WHAT DO "PARTICIPATION" AND "ACTION" REALLY MEAN IN PARTICIPATORY ACTION RESEARCH? SOME OBSERVATIONS FROM A COMMUNITY DEVELOPMENT PROJECT WITH MINORITY ENGLISH-SPEAKING COMMUNITIES IN QUEBEC

Mary Richardson[a], Joëlle Gauvin-Racine, Shirley Jobson[b],
Nathalie Sasseville[a], Paule Simard[a]

[a] *Institut national de santé publique du Québec*
[b] *Jeffery Hale Community Services, Quebec*

Abstract

As part of a knowledge development initiative focused on English-speaking communities in Quebec, Quebec's public health institute (INSPQ) has been working in collaboration with the Community Health and Social Services Network (CHSSN) on a participatory action research (PAR) project. It aims to build and transfer knowledge of community development through a network of community-based groups throughout the province. This article explores what forms participation and action took within the project including its limitations and possibilities. The benefits of PAR for these groups included opportunities to: strengthen old partnerships and create new ones, develop closer connections with community members, and acquire new skills and knowledge. Actions taken by these groups include mobilizing the English-speaking population and recruiting volunteers, developing new projects, applying to government bodies for project funding, and continued gathering of information on various community issues. There are many challenges to using community-based participatory action research, such as the time required to achieve civic engagement, empowerment, capacity building, and collaboration. The position of many researchers can make this difficult, however even the short-term benefits are apparent.

Résumé

L'Institut national de santé publique du Québec (INSPQ) et le Réseau communautaire de santé et de services sociaux (RCSSS) ont uni leurs efforts pour mettre en œuvre un

projet de développement des communautés au sein de communautés d'expression anglaise au Québec. Ce projet a pris la forme d'une recherche-action participative (RAP); il visait à développer et à transférer des connaissances sur le développement des communautés à travers un réseau québécois de groupes de personnes d'expression anglaise. Dans cet article, nous explorons les différentes formes que prennent la participation et l'action dans ce projet, incluant leurs potentiels et leurs limites. La RAP a permis de renforcir des partenariats existants et d'en créer de nouveaux; elle a ouvert sur le développement de liens plus étroits entre les membres de la communauté tout en leur donnant l'occasion d'acquérir de nouvelles connaissances et habiletés. Parmi les actions amorcées par ces groupes, on observe la mobilisation de la population d'expression anglaise et le recrutement de bénévoles, le développement de nouveaux projets, les demandes de financement pour ces projets et la collecte d'information sur différents aspects de la communauté. La RAP n'est pas sans défi lorsqu'elle est menée dans des communautés locales; notons, à ce titre, le temps requis pour susciter la participation citoyenne et l'énergie nécessaire pour soutenir le pouvoir d'agir, développer les capacités et bâtir les collaborations. Le fait que les chercheurs ne vivent pas dans la communauté a constitué un obstacle, même si les bénéfices à court terme de ce projet se sont avérés positifs.

Introduction

The vast field of community development covers many different types of intersecting actions and actors, some focusing mainly on economic development and employment, for example, while others take action on arts and culture or on community processes that foster social inclusion and equality. In the public health sector, community development actions focus mainly on the social determinants of health in an effort to reduce social health inequalities and ultimately improve community health. In this spirit, a community development approach must take into consideration social dynamics and be adapted to the needs of sub-communities. It also aims to include community members in defining local issues of concern, and identifying creative ways to address those concerns.

In the project examined here, the communities in question are six English-speaking (minority language) communities in Quebec which have been involved in a participatory action research (PAR) project carried out at Quebec's public health institute. There is a high level of coherence between community development and participatory action research, which justifies combining these two approaches: both emphasize collaboration and participation, individual and community empowerment, capacity building and other principles

of action. Working with English-speaking communities within the health and social services sector provides an excellent opportunity to deepen understandings and update knowledge on this segment of the population that is viewed either through the lens of stereotypes, or is simply little known.

Participatory action research appears as a promising way to engage these communities in broadening knowledge while simultaneously taking concrete actions at a local level. In the literature on PAR, participation is often described as full and active involvement in all phases, including defining the research question, collecting and analysing data, interpreting and writing up results. In specific projects, however, participation may take different forms, it may vary at different stages in the process and involve participants in different ways, depending on the project, the context and the people involved. Likewise, actions may vary greatly depending on participants' time, energy, capacities and strategic objectives, for example. In this article, we explore what forms *participation* and *action* took in a particular project, as well as some of the limits and possibilities they present, specifically in the context of the English-speaking (minority language) community in Quebec. But first, we present some background on the project's origins.

