

Appendix A : A community participation approach

Community participation

Community participation is often used interchangeably with, or alongside a number of other terms such as :

- **Consultation.** This involves people being referred to for information and asked their opinions. Although it implies that communities' views may be taken into consideration, it has not generally meant that people are actively engaged in the decision-making process.
- **Involvement.** This is a term often used synonymously with participation. It implies being included as a necessary part of something.
- **Empowerment.** This is a process whereby individuals or communities gain confidence, self-esteem and power to articulate their concerns and ensure that action is taken to address them.

Why is community participation important?

Community participation is important for many different reasons and offers a range of benefits to individuals, communities, organisations and society as a whole. Community participation can :

- achieve a more democratic solution
- develop a culture of participation
- empower people
- mobilise resources and energy
- result in the development of holistic and integrated approaches/services
- ensure the ownership and sustainability of programmes
- result in better decisions and more effective services
- improve health outcomes

Towards a meaningful community participation approach to health in Ireland

Community participation is an essential component of a more responsive and appropriate system of care, which is truly people-centred. A number of actions need to be taken to ensure that meaningful community participation in health is established and continues in Ireland. Community participation should occur at a number of different levels, thereby constructively contributing to the :

- development of health policy
- identifying and addressing of local health issues
- implementation of change
- evaluation of health services

Principles of community development

Community development does not occur in a vacuum and is dependent on a number of key principles.

Community development :

- **is collective** - supporting groups of people to develop knowledge, skills and confidence to engage in collective action. Through their involvement in community activities people learn about skills and resources which they either have or realise they can acquire - that is why the provision of training and support for members of community groups is an important aspect of community development.
- **is participatory** - actively engaging people in both defining, planning and taking initiatives to respond to health, socio-economic and political problems, with a particular focus on those who are currently most marginalised and excluded from the decision making process.
- **is empowering** - aiming to effect a sharing of power to create structures which provide genuine participation and involvement.
- **is task- and process-focussed** - attention paid to both task and process, promoting an inclusive collective process.
- **is innovative and creative** - it adopts dynamic, innovative and creative approaches to address health, social and economic problems thereby ensuring the participation of local communities.
- **is focussed** on quality of life improvements - it gains concrete improvements in the quality of life of people by reflecting real needs as identified by local communities.
- **builds community sector infrastructure** - it recognises the importance of formal and informal support networks in bringing about social change, actively supporting and resourcing the development of such structures.
- **is committed to equality and ethnic diversity** – it involves strategies which confront prejudice and discrimination on the basis of gender, ethnicity, class, religion, socio-economic status, age, sexuality, skin colour or disability.

Capacity building

What might capacity building mean in relation to health services?

- The involvement of local groups in the planning, decision making and problem solving of health and social issues, requires the allocation of appropriate resources for this work. A commitment to develop the capacity and proficiency of individuals and community groups to participate in these processes is required.
- Partnership is difficult, complex and challenging because it brings together people and organisations from different backgrounds, interest groups and with different concerns. The success of any local programme will depend crucially on the involvement of strong local community groups together with the other partners in the planning and management of initiatives.
- Capacity building is also about enabling state agencies to participate in fruitful partnership arrangements within their own organisations, between them and with the communities they serve.

Capacity building should respond to the particular needs of individual communities and it may take several different forms :

- confidence building, personal development programmes and community education programmes which enhance skills, self confidence and community morale
- community development and community leadership training
- training to assist the development of organisations
- provision of resources
- training and support
- design of an accessible information service
- allocation of resources for the creation of networks and community infrastructures to sustain the development work

A whole series of approaches, training and specific methodologies have been tried and tested, whereby the capacity of the community to participate in regeneration and local development initiatives can be built. Some of these include :

1. CAN: (a) community leadership/training
(b) building capacity for effective partnership within and between state agencies
2. Meitheal - a range of community training programmes
3. Training for Transformation
4. Building for Real - Methodology
5. Participatory Appraisal - Methodology
6. Planning for Real - Methodology
7. Local Development Training Institute

Structures to encourage external participation

Community participation, ownership and involvement are of central and fundamental importance to its success. For this to happen, it is important that there is a common understanding and analysis of what is meant by community participation and ownership in the health context. If people are to have more say and power over decisions which affect their lives, it means that those who traditionally made the decisions on their behalf are required to work in meaningful partnership with them - resulting in an alteration of power differentials.

