

## Introduction

These guidelines, on a health service approach to community participation, have been produced in response to a specific commitment in 'The National Health Strategy *Quality and Fairness - A Health System for You*' that 'provision will be made for the participation of the community in decisions about the delivery of health and personal social services'. (Action 52). The guidelines can be used by all health service providers to ensure that the principle of 'people – centredness' which is at the heart of the strategy becomes an increasingly important feature of how we plan and deliver services.

These guidelines are the first in a series covering a range of actions set out in the Strategy. They were prepared by a team drawn from the health services and have been accepted by the C.E.O.'s of the health boards and by the Management Advisory Committee of the Department of Health and Children.

The guidelines themselves are not intended to be prescriptive but rather they reflect the approach adopted by the Health Strategy Implementation Group of giving national leadership while promoting local ownership. As such the guidelines should provide a useful framework for developing an approach to community participation at local level.

It is the desire of the Implementation Group that these will be living guidelines, which will develop and evolve over the coming years.

Finally I would like to thank the project team, who within a very short timescale, worked exceptionally hard to produce these guidelines.

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*The Health Boards Executive*

## 1. Purpose of these guidelines

Action 52 of The Health Strategy *Quality and Fairness : A Health System for You*, provides for the participation of the community in decisions about the delivery of health and personal social services.

### **The following actions will occur :**

- Initiatives will be taken to inform and educate the public about the health system including greater communication about the choices and competing priorities which feature in the decision-making process.
- Regional Advisory Panels/Co-ordinating Committees (including service providers and consumers) will be established in all health board areas (i) for older consumers and their carers to provide them with a voice and (ii) for people with mental illness to advise on the planning and prioritisation of services, quality of services and promotion of positive mental health initiatives. These committees will be modelled on similar developments in the area of disability services and include representation of statutory and voluntary service providers as well as consumers.
- Randomly selected consumer panels will be convened at regular intervals in each health board area to allow the public to have their say in health matters that concern them locally.
- A National Consultative Forum will be established to meet on an annual basis to monitor the implementation of the Health Strategy.

### **A number of principles underpin the approach to delivering on this action :**

- a central process providing leadership and strategic direction
- a regional/local process whereby :
  - (a) local staff are empowered to take ownership of, and responsibility for, implementation as near to the front line as possible; and
  - (b) that implementation builds on existing structures/groups/processes as far as possible (while recognising that some actions may require new structures)

*"There is a shared commitment by both the State and the voluntary sector to ensure the involvement of consumers and people who avail of services in the planning, delivery, management and evaluation of policy and programmes. This applies at all levels: national, regional and local."*

(White Paper on Supporting Voluntary Activity, 2000)

## 2. What is community participation?

The term 'community participation' can be defined as :

'A process by which people are enabled to become actively and genuinely involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing and delivering services and in taking action to achieve change.'

Participation, like democracy, has meant many things to many people. The opportunities for participation are there to be grasped but only if all those involved have a common understanding and share a common language (Wilcox, 1994, cited in CPMR paper 'Effective Consultation with the External Customer'). Whilst acknowledging that much work is taking place at the moment, efforts to engage effectively with the community are still at a comparatively early stage in Ireland.

In developing the health strategy, feedback from the consultation process suggests that patients and clients often have to adapt to the way the system works rather than the system responding to their needs. The consultation process showed that people want to have a say in matters to do with their treatment.

Community participation can be an effective mechanism to actively seek and listen to the diverse voice of service users. Elected representatives at national and local level traditionally see themselves as representing the voice of the people and they play a vital representational and advocacy role on behalf of their constituents. It is important to balance the democratic base of elected governments, since no group other than elected representatives have a mandate to speak for the whole of society, with the benefits of participation in the achievement of a wider consensus (Department of Social & Family Affairs White Paper).

Involvement of the community in the decision making process is intended to complement this role and even, when not directly involved, elected representatives at national and local level can certainly benefit from the information and first hand opinions of the public which arise from effectively managed consultations. It can also enhance local democracy by ensuring that local communities and their representatives have a real say in the delivery of the full range of public services locally.

In summary, agencies need to address the following questions :

- what they are consulting about and why?
- who should be consulted with and when?
- how should consultation occur?

## 3. Existing structures

Over the last 20 years, health services have advocated the notion of community participation. Community and local development strategies have been adopted to a significant degree by the State (National Health Strategy 2001). Participatory community and local development structures have been put in place to deliver programmes of action tackling many contemporary policy problems, for example :

- Revitalising Areas by Planning, Investment and Development (RAPID)
- Community Development Projects (CDP - Department of Social & Family Affairs)
- Family Resource Centres (FRC - Department of Social & Family Affairs)
- tackling drug misuse in the major cities
- enabling more effective health and social service delivery in disadvantaged, urban and isolated rural areas
- addressing enterprise development
- facilitating the delivery of training and guidance services for the long-term unemployed
- tackling educational disadvantage
- supporting the return to work of women in socio-economically disadvantaged communities
- Area Development Management (ADM - Department of the Taoiseach)
- County and City Development Boards (CDP – Department of Environment)