The project

The project discussed here was conducted from October 2009 to April 2013 and was the result of an agreement between the the Institut national de santé publique du Québec (INSPQ, Quebec's public health institute) and a network representing minority language English-speaking communities in Quebec, called the Community Health and Social Services Network (CHSSN). Its stated purpose is "to support English-speaking communities in the province of Quebec in their efforts to redress health status inequalities and promote community vitality" (CHSSN Prospectus 2004). The agreement with Quebec's public health institute was intended to develop knowledge on the English-speaking population in Quebec, and it included three projects: the first aimed to analyze health status by mother tongue (French or English) using statistics available in data bases; the second project aimed to examine health and social service access programs for minority communities; and the third (discussed here) aimed to develop and transfer knowledge on community development in collaboration with the CHSSN (Richardson 2012).

The goals of the community development project carried out at the INSPQ were to gain a better understanding of community development in English-speaking communities in Quebec, and to

provide tools and training to the CHSSN; specifically the Networking and Partnership Initiatives (NPI) supported by the CHSSN. The NPI is an initiative to develop and maintain a dynamic network of English-speaking communities with the capacity to work with public partners and local communities in maintaining access to the full range of public services and to strengthen vital community resources. The NPIs focus largely on collaborating with public partners from the health and social service sector in order to improve access to services for English speakers, but they also work closely with community-based organizations to respond to local needs. There are nineteen NPIs across the province, each of which is sponsored by a regional association representing the interests of English speakers. A first group of NPIs were started in 2004 (older) and a second group in 2009 (newer). A participatory action research approach was adopted for this project, as it seemed particularly appropriate to working with communities, community-based organizations and groups that are preoccupied with situations affecting people's everyday lives. Indeed, some authors speak specifically of "community-based participatory action research" highlighting its rootedness in community (Minkler & Wallerstein, 2008).

For the purposes of this project, *community* refers to at least two different social constructs (as is often the case among researchers and organizations that focus on "the English-speaking community in Quebec"). First, "community" can refer to the administratively- and politically-defined "official language minority community" made up of English speakers in the province of Quebec (Canada), where people with English as their first official language spoken represent about 13% of the population, or about 8% in the case of mother tongue. Secondly, it refers to specific portions of local communities (villages, neighbourhoods, municipalities) comprised of English speakers, and is therefore both a geographic community and a community of identity. For a population to be considered a community, definitions generally state that its members interact with each other and share a certain sense of belonging. A community can be conceptualized as "the environment where people lead their daily lives, be it their parish, their neighbourhood or their town. Considered in this light, communities are spatially defined areas that have meaning for the people who live there, but whose contours remain somewhat vague and do not necessarily correspond to official administrative boundaries" (Simard, 2011).

Table 1: Networking and Partnership Initiatives in Quebec

NPI	Region of Quebec	Year Est.
African Canadian Development and Prevention Network	Montréal	2009
Assistance and Referral Centre – South Shore	Montérégie	2012
East Island Network for English-Language Services	Montréal	2004
CCS Community Services	Montréal	2009
Coasters Association	Côte-Nord (Lower North Shore)	2004
Committee for Anglophone Social Action	Gaspésie-Îles-de-la-Madeleine (Gaspé Coast)	2004
Corporation de développement communautaire de Vaudreuil-Soulanges	Vaudreuil-Dorion	2009
Council for Anglophone Magdalen Islanders	Gaspésie-Îles-de-la-Madeleine (Magdalen Islands)	2004
English Network of Resources in Community Health- Outaouais Health and Social Services Network	Outaouais	2004
Heritage Lower Saint-Lawrence	Bas-Saint-Laurent (Lower St. Lawrence)	2009
Jeffery Hale Community Partners	Capitale-Nationale	2009
Megantic English-speaking Community Development Corporation	Chaudière-Appalaches	2004
Neighbours Regional Association of Rouyn-Noranda	Abitibi-Temiscamingue	2009
North Shore Community Association	Côte-Nord (Upper and Middle North Shore)	2009
Townshippers' Association	Estrie and Montérégie	2009
Vision Gaspé Percé Now	Gaspésie-Îles-de-la-Madeleine (Gaspé-Percé)	2004
Youth and Parents AGAPE Association Inc.	Laval	2009

English speakers in Quebec: adding nuance

One of the project objectives was to demystify English-speaking communities in Quebec by gaining a more in-depth understanding of a certain number of them, thus illustrating the diverse realities they experience. Although this is not the focus of this article, it is helpful to point to some of the myths that require nuance, or even revision. First is the idea that English speakers in Quebec are wealthy and well-educated, and that as a community they are self-reliant and have their own institutions (Pocock & Hartwell, 2010). The image of wealthy Anglo-Montréalers still pervades the imaginary of many Quebecers, despite evidence that this stereotype never represented the majority of English-speaking Quebecers and is even less representative now than ever. Although about 80% of the Quebec population with English as its first official language lives in the Montréal area (Corbeil et al., 2010), many English-speaking communities are located in small town, rural or remote areas of the province.

