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Athrofa y Gymdeithas, Iechyd a Moeseg Caerdydd

Involving the Public in HIA: An evaluation of current practice in Wales

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Acknowledgements

The authors wish to thank the following:

Members of the public and statutory sector representatives who gave up their time to be interviewed as part of the research

Keith Cox and Tony Woodward from the Wales Centre for Health and Welsh Assembly Government for their continued support and input

The Welsh Health Impact Assessment Support Unit is funded by the Welsh Assembly Government and is operated by the Wales Centre for Health in partnership with Cardiff University. The role of the unit is to provide advice, guidance, research and support.

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Executive Summary

Background

A key feature of health impact assessment (HIA) is the involvement of stakeholders and experts who may be affected, involved in the implementation of, or have specialist knowledge of the ways in which policies, programmes and projects impact on the health and well being of the population. In previous papers researchers at the Welsh Health Impact Assessment Support Unit (WHIASU) have argued that members of the public are crucial to the success of policy implementation and the holders of local knowledge and personal experience that makes a valuable contribution to HIA, whilst recognising that there may be reluctance as well as practical difficulties in involving members of the public (Elliot and Williams 2002 & 2004).

In Wales HIAs have been conducted at many levels of governance and to different degrees of depth on a range of proposals (Elliott et al 2008). Members of the public have also conducted HIAs with the support of the unit. This research presents the opportunity to asses the ways in which members of the public have been involved in HIA in Wales and the impact this has had on both the HIA itself and on the decision making process.

Aims

A number of key research questions are addressed:

- What impact does public involvement in health impact assessment have on the processes and outcomes?
- In what ways and to what extent have members of the public/communities been involved in HIA?
- How does the public sector view public/community involvement in HIA?
- What are the differences between community initiated HIA and those in which members of the public are involved as part of the HIA process?
- What are the key enablers and inhibitors of public involvement in HIA?
- What is the role of community groups in HIA?
- What are the issues associated with public sector involvement in community initiated HIA's?

Methods

The literature reviewed included both published and grey literature on theories of public involvement in general and its application to HIA in particular. With regard to HIA the literature reviewed included theoretical papers that considered the nature of lay and professional knowledge production in HIA, typologies of public involvement and construction of public engagement as part of wider risk assessment discourses. In addition the review included HIA reports which involved members of the public and previous empirical studies that have assessed the role of public engagement in HIA.

A case study approach to the research was adopted as it was considered important by the research team to systematically present results and develop theory grounded in the experience of subjects participating in real events. Five case studies from across Wales were selected for inclusion in the research; three from North Wales and two from South and West Wales. Cases were selected in order to cover a broad range of health impact assessment topics, geographical areas, varying levels of public and community involvement and size of HIA. Twenty-eight interviews were conducted with members of the public, representatives from community and user groups and statutory and voluntary sector representatives, all of whom were involved in the health impact assessment.

Lessons from case studies

- Key benefits of public involvement in HIA are the contribution of local knowledge and personal experience, the building of relationships, empowerment and advocacy.
- Key risks are the raising of expectations, consultation fatigue, upsetting the balance of the process, only engaging with the ‘usual suspects’ and managing input.
- The weight and status awarded to lay views and knowledge differs depending on the HIA in question
- Enablers of public involvement include utilising existing links, the use of appropriate facilitation techniques and providing updates on the HIA
- Inhibitors include lack of time, lack of confidence, and apathetic attitude, the use of jargon and terminology that may not be user friendly, existing community tensions and mis-selling of HIA.
- Sensitivity of the issue, lack of awareness and cognitive dissonance were suggested as inhibitors from the statutory sector perspective.

Community initiated HIA – A Welsh Case study example

- Community initiated HIA brings communities together for a common cause and helps to build relationships both between communities and between the public and statutory organisations
- Community initiated HIA requires some level of statutory sector involvement in order for it to be a material consideration in the planning process
- When conducted in a reliable and balanced manner, community HIA can provide a valuable evidence base and support for existing protest campaigns

Conclusions and recommendations

Within Wales members of the public and representatives from community groups take an active role in health impact assessment, either through participation in HIA workshops, attending focus groups or sitting on the steering group for the HIA. The majority of the respondents who were interviewed as part of this research reported that they had found their involvement in the HIA to be a positive experience, and that they welcomed HIA as a vehicle for them to be able to voice their views to decision makers. For many this was the first opportunity they had to interact with the statutory sector in this way.

Community initiated HIA was considered separately in this report due to the fact that it differs from 'top down' HIA in a number of significant ways, notably in terms of the influence and status. It is envisaged that the future of HIA in a community setting would be that communities would be in a position to be able to carry out HIAs for themselves, without the aid of an organisation such as WHIASU that supported the HIA considered within this research. However, this raises issues such as the ability of the community carrying out the HIA to maintain balanced and non-partisan viewpoint, particularly if the HIA was relating to emotive issues, as was the case here. There is a risk that communities might be considered 'over-emotional' and holding insufficient 'expert knowledge' to be able to conduct an HIA that is balanced and reliable, and both members of the public and public sector representatives interviewed relating to this case expressed concerns that a HIA conducted solely by the community would lack the status and credibility to be used as a material consideration when making planning decisions. How this is addressed is a source of discussion but if we are looking at this HIA as an example of how to conduct such research many issues were raised that would need to be taken into consideration by other communities who may be considering using HIA as a tool for protest. As was the case with the other HIAs considered as part of this research the issue of managing input was paramount.

Public and community involvement in HIA has been deemed problematic, with members of the public being seen as a barrier to change and holding insufficient knowledge to be able to make a positive contribution to the process. Public sector representatives interviewed as part of the research

focused on the fact that it is members of the public who are affected by the issues or projects relating to the HIA, that the proposed changes would take place within their communities, and that they held the knowledge and value of personal experience to be able to effectively inform the HIA, and highlighted that these positive contributions outweighed any of the more problematic issues. The role of the statutory sector within HIA varies, with representatives being involved in workshops, steering groups, facilitation roles and advisory roles. Issues were raised as to the capacity of the statutory sector to engage effectively with communities. The HIA process served to build relationships both between communities and also between the public sector and members of the public as it brought into contact people who may otherwise not have interacted with one another, and enabled the sharing of viewpoints. Consultation and engagement with members of the public is increasingly encouraged within the public sector at the local, regional and national level, meaning that it is essential to build capacity for engagement on both sides in order to ensure a mutually beneficial and effective relationship.

Recommendations for HIA

- Communication: both before and after the HIA has taken place. This will ensure that all participants have an understanding of what the aims and objectives of the HIA are what the format of the workshop will be and how their views have fed into decision making. Through effective communication risks of raised expectations and mis-selling can be minimised.

