high "connectedness" with local government officials, CBOs and NGOs operating in the community. Before the women's group conducted the community mobilization activities, their political connections or social capital with local authorities seemed lower compared to those of men leaders. But afterwards, the women leaders reported that they have acquired more political visibility and influence before the local community council.

The women leaders asserted that their demonstration of community leadership through the community risk assessment project will shape the subsequent pattern of distribution of resources in the next flood season. They reasoned that they now have more knowledge and control of the community situation because they produced the community risk profile and maps which also outlines the potential resouces that they can tap and/or mobilize. Through these activities, the women further argued they have proven their leadership capacity and performance to the local officials and the whole community.

Participatory research methods and analysis, to a certain extent, can provide data that support the vulnerable groups in their claims to resources before the larger community and their local governments. It can also build their confidence in asserting for their rights before their local leaders/officials. But the traditional sources of power and authority, such as male-based local authority systems and hierarchies, still mediate the local decision-making processes regarding planning and resource distribution.

Concluding Comments

The analysis and intervention described in this chapter illustrate the clinical sociology principles articulated by Jan Marie Fritz (2008, pp. 1, 7–18):

> Clinical sociologists work with systems to assess situations and avoid, reduce or eliminate problems through a combination of analysis and intervention. Clinical *analysis* is the critical assessment of beliefs, policies, or practices, with an interest in improving the situation. *Intervention* is based on continuing analysis; it is the creation of new systems as well as the change of existing systems and can include a focus on prevention or promotion (e.g., preventing illness or promoting healthy communities; preventing environmental racism or promoting community sustainability.

Participatory Community Assessments (PCA) facilitate the formulation of actionable risk reduction strategies and community adaptation to floods and other climate-related risks. Through community mobilization of Community-Based Organizations (CBOs), the production of community risk maps and risk reduction management plans and programs reflect more accurately the capacities/commitments of the community groups and their partners in government, private sector and civil society organizations. Moreover, community-driven interventions facilitate and support adaptation strategies already being practiced by the poor in vulnerable communities. Through this process, participatory risk assessment approaches increase their resilience to climate change-related effects such as floods, typhoons, sea level rise and storm surges that regularly ravage these informal setttlements.

Clinical analysis and intervention promotes ccommunity adaptation and resilience among vulnerable groups because it maximizes the potentials of insider and outsider knowledge/expertise, in particular the combined institutional and human resources of the marginal communities, academia, civil society and the state. Through this process, the production of science-based (i.e., systematic) but community-driven databases result in interventions that create sustainable resource networks. Therefore, collaborative engagements from different sectors produce more effective and sustainable solutions. Collaborating with the community in producing risk reduction and management plans through employment of participatory research action methodologies is making sociological practice relevant and meaningful to the larger society, especially those who need it most, such as the marginalized women's groups in urban poor communities.

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Chapter 11
Human Rights Cities: The Transformation of Communities, or Simply Treading Water?

Judith Blau

On December 10, 2008, the Washington, D.C. City Council proclaimed the city to be a Human Rights City; this was followed on April 21, 2009 with a resolution by the Aldermen of Carrboro, North Carolina; on November 23, 2009 by the City Council of Chapel Hill, North Carolina and on December 1, 2009 by the Town Council of Richmond, California (Richmond Confidential 2009). Besides that, the mandates of the human rights commissions of New York City, South Bend (Indiana), and Eugene (Oregon), among others, have been greatly expanded, to include stronger penalties for discrimination, to affirm the rights of gays and lesbians and to affirm the rights of the disabled.

Thanks to the untiring energy and charisma of Shulamith Koenig, more than 23 cities around the world have declared themselves "human rights cities." These include Rosario (Argentina), Porto Alegre (Brazil), Nagpur (India), Korogocho (Kenya), Thies (Senegal), and Mogale (South Africa). The umbrella for this social movement is the People's Decade for Human Rights Education, now called the People's Movement for Human Rights Learning, although it still keeps the same acronym, PDHRE (see Marks and Modrowski 2008). In 2003 Shulamith Koenig received the prestigious United Nations Prize in the Field of Human Rights for her untiring efforts to promote human rights education.

I have been centrally involved in the efforts promoting Chapel Hill and Carrboro to adopt the Universal Declaration of Human Rights, first, as the director of the Human Rights Center (HRC) and, second, as a faculty member at the University of North Carolina who teaches courses that bridge the campus with the HRC. This has allowed me to reflect on the role of clinical sociology in participatory social change (see Corsale 2008). It has also allowed me to reflect on the following puzzle: why, with unbelievable wealth in the United States, are Americans much less likely to "get it." By that I mean that residents of the United States do not intuit human rights and they do not understand why they are important. Human rights are not part of Americans' vocabulary, as they are in much of Latin America, Africa, and Asia.

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I agree with Shulamith Koenig that human rights are a "way of life." I would go further and say that some societies are more hospitable and congenial than others to a way of life that supports human rights. Societies with autocratic leaders—such as North Korea, Iran, and until very recently, Tunisia—fail to support political rights. On the other hand, some societies, especially African ones, are highly decentralized in spite of a centralized political system, allowing political rights and others to flourish at the local level (Thompson and Tapscott 2010; Kiflemariam 2001). This may be because colonial powers failed in their attempts to impose iron-fisted rule over all the tribes and indigenous groups in their respective empires, leaving African rulers with central political control but little control over the myriad of local groups in their countries. Members of these groups provide social services, often provide schools and health clinics when the government does not, and democratically allocate water and other scarce resources. Yes, I am fully aware that the rate of human rights abuses—such as rape and human trafficking—are high in many African countries. Such abuses accompany poverty and desperation everywhere. The majority of the world's poorest countries are in Africa; just as the majority of the world's poorest people are in Africa. Western imposition of free trade policies, neoliberalism and unsustainable cropping practices in African countries have generated soaring inequalities and helped to consolidate political elites.

However, African societies tend to be "thick societies" and thick societies everywhere tend to support human rights. In thick societies, human rights consciousness can pervade community life perhaps for the obvious reason that people must learn to get along with each other, and this requires recognition of the others' needs and dignity, and empathy. I have seen first-hand—in Egypt, Eritrea, Senegal, Zambia, Kenya, and South Africa—how human rights are practiced: give-and-take, respect for elders, collaboration, the celebration of community, mutual caring for children, ongoing social interaction that affirms peoples' dignity. This is a realm of human rights that westerners forget about.

Capitalist Democracy

Drawing from a speech that Argentinean scholar Atilo Alberto Baron (2010) gave at the Council for the Development of Social Science Research in Africa (CODESRIA), I now explain in more theoretical terms what I have been exploring. Baron begins by reminding us of the radicalism that underlies Lincoln's formula: democracy is government of the people, by the people, and for the people. Baron primarily focuses on Chile, Uruguay, Brazil, Argentina, and Mexico when he describes the ongoing struggle to achieve Lincoln's democratic ideals by advancing human rights: justice, equality, and citizen participation.

The elephant in the room is, of course, the United States, that early abandoned Lincoln's ideals. What replaced Lincoln's ideals, first in America and then elsewhere in the West, was Schumpeter's formula, and democracy became a:

> set of rules and procedures, devoid of any specific content related to distributive justice or fairness in a society, ignoring the ethical and normative content proper of the idea of democracy and disregarding the idea that democracy should be a crucial component of any proposal for the organization of a 'good society,' rather a mere administrative or decisional device". (Baron 2010, p. 2)

Baron goes on to argue how neoliberal capitalism, and capitalism, generally, erodes and eventually undermines democracy, peoples' self-determination, and popular sovereignty.

Baron's (2010) discussion is focused on large societies, macroeconomics, and national governments and how these have implications for national democracy. Yet we can take his observations and draw inferences about local communities. When social scientists, such as Baron, say that neoliberal capitalism and capitalism, in general, erode democracy, they are usually looking at the big picture. For example, wealth inequality in the U.S. is now greater than it's been since 1928 (Reich 2010), which gives some far greater access to political power than others, with corporations and multinationals in capitalist America having extraordinary power in domestic as well as international politics.

My focus will be on communities and the people who live in them, and how they are affected by these macro-level dynamics. Anecdotal accounts confirm what I see through my own sociological lens: Chapel Hill and Carrboro are segregated by class and race, just like all American communities. The members of the Chamber of Commerce, developers, property owners, business owners, and the leaders of large institutions (such as the university) have a disproportionate say in town decisions. Democracy in America is representative democracy, which means that citizens, or at least many of them, race out on election day to vote for mayor, town council, and other candidates, and otherwise do not participate. True, there are open town meetings, but few people go since they cannot vote. Although there are a few patches of "thickness"—of neighborliness, caring, and spotty local democracy—these are not prevalent. First, I would like to contrast this with participatory democracy. Second, I will more explicitly discuss the bearing of human rights on the practice of participatory democracy (community).

Of the People, By the People, For the People

In 1863, Lincoln's vision may have seemed to his contemporaries as impossibly utopian. It probably was. Self-governance requires dense communications networks that allow for deliberative processes in real time, consultation, and voting on given substantive issues. In Lincoln's time, only large cities were connected by telegraph, and the invention of the radio, the telephone, television, the Internet, and cell phones all lay in the future. However, at the beginning of the twenty-first century,

new technologies make self-governance feasible. People use the web interactively for making purchases, banking, taking a college course, learning a language, managing retirement accounts, participating in online chat rooms, and signing petitions. Why not for democracy and e-governance? Why not for inclusive, grassroots democracy? After all, we have witnessed how technology—the Internet, facebook, and twitter have mobilized entire national populations in their liberation struggles.

Democratic self-governance is an important goal because it is only through participatory democracy that the rights and freedoms of all people are inclusively advanced, and, besides, participatory democracy can ensure the public availability of collective goods. In his *Where Do We Go From Here: Chaos or Community*?, Martin Luther King (1967, p. 157) wrote: "The good life for any of us depends upon satisfying the democratic mutuality conditions for all of us." Such mutuality can only be realized, King suggests, through participatory, democratic communities and societies.

In the western, liberal tradition, government by representatives has been naturalized, although as Carole Pateman (1970) pointed out, there have been western political theorists, including John Stuart Mills and Jean Jacques Rousseau, who developed and defended direct and participatory principles of governance. Pateman's book, *Participation and Democratic Theory,* published in 1970, became a classic, inspiring interest in the conceptual and empirical underpinnings of self-governance, particularly in communities and the workplace. However, implementing self-governance has been elusive on any large scale, and many have contended that participatory democracy is only practical on a small scale, much like the Athenian Forum, but hardly in large metropolises or on the scale of a nation-state. Yet scholars continued writing on participatory democracy and self-governance, distinguishing representative democracy from direct democracy, and highlighting that political processes were not the ends of democracy, but rather the means to further collective and individual social and economic welfare (Baiocchi 2005; Bachrach 1992**).**

The principle behind representative government is that individual voters will express their preferences for this or that candidate, in this or that election, and the candidate who wins will solemnly exercise the will of the people (Schumpeter 1943). It's hard to say who benefits from this charade since it trivializes the issues, insults the intelligence of voters, and generates high levels of apathy. This system is extremely expensive. Campaign costs in a major election year top 2 billion dollars, more than a tenth of total annual federal spending on education (see Public Citizen n.d.; Institute for Public Accuracy n.d.)

This conception shares with "deliberative democracy," advanced especially by Joshua Cohen (1989) and Carlos Santiago Nino (1996), the idea that democracy should be an inclusive and rational process, and draws from Jürgen Habermas' (1984) idea that democratic processes ought to be transparent and public. However, the concept of deliberative democracy differs from the more grassroots, participatory model advanced by José Nun (2003), Judith Green (1999), Carol C. Gould (2004), and Judith Blau and Alberto Moncada (2007) who advocate grassroots, participatory democracy in which people directly participate in all decisions that immediately affect them, and where oversight is radically decentralized.

Substantive Democracy

Pollsters mostly ask questions about polarizing issues that divide Americans, but when they ask Americans what it is they want, Americans are in amazing agreement: they mention things like full employment, better wages, fair government, a healthy environment, better schools, and universal healthcare coverage. They also attach importance to fairness and equity. For example, in a U.S. poll that asked questions about what government should be doing, substantial majorities reported that government should help working families (76%), increase the minimum wage (84%), provide health insurance to laid off workers (87%), and extend unemployment benefits (82%). Such answers as these are hardly consistent with politicians' and pollsters' views that the members of the electorate think in categorical bipolar (Blue-Red) terms. Furthermore, Americans' confidence in national political institutions has declined. The Pew Research Center (2005) finds that American confidence in the federal government, the executive branch, and congress has declined sharply in the last decade, suggesting to us a widespread disillusionment with representative democracy.

   Along with declining trust in the state and political leaders has been a dramatic growth in citizen action and civil society. Citizen action is hard to measure in the aggregate, although one indicator is the number of NGOs and/or nonprofits (see Edwards and Gaventa 2001). For the United States, the Independent Sector, a coordinating agency for nonprofit organizations, estimated that in 2004 there were 1.3 million NGOs in the United States (Independent Sector, 2005). The nonprofit sector is also growing considerably faster than the for-profit sector. In the U.S. there has been a doubling in the number of employees between 1977–2001, while the number of employees in the private sector for the same time period increased only by about a third (Independent Sector n.d.)

   Thus, while civil society is an abstraction, its most evident concrete manifestation is the NGOs. In fact, NGOs in most countries, the U.S. included, have become something like a shadow government as they center their activities around social change as well as promoting peoples' substantive rights—to housing, education, food security, and the special needs of vulnerable populations, such as immigrants, minorities, women, children, and the disabled. They also promote the democratic imagination by providing egalitarian, inclusive, and empowering opportunities for citizens. Therefore, civil society can advocate for peoples' rights, advance peoples' rights, and engage in, as Frances Fox Piven (2006) described, "disruptive politics" to promote social change.

Emerging Publics

Within the broad NGO framework around the globe is a surge in local mobilization, which cannot be understood within the framework of liberal democracy. These mobilizations do not reflect the partisan divisions of representative democracy, nor

can they be mapped onto electoral politics. Instead, the issues are substantive, such as protection of land from development, preservation of natural wilderness areas, expansion of parks and recreational areas, public transportation, clean water, safe energy sources, sustainable local farming and agriculture, bilingual programs in local schools, recycling, food banks, and so on (Low and Smith 2006). Civil society duality is such that citizens can participate in "cool" deliberative processes—for example, compiling land use maps—or they can engage in "hot" politics—for example, cutting wire fences that New Orleans officials erected around housing projects in New Orleans. A nation-wide example of this is the Living Wage campaigns which have mushroomed around the country in just a few short years. These campaigns involve citizens in the methodical tasks of collecting data on wages and jobs for cities, counties, and states, and also entail protests and labor strikes. Yet, these are not systematically democratic. They only await a structure for them to become democratic. Nevertheless, they are broad based, with coalitions of unions, academics, workers, and concerned citizens.

NGOs embed the principles of substantive democracy, and to great extent that substance is defined in terms of human rights (although Americans don't use that term)—children's rights, nondiscrimination, housing rights, and so forth. NGOs are democratic in the sense of being egalitarian, but insufficiently participatory because, at least in America, political structures disallow competing participatory frameworks. By sidestepping liberal political structures, democracy can be thoroughly and universally participatory, drawing on the NGO principles of substantive equality. Note, too, that NGOs often are not rigidly organized as governmental hierarchies are, but rather have structures made up of catenated links that stretch into communities and connect with other NGOs. Their very structures promote collaboration and collectivized decision-making processes around substantive goals, such as reducing homelessness, providing services for abused women, organizing programs for the disabled.

Human Rights Cities and Participatory Democracy

Three concepts are useful when considering forms and processes of participatory democracy. They are: cosmopolitan citizenship, normative indeterminacy, and mutualism.

I define *cosmopolitan citizenship* as the capacity to embrace social and cultural pluralism as an expression of moral equality whether in local communities, economic units, a nation, or the world. This definition is consistent with the writings of Carol C. Gould (2004) who describes overlapping and connected participation in any social order. Cosmopolitan citizens and cosmopolitan practices promote multiculturalism and pluralism, which are often repressed in liberal democracy. Second, participatory democracy, according to Carlos Nino (1996), is a process whereby competing values, worldviews, and ideas are in the open, making the process appear shapeless. Such *normative indeterminacy*, accompanied by cosmopolitanism,

is requisite for negotiation, consensus building, give-and-take, and prevents the ossification of rigid decision-making and consolidation of power. The recognition of normative indeterminacy allows for flexible decision-making within communities as well as flexible decision-making across communities and up and down jurisdictions.

Gould (2004, p. 165) also refers to the importance of *mutualism* in democratic communities, or what she terms, "the caring society," and she highlights the importance of reciprocity, the universal recognition of rights and duties, regard of the other, and the welfare of community members. Certainly, any form of self-government must embody this principle of mutualism, as well as principles of empathy, caring, compassion, as well as responsibilities and joint obligations. The community not only depends on members' mutualism for democratic processes, but the goals of such a democratic community encompass mutualism as a means whereby universal rights are advanced and achieved.