The image of English speakers as White, Anglo-Saxon and Protestant is also misleading, as English speakers in Quebec are diverse, multi-cultural and multi-racial (Maynard, 2007) particularly in the Montréal area (Pocock, 2012). This reality is partly historic, as there has always been diversity in the English-speaking population, but it has also been amplified by the out-migration of many English-speaking Quebecers in recent decades (Parenteau et al., 2008) as well as by the arrival of new immigrants.

The image of a well-educated, economically-privileged elite is not representative of the group as a whole. While clearly there are English speakers in higher income categories, low incomes and low levels of educational attainment characterize certain regions and sub-groups (Pocock et al., 2010). Visible minorities with English as their first official language spoken are particularly disadvantaged (Pocock, 2012). In fact, taken as a whole, a greater proportion of the English-speaking than the French-speaking population (mother tongue) lives below the low-income cut-off and is unemployed, although average incomes are higher among English speakers and they are more likely to have a university degree (Lussier, 2012). This fact speaks to a greater polarization of socio-economic indicators at both ends of the spectrum, pointing to striking disparities between social classes and regions which are concealed when only provincial averages are taken into account. In fact, socio-economic disparities are greater among English speakers than among French speakers in the greater Montréal region in particular, and they are greater among men than women. Moreover, regional disparities are greater among the English-speaking than the French-speaking population (*ibid.*). Clearly, a more sensitive view is needed to add nuance to this picture.

Community development and public health

In addition to providing in-depth knowledge on different English-speaking communities in Quebec, the project was also designed to explore how a community development approach could be applied with these communities. Definitions of community development generally emphasize process and include the idea of collective action involving citizens and other social actors, based on locally identified needs and community assets. The goals generally include improving quality of life and living conditions, empowering individuals and communities, as well as capacity building. In Quebec, community development is generally defined as "… a voluntary cooperative process of mutual assistance and of building social ties between local residents and institutions, with the goal being to improve physical, social, and economic living conditions." (INSPQ, 2002:16)

The relevance of adopting a community development approach in the context of Quebec's public health institute is justified by the fact that community development is part of Quebec's public health plan (MSSS 2003; 2008) and is seen as a strategy for acting on health determinants and decreasing social health inequalities. Public health has its own way of approaching community development and particular reasons for viewing it as part of a public health strategy. In the 1980s public health interest turned to community because chronic diseases proved to be more complex to prevent and control than infectious diseases. It became widely recognized that chronic diseases are deeply embedded in lifestyle and community context; therefore, to combat chronic disease, the community environment needed to be taken into account (Chrisman, 2005).

In Quebec's public health plan, community development is identified as a strategy for implementing the "population responsibility" of health centres (Centres de santé et de services sociaux, or CSSS); that is, their mandate for responding to the needs of specific populations on the territory they cover. Each health centre chooses what to focus on depending on local realities. Their mandate is to develop a good understanding and knowledge of the community, to use their expertise on community development, and to encourage and support civic engagement. As such, community organizers often play a role in acquiring an in-depth knowledge of local communities, identifying local needs, and developing and maintaining partnerships between different stakeholders (community groups, organizations, municipalities, etc.) to meet those needs.

As we can see, community development is at once a mandate, a profession, a way of working with communities, a process and—it is hoped—an outcome. It involves action to address local issues, and the

participation of local residents and groups in orienting the actions taken.

Methodology

Since the project objectives included knowledge on English-speaking communities, training in community development and support with community development actions, we chose a participatory action research (PAR) approach. Participatory action research is often used in cases where research is intended not only to serve the goal of building new knowledge through systematic data collection, analysis and interpretation, but also to respond to real-life issues by involving those concerned in understanding the issues and identifying ways to take action to address them. This is coherent with the strategies and principles of community development, such as community participation, capacity building, and empowerment. Participation, action and research may, however, each receive different weight in a given project depending on factors such as the objectives pursued and the urgency of the situation being addressed.

In general, PAR refers to "a school of approaches that share a core philosophy of inclusivity and of recognizing the value of engaging in the research process (rather than including only as subjects of the research) those who are intended to be the beneficiaries, users, and stakeholders of the research" (Cargo & Mercer, 2008: 326). It combines research with education (or co-learning) and coordinated collaborative action to democratize the knowledge production process. In other words, non-academic participants are not situated on the periphery of knowledge production but instead participate in a mutually reinforcing partnership between theoretical-methodological expertise and real-world knowledge and experience. Thus, it is intended to bridge the gap between research and action, including education, by all those involved, as part of the process (*ibid.*).