- Investigating new routes to engagement with harder to reach groups within the community through the use of partnership working with schools, health services, community leaders and groups and organisations such as Communities First. This will better facilitate participation and tackle the issue of the ‘usual suspects’.

- Tailor the participatory workshop to the participants being engaged, including the use of appropriate facilitation techniques and terminology. This is particularly relevant where confidence and literacy may be low in order to actively engage with members of the public. Members of the public involved in the HIA should be trusted with regards to their understanding of the scientific evidence whilst at the same time recognising and addressing the constraints of terminology and scientific language. HIA is a learning process for both members of the public and officers representing the statutory sector who are involved.

- Maintaining accountability to the members of the public who have participated; HIA is non compulsory and decision makers are not obliged to take community views into account, but it is important to recognise that by feeding back information about which aspects have been taken forward and the reasoning behind the decision for those that haven’t the relationship between the public and statutory sector

can be improved, and members of the public will be more willing to participate again in the future.

- Recognising the valuable contribution that community views, local knowledge and personal experience can make to the HIA when balanced with ‘expert’ opinion.

- Where possible a multi agency steering group including public representation should be established to ensure the HIA process is not tied to a specific agenda. Ground rules should be established for the treatment of views and evidence and transparency of stages of progression should be ensured.

Recommendations for Community initiated HIA

- Importance of maintaining a balanced, non-partisan approach to the HIA, particularly by those managing the process. Attention should be paid to the processes which allow different forms of evidence to be considered fairly.

- The need to have valid evidence to back up statements and viewpoints expressed within the HIA and to be selective as to what is included in support of the case. This can be supported by agreed criteria as to what evidence is considered to be valid. Where the HIA is concerning an emotive issue external support and management should be considered in order to recognise these emotions to be important and valid but understand them in terms of a broader understanding of how proposed policies, programmes of projects may impact on future health and well being in a number of ways, and contribute to the production a reliable and balanced HIA.

- Recognising the limitations of HIA and the limitations of the actors within the process. In the case of statutory sector representatives they are often constrained either by their position or by external guidelines.

- The relationships formed through community HIA, both between members of the public, groups supporting the HIA, communities and the statutory and voluntary sectors are volatile and need to be carefully, fairly and sensitively managed.

- Members of the public who themselves want to present evidence about health impact may encounter a resource deficit in terms of access to scientific literature and expertise and the skills to be able to translate their collective observations and experiences into a form that is taken seriously by decision makers. A possible recommendation is consideration of the role of a Community HIA development worker in order to bridge this gap.

Part One:
Background and literature

Chapter One: Introduction to the Report

1.1 Purpose and rationale

A key feature of health impact assessment (HIA) is the involvement of stakeholders and experts who may be affected, involved in the implementation of, or have specialist knowledge of the ways in which policies, programmes and projects impact on the health and well being of the population. In previous papers researchers at the Welsh Health Impact Assessment Support Unit (WHIASU) have argued that members of the public are crucial to the success of policy implementation and the holders of local knowledge and personal experience that makes a valuable contribution to HIA, whilst recognising that there may be reluctance as well as practical difficulties in involving members of the public (Elliot and Williams 2002 & 2004).

In Wales HIAs have been conducted at many levels of governance and to different degrees of depth on a range of proposals (Elliott et al 2008). Members of the public have also conducted HIAs with the support of the unit. This research presents the opportunity to asses the ways in which members of the public have been involved in HIA in Wales and the impact this has had on both the HIA itself and on the decision making process.

1.2 Aim and Research Questions

Drawing on existing literature and on five detailed case studies the key aim of this research is to assess the ways in which members of the public and community groups have been involved in HIA and the impact this has had on the HIA itself and on the decision making process. The views and experiences of both members of the public and statutory representatives are considered as it is recognised that there may be a range of different interests at stake.

A number of key research questions are addressed:

- What impact does public involvement in health impact assessment have on the processes and outcomes?
- In what ways and to what extent have members of the public/communities been involved in HIA?
- How does the public sector view public/community involvement in HIA?
- What are the differences between community initiated HIA and those in which members of the public are involved as part of the HIA process?
- What are the key enablers and inhibitors of public involvement in HIA?
- What is the role of community groups in HIA?
- What are the issues associated with public sector involvement in community initiated HIA's?

1.3 Methods

This study draws on a literature review and on five detailed case studies in Wales where members of the public have been involved in or have led HIAs. The latter provides a detailed account of the how key actors perceive their own, or the publics' involvement in HIA and the impact that this had.

1.3.1 Literature Review

The literature reviewed included both published and grey literature on theories of public involvement in general and its application to HIA in particular. With regard to HIA the literature reviewed included theoretical papers that considered the nature of lay and professional knowledge production in HIA, typologies of public involvement and construction of public engagement as part of wider risk assessment discourses. In addition the review included HIA reports which involved members of the public and previous empirical studies that have assessed the role of public engagement in HIA.

Web scientific data bases were searched in order to identify key papers which were then cross referenced for additional references. A general web search on public and community involvement in HIA presented a number of results from organisations such as the National Institute for Clinical Excellence (NICE) and the World Health Organisation (WHO) in addition to other government gateways both national and international. In order to establish policy context for the research key National Assembly for Wales health publications were reviewed.

In terms of grey literature, in particular HIA reports, the main method was through snowballing through key contacts in the HIA world and through web based archives of HIA reports.

1.3.2 Case Studies

A case study approach to the research was adopted as it was considered important by the research team to systematically present results and develop theory grounded in the experience of subjects participating in real events; in this case members of the public and other stakeholders participating in HIAs (Eisenhart 1989).

Five case studies from across Wales were selected for inclusion in the research; three from North Wales and two from South and West Wales. Cases were selected in order to cover a broad range of health impact assessment topics, geographical areas, varying levels of public and

community involvement and size of HIA. Of the five case studies selected, three were in Communities First areas[1] .

Twenty-eight interviews were conducted with members of the public, representatives from community and user groups and statutory and voluntary sector representatives, all of whom were involved in the health impact assessment. The research team were able to establish who had been involved in the HIA from the participant list provided in the majority of HIA reports, and selected appropriate contacts to interview.

Semi- structured interviews were used using a detailed topic guide. Most interviews were with individuals and were face-to-face. However practical considerations meant that one telephone interview was conducted and another interview was with a group of people who had been invited to participate in an HIA. Interviews were arranged by contacting representatives from the statutory and voluntary organisations that had been involved in the initial organisation of the HIA. These representatives were then able to provide contact details for the other potential respondents, in some cases making the initial contact in order to gauge participant willingness to be interviewed as part of the research. Participants were then contacted by the researcher by email or telephone and a date, time and venue for the interview was arranged.