Combat Poverty has developed a checklist for developing a model of community participation in local government structures. It aims to :

- encourage public participation through shared decision making
- educate local community and statutory representatives to enable participation, drawing on local expertise and skills
- seek out and encourage broad involvement
- create the right setting for participation, e.g. meetings accessible to all, giving people an opportunity to speak, etc.
- set up systems to encourage participation
- provide adequate funding to enable participation, including payment for meeting venues, use of outside facilitators, education and training for participation, technical assistance with community baseline research, etc.
- develop pro-active information and communication systems
- ensure that information produced is clear, transparent and user-friendly. This includes all reports of meetings, briefings, etc.

Partnership : recommendation

It should be noted that a number of community structures, which have been set up under other local initiatives, already exist. It will be important to build on and develop these.

Examples of various community support structures which could be used :

- focus groups
- consultation forums
- user advisory panels
- public meetings
- individual feedback forms
- listening surveys
- workshops on particular themes
- local surveys, preferably carried out by local people

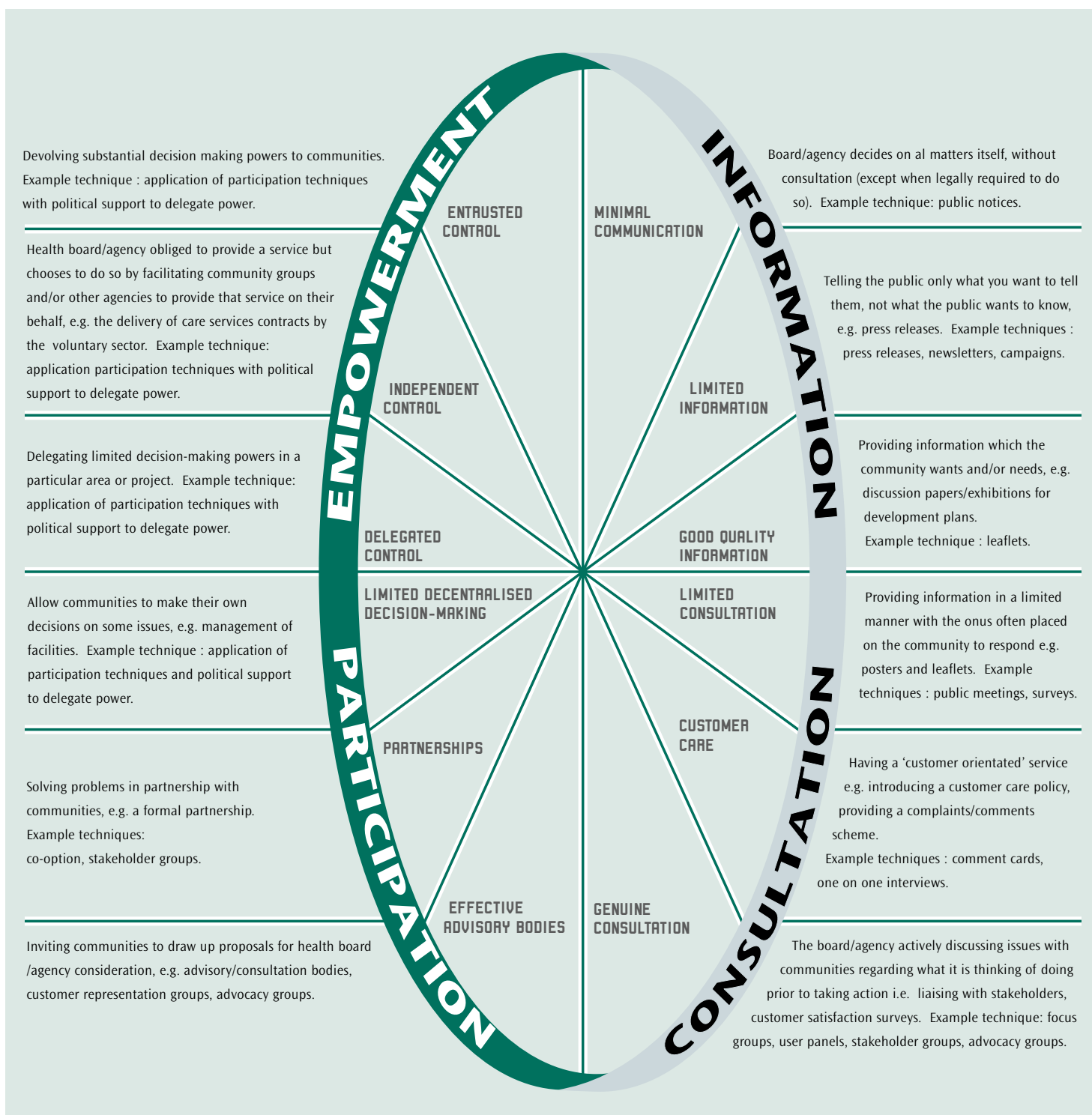
APPENDIX B - Model : The Wheel of Participation

The Wheel of Participation

The Wheel of Participation outlines a range of service indicators which will help agencies to benchmark their performance in developing community involvement in their area. It is designed to be used as a multi-level tool, i.e. at individual, team or organisational level. Progress against these indicators can be reflected in annual reports.