There are different strands of action research and participatory research, which come together in PAR, each encompassing diverse goals and ideological positions. Cargo and Mercer (2008) identify three main traditions: (1) the Northern tradition, a utilization-focused *action research* developed by Kurt Lewin; (2) the emancipatory (Southern) tradition of *participatory research* developed most notably by Paulo Freire; and (3) the *self-determination* and sovereignty movement of indigenous peoples in many countries. Action research is often associated with a collaborative-management tendency that does not address issues of power. Participatory research, on the other hand, has a more politicized history, grounded explicitly in the concept of power and aiming to empower those whose voice is often not heard by

placing them at the centre of knowledge production. It aims "to move people and their daily lived experiences of struggle and survival from the margins of epistemology to the center" (Hall, 1992: 15). Precursors to this tradition include Marx and Engels (and their work with factory workers) and Gramsci, who believed that peasants could articulate class interests if given the chance to observe their reality from their own perspective, ideally fostering political agitation. Paulo Freire continued in this vein, using the term "conscientization" to refer to the process by which people participate in identifying and critically analyzing the social, political and economic factors underlying oppression in order to free themselves from it (Bowd et al., 2009). Important contributors to PAR also include Budd Hall, Vio Grossi and Fals Borda, who worked with adult educators and community development workers in the Global South (Hall, 1992: 17).

In more recent writings on PAR, many researchers have used it to better understand and develop effective responses to health-related issues (Minkler et al., 2008; Israel et al., 2005). It is viewed as a way to involve those affected by a real-life situation in building knowledge, identifying solutions and empowering them to implement those solutions, and is often combined with ethnographic inquiry.

In the project described here, we wanted to simultaneously gather information on a limited number of English-speaking communities and embark on a process of community development. A typical community development process involves an initial situation that draws the attention of community members. Often an information-gathering exercise follows and may result in a community portrait (or profile). This may be purely statistical, but often includes information on the geography, history, demographic shifts, economic conditions, social life, environment and more. Such portraits are frequently the first step in building an in-depth understanding of a "community" (in Quebec, usually a municipality or borough), and in engaging various stakeholders to develop a shared vision of what that community needs, and what people care about before moving to planning, action, and eventually evaluation. On-going mobilization is an inherent part of the process, and adaptations are continually made based on new understandings or situations.[1]

For this project we chose to do portraits of six communities. They were selected on the basis of several different criteria in order to represent a broad range of realities: different regions of the province; a mix of urban, rural and remote communities; communities with varying proportions of English-speakers in the population; a mix of older (2004) and newer (2009) NPIs; and the necessary local interest and capacity to be involved in the project. The six communities

selected were Sutton (a village in the historic Eastern Townships in the Montérégie administrative region), Saint-Léonard (a borough in East Montréal), Laval (a large city just north of Montréal), New Carlisle (a small town on the Gaspésie Coast), Sept-Îles (a town on the North Shore of the St. Lawrence), and the municipality of Bonne-Espérance (on the Lower North Shore of the St. Lawrence).

Source: Map produced by INSPQ

The origins of English speakers in these communities vary. In New Carlisle and Sutton many descend from Loyalist settlers who moved to Canada following American Independence, in the 1780s. In Sept-Îles, English speakers moved to the region for employment opportunities with the expansion of the shipping and mining sectors, often from elsewhere in Canada, while others are from the Lower North Shore; in turn the inhabitants of Bonne-Esperance on the Lower North Shore descend mainly from Channel Islanders and Newfoundlanders. In Saint-Léonard (Montréal), a significant proportion moved to Canada from Italy in the first half of the twentieth century. In Laval, the English-speaking community is a blend of long-time English speakers and more recent immigrants from around the world.

Table 2: Communities selected for the community portrait process

Community	Region	Urban-rural-remote	Total population (2006)	% of population with English as mother tongue	NPI
Sutton	Montérégie-est	Rural village	3,805	31%	Older
Saint-Léonard	Montréal	Urban	71,730	7%	Older
Laval	Laval	Urban	368,709	7%	Newer
New Carlisle	Gaspésie-Îles-de-la-Madeleine	Rural village	1,370	63%	Older
Sept-Îles	North Shore	Remote town	25,514	3%	Newer
Bonne-Espérance	North Shore	Remote village	834	95%	Older

Source: Statistics Canada, 2006 Census

The method for completing the community portraits was inspired by various approaches used by groups active in community development, notably in the healthy communities movement, among municipalities, by public health boards and by some community development consultants. Although there is no one prescribed method, there are several steps generally taken to complete such portraits.

For each community the first step in the process was to engage local stakeholders in the process, pooling existing information and resources. To do this, the project leader (Mary Richardson) met directly with various community leaders (for example, people involved in community organizations), usually accompanied by the director of the collaborating regional association and the coordinator of the NPI. By doing so, we were able to benefit from their knowledge of the community and to ensure that the approach was as inclusive as possible and took into account local realities and social dynamics. Field notes were taken of these conversations and any meeting notes or emails were also kept to document the process.

