QUESTIONNAIRE

The Health and Social Care Board (HSCB) and the Public Health Agency (PHA) have designed this questionnaire to seek your views and opinions on the draft Community Development Strategy.

We would be grateful if you could take the time to answer the following short survey which may help formulate your views.

Please note that your responses will be collated and shared. If you do not wish for your response to be shared tick here □.

Forward your response no later than 4pm on Friday 2nd September 2011 to:

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QUESTIONNAIRE

About you or your organisation

1. Name: Claire Higgins
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   ................................................

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2. Please tick the relevant box.
   Service User/individual
   Community Sector
   Voluntary Sector
   Statutory sector
   Other (please state) Company Ltd by Guarantee
Consultation Questions

3. Do you think that the strategy will be helpful in your area of interest or work?

1  2  3  4  5  6  7  8  9  10 (please circle)
(A little  □  A lot)

Why?

The remit of the Institute of Public Health in Ireland (IPH) is to promote cooperation for public health between Northern Ireland and the Republic of Ireland in the areas of research and information, capacity building and policy advice. Our approach is to support Departments of Health and their agencies in both jurisdictions, and maximise the benefits of all-island cooperation to achieve practical benefits for people in Northern Ireland and the Republic of Ireland.

IPH has extensive expertise in relation to community development practices, developed through involvement in a range of programmes. For example, a core area of our work is health impact assessment (HIA) which has democracy as one of its core values. The Partnership Evaluation Tool assesses the benefits of multisectoral partnerships including community involvement which is central to effective partnership working. Available at www.publichealth.ie

4. In your opinion is the strategy clear in what it intends to do?

1  2  3  4  5  6  7  8  9  10 (please circle)
(A little  □  A lot)

Why? Please give details

- IPH recommend the final strategy is presented as one document which would be based on the current summary version and include the Performance Management Framework (PMF). This would make
it clearer for the reader to relate the strategy to the monitoring outcomes.

- The strategy would benefit from a clear articulation of aim and purpose. There is also a need to place this strategy in the context of overarching Department of Health, Social Services and Public Safety, HSCB and PHA strategic plans.

- IPH welcome the focus on tackling health inequalities using community development approaches however this could be strengthened in relation to providing greater clarity around the community development approaches and health inequalities. A definition and overview of health inequalities in Northern Ireland would support this. This could also be strengthened by giving greater attention to the Marmot review and its recommendations for community development which could be aligned with this local regional strategy.

- IPH commend the community development work currently taking place in both the HSCB and the PHA which is based on many years of experience. However to ensure this strategy overarches all work of the HSCB and PHA there is a need to focus on a whole agency approach to ensure that community development practices are not isolated but embedded in all policy development and implementation. This is reflected in the PMF but we would welcome further recognition to make it explicitly clear community development is integral at all levels across both organisations.

- Personal and Public Involvement (PPI) is core to the effective and efficient commissioning, design and delivery of HSC services and is a legislative requirement for Health and Social Care organisations. Little reference is given to PPI in the strategy and whilst community development is acknowledged as being more than PPI this is the legislative base for engagement and greater acknowledgement of how these will link to each other is required.

5. Is the Performance Management section clear and understandable?

1 2 3 4 5 6 7 8 9 10 (please circle)
A greater recognition of the PMF in the main body of text would support the reader to relate good practice in community development (theory) to progress indicators and how these may be achieved (practice).

The strategy does not refer to an implementation plan which is an important necessary document for measuring impact and monitoring effectiveness. It is not clear if organisations will deliver on this agenda jointly or develop individual implementation plans.

Monitoring arrangements receive little priority and it is not clear if these are to be undertaken separately by HSCB and PHA.

6. Do you agree with the Conclusions and Recommendations in the Summary Document?

Yes  □
No √

Please comment

This section presents the way forward rather than recommendations. Recommendations should be presented within a timeframe and an outline provided for implementation, supporting and monitoring.

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7. In your opinion has any major issue been omitted?
• The case study section provides a useful overview of good practice within Northern Ireland. The international case studies do not contribute additional examples to local community development case studies and indeed demonstrate that Northern Ireland should be showcasing work on an international level. We would welcome a more structured approach to the presentation of all case studies to demonstrate need, approach and impact of intervention.

• IPH are pleased the health impact assessment (HIA), Dove Gardens, Derry, case study is being highlighted as a model of community development. IPH work to build capacity for HIA and its use as a tool to support community development. Democracy is a core value of our HIA work. Defined as 'a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population and the distribution of those effects within the population', HIA is a multi-sectoral approach which maximises the health outcomes of a proposal (Gothenburg Consensus, 1999). For example, IPH were commissioned by the PHA to undertake a HIA on a community allotment/garden proposal in the North West. This work brought together local government, the PHA and community and voluntary groups. Community engagement sessions were held in each of the five local government areas to review how the project would impact on health and recommendations were developed to modify the proposal. The HIA provided a structure to engage local people in planning for local services.

• IPH call for greater recognition of the role HIA plays in community development in this strategy and believe this could be built into the PMF as follows:

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Measure of Progress</th>
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<tbody>
<tr>
<td>1. Leadership and corporate commitment</td>
<td>Stage 1 – Identify HIA as a process to support community development in the strategy&lt;br&gt;Stage 2 – Provide HIA training for community development leads&lt;br&gt;Stage 3 – Commit to using HIA as a community development approach to enhance health and wellbeing</td>
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<tr>
<td>2. User and carer involvement and community engagement in service planning,</td>
<td>Stage 1 – Build capacity for local groups to participate in HIA&lt;br&gt;Stage 2 – Include HIA as a community development method and provide appropriate training</td>
</tr>
<tr>
<td>commissioning and provision</td>
<td>Stage 3 – Demonstrate community engagement through undertaking HIA to influence policy</td>
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</tbody>
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| 3. Tackling inequalities in health and wellbeing | Stage 1 – Identify HIA as a tool to tackle health inequalities and identify vulnerable population groups  
Stage 2 – Use HIA to engage other sectors to consider the health inequalities of proposals and contribute to the information base in this area  
Stage 3 – HIA is recognised as a community development tool to tackle health inequalities and provides a framework to work effectively with other sectors |
| 4. Workforce | Stage 1 – HIA training offered to all staff  
Stage 2 – Case studies demonstrating the effectiveness of HIA are developed  
Stage 3 – Staff regularly review the use of HIA on proposals to support a community development approach. |
| 5. Partnership | Stage 1 – Recognition given to HIA as a partnership tool to improve health and wellbeing  
Stage 2 – HIA training is offered to partner organisations  
Stage 3 – Partner organisations considering HIA as a tool to promote health and wellbeing |
8. Do you or your organisation want to be involved in taking forward this Strategy? If so, please tell us how?

IPH would be happy to provide further information on any of the above.

9. Please provide any other comments below.

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Thank you for completing this Questionnaire.