The development of this resource was made possible by the support of the Health Promotion Unit of the Department of Health initially and then by the Population Health Directorate of the Health Service Executive in the latter stages of its development.

Without the generosity of the Community Development and Health Network – Northern Ireland we could not have produced this resource, they were willing to allow us to adapt and include materials from three of their resources – ‘A Community Development Approach to Health Issues Northern Ireland’, ‘Policy to Practice’ and ‘Tools of the Trade’. They also worked in partnership with us to adapt and write the materials included in the pack.

Particular thanks to the Directors of CDHN during the period of the project – Ruth Sutherland and Barbary Cook, and to Anne McCready who wrote the materials and whose experience in community development and training were invaluable in getting this resource to completion.

We would like to thank the members of the editorial group who contributed their expertise and perspectives to the resource. The challenges and benefits of community development approaches were reflected in the discussions and debates that took place during the development of this resource and hopefully will continue to be reflected in the process of using the resource.

Members of the editorial group were as follows:

Juan Carlos Azzopardi, Project Coordinator, Community Development Network, Moyross Community Enterprise, Limerick.
John Buttery, Co-ordinator of Social Programmes, Paul Partnership, Limerick.
Angie Daly, Combat Poverty Agency, Islandbridge, Dublin.
Dairine Cross, Community Development Worker, HSE West, Limerick.
Cecilia Forrestal, Community Action Network, Gardiner Place, Dublin 1.
Geraldine Hanna, Health Promotion Functional Manager, HSE West, Parkview House, Pery Street, Limerick.
Karen Heavey, Community Health Worker, Health Promotion Service, HSE Dublin Mid-Leinster, Tullamore, Co. Offaly
Jacky Jones, Functional Manager Health Promotion, Health Promotion Services, HSE West, Galway.
Monica Manning, Community Action Network, Gardiner Place, Dublin 1.
Pat Tobin, Community Action Network, Gardiner Place, Dublin 1.
Aidan Warner, Principal Community Worker, HSE South, South Lee, Cork.
Brian Neeson, Health Promotion Functional Manager – Research & Development, HSE West, Parkview House, Pery Street, Limerick.

A particular thank you to Mary Kennedy for her enthusiasm and encouragement throughout this project. This combined with the many hours of hard work in proofing and ensuring that the recommended reading and web references were as comprehensive as possible made it a pleasure and privilege to work with her.

Geraldine Hanna
Project leader
Community Development and Health Promotion are intrinsically linked as they share core principles of capacity building, creating supportive environments and promoting change for the general good. This resource was developed to support a Community Development approach to health with key stakeholders. This approach respects and affirms that while these stakeholders have different agendas and priorities we share a common goal of improving the health and wellbeing of those we work with.

The HSE has responsibility for protecting and promoting the health of the entire population, yet many of the factors that determine an individual's health lie outside the influence of the Health Service. It was in this context that this resource was developed as a toolkit with three key target groups in mind; those in the health service who wish to take a community development approach to health, those working in community development who wish to put health on their work agenda and for community activists to support them in addressing health in their communities.

Community Development approaches to health recognise that health is a resource both at an individual and at a collective level. Promoting health and wellbeing has many facets, from empowering individuals, developing partnerships for health improvement, advocating for change and a reduction in health inequalities. The Ottawa Charter for Health Promotion (1986) emphasised the significance of concrete and effective community action for health in placing it as one of its five key strategies for health. The others are building healthy public policy, creating supportive environments developing personal skills and reorienting health services.

This toolkit is intended for use by experienced facilitators. The design of the resource incorporates a variety of group activities that encourage exploration of the meaning of health, raises awareness of the social determinants of health, and identifies appropriate strategies for collaborative working, while addressing the key components of Community Development and Health. The activities are supported by a comprehensive list of background reading and information on relevant web sites.

I would like to encourage Practitioners in Health, in Community Development and in the broader Community to use this resource creatively in both their strategic and operational work. The toolkit will support work across sectors within the HSE and with other sectors that influence and contribute to the health and wellbeing of our population.

Finally I would also to acknowledge the process undertaken by all those involved in the adaptation of the three resources from the Community Development and Health Network Northern Ireland.

Assistant National Director of Population Health, Health Promotion
Contents

About this resource i
Using the resource iii
Overview of the section contents v
Section 1  Health Inequalities in the Community 1
Section 2  Community Development and Health 35
About this resource

This resource is designed for use by experienced facilitators working with all those who are interested in developing an increased awareness of using community development approaches in the field of health and social well-being.

Facilitators using this resource will have at least:

- a working knowledge of community development principles, processes and practice
- an understanding of the determinants of health and health inequalities.

Activities are arranged in themes and each activity can be used to achieve a stated learning objective. The learning objectives are relevant to individuals and organisations who would like to develop their awareness and understanding of community development approaches to health.

This resource is presented in two main sections:

- **Health inequalities in the community** provides an introduction to health in the context of a community. It explores the broad determinants of health, identifies the health issues of different population groups and examines the links between poverty, inequality and health.

- **Community development and health** focuses on the values, principles and practice of community development and explores how community development approaches can be applied to health issues. This section considers partnership working and its potential to improve health and well-being.

This resource draws on a number of publications, particularly three which have been produced by Community Development & Health Network NI, namely *Tools of the Trade*, *Policy to Practice* and *A Community Development Approach To Health Issues in Northern Ireland*.

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1. *Tools of the Trade - A 'Toolkit' for those using Community Development Approaches to Health and Social Well-being.* Community Development and Health Network NI.
2. *Policy to Practice - Policy to Practice Training Resource Book: Using Community Development Methods in Health and Social Services.* Community Development and Health Network NI.
3. *A Community Development Approach to Health Issues in Northern Ireland.* Community Development and Health Network NI.
Using this resource

This resource is designed to be used flexibly to support a community development approach to health.

Selecting activities to form a learning programme

Within each of the sections in this resource there are a number of themes with corresponding learning objectives. Each learning objective is supported by an activity and the minimum amount of time required for each activity is indicated.

The resource has been designed so that the activities within it can be used individually or put together to form a coherent programme based on participants’ needs. Some groups may be familiar with the themes and ready to explore them in depth while for others, introductory activities will be needed.

Facilitators should draw on their own experience, and their knowledge of the group, to make best use of the resource.

An overview of the section contents begins on page iv.

Methods and timing

The activities in the resource are participatory, interactive and draw on an experiential model of learning. They will work best with 10-15 participants.

On occasion throughout the resource, an activity requires participants to identify a community that they are familiar with. This may present a challenge when working with some groups who may be unable to identify a community that individuals have in common. Community case studies have been created for use in some activities where there is a need to identify a community that participants have in common or have a common understanding of.

The time identified for each activity is the estimated minimum time required but this may have to be adjusted to meet the needs of the group.
Materials required
Flipchart, markers in different colours and sticky notes in different colours are the main materials required for use with this resource. Where additional materials are required this is indicated at the beginning of the activity.
Information collected from group work during an activity is likely to be useful for other activities. Flipchart notes should be retained and referred to again as appropriate.

Background reading
A list of background reading is provided to support each section, offering more in-depth information for the facilitator, including access to additional resources for participants.

Evaluation
As the pack has been designed to be used flexibly, the facilitator should identify an appropriate method of evaluation in keeping with the learning objectives of the group.
The focus of the evaluation may vary from one group to the next. Evaluation should provide assessment of planning, learning methods and processes and/or learning outcomes. Longer term evaluation may be required to assess how participants apply their learning.
Evaluation should help the facilitator to reflect on their own practice when using this resource, in keeping with a community development approach.
A generic evaluation tool has been included at the end of each section as a basis for session evaluation. This can be adapted or further developed as appropriate.

Facilitator notes
Throughout the resource there are a series of facilitator prompts which highlight facilitation challenges, areas for further reflection, or additional information to support learning objectives. These are indicated by the following icons:
### Overview of the section contents

#### Health inequalities in the community

<table>
<thead>
<tr>
<th>If the theme is...</th>
<th>And participants wish to or need to...</th>
<th>Use activity...</th>
<th>Handouts needed are...</th>
<th>Minimum time needed...</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health and its determinants</strong></td>
<td>...be able to identify what health means to them and how our views on health are formed, influenced and valued</td>
<td>Our views on health</td>
<td>Handout 1: Rhymes and reasons, Handout 2: Causes and treatments of illness</td>
<td>60 Minutes</td>
</tr>
<tr>
<td></td>
<td>...be aware of the range of health influences in the context of a community</td>
<td>The life of Terry</td>
<td>Handout 3: The life of Terry, Handout 4: Social determinants of health</td>
<td>40 Minutes</td>
</tr>
<tr>
<td></td>
<td>...understand the health of an individual in their community is influenced by a range of factors</td>
<td>Factors that influence health in the community</td>
<td>Handout 5: Defining and addressing health inequalities</td>
<td>40 Minutes</td>
</tr>
<tr>
<td><strong>Mapping community health</strong></td>
<td>...be able to analyse the strengths, weaknesses, opportunities and threats in a community in relation to health</td>
<td>Health in a community - SWOT analysis</td>
<td>Handout 6: Community case studies</td>
<td>60 Minutes</td>
</tr>
<tr>
<td></td>
<td>...be able to map the groups and organisations that have an influence on health in communities</td>
<td>Mapping the organisations that influence community health</td>
<td>Handout 6: Community case studies, Handout 7: Useful local contacts and information sources</td>
<td>60 Minutes</td>
</tr>
<tr>
<td><strong>Identifying community health issues</strong></td>
<td>...be able to identify the health issues of different population groups</td>
<td>Exploring health issues for different groups in the community</td>
<td></td>
<td>40 Minutes</td>
</tr>
<tr>
<td></td>
<td>...be aware of the challenges in identifying the health issues of communities</td>
<td>Personal troubles, community issues</td>
<td></td>
<td>30 Minutes</td>
</tr>
<tr>
<td>If the theme is...</td>
<td>And participants wish to or need to...</td>
<td>Use activity...</td>
<td>Handouts needed are...</td>
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</tr>
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<td>--------------------------------------------</td>
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<td>-----------------------------------------------------</td>
<td>-----------------------------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Health inequalities and social exclusion</td>
<td>...be able to identify how health inequalities are experienced in different ways by different social groups</td>
<td>Social groupings and health</td>
<td>Handout 5: Defining and addressing health inequalities</td>
<td>60 minutes</td>
</tr>
<tr>
<td></td>
<td>...be able to describe the links between inequality and health inequalities</td>
<td>The journey of inequality</td>
<td>Handout 8: The journey of inequality</td>
<td>40 minutes</td>
</tr>
<tr>
<td></td>
<td>...be able to define poverty and be aware of its influence on health inequalities</td>
<td>What is poverty?</td>
<td>Handout 9: Different ways to measure poverty</td>
<td>40 minutes</td>
</tr>
<tr>
<td></td>
<td>...be able to differentiate between equity and equality in relation to health</td>
<td>The meaning of equity in health</td>
<td>Handout 10: Defining poverty</td>
<td>40 minutes</td>
</tr>
<tr>
<td></td>
<td>... understand the meaning of participation as it relates to active citizenship</td>
<td>Participation and active citizenship</td>
<td>Handout 11: Redistributing money: cue cards</td>
<td>40 minutes</td>
</tr>
<tr>
<td></td>
<td>... understand the importance of meaningful participation if health inequalities are to be identified and tackled effectively</td>
<td></td>
<td>Handout 12: The meaning of equity in health</td>
<td>40 minutes</td>
</tr>
</tbody>
</table>

Handouts needed are...
- Handout 5: Defining and addressing health inequalities
- Handout 8: The journey of inequality
- Handout 9: Different ways to measure poverty
- Handout 10: Defining poverty
- Handout 11: Redistributing money: cue cards
- Handout 12: The meaning of equity in health
- Handout 13: Participation and active citizenship
- Handout 14: A "ladder" of participation
If the theme is... | And participants wish to or need to... | Use activity... | Handouts needed are... | Minimum time needed...
---|---|---|---|---
**Different approaches to health** |  |  |  |  
- be aware of different approaches to health | Exploring different approaches to health | Handout 1: Saving the drowning | 60 minutes  
- be aware of the advantages and disadvantages of taking collective action on shared health issues | Working together to address the determinants of health | Handout 2: From the local to the global | 60 minutes

**Community development** |  |  |  |  
- be aware of various definitions of community development and its principles and values | Towards a definition of community development | Handout 3: Definitions of community development | 40 minutes  
- be aware of the steps in a community development process | The community development process | Handout 5: Steps in a community development approach to health | 30 minutes

**Community development approaches to health** |  |  |  |  
- understand how a community development approach is beneficial to health | From a social model of health to a community development approach | Handout 5: Steps in a community development approach to health | 60 minutes  
- understand the link between community involvement and empowerment | Supporting a community development approach to health: involving and empowering people | Handout 6: Feeling powerful, feeling powerless | 60 minutes  
- be aware of the range of skills necessary for a community development approach to health | Supporting a community development approach to health: skills for community development | Handout 7: Seven stages in the community empowerment process | 60 minutes

**Working together for health** |  |  |  |  
- develop the awareness of how people work collectively to get things done | Supporting a community development approach to health: working collectively | Handout 9: Skills for a community development approach to health - further information | 60 minutes  
- be able to identify possible barriers to people working productively together and will be aware of ways of supporting effective collective action | Supporting a community development approach to health: helping people to work together effectively | Handout 10: Group task and process - jigsaw exercise required | 60 minutes  

**Handouts needed are...**
- Handout 1: Saving the drowning  
- Handout 2: From the local to the global  
- Handout 3: Definitions of community development  
- Handout 4: Principles and values of community development  
- Handout 5: Steps in a community development approach to health  
- Handout 6: Feeling powerful, feeling powerless  
- Handout 7: Seven stages in the community empowerment process  
- Handout 8: Skills for a community development approach to health  
- Handout 9: Skills for a community development approach to health - further information  
- Handout 10: Group task and process - jigsaw exercise required  
- Handout 11: Challenges and underlying issues - scenarios  
- Handout 12: Signs of group difficulties with task and process  
- Handout 13: Causes of difficulties in groups

**Minimum time needed...**
- 60 minutes  
- 40 minutes  
- 40 minutes  
- 30 minutes  
- 60 minutes  
- 60 minutes  
- 60 minutes  
- 60 minutes  
- 60 minutes  
- 60 minutes
### Community Development and Health

**If the theme is...**

Planning and evaluating community development approaches for health

**A community development approach to health by the statutory services**

**Community development - working in partnership**

And participants wish to or need to...

- understand the importance of planning for a community development approach to health
- be aware of considerations for the evaluation of community development approaches and associated challenges
- be aware of the role of statutory development process
- understand the opportunities and challenges in supporting a community development approach to health within statutory services
- be aware of how partnership working can improve the health and well-being of communities
- be aware of how the effectiveness of a partnership can be supported

Use activity...