Then for each of the targeted communities, a community consultation was organized by local organizations (usually led by the NPI coordinator) to which all members of the English-speaking community, however they may define themselves, were invited. At these consultations, various themes were discussed by community members, including social and community life, the economy and

incomes, education, the environment, and health and well-being. The information was then analyzed by theme, focusing in each case on the community's strengths, the challenges it faces and its vision for the future. A community portrait document was then drafted by the research team[2], bringing together the information from the consultation with relevant statistics, historical information, and results from any past reports. Local stakeholders had the opportunity to read the portrait and make suggestions to improve it before it was finalized.

At a second gathering held in each of the communities, the portraits and their main findings were presented back to community members, and priorities for action were identified (the action priorities are discussed below). Participants in this process were invited to be involved in any of the identified priorities according to their interest, time and level of enthusiasm —for example, by forming a committee to identify and implement actions for a given priority.[3] The process was therefore designed to foster mobilization and community engagement at every step.

Finally, in order to document the perspectives of the NPI coordinators and the regional association directors regarding the process, we held two group discussions with them, asking: what they got out of the process; what actions they are planning for the future; how they see the portrait being used; what observations they have about doing community development work in a minority situation; and, what tools and training they would like to have.

Participation and action
The findings presented below take up the themes of participation and action, exploring how these two elements took shape in the project. "Participation" refers to the active involvement of various stakeholders while "action" refers to concrete community development initiatives that are a result of community engagement and mobilization around certain key issues which were identified in the process of gathering information. Since community development strategies generally include intersectoral collaboration and partnership, public policy that is supportive of health, and capacity building, actions could be expected to use these strategies.

In a previous paper (Richardson, 2012), we concluded that adaptations need to be made to a community development process, taking into account the history, the social, economic and political dynamics, and the actors involved. In addition, local needs can vary significantly as can the strategic interests of local and regional organizations. Participation therefore took on many different forms

as we strove for relevance by remaining flexible and adapting the method to the needs of the community. It can be expected that both action and participation will continue in other forms in the future, as community development is an on-going process. Community members, organizations, public institutions and others may choose to address different issues as they pursue locally-defined objectives.

What form did participation take and who participated?

First, the CHSSN staff, the NPI coordinators and staff of the regional sponsoring organizations were involved in selecting communities and in facilitating the work with them. Then, in each of the six communities, meetings were held between the researchers and various local stakeholders to inform them of the project and identify shared goals and interests. Typically these included municipal employees, health and social service employees (including community organizers), school or school board representatives, people involved in community organizations (e.g., youth clubs, religious institutions, 50+ Clubs) and employment and economic development organizations. Some of these groups work specifically with English speakers while others work with both French speakers (the majority language in Quebec) and English speakers. In urban communities, meetings were set up with all stakeholders at once and a formal presentation was made, whereas in rural and remote communities, many of these meetings were held one-on-one and were fairly spontaneous. In one rural community, a community development table[4] made it possible to meet with mostly Francophone organizations. Then additional members of the English-speaking community were met with individually. These meetings provided an opportunity to make the most of existing information such as past reports, statistics, surveys and other work completed by local and regional organizations. *At this stage, the collaboration of community organizations, public institutions and other groups was intended to achieve buy-in, to raise awareness of the English-speaking community (for those organizations that work mainly with Francophones), and to include their knowledge, understanding and objectives in the process.*

Another type of participation was by English-speaking members of the community who attended the consultation (town hall meeting or forum) where they shared their perspectives on their community. The participants, however, varied from one place to another; for example, in one of the urban communities the people who were invited to participate in the community consultation were mainly representatives of organizations and not only "average citizens." This was the choice of the NPI coordinators, because they considered this to be the most efficient way to get information for the community

portrait while consolidating their partnerships and providing a venue for different community leaders to share their perspectives.

In the other urban setting, significant resources were invested in getting the participation of as many "ordinary community members" (as opposed to community leaders) as possible. The reason for these differing objectives can be explained partly by the fact that the NPI coordinator for this place was quite new and the city's English-speaking population is relatively disparate and has little sense of forming a real "community." Although many average citizens attended the forums, some of them were in fact community leaders, representatives of organizations, or people with specific issues or agendas (such as getting better services in English for a handicapped child or an elder, or defending English speakers' rights to specific services).