Now we can link these three concepts to see their relevance for self-governance. Participatory democracy requires mutualism and interconnectedness, acceptance of normative indeterminacy, and structures that promote and sustain cosmopolitan citizenship. Such a democracy not only protects and promotes the political, or participatory rights, of all citizens, but also advances social pluralism, advances human rights and a shared interest in the collective good. Can this happen? Probably not on any scale under the conditions of intense capitalism. Therefore, I also propose along the lines that Immanuel Wallerstein (1998) has argued, that firms become nonprofit. This would effectively refocus workers' and worker-owners' attention on customers and clients as well as on products and services. It would eliminate enormous waste and contribute to economic efficiencies. At a single stroke, this "decommissioning" of firms from capitalism would free up immense equity for redistribution to serve the ends of the common good and would eliminate egregious inequalities in wealth.

Jurisdictions

There is a dilemma: Is the locus of fundamental human rights and justice norms on the ground, deeply rooted in social processes, as some theorists, especially Carol Gould and Judith Green, contend? Or is this locus universalized and embodied in laws and doctrine at the highest jurisdiction. Consistent with Gould's and Green's positions, I start with the premise that the realization of human rights is achieved relationally and interactively. According others their freedoms and respect, human rights are advanced dialectically in processes that are reciprocal and reinforcing.

Alternatively, fundamental rights and justice norms must be lodged at the highest level possible so that they have unequivocal universal backing. This universalistic, or constitutionalist, perspective is defended by David Beetham (1999, p. 137), who wrote:

> entitlements ascribed to human beings everywhere; and the institutions involved in their implementation, both formal and informal or civic, proceed from the international to the national and local levels, rather than vice versa as is the case with democracy.

Similarly, political theorist José Nun (2003) emphasizes that the state's responsibilities to its citizens must be constitutionally grounded, and formally lodged at the highest jurisdictional levels.

I take the position that both are necessary, and there is ongoing interaction between fluid, social practices in daily life and formally constituted standards promulgated and enforced by centralized bodies. For example, recent state laws in the U.S. ensuring gays and lesbians equal rights to marriage protections raises all citizens' consciousnesses about gays' and lesbians' sexual, social, economic, and legal rights, which in turn shapes attitudes and practices. Likewise, these attitudes and practices shape laws. Political and civil rights deal with the relationships between citizens and the state and therefore must be codified at the highest jurisdictional level even if they are normatively legitimized informally through attitudes and practices. Constitutions provide a meaningful touchstone for laws, values, standards, and peoples' expectations.

To elaborate, using an example that may be obvious, only a worldwide body, such as the United Nations and its courts, have jurisdiction over international standards, such as interstate treaties regarding crimes against humanity and protection of refugees and stateless persons. Yet even in human rights cases that are under an international or national jurisdiction, citizens and the media play important roles. The citizens' campaign against U.S. practices of torturing prisoners at Guantánamo increases the likelihood that the U.S. will be held accountable to international law.

Other examples suggest that the issue about jurisdiction is a moot one. Some decisions can only be made by experts—for example, the traffic grid—but citizens must have the right to make democratic decisions about policies. In this case, decisions about the priorities attached to the development of rail, automobiles and roads, buses, and whether or not to encourage bicycle, moped and motorcycle use. Once priorities are established, experts help to implement them. Likewise, citizens could vote on programmatic priorities, while specialized agencies—say ones devoted to mental health, education, parks, cultural activities—would do the planning required to put democratic decisions into practice. The highest jurisdiction in both these cases are the citizens because they involve democratic decisions about priorities at a given time and for a given spatial unit. It is the democratic process that makes such decisions legitimate.

Foundational principles for an entire society cannot be made piecemeal, but require a constitution, a legal framework, and a court system. Our research, summarized in *Justice in the United States* (Blau and Moncada 2006), provides abundant evidence that in today's world, countries embrace human rights doctrine, and such

doctrine is the basis for foundational principles. It is too early to know how these foundational principles become enacted in governance structures and practices, as they permeate actual programs, but a fair representation is that they advance far more democratic participation than currently exists in any country.

It is useful to again mention differences between the Third World and First World because the former, for historical reasons, can tend to favor more decentralized democratic practices. Europe, Britain, Australia, New Zealand, and North America have more centralized governance structures because they evolved on a historical path through various centralized configurations—empires, feudal monarchies, kingdoms, and church domination. I do not want to overstate the case because many Third World countries have dictators or are under military rule, but there are robust local democracies in Africa and Latin America especially, where communities are self governing, as are *ejidos* communities (see Blau and Moncada 2007).

Some communities in Africa that have been self-governing for centuries have complex systems for subsistence, trade, and, in drought-prone areas, systems for water preservation and distribution. (Legesse 1973; Legesse 2000; Kiflemariam 2001). In much of Africa, where indirect rule was enforced by colonial rulers, traditions of local democracy sometimes survived intact (Mamdani 1996). Moreover, there are self-governing communities and collectives in Latin America, traditions which have been reenergized by peasant movements, such as Via Campesina, EZLN and the Brazilian Landless Movement. All these provide examples of decentralized democratic orders.

Systems of communities can be superior to top-down governance structures with respect to the capacity to coordinate projects. Owing to the robustness of local communities and networks that link villages in much of Africa, it was possible in 2003 and 2004 to launch a full-scale pan-African movement that enlisted volunteers to obtain signatures on an African Treaty to enhance the rights of women, specifically, the Protocol on the Rights of Women to the African Charter. This Protocol is quite remarkable for its provisions that accelerate the implementation of women's economic, social and legal rights in African countries, and provide for gender parity in governments (Pambazuka Africa 2005). In this context, I might mention how African women used their far-flung networks to mobilize broad-based grassroots support for the Protocol. Supporters fanned out throughout the Continent to inform women in the most remote communities of the significance of the treaty and to ask their support. They obtained thousands and thousands of signatures by pen, email, online and text messaging. Their efforts were successful. The Draft Protocol was approved by the African Union in 2004 and it went into force in October 2005 (see Amnesty International 2005). Such campaigns as these build on pre-existing propensities for democratic action. Here, they also help to illustrate that democracy is far more than simply voting; it is collective decision-making, mobilization, and grassroots campaigns.

Just as African women used the Internet and text messaging in their democratic campaign, electronic technologies can be expected to transform democracy, allowing for universal participation in community and national decision-making. UNESCO has carried out pilot projects in cities and communities utilizing electronic me-

dia for voting and deliberative decision-making, and has set up pilot projects for e-governance in local communities and cities throughout the world. UNESCO has also advanced the principle that democratic participation is particularly well suited to development in poor countries (Boutros-Ghali 2002). This vision is shared by the International Green Party, whose "four pillars" platform includes participatory grassroots democracy (Melman 2001). A few countries have launched their own projects to implement participatory democracy. Provisions for citizen participation in substantive decision-making was introduced into Venezuelan law in 2002 and is now being implemented (Wagner 2004), and similar provisions are under consideration in Brazil.

Various countries are already engaged in processes that would implement local democracy, in which all residents would participate in substantive decision-making. These include: Georgia, Armenia, Azerbaijan (International Institute for Democracy and Electoral Assistance n.d.), Japan (Shinkai n.d.), Switzerland (Obinger 2000), Greece (Latouche 2003) and Brazil (Lowy 2000). As mentioned before, Brazil and Venezuela are quite far along in their plans to adopt participatory local democracy as part of comprehensive federal plans. These innovations are a response to the growing recognition that the nation-state is pluralistic, not homogenous as liberal democracy presupposes, that only citizens are experts on what they need in their own communities, and that liberal democracy is an exceedingly inefficient and unjust form for the advancement of peoples' rights. Participatory democracy is advocated by the British Think Tank, the New Economics Foundation (n.d.), and is being piloted in Chicago's 49th Ward.

A Peoples' Democracy

American philosopher Ronald Dworkin (1999, pp 81–115) defines political equality as "the state of affairs in which the people rule their officials…." He goes on to say that …"liberty and equality are, in general, aspects of the same ideal, not as is often supposed rivals." Dworkin makes an especially important point that has interesting implications for the ways we might consider publics and participatory democracy. First, people, who have their liberties (freedoms) as political equals have the power to rule their officials. Second, engagement in public life—and I can add economic life as well—does not presuppose competitive individualists but rather collaboration among sovereign equals. This is the idea that people bring their personalities, expertise, views, and opinions, to the fully egalitarian public sphere. For Miguel de Unamuno (1996), public life must be participatory, democratic, and equalitarian—relate to his own distinctive understanding of a methodology for achieving a public sphere where all voices would be heard on matters of collective concern. For Unamuno (1996, p. 40), the public was:

> … a method, a way to solve, analyze, criticize the issues. It is, mainly, a method of free thinking. This society has to raise its head and say: 'Not everybody is ready to be treated as children.'

   Drawing from this conception, public life is open, fluid, contingent, and responding to issues as they develop, with substantive topics crisscrossing and intersecting. Main priorities for the communities and neighborhoods would be bound up with national priorities, but in specific ways—the local schools, the practices of multiculturalism, community parks and recreational areas, community clinics and hospitals, retirement homes, green spaces, museums, cinemas, and so forth. Such realms for collective decision-making transform politics into substantive civil discourse that is itself nested into national discourses centered on enhancing the lives of all residents and on the health and vitality of the collectivity. Self-interest is enlightened because every individual relates in co-determination to the collective interests that are at stake, and local interests are embedded in regional interests on up to the level of the state.

Participatory Democracy and Human Rights

Under conditions of participatory democracy, all people are equal and because it is recognized that equality entails equal rights to participate in decision-making, it also entails equal rights in all other respects. This means that all have rights regarding labor, food security, and housing. It also means that men and women are equal and that gays and lesbians have the same rights as all the others. Recognition of equal rights also entails the recognition that there must be special protections for people who are vulnerable: children, the aged, and disabled.

   Recognition of equal rights also entails the conviction that all neighborhoods, all communities, all cities, and the nation should provide a healthy environment, an excellent infrastructure, uniformly excellent schools, and recreational facilities. In other words, insistence on equality does truly level the playing field so that all have a voice, rights, and access to amenities. Is this impossible? Not at all. Porto Alegre early demonstrated that it was possible; and so does Mondragon and surrounding local Basque villages, landless movements in Brazil and Africa, towns in Argentina, and towns in Bolivia. Clearly not all of these experiments have fulfilled their initial promise, but they all were formed in a hostile environment, namely, the environment of capitalism, which is hostile to equality and hostile to human rights. As Wallerstein (1998) proposed, if firms were nonprofit not only would the playing field be leveled, but firms would tend to be as egalitarian and democratic as the nonprofits.

Human Rights Cities Revisited

In 2009, I founded the Human Rights Center of Chapel Hill and Carrboro (2009), which is located in the poorest community in the county. Abbey Court is a private housing complex in Carrboro, and home to about 300 Latino families, 100 families

from Burma, and around 25 African American families. Most of the Latino men are day laborers and the long-standing tradition is for them to meet employers at the side of Jones Ferry Road, just outside Abbey Court. As I have learned first-hand (because day laborers renovated one of our apartments), many are highly skilled. Every semester I invite several of them to come to my classes on human rights to give their personal stories of their dangerous trip from Mexico, El Salvador, or Ecuador, and their family life and work experiences.

The Human Rights Center supports a great variety of programs: a four-day after school program, classes in English as a Second Language, a nutrition program, yoga classes, Girl Scouts, computer classes, food distribution, assistance with employers, Know-Your-Rights workshops, and soccer. We collaborate with a Latino advocacy NGO (El Centro Hispano), lawyers from the University of North Carolina's Law School, artists (who are documenting the lives of residents), and a community center in an African-American community. In collaboration with a student group, Technology without Borders, we introduced free wireless to Abbey Court, and, in collaboration with the public schools, were able to obtain 60 free computers for families with small children. We also support Why Equals (n.d.), a text-messaging system and web page, to provide employment opportunities for Abbey Court residents. We frame our activities as 'empowerment' and 'solidarity,' not as charity. Every step of our journey involves students from the University of North Carolina (UNC), and, specifically, the students who take my human rights courses and also students from the Campus Y (a large social service organization).

Can Any American City be a Human Rights City?

The answer to that question is "no," if we mean by this the elimination of discrimination, a dramatic reduction in wealth and income inequalities, food security, neighborhood racial and ethnic integration, universal housing, protection of vulnerable populations, and the recognition and celebration of cultural differences. The Human Rights Center was successful in petitioning both towns to adopt the Universal Declaration of Human Rights. Has that made an appreciable difference? Not at all.

It is my view, based on my experiences in Chapel Hill and Carrboro, that no American city can truly be a "human rights city." It requires the dismantling of capitalism, which generates wealth and income inequality as well as a racially divided labor market. Cooperatives and collectivity ownership may be a solution, and so may transforming firms into nonprofits, as Immanuel Wallerstein proposes. It also requires the adoption of "thick democracy" as sketched above. Only then will all people have dignity and self-determination. Only then can a city or a nation proudly proclaim that it's democracy is "of the people, for the people, and by the people."

Is this utopian? Not at all. On June 25, 1993, the Vienna Declaration and its Programme of Action (1993) was adopted unanimously by 171 States. It provokes a clear understanding of the principles that underlie proposals discussed here. Article 8 states: "Democracy, development and respect for human rights and fundamental freedoms are interdependent and mutually reinforcing. Democracy is based on the

freely expressed will of the people to determine their own political, economic, social and cultural systems and their full participation in all aspects of their lives." We've got a long haul ahead of us.

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Chapter 12
Involving Residents in the Design of Urban Renewal Projects Based upon a Generative Analysis of Social Processes

Michel Bonetti and Jean-Didier Laforgue

This chapter presents a "generative analysis" of ways of residing[1] that we use to design urban renewal projects of public housing estates through a process involving both decision makers and residents. Our approach, developed through the close cooperation of sociologists and a town planner, is aimed at restructuring and regenerating housing estates, as well as improving urban management in order to facilitate new social practices, reduce social conflicts and develop the "urban identity potential".

We have monitored several projects of this type in the Paris region (Paris, Grigny, Chanteloup Les Vignes, Dammarie) and also in Marseilles, Nantes, Orléans, Reims. This was done at the request of local authorities and housing managers, closely associating the involved organizations.

This approach, in which urban area restructuring is based upon an analysis of ways of residing, creates a rupture with the functionalist design of many town planners (Bonetti 2004). It also shows that sociological research is not necessarily restricted to an analysis of urban dynamics or an assessment of the social impact of urban projects. It also can be a guide to the very design of these projects.

We would like to first mention the difficulties that researchers experience in getting their analyses to be taken into account in the design of urban renewal programs. We then will describe the main assumptions underpinning this generative approach, show how we use the approach to design urban renewal projects centred on changes of the social relationships of inhabitants and the significance that this all confers on the environment. This process is aimed primarily at transforming residential areas to renew the urban context in a sustainable way.

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[1] We identify groups of inhabitants sharing similar ways of residing in each district. These ways of residing are characterised by different kinds of attitudes of inhabitants towards their homes; the neighbourhood and its surroundings; and also their neighbours. Attitudes can vary from deep attachment to various forms of withdrawal or rejection of the neighbourhood, neighbours or family members.

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This kind of approach and this professional practice, which aims at changing the urban environment in order to improve social relationships and the social meaning of space, may look quite strange for researchers involved in practice who mainly analyze the psychological effects of the social context in which people are embedded and try to reduce the stress and the pain they may feel. Nevertheless, we do think this is an important clinical sociology approach, as the design of urban space and the way public authorities maintain it may lead to degradation processes, which, in turn, lead to the development of social conflicts and delinquency. Residents suffer deeply from these degradation processes as the place they live in is also deeply influencing their social and personal identities. We believe that clinical sociology should mainly focus on changing social processes in which people are embedded.

Difficulties in Integrating Sociological Analyses into Urban Design Processes

A great deal of urban research aims to increase knowledge of the concerned public, modifying how people face challenges and providing them with elements to help analyze the social practices of inhabitants and the relations they maintain with their environment. These analyses undoubtedly provide a means of getting a better idea about relevant social processes, but they are not always taken into account by local authorities and town planners in designing processes. Sociologists are rarely associated with these processes and the organisations concerned tend to base the projects on a pure functional analysis of space without considering the social practices of the residents.

Urban renewal projects are then conceived to create links between the areas and their environment, reorganising the urban fabric, recreating urban centres and improving road networks, without asking many questions about changes to the ways of residing that these actions may create. Another source of confusion is that many town planners tend to impose a preconceived design on urban renewal, independent of the context and its potential for change. Thus, some planners systematically tend to organise urban areas around "structuring facilities" that often structure very little. In their defence, it is true that no matter how relevant their analyses are, sociologists often find it difficult to translate them into spatial proposals. This is why we have attempted to create an operating method to translate our analyses into operational assumptions.