- Supporting a community development approach to health: planning
- Supporting a community development approach to health: evaluation
- Supporting a community development approach to health - the statutory role
- Supporting a community development approach to health: statutory perspective - realising the benefits, rising to the challenges
- Exploring the potential of partnerships for health
- Supporting effective partnership working
- Supporting a community development approach within the statutory health services
- The impact of a strategic approach to community development by the statutory services
- Benefits and principles of partnership
- Important factors for effective partnership working

Handouts needed are...

- Handout 14: Community case studies
- Handout 15: Planning a community development approach
- Handout 4: Principles and values of community development
- Handout 16: Greenvale case study
- Handout 17: Practical aspects of evaluating community development
- Handout 18: Definition of community development in health and social services
- Handout 19: Stages in supporting a community development approach to health
- Handout 20: Purpose and benefits of community development: statutory perspective - realising the benefits, rising to the challenges
- Handout 21: Adopting a community development approach within the statutory services
- Handout 22: The impact of a strategic approach to community development by the statutory services
- Handout 23: Benefits and principles of partnership
- Handout 24: Important factors for effective partnership working

Minimum time needed...

- 60 minutes
- 60 minutes
- 60 minutes
- 60 minutes
- 45 minutes 45 minutes
- 45 minutes
- 45 minutes
- 45 minutes
- 45 minutes
Health Inequalities in the Community

This section starts by considering the meaning of health and what determines health in the context of a community. It provides an opportunity for participants to profile community health and to identify and understand particular community health issues. The concept of social exclusion is explored including how health inequalities are experienced by different population groups within communities.

Section overview
Pages 2 - 3
Background reading
Pages 4 - 5
Themes and activities
Pages 6 - 18
Handouts 1 - 14
Pages 19 - 33
Evaluation handout
Page 34

Materials required
Flipchart, markers and sticky notes in assorted colours.
If the theme is... | And participants wish to or need to... | Use activity... | Handouts needed are... | Minimum time needed...
--- | --- | --- | --- | ---
**Health and its determinants** | _be able to identify what health means to them and how our views on health are formed, influenced and valued_ | Our views on health | Handout 1: Rhymes and reasons | 60 Minutes
|  | _be aware of the range of health influences in the context of a community_ | The life of Terry | Handout 2: Causes and treatments of illness | 40 Minutes
|  | _understand how the health of an individual in their community is influenced by a range of factors_ | Factors that influence health in the community | Handout 3: The life of Terry | 40 Minutes
|  | _be able to analyse the strengths, weaknesses, opportunities and threats in a community in relation to health_ | Health in a community - SWOT analysis | Handout 4: Social determinants of health | 40 Minutes
|  | _be able to map the groups and organisations that have an influence on health in communities_ | Mapping the organisations that influence community health | Handout 5: Defining and addressing health inequalities | 60 Minutes
| **Mapping community health** | _be able to identify the health issues of different population groups_ | Exploring health issues for different groups in the community | Handout 6: Community case studies | 40 Minutes
|  | _be aware of the challenges in identifying the health issues of communities_ | Personal troubles, community issues | Handout 7: Useful local contacts and information sources | 30 Minutes
| **Identifying community health issues** |  |  |  |  |

**Section Overview**

Health inequalities in the community

Minimum time needed...

60 Minutes

40 Minutes

40 Minutes

60 Minutes

40 Minutes

30 Minutes
<table>
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<td>Participation and active citizenship</td>
<td>Handout 13: Participation and active citizenship, Handout 14: A ‘ladder’ of participation</td>
<td>60 minutes</td>
</tr>
</tbody>
</table>
Background reading

Books and Publications

- **Health Promotion, Foundations for Practice** (2000)
  Naidoo, J. & J. Wills, Bailliere Tindall: Edinburgh. Chapters 1 & 2

- **A Quest for Health, Creating a world of difference in Clondalkin**, (2003),
  S. Cosgrove, Clondalkin Partnership: Dublin

- **Poverty is Bad for Your Health—Discussion Paper 5**, (2004)
  Barrington, R., Combat Poverty Agency: Dublin

- **Against All Odds: Family life on a low income in Ireland** (2002)
  Daly, M. & M. Leonard, Institute of Public Administration: Dublin

- **Poverty and Health**, (2005)
  Combat Poverty Agency: Dublin


  European Partners for Equity in Health, EuroHealthNet: Brussels

- **Reducing Inequalities in Health a European Perspective**, (2002),
  Mackenbach J. & M. Bakker, Routledge: London

  Balanda, K. and J. Wilde, Institute of Public Health in Ireland: Dublin

Reports and Publications available to download from the Internet

  World Health Organization Available at <http://www.who.dk/document/e81384.pdf>

  Available at <http://www.dohc.ie/publications/pdf/cmo01.pdf>

- **SWOT Analysis: Strengths Weaknesses Opportunities and Threats** (2006)
  Community Toolbox. Available at <http://ctb.ku.edu/tools/en/sub_section_main_1049.htm>


- **HIA a Practical Guidance Manual** (2003),

- **‘Gender Equality in Community Development’** (2002)
  Crawley, M & L.O’Meara. Available at <http://www.mariecrawley.com/publications.html#Pd>
Continued...

- ‘What is Poverty?’, (2006)

  Combat Poverty Agency. Available at <http://www.cpa.ie/povertyinireland/measuringpoverty.htm>

  Combat Poverty Agency. Available at <http://www.cpa.ie/publications/againstallodds/LivingInDeprivedCommunities.pdf>


- ‘Health Services and the National Anti-Poverty Strategy’,

  Available at <http://www.sochealth.co.uk/history/black.htm>


  European Public Health Alliance. Available at <http://www.epha.org/a/1304>


- ‘Creating Connections – Perspectives on Health Inequality on the Island of Ireland’, (2004),
  Public Health Alliance of Ireland & Northern Ireland Public Health Alliance. Available at <http://www.xsd.ie/comsites/Community/creating_connectionsreport.pdf>
Activity: Our views on health

Learning objective: Participants will be able to identify what health means to them and how our views on health are formed, influenced and valued

This activity explores ideas of health including the influences that shape our ideas about our health and what affects it. You will require sticky notes in different colours for this activity.

1. Write the following statements on the flipchart:
   - I feel healthy when....
   - I am healthy because....
   - To remain healthy I need....

2. Go round the group quickly getting a response to each statement from individual participants.

3. Write the following statement on the flipchart:
   - For us, health is....

4. Break into small groups and ask each group to discuss the statement and work towards completing it. Take feedback from each group and, together, note similarities and differences.

5. Using sticky notes, ask each participant to write down three factors which they feel affect their own health (one factor on each sticky note). Ask them to post these on a blank flipchart sheet and to work together to group them according to any emerging themes.

   Encourage discussion on these themes, acknowledging shared perceptions and different viewpoints.

6. Give out Handout 1: Rhymes and reasons and invite participants to discuss who was the 'healthiest' character and why.

7. Give out Handout 2: Causes and treatments of illness. Ask participants to work in small groups to consider the situation outlined and to discuss their responses to the questions on the handout.

Questions from Handout 2: Causes and treatments of illness

- List as many things as you can think of that might have caused this cold.
- What might your grandmother have said caused this cold?
- What might the doctor say caused it?
- What might other people say caused it?
- What treatments or home remedies would you suggest they use to help them feel better and get rid of the cold?
- What might your grandmother have recommended? What might the doctor suggest?
- In your opinion, whose view is likely to be more acceptable? What leads you to say this?

In the full group, ask participants to compare their responses and to summarise how their own views on health have been influenced and shaped.

8. Using the materials produced, ask participants to sum up as a group what health means to them and how their views on health are formed. Draw the activity to a close by highlighting the key points.
Activity: The life of Terry

Learning objective: Participants will be aware of the range of health influences in the context of a community

In this activity, participants explore the factors that impact on the health of individuals in their community. The activity uses a drawing of an imaginary person called Terry who was born some fifty years ago.

1. Working in small groups, ask each group to draw an outline of a person, Terry, on a sheet of flipchart paper. Give out Handout 3: The life of Terry and ask participants to profile Terry by adding to their drawing as they refer to each prompt.

Prompts from Handout 3: The life of Terry

- Terry’s social history - gender, social class
- Family background and home setting including emotional environment, parents’ or guardians’ attitudes, education level and lifestyle
- Employment career, income, whether there has been financial stress, debt etc.
- Current family circumstances, supports and neighbourhood
- Nutrition, including food availability
- General environment - for example, fresh air, isolation
- Crime, security and personal safety
- Any chronic health problems
- Access to services, public or private
- Transport

2. When each group has completed the task, place the drawings around the room and facilitate a discussion on the following:

- What strikes you?
- What is similar in the sketches?
- What is different? Is there a difference between men and women?
- What do the drawings tell us about the factors that influence Terry’s health?

3. Summarise the activity using Handout 4: Social determinants of health by drawing together the range of determinants of health in the context of an individual’s own community.
Activity: Factors that influence health in the community

Learning objective: Participants will understand how the health of an individual in their community is influenced by a range of factors

This activity is designed to act as an introduction to, or a reminder of, the determinants of health.

1. Working in the full group, ask participants to call out as many factors as possible that influence the health of an individual in a community. Record the factors identified on the flipchart.

2. Take each factor and explore how it impacts on health, whether positively or negatively, following the example below for housing.

<table>
<thead>
<tr>
<th>Factors impacting on health</th>
<th>Positive health impacts</th>
<th>Negative health impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>Good quality housing - keeps people warm, dry and secure, makes people feel good about where they live. Less fear and worry, fewer respiratory conditions.</td>
<td>Poor quality housing - damp, difficult to heat and unsafe. People feel let down and have little pride in where they live. Higher rates of respiratory conditions, increased risk of hypothermia, fear, anxiety, depression.</td>
</tr>
</tbody>
</table>

Identify any themes emerging – for example, access to services, access to resources, lifestyle factors, government policy, work practices etc.

3. Acknowledge that health is influenced by a wide range of factors, or health determinants, which all need to be taken into account if people are to remain healthy and well and that people’s individual and community experiences of the determinants of health can lead to health inequalities.

Use Handout 5: Defining and addressing health inequalities to consider a definition of health inequalities.

Explain that a wide range of factors impact on health and well-being and can therefore give rise to health inequalities; poverty and social disadvantage are the strongest predictors of health inequalities.
Health inequalities in the community
Mapping community health

Activity: Health in a community: SWOT analysis (strengths, weaknesses, opportunities, threats)

Learning objective: Participants will be able to analyse the strengths, weaknesses, opportunities and threats in a community in relation to health

This activity focuses on building a SWOT analysis of health in a community. A full SWOT analysis would be based on a researched needs assessment but using the tool here is a useful way of understanding the main features of a current situation, as well as future opportunities and challenges. A SWOT analysis is also a useful way of helping us to see what possible actions are needed to change the health of a community for the better.

The group you are working with may have a community in common that they can base this activity around. (This could be a geographically based community or a community of people who don’t live in the same area but who have issues in common.) If not, you may need to agree an approach to the activity which includes a community that everyone in the group is aware of or can identify with. An alternative is to use one of the two case study communities provided in Handout 6: Community case studies.

1. Explain to the group that they are going to carry out a SWOT analysis and that this explores the strengths, weaknesses, opportunities and threats in a situation. Stick four flipchart sheets together on the wall to make one large sheet. Divide this with a cross into four quadrants and label each quadrant - one for strengths, one for weaknesses, one for opportunities and one for threats.

2. In small groups, ask participants to discuss the following four questions and to record their responses individually on sticky notes for each question.
   - What are the strengths in relation to health in this community?
   - What are the weaknesses in relation to health in this community?
   - What are the opportunities in relation to health in this community?
   - What are the threats to health in this community?

3. Invite participants to place their sticky notes on the prepared flipchart sheet in the appropriate quadrant. As they do this, encourage them to group similar themes.

4. In the full group discuss:
   - First impressions on looking at this information.
   - Whether there are any surprises or things they did not think about before.
   - The main weaknesses and threats that need to be dealt with to promote a healthy community.

5. Ask participants to work together again in the small groups to identify six key actions that would be likely to make a positive difference to the health of this community, given the findings of the SWOT analysis. Record the feedback from each group on the flipchart. Encourage brief reflection on whether any of the identified actions involve people working together.

6. Encourage reflection on whether any of the identified actions involve people working together.

Carefully analysing the factors that influence the health in a community helps us to identify what needs to be done to make a positive difference to health and well-being.
Activity: Mapping the organisations that influence community health

Learning objective: Participants will be able to map the groups and organisations that have an influence on health in communities

In this activity participants build a map of the groups and organisations, from different sectors, that have an influence on health issues in the community.

If the group you are working with doesn’t have a community in common that they can base this activity around, you may need to select a community that everyone in the group is aware of or can identify with or use one of the two case study communities provided in Handout 6: Community case studies.

1. In small groups, ask participants to consider all the organisations or groups that could possibly have an influence on health in their agreed community. They should include:

   • community / voluntary
   • statutory
   • industry / business
   • partnerships between any or all of these categories.

2. Ask each group to map the organisations / groups on a sheet of flipchart paper using a different colour for each sector listed above and indicating the likely relative impact on community health of each organisation. For example, organisations which are likely to have the biggest influence could be recorded in larger print or in a larger box or circle than others.

3. Ask each group in turn to use their flipchart sheet to share their results with the full group. Encourage participants to highlight links between the groups identified and draw arrows to illustrate these. Encourage reflection on the organisations or groups that have been represented as likely to have the greatest impact on health and well-being.

4. In the full group, facilitate discussion by asking participants:

   • Is there any group missing?
   • Is there any group named that you have not heard of before?
   • Are you surprised by the presence of any group named?
   • Is it true that the largest organisations always have the biggest influence?
   • Are there any questions you have in relation to the level of influence of any group?
   • What does this map tell you about how groups and organisations influence health in your community?

This discussion may highlight information gaps in relation to the activities of some of the groups or organisations on the map. Use your own knowledge and that of the other participants to share information.

Handout 7: Useful local contacts and information sources can be used by individuals after the activity to compile their own local reference list.

5. Close the activity by highlighting that community development supports communities to identify and engage effectively with the organisations that influence issues that affect them.
Activity: Exploring health issues for different groups in the community

Learning objective: Participants will be able to identify the health issues of different population groups

In this activity health issues affecting different groups in the community are explored. Participants draw on their own knowledge and experience to build a health profile of men, women, children and older people living in the community.

1. Divide the group into four small groups. Give each group two sheets of flipchart paper.

2. Ask each group to select a different population group in the community - men, women, children, older people.

3. For the group they are working on, ask each group to:
   - Identify typical health issues and record them on one flipchart page.
   - On the second flipchart page list the positive and negative factors that impact on these individuals’ health.

4. In the full group hear feedback from each of the smaller groups in turn, encouraging members of the full group to comment or contribute additional information. Discuss the following questions:
   - What are the common health issues between the four groups?
   - What are the differences?
   - What does this information tell us about the health of this community?

5. Summarise the insights gained in relation to the health of this community.

6. Close with the reflection that the main aim of this exercise is to explore possible health issues for different groups. Emphasise that a community development approach recognises that, in practice, people in these and other groups are best placed to provide information on their own health issues.