In two of the smaller rural communities the participants were mainly people already active and involved in the community, and they tended to be middle-class; people living in poverty or otherwise socially excluded were less likely to participate. This is mostly an anecdotal impression, since we gathered socio-demographic information in only one community. In all cases, no doubt participation was limited by people's availability, but this was particularly evident in a remote community where many adults work outside the region on a seasonal basis, and were therefore unavailable. *At this stage, the community consultations were intended to elicit participation by community members in identifying strengths, challenges and future perspectives for their community, but also to mobilize and engage them in becoming involved in actions to achieve priorities they could set collectively. Their involvement was therefore as research informants, but eventually as full participants in the community development process.*

Another form of participation that was considered desirable was the involvement of the NPI coordinators, the sponsoring association and other stakeholders in analyzing the data and drafting the community portrait document. In the literature on both community development and participatory action research this is part of the co-learning potential of such projects and can build the knowledge and capacity of researchers, employees of local organizations and community members. In this case, however, authorship by a credible, well-reputed organization (the Institut national de santé publique du Québec) was viewed by the NPI coordinators as an important asset. They felt that it gave them credibility and supported their partnerships with health institutions, municipalities and other organizations. This priority, combined with the challenges of working together at a distance and the time constraints on community organizations, made in-depth involvement at this stage by people other than the research team

virtually impossible. As a result, *the portraits were written entirely by INSPQ authors, with some input from the community*.

What benefits were there to participating in a community portrait process?

The NPI coordinators and regional association directors involved in this project identified several ways in which they benefited from the process. First was that *new partnerships were created and old ones were strengthened*. Participating actively in the process of drawing a community portrait afforded an opportunity for the regional organization representing English speakers to collaborate with their municipality and other community stakeholders, some of whom they may have had little previous contact with. This type of project made their partnerships more concrete, since it gave them something to work on. For example, in one urban community, the portrait will be used to form a cross-sector issue table with both the English and French school boards in order to implement new education programs.

Furthermore, it *put the NPI coordinators in touch with community members that they did not previously know*, and who could help with projects in the future. For example, a remote community is planning a community conversation on vitality where they will use the portrait as a tool to facilitate discussions. In other communities the consultations provided an opportunity to identify and recruit new volunteers. In one of the urban settings, English speakers have little sense of belonging to an English-speaking community, or places to meet each other, and the consultation provided that space to meet face-to-face.

Next, as mentioned above, the community portrait was perceived to give the NPI (and by extension the English-speaking community) *greater credibility*. The NPI coordinators viewed the portrait on their region as validation by a recognized, independent institute of the work they are doing. In addition, the participation of a mayor, town councillor, health sector director, or other public figures also gave the network and the process credibility. This gives rise to the question "in the eyes of whom?" In terms of funding, partnerships and the success of community-based projects, the opinion of public institutions is the most important, because in the Quebec context, they are often the ones to provide project funding. But perceptions of credibility among community organizations and community members are also considered important in terms of mobilizing the community and ensuring collaboration.

In addition, those involved in the network were able to acquire *new skills and knowledge*, specifically on how to do a community portrait and techniques for gathering information, which could then be used

in other municipalities they cover. Indeed, some networks plan to replicate the process in communities on their territory that they feel could benefit from a similar project, or that the network would like to understand better. In these cases, the first community portrait serves as a template for others to come. The portrait also provided some of the social history for understanding the current situation, and helped identify segments of the population that were not being reached (for example marginalized or socially excluded groups or certain age groups).

Other stakeholders, some of whom are more closely associated with the Francophone community, also gained *new understandings*. These include participants in community development committees, the municipality, community organizations, and various government institutions who saw it as a source of new knowledge on a segment of the population that they may not have known very well, making it an excellent learning opportunity for them. The process gave them a better understanding of the English-speaking population in their region, their needs and realities so they are better able to orient their actions.

What actions are the networks planning?

Participatory action research necessarily involves action, although what form that takes depends greatly on the context. In this project, we have identified various types of action that have resulted from the community portrait process and are likely to be part of on-going community development processes.

The first set of actions involves *mobilizing the English-speaking population and recruiting volunteers, as well as developing new projects*. In all six communities, the network has presented (or plans to present) the portrait findings back to community members and discuss next steps. They also have identified sub-groups to work with (e.g., young mothers, teachers, library staff). For example, in one community they are establishing a seniors' day centre and have hired a music teacher for youth in the community, since access to arts and culture was considered lacking. In another community, people wanted greater access to entertainment in English so a comedy group has been brought in and other entertainment in English is being planned. At this stage, working closely with community members on small "doable" projects that may eventually lead to others, seems to be a key strategy.

The second group of actions involves *working with institutional partners on policy and program development, or participating in cross-sector issue tables,* for example. The NPIs and regional associations are presenting the findings to their regional health partners to raise awareness of

health and social issues in the English-speaking population. In one of the urban settings a close collaboration with the CSSS is likely, over time, to result in changes to some policies at the health centre. In several cases (in the rural and remote communities) the findings from the community portrait have contributed to the development of a municipal development plan, a family policy or a seniors' policy (or all of the above). In the case of devitalized municipalities, for example on the Lower North Shore, they are developing a plan for devitalized municipalities and are connecting with other institutions to develop collaborations, such as the Conférence régionale des élus (CRÉ, a regional group of elected officials from different levels of government).

