C.2. Community Development and Client Participation Approaches to Addressing Health Inequalities

a. Statement related to the theme
Community development must be underpinned by values of social justice, self-determination, solidarity, collaborative working, participation and equality. Addressing complex social and health inequality issues requires a multidimensional and inter-professional approach through participation and empowerment of individuals, groups and communities. Community development must ensure collaborative partnerships that include all stakeholders and focus on the multiple causes of health inequality, including improving access to health care systems and service delivery, relieving poverty and increasing community participation and access to social networks. Community development must enable people to mobilise and develop their potential, leading to an ongoing ability to recognise and respond to their own problems.

b. Short description of good practices
Members shared many experiences and perspectives on the best way to approach application of community development/participation approaches to address poverty. These ideas and suggestions are summarised in the Brief Summaries of Practice.

c. Key aspects related to the theme
A number of key concepts emerged from the discussion of the working group’s theme including (i) the role of the university in society (ii) the multidimensional and complex nature of poverty empowerment (iii) the inextricable link between poverty and health (iv) the participatory/partnership approach required when using community development techniques (v) the necessity for cross-sectoral/inter-professional collaboration when attempting to address poverty and the social determinants of health (vi) the importance of including all stakeholders (vii) the need for long term planning when developing sustainable community projects.

(i) The role of the university in society
The group agreed that higher education institutions have a responsibility towards addressing societal problems in terms of teaching, learning and research. A number of group members identified examples of university – community partnerships which sought to address community issues.

(ii) The complex nature of poverty
The complex nature of poverty was acknowledged by all group members and it was agreed that the concept of poverty should not be confined to economic status but should include other aspects of participation. The global nature of poverty was also acknowledged and the problem of raising awareness about poverty as a challenge for all societies, and not just those in the majority world was highlighted.

(iii) The link between poverty and health
The group discussed the impact of poverty on health status and agreed that healthcare professionals need to focus more on the social determinants of health both in their education and practice. Issues of health inequality were seen as important however, the group acknowledged that there is an overall lack of awareness of health inequality in society and amongst health and social care workers.

(iv & v) The need for Multi-Sectoral/Inter-professional or Trans-disciplinary approaches to address poverty
There was a general consensus that no one professional group/community organisation can adequately address either poverty or the social determinants of health. Despite this knowledge, the group identified a number of examples of single discipline projects and acknowledged that notwithstanding best efforts inter-professional/cross-sectoral work is fraught with challenges. The group highlighted that the lack of inter-professional training opportunities provided for healthcare students results in limited exposure/experience of successful inter-professional working collaboration. The group did not specifically suggest methods of addressing this gap in educational practice but did suggest that it is important to emphasise to students the limitations of single disciplines working alone.

(vi) The importance of including all stakeholders
The group clearly identified that all stakeholders should be included in any community development plan. Particular challenges in relation to inclusion of minority stakeholders/people whose voices are typically excluded from project planning were discussed and group members suggested that participatory methods are necessary to ensure appropriate representation.

There were many examples from the group of successful projects where communities had been supported to develop their own initiatives that addressed the social determinants of health. Key messages which emerged from the descriptions of these projects included the need for a long term commitment when engaging in community development and the challenge of ensuring that projects were sustainable and could become part of the fabric of community life when/if external funding was withdrawn.
(vii) the need for long term planning when developing sustainable community projects.

Suggestions for community development approaches
The statements that members provided prior to the meeting combined with discussion led to the development of the following suggestions of the important aspects of community development approaches:

Related to identifying the community, and constructing access to the community.
It is understood that access to the community is an ongoing and dynamic process that needs to be maintained throughout the development process, and includes:

- Developing understanding of what is the 'community'
- Identifying key persons
- Identifying the 'invisible' citizens who are not represented by leaders, figureheads, or key persons
- Developing on-going partnerships with all, based on an equal participation in decision making processes

Related to programme development
Some of the important features of community development are the following:

- Participatory approaches are essential, based in trust and open communication
- Multiple strategies are required, process based and result based
- Recognition of the complexity and multi-dimensionality of poverty and community development
- Inter-sectoral collaboration
- The evaluation of outcomes should be incorporated from the planning stages and should be: accessible, creative, informative, and use multiple methods
- Strategies should facilitate the agency of individuals and groups
- Strategies should be future orientated and work towards sustainability
- Possibilities for change and development in existing services should be identified
- The relevance and meaningfulness of any planned action should carry the approval, support and cooperation of key public officials, community leaders and the people concerned.