Different groups in the community experience health in different ways. A community development approach recognises that each group is best placed to provide information on its own health issues and needs.
Health inequalities in the community
Identifying community health issues

Activity: Personal troubles, community issues

Learning objective: Participants will be aware of the challenges in identifying the health issues of communities

In this activity, participants explore one of the challenges for local people identifying and sharing their issues by considering why some issues are more difficult to deal with than others.

1. Ask the group to divide into pairs, and ask each pair to choose a community health issue or a problem that they consider might be hard to identify and discuss why this might be the case.

2. In the full group, review the issues that have been raised and the reasons. Take key words and write these up on the flipchart.

3. Invite each small group to take one or two of these issues and discuss how they might be brought into the open.

4. Close by explaining that some health issues are discussed openly within a community while others may be more difficult to discuss and subsequently more difficult to identify and that supporting communities to identify health issues is the first step in addressing them.

Community development approaches to health involve helping people to identify important issues, including issues which may not always be obvious.
Activity: Social groupings and health

Learning objective: Participants will be able to identify how health is experienced in different ways by different social groups

In this activity, the link between people’s social position and their health, or how health is experienced by different groups within society, is further explored.

1. In the full group, invite participants to consider the following questions and record feedback on the flipchart.
   - Do all social groupings experience health in the same way?
   - Can you name groups that have different experiences from others?
   
   If necessary, prompt using examples such as:
   - minority ethnic groups
   - disabled people
   - lone parents
   - the very rich
   - the very poor

2. In small groups, invite each group to focus on the experience of a different one of the groups identified, using the following questions:
   - What might this group’s experience of health be?
   - How is this social grouping viewed by wider society?
   - What status or power does this grouping have in society?

3. In the full group record feedback on each of the groupings discussed.
   
   If necessary use this list to prompt:
   - low income
   - lack of support from society
   - discrimination, racism and stereotyping
   - low status, affecting self-esteem
   - not being seen as productive because not in paid work
   - little power - socially excluded and marginalised
   - fewer resources to organise and act collectively.

4. Using the definitions in Handout 5: Defining and addressing health inequalities, ask participants to reflect on how the definitions relate to the experiences of these groups.

5. Use the flipchart to summarise the key points from the discussions.

A community development approach, with its emphasis on challenging prejudice and discrimination, and support for positive social change, is an important tool in tackling health inequalities.
Health inequalities and social exclusion

Activity: The journey of inequality

Learning objective: Participants will be able to describe the links between inequality and health

In this activity, the life experiences of two people from very different social backgrounds are compared, and participants are invited to explore the impact of their backgrounds on their access to health.

1. Give out Handout 8: The journey of inequality. Explain that the rectangles represent the different stages of a journey. Invite participants to explore individually how the journeys of these two mothers will be different, making notes about each stage on their handout.

2. Take feedback from the participants, recording the points made in relation to each stage of the journey on the flipchart.

3. Ask what other circumstances might have had an impact on the two people. (For example, if Mary had been a single parent, or was from a different culture, or had a physical disability, or if both families lived in a rural area.)

4. With the full group, discuss the following questions:
   - Do different groups experience health in the same way?
   - Do they experience access to health services in the same way?
   - How can inequality be tackled? How can Community Development approaches support this?

5. Point out that experience of inequalities, including health inequalities, is directly related to experience of poverty. Record the key points arising from the discussion on the flipchart to close the activity.

Health inequalities are directly related to individual and community experience of poverty and disadvantage.
Health inequalities in the community

Activity: What is poverty?

Learning objective: Participants will be able to define poverty

In this activity the experience and definition of poverty is explored.

1. Ask participants what immediately comes to mind when they hear/see the word ‘poverty’.

2. Record key words quickly on the flipchart. Display flipchart sheet(s) where everyone can see these collective thoughts.

3. Explain that a person is considered poor if their income or their spending falls below a minimum level that represents the basic needs in society.

There are different ways to measure poverty. Use Handout 9: Different ways to measure poverty to illustrate several possibilities including:

- Relative Income Poverty Lines
- Relative Deprivation
- Combined Income-Deprivation Measure
- The Budget Standard Approach.

Ask participants:

- Are there other ways of measuring poverty?
- What do you regard as the minimum income needed to get by?
- What do you regard as affordable necessities and can people afford these necessities or not on the minimum income?

4. Break into small groups and give out Handout 10: Defining poverty. Ask groups to reach consensus over what they all consider to be the ten most necessary items, and to record these on a flipchart sheet. Ask each group to report on their discussion and pin up their list.

5. In small groups, ask participants to discuss and compare the lists of items and create their own definition of poverty.

6. In the full group share the each group’s definition and agree a list of common features.

To understand fully the links between poverty and health, we need to be clear about what we mean by ‘poverty’.
Health inequalities in the community

Health inequalities and social exclusion

Activity: The meaning of equity in health

Learning objective: Participants will be able to differentiate between equity and equality in relation to health

In this activity, the meaning of ‘equity’ in health is examined. In community development approaches to health, the concept of equity is more helpful than that of equality. Equality suggests that everyone should be treated exactly the same. While this sounds right, it assumes that everyone starts from an equal position.

1. Divide the full group into four small groups. Tell the groups that you are going to give each of them €100,000 to divide amongst themselves – quickly! Give each group 5 minutes to decide how much each person in the group should get. Invite the groups to respond on how they divided the money.

2. Give out Handout 11: Redistributing money: cue cards. Ask individual participants in each group to take on one of the roles and to redistribute the €100,000.

3. Write the following on the flipchart:

   **Equity - allocation of resources according to needs**

   Explain that if they had agreed in the last exercise to give €25,000 to each person, it may have been equal but it would only have been equitable if A, B, C and D’s circumstances and needs are the same.

   Ask the group to take time to think about the needs of each of the personas and to consider how they shared the money equitably. Ask if this was easy to do and allow time for them to share their responses.

4. Invite participants to consider the quotations in Handout 12: The meaning of equity in health and to identify groups who might need to be prioritised for health services. Record their responses on the flipchart.

5. Close the activity by highlighting that equity is a key principle in community development approaches.

Equity is a key principle in community development approaches.
Activity: Participation and active citizenship

Learning objective: Participants will understand the meaning of participation as it relates to active citizenship

In this activity the meaning of participation for citizens, and for members of groups in our communities, is explored and the link to health inequalities is considered.

1. Start the activity by emphasising that people can participate in local community life in different ways. Ask participants to work in small groups to respond to the following questions:

- What do you understand by ‘participation’ in the context of a community?
- How do you participate in your community?
- What encourages you to participate?
- What discourages you?

Record the feedback from each group on the flipchart.

Examples of participation include:

- attending a community event
- volunteering in the community
- being part of an active community group
- taking part in a consultation on the location of a new hospital
- casting a vote in an election.

These are all examples of people taking part and becoming more involved in community life, from simply taking part in local activities to having a voice on issues affecting the whole community.

2. Ask the full group to look at the different types of participation they have identified and consider whether any of these might lead to individuals or communities being able to influence policy and decision making by organisations which have responsibility for planning and delivering services. Encourage discussion on how these types of participation might influence policy or service provision.

3. Give out Handout 13: Participation and active citizenship and read through it with the participants highlighting the sources, the similarities and the differences. Ask participants to work in small groups to discuss the following questions:

- What prevents us participating and putting our views forward?
- Which groups of people are less likely to put their points of view forward or may experience difficulties in doing so?
- What would help us as citizens to participate in our health services provision?
- What actions could be taken to support the participation of people experiencing health inequalities and by whom?
4. In the full group develop the discussion on participation further using Handout 14: A 'ladder' of participation. Go through the handout, explaining the progression from a low level of participation to a high level of participation, giving examples and checking for understanding. Ask participants to consider the following questions:

- Have they seen evidence of these degrees of participation in public life or in their own communities?
- What degree of participation have they experienced in their communities?

Discuss the responses, recording examples on the flipchart.

5. Close the activity with an acknowledgement that since health and well-being are influenced by a range of determinants, then the opportunity for individuals and communities to influence these determinants at policy and service delivery levels has the potential to make a difference to individual and community health. Remind participants that while lack of participation can contribute to health inequalities, community development promotes participation in community life and in public affairs. It seeks to give people a say on issues that affect them and on the services they require. However it is often the most vulnerable who can participate least.
Health inequalities in the community

Handout 1: Rhymes and reasons

HERE LIES THE BODY OF
Betty Dunne
Her life was short
Her body was small
An accident in
an accident in
a car owner owned
her life, she
didn't go far.

A quiet man was
Old Joe
He lived his life
Alone you know,
They say his age
was 187,
Before his soul
was called to
Heaven.

HERE AT REST IS
Patraig Padden,
During a feast, his death was sudden,
He smoked, he drank, he loved his feeding,
But died at 30 for not heeding.

Join the Warrior,
Dead and blind,
An honest man, no guide,
Remembered by family,
And loving wife,
And loving son,
He enjoyed a
Happy life.

Sarah Byrne
Is down here laid,
Sickness her life misery made,
But she had plenty of cash in store,
From 5 husbands who went before.

Source: Planning a Programme of Health Education. Healthy Living Programme First Year Teacher’s Book North Western Health Board
A friend of yours has a streaming cold - sneezing, coughing and feeling hot and shivery. They have had to deal with a lot of problems lately and there is dampness in their home.

**Causes of the cold**

1. List as many things as you can think of that might have caused this cold.
2. What might your grandmother have said caused this cold?
3. What might the doctor say caused it?
4. What might other people say caused it?

**Treating the cold**

5. What treatments or home remedies would you suggest they use to help them feel better and get rid of the cold?
6. What might your grandmother have recommended? What might the doctor suggest?
7. In your opinion, whose view is likely to be more acceptable? What leads you to say this?

**Source:** A Community Development Approach to Health Issues in Northern Ireland Community Development & Health Network NI.
As your group draws the sketch of Terry, note or represent the following aspects of Terry’s experiences on the picture:

- Terry’s social history - gender, social class
- Family background and home setting including emotional environment, parents’ or guardians’ attitudes, education level and lifestyle
- Employment career, income, whether there has been financial stress, debt etc.
- Current family circumstances, supports and neighbourhood
- Nutrition, including food availability
- General environment - for example, fresh air, isolation
- Crime, security and personal safety
- Any chronic health problems
- Access to services, public or private
- Transport
Handout 4: Social determinants of health

Health inequalities in the community

Health inequalities arise when lower socio-economic groups experience a higher prevalence or incidence of health problems than those of higher socio-economic status.

Source: Poverty and Health Combat Poverty Agency (2004:2) Dublin

Health inequalities is the generic term used to designate differences, variations and disparities in the health achievements of individuals and groups. Health inequities refer to those inequalities in health that are deemed to be unfair, unacceptable or stemming from some form of injustice.

Source: Kawachi, Subramanian & Almeida-Filho 2002 cited by European Partners for Equity in Health (2006:2)

It has become clear that health inequalities are a common problem and concern everybody in society. Tackling these unjust variations in health and life expectancy is a legally, economically and socially justified aim. Achieving this aim must apply the comprehensive approach of public health and health promotion as defined by the Ottawa Charter (WHO 1986), according to which health policy not only entails actions directed at strengthening the skills and capabilities of individuals but also involves actions directed towards changing their social, environmental and economic conditions, so as to alleviate their impact on public and individual health.


Community development addresses health inequalities because it:

- addresses the determinants of health
- facilitates public involvement in the decisions that affect their health
- empowers individuals and communities
- ensures that local issues are put on the agenda
- encourages multi-sectoral action.

Source: Tools of the Trade - A ‘Toolkit’ for those using Community Development Approaches to Health and Social Well-being Community Development and Health Network NI.

What’s clear?
What’s unclear?
What do you agree or disagree with?
What do you need to check out?
Case study - North Road

North Road is a public housing estate on the outskirts of Bigtown, a small up-and-coming coastal city. Historically, employment has always been focused in the shipbuilding industry but the decline of the industry has led to many redundancies and a new generation is growing up with an employment base in the service industries, especially tourism.

The North Road Estate is home to approximately 700 households who reside in a mixture of dwelling types including three and four bedroom homes and two / three bedroom flats.

There are higher than average numbers of young people living in North Road. Unemployment rates are high and long term unemployment is prevalent.

Educational attainment is poor and the three local schools have experienced high levels of truancy by children from the estate as well as persistent lateness by some families.

There is a pervasive drugs issue and relationships with the police over the issue are poor. As a result of drug and alcohol abuse by their parents, there is a significant group of young carers, looking after young siblings and also often looking after mum or dad.

There are few older residents living in the newer dwellings on the estate but twenty-five senior citizens live in older bungalows along the perimeter. There is a lunch club for older people in the neighbouring estate which is open to the North Road residents but none attend.

Access to shops and other facilities outside the estate is poor. There are only two bus services a day and none on Saturday or Sunday. There is only an off licence trading near the estate and no post office or grocery shop within walking distance.

There are no facilities for outdoor play as the play area was vandalised several years ago and the local Council has not prioritised its replacement. Local parents have not raised this as an issue with the Council.

North Road did have a community group up until three years ago but a fall-out amongst members after a successful fundraising drive for a community house resulted in the group breaking up.
Handout 6: Community case studies

Continued...

Case study - Greenacres

Greenacres is a small rural village near the town of Littletown and home to about 300 households. Greenacres has won several Tidy Towns awards for its neat and pleasant appearance and there is a diehard band of local people who have a particular interest in environmental matters.

Greenacres has traditionally depended on farming for employment, however the local economy has been changing steadily over the past few years. Agriculture has declined as has the local manufacturing base comprising mainly one- to three-person businesses. The number of part-time farmers has increased significantly with a corresponding decrease in the numbers farming full-time.

Opportunities for training for employment are rare and barriers to the uptake of training include lack of available childcare, transport, and stigma associated with leaving the family farm to take up alternative employment.

There are two local primary level schools near the village and after primary level children must travel the three miles into Littletown to the secondary level school there.

While there is a collective interest in the physical environment of the village, there are few social outlets other than the pub. There is a community group in addition to the Tidy Towns group who run the annual community festival and several events for children throughout the year.

Isolation and loneliness are common amongst women at home as well as older people. Farmers are considered to be at high risk of poor mental health but there is no easy access to support locally or even further afield.

Most services are located in Littletown but the public transport services are infrequent. Bus services have recently been cut further to one service per day, leaving in the morning and returning late afternoon. A car is a necessity in these circumstances.

There are no play facilities for children and the village badly needs a Youth Club or similar facility as there is nothing for young people to do, especially in the evenings. Some older people feel threatened by groups of young people hanging around the village shop.
Use this handout to compile your own local reference list.