The Generative Analysis of Urban Social Functioning

The Concept of Urban Social Functioning

Urban social functioning is the result of interactions between different social processes deployed in an urban space and in relation to this space. These processes relate to relations between individuals and social groups and their environment that

have a feedback effect on their mutual relations. Therefore, this includes socio-spatial practices, relations and social tensions that develop in them, the social status that the space confers on inhabitants and the imaginary and symbolic significance associated with the different spaces. We will also assume that the identity attached to the locations and generally resulting from an historical process contributes to nourishing the individual and collective identities of their inhabitants.

One might criticise this definition as relatively vague and for the slight smell of functionalism that it seems to reflect. In the past, we ourselves preferred to talk about "inhabitant situations" or "residential dynamics", but these concepts are more restrictive and it has been found that they are not easily understood by the decision-makers with whom we work. This is why we decided to use the concept of "social urban functioning" even though there is a risk of appearing simplistic.

If we want to have a significant influence on urban renewal schemes, it is essential to have an understanding of the impact of spatial configurations on social practices. We do not accept analyses, particularly Marxist ones, that consider neighbourhood relationships to be the outcome of working relationships that are strictly dependent on the professional status of people living in the same place. According to this concept, it would be pointless to try to improve the urban environment. It also would be difficult to understand the never-ending efforts made by many social movements against unhealthy living conditions and their claim for increased public authority support to improve public housing. But we also are critical of theories that suggest that urban and architectural forms determine social relations and practices.

Theoretical Bases for Generative Urban Sociology

The generative approach for urban social processes effectively considers that these processes are generated by interactions between socio-economic and cultural patterns of inhabitants; urban and architectural configurations of urban areas; maintenance of these spaces and public facilities; and public policy efficiency and support of political leaders.

This interaction system corresponds to the scheme depicted in Fig. 12.1. These social processes and the urban social functioning resulting from their interactions vary considerably according to the urban and political context.

This way of thinking is derived from a firmly "creational" vision of societies. It is based on the statement made by Marx in his youth when he declared in *The German Ideology* that "*men make their own history, and thereby themselves*", although he limits the scope of this statement by immediately adding "*…but they do so under conditions that they do not control*" (Marx and Engels 1932/1974). It is also the basis for the theory in Touraine's *The Self-Production of Society*, in which he claims that societies go as far as creating "historicity agencies" (organizations) to produce their history (Touraine 1973). We will see that public organisations that contribute, to a certain extent, to producing and regulating urban social processes perform this role as a historicity agency. But urban social processes also are formed by the meanings projected onto the space and, consequently, refer to the major role

Fig. 12.1 Understanding urban social functioning
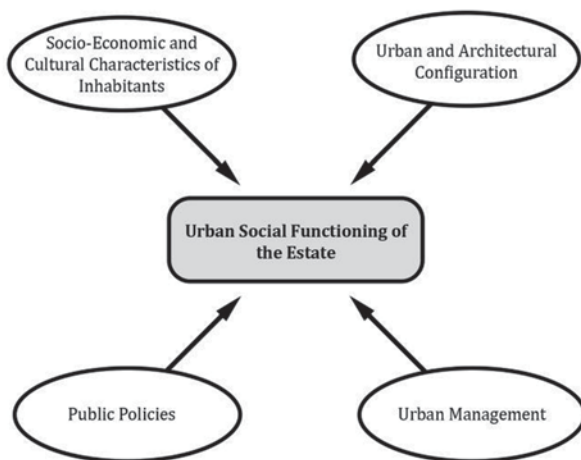
that Castoriadis (1975) confers to the "social imaginary" in shaping people's vision of a society.

Paradoxically, Pierre Bourdieu (1972) also presents a concept for the development of social practices very similar to what we are defending. But there is no doubt that Anthony Giddens gives the best explanations to understand that, in a given socio-economic system comprising structural principles for change, we can obtain a large differentiation between social processes that develop in different urban contexts. For Giddens, there is, on one hand, a global functioning of social systems that obeys different determinations and assures some stability and homogeneity by making a "*systematic integration*" of societies and, on the other hand, the various ways through which these global systems do operate according to their contexts, what he calls "*social integration*" (Giddens, 1987). He also insists on the fact that social practices are always related to a particular space-time context. Their very existence depends partly on this context, which is never merely a "decor."

Generative Principles Underpinning Urban Social Processes

We will point out some of principles that contribute to generating social processes and that explain the diversity of forms they take depending on the urban contexts in which they are deployed.

Differential Development of Social Systems Depending on Contexts

According to Giddens' assumptions mentioned above, social systems develop differently depending on the social and urban context. They influence local societies,

but these societies react differently to these influences. The famous French historian Fernand Braudel (1970) shares a similar viewpoint, as he assumes clearly that towns affected by similar economic constraints have managed these constraints differently and have had very different destinies, according to the policies implemented by the local decision makers.

Re-interpretation of Social Determinants by Actors and Residents

Local actors re-interpret determinations carried by social systems in their own manner. Depending on their own situation, they perceive them as being resources or opportunities on which they can take action to reinforce their positions and the way they act, or as constraints that they must comply with, or even threats against which they will attempt to struggle. Thus, they make use of public policies, reinterpreting them according to their own culture and interests, to get the best outcomes. Social determinants and national public policies are messages addressed to local actors, who then shape their meaning.

The Reflective Capacities of Local Actors and Residents

If placed in given economic and social conditions, actors will not only reinterpret the messages in their own manner and give their own particular meaning to them, but they also will deploy reflective capacities to face the messages or use them. Even the poorest people are capable of deploying great ingenuity to make the best of whatever meagre resources are available to them. Although they are marked by their social origin and education as well as moulded by their cultural background and the social situations they have experienced, and depend on economic conditions that they do not control, individuals do not necessarily comply with inherited behaviour models. They think about the situations they face and they continuously invent innovative solutions.

Even Bourdieu (1972), who, as we know, tends to overestimate the importance of social determinations, recognises this capability of individuals, although in our opinion he abusively circumscribes it. In his opinion, individuals have incorporated "*class habitus*" related to their social origin and their social integration, structure predispositions guide the way they behave. But social practices are not necessarily the mechanical expression of these predispositions. They are not behaviour patterns that are simply applied by individuals. Bourdieu expressly states that social practices are **generated** by the always singular interaction between these predispositions and the social situations individuals are facing. So they are partly generated by this context. Nevertheless, it is disappointing that Bourdieu does not accept that the experience obtained with these various practical situations forms a learning process that could change the "*social habitus*" learned since early childhood. After opening a generative reflection about how social practices are shaped, he thus makes a deterministic breakdown of his theory. Curiously, he defends an anthropological

concept very similar to a psychoanalytic viewpoint, in which the unconscious mind is structured in childhood and hardly changes during a person's entire life.

The variety of reflective capabilities available to individuals living under similar socio-economic conditions allows them to react differently with regard to the urban environment in which they live. They also can relate differently to this environment.

Learning Processes Shaping the Relation to the Environment

Unlike Bourdieu, we believe that the daily experience of residents -in relation to the environment and various situations - is a permanent source of learning that creates a genuine social-spatial culture. Experience of life in urban environments and different social contexts is a non-negligible source of cultural enrichment, even if moving home is always a trial and can sometimes create genuine trauma. The manner in which people live in their present-day home depends on how they lived in all their previous homes and on their experiences. As most residents have lived in diverse places, they have different kinds of relations with the existing environment. Relations to the present also depend on expectations or prospects for change, regardless of the chances that they can actually occur. Therefore, the way in which a space is experienced is always intermediate between what has gone before, "*this active past in the present*" to use the famous phrase of Ernst Bloch (1981), and an imagined future, which will be more or less probable. This "future view" is also a source of experience and learning, although it sometimes introduces bitter disillusionment. Some people obstinately refuse to be really part of the place in which they have been living for a long time and to develop social relationships with their neighbours, with the unconfirmed hope of leaving soon.

Relational and Cultural Capabilities

Residents have a wide variety of cultural and relational capabilities that have a strong influence on their relation to the urban environment and social interactions that they may create. These capabilities depend on their own history, but may also be generated by the environment in which they live. Lively urban contexts with extensive social interactions and frequent contacts can stimulate even the most introverted people, while cold and monotonous environments in which people live withdrawn into their own shells can discourage even the most extraverted individuals. We will also see that spatial configurations can favour or inhibit social relations, without ever mechanically specifying their forms.

Relational capabilities refer firstly to the "*social capital*" concept suggested by Bourdieu (1972), and depend partly on the social status of individuals, but they go beyond this social status. Poor people, in particular, living only on minimum state income can have surprising relational capabilities, while technicians or executives may be very isolated and unable to develop neighbourhood relations, even though

they make no deliberate effort to cut themselves from their environment or express a social attitude isolating them from others.

Cultural capabilities also will contribute to generating various social practices and different kinds of relation to the environment. We are referring to all built-in know how and social knowledge and not simply what is inherent to people's original social class and the formal definition of culture, which is mainly limited to artistic knowledge. In our opinion, relational capabilities do form part of the cultural capital of individuals. Language ability is one essential cultural factor and cannot be reduced simply to social education conditions. In particular, it is strongly influenced by regional cultures. After having worked for long periods in poor housing estates in Marseilles and having organised many meetings of residents, we have been struck by their language creativity, their impertinent chat and surprising humour. This is quite unlike large social housing estates in small towns amid rural areas such as Normandy and Picardy, and industrial towns in Northern France where the language of inhabitants is much poorer.

The "culture of the body" and the resulting relations with the body and health is another decisive cultural factor. Once again, even when they are poor, Mediterranean people, in general, are proud of their appearance and are much less physically damaged by difficult living conditions than people in other regions who are often ravaged by alcoholism.

We consider that economic poverty can have dramatic consequences when it is reinforced by cultural poverty. Its destroying effects are attenuated when individuals have solid cultural resources. Physical and language capabilities of inhabitants have a strong influence on social interactions in the neighbourhoods and the atmosphere in these places by encouraging the development of discussions. People withdraw into themselves less when they talk to each other and are less aggressive.

There is also some genuine spatial know how such as do-it-yourself and gardening by which some people can save money and improve their standing in the eyes of their neighbours. These are wonderful supports for sociability. These skills induce other ways of relating to the environment. People who have these skills acquire a certain control of their surrounding space because they can partly shape it.

Capability of Individuals to Create the Sense of Place

Every urban space is the subject of a social assessment related to its specific "qualities" and especially to the social characteristics of its occupants. This assessment changes historically and urban areas are trapped in a permanent process of classification/declassification. Inhabitants are thus assigned a more or less flattering social status which is depending upon the social value given to the place they live in, and they obviously have to take into account this meaning. But the sense that they assign to a place is not reduced to the social significance thus projected on it. Individuals have the ability to create the sense of their environment according to their ideas and their own experience, and what it represents for them. This sense is the result of what we have called a genuine "*imaginary and symbolic do-it-yourself*

process" (Bonetti, 1994). The many studies carried out by our colleague Barbara Allen (2003) actually show that in the same neighbourhood residents may assign a great diversity of meanings to their environment. Some of them feel the neighbourhood is sad and not very attractive, though others may think it is very lively. And these meanings vary strongly from one neighbourhood to another one, even when they look quite similar and when their social statuses are not so different.

The Diversity of Practices

This capability of projecting a wide diversity of meanings onto the space is combined with a capability for developing a wide variety of social practices, forging very different relations with the environment that are both symbolic and practical. As shown by Allen (2003), the same space may induce a sentiment of rejection or may generate withdrawal attitudes by some inhabitants, while others will feel a deep attachment to the place. Residents give various meanings to their environment as well as develop a great variety of social practices. Some people go out and about and enjoy their neighbourhood, while others withdraw into their home, or, on the contrary, take every opportunity that arises to escape into the town centre or the countryside.

Generative Factors related to Diversity and "Plasticity" of Urban Spaces

We have seen that actors reinterpret constraints inherent to social systems in their own manner and that they have reflective, cultural and relational capabilities through which they assign various meanings to their environment and use it differently by developing a large variety of social practices. We will see that these phenomena also are related to the diversity and plasticity of urban spaces and the multiple supports they offer.

Complexity and Diversity of Urban Spaces

The diversity of meanings associated with urban spaces and the variety of social practices are made possible by the complexity and diversity of these spaces. Towns are actually composed of neighbourhoods corresponding to different historic forms, resulting in a very wide variety of town planning schemes. Unfortunately, generic terms used by urban planners, for example such as downtown districts, detached house areas and large housing estates conceal this diversity. When these different spaces are looked at more carefully, their complexity is amazing; urban fabrics, morphology of buildings, roofs, cornice and façade design, treatment of fences and gates, the layout of facilities and public spaces is continuously varied.

Even large and apparently homogeneous estates provide various urban compositions, streets networks, public spaces, relations to landscape areas such that each of them shapes a specific world. And a wide variety of urban atmospheres coexist within these urban areas. We can move from animated, convivial and welcoming places to sad, deserted and even abandoned and frightening areas. This complexity and diversity are such that inhabitants can have a wide variety of feelings and attach a large number of meanings to these areas. It also encourages a wide variety of social practices, from pleasure in admiring the countryside from behind a window to participating in collective activities or simply idling around or chatting or gossiping with the neighbours.

The "Potential Space"

Space is meaningless in itself and it does not enforce any particular kind of use, but it can suggest, incite and encourage a wide range of significances and practices, or make them difficult or even impossible. Space represents a more or less rich potential, and its meaning is updated by its occupants and users.

The metaphor of a public bench illustrates the potential of each space for us. If residents have a public bench close to their homes, they are not compelled to use it. It is not sure that they will use it. When some see a nice bench, they may remain uninterested and just pass by. Some neighbours may be furious to have benches close to their houses because they can't stand kids meeting there and shouting, or people who are homeless sleeping there. But a bench may enchant children who will find many ways of playing with it. Some inhabitants can rest on it, contemplate the surroundings, read their newspaper or kiss their sweetheart. Many uses and meanings could be associated with such an object and everyone can use it as he or she sees fit. The public bench does not oblige any particular use, but it can generate a wide range of practices and genuine social rites. It can be used in many different ways and have a lot of different meanings. If there is no bench, this potential disappears and the only options left are to sit on the ground or keep walking.

The Socio-Spatial Identity Potential

Space offers resources to everyone to help them get their bearings, feel at home, and nourish their own identity through meanings that it reflects and the multiple senses that they can derive from it. Obviously, it supports the social identity through the status that it confers on its occupants. But more essentially it is a support for identification (positive or negative) that everyone can use to define themselves, partly through the identity of the place in which they live.

This "identity potential" may consist of a pleasant avenue, an animated square, a prestigious public facility, or a park, lake or nearby forest. It is certified by the way in which inhabitants of the neighbourhood refer to the place they live in, when they say "*I live on the square*", "*on the boulevard*", "*at the edge of the park*", or "*near the*

forest". The poverty of this potential is easily measured when they can say nothing more than "*I live in tower C or wing F*" or "*I live by the side of the railway*".

This identity potential can be procured by a view from a window over a park, a church, a river or a monument. Many inhabitants living in Marseilles in deprived estates quite far from the city centre can feel genuinely "Marseillais", which means being part of the city and having a strong attachment to it, because from their balcony they can see the port, the sea side or the church Notre-Dame de la Garde, which is a very strong local symbol of citizenship. Similarly, inhabitants of low-rent housing estates in North Paris often have a view over Montmartre hill and the Sacré Cœur, the famous church. All inhabitants living in the Alps near the Italian border in cities like Grenoble or Chambéry can feel a regional identity because they can enjoy the view of the wonderful surrounding mountains.

The Space, Mediation Support for Social Practices and Relations

We have already mentioned that in Giddens' opinion, social practices and relations are always situated and inscribed within a particular space that acts as a support for their development (Giddens 1987). It does not structure them, but it does mediate them. Co-presence relations are necessarily marked by the space in which they take place. These relations are identified by and **through** a given space. The very purpose of some activities, particularly sports activities, is to control a space. Shows organise a spatial relation between actors and spectators. Space maintenance itself is the cause of many conflicts between inhabitants, as we might imagine household scenes around housework. Each individual has a very precise idea of the way in which the different spaces should be maintained.

Support Space for Modes of Behaviour and Rules for Use: "Toponomy"

Individuals adopt different modes of behaviour depending on the places that they use and where they mix and meet. Relationships are quite different in the street, a garden, or a lobby in a building. A large empty space or a confined place such as a lift will induce different sensations and attitudes as well. Without necessarily being agoraphobic, we are often scared and we feel quite unsafe in empty and dark urban spaces, we mistrust the few passers-by that we meet, although in a busy street we can brush against many people without even thinking about it.

In every location, we have a more or less strong feeling of the legitimacy of our own presence and the presence of others. We feel more or less authorised to enter it or settle in it and develop a particular type of behaviour. We continuously evaluate the legitimacy of other persons frequenting it and the behaviour that they adopt. This legitimacy varies strongly depending on the status that the space confers on individuals. A hierarchy linked to the time people have been living in a place is

implicitly set up between the old inhabitants of the place who feel that they know the rules for appropriate behaviour and newcomers or between inhabitants of the neighbourhood and "strangers" whose presence is just tolerated.