The information gathered through the process of drawing a community portrait will also be used to *apply to government bodies for project funding*. Not only did the process help identify needs and ways to meet them, but in some cases it provided arguments for applying for funds from agencies with which they had no previous contact.

The community portrait will also be used as a *tool to provide information and to raise awareness with the public* more generally, for example, by posting it on websites. In most of the communities, the document will be printed and distributed to partners and other organizations. All the portraits are being made available on the CHSSN website and on a blog created by the project leader / researcher to provide information and updates on the work being accomplished.[5]

Another set of outcomes concerns the *development of tools and training for all of the NPI coordinators*. Topics include methods for doing a community portrait, participatory evaluation, research techniques and more.

Finally, another area for action is *continuing to gather information on different aspects of the community*. As mentioned above, portraits of other municipalities in the region are being planned, resources permitting. In some cases, the NPI coordinator wants to do smaller consultations with specific sub-groups of the population, such as youth, middle-aged people or young mothers. In addition, in the process of completing these portraits several issues that are poorly understood came to the attention of the NPI coordinators and could be of interest for research. Finally, simply tracking the changes that occur as a result of the process is an important aspect of on-going participatory action research, which will be pursued to the extent possible.

Some critical observations

In the case of the project presented here, research, education and action are all present and indeed are an integral part of the process, with differing emphases in each case. The research mainly involved

the researchers, the NPI coordinators and a small number of other stakeholders. In one case, graduate students volunteered time to collaborate in this aspect of the process, and thus were part of the co-learning process with the researchers. Action mainly involved local groups, including the local NPI office.

It is worth noting that the actions being taken cannot all be directly linked to the participatory aspect of the process (since actions could be taken simply on the basis of the final document, without local participation), though in practice they were. Participation has clearly resulted in a more in-depth understanding of the issues and in stronger connections with the most important stakeholders in addressing the priority issues. This is one of the important benefits identified by participants.

Still, the "ideal" range and depth of participation described in the PAR literature was difficult to achieve. The first reason is that local and regional stakeholders have limited time and resources to devote to this kind of collaborative process given their own institutional priorities. In particular, participating in data analysis and interpretation would require a more sustained form of adapted training and supervision than was possible at a distance, as well as a significant time commitment by all parties. Since the work was being carried out in six communities at once, at a significant geographic distance, on-going facilitation and capacity building was difficult to implement.

At the community level, the time necessary to stimulate mobilization is an on-going challenge for many groups involved in community development. Even community consultations requiring little commitment can be taxing when people feel they have already given their point of view in many other forms (surveys, questionnaires, focus groups and more). Similar observations regarding the challenges of maintaining commitment and clear intent have been made in a Community Search Conference project carried out in the Eastern Townships (de Guerre et al., 2011).

Another difficulty was in reaching the whole community—or a large cross-section of it—through a single event or a small number of meetings. Given the often disregarded fact that communities are stratified by gender, class, ethnicity and other characteristics, it is a good reminder that the "whole community" is unlikely to ever be reached through one approach, and that we need to remain creative in including all voices. Doing more extensive ethnographic fieldwork would be the best way to gain an in-depth understanding of community dynamics, local representations and much more. Barring that, the modest initial steps taken in this project can be hoped to build momentum and enthusiasm which can then be harnessed by community leaders.

In future PAR efforts in similar contexts, having a local researcher—such as a Master's student or a community member with research experience—may be one way to ensure more sustained involvement and ownership of the process, rather than relying too heavily on a researcher located far away. Another possibility would be to involve community organizers (employed by health centres) from the outset, providing their English language skills are sufficiently good to work with English speakers. Regardless of the solution, time and resources are always to be taken into consideration.

Conclusion
Working with minority communities in a participatory action research approach is an excellent opportunity to become better acquainted with the specific realities of communities that are not always the focus of research. By involving various stakeholders (community organizations, public sector employees, local groups) as well as community members, the possibilities for co-learning and awareness-raising are multiplied.

The NPIs identified many benefits they gained from the process: creating new partnerships and strengthening old ones; getting to know individuals and groups in the community with which they were not previously in contact; gaining credibility by being involved with a reputed institute; gaining new skills and knowledge; and providing an opportunity for French-speaking organizations to become better acquainted with the English-speaking population.