<table>
<thead>
<tr>
<th>Contact</th>
<th>Contact Person</th>
<th>Address</th>
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<td>Family Doctor</td>
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<td>Public Health Nurse</td>
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<td>Hospital</td>
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<td>Community Development Programme or Family Resource Centre</td>
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<td>Partnership Company (Local Development Social Inclusion Programme, LDSIP)</td>
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<td>LEADER+ or Rural Development Programme</td>
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<td>City or County Development Board</td>
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<td>Citizens Information Centre</td>
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<td>FÁS (Training and Employment Authority)</td>
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<td>Vocational Education Committee (VEC)</td>
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<td>Social Welfare Local Office (SWLO)</td>
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Mary lives with her family in a local authority block of flats. Her husband has just been laid off at work. She has no credit for her phone. She has 3 children: 11 months, 3 years and 6 years. She has a medical card.

Siobhan and her husband both work and both have cars. They have a full-time child minder to look after their children at home. They are 11 months, 3 years and 6 years.

Both families wake up one morning to find that their toddler is sick and they need a doctor to see her. What different journeys or experiences will they have in getting health treatment?

**Source:** Adapted from *A Community Development Approach to Health Issues in Northern Ireland.* Community Development and Health Network NI.
Different ways to measure poverty include:

- **Relative Income Poverty Lines** - where the poverty line is set as a proportion of average household income (normally somewhere between 40-70%), adjusted for household size.

- **Relative Deprivation** - a deprivation index is calculated on the basis of whether people have access to items/activities on an agreed list of ‘necessities’. To be without an item or denied an activity from this index, because of lack of income, is to experience relative deprivation.

- **Combined Income-Deprivation Measure** - used in Ireland to establish levels of consistent poverty. This combines relative income poverty lines with deprivation indicators. Eight main indicators are used:

  Not having:
  - new, but second-hand clothes
  - a meal with meat, fish or chicken every second day
  - a warm waterproof overcoat
  - two pairs of strong shoes
  - a roast or its equivalent once a week

  or, on the other hand, having:
  - debt problems arising from ordinary living expenses
  - a day in the last two weeks without a substantial meal
  - to go without heating during the last year through lack of money

  If a household falls below 70% of median income and also lacks at least one of the items in the basic deprivation list, it is said to experience consistent poverty.

- **The Budget Standard Approach** - a poverty line is calculated based on the cost of a specific basket of goods and services that are considered by experts to represent a basic living standard.

*Source: Adapted from Measuring Poverty Factsheet, Combat Poverty Agency*
Look over the jumbled list of 'necessities' below. In your group agree on what you consider to be the ten most necessary items. There are no right or wrong answers!

**List of Necessities**

- New not second-hand clothes
- Heating to warm living areas of the home if it is cold
- Enough bedrooms for every child over 10 of different sex to have her/his own room
- Leisure equipment for children e.g. sports equipment or a bicycle
- Carpets in living rooms and bedrooms
- Presents for friends or family once a year
- Three meals a day for children
- Toys for children
- Refrigerator
- Bath (not shared with another household)
- A car
- A holiday away from home for one week a year, not with relatives
- Public transport for one's needs
- A garden
- A television
- A night out once a fortnight [adults]
- Celebrations on special occasions such as Christmas
- Damp-free home
- A warm waterproof coat
- Two hot meals a day [for adults]
- A telephone
- A packet of cigarettes every other day
- A roast meat joint or its equivalent once a week
- A 'best outfit' for special occasions
- An outing for children once a week
- Meat or fish every other day
- A dressing gown
- A hobby or leisure activity
- Children’s friends round for tea or a snack once a week
- Indoor toilet [not shared with another household]
- Friends/family round for a meal once a month
- Beds for everyone in the household
- A washing machine
- Two pairs of all-weather shoes
- Self-contained accommodation
- A warm waterproof coat

**Source:** Adapted from Lansley, M.J., *Poor Britain*, Allan & Unwin, London, 1995
Health inequalities in the community

Handout 11: Redistributing money: cue cards

Each participant in each group takes on one of the following roles:

A
You are an unemployed parent of two children, whose partner works part time

B
You are a young single civil servant who has taken out a mortgage

C
You are an older couple living on their pension

D
You are an owner of a small business
Equity

'Equity in health implies that ideally everyone should have a fair opportunity to attain their full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential, if it can be avoided. The term ‘inequity’...refers to differences in health which are not only unnecessary and avoidable but, in addition, are considered unfair and unjust.'

Source: Health 21: The Health for All Policy for the WHO European Region, [1999:210]

Equity in Health

Equity in Health does not mean that everyone has the same level of health or that everyone requires the same level of access to services. Rather, the principle of equity requires that society ensures that no barriers unfairly restrict the same people from achieving their full health potential while enabling others to do so. People’s health potential is impacted on by their genetic make-up so not everyone can achieve the same health status. Barriers which are unfair include differences arising from social and economic circumstances, or differences in access to information or differences in access to services.

Source: Equity in Health Tackling Health Inequalities, Understanding the Links (2003:6)

Equity in Health Care

'Taken broadly, equity in healthcare relates both to the way health services are financed and to the way they are delivered and accessed......A common formulation and one that is fully supported by the Forum, is that access to care should be on the basis of medical need or capacity to benefit from care, and should not be affected by other factors such as ability to pay or geographical location. This is the way equity of access was defined in the Governments official health strategy for the 1994-2000 period Shaping a Healthier Future.....'

Source: Equity of Access to Hospital Care, the National Economic and Social Forum Report No. 25 (2002:4)
Handout 13: Participation and active citizenship

The Health Boards Executive (HEBE) has defined community participation thus:

‘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.’


The World Health Organization has stated this explicitly in relation to health services:

‘The people have the right and duty to participate individually and collectively in the planning and implementation of their health care.’

Source: Declaration of Alma Ata, World Health Organization (WHO), 1978

The Irish Government’s White Paper on Supporting Voluntary Activity defines active citizenship as:

‘The active role of people, communities and voluntary organisations in decision making which directly affects them. This extends the concept of formal citizenship and democratic society from one of basic civil, political and social and economic rights to one of direct democratic participation and responsibility.’

Source: White Paper on a Framework for Supporting Voluntary Activity and for Developing the Relationship between the State and the Community and Voluntary Sector, 2000

The Taskforce on Active Citizenship describes active citizenship in the context of neighbourhoods and communities as follows:

‘In practice, active citizenship refers to how people play an active and responsible role together with others in their communities. It may also refer to time spent in caring for one’s own family. Active citizenship may include membership of a residents’ association or lobby group, or volunteering to help out in a local sports club or simply being active and caring about the local neighbourhood, the environment as well as larger global and national issues.’

Source: Together, We’re Better, Background Working Paper, Taskforce on Active Citizenship

What’s clear?
What’s unclear?
What do you agree or disagree with?
What do you need to check out?
Users have authority to take decisions

Users have the authority to take selected decisions

Users views are sought before decisions are finalized

Users may take the initiative to influence decisions

Decisions are publicised and explained before implementation

Information is given about decisions made

Health inequalities in the community

1. Overall, what key learning have you taken from participating?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Which did you find most useful and why?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. What part did you find least useful and why?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. How will this influence your way of working?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Thank you
Community development and health

This section defines community development and demonstrates how the community development model of working is used to deliver real benefits in terms of community health. It explores the community development process in the context of all stakeholders and identifies the opportunities and challenges for them in adopting this way of working. It examines the potential for health gain from working collaboratively and in partnership.

Materials required
Flipchart, markers and sticky notes in assorted colours.
<table>
<thead>
<tr>
<th>If the theme is...</th>
<th>And participants wish to or need to...</th>
<th>Use activity...</th>
<th>Handouts needed are...</th>
<th>Minimum time needed...</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Different approaches to health</strong></td>
<td>...be aware of different approaches to health</td>
<td>Exploring different approaches to health</td>
<td>Handout 1: Saving the drowning</td>
<td>60 minutes</td>
</tr>
<tr>
<td></td>
<td>...be aware of the advantages and disadvantages of taking collective action on shared health issues</td>
<td>Working together to address the determinants of health</td>
<td>Handout 2: From the local to the global</td>
<td>40 minutes</td>
</tr>
<tr>
<td><strong>Community development</strong></td>
<td>...be aware of various definitions of community development and its principles and values</td>
<td>Towards a definition of community development</td>
<td>Handout 3: Definitions of community development</td>
<td>40 minutes</td>
</tr>
<tr>
<td></td>
<td>...be aware of the steps in a community development process</td>
<td>The community development process</td>
<td>Handout 5: Steps in a community development process to health</td>
<td>30 minutes</td>
</tr>
<tr>
<td><strong>Community development approaches to health</strong></td>
<td>...understand how a community development approach is beneficial to health</td>
<td>From a social model of health to a community development approach</td>
<td>Handout 5: Steps in a community development approach to health</td>
<td>60 minutes</td>
</tr>
<tr>
<td></td>
<td>...understand the link between community involvement and empowerment</td>
<td>Supporting a community development approach to health: involving and empowering people</td>
<td>Handout 6: Feeling powerful, feeling powerless</td>
<td>60 minutes</td>
</tr>
<tr>
<td></td>
<td>...be aware of the range of skills necessary for a community development approach to health</td>
<td>Supporting a community development approach to health: skills for community development</td>
<td>Handout 7: Seven stages in the community empowerment process</td>
<td>60 minutes</td>
</tr>
</tbody>
</table>

**Working together for health**

- ...develop their awareness of how people work collectively to get things done
- ...be able to identify possible barriers to people working productively together and will be aware of ways of supporting effective collective action

Supporting a community development approach to health: working collectively

- Handout 9: Skills for a community development approach to health - further information | 60 minutes

**Handouts needed are**

- Handout 1: Saving the drowning
- Handout 2: From the local to the global
- Handout 3: Definitions of community development
- Handout 4: Principles and values of community development
- Handout 5: Steps in a community development process to health
- Handout 6: Feeling powerful, feeling powerless
- Handout 7: Seven stages in the community empowerment process
- Handout 8: Skills for a community development approach to health
- Handout 9: Skills for a community development approach to health - further information
- Handout 10: Group task and process: Note - jigsaw exercise required
- Handout 11: Challenges and underlying issues - scenarios
- Handout 12: Signs of group difficulties with task and process
- Handout 13: Causes of difficulties in groups
<table>
<thead>
<tr>
<th>If the theme is...</th>
<th>And participants wish to or need to...</th>
<th>Use activity...</th>
<th>Handouts needed are...</th>
<th>Minimum time needed...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning and evaluating community development approaches for health</td>
<td>...understand the importance of planning for a community development approach to health</td>
<td>Supporting a community development approach to health: planning</td>
<td>Handout 14: Community case studies Handout 15: Planning a community development approach Handout 4: Principles and values of community development</td>
<td>60 minutes</td>
</tr>
<tr>
<td>...be aware of considerations for the evaluation of community development work, and associated challenges</td>
<td>Supporting a community development approach to health: evaluation</td>
<td>Handout 16: Greenhale case study Handout 17: Practical aspects of evaluating community development</td>
<td>60 minutes</td>
<td></td>
</tr>
<tr>
<td>A community development approach to health by the statutory services</td>
<td>...be aware of the role of statutory organisations in the community development process</td>
<td>Supporting a community development approach to health - the statutory role</td>
<td>Handout 4: Principles and values of community development Handout 18: Definition of community development in health and social services Handout 19: Stages in supporting a community development approach to health</td>
<td>60 minutes</td>
</tr>
<tr>
<td>...understand the opportunities and challenges of using a community development approach to health within statutory services</td>
<td>Supporting a community development approach to health - statutory perspective - realising the benefits, rising to the challenges</td>
<td>Handout 20: Purposes and benefits of a community development approach Handout 21: Adopting a community development approach within the statutory health services Handout 22: The impact of a strategic approach to community development by the statutory services</td>
<td>60 minutes</td>
<td></td>
</tr>
<tr>
<td>Community development - working in partnership</td>
<td>...be aware of how partnership working can make a positive difference to the health and well-being of communities</td>
<td>Exploring the potential of partnerships for health</td>
<td>Handout 23: Benefits and principles of partnership</td>
<td>45 minutes</td>
</tr>
<tr>
<td>...be aware of how the effectiveness of a partnership can be supported</td>
<td>Supporting effective partnership working</td>
<td>Handout 24: Important factors for effective partnership working</td>
<td>45 minutes</td>
<td></td>
</tr>
</tbody>
</table>
Background reading

Books and Publications

• **Tools for Change: A Community Work Resource** [2006]
  Community Workers Co-operative: Galway

• **Working More Creatively with Groups**, [1987]
  J. Benson, Routledge: London

• **Groups Process and Practice**, [2002]
  Corey, M. and G. Corey, Brooks Cole: California

• **Understanding Organisations** [1999],
  C. Handy, Penguin: London

• **Organisational Behaviour** [1985]

• **Developing Facilitation Skills: a handbook for group facilitators** [1995],
  P. Prendiville, Combat Poverty Agency: Dublin

  Comhairle, Café Publications, Dublin

• **Culture and Health Strand: A study of 32 projects in diverse healthcare settings** [2005],
  A. O’Connor, Health Services Executive, Southern Area: Cork

• **The Role of Community Development in Tackling Poverty**, [2000]
  Combat Poverty Agency: Dublin

• **Making Partnership Work - a Handbook on Involvement in Local Development Partnerships**, [1995],
  S. Craig, Combat Poverty Agency: Dublin

• **RAPID Programme Service Integration Toolkit** [2006]
  Pobal, Department of Community, Rural and Gaeltacht Affairs

  Community Workers’ Co-operative: Galway

• **Partnership, Participation and Power** [2000],
  Community Workers’ Co-operative: Galway

• **Partnership in Action, the role of community development and partnership in Ireland** [1996]
  Community Workers’ Co-operative: Galway

Reports and Publications available to download from the Internet

• **Community Participation Guidelines** [2002]
  Health Boards Executive (HEBE) Available at <http://www.hebe.ie/Publications/Subject Area/Health Strategy Implementation Projects/Files/Upload,478,en.pdf>

• **Participation Works - 21 Techniques of Community Participation for the 21st Century** [1998]
Activity: Exploring different approaches to health

Learning objective: Participants will be aware of different approaches to health

In this activity, medical and social approaches to health are explored. The medical approach focuses on the individual, treating the symptoms and the specific illness affecting the individual while the social approach looks at the wider determinants that influence an individual’s health and well-being.

The social model alongside the medical model is the starting point for a community development approach to health. The social model of health enables us to see where and how people can work together to change a situation and how a community development approach can be applied. Participants need to understand the wider determinants of health for this activity.

1. Give out Handout 1: Saving the drowning, and read it aloud. Ask participants to consider:
   - Why are people consistently floating downstream? What does Zola suggest is happening? What do they think Zola is suggesting the medical system does?

   Zola suggests that doctors and nurses pull people out of the water constantly and do their best to save lives, but they don’t have the opportunity to look upstream to see who or what is pushing them in. Unless someone takes a look upstream, and begins to work on what is causing all these people to fall in the water, more and more people will get into difficulties or die. To look upstream is to ask the question why an issue or problem is as it is. Dealing with the symptoms of an issue will not prevent it happening again. But if we can identify the root causes and then plan actions to tackle these, there is some hope of real change.