Therefore, many rules for social or cultural behaviour are projected onto the different forms of space that have incorporated them and that individuals tend to naturalise. These spaces are thus impregnated with behavioural codes and implicit usage rules making up a genuine "toponomy".[2] Conflicts arise when cognitive disagreements occur between users, when some go beyond the status granted to them and do not comply with implicit rules in forces, or attempt to impose their own rules without having the legitimacy to do so.

Users thus set up an incessant war to control their territory, seeking to make their own standards apply. These rules are more or less clear and strict depending on the location. Several forms of rules may be involved, each to satisfy different groups. Some situations also are conducive to the development of conflict such as when some confusion arises about which rules are legitimate or when previously legitimate rules are weakened. Old inhabitants complain that "*no one respects anything anymore*", which tends to make a place less occupied, encouraging withdrawal, thus amplifying this weakening of the rules Weakening of the rules and increasing confusion.

Conflicts between users frequently arise in what we can call "transition areas", that is to say places which are at the boundary of spaces governed by different rules. It is not by chance that most conflicts concern the use of building lobbies and take place in what are usually called "common areas/parts" between homes and outdoors, or close to buildings, at the boundaries between public and private spaces. In fact, different types of rules are applied in these places. They are "areas of uncertainty" where it is not clear who are the legitimate users and which are the tolerated behaviours.

Spatial configurations can contribute to setting up clear rules or creating confusion. For instance this occurs when these different spaces are indistinct or not clearly delimited or when a public footpath runs alongside a private building. But the design of spaces and the quality of maintenance also help to clarify the rules everybody is supposed to respect. Some building entries, for example, may be discouraging, looking like rat-holes and hardly inviting respect from anyone. Buildings that are surrounded by unoccupied areas with no specific use are often vandalised. More generally, abandoned spaces are obviously no longer occupied by users and there are no longer any rules, therefore anyone can do whatever he or she wishes.

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[2] "Toponomy" is a word that we developed based on the Greek terms "topos", which means space, and "nomos" which means rule.

The Role of Mediation and Social Regulation performed by Institutions and Political Leaders

A great deal of social research analyses socio-spatial practices, but ignores the role of institutions and, particularly, local authorities and suppliers of rented housing/landlords. Curiously, sociology that makes detailed analysis of the role of organisations in structuring work relations, or social relations within institutions such as schools or hospitals, often suggests that these relations in public areas would be spontaneous and would only be based on social and cultural patterns.

But there is no form of societal life that is not mediated and regulated by public institutions. This concept includes the public authorities responsible for producing and managing the urban space, work by political leaders who govern the public authorities and action by leaders of organisations through which institutions implement public policies. But actions by institutions also depend on behavioural patterns and the skills of their agents, regardless of their level of responsibility.

Social relations in urban spaces are mediated twice, both by the space itself and the institutions responsible for their use and maintenance. In the absence of mediating institutions, social relations result in brute force relations between the existing social groups and can degrade to violent confrontations between these groups to control the territory. This phenomenon occurs in very poor neighborhoods, particularly in the United States and Latin America where public institutions have quite disappeared. Mafia-type groups then take control over these territories and dictate their law and foment terror.[3] These neighborhoods are then "outlaw districts" but such areas are very rare in France where this term is often used abusively. This process is never mentioned by researchers such as Wilson (1993) who has developed the "underclass theory". According to this theory, poor people concentrated in the same areas tend to become delinquents. They adopt deviant norms because they are obliged to comply with local dominant norms. The researchers forget that those neighborhoods where poor people are gathered lack public institutions supporting them and providing social control. There is confusion when they are speaking of "poor neighborhoods". They have in mind the economic situation of the residents but not the fact that they are confronted with very bad housing conditions, lacking both public facilities and good maintenance. In fact, poor neighborhoods means poor housing, poor urban lay out, poor public facilities, all of which dramatically worsen the problems the residents have to face.

The mediation role of institutions operates first through the production of urban space, the configuration of which will, in turn, mediate practices and social relations. Institutions create the scene on which and through which relations will be

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[3] We began to understand this process in 1985 when we visited very poor neighbourhoods in the United States (in New York City, Chicago and Baltimore). We discovered neighbourhoods lacking any public institution such as police or education centres and without any kind of maintenance, with sprawling mounds of trash everywhere. As institutions didn't exercise control, local mafias took their place and implemented their own social control system, killing people who tried to resist.

created. Due to the space forms that they produce, they set up implicit usage rules, within the space itself. They define places intended for traffic and car parking, for pedestrians, children's games, and sport activities. Their mediation role then continues daily through cleaning and maintenance of spaces, implicitly reminding that they control these spaces and assure that they are well used, in accordance with rules accepted by most users. Any degradation or, even worse, abandonment of these spaces is a sign of the withdrawal of these institutions and their loss of control over the space. This loss of control inevitably results in a disintegration of usage rules and control of these spaces by groups of delinquents. The way institutions operate is also a message addressed to the residents. When they are quite efficient, it is a form of attention and support. Conversely, negligence in this field demonstrates a form of mistrust.

Managers and staff employed by institutions also mediate between inhabitants through the way they consider their neighbourhood and what they say about it. They have an influence on relations between inhabitants by the attention that they show in the expectations they express and by the solutions that they offer. The way they speak to residents and how they respond to their claims have a retroactive effect on their mutual relations. Their silence actually generates a loss of confidence in support of institutions and a feeling of exclusion that in turn creates tensions between the inhabitants themselves. The favourite answer to these claims made by a lot of employees is quite often a sentence pronounced by Snoopy, the famous Schultz' cartoon hero "the answer is no but don't stop asking". Which means: "Keep asking, I don't care." But which also means "I will not take care of you and your neighbourhood".

The Implementation of a Generative Analysis of Social Functioning of Neighbourhoods to design Urban Renewal Projects

We design urban renewal projects by first carrying on a generative analysis of the urban social processes that shape the social functioning of the neighbourhood we have been asked by local authorities to improve. To do so, we have developed a methodology that we have experimented with at many sites. This methodology is aimed at identifying social processes generated by interactions between inhabitants, the environment in which they live, and institutions. It includes several types of diagnoses. The outcome of this analysis is then discussed with decision-makers and residents in order to collectively produce a "shared diagnosis."

The Socio-Urban Analysis

This approach starts by making an urban and architectural analysis, one that we might call "conventional", of the spatial configuration of the neighbourhood which

has to be renewed. This means an analysis of factors such as roads networks; public space; urban layout; separation into blocks; morphology of buildings; design of landscape areas and facilities; interactions between public and private spaces; and relations with the environment. We also carry out a "socio-urban analysis" that aims at identifying degraded or vandalised spaces, visible signs of social tension in the space, and places that have been left or abandoned. Similarly, we identify spaces that we find enjoyable, that seem to be very much used and appreciated by inhabitants and elements that form an encouraging "potential of socio-spatial identity" such as closed green areas, pleasant views on the near or far environment, attractive facilities, and well-qualified avenues. This approach aims, on one hand, at preventing a negative and uniform vision often projected onto these neighbourhoods and determining their assets and potentials and, on the other hand, at identifying places with genuine problems.

We often discover that some areas are very well designed, or could become very pleasant despite being degraded. A few requalification actions would be enough to transform them into very nice places. The objective is to escape from the massive negative representations often shared by stakeholders including even the residents. The analysis also applies to identification of social practices deployed in the different spaces and the urban atmosphere felt in them, which requires patient observation through many "walking diagnoses".

From this starting point, we analyse the relation between the design of the different spaces and meanings carried by them, social practices, degradation phenomenon and signs of social tension that could be observed. The question is whether or not the design of spaces contributes to generating some forms of meaning and some practices, or at least encouraging or amplifying them, or, on the contrary, limiting some or even making them impossible. We also start to think about the different ways to modify and improve the quality of the diverse spaces that could reduce the feeling of devaluation and improve urban social functioning.

Analysis of Interactions Between the Design of Space, Degradation Processes and the Organization of Urban Management

The way urban space is designed may make it very difficult to manage or may require disproportionate resources beyond the means of local authorities and suppliers of low cost rented housing/landlords. Poor design can cause neighbourhood degradation. This can devalue neighbourhoods and their inhabitants and encourage the development of social conflicts. Urban vacuums, proliferation of unoccupied spaces, and complex green spaces with no clear delimitation are difficult to maintain. Therefore, the analysis aims at identifying these problems and imagining modifications that could facilitate maintenance of these spaces.

Degradation of social housing estates is frequently the result of very bad organization and a lack of efficiency of public authorities and public housing bodies. Centralization, the lack of cooperation between the various departments in charge

of maintenance, poor management and employees' lack of skill are the main factors that contribute to degradation of neighbourhoods. These dysfunctions often remain unnoticed because managers of these organizations can then not be held accountable. We then need to be able to analyse these organizations and understand their role in the degradation of districts and urban social functioning. We carry out this type of analysis for urban renewal programs, and we implement processes to adapt management organization systems in cooperation with their managers and their employees.

Analysis of Ways of Residing and Residential Dynamics

The analysis of the design of spaces and of the way they are maintained is then put into perspective with an analysis of ways of residing and residential dynamics based on detailed interviews with a sample of about 100 residents. We ask the residents what they each think of their apartment, the building in which they live, the outskirts and the surrounding area. We also ask them to identify the places they like or dislike, which places look unsafe, what they like to do and where they like to go for a walk or to meet neighbours. We ask them if they like the view from their living rooms. We ask them about many topics including if they have friends or family connections in the neighbourhood or in other neighbourhoods and if they like to invite them to their homes or if they visit them. Our inquiries also provide information about the use of the different spaces and facilities, and the perception of urban atmospheres and inhabitants' expectations about maintenance of and improvements to their environment.

We use the methodology developed by Allen (2003) and code the interviews on a scale containing more than 600 variables. We then do a cluster analysis (Allen 2003). We can thus identify groups of inhabitants sharing similar ways of residing in each district. These ways of residing are characterised by different kinds of attitudes of inhabitants towards their home; the neighbourhood and its surroundings; and their neighbours. Attitudes can vary from deep attachment to various forms of withdrawal or rejection of the neighbourhood and relationships with neighbours or family members. Attitudes are the result of interactions between the meanings that residents confer on these different spaces, social practices that they develop, and relations they maintain with their neighbours. Residents' relations with institutions, and particularly with local community services and public housing suppliers, also contribute to shape the residents' ways of residing. The mix of the different ways of residing coexisting in a neighbourhood contributes to shape its urban social functioning. The importance of people who feel strongly attached to their neighbourhood, feel safe and enjoy walking around and have developed different kinds of social relations is significant for social functioning. The proportion of people who tend to withdraw into their homes and keep others at a distance, or those who reject both their environment and its inhabitants, also provides valuable information about urban social functioning.

Since we have carried out this type of study in about twenty different estates, we can compare the results of a new study to the former ones and point out the specific problems and tenants needs which are at stake in the estate which has to be renewed. For instance, we know if the residents feel mostly unsafe or isolated, if they have few social relationships with people living outside the estate and if this can be related to the lack of urban connections or public transport.

Production of Guidelines for the Transformation of Spaces and Urban Renewal Scenarios

After having carried out these different kinds of diagnoses, we can put them into perspective to understand the interactions between the design of space, lack of maintenance on one hand and ways of residing, the problems the residents are facing on the other hand. We use these analyses of the design and management of urban spaces and the social functioning generated by them, to produce diverse guidelines for the transformation of the estate that are subsequently discussed with decision-makers and residents.

We emphasize the fact that these guidelines are designed to improve the urban social functioning, by changing the urban atmosphere and attempting to adapt places that cause social conflicts. We also integrate management challenges into the proposals that we make, always assuring that they help to facilitate the work of employees in charge of maintenance. This precaution prevents some initially apparently attractive proposals for improving the urban layout from being responsible for eventual degradation of districts only a few years after completion of the project (Bonetti 2007).

Depending on the challenges, these guidelines may recommend more or less ambitious transformations and may take place in different times, making a distinction between short-term improvements and longer-term modifications. They also can put the emphasis on improving the landscape atmosphere of the estate, reinforcing urban animation, or emphasizing the way in which the estate interacts with its environment. We might suggest breaking it down into several quite distinct entities when it is composed of a genuine "urban magma" in which inhabitants cannot identify themselves and feel overwhelmed. We attach considerable importance to the differentiation of spaces, particularly when in a very homogeneous and uniform urban universe that deprives inhabitants from any socio-spatial identity support. These different guidelines are discussed with leaders and residents, and we then convert them into urban renewal scenarios by drawing up "outline programs" that specifically illustrate the different possible transformations.

The Process to Involve Decision-makers and Residents in the Production of Urban Transformation Guidelines

This programming approach is also based on a process of getting decision-makers involved in the different phases to analyse and produce urban transformation scenarios.

Organization of the Cooperation with Decision-Makers and Residents: A Problem-Solving Process

Usually the process is driven by a project manager employed by the local authority. We set up a cooperation system involving the decision-makers as soon as we are employed to design the project. We first work with the project manager to set up a group of decision-makers that has to determine and explain to residents the goals and constraints (namely economic ones) of the project. Then we set up a residents' group whose role is mainly to express the problems residents are facing, give their expectations and assess the diverse scenarios we propose to renew the estate. Involved residents may suggest some actions to be carried out; nevertheless, it is not their main role for they do not usually know the most efficient solutions to solve the problems they are facing. It is necessary to clarify the roles of each group. Our team is responsible for designing the program and takes up a mediation role between these two bodies. We are responsible for producing solutions satisfying the identified problems and the expectations of inhabitants and all this should be compatible with the transformation intentions of managing a problem-solving process within a system of constraints.

Involvement of Decision-Makers in the Analysis Process: An Approach Designed to Develop Their Reflexive Attitudes

Before carrying out any survey, decision-makers generally have a pre-defined viewpoint about what problems have to be solved and the necessary solutions. So it is important to help them adopt a reflexive attitude designed to clarify their intentions and their perception of the challenges, making them ask questions about the nature and causes of problems. To lead them to adopt such a reflexive attitude, we involve them in a **collective walking-through diagnosis** of the site, so that they can identify problems themselves as well as the advantages of and prospects for improvement. Decision-makers also are involved in preparing the interview questions for the residents to make sure that the decision-makers topics are included. This study work is performed to change their view point and to build a shared view of the impact of the design of the space and the maintenance organization on urban social functioning. The results of this analysis work also are discussed with the residents.

Debate on Transformation Guidelines and Urban Renewal Scenarios with Decision-Makers and Residents

The urban transformation guidelines we suggest are the subject of an explanatory work and are debated with decision-makers and inhabitants, clearly showing the advantages and limitations of the different possible options. Our attitude always consists of demonstrating the possible impacts of proposed changes on urban social functioning. Exchanges with residents are intended to adjust proposed choices by including questions they ask that we might not have considered. This is another means of validating the reflection we have initiated. Those involved usually agree with our proposals once we have actually understood the social functioning of the district and their expectations.

These discussions enable decision-makers to understand the positions of residents about the proposed changes and to make specific choices with full knowledge of the facts. We believe that political leaders should make the final decision, but, wherever possible, take account of the expectations of inhabitants and explain the reasons for their decisions. And as soon as some changes have been selected, we produce development scenarios illustrating them, making an effort to take account of comments made in debates held during the previous phase.

An Example of this Urban Renewal Design Process Carried out in a Public Housing Estate on Belleville Hill in Paris

Belleville is a famous popular district/neighbourhood located in the northern part of Paris, mostly housing immigrants from northern Africa and more recently people from China. Until 1960, it was like a village, with small streets, nice squares, three- or four- storey buildings and a lot of shops and cafes. During that period, a lot of these buildings were quite degraded and, instead of refurbishing them, local authorities decided to demolish a lot of them and erect new estates made of huge blocks and high rise buildings. Nevertheless, most of the existing streets have been preserved.

In 1995, we were asked by local authorities to design a renewal project of one of those housing estates called "Belleville hill" where 700 hundred families were living. Though the buildings themselves and the apartments were still quite good, there were a lot of conflicts among the tenants, the urban layout was quite degraded and some delinquent groups were controlling the outdoor space and scaring the tenants. Most of the families were scared that their children would have to grow up in such an environment. The local authorities and the tenants were calling for police action, though many times police tried, in vain, to arrest the delinquents groups.

We first made a survey to understand what the tenants grievances were and their expectations. We organized a tenants' meeting attended by 40 people to listen to them. Then we made a "collective walking through diagnosis" with the decision-makers, and we analyzed the urban space organization to understand the "social

urban functioning" it contributed to generate. Since the estate had been built on a hill, the ground floor was in fact composed of several levels, which created a lot of staircases and dark corridors. The urban layout was vandalized and looked like a huge labyrinth, a real mess since all the buildings were connected and there were several crossing pathways linking them. There were also several passages under the buildings which looked like dark tunnels. Hall entrances were quite large, so groups of youngsters were using them as sitting places, and it was possible to pass through those halls to go from a building to other ones. This estate looked like a kind of Swiss cheese full of holes.