1.3.3 Data collection and analysis

The topic guide used for the semi structured interviews was informed by the review of literature review and reflected the original research questions. There was some variation in topics discussed dependent on whether it was a statutory sector representative or member of the public who was being interviewed, but key areas of discussion were prompted in all interviews. All interviews were recorded then transcribed by the researcher. Transcripts were analysed using a grounded theory approach (Glaser 1992) and main themes identified and discussed within the research team. Data was analysed thematically rather than on a case by case basis, with themes emerging from the data rather than pre determined themes being applied. Areas of consent and disagreement between respondents were identified and key areas of similarity and difference between responses and HIA groups identified.

When analysing the data it was important to recognise the difficulties of contextualising the data whilst still maintaining the anonymity of respondents as agreed in the consent form. For this reason a generalised synopsis of the cases involved is provided in Appendix 1 in order to provide some background information to support the quotations presented within the results. Quotes have also been attributed to the cases from which they are drawn, whilst making every effort to ensure anonymity is maintained.

[1] Communities First is the Welsh Assembly Government's national flagship regeneration programme. Originally based in 142 of the most deprived communities in Wales it exists to provide local people with opportunities to play an active role, in partnership with local statutory and voluntary agencies, in shaping the future of their community.

1.3.4 Ethics

Ethical approval for the study was firstly obtained from the School of Social Sciences, Cardiff University Ethics Committee. Respondents were provided with a participant information sheet and asked to sign a consent form prior to the commencement of the interview. Interviews were held in various locations including council offices, respondents homes and local cafes and took place on a suitable day and time to facilitate attendance. Interviews were conducted in an informal style and lasted between 30 minutes and 1 hour.

1.4 Policy context for study

In recent years the Welsh Assembly Government has developed a number of strategies to foster social inclusion within Wales. These focus on building safe, strong and sustainable communities, and encouraging active citizenship within them. Health planning has a focus on participative policy development, with citizens having an active role in the development of their health services. Health impact assessment is being used in Wales as a way to encourage the development of healthy public policy and decision making as well as addressing inequalities in health. The establishment of the Welsh Health Impact Assessment Support Unit (WHIASU) has helped to build the capacity of organisations in Wales to use HIA. This has been achieved through a partnership approach with key statutory, voluntary, community and private organisations in Wales, and the provision of direct support, advice and facilitation to those conducting HIAs.

Better Health, Better Wales (Welsh Office 1998), in anticipation of a new National Assembly for Wales, set out aims for the achievement of sustainable health through collaborative action with a focus on recognising and addressing those factors that impact on health. As part of this recommendations were set out specifically relating to health impact assessment, namely that health impact should be a consideration on the agendas of all departments when developing and implementing policies.

The 2001 Welsh NHS plan 'Improving Health in Wales' set out the strategy for primary care in Wales and the aims for strengthening and developing services to help and support primary health care teams. Part of this strategy outlined the role of well developed primary care teams, working closely with other agencies, as an essential way of dealing with the determinants of health, health inequalities and building a socially, economically and environmentally sustainable Wales. It aimed at delivering equality of provision of healthcare services and social justice, aims that are very much in line with those of HIA. As part of the strategy looking at primary care in a wider health policy context the report outlines that primary care must adopt both an individual and population focus and that *'the improvement of health and well being of people is the ultimate aim of social and economic development'* (WHO, Health 21).

There are two factors outlined in the document that have specific relevance to HIA and its role at a policy level. The first is 'adopting strategies which draw different organisations together so that they can tackle the determinants of health' with the second being 'developing services which promote participation in the way in which our health service develops'.

Health impact assessment is an important and useful tool in encouraging cross sectoral policies and programmes. It has particular relevance to Health Challenge Wales, a call to all people and organisations in Wales to work together for a healthier nation. It provides a new and inclusive national focus to secure ownership, commitment and action for 'better health' as part of a widespread effort to improve levels of health in Wales and to achieve the national targets set for 2012. Health impact assessment is one mechanism that can help organisations to identify what more they can do through their decisions and actions to help people improve their health (WHIASU 2004).

The 'Beyond Boundaries' report, the Beecham Review of Local Service Delivery (2006) outlines the recommendations for taking forward the Citizen-Model approach outlined in the Welsh Assembly Government 'Making the Connections' programme. There are a number of aspects of this report that underline the fundamental principles of health impact assessment and the involvement and participation of citizens in particular, both from the citizens point of view and also from the organisational perspective. See Box 1

Box 1 Where the Citizen Model overlaps with HIA: What it means for citizens and organisations (selected from Beecham (2006)

For Citizens:

- Receiving high-quality joined up services, planned across organisational boundaries
- Citizens are well informed and have meaningful, diverse ways to express expectations, experience and needs within all spheres of government
- Citizens' voices are heard and listened to regardless of the ability of the individual to make his or her needs known and felt
- Citizens understand that individual and collective needs must be balanced and that the pattern of service delivery must change in order to secure improvement
- Citizens understand that they have rights and also responsibilities

For Organisations:

- Organisational culture is to be outward facing and focused on outcomes for citizens
- Effective processes are in place for informing and engaging citizens
- Strong engagement with organisations which can articulate citizens' voice and experience
- Services are joined-up and personalised
- Organisations pool sovereignty and resources to improve and deliver outcomes for citizens
- Subsidiarity at every level: local organisations have autonomy to determine local policy and are empowered to deliver national and local priorities flexibly and responsibly.

Within the report citizen engagement is cited as one of the critical success factors for the success of implementation, with a need for transparency (particularly in financial terms) and a desire to gain a greater understanding of

citizens views. The report highlights the need for greater investment in understanding citizens' views.

Health impact assessment holds participation as one of its central values, and is often claimed to provide a mechanism to facilitate joined up working due to its concern with the impact of policies from all areas on the health of the population. As such it sits well with the recommendations outlined in the Beecham report, and should be considered as an approach which is able to support the national agenda for improved delivery of public services within the wider remit of improving the health and well-being of the people of Wales.

1.5 Overview of report

Chapter 2 will present an overview of the literature on citizen participation in general and public involvement in health improvement, including models of participation.

Chapter 3 focuses on the literature relating to public and community involvement in health impact assessment, identifying the basis for public involvement in HIA, the benefits and inhibitors to effective participation and a discussion of the merits of public involvement. Previous work regarding public involvement in HIA, both by WHIASU and other authors is reviewed in order to contextualise this research.

Chapter 4 reports on the primary data collected as part of the research, and presents this thematically, with verbatim quotes from interviewees as support. Results from all five case studies are included here, with additional points of interest relating to the community initiated HIA being discussed in the next chapter. Key areas covered include key risks, benefits, inhibitors and enablers of public involvement in HIA, the role and value of lay knowledge, the roles and responsibilities of the statutory sector and the role of community groups.