   Encourage discussion by highlighting that in The Solid Facts, the World Health Organization recommends that the wider determinants of health must be addressed in order to develop a healthier society. These include education, housing, employment, access to health services and level of poverty.

2. Ask participants to consider the following questions:
   - What are the range of issues that could lead to people falling into the water?
   - How do they relate to the determinants of health?
   - What groups of people are more likely to fall in the water in the first place?

   Record the responses on the flipchart.
continued...

3. Working in small groups, ask participants to reflect further on the ‘Saving the Drowning’ exercise by considering:

- If people are to be prevented from falling into the water, who needs to be involved in tackling the issues?
- While people already in the water clearly need to be pulled out urgently, how can we work together to stop people falling in?
- How could the people who are in danger of falling in be involved?
- How could their wider community be involved?

Record feedback for each question on the flipchart.

4. Close the activity by explaining that in the ‘Looking Upstream’ example a social model of health means that while we pull individuals out of the water to save their lives, we also need to work together to find out, and do something about, the reasons why people are falling into the water in the first place. A community development approach has the individuals experiencing the issues at the centre, but includes all stakeholders in finding solutions and addressing the determinants of health.
Community development and health

Different approaches to health

Activity: Working together to address the determinants of health

Learning objective: Participants will be aware of the advantages and disadvantages of taking collective action on shared health issues

In this activity, the concept of people coming together, rather than working alone, to address a health issue or issues is explored. This includes some reflection on the fact that collective action can be a response to issues at local, national and global levels but that working together is a cornerstone of community development.

1. In the full group, ask participants to share their experiences of taking action to change something they were not happy with.

   Reasons for taking action could include:

   • because it was possible to address the issue directly or prevent it happening again
   • based on concern for justice - because things were unfair
   • so that people didn’t have to suffer
   • to reduce isolation
   • because the issues made people feel hopeless
   • because some people were not getting the help that was available to other people
   • because of personal interest, concern or experience.

   Draw out the underlying values that are involved in making change happen.

2. Give out Handout 2: From the local to the global which includes a number of examples at global, national and local levels of how people have worked or are working together for change. Using these examples, discuss how people came together to try to address an issue.

3. Divide the participants into small groups, and ask each group to think about the following:

   • The advantages and disadvantages of trying to tackle a problem/issue on your own.
   • The advantages and disadvantages of addressing an issue as a group.

   Ask each group to record the advantages and disadvantages on sheets of flipchart paper.

4. In the full group, compare the lists for working alone and working as a group.

   Ask participants to sum up the benefits of working together to tackle a health issue or inequality.

Working together is a key feature of a community development approach.
Activity: Towards a definition of community development

Learning objective: Participants will be aware of various definitions of community development and its principles and values

In this activity, definitions, principles and values of community development are explored and key features are highlighted.

1. Ask participants to work in small groups to discuss what community development means to them.
2. Based on this discussion, ask participants to agree a definition of community development.
3. Ask participants to identify the principles and values that underpin their definitions and to record these.
4. Working in the full group, discuss the definitions, principles and values that they have identified.
5. Give out Handout 3: Definitions of community development and Handout 4: Principles and values of community development, give time for discussion and take comments on how these compare with their own definitions and lists.
6. Close the activity by asking participants to identify key features of a community development approach for health.

We can recognise a community development approach by observing the underlying principles and values.
Community development and health

Community development

Activity: The community development process

Learning objective: Participants will be aware of the steps in a community development process

This activity considers the steps in a community development process from the point where an issue is identified and people come together to attempt to respond.

1. Ask participants to reflect individually on a time when they were prompted to work together with others to tackle an issue that was affecting them, their family or community. Ask them to work in small groups to share this and agree on one experience to use as a working example.

2. Ask each group to use the agreed example to discuss what happened between being aware of the issue and eventually addressing it. What were the steps?

3. In the full group, take each group’s issue, compare the steps identified and agree a composite list.

4. Ask participants to compare this composite list of steps with Handout 5: Steps in a community development approach to health and note the feedback on the flipchart.

Most community development processes involve similar steps and move through similar stages. There can be different roles involved in the application of a community development approach. Community development can be initiated by people in the community or from outside the community. Similarly, it can be driven and supported from within the community or there can be an individual or an organisation providing external support.

5. Close the activity by working through the Handout 5 and asking participants to reflect on the individuals and/or organisations that might find themselves in a community development support role.

In community development approaches, the people-centred process towards a goal is just as important as the goal itself.
Activity: From a social model of health to a community development approach

Learning objective: Participants will understand how a community development approach is beneficial to health

In this activity participants consider how an individual might encounter different approaches or responses to a health issue that they are experiencing. It explores the added value a community development approach might bring to this individual’s health issue.

1. Introduce the activity by posting up a prepared flipchart sheet with the following information.

   Marie lives alone in rented accommodation with her 3 young children and is unemployed. Since her last baby was born six months ago she has experienced a lot of anxiety and often feels low. Her eldest child is four years old.

   Marie has little contact with other adults other than her mother who visits about once a fortnight. Marie has no car and finds it difficult to get out and about with her children. There are few family-friendly facilities locally and no playgrounds or playgroups nearby. They often stay in for days on end. Marie feels that there is no future for herself and her children.

   Marie’s mother suffers from depression and has taken tranquillisers over a long period of time. Marie knows that she may need some medical help too but would like to explore other sources of support alongside consulting her doctor.

2. Ask everyone to read the information. Then read it aloud to ensure understanding. Explain that it will be important for Marie to involve her doctor or another appropriate professional as she may well need medical help. Emphasise that the focus of this exercise is the wider context within which a consultation with her doctor would happen.

3. Working in the full group, ask participants to make a list of all the factors that they can think of that could be contributing to Marie’s anxiety and low moods. Remind participants that the broad determinants of health include social as well as medical factors. Record a list on the flipchart.

4. Ask participants to refer to this list as they work in small groups to answer the following questions:

   - What support might be helpful to Marie?
   - Which of these supports are medical and which are social?

Record the feedback on the flipchart.
Continued...

5. Working in the same small groups, ask participants to each take one role with Marie as her doctor, nurse, neighbour or friend:

- How would they start if they were using a community development approach? What would they do first?
- What other steps would they take?
- What would the added value of a community development approach to Marie’s situation be?

Ask participants to present the results of their discussions to the full group. Record a list of the steps identified and the added value on the flipchart.

6. Write the following headings on a flipchart:

- Recognising an issue impacting on health
- Collective approach - working together
- Clarifying the issue / getting more information / needs assessment
- Planning, reviewing
- Resource requirements
- Getting support from others
- Skills development and empowerment
- Evaluation

The steps are explained in more detail in Handout 5: *Steps in a community development approach to health*. Ask participants to compare this list with the steps they identified for supporting Marie, noting similarities and differences. Close the activity by reminding participants of the added value of using a community development approach.

Community development approaches can open up new opportunities so that people get access to the facilities, services, help and support they need.
Community development and health

Community development approaches to health

Activity: Supporting a community development approach to health: involving and empowering people

Learning objective: Participants will understand the link between community involvement and empowerment

In this activity, different experiences of power are explored and the impact of personal/community empowerment on community involvement is examined.

1. Divide the group into pairs and give out Handout 6: Feeling powerful, feeling powerless. Ask each person in the pair to describe to the other person a situation when they felt powerful or strong and a situation where they felt powerless or weak. Ask them to answer the questions in Handout 6 as they do this, allowing about 5 minutes per person.

   This could be any occasion where they felt they had power or control over what was happening to them, or where they felt they had little or none, for example when dealing with officials or professionals, or an employer who treated them unfairly.

2. In the full group, invite participants to share their experiences and record key points on the flipchart. Ask if there are any common elements/similarities within these experiences.

   Use the following checklist to focus participants’ thoughts.

   - Individual factors
     - self esteem
     - knowledge or confidence
     - emotions
   - Environmental factors
     - language or jargon
     - ‘gatekeepers’
     - resources
     - power

3. Ask participants to look again at their example situation where they felt powerless and to think about what would have made it a better experience for them. Record key words or phrases on the flipchart.

   Empowerment is the combination of knowledge, skills and confidence that enables people to act or participate where they want or need to, including tackling an issue which affects them or their community.
Continued...

4. Give participants Handout 7: *Seven stages in the community empowerment process* to illustrate the concept of empowerment and its central role in promoting social inclusion and involvement.

   *Handout 7 also includes an extract providing further explanation of why the concepts of power and empowerment are central to community development.*

5. Ask participants to consider the following questions:

   - What prevents people from coming together or getting involved in a group to tackle an issue which affects them or their community?
   - What would encourage and support people to come together or become involved?

   Write the heading...

   ‘Power and the link with participation’

   ...on the flipchart and record the responses to the questions underneath.

6. Close this activity by emphasising that participation is an essential feature of community development and that power, powerlessness and participation are closely linked.

   Participation is an essential feature of community development. The opportunity to participate meaningfully in identifying and helping to address issues which affect us reduces powerlessness and supports individual and community empowerment.
**Activity:** Supporting a community development approach to health: skills for community development

**Learning objective:** Participants will be aware of the range of skills necessary for a community development approach to health

This activity examines the range of skills that will be needed to support community development processes. These skills will not all be held by any one individual or organisation. The need to bring the right skills together is another reason for working collectively with others.

1. Ask participants to work in small groups to identify the skills needed for a community development approach to a health issue and to list these on a flipchart sheet.

2. Ask participants to compare the content of Handout 8: Skills for a community development approach to health with the list generated, to identify the skills common to both, to highlight any differences and to discuss them briefly.

3. In the full group, ask participants to identify:
   - At what step or stage will the different skills be needed?
   - How can the necessary skills be brought on board?

4. Close the activity by recording key points on the flipchart. Give out Handout 9: Skills for a community development approach to health - further information.
Activity: Supporting a community development approach to health: working collectively

Learning objective: Participants will develop their awareness of how people work collectively to get things done

In this activity, a group task is used to demonstrate some considerations for helping people work together effectively. In particular, the activity highlights the importance of distinguishing between what a group sets out to do and how they go about it.

While there are sometimes difficulties in getting people together to work on a community issue, there are further challenges associated with supporting the effectiveness of group working. Since community development is dependent on effective group work, it is important to consider how people can be supported to work together, as well as focusing on what needs to be done.

1. Tell participants that this activity explores how people work together in a group to get things done. Ask them to form small groups. Provide each group with 4 sheets of flipchart paper and 12 sticky notes. Explain that:
   - Each group must build a completely free-standing structure of at least 1m high using only the resources they have been given.
   - The structure must be designed to clearly symbolise good health and well-being.
   - They may use flipchart markers to add colour / text to their design as they wish.
   - The winning structure will be decided upon by a vote at the end of the exercise.
   - They have 15 minutes.

2. Tell participants that they can begin. Give no further help or instructions but observe how they approach the task and note any of the following to inform reflection and feedback when they have finished:
   - Did they engage in planning or preparation?
   - Did they assign or take roles?
   - Did a leader emerge?
   - Did they experience frustration, impatience or conflict?
   - How did they use their resources (people and materials)?
   - Did everyone participate?
   - How well did they manage their time?

3. After 10 minutes, advise participants that they have 5 minutes left. After 15 minutes, ask all groups to stop. Ask each group to present their structure and describe how it symbolises good health and well-being. Ask participants to vote for the best structure with a show of hands.

4. Encourage participants to reflect on their approach to this task using the questions listed above. Share your own observations to add to the discussion.
Continued...

5. Use the following list to highlight a number of key considerations for collaborative work and support discussion in relation to this:

- The significance of the ‘process’ when people come together to carry out a task
- The need for effective leadership
- Encouragement for all members to play an active part
- Making good use of group members’ knowledge and skills
- The value of planning
- Awareness of own and others responsibilities
- The need to build good working relationships
- Using resources effectively
- How things that happen outside the group can have an influence

Highlight the relationship between the group process, the task to be undertaken and the individual needs within the group. Give out Handout 10: Group task and process to summarise this part of the activity.

6. Divide into small groups and ask each group to use the discussion after the group exercise to think about:

- A positive group experience they have been part of, sharing the factors that contributed to making it positive.
- A negative group experience they have been part of, sharing the factors that contributed to making it negative.

Advising participants to avoid naming specific groups or individuals, emphasising that the focus is on exploring the group process.

In the full group, use the flipchart to record and review the feedback. Ask participants to consider how the factors identified relate to what emerged from their group exercise.

7. Invite participants to share their thoughts on the implications of these discussions for groups involved in community development work. Close the activity by writing the words ‘WHAT (task)’ and ‘HOW (process)’ on the flipchart and reminding participants that both are important when working in a group to achieve a goal.
Community development and health
Working together for health

Activity: Supporting a community development approach to health: helping people to work together effectively

Learning objective: Participants will be able to identify possible barriers to people working productively together and will be aware of ways of supporting effective collective action

In this activity, the 'process' challenges to effective collaborative work are explored. Underlying issues and methods of support are examined.

1. Working in small groups, give each group two of the scenarios presented in Handout 11: Challenges and underlying issues - scenarios.

2. Write the following questions on the flipchart:
   - What appears to be the issue on the surface?
   - What underlying issues might there be?
   - What would help?

Ask participants to discuss their responses to these questions for each scenario.

3. In the full group, take each scenario in turn and gather feedback from each group on their response to the questions. Ask participants to summarise the support required if the challenges are to be addressed effectively.

4. Use Handout 12: Signs of group difficulties with task and process to provide an insight into a wider range of possible indicators of difficulties in groups. Record participants’ comments on these.

5. Give out Handout 13: Causes of difficulties in groups and give participants time to read through it. Working in small groups and using the same scenarios, decide if any of the causes would apply in each case and if so, what would help.

6. Draw the activity to a close by reminding participants that supporting effective collaborative or collective action is one of the most important aspects of a community development approach.
Activity: Supporting a community development approach to health: planning

Learning objective: Participants will understand the importance of planning for a community development approach to health

This activity examines how we might apply a community development approach to health issues in general and health inequalities in particular. Participants will need to have an understanding of the principles and values of community development. An awareness of the steps involved in a community development process will also be useful.

1. In the full group ask participants to identify health issues from their own community, or to choose a health issue identified earlier, or from Handout 14: Community case studies. Record the chosen health issues on the flipchart.

2. Break into three small groups, and ask each group to take one of the issues identified. Ask each group to use the questions listed on Handout 15: Planning a community development approach to construct a plan for a community development approach to the issue and to record their responses on flipchart sheets. Ask each small group to feed back with a summary of their proposals.

From Handout 15: Planning a community development approach

- How did you find out about the issue? How many people are affected or likely to be affected?
- How have people been assisted to describe their experience of the issue?
- How much information do you have on the issue? What more do you need to find out and how will you do this?
- What needs to be done? What actions will be required for a community development approach?
- What can be done to ensure that people who are affected by the issue are supported to come together to address the issue?
- What resources will be required and how will these be accessed?
- How can they be helped to prepare a plan of action and monitor their progress?
- Who else needs to be involved if real progress is to be made?
- Identify the steps you can take to ensure that this is a learning and confidence-building experience for all involved?
- How can the involvement of all parties be encouraged and sustained for the longer term if required?
- How will you evaluate the impact (process and outputs) of this approach? How will you involve others in the evaluation? What evidence will you look for to show what has been achieved?
Continued...