Since this urban layout was quite complex, and composed of a large number of pieces of space representing a large surface, it was very badly maintained, though there were six full-time caretakers. The caretakers that we met several times were discouraged and didn't feel responsible for the quality of maintenance. The attitude of the caretakers was mostly produced by the organization of the space and contributed also to reinforce the degradation process and social conflicts.

To reduce these problems, we proposed to suppress most of the hallways, staircases and corridors connecting the buildings and to split this estate into six residences, each of them grouping two or three buildings of nearly 120 flats each. We also proposed to redesign the estate so that each residence could have its own parking lot, its own garden and a nice entrance to the streets surrounding the estate. This would reinforce the direct connexion of the buildings to the street and reduce the number of pathways to maintain. The idea was that each caretaker would be responsible for the maintenance of one residence instead of sharing the maintenance responsibility of the whole estate.

This scheme was debated with the decision- makers and also with the caretakers group. They both approved it, though they were not fully convinced that it would solve the social conflicts and the delinquents' aggressiveness. We also organized a second meeting of the tenants to explain the scheme and that group also approved the plan.

Four architects were then chosen, each of them being in charge of designing the urban layout of one or two residences. For each residence project, we monitored three tenants meetings also attended by the decision- makers, the caretaker in charge of the residence and the architect responsible for the design project.

During the first meeting the architect had to listen to the tenants' ideas in order to design a project taking into account their expectations. After the first meeting, each architect had to design a renewal project taking into account the outcome of our own diagnoses and the tenants' claims. Together with the project manager, we were in charge of assessing the whole project and convincing the architects who had designed it to adjust it in order to take into account the tenants' demands if the architects had not fully understood what the tenants wanted.

The second meeting aimed at presenting and explaining the project to the tenants and, if necessary, to adjust it once more. The third meeting was for the final project approval with usually only some details needing to be modified.

We also designed a playground through a process involving a group of teenagers, this playground having an entrance directly from the street but with no connection to the buildings in order to discourage the teenagers to invade the entrance halls of the buildings.

Though at the beginning of this design process only 40 tenants attended the first meeting aimed at approving the global estate scheme reorganization, the meetings devoted to the design of each residence have been attended by 30 to 40 tenants (knowing that 100 to 120 families were living in each residence). This means that the tenants' participation rate for the project design increased from only 6 % to more than 30 %. In fact, the tenants felt much more involved for the redesigning of their own residence than for the whole estate urban renewal project.

The choice we made to create several smaller residences changed the relation of the tenants to their environment; they felt more connection to the building since it was a smaller space, giving them the feeling they could influence the design and the use of a space closer to them and shared by a smaller number of residents. It also reduced the conflicts and increased the tenants' social relations.

We must add that we worked part-time during a five-year period (1995–2000) on this project. This project was completed more than 10 years ago and we must admit that we are quite proud of it. Vandalism has disappeared, delinquency acts and conflicts among tenants are quite limited, and the maintenance of the residences has been improved since the caretakers work is better defined and much easier to complete. The delinquents have not disappeared yet. They scarcely operate inside the estate but they are outside, in the public space. Nevertheless, tenants feel safer for they feel protected when they are inside the estate.

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Chapter 13
Riding Off into the Sunset? Establishing an Inclusive Post-Apartheid South African Community

Tina Uys

Introduction

Two decades after South Africa's "negotiated revolution" is the opportune time to take stock of the country's progress towards becoming a fully-inclusive democracy. This chapter aims to evaluate the progress made in establishing an inclusive community in post-apartheid South Africa through consideration of three forms of transition. It considers which factors are playing a role in fragmenting the community as well as the importance of both governmental and civil society interventions. For our purposes "community" should be understood in the broad sense as defined by Wright (2010, p. 79): "as any social unit within which people are concerned about the well-being of other people and feel solidarity and obligations towards others". The sense of community in the new South Africa's "imagined community" could be determined by assessing the extent to which the values of solidarity, reciprocity, mutual concern, mutual caring and cooperation are apparent in South African society. To achieve the aims of the chapter as set out above, it is necessary to first provide some background with regard to the South African democratic transition.

The South African Democratic Transition

Between 1948 and 1994 South Africa was governed by a white minority government. The ruling party was the National Party and the prevailing policy was apartheid (separate development, as the government preferred to call it). The other major political force was the mostly black ANC (African National Congress), a revolutionary movement founded in 1912 in opposition to the white supremacy

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of the time. The ANC forms part of a tripartite alliance, also consisting of the Congress of South African Trade Unions(COSATU) and the South African Communist Party(SACP) (von Feigenblatt 2008).

In 1994, the National Party and the ANC reached an historic compromise aimed at establishing the "rainbow nation," a democracy where every South African citizen would have the right to vote in public elections regardless of ethnicity. After decades of dire predictions about South Africa teetering on the brink of a bloodbath, the world was stunned when South Africa's apartheid government negotiated itself out of power. The negotiations resulted in a non-racial, multiparty democracy (albeit with limited power sharing for the first years).

The new Constitution that was finalised in 1996 confirmed the dominant role of the ANC and the tripartite alliance in the political arena. It makes provision for affirmative action in order to address labour market inequalities and wider measures in the form of Black Economic Empowerment to provide employment preference, skills development, ownership, management, socio-economic development, and preferential procurement privileges to the previously disadvantaged.

The new Constitution, however, also safeguards individual property rights of the white, coloured, and Asian minorities. This enables the minorities to continue playing a leading economic role in South Africa through their ownership and management of resources (von Feigenblatt 2008).

Furthermore, the new Constitution aims to ensure the rule of law and freedom of speech and assembly. This gives expression to Nelson Mandela's (then ANC President) vision of a non-racial, non-sexist South Africa where 'democracy, freedom of expression, justice and the right to own property' would be safeguarded through equality before the law (Palmer and Uys 2012).

Philip Nel (1995, p. 237) described the South African democratic transition as transition by transplacement. It refers to the situation where the ruling regime is forced into negotiation with the opposition. During transition by transplacement the regime at some point loses its control over the entire process. This could occur in two ways: Transition through extrication takes place where the regime abdicates relatively early into the transition through a conscious, deliberate decision (e.g., Czechoslovakia). The second is transition through erosion where the government gradually loses its power to control the negotiation process. South Africa is an example of the latter (Nel 1995).

When transformation is achieved through negotiation, neither the revolutionary nor the reformist agenda is fulfilled. According to Adam and Moodley (1993, p. 3) the multiparty negotiations did not "…leave the status quo intact, as the reformers had hoped, nor utterly reverse all power relations, as revolutionaries had expected. Instead, the negotiations grant all major forces a stake in a historic compromise by which each party stands to gain more than it would lose by continuing the revolution." Different views exist with regard to the extent to which the South African transition can be considered exceptional or not.

South African Exceptionalism

Different justifications are provided for the argument that the South African transition is nothing new. Some argue that it is similar to the decolonisation process that has taken place in Africa, Latin America and Asia after the Second World War. Others believe that it resulted from the typical neo-colonial situation characterising much of post-colonial Africa; or alternatively, that it is just another example of the movement from authoritarianism to democracy, such as happened in Latin America or Southern Europe during the past two or more decades (Habib 1995).

Another approach is to argue that the South African transition has never occurred elsewhere. In an article entitled "Why South Africa's transition is unique" Van Zyl Slabbert (1992, p. 107) explained the distinctiveness of the South African transition as follows:

> To understand the complexity of the transition now under way in South Africa requires, first of all, a recognition that our situation has no historical precedent. Because South Africa's white governing establishment is not, and never was, the instrument of any European colonial power, the techniques of ending white minority rule that were available to other African countries beginning in the late 1950s are not applicable. There is no possibility of massive withdrawal of the white population to some kind of motherland or of external intervention by some internationally recognized agent that can impose a Resolution 435[1] on us or whatever. We sit with the paradox of colonial rule without the option of resolving it according to the historical precedents by which colonial rule was resolved elsewhere on the African continent.

Adam Habib (1995, p. 52) regarded both these kinds of views as an oversimplification of a complex process, which therefore fails to provide a holistic picture of the transition. He argued:

> Viewing the transition through one or other historical lens, blinds one to the distinctive features of this transition, or to its similarities with those of others. When viewing it through the lens of 'exceptionalism', scholars tend to ignore the similarities of this transition with those that preceded it. Any attempt to understand the transition in South Africa, then must simultaneously recognise the distinctiveness of the country's conflict and the nature of its resolution, while being flexible enough to capture the similarities of aspects of this transition with those that have occurred at different times, in different parts of the world.

Another layer to this analysis is proposed by Mahmood Mamdani. He stated that South African exceptionalism is: "… the contention that the South African experience is so totally and irrevocably shaped by the initiative of the settler, that South Africa is no longer, in any meaningful sense, a part of Africa, native Africa" (1998, p. 6). According to Mamdani (1996, p. 8) apartheid is usually considered to be uniquely South African while it is in actual fact "…the generic form of the colonial state in Africa." Consequently it is necessary to locate it in the African colonial and post-colonial experience in order to develop a true understanding of the South African transition.

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[1] United Nations resolution 435 (September 29, 1978) stated that South Africa should grant Namibia its independence.

Locating the South African Transition in the African Colonial and Post-Colonial Experience

Mamdani recognised that the South African experience displays certain attributes, which are unique compared to the rest of Africa, and perhaps the rest of the world. The labour situation in South Africa is characterised by semi-industrialisation, semi-proletarianisation and semi-urbanisation crowned by a strong civil society, white as well as black. South Africa is also the first country in the history of African de-colonisation where a settler minority has abandoned exclusive political power without being forced into it by a total defeat. This minority still wants to protect its interests, but it can no longer do this by means of a monopoly over political power and citizenship rights. The settler minority also abandoned the demand for power sharing and accepted that the post-apartheid political order will be based on majority rule. This means that no settler minority anywhere in Africa has managed to establish and maintain the independence of a settler colony. Mamdani also argued that South Africa, in contrast to the rest of Africa has a large white settler population (Mamdani 1996, pp. 28–29, 1998, p. 6).[2]

Despite these unique characteristics, Mamdani (1996, p. 29) maintained that South Africa also exhibits features, which are generically African. In common with other post-colonial African societies South Africa is characterised by what he calls the *bifurcated state*. The bifurcated state is colonialism's legacy. It refers to a form of government where both direct and indirect rule as complementary ways of native control is in place.

> Direct rule was the form of urban civil power. It was about the exclusion of natives from civil freedoms guaranteed to citizens in civil society. Indirect rule, however, signified a rural tribal authority. It was about incorporating natives into a state-enforced customary order. (Mamdani 1996, p. 18)

In the bifurcated state, racial domination is negotiated through tribally organised local authorities, culminating in a uniting racial identity and a fragmenting ethnic identity. The bifurcated state was not dismantled by independence. What happened was that a tendency developed for independence to deracialise the state but not civil society. The deracialisation of the state led to racial privilege being defended within civil society "…in the language of civil rights, of individual rights and institutional autonomy" (Mamdani 1996, p. 20).

In order to realise a mature democracy where there is substantial economic redistribution coupled with the protection of civil liberties, the tensions of the bifurcated state have to be resolved. This implies that civil power should be deracialised and customary power detribalised. Links should be established between binary opposites such as the urban and the rural, representation and participation, and civil

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[2] The decolonization process in most of Africa, except South Africa and perhaps to a limited extent Zimbabwe, entailed the withdrawal of the colonizing nation and the settler class. In contrast, the fact that the majority of the white population of South Africa is indigenous implies a very different South African transition than the decolonization process that took place elsewhere in Africa (Habib 1995, p. 51).

society and community. Unfortunately, in Africa independence brought a deracialisation of the bifurcated state without democratisation.

> If the two-pronged division that the colonial state enforced on the colonized—between town and country, and between ethnicities—was its dual legacy at independence, each of the two versions of the postcolonial state tended to soften one part of the legacy while exacerbating the other. (Mamdani 1996, p. 26)

How can the bifurcated state and the fragmentation it engenders be challenged? In his analysis of democratisation in post-colonial Africa, Mamdani (1996, pp. 288–289) accorded an important role to the state, especially with regard to creating the conditions that would facilitate the consolidation of democracy within the country, and therefore the creation of an inclusive post-apartheid South African community.

While most countries in the world experienced different forms of transition at different stages, the transition in South Africa (which continues into post-apartheid South Africa) is often called a 'triple transition' (Von Holdt and Webster 2005). The first is primarily political in nature and refers to popular revolts, demanding democratic reforms in the context of transitions from colonial/communist/autocratic/authoritarian regimes. The second dimension is economic and involves the world-wide expansion of capitalism as a result of the growing integration of national economies into a global market and a predominance of economic liberalisation. The third dimension is social in nature and relates to policies and movements that attempt to transform unequal social relations inherited from the past. In South Africa, the three transitions are happening in the same time frame.

Inherently, the three forms of transition refer to a transformation in the different aspects of the social exclusion that characterised South Africa's apartheid past and therefore how the "process of material and other forms of disadvantage, including normative disengagement, social detachment, spatial segregation, and migration" has been eradicated (Daly and Silver 2008, p. 560). The progress made with regard to the democratic transition in South Africa provides a good starting point for the discussion.

The Democratic Transition

Western understanding of democracy refers to what is often called 'liberal' or 'parliamentarian' democracy, which sees democracy as a political system in which regular elections occur, civil liberties are upheld, and a diversity of viewpoints are tolerated (Kaufman 1986, p. 100). The latter definition therefore implies that:

> …a country can be described as democratic if it is simply distinguished by contested elections based on universal franchise, as well as having the civil and political freedoms of speech, press, assembly, and organisation that are necessary for political debate and the conduct of electoral campaigns. (Habib 1995, p. 69)

In Adam Przeworski's (1991, p. 26) terms, democratic consolidation means that democracy "…becomes the only game in town, when no one can imagine acting

outside the democratic institutions, when all the losers want to do is to try again within the same institutions under which they have just lost".

A distinction can be made between a "minimalist" and a "maximalist" understanding of the concept "democratic consolidation." A minimalist understanding refers to the absence of meaningful challenges to the legitimacy of democratic institutions, especially free and fair elections. The maximalist understanding stresses the acceptance of democratic values by most citizens after a long process of socialisation (Özbudun 1996).

South Africa can be considered an electoral democracy. Since 1994 it has held regular elections that have all been declared free and fair. The Freedom House political freedom measure, which judges political rights and civil liberties, declared South Africa a free society in 2010 (Kane-Berman and Holborn 2011, p. 853). According to the 2010 World Press Freedom Index, South Africa achieved a score of 12 which placed it 38th out of 173 countries (Kane-Berman and Holborn 2011, p. 854). South Africa's progressive Bill of Rights and a well-functioning Constitutional Court which is protecting its constitutional democracy are manifestations of a sophisticated legal culture with mechanisms grounded in the rule of law (Kearsey 2007).

The system is facing pressure, however. In 2008, the justices of the Constitutional Court made a complaint that a Judge President had improperly sought to influence the outcome of judgments, then pending before their court, connected to corruption charges against the current state president. The complaint, and the 4-year dispute that followed, was problematic for the judiciary and divided the legal fraternity. Perhaps due to civic community intervention, South Africa's Judicial Service Commission decided that the Judge President would face a judicial conduct tribunal for allegations of gross misconduct. However, a week after the start of the tribunal hearing on 30 September 2013, the tribunal president, retired judge Joop Labuschagne, postponed the hearing indefinitely following a dispute about whether the tribunal had been properly convened (Mail & Guardian 2013b). An announcement by President Zuma that the powers of the Constitutional Court should be reviewed (de Sakutin 2012) and an ANC Strategy and Tactics discussion document that suggests a review of 'elements' of the constitution that are seen as detrimental to South Africa's so-called 'second transition' (Msomi 2012) also create the impression of a government on a more authoritarian path. Msomi (2012) quoted the document as stating:

> Constitutions are living documents and reflect the stage of development of a given society. There may therefore well be elements of our constitution that require review because they may be an impediment to social and economic transformation, such as for example the narrow mandate of the Reserve Bank or the relationship between and powers of different spheres of government.

The South African population seems to be fairly positive about the state of South Africa's democracy. According to the Afrobarometer survey (IDASA press statement 2012) which interviewed 2,400 adult South Africans during the last quarter of 2011, 28 % of respondents considered South Africa a full democracy and 38 %

a democracy with minor problems. Their level of satisfaction with South Africa's democracy has increased from 49 % in 2008 to 60 % in 2011. Only 11 % of respondents were not at all satisfied and none considered South Africa not to be a democracy (IDASA 2012, p. 30). In rating the South African government out of 10 on a scale from completely undemocratic to completely democratic the present government received a mean score of 6.1 compared to 5.4 for the government 10 years ago and 2.8 for the apartheid government. Their aspirations that South Africa should become more democratic in the future were even higher with a mean response of 8.7.