As a result of the project, particularly the process of drawing a community portrait, English-speaking communities are taking actions in many areas, often with the support of the NPI and the regional association. First, they are mobilizing community members and recruiting volunteers, as well as developing new projects. In many cases they are working with institutional partners on policy and program development, or participating in cross-sector issue tables. Some are continuing to gather information on different aspects of the community. And the community portraits are being used to raise awareness and provide information to the broader public, as well as to apply for funding for priorities identified as a result of the process.

Community development strategies such as civic engagement, empowerment, capacity building, and collaboration take time. Yet many community-based groups and institutional actors have limited time and resources to devote to this kind of collaborative process. Mobilization is also an on-going challenge as so many people have busy lives and little time to devote to community involvement and volunteering, particularly in the communities where those in the active population are caring for both children and seniors.

Another challenge to PAR is presented by the position of the researchers themselves, who sometimes, as in this case, are not physically located in the community and do not have the time or resources to conduct more in-depth ethnographic work. Such constraints make it difficult to get the perspective of a representative cross-section of the population. Still, even in the short term, the benefits of PAR can be very positive. Like the butterfly wing in chaos theory, movement in one place may well have unpredictable effects in other areas in the future. This is what remains to be seen.

ENDNOTES

1. See for example CommunAgir: *http://www.communagir.org/*

2. Mary Richardson, assisted in some cases by Shirley Jobson and Joëlle Gauvin-Racine

3. At the time of writing, not all communities have completed this step.

4. A cross-sectoral committee with representatives of various different organizations

5. See the blog created by Mary Richardson at: *http://qccommunitydevelopment.wordpress.com/*

REFERENCES

Bowd, R., Özerdem, A., Kassa, D. G. (2009). A Theoretical and Practical Exposition of Participatory Research Methods, in Özerdem, A. & Bowd, R. (eds). *Participatory Research Methodologies – Development and Post-Disaster/Conflict Reconstruction*, Farnham (England): Ashgate Publishing Limited.

Cargo, M. & Mercer, S.L. (2008). The Value and Challenges of Participatory Research: Strengthening Its Practice. *Annual Review of Public Health*, 29: 325–50.

Chrisman, N. (2005). Community Building for Health. In Hyland, S. E. (ed.), *Community Building in the Twenty-First Century*, School of American Research Press.

Community Health and Social Services Network (CHSSN) (2004). Prospectus: Community health and social services networks, *www.chssn.org*

Corbeil, J., Chavez, B. & Pereira, D. (2010). *Portrait of Official-Language Minorities in Canada – Anglophones in Quebec*. Statistics Canada, Catalogue number 89-642-X.

de Guerre, D.W., Garber, R. & Séguin, D. (2011). Eastern Townships Community Search Conference. *Journal of Eastern Townships Studies*, 36: 97–118.

Hall, B.L. (1992). From Margins to Center? The Development and Purpose of Participatory Research, *The American Sociologist,* 23 (4): 15–28.

INSPQ (2002). *La santé des communautés : perspectives pour la contribution de la santé publique au développement social et au développement des communautés.* www.inspq.qc.ca

Israel, B.A., Eng, E., Schulz, A.J. & Parker, E.A. (2005). *Methods in Community-Based Participatory Research for Health*, Jossey-Bass: San Francisco.

Lussier, M. (2012). *La situation socioéconomique des anglophones du Québec*, INSPQ.

Maynard, H. (2007). *Models and Approaches for Community Development in the English-Speaking Communities of Quebec.* Report prepared for the Quebec Community Groups Network.

Ministère de la santé et des services sociaux (MSSS) (Gouvernement du Québec), 2003; 2008, *Plan national de santé publique*.

Minkler, M., & Wallerstein, N. (2008). *Community-Based Participatory Research for Health: From Process to Outcomes*, Jossey-Bass: San Francisco.

Parenteau, P., Magnan, M. & Thibault, C. V. (2008). *Socio-economic Portrait of the English-speaking Community in Québec and its Regions*, Institut national de la recherche scientifique, Urbanisation Culture et Société, Québec, 260 p.

Pocock, J. (2012). *Socio-Economic Profiles of the English-speaking Visible Minority Population by CSSS Territory in the Greater Montréal Area, 2006*. CHSSN.

Pocock, J. & Hartwell, B. (2010). *Profile of the English-speaking Community in the Eastern Townships*, Townshippers' Association.

Richardson, M. (2012). Exploratory community-based action research: balancing research and action for community development. *Journal of Eastern Townships Studies*, 38: 69–78.

Simard, P. (2011). "Appendix. Healthy Communities," pp. 155–176, in Roger Lachance, *Putting People First.* Réseau québécois de Villes et Villages en santé. (To order, see: *www.rqvvs.qc.ca*).

Simard, P., et al. (1997). *La recherche participative en promotion de la santé au Canada francophone*. GRIPSUL, Gouvernement du Canada, 74 p.1.