Related to communication, roles, relationships

- Important to the process is the ongoing negotiation and establishment of (own) professional roles and the roles of other key person/s
• Recognise and works with issues of power, relationships, conflict and cooperation
• Community development is underpinned by essential values related to equality, social justice, self determination, solidarity and citizenship

d. Competences

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<thead>
<tr>
<th>Community Development and Participatory Approaches to Addressing Health Inequalities</th>
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<tr>
<td>The professional is able to:</td>
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<tr>
<td>Understand the multi-dimensionality of communities and their development, processes of change and the need for multiple strategies</td>
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<tr>
<td>Identify and gain knowledge of the community and key stakeholders in that community</td>
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<tr>
<td>Create and sustain access to the community and key stakeholders, establishing collaborative relationships</td>
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<td>Negotiate and establish own professional role, facilitate the development of roles of stakeholders and facilitate people to work with and learn from each other</td>
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<tr>
<td>Work with the community and other stakeholders to identify community needs and to design, implement, manage and evaluate sustainable programmes at community or population level that address health inequalities and/or health promotion/prevention/rehabilitation</td>
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<td>Engage in an educational process to deliver professional knowledge to clients/client systems and stakeholders to facilitate the process of desired change</td>
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<td>Recognise opportunities for, and work towards development of existing services, including opportunities for services to become part of local social networks</td>
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<tr>
<td>Demonstrate agency, self-efficacy, confidence, reflective self-belief as a professional, influencing policy and developments</td>
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e. Learning methods and teaching strategies

Suggestions for approaches:

a. Develop holistic approaches
b. Teach students to be able to respond to different scenarios with imaginative and practical solutions.
c. The clients/community should be part of the assessment process
d. Teach the students to meet the client and/or communities, listen to them and involve them in all phases of the process of change towards inclusiveness
Participants submitted examples of learning methods and teaching strategies, which are summarised below:

**Service learning**

Community centred occupational therapy practice is focused on collaborative working with communities to address issues of occupational participation. It is therefore not surprising to find that learning strategies that seek to foster competence in community centred practice have also focused on partnerships between learning organisations and students/professional bodies.

Service learning has emerged within occupational therapy curricula across the United States, Europe and South Africa as one approach to facilitating students to develop skills in community centred practice. Service learning is a teaching and learning pedagogy that combines service to the community with academic learning. It is underpinned by theories of experiential learning and uses a process of structured reflection to enable students to critically examine their real world experiences in relation to their academic studies. At the core of service learning is a commitment to developing capacity for civic engagement and participation amongst all partners.

Service learning enables occupational therapists to contribute to community development through partnerships between occupational therapy programmes and communities that are established to address specific community needs. Such partnerships are guided by principles of mutual reciprocity with the needs of the community, the student and the educational institution given equal status throughout the process of developing, sustaining and evaluating partnerships. Examples of service learning projects within occupational therapy in an Irish context are provided in Appendix 6.1

**Example of undergraduate module:**

*Delivery of Public Health Nutrition theory to 3rd year dietetic students*

This module considers the role of nutrition in Public Health and introduces the principles and practice of food related health promotion/improvement and the assessment of intervention strategies. Students learn not only about the main focus of Public Health Nutrition on a strategic level, but also how this is translated into practice 'on the ground'. Embedded throughout the teaching is the importance of community engagement and the consideration of health inequalities.

One workshop in particular has involved engaging external partners in the Plymouth area, in particular food workers and practitioners involved in local food projects, coming in to speak to students about the reality of running a food project and some of the many challenges involved. The students tend to evaluate this very positively and learn that the evidence based
theoretical principles often do not work at ‘grass roots’ level. They need to learn innovative and creative skills that allow them to translate their theoretical knowledge into practical ‘action-based’ solutions. This is an ongoing challenge!