However, there are also some warning signs of the fragility of South Africa's democracy. As William Gumede (2009, p. 33) stressed, it is important to create a democratic public culture that entrenches freedom and promotes public participation as a prerequisite for ensuring democratic consolidation. The shift in South African attitudes towards media freedom from 80 % of the adult population believing that the media should be free to publish without government interference in 2008 to only 61 % in 2011 seems to demonstrate a weakening of the belief in media freedom. On the other hand, there was a contrasting increase in the number of people who felt that the media has a responsibility to expose government blunders and corruption from 59 to 70 % (IDASA press statement 2012).

The passing of the Protection of State Information Bill by the National Assembly on what is generally known as "Black Tuesday"[3] in November 2011 (Parker 2011) raised concerns that the ANC government is determined to shut down critical voices. The steady progress of the Bill through the legislative process, as reflected in its adoption by the National Council of Provinces in November 2012, is largely blamed for South Africa dropping 10 places since last year on the Reporters Without Borders 2013 World Press Freedom Index, now in 53rd position (Mail & Guardian 2013a). The on-going calls by the ANC government for the replacement of the current system of self-regulation of the press by the implementation of a media tribunal acting as a statutory watchdog on behalf of the government is a further demonstration of this perceived silencing of criticism (Mail & Guardian 2012).

The Economist Intelligence Unit's Index of Democracy's categorisation of South Africa as a flawed democracy is probably related to the relative absence of a supportive democratic political culture in South Africa. A flawed democracy refers to countries where free and fair elections are held and basic civil liberties are respected, but where problems exist with regard to "governance, an underdeveloped political culture and low levels of political participation" (Economist Intelligence Unit 2011, p. 30).

Creating an inclusive community in South Africa requires more than just the establishment of democracy practices. According to Adam Przeworski (1985, pp. 140–145), the ability to institutionalise conflict is a necessary precondition for any successful consolidation of democracy. For him, democracy is a system by which inter-group conflicts can be terminated through the use of institutions such as elections, collective bargaining or the courts. The absence of these institutions can

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[3] Calling this day Black Tuesday refers to Black Wednesday, a day in 1977 when the South African government banned an anti-apartheid newspaper, *The World*, and detained its editor and some of its journalists (Hunter-Gault 2011).

lead to power struggles which are only resolved after a physical confrontation or when one of the parties can no longer afford to continue the struggle. According to Przeworski (1985, p. 140) "democracy allows such conflicts to be terminated in a previously specified manner, according to explicit criteria, and often within a specified time". The institutionalisation of conflicts necessarily implies the exclusion of some courses of action. Through its organisation of political power it decides the ability of groups to realise their specific interests.

While public participation in democratic institutions and support for democratic principles seems to be relatively well established amongst South Africans, two very different trajectories for political expression seem to have developed. This is demonstrated by the increase in the incidence of social protest from 881 in 2004, with at least 50 of these being violent, to 5085 protests taking place countrywide in 2005 (Fakir 2009, p. 4). There is a worrying tendency for service delivery protests and trade union strikes to become increasingly violent and destructive, which triggers a heavy-handed response from the police, such as the death of Andries Tatane while participating in a service delivery protest in 2011 (Kane-Berman and Holborn 2011, p. 843) and the killing of 34 striking platinum miners at Marikana by police on 16 August 2012. On 4 October approximately 98,000 mine workers (about 20 % of the direct workforce) were involved in strike action, of which only one was a protected strike[4] (SAPA 2012a). At some of these mines the workers only returned to work as late as 6 November after a settlement had been negotiated with the National Union of Mineworkers (Goldfields media release 2012).

Przeworski (1985) argued that negotiated transitions would have difficulty facilitating the consolidation of democracy under conditions that require major economic reform. These events seem to accentuate that economic progress in the form of substantial industrial development is required for a successful consolidation of democracy. This brings us to the role of the economic transition in ensuring an inclusive South African community.

The Economic Transition

The government initially set out to achieve this 'fundamental transformation' of the economic order in 1994 by means of its Reconstruction and Development Programme (RDP), which accorded a central role for the state in economic reconstruction based on Keynesian macro-economic principles. The RDP consisted of five key programmes, namely meeting basic needs, developing human resources, building the economy, democratising the state and society and the co-ordination and planning of the RDP, which is necessary to implement it. The state was assigned a principal role in achieving these goals.

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[4] A strike has to comply with section 64 of the Labour Relations Act to qualify as a protected strike. This entails that all the workers in a particular industry should strike in order to have a common grievance or dispute be addressed and that workers are protected from any civil action by the employer (RetrenchmentAssist n.d.).

In 1996, the government embarked on a macro-economic about-turn with the unveiling of a new strategy in Parliament, called Growth, Employment and Re-distribution (GEAR). Whereas the RDP was originally formulated in the labour movement and adopted as the 1994 ANC election manifesto through a process of broad consultation, GEAR was developed by the Department of Finance and paid consultants (Adelzadeh 1996). GEAR adopted a neo-liberal macro-economic philosophy and embraced fiscal discipline, privatisation, monetary liberalisation and a flexible labour market. The government argued that GEAR and the RDP were complementary developmental programmes. Critics, however, pointed out that the two documents are diametrically opposed to each other with regard to the role allocated to the state in economic development.

In 2003, a new government initiative was introduced called the Accelerated and Shared Growth Initiative for South Africa (AsgiSA). The aim of AsgiSA is to halve unemployment and poverty by 2014 through addressing the six binding constraints which are preventing South Africa from achieving the desired growth rate (SA Government On Line 2003, pp. 2–5). These are:

- The relative volatility of the currency
- The cost, efficiency and capacity of the national logistics system
- Shortages of suitably skilled labour and the spatial distortions of apartheid affecting low-skilled labour costs
- Barriers to entry, limits to competition and limited new investment opportunities
- The regulatory environment and the burden on small and medium enterprises (SMEs)
- Deficiencies in state organisation, capacity and leadership.

AsgiSA suffered a "quiet death" (Lunsche 2010) and was replaced by the National Development Plan (NDP) in November 2011. The Plan's main objective is eliminating poverty and reducing inequality by 2030 through "drawing on the energies of its people, growing an inclusive economy, building capabilities, enhancing the capacity of the state, and promoting leadership and partnerships throughout society" (National Planning Commission 2011, p. 14). This entails an expansion of the economy through higher rates of employment and economic growth; high quality education and skills development; and strengthening the state's developmental, transformative capabilities (National Planning Commission 2011, p. 17). Achieving the objectives of the National Development Plan was the core focus of the African National Congress 2014 Election Manifesto. Since being returned to power with a 62% majority, the ANC has committed itself to the successful implementation of the NDP.

The importance of such economic expansion is related to the surplus resources required for the redistribution necessary to legitimise the democratic process. Like many other transitions, the South African one takes place in an atmosphere of heightened expectations (Habib 1995, p. 67). The fact that the negotiations took place between a white colonial regime and black liberation leaders meant that the South African transition was accompanied by two different, but mutually intertwin-

ing sets of expectations that are still very much at the forefront. The expectations of independence are mostly held by black people and refer to better life expectations, such as greater access to health care, education, employment and electricity. The expectations of democracy are more generally supported regardless of race and "… had to do more with survival, protection, and accommodation of group interests in a South Africa where independence meant subjection to black majority rule…" (Osaghae 1997, pp. 9–14). Apart from protecting their civil liberties and human rights South Africans in general therefore also expect the newly established democracy to improve their standard of living.

If the new government is unable to meet the expectations of freedom and economic prosperity to a satisfactory extent, it could lead to a substantial demoralisation amongst the South African people with the attendant decrease in support for the new democratic order. The situation is complicated further by the fact that in contrast to most other transitions from colonial rule in Africa, both the expectations of the formerly colonised people and the former colonisers have to be considered.

The slight improvement in the economic indicators does not come anywhere near meeting the expectations of the general population. Relative poverty has declined from its peak of 49.1 % in 2002 to 39.9 % in 2010, which is still unacceptably high (Kane-Berman and Holborn 2011, p. 311). Simultaneously, South Africa has become less unequal, with income inequality measured by the Gini-coefficient peaking at 0.67 during the period 2002–2005 and coming down to 0.64 in 2010. This figure is still higher than in 1996 which had a Gini-coefficient of 0.62 and South Africa remains one of the most unequal societies in the world (Kane-Berman and Holborn 2011, p. 294).

The starkest indicator that everything is not well is the Human Development Index which has declined from a high of 0.70 in 1985 to 0.587 in 2005, largely attributed to the mismanagement of the HIV/AIDS pandemic in South Africa. Since 2005, South Africa's HDI has shown a slight upwards trend to reach 0.597 in 2010. During this period the vast majority of countries in the rest of the world have shown an improvement (Kane-Berman and Holborn 2011, p. 76).

By 2011, the rate of unemployment had increased with an official unemployment rate of 25 % (compared to 24.6 % in 2001), an expanded unemployment rate of 36.5 % (compared to 31.7 % in 2001) and a labour absorption rate of 40.6 % (compared to 45.8 % in 2001) (Kane-Berman and Holborn 2011, p. 220). What is also worrying is that the category most likely to be unemployed remains the young (15–24), black African[5] female (59.2 %) (Kane-Berman and Holborn 2011, p. 260).

It is important to consider the extent to which economic exclusion in South Africa is addressed through transforming the racial character of the economic system. In 1995, Adam Habib (p. 68) warned, with regard to its implications for the future of democracy:

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[5] The South African Employment Equity Act distinguishes between three racial categories for black people: African, Indian and coloured (mixed race). For purposes of this chapter, the designation "black African" is used as white, Indian and coloured citizens also consider themselves African.

> The racial character of the ownership structure of the South African economy has and will continue to be a stark reminder of apartheid and its inequities. In a country of heightened racial awareness amongst the populace, the transformation of the racial nature of ownership relations (which would involve a structural transformation) must be conceived as one of the significant goals of the democratic experiment.

There has been a significant increase in the value of corporate assets under black control since black economic empowerment became a dominant policy with the promulgation of the Broad-Based Black Economic Empowerment Act in 2003. Black African individual ownership of the Johannesburg Stock Exchange (JSE) has increased from 16 % in 2000 to 25.8 % in 2010, while white ownership has declined from 76.5 % in 2000 to 66 % in 2010. Individual ownership of the JSE is therefore still overwhelmingly in white hands, though (Kane-Berman and Holborn 2011, p. 276).

In pursuing the goal of economic transformation, the South African government has adopted the idea of the developmental state to justify the use of greater degrees of state intervention and industrial policy as a means of achieving wide-ranging high priority economic and social policy objectives such as: creating economic growth and decent jobs; reducing poverty levels; stimulating rural development and land reform; improving the health and education sectors and public service delivery; and curtailing the incidence of crime and disease (Poon 2009, p. 2).

Jeffery (2010, p. 195) defined the developmental state as:

> an efficient and effective state which would actively intervene in the economy whenever this was necessary to drive development, while simultaneously maintaining and expanding essential infrastructure, mopping up unemployment through public works, and rolling out free basic services and social grants to those in need.

Edigheji (2005) warned, however, that in order to achieve these aims the developmental state should combine the autonomy of its institutions with accountability to diverse groupings in society as a whole in the form of a democratic developmental state. The systemic nature of corruption in government (Southall 2007, pp. 1–24) is a serious constraint in ensuring that the redistribution of wealth is conducted fairly and evenly.

With the temporary breakdown of the negotiations between the South African regime and the African National Congress in June 1992, Joe Slovo, then the chair of the South African Communist Party, suggested the introduction of a 'sunset clause' in an attempt to reach a compromise. The sunset clause made provision for compulsory power sharing for a limited number of years. It also offered a general amnesty and job security to the predominantly white civil service in order to ensure that it did not impede the transition process (Sparks 1995, p. 181).

This compromise was controversial in the labour movement (and in the 'Left' in general) during the early stages of the transition and was often blamed for the incapacity of the Government to deliver on election promises. Harold Wolpe (1995, p. 95) for example referred to "…numerous instances of government policies being frustrated or hampered by civil servants hostile to the regime or unable to adjust to the new demands imposed by a new regime under new conditions".

This situation is steadily changing with black Africans making up 62.8% of the civil service nationally in 2003 compared to 41.3% in 1993 (this latter figure included 'homeland' civil service employees). By 2011 the proportion of black African state employees had risen to 78.7%, with 8.5% being coloured, 3.3% Indian and 9.6% white (Kane-Berman and Holborn 2011, p. 244). While this on-going improvement is lauded, it has also raised concerns about efficiency with criticisms that the government's emphasis on the demographic transformation of the civic service is:

> inadequately accompanied by systematic attention to human resource development, capacity building and training. The ANC opted for a short-term strategy of middle-class replacement through on-the-job affirmative action rather than choosing to invest in human capacity over the long term. The outcome has been a low level of administrative performance and the extensive abuse of their powers and positions by many self-serving public servants. (Southall 2007, p. 8)

The Social Transition

The ANC, and in particular President Mandela's insistence on the creation and maintenance of reconciliation in the "rainbow nation," is well-known. Adam et al. (1997, pp. 95–96) warned that the nation-building project in a deeply divided society such as South Africa can easily become intolerant and exclusive, with an exclusive ethnic nationalism being promoted, or intolerant and inclusive, where no diversity is tolerated and everybody has to be the same. For South Africa to be successful in nation-building it has to develop a "…transcending loyalty based on the acceptance of pluralism and diversity, not its denial" (Adam et al. 1997, p. 96). Adam and his colleagues (1997) examined the possibility of this being achieved by discussing a number of issues. First, they stressed the importance of strengthening institutions so that they can manage the tensions and conflicts sprouting from South Africa's ethnic diversity. Second, they analysed the potential of the debate on language and especially the position of Afrikaans to derail the nation-building project. Then they considered the role of education, religion and the economy within the context of nation-building. This brought them to the following conclusion:

> We are not sanguine about transcending loyalties developing in South Africa to help forge a multicultural nation in which unity seeks its strength out of diversity. But we do argue that there is convincing evidence that a South African nation is not only possible but a distinct probability. (Adam et al. 1997, pp. 103–125)

Andrew Stinson (2010, pp. 60–61) has argued that the ANC's 'rainbow nation' project is premised upon interculturalism and civic nationalism. Interculturalism promotes intercultural dialogue and cross-cultural partnerships by emphasising cultural similarities. These policies can only be effective if they go hand-in-hand with 'a national public culture providing citizens with a sense of shared meaning and understanding' (Stinson 2010, p. 61). In the case of South Africa, this national public culture is based on support for liberal democratic principles : "the values of equality, justice and non-violent conflict resolution".

There seems to be some indication that a South African national identity is in the making. A study conducted in 2004 showed that 71 % of South Africans of all races defined their primary identity as that of South African or African. By 2009, this figure had increased to 84 %. The downward trend in the proportion of people who are proud to be South African from 90 % in 2006 to 65 % in 2008 was reversed in 2009 with 75 % proud to be South African (Kane-Berman and Holborn 2011, p. 830) which seems to indicate some complexity in the substance of this identity.

The Afrobarometer survey (IDASA 2012, pp. 78–80) conducted towards the end of 2011 also showed positive signs of the development of an inclusive South African identity. Eighty-nine per cent of respondents were proud to be called a South African and 91 % wanted their children to think of themselves as South African. Ninety-two percent considered being South African as a very important part of their identity and 86 % believed that people "should realise that we are South Africans first, and stop thinking of themselves in terms of the group they belong to" (IDASA 2012, p. 79). An overwhelming majority (83 %) believed that it was both possible and desirable to create a united South African nation from all the different groups who live here.

However, the steady decline in the proportion of people believing that race relations are improving is continuing and, with a figure of 46 % in 2010, is approaching the low points of 2001 (40 %) and 2002 (43 %) (Kane-Berman and Holborn 2011, p. 828). The South African Social Attitudes Survey (SASAS) conducted by the South African Human Sciences Research Council (HSRC) in 2011 found feelings of racial marginalisation experienced by at least half of a nationally representative sample of South African adults. These fears were expressed in the following ways:

- "other race groups are trying to get ahead economically at the expense of my group"—58 %
- "other race groups exclude members of my group from positions of power and responsibility"—55 %
- "the traditions and values that are important to my race are under threat because of other races in the country"—50 %.

These feelings that the position of their own group was under threat because of the aspirations of other racial groups were accompanied by the view held by 54 % of the respondents that "other race groups will never understand what members of their group are like" (Gordon et al. 2012, p. 5). Similarly, 64 % indicated that members of different race groups do not trust each other and 51 % that they will never trust each other. While this is worrying to hear 17 years into the new South Africa, it is a bit reassuring that there has been a steady decrease since the 2007 survey (when the corresponding numbers were 74 % believing that racial groups are not trusting or liking each other and 58 % that there is no hope that they will ever trust or like each other). Furthermore, the survey showed some positive signs of an improvement in respondents' views about race relations in the country with 51 % indicating that they had improved during the last year (Gordon et al. 2012, pp. 5–6).