3. In the same small groups, ask participants to check their group’s own plan against the principles and values of community development listed in Handout 4: Principles and values of community development and to consider the following questions:

- In what ways could their plan be described as community development?
- How does their plan reflect the principles, values and features of community development as they understand it?
- How could their plan be strengthened to further reflect a community development approach?

Ask each group to report back to the full group.

4. Remind participants that when it comes to planning a community development approach, evaluation of the process will be of as much interest and value as evaluation of the outputs of the approach. Close the activity by asking participants to comment on the added value of using a community development approach.

When using a community development approach, effective planning will help ensure a sound process of individual and community involvement, participation and empowerment as well as facilitating the achievement of agreed goals.
Activity: Supporting a community development approach: evaluation

Learning objective: Participants will be aware of considerations for the evaluation of community development work, and associated challenges

This activity examines the challenge of effectively evaluating the impacts of community development work.

It is important with every evaluation exercise to consider the needs of a range of interested parties or stakeholders before beginning.

1. Ask participants to read Handout 16: Greenvale case study. Divide large group into 4 smaller groups - ask each group to take the role of one of the following:
   - A statutory member of the project partnership.
   - A voluntary member.
   - A funder of the project.
   - A project user.

   Ask each group to discuss the following questions from the perspective of their chosen role.

   - Why do you want an evaluation of Greenvale Neighbourhood Community Health Project? How will you use the evaluation?
   - What do you need to know? What do you want the evaluation to find out? What are the important issues?
   - How will local people get involved in the evaluation process? How would they like to be involved?
   - How will the evaluation actually be carried out? What information will you collect to decide whether the project is making a difference? How will you collect this information?
   - When will you collect the information? What resources will you need?
   - Who will you share the findings with?

2. Take feedback on each question from each group in turn, summarising the different perspectives on the flipchart. Explain that the questions that they have worked through provide a foundation for the design of an evaluation for any community development activity or project.

Go through Handout 17: Practical aspects of evaluating community development which summarises the above questions and highlights some further background information and considerations for evaluating community development work.

The evaluation of the process and/or outcomes of a community development approach should observe the same principles and promote the same values as the community development approach itself.
Activity: Supporting a community development approach to health: the statutory role

Learning objective: Participants will be aware of the role of statutory organisations in the community development process

In this activity, the role of statutory organisations in the community development process is explored.

1. Give out Handout 18: Definition of community development in health and social services. Ask participants to reflect individually on the key features of the definition in the context of the statutory services and to consider the role for the statutory services in a community development process. Record feedback on the flipchart.

2. Ask participants to work in pairs to:
   - Reflect on their individual experience of a community development process they have been involved in.
   - Describe the steps they were involved in.

   Record the feedback from each pair on the flipchart.

3. In the full group, go through Handout 19: Stages in supporting a community development approach to health. Working in small groups, ask participants to discuss the question:

   - How can statutory organisations ensure that their involvement at each stage described in Handout 19 reflects the principles and values of community development described in Handout 4?

   Take care to manage a good balance of feedback during this exercise - make sure that statutory involvement is identified and discussed for all of the stages if possible. You may need to encourage participants to consider either geographical communities or communities of interest such as user groups or advocacy groups.

4. Close the activity by pointing out that the effective use of community development approaches requires both an understanding of the relevance of community development to the statutory role and a commitment to the principles and values associated with good community development practice.
Activity: Supporting a community development approach to health - statutory perspective - realising the benefits, rising to the challenges

Learning objective: Participants will understand the opportunities and challenges of using a community development approach to health within statutory services

In this activity, participants explore the opportunities and challenges of using a community development approach to health within statutory services.

1. Working in small groups, ask participants to identify all the potential benefits of a community development approach by the statutory services. Record the feedback on the flipchart.

   Give out Handout 20: Purposes and benefits of a community development approach to health and compare the benefits of a community development approach as outlined with the feedback given.

2. Give out Handout 21: Adopting a community development approach within the statutory health services. In the full group, use this to promote discussion on considerations for statutory services using community development approaches, strategic conditions and other enabling factors such as knowledge and skills.

   - How does this relate to participants’ work roles?
   - How does it relate to participants’ own organisations?
   - How can participants encourage service user involvement / participation?
   - How can participants support the empowerment of service users and others?

3. Working in small groups, ask participants to identify the following:

   - Examples of the steps they would take in their own organisations to promote and support the use of community development approaches.
   - Examples of the benefits they would expect to see as a result.

Record the feedback on the flipchart.

Close the activity by using Handout 22: The impact of a strategic approach to community development by the statutory services to highlight the benefits of working in this way.

The effective use of community development approaches by statutory organisations requires that organisations and the individuals within them clearly understand their role in community development.
Activity: Exploring the potential of partnerships for health

Learning objective: Participants will be aware of how partnership working can make a positive difference to the health and well-being of communities

In this activity the meaning of partnership in the context of the community/voluntary and statutory sector, who frequently work together for health, is explored. The activity demonstrates the potential of partnership working to make a difference to health and well-being.

It may be useful to start by explaining that partnership in this context means people from different communities, groups and organisations working together on a shared issue or interest. There may be value in having used the activity Mapping the Organisations that influence community health (Health Inequalities in the Community) prior to this activity.

1. In small groups, ask participants to discuss partnership and create a definition on a flipchart sheet.

2. In the full group, ask each group to discuss their definition. Facilitate the identification of similarities and differences. Agree a summary list of features of partnership with participants and record on the flipchart.

3. In small groups, ask each group to identify a project aimed at supporting, promoting or improving health.

There are many different types of projects for health but ideas could include, for example, a fresh food co-operative, a road safety project, a women’s exercise programme, an environmental improvement scheme in an urban neighbourhood or a parenting support initiative. Encourage each group to come up with their own example and only prompt if necessary.

Ask each group to list the partners that would need to be involved to take the project forward.

4. Write the following questions on the flipchart:

- Why would each of these partners want to join this partnership?
- Why is partnership a good way to tackle this project?
- What are the potential benefits of this way of working to the partners?
- How can working in this way make a positive difference to health and well-being in the community?

For the project and partners they have identified, ask each group to reflect on these questions and respond. Encourage each group to explore the added value of partnership working compared to situations where partners would work in isolation.

5. In the full group, ask participants to agree four key benefits of working in partnership for health and well-being. Record the feedback.

6. Give out Handout 23: Benefits and principles of partnership for background reading after the session.
Activity: Supporting effective partnership working

Learning objective: Participants will be aware of how the effectiveness of a partnership can be supported

This activity explains how partnerships for health which reflect the principles and practice of community development in their establishment and operation are more likely to be effective and meaningful for all partners.

1. In the full group, ask participants to quickly compile a list of possible supports any partnership is likely to need to help it become established and effective in planning and implementing its activities. Record the feedback on the flipchart.

2. Working in small groups ask participants to consider the following:
   - What challenges are partners likely to encounter in terms of working together effectively?
   - What other supports may be required to help partners work effectively in partnership?

   Record the feedback from each group under the headings 'Challenges' and 'Supports'.

3. Go through Handout 24: Important factors for effective partnership working and highlight the areas that are important for the effectiveness of a partnership. Ask participants to consider if this leads them to think of any other supports that may be useful to a partnership. Add these to the 'Supports' list.

   Emphasise that partnerships and the partners involved in them need to take responsibility for accessing support to underpin their own effectiveness and that this responsibility needs to be taken as seriously as achieving other planned outputs and outcomes. In other words, that the partnership process is as important as its task responsibilities.

4. Ask participants to work in small groups to identify some key questions which a partnership could use to review its progress against its original vision, aims and objectives. Record the feedback on the flipchart.

5. Ask participants to continue working in the small groups to discuss the options open to a partnership in the following situations identified by such a review:
   - The original vision, aims and objectives of the partnership have been fully realised.
   - The original vision, aims and objectives of the partnership have been partly realised.
   - Little or no progress has been made towards the original vision, aims and objectives of the partnership.
   - New needs have emerged.

   Record the feedback on the flipchart and acknowledge that while partnerships can have different lifetimes depending on their responsibilities, review of progress and of the current position will inform decision making on next steps and future goals.
There was once a man standing by a riverbank and happily watching the world go by. To his horror, he suddenly saw a person floating downstream, almost drowning and in distress. Without hesitation, he flung off his jacket and jumped in the water.

He pulled the drowning person to safety on the bank and got them breathing again. He was just about to go and get help, when he saw another person, also struggling in the water and obviously drowning. Again, he plunged in and dragged them to the bank and revived them. But no sooner had he done this when another and another person came floating downstream. More and more people came floating downstream and he had to work extremely hard to look after them. On his own he couldn’t save all of them and many drowned.


Consider:

- Why people keep coming floating downstream. What does Zola suggest is happening? What do they think Zola is suggesting the medical system does?
Community development and health

Handout 2: From the local to the global

What's clear?
What's unclear?
What do you agree or disagree with?
What do you need to check out?

RAPID / CLAR, LEADER, Community Development - Community Councils / Community Development Associations, Playgroups, Parent and Toddler Groups etc. Community Networks Trade Unions

Residents’ / Tenants’ Groups Voluntary groups Community Employment Schemes Other Action Groups / local campaigns

Global
National
Local

Political reform - international democracy movements
Trade Union Movement

Public Health Movement Education for social change Civil Rights Movement Human Rights Woman’s Movement Environmental Action

Strategies
National Anti-poverty Strategy (NAPS)

Partnerships
Social Partnership

Legislation
Equality Act 2004

Programmes
The Equal Opportunities Childcare Programme 2000-2004

Integrated national and local development approaches Make Poverty History and other anti-poverty initiatives

Back to Contents
Definition 1

'Community development is a process whereby those who are marginalized and excluded are enabled to gain in self confidence, to join with others and to participate in actions to change their situation and to tackle the problems that face their community.'

Source: Combat Poverty Agency, 2000

Definition 2

'Community development is an approach which strengthens local democracy and the capacity and voice of communities to participate actively in determining the process and outcomes of social and economic change.'

Source: Scottish Education Council, 1994

Definition 3

'The term Community Development in its broad meaning refers to a process through which local community life is enhanced through the work of a wide range of community based / voluntary organisations engaged in a variety of activities. In its more specific meaning, it conveys a focus on disadvantaged, marginalised communities and involves an emphasis on capacity building and anti-poverty work. In the CDP, therefore, Community Development means a process which involves people, mostly the disadvantaged in making changes they identify to be important and which put to use and develop their skills, knowledge and experience.'

Source: The National Community Development Programme, Facts, Profiles, Aims: National Handbook Dept. of Social, Community and Family Affairs Dublin 1999:1

Definition 4

'Community development is directed in particular at those who feel excluded from society. It consists of a set of methods which can broaden vision and capacity for social change, and approaches, including consultation, advocacy and relationships with local groups. It is a way of working informed by certain principles which seek to encourage communities: people who live in the same areas or who have something else in common to tackle for themselves the problems which they face and identify for themselves to be important...and which aims to empower them to change things developing their own skills, knowledge and experience and also by working in partnership with other groups and statutory agencies. The way in which change is achieved is crucial and both the task and the process are important.'

Source: Voluntary Activity Unit, Northern Ireland, 1995
## Community Development Values

- respect for human rights regardless of gender, age, religious or political belief, race, class, sexual orientation, disability
- recognition that society can become a participatory democracy where people can participate as equals
- recognition that collaboration and collective working within our society is not always equal - and that inequalities within communities are damaging
- understanding that people are able to work positively together to change inequalities
- recognition that community development involves a process of action and reflection moving towards clear goals, set collectively and regularly evaluated
- commitment to empowerment of those with the least power so that they can participate
- commitment to groups becoming self determining, with those experiencing the problems in control of outcomes
- commitment to individuals taking responsibility for themselves and their own actions and recognising the influence that their values have on other people
- recognition that individuals, groups and communities may need support in order to deal with conflict and to challenge inequality and injustice
- appreciation of each other and the reality of each others’ experience, confirming and validating this as part of the process of real change within society
- recognition that community development is a dynamic process that is constantly shaped by the experiences of the people actively involved in it

## Community Development Principles

- it fights poverty
- it aims to include everybody as full and active citizens and operates as an empowering force
- it challenges discrimination by race, disability, age, political or religious beliefs, gender and sexual orientation
- it is about people working together for community led, democratic action
- it promotes participation in public affairs and gives people more power
- it works to prevent problems and promote well-being in social rather than simply medical terms
- it encourages people to learn new skills and knowledge and to develop confidence through taking action
- it supports joint work between government (and its statutory agents) and people (as special interest groups and communities)
- it focuses on public policy, putting policy into practice
- it recognises that action can range from self-help to campaigning

Source: Policy to Practice - Policy to Practice Training Resource Book: Using Community Development Methods in Health and Social Services Community Development and Health Network NI.
Steps in a community development approach to a health issue might include:

- identification of an issue or problem in the community which impacts on health

- people coming together to discuss the issue / problem and acceptance / agreement of possible responses

- identification of possible barriers to participation and steps to be taken to address these

- training or other support needs identified and responded to for all involved

- more information gathered if needed, training or other support organised if required

- together people agree a way forward:
  - actions are identified that will make a positive difference in relation to the health and well-being issue
  - resource requirements are identified
  - those involved identify the other people, groups or organisations that can help

- regular review of progress and / or results, and change in approach or further action planned if necessary

- people learn from the experience, gain confidence and are better equipped and motivated to tackle future challenges in relation to community health and well-being

Source: Adapted from Tools of the Trade - A 'Toolkit' for those using Community Development Approaches to Health and Social Well-being Community Development and Health Network NI
### Handout 6: Feeling powerful, feeling powerless

Describe a situation in which you felt powerful / powerless

<table>
<thead>
<tr>
<th>Where and when did this happen?</th>
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<tbody>
<tr>
<td>Powerful:</td>
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<table>
<thead>
<tr>
<th>What happened? What was said or done?</th>
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<tbody>
<tr>
<td>Powerful:</td>
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</table>

<table>
<thead>
<tr>
<th>Can you say exactly how you felt at the time?</th>
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<tbody>
<tr>
<td>Powerful:</td>
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<table>
<thead>
<tr>
<th>What would you have liked to say at the time?</th>
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<tr>
<td>Powerful:</td>
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<table>
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<tr>
<th>Why did you have so much / so little power?</th>
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<tr>
<td>Powerful:</td>
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<table>
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<tr>
<th>Why did someone else have so much / so little power?</th>
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</thead>
<tbody>
<tr>
<td>Powerful:</td>
</tr>
</tbody>
</table>

Source: Adapted from *A Community Development Approach to Health Issues in Northern Ireland*. Community Development and Health Network NI.
Empowerment means people are self-confident, self-aware but aware of weaknesses. This recognition is a most important sign of the empowerment process. Seven stages of the community empowerment process have been identified.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Discovery stage. People discover they are not alone in their situation and their needs.</td>
</tr>
<tr>
<td>2</td>
<td>Partnership creating stage. Support and friendship develop - people begin to see others who suffer from the same problems as partners.</td>
</tr>
<tr>
<td>3</td>
<td>Self definition stage. People start to define their situation in their own terms and critical consciousness. People seek an authentic definition of their situation.</td>
</tr>
<tr>
<td>4</td>
<td>Self representation stage. People start to represent themselves instead of being dependant on professionals and experts.</td>
</tr>
<tr>
<td>5</td>
<td>Stage of resistance to existing policy. They decide to oppose the existing situation which is inappropriate.</td>
</tr>
<tr>
<td>6</td>
<td>Stage of presenting an independent alternative. People think about independent solutions to problems and take responsibility.</td>
</tr>
<tr>
<td>7</td>
<td>The evaluation stage. People are faced with the limits of their empowerment and ability to achieve social change.</td>
</tr>
</tbody>
</table>


What does power have to do with it?