## 4. Principles of community participation

**The principles which underpin the community participation process include :**

- Information is power and is an essential pre-requisite to meaningful engagement with the community.
- Effective consultation involves commitments to meaningful dialogue and to decision making and/or action following that consultation. Consultation requires long term commitment to a process of continuous change and adaptation, not just a one-off event of token value.
- Consultation needs to be planned, which involves deciding on when to consult, what to consult about, who to consult and how to consult. It should certainly be informed by a strategic approach and adopt a mode of consultation appropriate to answering the what, why, when, who and how questions.
- Potential challenges in relation to effective consultation will need to be identified and managed successfully. Such managerial challenges can include financial cost. It is also important to ensure effective management and interaction between the political and official domains, as well as recognising and acting to address the equality, diversity and ethnic dimensions to proposed consultation.
- The expectations of those being consulted also need to be managed effectively. Unrealistic expectations can lead to disappointing outcomes no matter how extensive the consultation exercise itself. Conversely, by explicitly focussing services on the needs of customers, it is likely that customer expectations may be raised. Failing to meet these expectations may be perceived as a failure of the process, even though services, in effect, may actually have been improved.
- Effective community participation relies, for its validity and usefulness, upon reflecting in as representative manner as possible, the views and/or needs of the customer base concerned. A responsibility rests with the agency to seek to ensure that the feedback it receives from consultative exercises is as representative as possible of those it is seeking to consult.
- Effective internal consultation is an essential pre-requisite for effective external consultation. Effective engagement within the organisation will not only help in identifying the right questions to ask, but will also assist greatly in operationalising the consultative approach itself, as well as in understanding and acting upon the consultation outcomes.
- The process of consultation and participation must be carefully structured, particularly so as not to introduce intolerable delays and costs.
- Consultation should occur early enough in the process to be reflected in the decision/outcome.
- Access to the participation process should be fair and not biased towards narrow interest groups (appendix A).

## 5. Framework for participation

The aim of the health services in Ireland should be to move the level of community participation in health up the ladder, from mere consultation to actual involvement in determining priorities, assessing local needs and decision-making. Central to this issue is community development in relation to health matters, leading to empowerment of communities.

Health boards should work within a defined framework. One model which might be considered is the Wheel of Participation (appendix B) as devised by the Royal Town Planning Institute cited in RAPID Paper. The Wheel of Participation describes a process of progression from the initial information sharing, through a process of engaging in consultation, which in turn may lead to partnership and eventually, to the empowerment of the community. Boards can gauge their progress in community participation against the Wheel of Participation.

A second useful model is the Ladder of Participation (*appendix C*).

Other models include 'Citizens First Service Model' (Canadian Centre for Management Development) drawing upon research which is based upon :

- (a) citizen's service needs and expectations
- (b) access to services
- (c) service delivery
- (d) perceptions of service quality
- (e) citizens priorities for development (cited in CPMR paper 'Effective Consultation with the External Customer')

## 6. Stakeholders

While each service area and development is unique the following are some of the possible stakeholders who might be included in decision making concerning the delivery of health & personal social services;

Internal	External
<ul style="list-style-type: none"> <li>• Department of Health &amp; Children</li> <li>• chief executive officers HeBE, OHM, HSEA</li>   <li>• board members / chairperson</li> <li>• standing committees</li> <li>• service teams &amp; manager</li> <li>• frontline staff unions / staff associations</li> <li>• partnership groups</li> <li>• contracted / voluntary care groups</li> <li>• corporate structures/governance/strategy communications/media/public health /human resources/finance/IT/health promotion</li>   <li>• co-ordinating groups</li> </ul>	<ul style="list-style-type: none"> <li>• service users</li> <li>• carers</li> <li>• local community</li> <li>• general practitioners</li>   <li>• public representatives</li> <li>• fellow statutory agencies e.g. Department of Social &amp; Family Affairs, Department of Education &amp; Science, Local Authority / FÁS</li>   <li>• advocacy groups/voluntary organisations</li>   <li>• co-ordinating groups</li> <li>• third level institutions</li> <li>• local area partners</li> <li>• local drug task force</li> <li>• media</li> <li>• informal community networks</li> <li>• youth sector</li> <li>• pastoral</li> <li>• commercial</li> <li>• industrial</li> <li>• sport &amp; cultural groups</li> <li>• Comhairle</li> <li>• advocacy groups &amp; service user representative associations</li> </ul>

Many frontline staff delivering services have enormous commitment and dedication to their work and share the concerns of service users. An integrated approach to the delivery of services is required if there is to be real improvement. For this to happen, staff need to be supported by their organisations, listened to and be in a position to influence service delivery based on their local knowledge.

Health service providers will need to :

- carefully build on what is in place
- link with as many relevant stakeholder groups as possible
- work collaboratively with members of the community, both voluntary and paid
- work to broaden and strengthen the scope for community participation