Civil Society Involvement

The establishment of an inclusive democratic community in South Africa cannot succeed if it is seen as the responsibility of only the government. Fortunately, South Africa is blessed with an active civil society involved in community interventions of various kinds as is demonstrated by the following examples.

Perhaps the best example of successful community intervention by a civil rights group is that of the Treatment Action Campaign launched in 1998 which challenged the AIDS denials of President Thabo Mbeki's government and succeeded in compelling the health ministry in 2003 to develop an all-encompassing HIV/AIDS treatment and prevention plan (Mbali 2004, p. 2). Two other examples are the *Soweto Electricity Crisis Committee* which is engaged in a defiance campaign against the disconnection of electricity due to the inability of poorer residents to make payments, and *Abahali base-Mjondolo*, the shack dwellers movement fighting for the right to housing and against evictions (Etzo 2010). A more recent example is the *Right2Know (R2K)* campaign, a national coalition of individuals and organisation opposing the Protection of State Information Bill's perceived infringement of the right to access to information, as well as freedom of expression. The National Council of Provinces adopted the Bill at the end of November 2012. On 26 February 2013, Parliament referred the controversial Bill back to the National Assembly ad hoc committee, which has to present their recommendations by June 20 (Makinana 2013). R2K, voted Johannesburg Press Club 2012 newsmaker of the year (SAPA 2012b), the trade union federation COSATU and the Democratic Alliance have all threatened to take the matter to the Constitutional Court for a ruling on the constitutionality of the Bill.

Their work with NGOs, private enterprise, foundations and government agencies demonstrates the involvement of clinical sociologists on various levels with regard to community interventions. One example is the work of Karl von Holdt and a team who have been conducting research at the Chris Hani Baragwanath Hospital in Soweto, reputedly the biggest hospital in the southern hemisphere, in their role as advisers with regard to transforming the functioning of the institution (von Holdt and Murphy 2007). The project team ultimately considered the project a failure, which they attributed to "varying degrees of indifference and hostility from within the department and from senior managers in the hospital" (von Holdt et al. 2012, p. 29). However, they did believe that their model of "decentralisation and integrated management under clinical leadership" had been successful in improving "management efficiency, staff morale and patient care" (von Holdt et al. 2012, pp. 30–31). They concluded that the integration of administrative with clinical management, demonstrated by their model, "could provide a powerful strategy for regenerating the public health system" (von Holdt et al. 2012, p. 32) .

Another example is the work of Edward Webster, Rob Lambert and Andries Bezuidenhout (2008) which explores how workers respond to the rising levels of insecurity as a result of globalization, in particular the possibility of the emergence of counter-movements in an attempt to address these insecurities. Both Wilmot James

and Frederik van Zyl Slabbert exchanged their academic careers for the application of their sociological knowledge in the political arena (Who's Who Southern Africa 2013). Jackie Cock is combining scholarship on environmental justice with activism through her involvement in the environmental justice movement (Cock 2007). A further example is Sakhela Buhlungu (2010) who focuses his attention on the role of trade unions in the democratic transition.

Conclusion

The jury is still out whether the 'rainbow nation' will "ride off into the sunset" and achieve an inclusive democratic community that is sustainable in the long run. Since South Africa is considered one of the most unequal societies in the world, this will require that the division between rich and poor is addressed in a substantial way to ensure redistributive justice. Creating an inclusive community through the consolidation of democracy in South Africa is dependent on the state's ability to translate the accomplished political transformation in South Africa into a transformed social and economic order. In the light of the glaring inequalities in South Africa, the redistribution of wealth and resources is imperative. For this to transpire, a substantial involvement of the state in economic restructuring is essential through taxation, public works programmes, delivery of services, and the improvement of basic standards of living.

Unfortunately the three issues identified by Southall (2003, p. 277) 10 years ago still remain arenas for fierce democratic contestation:

> democracy in South Africa is in a state of perpetual and dynamic contestation that revolves around three fundamental issues: first, the tension between democracy and dominance of the political arena by the ANC; second, the incipient clash between democracy and constitutional liberalism; and third, the capacity of the state to counter apartheid social deficits.

The ANC is plagued by internal strife, which may have the negative effect of leadership attention being focused more on the resolution of this strife than on good government. South African civil society contributions tend to be overshadowed by the increasing violence of "service delivery protests" and trade union strikes, which also may relate to the leadership struggles and fragmentation within the ANC.

In 2012, there was an uproar after the unveiling of Brett Murray's painting "The Spear" which displayed the private parts of President Zuma. There were accusations of racism and insensitivity on the one hand and an infringement of freedom of expression on the other. There was even talk of introducing legislation prohibiting people from insulting the President. Perhaps this is an example of the long way South Africans still have to go to resolve the clash between democracy and constitutional liberalism to which Southall refers above. Calls by high-ranking ANC members for restrictions to be placed on freedom of expression and the curtailment of the independence of the judiciary also demonstrate this contestation. On the other hand strong civil society resistance aims to ensure the protection of the civil liberties of the population.

Southall's comment about the capacity of the state to counter apartheid social deficits also warrants attention. South Africa has a colonial history going back to 1652 when the first white settlers arrived in the Cape. The history of social deficits goes back way before apartheid and are not easy to address. Community initiatives, including those by clinical sociologists, have a particularly important role to play in helping to address these social deficits.

As pointed out above, the government could react to this contestation by moving towards a more authoritarian approach. An increasing perception of corruption related to the awarding of government tenders, perhaps facilitated by the emphasis on the promotion of broad based black economic empowerment, makes an authoritarian approach even more threatening and may also lead to increased racial tension. Fortunately there are comforting signs of strong opposition by civil society organisations.

One positive sign of progress towards building a socially cohesive community is the current government's efforts at developing a strategy on social cohesion and nation building through a combination of citizen and government inputs. In 2012, the Department of Arts and Culture published a National Strategy for Social Cohesion for comment on its website and soon thereafter a National Social Cohesion Summit was held in Kliptown,[6] Soweto involving representatives from all levels of society, including grassroots civil society organisations. The National Strategy aims to promote a socially cohesive South Africa characterised by common values and norms for social conduct, tolerance of differences and respect for the law (Nicholson 2012).

In considering these arguments, a sense of urgency in the fostering of South Africa's democracy should be retained in order to remain vigilant against the danger of a descent into authoritarian rule and corruption. This sense of urgency should direct the actions of South Africans at all levels from the highest positions in government and business to civil society members operating at the grassroots level.

South Africans should not see themselves as being in transition to a final state or to some other "end of history." The key to the future success of achieving an inclusive democratic community in the rainbow nation lies in the understanding that our sense of South Africanness has many interconnected layers (Gumede 2012, p. 145). This entails individuals, civic organizations and government weaving together the best elements of our diverse identities into a mosaic that reflects tolerance, human dignity, respect and compassion.

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Appendices

Appendix 1

Clinical Sociology—Basic Readings and Websites

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Appendix 2

Wangari Maathai and the Green Belt Movement
by Elena Bass

The story of Wangari Muta Maathai (1940–2011) is about the personal journey of a woman who became an inspiration as she fought to safeguard the environment, protect human rights, and defend democracy through turbulent political and environmental times. She was raised in the rural highlands of Kenya and educated in the United States during the 1960s civil rights era. Maathai received her Bachelor of Science degree in 1964 from Mt. Scholastica College (now Benedictine College) in Atchison, Kansas and in 1971 received a Master's degree in biology from the University of Pittsburg.

Upon her return to Kenya, Maathai joined the Department of Veterinary Anatomy at the University of Nairobi as an assistant lecturer (Maathai 2006). In 1967, she began working on her Ph.D. and graduated from the University of Nairobi with a doctorate degree in anatomy. Maathai continued to teach at the University, becoming a senior lecturer in anatomy in 1974, and chair of the Department of Veterinary Anatomy and an associate professor in 1977—the first indigenous woman in the region to attain those positions ("History of WMI" n.d.).

In addition to her work at the University of Nairobi, Maathai became involved in a number of civic organizations in the early 1970s. She was a member of the Nairobi Branch of the Kenya Red Cross Society, becoming its director in 1973. She was a member of the Kenya Association of University Women and a chair of Environmental Liaison Centre, as well as a member of the National Council of Women of Kenya (NCWK) ("The Nobel Peace Prize" n.d.).

Through working with these volunteer associations, Maathai discovered the heart of her life's work was connecting with rural women. They told her that their daily lives had become intolerable; they were walking longer distances for firewood, clean water had become scarce, the soil was disappearing from the fields, and their children were suffering from malnutrition. Maathai thought, "Well, why not plant trees? Trees provide shade, prevent soil erosion, supply firewood and building materials and produce fruit to combat malnutrition." ("Taking Root" n.d.).

So the women got together and planted trees. First unnoticed, they grew stronger. The "seed" was planted in the earth and in the minds. What began as an innocent attempt produced a ripple effect of empowering change. With backing from the National Council of Women, Maathai formed the Green Belt Movement. This grassroots organization brought together women in rural Kenya to plant trees, combat deforestation, restore their main source of fuel for cooking, generate income, and stop soil erosion (Pal 2005).

At first, government officials laughed at the program, claiming that only professional foresters knew how to plant trees. But the first group of villagers trained the next group and the next group. Innocent gatherings led to discussion and understanding of the people's problems. Soon grassroots women found themselves taking a stand against deforestation, poverty, ignorance, and political oppression until they became a national political force.

Over thirty years, more than thirty million trees were planted. Six thousand tree nurseries were created and operated by women; and jobs were provided for more than one hundred thousand people ("Wangaari Maathai Biography" n.d.). The Green Belt Movement began to offer seminars in civic and environmental education to bridge the gap between the knowledge-holders in institutions of learning and communities that lacked knowledge to improve their quality of life. Maathai felt that if the knowledge holders were made aware of the needs of the communities, they would become agents of change to ensure that the knowledge, skills, experience and tools they have are useful to the community ("History of WMI" n.d.).[1]

In the first phase of the Green Belt Movement, from 1977 to 1988, Maathai and her colleagues steered clear of traditional political arenas, seeking to transform the social ground through reforestation and education. As the Green Belt Movement expanded, Maathai found herself increasingly challenging the Kenyan government. She explained to Amitabh Pal of the *Progressive*, "I started seeing the linkages between the problems that we were dealing with and the root causes…. I knew that a major culprit of environmental destruction was the government" (Pal 2005). Maathai became an outspoken advocate for environmental policy. She held seminars to educate citizens that they must hold government officials accountable for managing natural resources (ibid).

As the spirit of hope and confidence grew in ordinary citizens of Kenya, the opposition to the dictatorship of Kenya, headed by Daniel arap Moi (1924–), became violent. Maathai and some of her colleagues often found themselves victims of President Moi's political oppression. The Kenyan government twice jailed Maathai and she was subject, in 1992, to a severe beating by police while leading a

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[1] To aid in this transformation, the Wangari Maathai Institute for Peace and Environmental Studies (WMI) was created at the University of Nairobi. The Institute focuses on areas such as community needs assessment/challenges faced by communities, problem analysis and prioritization of community needs, and community and stakeholders mobilization. The Institute offers training to students in sociology, anthropology, forestry, agriculture, and other disciplines ("SLUSE Project" n.d.).

peaceful demonstration against imprisonment of several environmental and political activists.

Yet people's activism grew stronger and Maathai continued to lead numerous confrontations in defense of environment and social justice. In 2002, Kenya's fight for democracy finally prevailed. The dictatorship of Moi ended and Maathai became a member of the new Parliament and Assistant Minister of Environment and Natural Resources ("Taking Root" n.d.).

Wangari Maathai is internationally recognized for her struggle for human rights and environmental conservation. Through the Pan-African Green Belt Network, over 15 African countries, such as Tanzania, Uganda, Malawi, Lesotho, Ethiopia, Zimbabwe, have successfully launched similar initiatives in Africa ("A Brief on Founding" n.d.). In 2005, Maathai played an integral part in helping to shape Kenya's new Bill of Rights and represented Kenya at the 2005 United Nations Commission on the Status of Women. From 2005 to 2008, Maathai served as the Presiding Officer of the Economic, Social and Cultural Council (ECOSOCC) of the African Union, which was formed to advise the African Union on issues related to African civil society.

Waangari Maathai played crucial roles in many organizations (e.g., GROOTS International—Grassroots Organizations Operating Together in Sisterhood; United Nations Advisory Board on Disarmament, USA; Millennium Development Goals Advocacy Group; Democracy Coalition Project). In 2005, she was elected the first president of the African Union's Economic, Social and Cultural Council and was appointed a goodwill ambassador for an initiative aimed at protection of the Congo Basin Forest Ecosystem. In 2006, she served on the commission for Global Governance and Commission on the Future ("History of WMI" n.d.).

For her lifelong dedication to environmental and human rights, Maathai received numerous awards, including the Goldman Environmental Prize (1991), Sophie Prize (2004), Petra Kelly Prize for Environment (2004), Conservation Scientist Award (2004), and J. Sterling Morton Award (2004). In 2004, Maathai's was awarded a Nobel Peace Prize for her "contribution to sustainable development, democracy and peace" ("BBC News 2011).

In 2011, the forty-five million trees planted around Kenya continued to grow, altering the physical and social landscape of the country. The real battle has not been about planting trees. It is the political work that goes along with tree planting. It is the vision that loss of forest translates, down the road, into loss of prospects for people. And what in the short-term may look like a solution to "help" poorer countries develop by exploiting their natural resources as quickly and deeply as possible, in the long-run will translate into degradation of sustainable development, democracy and peace.

The Green Belt Movement started with a simple idea, a seed, a glimpse of hope. And in Maathai's words, she sees herself as the "hummingbird" in an inspiring tale of dealing with seemingly interminable odds.

The tale takes place in a forest, which is consumed by a huge fire. All the animals in the forest come out and they are transfixed as they watch the forest burning. They feel overwhelmed and powerless, except this little hummingbird. It says: 'I am going to do something about the fire.' So it flies to the nearest stream and takes a drop of water and puts it on the fire and goes up and down, up and down, up and down as fast as it can. Meantime, all the other animals, much bigger animals, like the elephants with big trunk that could bring much more water, they are standing there helpless and they are saying to the hummingbird: 'What do you think you can do? You are too little and this fire is too big. Your wings are too little. Your beak is too little. You can only bring a small drop of water at a time.' But as they continue to discourage it, it talks to them without wasting any time and tells them: 'I am doing the best I can.'

"And that, to me, is what all of us should do," concluded Maathai.

We should always feel like a hummingbird. I may feel insignificant, but I certainly don't want to be like the animals watching the planet go down the drain. I will be a hummingbird. I will do the best I can. (I will be a hummingbird (n.d.).

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Appendix 3

Saul Alinsky and Community Organizing in the United States by John Yung

Saul Alinsky (1909–1972) never worked in a community where he wasn't wanted. When Alinsky assisted communities, he influenced the building of organizations that empowered people to create change. From the Back of the Yards in Chicago (Illinois) where he had his modest beginning cutting his teeth studying the mafia and organizing to taking a stand against Eastman Kodak's treatment of the black community in Rochester (New York), Alinsky left his footprint and ethos on the many community organizations he assisted. Firing Line host and ideological foe William F. Buckley Jr. described him as "twice formidable, and very close to being an organizational genius" (Norden 1972). And television host Bill Moyers described him as "a patriot in a long line of patriots who scored the malignant narcissism of duplicitous politicians and taught everyday Americans to think for themselves and to fight together for a better life "(Moyers 2012).

Alinsky was born in a low-income Chicago neighborhood in 1909 to Russian Jewish immigrant parents. He attended the University of Chicago beginning in 1926 where he studied archeology and, later, criminology. In 1931, he was enrolled in a clinical sociology course (Fritz 2008) and in 1933 Alinsky (1934) worked as a staff sociologist at the Illinois State Penitentiary.

As part of his studies in criminology, Alinsky decided to learn from the most powerful criminal organization of the time in the U.S., the Chicago mafia (Norden 1972). From 1931 to 1933, he studied the mafia in order to better understand its tactics and organizational structure and how an organization uses power. He was mentored by Frank Nitti who was second in command to famous Chicago mobster Al Capone (Norden 1972).

Witnessing the plight of the working poor, Alinsky became involved with the Congress of Industrial Organizations (CIO). There he learned some of the basics of community organizing under John L. Lewis, founder of the CIO. Alinsky worked with Lewis to organize residents of the Back of the Yards neighborhood into a group that demanded better living conditions. The neighborhood was the site of the Union

Stock Yards and the setting for Upton Sinclair's book, *The Jungle*. After successfully organizing and empowering the impoverished neighborhood to work towards its own betterment, Alinsky went on to found the Industrial Areas Foundation (IAF) in 1940.

The IAF was put in place to facilitate the creation of other organizations across the country. Beginning in Chicago's Woodlawn neighborhood where residents were fighting for racial equality, the IAF soon began to help sponsor the development of other community organizations such as the Northwest Community Organization and the Community Service Organization (CSO). The CSO, founded by Fred Ross, who worked under Alinksy and the IAF, trained Cesar Chavez and Dolores Huerta, the founders of the National Farm Workers Association in California. The association of farm workers later merged with another group to become the United Farm Workers of America (Hercules 1999).