'Inevitably issues of power find themselves located at the centre of community work reality. People who are marginalised rarely have much power over many of the decisions that affect their lives - where they live; the type of lifestyle available to them; whether their children will have access to the best education available; their quality of health care; their interaction with the judicial system etc. Power over so many of these issues rests elsewhere and is outside the capacity of many people to influence. Evidently therefore community work must address itself to issues of power and decision making and must seek to influence the balance of power in favour of those who are marginalised. This is often described as empowerment.'

Community development and health

Handout 8: Skills for a community development approach to health

The community development support role can cover many diverse areas of skill including:

• Interpersonal communication skills
• Community needs assessment
• Group development
• Political and advocacy skills
• Oral communication skills
• Written communication skills
• Group organising skills
• Interagency and collaboration skills
• Evaluation skills
• Intra-organisational skills

Further information on the areas of skill which the community development support role can cover:

- **Interpersonal communication skills**
  - Able to listen and to give feedback, to be open, to be genuine and flexible, to be able to pass on skills in a non-patronising way, to give and receive empathy
  - Able to develop trusting relationships
  - Able to demonstrate respect for individuals with different cultural and socioeconomic class background, educational background, values, benefits, lifestyles, ableness, and so on
  - Help to enhance the participants’ self-image as capable, worthy and skilled
  - Able to nurture participants’ potential for self-empowerment and group empowerment
  - Able to translate between the culture and language of the institution and the cultures and languages of community groups

- **Community needs assessment**
  - Able to assess the ‘fit’ between one’s particular skills, knowledge and interests, and the particular group needs
  - Work with groups to scan their needs and issues, able to see trends in community groups in order to identify emerging issues and needs
  - Able to determine with the community group its need for community development support: this is an aspect of prioritization
  - Able to critically analyse the short- and long-term possible benefits in a community development relationship between own organisation and the group, for the organisation and for the group
  - Able to assess the strengths and capacities within the group to act upon its concerns
  - Able to position the community group’s issue within the ‘larger picture’ of the multiplicity of group issues in the area
  - Able to synthesize relevant data and knowledge for discussion with community groups
  - Able to develop or access appropriate external data

- **Group development**
  - Able to identify and nurture leadership in groups
  - Able to assist in establishing equitable decision-making, including reaching consensus, managing conflict, conflict resolution/management skills
  - Group facilitation skills
  - Task organisation skills
  - Able to assess disengagement process, timing and impact
  - Knowledge of group process and dynamics
  - Non-formal (adult, critical, popular) education skills
  - Able to mobilise the community group, to be a catalyst in the group, to develop optimism among group members and confidence in their ability to act upon and mitigate or change within the scope of their control

- **Political and advocacy skills**
  - Knowledge of social and political theories related to power relations and social change
  - Knowledge of organisational and inter-organisational theories related to power relations and social change
  - Able to influence decision makers and politicians within a sectoral system (e.g. health, social services, environment) towards the claims or concerns of community groups working within those sectors
  - Able to determine the type of advocacy that is best suited for the group to achieve its goals, i.e., political and overt advocacy or bureaucratic and covert advocacy
  - Able to mediate between community groups and agencies and institutions
  - Able to determine the legislative and policy context that bears upon the issues of concern to groups with which the community development worker works
continued...

- Able to determine who the 'real' decision makers are and how to approach them
- Knowledge of lobbying techniques
- Able to mediate between community groups
- Policy development and analysis

• Oral communication skills
- Able to express ideas in front of groups, to express oneself well in Department or bureaucratic settings
- Public speaking
- Media relations

• Written communication skills
- General writing
- Grant writing
- Report writing
- Written mass media

• Group organising skills
- Knowledge of resources necessary to meet the issues and needs identified by community groups, such that actions on the needs and issues are commensurate with the available resources
- Able to assess the group’s access to other resources in and outside of the health authority, and to improve that access
- Able to organise and run/facilitate meetings effectively and efficiently
- Able to outreach to under-represented persons or groups (door-knocking, organising local meetings)
- Funding and resource development
- Budgeting and accounting
- Project staff supervision

• Interagency and collaboration skills
- Networking, including the ability to appraise the value of interagency networking for purposes of: gaining entry into a new ‘community’; better sharing of resources and services coordination; advocacy of our positions and concerns, or those of a group we are working with, to other groups to gain their support
- Coalition building

• Evaluation skills
- Although different methodologies of evaluation may be used in community development (i.e. quantitative, qualitative, action research) the action research methodology may be particularly suited

• Intra-organisational skills
- Knowledge of the health authority organisation, who its decision makers are and how the decision-making process works, such that the health authority’s contribution to a community group reaching its goal is maximised
- Able to apply group development and interpersonal communication skills within the health authority

It has been suggested that the relationship between the needs of a group, the individuals in the group and the group task or activity are interrelated. One model has been put forward by Adair (1983):


*Note that Adair’s original model acknowledged that there would rarely be a time when the needs of the group, task and individual would be met together and that it is the leader’s job to manage this situation. The original model was therefore represented as three circles overlapping in the manner of links in a chain.

This adaptation presents a somewhat more optimistic view, suggesting that there is an area, albeit small, where all needs can be met, which implies that the group is likely to be most effective at this point.

<table>
<thead>
<tr>
<th>What’s clear?</th>
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<tbody>
<tr>
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</tr>
<tr>
<td>What do you agree or disagree with?</td>
</tr>
<tr>
<td>What do you need to check out?</td>
</tr>
</tbody>
</table>
1. A community health partnership is having difficulty making a decision on where to hold its annual Christmas party. The last AGM saw five new members joining five existing members to form the new committee. The new members want to have the party in a local hotel, while the longer serving members all want to hire the village hall as has been done by local groups for as long as anyone can remember. Feelings are running high on the issue.

2. Bigtown Women’s Group management committee has appointed a new chairperson. The woman appointed has several years experience of chairing local groups. However, she feels that her efforts to encourage the group to focus more on women’s health issues are resented by other members and that the responsibilities attached to her role as chairperson are not recognised. She is experiencing difficulty in keeping the committee meetings on track and is seriously considering resigning her position.

3. A partnership has been established to prepare a plan for a series of new childcare services for an inner city area experiencing high levels of disadvantage. There are representatives from statutory health and social services organisations, from local community / voluntary groups and from local privately run childcare facilities. None of the representatives from the community / voluntary sector groups have been attending recent partnership meetings. All other representatives have been there as usual.

4. A rural community group has just run a highly successful community health fair, with the expenditure of a tremendous amount of voluntary time and energy. The group not only raised a respectable amount of funding for a new fitness room in their community hall but also secured the participation of the majority of members of the community where people had been slow to join in previous events. However the group now seems to be falling apart and its future is in doubt.

5. A local partnership between health care professionals and community organisations involved in work on drugs and alcohol is floundering only three months after its first meeting. Community representatives have made demands on the professionals for funding to continue relevant local intervention work with young people but the professionals have no budget for supporting the continuation of existing projects during the current financial year.

6. A playgroup committee is making a funding application to support new activities in the playgroup over the next two years. The available funding is limited and the group needs to decide whether to apply for an innovative healthy breaks programme, or for a new boundary fence to allow safe outdoor play. Group members are excited about the prospect of the funding, relationships are good and everyone is very positive. However making the decision on what to apply for is proving very difficult and the group is effectively stuck.
Signs of task difficulties in a group include:

- not making decisions
- not settling to the task
- going over the allocated time
- failing to reach aims
- not doing what was agreed
- ill-defined aims and tasks
- losing sight of the task
- programme targets missed
- unequal distribution of tasks
- thinking the group is not working / is ‘stupid’ or unnecessary
- unable to find common ground

Signs of process difficulties in a group include:

- resistance to group work, people, facilitator
- dependency on facilitator
- challenging authority
- questioning
- not expressing feelings
- opting out of the group
- silence
- domination by one person or a few people
- imbalance of power
- being stuck at a stage / task
- not participating
- marginalisation of troublesome people, of issues
- judging others
- testing and pushing group norms
- not listening

The following guidance for group facilitators highlights possible causes of difficulties in groups.

**Feelings**
Group members have all sorts of feelings about themselves, each other, the task, the group, their lives in general and the world around them. The spectrum of emotions in a group at any given moment, therefore, is immense. Some of these feelings will be incompatible and may hinder group work or individual interactions. Thus feelings can have a positive or negative impact on the group.

**Competition**
Competition between group members can encourage greater effort and achievement but can also create problems with equality, consensus and group cohesion. For instance, members may compete with each other for attention from the group or the facilitator, for status, for jobs, for time to discuss personal issues. The facilitator’s leadership may be challenged; so may her/his expertise, experience or status within the group. Other people in the group may want to be the leader. Competition about the task can lead to conflict over who is to do what, exactly what is to be done and to disagreement about priorities.

**Dynamics**
In groups people need to feel that they belong and that belonging will enhance them in some way. They also need to retain a sense of their own identity. Problems may arise over the following:
- encroaching on other members’ responsibilities, checking on their work, commenting on their contribution;
- having too many people do one thing - the sense of achievement and personal contribution of each person is disallowed; feeling jealous about attention, status, power, position or perks of another; being uninvolved in decision making can result in the emergence of sub-groups and lead to ill feeling.

**Inexperience**
Variation of experience can be a bonus for some groups. For others it can create difficulties in assigning tasks and responsibilities. This is especially true where some members have little or no experience of working in groups. This can lead to unrealistic expectations, needs and confusion around the levels of participation.

**Lack of clarity**
When tasks, aims and methods are vague, members will likewise be unclear about what is expected of them.
Individual aims
People join groups for all sorts of reasons: some join because of the group’s aims, others join for personal reasons. People are sometimes assigned to a group and do not necessarily choose to join it. This too will influence their individual aims. The facilitator deals with both the personal / individual and the group agenda and sometimes these will clash.

Previous experience
When people have experience of having worked in groups, they carry this into the current situation. A facilitator should try to discover the previous experience of participants. If it was a positive experience, then the person might be well disposed to having another positive experience. Negative experiences can disrupt people’s perceptions of what is currently happening.

Outside events
Events and relationships outside the group will very likely affect those inside, for example, precarious funding for a group or a sick partner may distract one member.

Lifecycle of a group
Certain difficulties emerge at certain times in a group’s life, for example when people leave, when newcomers arrive and so on.

Pairings and groupings
Inevitably, some people will get on better with each other and will continuously opt to work together. This may result in the formation of cliques or sub-groups.

Case study - North Road

North Road is a public housing estate on the outskirts of Bigtown, a small up-and-coming coastal city. Historically, employment has always been focused in the shipbuilding industry but the decline of the industry has led to many redundancies and a new generation is growing up with an employment base in the service industries, especially tourism.

The North Road Estate is home to approximately 700 households who reside in a mixture of dwelling types including three and four bedroom homes and two/three bedroom flats.

There are higher than average numbers of young people living in North Road. Unemployment rates are high and long term unemployment is prevalent.

Educational attainment is poor and the three local schools have experienced high levels of truancy by children from the estate as well as persistent lateness by some families.

There is a pervasive drugs issue and relationships with the police over the issue are poor. As a result of drug and alcohol abuse by their parents, there is a significant group of young carers, looking after young siblings and also often looking after mum or dad.

There are few older residents living in the newer dwellings on the estate but twenty-five senior citizens live in older bungalows along the perimeter. There is a lunch club for older people in the neighbouring estate which is open to the North Road residents but none attend.

Access to shops and other facilities outside the estate is poor. There are only two bus services a day and none on Saturday or Sunday. There is only an off licence trading near the estate and no post office or grocery shop within walking distance.

There are no facilities for outdoor play as the play area was vandalised several years ago and the local Council has not prioritised its replacement. Local parents have not raised this as an issue with the Council.

North Road did have a community group up until three years ago but a fall-out amongst members after a successful fundraising drive for a community house resulted in the group breaking up.
Case study - Greenacres

Greenacres is a small rural village near the town of Littletown and home to about 300 households. Greenacres has won several Tidy Towns awards for its neat and pleasant appearance and there is a diehard band of local people who have a particular interest in environmental matters.

Greenacres has traditionally depended on farming for employment, however the local economy has been changing steadily over the past few years. Agriculture has declined as has the local manufacturing base comprising mainly one- to three-person businesses. The number of part-time farmers has increased significantly with a corresponding decrease in the numbers farming full-time.

Opportunities for training for employment are rare and barriers to the uptake of training include lack of available childcare, transport, and stigma (associated with leaving the family farm to take up alternative employment).

There are two local primary level schools near the village and after primary level children must travel the three miles into Littletown to the secondary level school there.

While there is a collective interest in the physical environment of the village, there are few social outlets other than the pub. There is a community group in addition to the Tidy Towns group who run the annual community festival and several events for children throughout the year.

Isolation and loneliness are common amongst women at home as well as older people. Farmers are considered to be at high risk of poor mental health but there is no easy access to support locally or even further afield.

Most services are located in Littletown but the public transport services are infrequent. Bus services have recently been cut further to one service per day, leaving in the morning and returning late afternoon. A car is a necessity in these circumstances.