Chapter 5 presents further discussion on the Welsh experience of community initiated HIA, focusing on a case study of a controversial land development.

Chapter 6 outlines the limitations of this research, with chapters 7 and 8 drawing the report to a close by summing up the results and making recommendations for future effective public involvement in HIA.

Chapter Two: Involving the Public

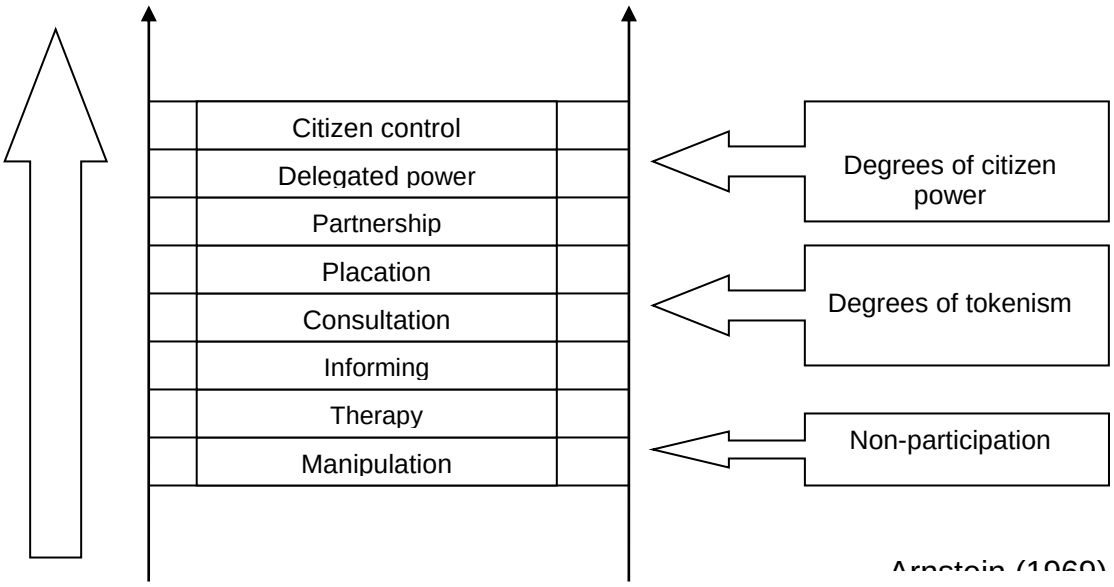
Key points

- HIA is an excellent example of how impact assessment can be used to aid understanding and prevention of the causes of ill health, and involving the public in the responsibility for health and well being
- Involving communities in practices such as HIA could help make policy initiatives more sustainable and contribute to more cost effective healthcare
- Recent guidelines outline seven essential conditions required for effective community engagement activities to take place, including long term planning, trust and respect, a cultural shift and policy development

2.1 Models of citizen participation

The UK Local Government Act (2000) placed a duty on local authorities to produce community strategies, with the accompanying guidance emphasising the key principle of actively involving and engaging communities and local residents in the local decision-making processes. Both local government and the NHS are under increasing pressure to engage with and listen to the voice of the public. There is strong political commitment, both from central and local government to support citizen engagement, and subsequently more citizen centric services. In theory, participation of the governed in their government is considered to be the cornerstone of democracy (Arnstein 1969, figure 1). Health impact assessment offers the opportunity for communities and members of the public to become involved in assessing the potential impact of a policy, programme or project on their own health and well being as part of a broader assessment of the way in which impacts may be distributed across a specific population.

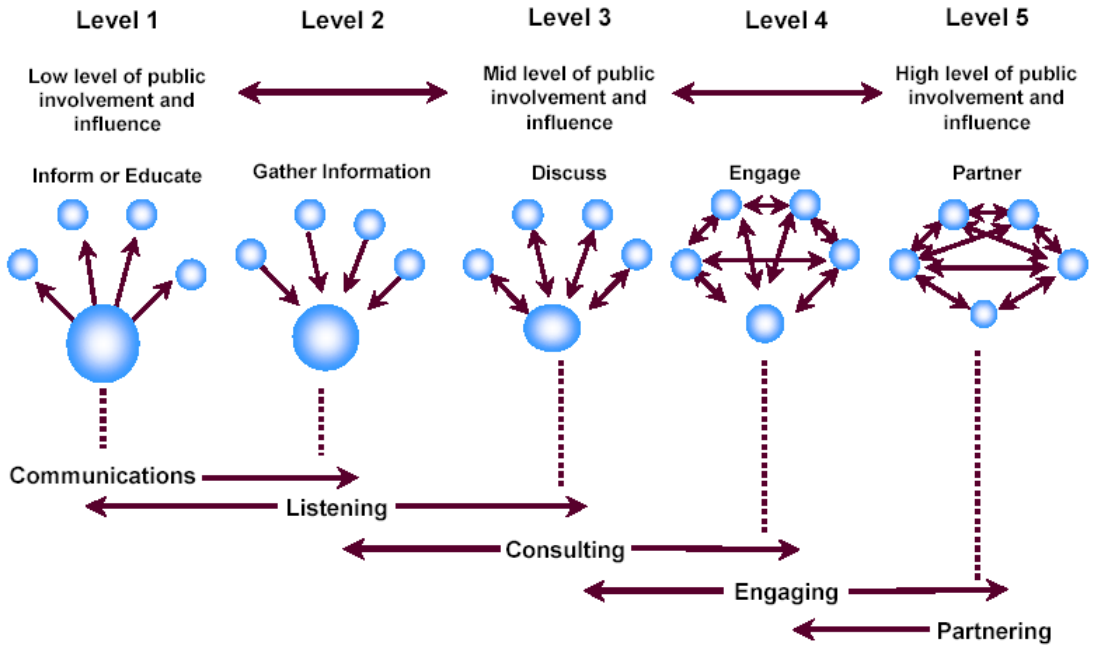
Figure 1: Arnstein's Ladder of Citizen Participation



Arnstein (1969)

An alternative model of citizen participation is the Health Canada Public Involvement Continuum (Health Canada 2000, Figure 2), which provides five levels from low to high level of public involvement showing the increasing engagement of participants as higher levels of participation are reached. As with the Arnstein ladder this model is fairly linear. However, unlike Arnstein it does not imply a 'fight for power' and instead suggests a more positive progression from communications to partnering, with a corresponding increase in public involvement and influence.

Figure 2: Health Canada Public Involvement Continuum (from Health Canada 2000 p21)



Frewer et al (2000) carried out a study examining the effectiveness of public consultation exercises, and as part of this developed nine criteria to be fulfilled in order for a mechanism to be effective. These criteria were then used to form the basis for the development of methodologies to assess the effectiveness of different public participation exercises (See Box 2).