We would recommend that each health agency submits data relating to the different segments of the wheel in terms of benchmarking nationally and uses ideas or projects as a basis for the formation of a knowledge centre relating to best practice on community involvement in health services. It is important that all the stakeholders are clear about the level of participation which is being discussed/negotiated/implemented.

APPENDIX B - Model : The Wheel of Participation



APPENDIX C - Model : The Ladder of Participation

Community participation is an umbrella term for many different practices. It is especially important to recognise different degrees or levels of participation. The challenge for many people working in health authorities and other agencies is to move up the ladder, finding new tools and techniques which promote active and genuine involvement and empowerment rather than settling for the more passive processes of providing information and consultation.

A ladder of community participation can thus illustrate degree or level of participation, participants' role and examples.

The Ladder of Participation

Degree or level of participation	Participant's role	Examples
High	Delegated authority	Organisation identifies and presents a problem to the community. Defines limits and asks community to make a series of decisions which can be embodied in a plan which it will accept.
	Plans jointly	Organisation presents tentative plan subject to change and open to change from those affected. Expects to change plan at least slightly and perhaps more subsequently.
	Advises	Organisation presents a plan and invites questions. Prepared to change plan only if absolutely necessary.
	Is consulted	Organisation tries to promote a plan. Seeks to develop support to facilitate acceptance or give sufficient sanction to plan so that administrative compliance can be expected.
	Receives information	Organisation makes plan and announces it. Community is convened for informational purposes. Compliance is expected.
Low	None	Community told nothing.

APPENDIX D - RAPID : Recommendation on community participation

General recommendations (RAPID)

1. All community participation structures should recognise the voluntary nature of community members' input and try to ensure that any practical barriers to this participation are removed.

Steps taken should include:

- Ensuring that all meetings which expect community participation are held at a time suitable to community members. The suitability of times should be assessed prior to the first meeting by seeking advice from nominated community representatives. Agencies should expect significant demand for evening meetings, and plan staff input accordingly.
 - Ensuring that the venues used are suitable and accessible. Holding meetings within the geographic area of communities included within any programme is highly recommended. Ensuring that the venues are physically accessible by all community members is also important. Providing a safe system of transport to and from meetings may significantly improve accessibility for sections of the community.
 - Providing a system to allow the attendance of parents at meetings through the support of childcare facilities is recommended. Other care responsibilities of community members should similarly be recognised and supported.
 - Ensuring that any major participation event/process does not preclude input because of the time of year in which it occurs is highly beneficial. Many community, voluntary and educational organisations, for example, close in July/August. These months should be avoided for processes requiring input from these groups. Sufficient time and effort must be put into publicising the process within the community concerned, in the early phases of the process.
2. Any form of communication which helps community participation in this process should be considered including door-to-door visits, leaflet drops, announcements at church, bingo halls, community centres, etc. When considering the options available, issues such as literacy levels and any specific needs of the target community should be looked at. However, as information on the process is communicated it is important that it is accurately represented and that expectations are carefully managed. There is little point in kicking-off the process with a fanfare, raising false expectations which cannot be met later in the process.

3. It is important that community or service user groups are not over burdened with meetings and that the demands are not unrealistic or disproportionate to their ability and willingness to contribute to a process. Recognition needs to be given that there are other development activities taking place within a single community, which also seek the views of residents (such as Drugs Task Forces, Partnerships, Local Authority Consultation Programmes, etc.). A co-ordinated process could facilitate maximum community input to each, with minimised demands on community members.
4. Ensure, wherever possible, that the definition of 'community' used relates to how residents themselves see an existing community.
5. Ensure that there is an awareness of, and a respect for, the community and political structures already in place. The work already done within a target community should be respected and built upon.
6. It is essential for the process that the agencies draw on the experiences of end users from the community concerned when developing changes in the way services are delivered. A range of options is available. Focus groups, end user panels, one-to-one interviews and questionnaires, for example, can all be used to gather information. This can then feed into developing and altering the services which agencies provide so that they can better meet the needs of the target group concerned.

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