There are no play facilities for children and the village badly needs a Youth Club or similar facility as there is nothing for young people to do, especially in the evenings. Some older people feel threatened by groups of young people hanging around the village shop.
Use the following prompt questions to prepare your community development plan:

<table>
<thead>
<tr>
<th>Prompt</th>
<th>Proposal</th>
</tr>
</thead>
<tbody>
<tr>
<td>How did you find out about the issue? How many people are affected or likely to be affected? How have people been assisted to describe their experience of the issue?</td>
<td></td>
</tr>
<tr>
<td>How much information do you have on the issue? What more do you need to find out and how will you do this?</td>
<td></td>
</tr>
<tr>
<td>What needs to be done? What actions will be required for a community development approach?</td>
<td></td>
</tr>
<tr>
<td>What can be done to ensure that people who are affected by the issue are supported to come together to address the issue?</td>
<td></td>
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<tr>
<td>What resources will be required and where will these come from?</td>
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</tr>
<tr>
<td>How can the people involved be helped to prepare a plan of action and monitor their progress?</td>
<td></td>
</tr>
<tr>
<td>Who else needs to be involved if real progress is to be made?</td>
<td></td>
</tr>
<tr>
<td>Identify the steps you can take to ensure that this is a learning and confidence building experience for all involved?</td>
<td></td>
</tr>
<tr>
<td>How can the involvement of all parties be encouraged and sustained for the longer term if required?</td>
<td></td>
</tr>
<tr>
<td>How will you evaluate the impact of this approach? How will you involve others in the evaluation? What evidence will you look for to show what has been achieved?</td>
<td></td>
</tr>
</tbody>
</table>

Source: Adapted from *Policy to Practice Training Resource Book: Using Community Development Methods in Health and Social Services* Community Development and Health Network NI
Greenvale is a large housing estate on the edge of Bigtown and is an area of economic and social deprivation. The Greenvale Neighbourhood Community Health Project was established three years ago to promote and improve the health and well-being of residents of the community.

The Project operates from one room in a local community centre and is run by a full-time community development health worker and a part-time administrator. Funding for project staff and activities has been accessed in an ad hoc way, mainly via a number of small grants.

The Project provides a range of information and support services to local community groups, schools and individuals on issues such as family health, sexual health awareness, accident prevention and stress management. In response to expressed interests within the community a number of guest speakers were invited to give talks on issues such as drug and alcohol abuse. As with many sessions organised by the Project, only a small number of people from the community attend these sessions.

The Project is run by Greenvale Neighbourhood Community Health Partnership which consists of representatives from the local community, funders and other health related interest groups including three statutory organisations. The Partnership has agreed the need to evaluate the role of the Project in the community.

Source: Adapted from Policy to Practice Training Resource Book: Using Community Development Methods in Health and Social Services Community Development and Health Network NI
Evaluation means ‘to assess the value of something’. Project work is evaluated by assessing whether the purpose, aims and objectives have been met.

**Approaches to evaluation**

There are two ways of approaching evaluation. Evaluation can be formative - reviewing, monitoring and adjusting the performance of a project or programme as appropriate by learning from experience - or summative - looking back to identify how well the goals, aims and objectives have been achieved and capturing what has been learned.

**Taking account of the process**

It is important to remember that community development cannot be measured using simple quantitative tools but requires a more complex qualitative approach. It is as important to explore the impact of the process or outcomes, as it is to measure and record the outputs or products achieved.

**Involvement in the design of the evaluation**

The design of an evaluation exercise will be dictated by why the evaluation is needed and the requirements of those who are interested in or who have a stake in the findings (also known as stakeholders). This is in keeping with community development practice which would signal that all those who have an interest in a project, including actual and intended beneficiaries, need to be involved from the evaluation design stage onwards.

**Designing an effective evaluation**

Key questions for designing an effective evaluation include:

- Why do you want an evaluation? How will you use the findings?
- What do you need to know? What do you want the evaluation to find out? What are the important issues for you?
- How will local people get involved in the evaluation process? How would they like to be involved?
- What is the starting point or baseline situation? Where are you measuring from?
- How will the evaluation actually be carried out? What information will you collect to decide whether the Project is making a difference? How will you collect this information?
- When will you collect the information? What resources will you need?
- Who do you need to share the findings with?

**The importance of planning**

Experience shows that when evaluation requirements are thought about from the beginning of a project or programme, there is more likely to be satisfaction among all relevant parties with the outcome. Conversely, when inappropriate methods are used or when evaluation is ‘tacked on’ at the end nobody is likely to be satisfied. Therefore it is essential to develop a sound evaluation plan for any project.

**Source:** Adapted from *Tools of the Trade - A Toolkit for those using Community Development Approaches to Health and Social Well-being* Community Development and Health Network NI

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| What's clear? | | | |
| What's unclear? | | | |
| What do you agree or disagree with? | | | |
| What do you need to check out? | | | |
Community development and health
Handout 18: Definition of community development in health and social services

The following is a definition of community development specifically designed for people and organisations working in the field of health and social services:

'Community Development is about strengthening and bringing about change in communities. It consists of a set of methods, which can broaden vision and capacity for social change, and approaches including consultation, advocacy and relationships with local groups. It is a way of working informed by certain principles which seek to encourage communities to tackle for themselves the problems which they face and identify to be important, and which aim to empower them to change things by developing their own skills, knowledge and experience, and by working in partnership with other groups and with statutory agencies.'

Source: Regional Strategy for Health and Social Well-being 1997-2002, Department of Health and Social Services, Northern Ireland
This is a list of the stages in a community development approach from the point of view of a person or organisation in a support role:

- Get to know the community or group you are working with
- Build up contacts and trust and clarify your role
- Identify formal or informal networks within the community
- Work with the group to help them identify main concerns / problems / areas of common interest
- Help them to identify what needs to change
- Collectivise involvement, participation and commitment within the community or group
- Support necessary capacity building for all involved
- Clarify openings and resistance to change
- Help to develop tactics and plans to bring about change, by building an opening and tackling or bypassing resistance
- Take action as appropriate
- Evaluate
- Continue the process

‘It is worth saying......that no matter how hard you try, the process does not always go the way you planned. This is because of the many complex and interacting human variables that make up the Community Development process. Another area to be aware of is the dynamic within groups, be they community or partnership groups.’

Source: Tools of the Trade - A 'Toolkit' for those using Community Development Approaches to Health and Social Well-being Community Development and Health Network NI.
Purposes

The purpose of community development is to help local people to:

- Obtain better access to information about health and other community issues
- Identify and articulate their own health needs and agenda for action
- Start and manage their own neighbourhood organisations and groups
- Set up and run community facilities, events and activities
- Campaign or negotiate for health giving improvements in the area such as better play or leisure facilities, improved transport, more work opportunities
- Strengthen community networks, relationships and supports, providing mutual aid for better health and well-being
- Promote a stronger sense of community spirit and solidarity, helping to foster people’s sense of worth, identity and belonging, providing an antidote to isolation and feelings of helplessness; develop self esteem, confidence and personal skills

Benefits

The benefits of a community development approach to health:

- Builds self confidence and empowers individuals who become a key resource and sometimes leaders of the development process
- Builds community structures and promotes participation. It also fosters greater openness and access and leads to increased engagement of community organisations with other local bodies
- Addresses isolation and reaches the excluded in a way in which statutory and private agencies often cannot
- Promotes collective responsibility and mutual solidarity and so contributes to overcoming isolation
- Promotes collective political development through encouraging people to work together for change
- Challenges excessive centralisation through its emphasis on working from the bottom up
- Empowers people through fostering an integrated and holistic approach. This challenges compartmentalisation through focusing on the needs of the whole person and the whole community
- Promotes the rights and autonomy of marginalised groups. It does this by fostering inclusion, which enhances the economic, social and political power of groups in subordinate positions in society such as people with disabilities, Travellers, and women experiencing poverty and social exclusion
- Reduces dependency by promoting new models of service delivery which break down barriers between statutory agencies and the community and help to overcome scepticism, antagonism and conflict
- Contributes to better policy making, locally and nationally, by bringing local knowledge and experience into the policy making process and by challenging stereotypes
- Increases command of local communities over resources, both by bringing new resources into the community and by mobilising resources which lie dormant in the community

The community development approach in statutory services is a new way of working - changing from being reactive to being meaningfully proactive in delivering a service that tackles inequality.

**Mainstreaming community development effectively is reliant upon:**

- Strategic change
- Policy and strategy; the process of transition to community development needs to address changes in behaviour and skills for all
- Monitoring and evaluation
- Support systems to deal with diversity, conflict resolution and changing opinions and behaviours in operating new partnerships
- Effectively addressing the balance of power in partnerships working with the community - being part of a process of empowerment
- Establishing support structures for health service professionals to help with managing stress
- Effective team building

**Useful factors for the use of community development approaches by the statutory services include:**

- Structural integration
- Legislation
- Fit between policy and resources
- Sufficient resources to meet health and social gains produced by community development from extra funding - working in partnership with the community / voluntary sector
- Commitment, enthusiasm and vision
- Procedures and training
- Trust in the voluntary and community sector’s unique contribution to health and social well-being
- Managing movement from a service-led to a needs-led model of meeting needs
- Partnerships
- Confidence
- Improved communication structures - internal, external, interagency

**Source:** Policy to Practice - Policy to Practice Training Resource Book: Using Community Development Methods in Health and Social Services Community Development and Health Network NI
Community development approaches by the statutory services can:

- make a positive difference to the awareness, attitudes and behaviours affecting individual and community health and social well-being
- reap the benefits of increased user involvement in service planning and delivery
- better target people they find difficult to reach at the moment thus making a contribution to working with a range of marginalised groups
- provide services that are better suited to the needs of service users and so increase value for money
- make better use of available resources
- make useful links to services delivered by and for local communities
- build better services by making a contribution to developing partnerships with others in the statutory and community/voluntary sectors
- demonstrate real results with individuals and communities taking ownership of, and responsibility for, their own health and social well-being
- provide increased job satisfaction for staff, whatever their role
- provide a coherent framework for community development which can be understood and supported by all stakeholders
- take account of the funding environment and approach of the health services and other statutory agencies to the voluntary and community sector and set out clear standards, quality assurance and evaluation while addressing issues around sustainability for the sector
- better fulfil the requirements of a number of key drivers for change in health services, thus helping with the achievement of required targets

Source: Adapted from Policy to Practice - Policy to Practice Training Resource Book: Using Community Development Methods in Health and Social Services Community Development and Health Network NI
The need for multi-sectoral collaboration (partnerships) to tackle the physical, economic, social and cultural determinants of health is highlighted in a number of publications:

*Health 21, the Health for All Policy Framework for the 21st Century* was produced by the World Health Organization in 1998. This policy states that multi-sectoral action should provide a more effective, efficient and sustainable way to achieve improved health.

The National Health Strategy *Quality and Fairness - A Health System for You* (2001) states 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 White Paper *Supporting Voluntary Activity* (2000) states that ‘there is a shared commitment by both the State and the voluntary sector to ensure the involvement of consumers in the planning, delivery, management and evaluation of policy programmes. This applies at all levels: national, regional and local’.

**Benefits of working in partnership**

The benefits of working in partnership include:

- having the opportunity to develop approaches that may not be possible for one group working alone;
- developing better integrated approaches to complex challenges including targeting health and social need;
- improving understanding of others’ culture, skills and priorities;
- improving communications;
- making better and more efficient use of available resources including skills and experience.

**Benefits of working in partnership for community development**

The benefits of a partnership approach to community development include:

- joint action to tackle poverty, inequality and social exclusion;
- linking local community to central policy and reducing the remoteness of power and policy;
- providing focused approaches to targeting health and social need;
- supporting community development. By itself using community development in the health and social services lacks the resources and power to respond to the scale of problems.

**Principles of partnership**

Partnerships should add value to what already exists by strategically co-ordinating efforts to greater effect.

- partnerships should complement and not displace other efforts.
- successful partnerships are open, accountable and inclusive to the appropriate bodies.
- partnerships are more effective when they develop a culture of joint decision making.
- partnerships should acknowledge and value the genuine and unique contribution that each partner brings.
- partnerships should provide time and resources for joint learning and effect the right balance between time spent building the partnership and time spent implementing the strategy.
- partnerships function best when clear priorities are set within the overall context of a strategic plan, recognising what can be realistically achieved within the resources available.
- partnerships maximise achievements when they establish clear understanding about the role and responsibilities of the respective actors.
- the most respected partnerships are those which create other mechanisms for discussion and involvement by the community in their work.
- partnerships inevitably need to negotiate and mediate between different perspectives.

**Source:** Adapted from *Policy to Practice - Policy Development Methods in Health and Social Services* Community Development and Health Network NI
<table>
<thead>
<tr>
<th>Factor</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a shared vision?</td>
<td>Partnerships need to have a vision of the future and why they exist. Without this it will be difficult to agree common ground and assign priorities objectively.</td>
</tr>
<tr>
<td>Is there a common agenda?</td>
<td>Partnerships need to have a common agenda so that the direction of the work is agreed and so that the partnership is not ill-perceived by some of the partners.</td>
</tr>
<tr>
<td>Are there agreed priorities?</td>
<td>Partnerships take a lot of work just to maintain relationships and the momentum. Time is therefore pressing and the need to achieve is even greater. Without agreed priorities partnership arrangements can look ineffectual and this can lead to poor arrangements between partners.</td>
</tr>
<tr>
<td>Are partners open about their self-interest?</td>
<td>A lack of openness can lead to distrust. Where one partner is not open, it is likely that the others will ‘play their cards close to their chests’. This is partnership in name, not action.</td>
</tr>
<tr>
<td>Is there mutual respect between partners?</td>
<td>A lack of mutual respect suggests an unbalanced partnership.</td>
</tr>
<tr>
<td>Do partners trust each other?</td>
<td>Trust is a key aspect of partnership working. A lack of trust will, at best, unbalance the partnership and at worst will tie the partnership up in a bureaucratic tangle,</td>
</tr>
<tr>
<td>Are partners willing to learn from others?</td>
<td>Partnerships bring together different organisations and different sectors. There needs to be an acceptance amongst partners that other partners have expertise that can be shared.</td>
</tr>
<tr>
<td>Does the partnership take into account the different cultures of partners?</td>
<td>Unless the partnership operates in a way that encourages and enables equal contributions from all partners, it will be unbalanced. This is particularly pertinent when working with the non-statutory sector.</td>
</tr>
</tbody>
</table>
Continued...

<table>
<thead>
<tr>
<th>Factor</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there commitment at a senior level within partner organisations?</td>
<td>Without senior level commitment, partnership arrangements are likely to lack the power to achieve the stated objectives. It may be that only one partner lacks senior level commitment leading to imbalance.</td>
</tr>
<tr>
<td>Are new partners excluded?</td>
<td>Partnerships need to be able to grow and expand. This can often mean bringing in different organisations. If new partners are not welcomed and absorbed into the partnership, the partnership will not be able to evolve.</td>
</tr>
<tr>
<td>Is the partnership adequately resourced?</td>
<td>Partnerships require work to maintain the momentum and communication in addition to working towards the stated objectives. Without resources (at least, administrative support) the partnership will be unable to deliver and relationships may become strained.</td>
</tr>
<tr>
<td>Do partners possess appropriate skills?</td>
<td>Inter-sectoral working may require new skills not usually in abundance within organisations, (e.g. negotiation skills, mediation skills etc.)</td>
</tr>
<tr>
<td>Are arrangements in place to evaluate the partnership?</td>
<td>Partnerships can absorb time and resources. Unless they are evaluated, they may not attract support because their worth has not been proven.</td>
</tr>
</tbody>
</table>
1. Overall, what key learning have you taken from participating in this training?

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2. Which part did you find most useful and why?

_____________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________


3. Which part did you find least useful and why?

_____________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________


4. How will this influence your way of working?

_____________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________


Thank you