Box 2 Criteria for effective public participation (adapted from Frewer and Rowe (2000)

Acceptance Criteria

- Representativeness: the participants should comprise a broadly representative sample of the affected population (either statistically or as individuals being resourced to represent their population).
- Independence: the participation process should be conducted in an independent and unbiased way.
- Early involvement
- Influence
- Transparency

Process Criteria

- Resource accessibility: participants should have access to the appropriate resources to enable them to successfully fulfil their brief.

- Task definition: the nature and scope of the participation task should be clearly defined.
- Structured decision making process: the participation exercise should use/provide appropriate mechanisms for structuring and displaying the decision making.
- Cost effectiveness: The procedure should in some sense be cost effective from the point of view of the sponsors.

In relation to HIA, both the acceptance and process criteria are relevant. The principles of HIA are well aligned with the acceptance criteria, and the process criteria fit well with the structured yet flexible nature of HIA. It must be recognised however that there are issues related to representativeness. Although it is desirable to gain views from members of the public who are representative either of the population as a whole or of a population of interest, this may not always be possible, either due to financial, human or time constraints of the HIA.

2.2 Public involvement and community engagement in health improvement

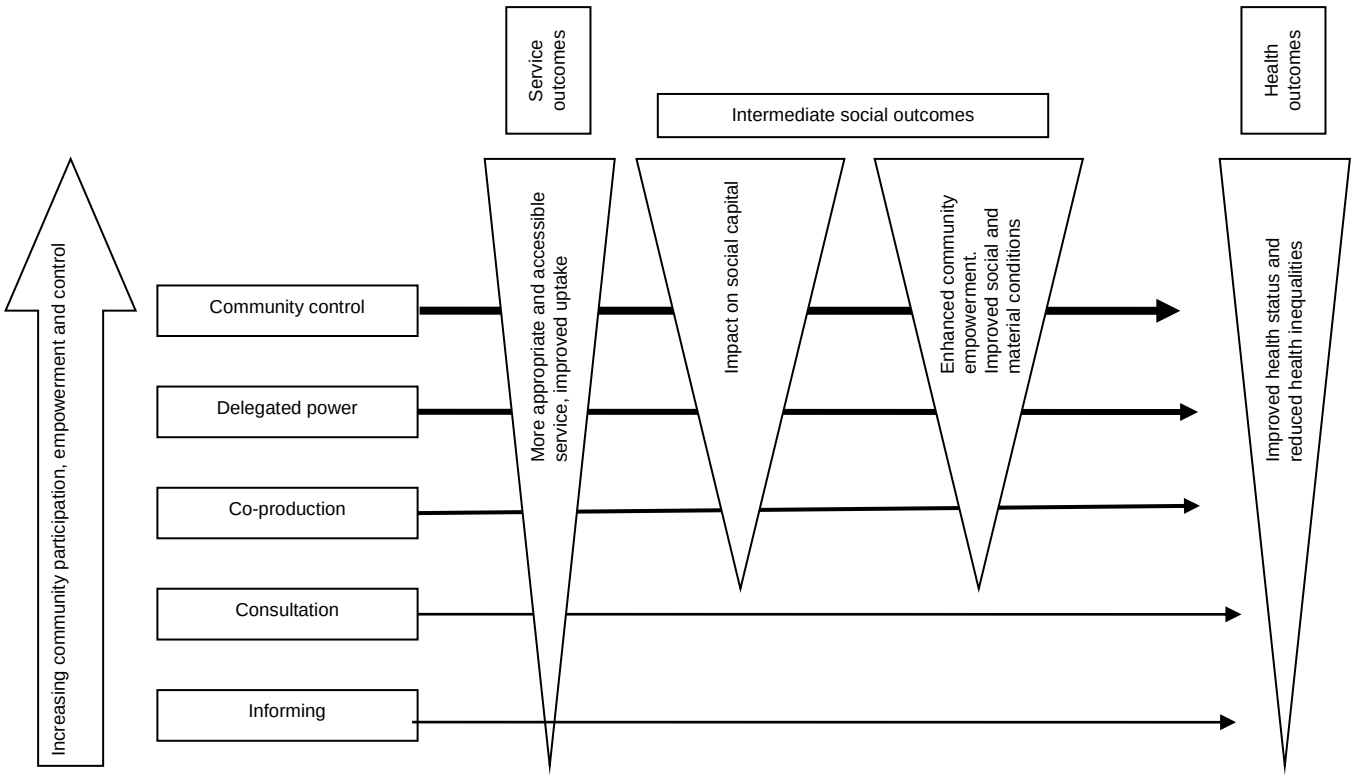
It is widely recognised that the origins of disease lie outside the health sector (Annett and Nickson 1991), with HIA being an example of an approach that can be used to aid understanding and prevention of the causes of ill health. In parallel HIA can be seen as an approach that involves the public in the processes of understanding how decisions may make impact on people living in particular social contexts. Recent NICE draft guidance on 'Community engagement and community development methods and approaches to health improvement' (2008) supports the view that community involvement, particularly the involvement of socially and economically disadvantaged groups, is key to the success of national strategies to promote health and wellbeing and to reduce health inequalities. It has also been suggested that involving communities could help make policy initiatives more sustainable (Gillies 1998; Rifkin 2000) and contribute to more cost effective healthcare. Mahler (1981) further supports this by stating that health cannot be 'given', but must be generated from within the people, hence supporting the involvement of members of the public in health improvement and subsequently in health impact assessment.

The draft guidelines outline that there are several benefits to be gleaned from engaging the community in developing policy and a delivering public services: experiential knowledge, leading to more effective, cost effective and sustainable services), social capital, empowerment (participation improving self-esteem, self-efficacy and confidence), improving accountability and trust in government bodies, and health-enhancing behaviour and attitudes.

Popay (2006) devised a model for 'Pathways from community participation, empowerment and control to health improvement', with a scale of participation from informing to community control, with relevant service outcomes, social outcomes and health outcomes, illustrating how differing degrees of

participation can lead to improved outcomes. The more communities are encouraged to work as equal partners, the more likely it is that there will be positive health outcomes.