In what would become his most prolific battle with powerful businesses, Alinsky was invited to Rochester, New York to assist with organizing the African American community to convince Eastman Kodak to "recognize the representatives of the black community who were designated as such by the people and not insist on dealing through its own showcase 'Negro' executive flunky with a Ph.D" (Norden 1972). After intense negotiations with the Alinsky-influenced organization FIGHT (Freedom, Independence, God, Honor, Today), Kodak reneged on an agreement further enraging the black community. Alinsky encouraged a new strategy against Kodak by involving the people who were representatives of the company's shareholders (otherwise known as proxies). "The proxy idea first came up as a way to gain entrance to the annual stockholders' meeting for harassment and publicity" wrote Alinksy in *Rules for Radicals* (Alinsky 1971, p. 172). It was through this controversial approach FIGHT was able to bring Kodak to the table and develop an agreement (Alinsky 1971). According to John F. Glass (1984, p. 37), "Proxies for the People was a plan to solicit proxies to be used at stockholder meetings to pressure corporations to support such social causes as public transportation and the elimination of pollution."

In his *Rules for Radicals* (1971), Alinsky referred to the plight of the middle class as the next frontier of progressive organizing. He declared the middle class must be organized or those individuals could be lost to the political right (Alinsky 1971, p. 189). Unfortunately, Alinsky never had a chance to form a progressive community organization to represent the U.S. middle class (Moyers 2012). He died suddenly of a heart attack in 1972 at the age of 63.

Saul Alinsky was a "pioneer clinical sociologist" (Glass 1984, p. 35) and his legacy lives on in the various organizations he helped create through the IAF and The Woodlawn Organization. His organizing work and written publications have taught communities all over the United States the value of organizing for change. Sanford Horwitt listed Alinsky as one of the inspirations for U.S. President Barack Obama (Cohen 2009), who practiced community organizing with the Alinsky-affiliated Gamaliel Foundation (Obama 1988). Alinsky's work also has been used by the libertarian-leaning Tea Party movement in the U.S. which, according to von Hoffman (2010), even publishes its own booklet called "Rules for Patriots," and includes passages from Alinsky's book, *Rules for Radicals*.

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Appendix 4

Orlando Fals-Borda and Participatory Action Research by Jeff Kelley

Orlando Fals-Borda (1925–2008) was a Colombian sociologist and political activist. The son of Presbyterian parents, he was born in the northern Colombian town of Barranquilla (Gott 2008). He went to college in the United States of America, culminating with a doctorate in sociology from the University of Florida in 1955. While working with the Ministry of Agriculture in Colombia from 1959 to 1961, he gained familiarity with the countryside and the country's peasant population (Gott 2008).

Fals-Borda pioneered Participatory Action Research (PAR) (Gott 2008). He (Fals-Borda 1992, p. 3) describes this methodology as "not exclusively research oriented, but also adult education and sociopolitical action". PAR takes many forms depending on the situation; however, these three components—research, community or adult education, and socio-political action—are always present (Fritz 2012; Reason 1998).

At heart, this type of research represents a collective and reflective inquiry to better understand a situation in a community, leading to improved practices (Baum et al. 2006). PAR contrasts sharply with other research methods in which members of the community are treated as passive subjects or only involved in limited ways in the research (Whyte et al. 1989).

In a sense, PAR is applied research in which the community is actively engaged in the quest for knowledge to enable action. Although such research can be daunting, William Foote Whyte (1995, p. 299), who served as the President of the American Sociological Association, emphasized that effective PAR should ultimately lead to both "a theoretical advance and a practical application".

Fals-Borda believed academic research should not be elitist or operate from an Ivory Tower; instead, research should be open, inclusive and egalitarian. He encouraged his fellow sociologists to "respect and combine your skills with the knowledge of the researched, or grassroots communities, taking them as full partners and co-researchers" (Fals-Borda 1995). For this approach to be successful, power must be shared between the researcher and the researched. The result is that, ultimately,

the researched become the researchers and the underlying democratic principles of PAR provide a powerful catalyst for positive change (Baum et al. 2006).

Fals-Borda challenged not only the positivist view that research and knowledge were neutral, but also promoted PAR as a method of social change for peasants under repressive government regimes in Colombia. During the 1960s, he detailed the violence against peasants in Colombian agrarian communities that lasted for a decade in a two-volume work, *La Violencia en Colombia* (Gott 2008). This research brought the struggles of Colombian peasants to a wider world. Budd Hall (2008, p. 443), who has spent his life advocating on behalf of the adult education movement, wrote that "Orlando argued that our role was one of supporting the legitimate struggles of the people; to work with them in gaining visibility and respect for their own expression of their dreams".

Responsible for establishing the first sociology department in Latin America at the National University in Bogota in 1959, Fals-Borda resigned in 1970 during a turbulent political period that saw the death of a colleague who had joined a guerilla movement. Subsequently, he engaged in a study lasting over a decade of Colombia's Caribbean coastal region; the study was published in four volumes as *Historia doble de la Costa* (Fals-Borda 2004). In this work, with the first volume published in 1979, Fals-Borda gave visibility to African-Colombian storytellers and argued that ordinary people also created knowledge (Hall 2008). This research illustrated his belief that PAR can "produce and develop sociopolitical thought processes with which popular bases can identify" (Fals-Borda 1992, p. 4).

As a political activist in his home country of Colombia, he often found himself in opposition to government policies that sided with landowners and not the peasant population. This stance came at a cost. In January 1979, he was arrested, falsely accused of involvement with the Colombian M-19 guerilla group, and held for three weeks (Gott 2008). Additionally, portrayed as a subversive, he was denied a U.S. visa for many years because of his commitment to the peasant movement in Colombia (Gaventa 1995).

Fals-Borda's dedication to both academic research and political activism continued throughout his life. He resumed his teaching at the National University in 1987 (Fals-Borda 2004). In 1991, he was elected as a member of the Alianza Democratica party to the Colombian National Constituent Assembly (Gaventa 1995). He also served as the honorary President of the Polo Democratica Alternativo party, supporting Carlos Gaviria for President in 2006 (Gott 2008).

Orlando Fals-Borda, as a scholar and activist, serves as an inspirational force in social research. In celebrating his legacy, Sonia Ospina, Professor of Public Policy and Management at New York University in the U.S., relates how she was inspired over thirty years ago while working at a Colombian non-governmental organization. She writes that Fals-Borda "taught us to trust the wisdom of ordinary people, honor their voices, value knowledge coproduction, and support social change from the ground up" (Ospina 2008, p. 441).

Orlando Fals-Borda's commitment to PAR, emphasizing educating and mobilizing communities for political action, is a global force for social change. He believed that knowledge gained through research "enabled the oppressed groups and classes

to acquire sufficient creative and transforming leverage" to bring about important and necessary policies and practices (Fals-Borda 1992, p. 4).

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Appendix 5

Jane Addams and Hull-House by Jan Marie Fritz

Jane Addams (1860–1935), the first woman from the United States (U.S.) to win a Nobel Peace Prize (1931), is remembered as a clinical sociologist, social worker, community organizer, peace activist, and urban reformer (Fritz 1991, 2005). She was one of the most influential women in U.S. history (Lewis 2012, p. 1).[1]

In 1889, three years before the Department of Sociology was founded at the University of Chicago, Addams and her good friend Ellen Gates Starr, established a settlement house in the decaying Hull Mansion in Chicago, Illinois. Hull-House, as it was called, was described by Addams (2008, p. 83) in 1910 in the following way:

> The Settlement… is an experimental effort to aid in the solution of the social and industrial problems which are engendered by the modern conditions of life in a great city. It insists that these problems are not confined to any one portion of a city. It is an attempt to relieve, at the same time, the over accumulation at one end of society and the destitution at the other; but it assumes that this over accumulation and destitution is most sorely felt in the things that pertain to social and educational advantages…. The one thing to be dreaded in the Settlement is that it lose its flexibility, its power of quick adaptation, its readiness to change its methods as its environment may demand… It must be hospitable and ready for experiment.

One of Hull-House's aims was to give privileged, educated young people contact with the real life of the majority of the population. Addams (2008, p. 83) expected the residents to have "scientific patience in the accumulation of facts" and "be ready to arouse and interpret the public opinion of their neighborhood." The core Hull-House residents were well-educated women bound together by their commitment to progressive causes such as labor unions, urban environmentalism,[2] the National Consumers League and the suffrage movement.

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[1] Opdycke (2012, p. 1) thought that "A hundred years ago, Jane Addams was the most famous woman in America" and Spain (2011, p. 51) saw Addams as the "most famous American woman of the Progressive Era." Addams' obituary in The New York Times (1935) said "she was, perhaps, the world's best-known and best-loved woman."

[2] Tara Lynne Clapp (2005, p. 157) noted that the environmental justice movement "draws on a tradition of worker protection and urban environmentalism… exemplified by the work of Alice

Hull-House, a national symbol of the settlement house movement, was a center for activities for the ethnically diverse, impoverished immigrants in the Nineteenth Ward of Chicago, Illinois. Hull-House fostered democracy as "a rule of living" through, for instance, interaction between residents and others from the community; learning between those from different ethnic backgrounds about each other as well as how to succeed in the U.S.; and life-long learning opportunities. Jane Addams' philosophy was not to plan what should be done for the community, but, instead, to listen and then respond to community needs.

By the end of the first five years, some forty clubs were based in the settlement house, and over 2000 people came into the facility each week. Hull-House operated a day nursery, hosted meetings of four women's unions, established a labor museum, ran a coffee house and held economic conferences bringing together business owners and workers. The Working People's Social Science Club held weekly meetings, and a college extension program offered evening courses for neighborhood residents. A few University of Chicago courses were available there, and the Chicago Public Library had a branch reading room on the premises.

Jane Addams "was not just the driving force in the… (U.S.) settlement movement; she also was a major leader in the movements to promote peace, child welfare, women's suffrage, improved housing, education, juvenile justice, labor relations, and civil liberties, and the reform of urban and state politics" (Carnes 2012, pp. ix–x). Addams challenged the competency of male city administrators. She criticized their civic housekeeping skills, questioned their willingness to meet social needs and thought they deprived American citizens of genuine democracy. Nearly every major reform proposal in Chicago (1895–1930) had Jane Addams' name attached in some way. Her involvement in major issues—such as factory inspection, child labor laws, improvements in welfare procedures, recognition of labor unions, compulsory school attendance and labor disputes —catapulted her to national prominence. Intellectuals, including Beatrice Webb and Sidney Webb, came from around the world to Chicago to meet Addams and her colleagues.

During the founding years of sociology in the United States (1892–1920), Jane Addams was the "foremost female sociologist" in the country and she has been referred to as "a virtual adjunct professor in sociology at Chicago" (Deegan 1981, pp. 18–19). In documenting the relationship between the university and the settlement house, Rosenberg (1982, pp. 32–34) wrote:

> Most of the Chicago social scientists participated in some way in the work of Hull House, leading seminars, giving lectures or just having dinner with the exciting group of people who always gathered there … Hull House became a laboratory for sociologists, psychologists, and economists…

Addams, a prolific writer, authored many books[3] including, *Democracy and Social Ethics* (1902), *Newer Ideals of Peace* (1907), *The Spirit of Youth and the City Streets* (1909), *Twenty Years at Hull-House* (1910), *A New Conscience and*

Hamilton and Jane Addams of the settlement house movement."

[3] She also wrote "several hundred shorter pieces—nearly all of them thought-provoking and some of them truly memorable" (Opdycke 2012, p. xi).

an Ancient Evil (1912), *Peace and Bread in Time of War* (1922) and *The Second Twenty Years at Hull-House* (1930). In 1895, *Hull-House Maps and Papers*, by the Residents of Hull-House (2007), was published.[4] This ground-breaking publication, dealing with topics such as tenement conditions, sweatshops and child labor, was the first systematic attempt to describe immigrant communities in a U.S. city. The maps have been described as "brilliant"[5] and the book has been referred to as "the single most important work by American women social scientists before 1900" (Sklar 1998, p. 127).

Addams' later years were devoted to global peace activities and she has been called "one of the most radical feminist pacifists of all times" (Alonso 2009, p. 203). Her pacifism [6] emerged through her work at Hull-House,[7] where she saw that people of all kinds of backgrounds could live and work together, and became "radical" during World War I (Alonso 2009, p. 205). In 1914, at the outbreak of World War I, Addams opposed the war and, in 1915, helped organize and became head of the Women's Peace Party (U.S.) and then the Women's International League for Peace and Freedom. In 1915, she also was chosen to head the National Peace Federation and she presided over the twelve-country International Congress of Women at the Hague.[8] Addams was one of five women elected at the Congress to meet with the heads of all European governments to see if they would be interested in ending the war through mediation (Opdyke 2012, p. 180).[9] Addams' "fundamental plan for peace… was not to focus on treaties and armies but to fight poverty and inequality and discrimination" (Opdycke 2012, p. 210) so that war would not be viewed as necessary or acceptable. While Addams was seen in other countries as an important leader working for peace, after the U.S. joined the war in 1917, many in the U.S.

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[4] Jane Addams wrote the preface and a chapter about the role of the settlement in the labor movement.

[5] According to Haar (2011, p. 36), "The brilliance of the maps lies in the visualization of the data… They translated and revealed the intricate life of the neighborhood residents and the intermingling of ethnic and economic groups. They belied the image of American immigrant neighborhoods—often considered ghettos—as homogeneous, sectarian spheres.

[6] There are other, sometimes conflicting, influences. Addams deeply respected her father and while he was not a Quaker, he was a Quaker-sympathizer. He was against slavery and, as a state legislator during the U.S. Civil War, supported all proposed war measures and helped develop a regiment to fight as part of the Union Army (Opdyke 2012, p. 175; Alonso 2009, p. 204).

[7] Hull-House went out of existence on January 27, 2012.

[8] In advance of taking part in the congress, the participants (more than 1000) had to commit to women's suffrage and the peaceful resolution of international disputes (Opdyke 2012, p. 179).

[9] Addams also met with President Woodrow Wilson. Wilson (1980, p. 243) wrote the following in a "My adorable Sweetheart" letter in 1915 to Edith Bolling Galt: "I had a visit to-day, by the way, from Miss Emily Balch, who, like Miss Jane Addams, has been visiting European prime ministers and foreign secretaries in the interest of peace, and who, like Miss Addams, wants me to assemble a conference of neutral nations (which I am expected and invited to 'dominate') which shall sit (and I with it, I wonder? I did not inquire about that) continuously till the war ends and all the while, patiently and without sensitiveness to rebuffs, and by persistent suggestion, heckle the belligerent nations about terms and conditions of peace, until they are fairly worried (I suppose) into saying what they are willing to do. I can't see it. And yet I am quite aware that they consider me either very dull, very deep, or very callous. Alack and alas!"

harshly and repeatedly criticized her and some thought she was a traitor. It was only in the 1930s that she was once again generally seen in the U.S. as an important public citizen and it was at this point that she received many awards including the Nobel Peace Prize.[10]

Jane Addams died of cancer on May 21, 1935 at the age of 74. On May 22 and 23, she lay in state in Bowen Hall at Hull-House. According to Louise Bowen (1935), the leader of the Hull-House Women's Club:

> During the twenty-four hours she was there thousands of people passed through the Hall. The Hull House Women's Club formed a guard of honor… The hall was opened at five o'clock in the morning, and working men on their way to their jobs came in with lunch boxes in their hands, many of them kneeling on a little stool in front of the casket and saying a prayer…
>
> The morning of the funeral—and it was a beautiful day—she was taken from Bowen Hall and placed upon the terrace in Hull House Court… The funeral was at 2:30 in the afternoon. As early as ten o'clock in the morning the Court Yard was crowded with people, one or two thousand standing there all day in order to be present at the services… Strong men and women with children in their arms all stood weeping for the friend they had lost.

The public grief in Chicago[11] and elsewhere in the US for Jane Addams was so strong that some compared it to the reaction to the death of US President Abraham Lincoln in 1865.

Jane Addams wanted to be buried in the small family plot in Cedarville, Illinois, her hometown. There one finds her tombstone with the epitaph that she requested: "Jane Addams of Hull-House and the Women's International League for Peace and Freedom."

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[10] Judy Whipps (2010, p. 278) noted that in the last ten years of Addams' life, "she occasionally talked about democracy as an aspiration, but not with the same sense of hope as in her earlier years. On the rare occasions when she used the term, it was often with some nostalgia, as in 1934, when recalling the nineteenth-century vigor for 'self-government and democracy,' which has been replaced, she says, by a 'demand for economic security.'"

[11] Opdyke (2012, p. 229) discussed the mourning in the Hull-House neighborhood: "Up and down Halsted Street and all through the 19th Ward, shops and even saloons were draped in purple and black. 'Purple for the nobility of her life,' explained an Italian grocer; 'black for our great loss.'"

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