Figure 3: Pathways from community participation, empowerment and control to health improvement



(Popay 2006)

The guidance outlines seven essential conditions required if community engagement activities are to be undertaken (with further recommendations relating to interventions/initiatives which aim to promote health or assess the wider determinants of health):

Table 1: NICE Community engagement guidelines[2]

Long term planning
• Understanding the developmental and long term nature of community projects and initiatives
• Clear statement of the intended outcomes
• Statement of the responsibilities of all parties involved and include

[2] www.nice.org.uk/PH009

mechanisms to track accountability, with local people being given the level of responsibility matching their willingness and capacity to contribute
Levels of engagement and power
• Involve relevant members of the community from the outset, including what can be realistically achieved by involving them
• Understanding and negotiation of power sharing and distribution
• Determine whether community groups and individuals are willing and able to take on decision making, service provision and management
• Make groups and individuals aware of the value and benefit of their involvement
Trust and respect
• Take into account local peoples past experiences and build on previous initiatives
• Identify and provide the appropriate structures and resources to help the community participate fully
• Use appropriate methods to involve and reach out to hard to reach groups, but respect peoples rights not to get involved
• Recognise the heterogeneity of local communities
• Provide feedback mechanisms to ensure communities are kept informed about progress in tackling issues of concern
Avoiding pitfalls
• Build on past experiences to mitigate the possibility of communities experiencing 'consultation fatigue'
• Recognise that some groups have their own agendas and that some individuals may monopolise groups
• Agree and be clear about how community engagement could have on the major determinants of health and health inequalities
• Do not overburden individual members of the community with responsibility and ensure they have adequate support
Infrastructure
• Provide training for those working with communities
• Provide information on the policy context
• Identify support and funding sources for community engagement and development
• Consider training individual members of the community to act as mentors, leaders and lay representatives
• Address the constraints facing members of the community who want to be involved in health projects
Cultural shift
• Consider how organisational culture supports or prevents community engagement activities
• Acknowledge the skills and knowledge available within the community and encourage local people to contribute to a range of policy issues
• Manage conflicts of interest between and within communities
• Encourage marginalised communities and individuals to express their opinions
• Give due weight to the views of local communities when decisions affecting them are taken.
Policy development
• Planning and design of initiatives to take into account past experiences
• Involve local communities by setting realistic timescales for their involvement
• Recognise local diversity and local priorities.

Although these 7 recommendations relate to community engagement in health improvement in general, they are all equally relevant and important when considering public involvement in health impact assessment. On the one hand

HIA seems to provide an opportunity for better healthy public policy and decision making. The government is committed to engagement with the public, and the subsequent development of more citizen centric services. These guidelines clearly set out the prerequisites and conditions for successful community engagement activities. However, it must be recognised that HIA is not a decision making tool in itself, and it has been suggested that HIA could be used to prevent members of the public getting involved in the decision making process itself, whilst still making them feel that they have participated and made a contribution. Decision makers are not obliged to take into account community views expressed through HIA, and as a result the process risks being seen as tokenistic.

Conclusion

This chapter has outlined the literature supporting the idea of community participation in general and in health improvement, including the presentation of three models of citizen participation, one generic and two specifically relating to health. Suggestions were made as to how to assess the effectiveness of different public participation exercises and also the essential conditions required for community engagement exercises to be successfully undertaken. This background literature leads on to chapter three, where public involvement in HIA is discussed and literature reviewed on the benefits, inhibitors and issues relating to engagement of members of the public and community groups in the HIA process. This includes discussion around professional and lay knowledge, the representativeness of community groups and typologies of involvement in HIA.

Chapter Three: Review of public involvement in HIA

Key points

- The World Health Organisation (WHO) considers that it is a basic right of any citizen to participate in their health and an obligation to exercise that right
- Central to the philosophy of HIA is the consideration of the opinions, experience and expectations of those people affected by the policy in question.
- There is tension between the participatory dimension of HIA and the requirement to gather knowledge as on one hand the public are seem as a barrier to implementing change and on the other are viewed as holders of valuable local knowledge and critical to the success of policy implementation
- Benefits of community involvement are evident at the individual, community and organisational level, as are issues inhibiting community involvement.
- The role and value of lay knowledge in HIA is also contested with some critics arguing that lay people do not have the necessary skills and knowledge to be able to effectively participate in the HIA process whilst others argue that lay people acquire a body of knowledge that is different from but equal in value to that of public health professionals.

3.1 Introduction

In 1978 the WHO Alma Ata declaration identified the importance of community participation as being so important that it was considered a basic right of any citizen to participate in their health and an obligation to exercise that right.

The Gothenburg Consensus paper (ECHP 1999) promotes four values that are central to HIA.

- Democracy: emphasising the right of people participate in a transparent process for the formulation, implementation and evaluation of policies affecting their lives (both directly and through elected political decision makers)
- Equity: with HIA having in an interest in the distribution of policy impact within the population, not just on the aggregate impact of the policy
- Sustainable development: taking into account short and long term, direct and indirect impacts
- Ethical use of evidence: the use of qualitative and quantitative evidence has to be rigorous and based on scientific disciplines and methodologies to ensure a comprehensive impact assessment.

As HIA is concerned with the impact on the health of the population, central to the ‘philosophy’ of HIA is the consideration of the opinions, experience and

expectations of those people affected by the policy in question. Dependent on the nature and topic of the HIA these groups will vary, but in many cases it is members of specific communities of place, interest or experience. Despite the desire to establish the impact of public involvement in HIA there has been little work relating to whether public involvement actually makes a difference to the HIA process, what enables and inhibits public involvement in HIA, how it is viewed by policy makers and whether the associated time and costs involved in engaging members of the public are worth the contribution that they make.

When looking at community participation in HIA, and also at HIA in general there is debate as to what the ultimate aim of HIA is. On one side there are those who promote the benefits of participation, and thus an emancipatory intention to the process (Elliott and Williams 2004), whilst there are those such as Parry and colleagues who argue that community involvement is usually unobtainable and that where resources are scarce that decision makers should focus on the available evidence base. The end result, therefore, is that HIA is focused on decision making and policy formation rather than participation. Mahoney et al (2007) recommend that participation should be used throughout all stages of HIA, with this view being supported by the Merseyside Guidelines (Scott-Samuel et al 2001) which assert that 'public participation throughout HA is essential, both to ensure that local concerns are addressed and or ethical reasons of social justice'.

The involvement of members of the public in Health Impact Assessment has been seen as both problematic, and as the key to the production of good quality HIAs. On one hand they are seen to be a barrier to implementing change, over-emotional and ignorant of facts and science, whilst on the other are viewed as crucial to the success of policy implementation and holders of local knowledge that is able to make a valuable contribution to HIA. This creates tension between the participatory dimension, and the requirement to gather knowledge.

As mentioned previously, public participation is widely recognised as having positive outcomes: through directly affecting individuals by changing their attitudes and actions towards ill health, promoting a sense of responsibility, decreasing alienation amongst socially excluded and vulnerable groups and improving relationships with policy makers. It encourages joint ownership and mobilisation of community resource. Annett and Nickson (1991) assert that projects which involved the community would have a better chance of success, and are considered more sustainable (MacCormack 1983). It has been suggested that the participation of lay people in the HIA process encourages active citizenship and democratic participation (Wright et al 2005) which other research suggests enhances psychosocial health and wellbeing, behaviour change, and individual and collective efficacy by satisfying universal human 'needs' (Doyal and Gough 1991, Bandura 1997, Wilkinson 1996).

Fox (2006) outlines the benefits of community involvement in HIA to individuals, communities and organisations:

Table 2: Benefits of community involvement

Individuals
• Self-efficacy
• Self-esteem and confidence
• Involvement locally
• Awareness of the determinants of health
• Knowledge of decision making
• Knowledge of partnership working
• Personal empowerment
• Skills and employment opportunities
• Access to decision makers
Communities
• Collective efficacy
• Collective action and empowerment
• Strengthen and create new social networks
• Intergenerational engagement
• Local income
• Understanding of organisational limitations
• Better use of resources
• Collective responsibility
• Better collective health
Organisations
• Partnership working
• Effectiveness in meeting local needs
• Better use of resources
• Meet targets
• Local knowledge
• Collective responsibility in decision making
• Understanding of local peoples behaviour
• Tackle inequities

However, other research has reported more problematic experiences with public participation. Engaging members of the public is a time consuming and often expensive process with time and resource constraints most cited barriers to conducting policy and participatory research (Bullock et al 2001). People are often unable or reluctant to invest time and energy into a participatory process that has little certainty of outcome. There are also issues with engaging vulnerable and hard to reach groups in the process including being able to gain access people who may be marginalised in society. A further area of caution is the potential to raise expectations and give false hope that communities are in a position to influence decision making (Fox 2006). Some participants in Fox's qualitative study[3] stated that community views can be easily disregarded if they do not match the views that the decision makers want. It must be made clear the health impact assessment is not a decision making process in itself, and that it has the potential to do the opposite of its intention and become disempowering.

[3] This study was undertaken as part of a Masters dissertation in Research Methods and Social Policy

Engaging with the community, and also with other experts has four main problems (Parry and Stevens 2001). The first issue is that of conducting the consultation in a manner that is reliable and balanced (e.g. in terms of representativeness of those involved); secondly is the inherent danger of relying on the opinions of stakeholders to predict the effect of a policy, particularly as research has suggested that intuition is not always supported by the follow up findings of subsequent appropriately conducted studies (MacIntyre and Petticrew 2000). A third issue is that when health impact assessment includes community involvement, it then becomes an intervention in its own right, meaning that the mere acknowledgement that an HIA is needed may change the community's perception of the risk of the intervention, thus the process of undertaking an HIA may have either a positive or negative impact on community health. Finally is the danger that public participation may be used as a way for policy makers to offload unpalatable political decisions onto the public, the 'we went out to consultation' argument (Parry and Stevens 2001).

Pickin et al. (2002) capture five community, organisational and societal features which inhibit community participation (Figure 4)

Figure 4: Dynamics inhibiting community involvement (Pickin et al 2002)

From the community perspective the authors identify four issues that affect their capacity to engage, and lead to anger and frustration in communities:

- The community's lack of understanding of how the organisation works and how to gain access to the decision making processes

- A lack of organisational support to help communities to develop competences and confidence amongst lay people
- Lack of equality of partnerships in the past
- Lack of organisational responsiveness in the past, with lay people speaking passionately about being involved in numerous participatory processes in the past but seeing no impact.

From the organisational side there are also factors which are seen as inhibiting the organisation and its staff from engaging with communities:

- Over simplistic approaches to community, with a failure to understand the realities of daily life in areas of multiple disadvantage, an inability to deal with the diversity of views and to balance the competing interests of different groups within the community
- Lack of understanding of community's history and culture, which lay people felt could be overcome by employing people from within the community.
- Lack of skills in engaging communities, including the use of appropriate language and listening more
- Community only 'allowed' to define problems. Lay people felt that their communities were seen as a collection of needs and problems, and that although they were involved in defining these they felt that it was less likely that they would have an equal right to contribute to solutions or directly take action to improve their personal or community health and well being.

In addition there are issues linked to the professional service culture, with it being viewed as dominated by issues of power and control, over emphasising professional expert knowledge and a lack of respect for and trust in lay views. Rather than using what is already available in the community, the statutory sector imposed its own structure and solutions leading to feelings of disempowerment and being patronised in communities. This combined with an overcrowded policy agenda leads to a reactive rather than strategic approach to partnership with communities. If this situation is to improve and more participatory and equal relationships with communities are to develop then the complex and numerous influences that affect the capacity for engagement need to be taken into account and the inter relationships between these factors need to be taken into account. For effective participation to occur organisations need to learn to manage conflict more effectively, develop better skills and techniques for engaging with communities, make changes to their dominant professional cultures and develop a culture of participation.

Parry and Wright (2003) conclude that participation simply may not be a viable option for the majority of HIAs, due mainly to the fact that HIA is often carried out quickly (due to policy making timescales), and that in order to quickly involve the community existing structures and people need to be utilised, which in turn limits the extent of consultation with hard to reach groups. This is supported by Wright at al (2005), when looking at HIA work conducted on the Edinburgh Council Housing Strategy, in which assessors concluded that

despite focus groups being undertaken with community groups ' *time and resource constraints dictated that existing groups be consulted rather than attempting to convene new groups for the purposes of the assessment'* (p59). This leads to a top-down led HIA, with professionals and other experts driving the process, and HIA being used to legitimise a decision in which only a small proportion of the community have been involved. This type of participation risks being tokenistic. Although participation in HIA is acknowledged as the 'ideal', as a result of these potential shortcomings and problems their suggestion is to limit involvement to a small group of experts who would be responsible for generating sufficient information to influence the policy making process.

3.2 Types of knowledge

For HIA to be successful it is important not to solely focus on either 'professional' or 'lay' knowledge as both represent different ways of knowing (Brown 1992). Some critics of public involvement in HIA argue that members of the public do not have the necessary knowledge and skills to be involved in the process, and that information gathering should be left to experts. However, social theorists such as Habermas (1987) and Beck (1992) argue that this notion of an 'expert culture' is in itself anti-democratic, and that to encourage participation in decision making processes is a way to democratise decision making (Prior 2003). Popay and Williams (1996) support this and state that 'lay people acquire an '*expert' body of knowledge, different from but equal in value to that of professionals in the public health field*' (p760) and despite HIA not being the decision making process itself, participation in the knowledge production that informs decision making processes should be encouraged.

In order to balance the HIA a variety of 'types' of information are required. Glicken (2000) states that information can be divided into 3 types: cognitive, experiential and value-based. Cognitive being based on technical expertise generated by individuals and presented by scientists and other experts. Experiential knowledge is that which is based on personal experience, and is also developed by individuals. This knowledge is usually presented by residents (in siting decisions) or users (in land-use/planning decisions and in regulatory issues). The third type of knowledge is social or political knowledge, also known as value based knowledge. This type of knowledge is moral or normative, is derived from social interests and is based on perceived social value. This knowledge brings about debates about the 'goodness' of activities. She argues that including experiential and value-based knowledge raises the importance of participation. Lay experts can be accorded recognition on the basis of their experiential knowledge, and lay expertise has a vital role to play in public health research (Popay and Williams 1996). In respect of HIA, community participation contributes to these knowledge bases, particularly where HIAs are carried out at the local level.

3.3 The representativeness of community groups

Part of the scoping aspect of the HIA process is concerned with identifying which group or groups are most likely to be affected, positively or negatively, from a proposal. These groups are then encouraged to participate in the HIA in varying degrees, including steering groups, public meetings or stakeholder workshops. The participatory and inclusive nature of HIA means that any group or persons likely to be affected can become involved in the process. However, with public involvement it is often the case that more vocal members of the community, groups with a specific agenda or the voluntary sector are those who are approached to become involved (Shirlow and Murtagh 2004). This 'usual suspects' scenario can lead to the exclusion of those in vulnerable or hard to reach groups. Developing HIA criteria can be used as an advocacy process to ensure that those in the community who may be less likely to be heard can be actively encouraged to participate in the process.

There has been concern regarding the legitimacy of those representing views of the community and that the knowledge gained from groups may not be described as representative of the wider community. Kearney (2004) in his qualitative case study work in Runcorn reported that officials also question the representativeness of established groups, with issues surrounding the use of umbrella groups and also the problems of the 'usual suspects' being the only voices heard. This raises questions of how to determine which stakeholders to involve in the participative process. Officials have also voiced some concern about the representativeness of established groups in community participation: *"Traditionally…you tend to go for things like tenants' federations or community groups, any umbrella groups, but that doesn't necessarily give you a good cross section of views" "We're hearing the same voices, and you could probably say 20-25 voices speak all the time about what is right and what is wrong…I haven't been able to break past that barrier yet"* (Kearney 2004, p225).

When identifying people suitable to represent the community Jewkes and Murcott (1998) found that community representatives were often appointed rather than elected, and that decisions made about who to include were based on a range of implicit criteria, each tacitly and differently weighted, but reflecting a dimension of the notion of 'goodness' of a representative. The most fundamental requirement was that the person or people were 'known' within the community, and who represent a variety of groups, and hence a variety of interests. Although it was agreed that selecting representatives in this way was the most appropriate way of working, it must also be recognised that there are sectors of society who do not interact with the voluntary sector (where many 'community representatives' are found, and as a result the voluntary sector may not be best equipped to represent the community, despite being a valuable part of it.

3.4 Typology of public involvement in HIA

Mahoney at al (2007) have devised a typology of public involvement in HIA developed from 3 principles:

- The emancipatory and information gathering aspects are both essential and can be usefully held in tension
- Public involvement comprises a range of activities, scaling from most to least involvement
- There is more than one type of HIA, and it is dependent on the context in which it is undertaken.

Four types of HIA were identified, ranging from least to greatest involvement, and in value from enhancing the evidence base to health promotion and community development.

Non-participatory HIA: involves making a summary estimation of the most significant impacts of a proposal on health and well-being, and should be used when the evidence of likely impacts is largely known, in existence, when a proposal is in its early stages but requires identification of impacts or when the resource constraints preclude public involvement. This HIA approach is less resource intensive, and public involvement is considered to be both inappropriate and unnecessary. An example of this type of HIA is the 'Objective 1 Programme for West Wales and the Valleys' (National Assembly for Wales 2001) which due to its policy focus was undertaken within the National Assembly for Wales without participation from outside agencies or the public.

Consultative HIA: this type of HIA sits most closely with the conception of HIA as a decision making tool. It utilizes a range of methods including surveys, focus groups, questionnaires and workshops. It is most appropriate to undertake this approach when public involvement is only one aspect of a wider information strategy within the HIA, where each component will be valued equally. As the name would suggest, this type of HIA seeks only to consult, and so does not raise public expectations as to the outcome of their involvement. This type of HIA can raise public awareness around certain issues and increase confidence in understanding decision making processes. An example of this type of HIA was undertaken by Andrew Cook and John Kemm (Cook and Kemm 2002), investigated a proposal to burn tyres in a cement plant in Rugby, England. In this circumstance this type of HIA was conducted because time constraints of the process prohibited greater involvement by members of the public and whilst community concerns were sought, an external regulatory boy held the decision-making power.

Participatory HIA: this type of HIA is more closely aligned with the emancipatory teleos. It uses similar methods to the consultative HIA, whilst seeking to distribute some degree of power to members of the public or a

specific community, usually through workshops, steering committees and citizen's advisory groups. It is best used when the HIA process seeks to understand the views of members of the public or a specific community and involve them in the development of policy solutions, or when a community is too geographically dispersed to conduct a community HIA. It may also be employed when policy makers are seeking to achieve some level of community empowerment as a result of the HIA process. An example of this type of HIA is Llangeinor, Wales on a proposed housing redevelopment (Elliott and Williams 2002). This HIA included local residents within the steering group in addition to gathering data from residents on their opinions and feeling about the different housing options. The HIA enabled a dialogue between residents and the local council that continued after the HIA was completed.

Community HIA: is clearly linked to the principles underpinning health promotion and the broader community development field. It is undertaken when '*the intention of the HIA is to give complete ownership of the process to a specific, geographically bounded community, effectively placing final decision-making in their hands with the key objectives of maximising opportunities for health promotion and community development outcomes'* (p224). This type of HIA is labour intensive and requires high levels of resourcing, support and facilitation. It is challenging and has the potential to create considerable tension within the community. It is for reasons such as these that what the authors term community HIA is rarely undertaken. The 'People Assessing their Health' (PATH) projects in Canada are illustrative of this kind of HIA, that actively promotes health and community development (Mittlemark 2001) through using a system of local steering committees, community-selected community representation and local meetings to generate community driven (rather than community informed) health policy initiatives. A further issue relating to community HIA is that consistency of methodology, technical issues and degree of expertise required have been raised as factors that could affect the credibility and robustness of this type of HIA, and consequently have a negative impact on the legitimacy of the assessment, leading to the suggestion that '*HIA may not be the best tool for communities to use as it has no statutory teeth so can easily be disregarded'* (Fox 2006, p27).

3.5 Previous qualitative research on community participation in HIA

A HIA conducted by Elliott and Williams (2002) examined local involvement in HIA using a case study approach relating to a former mining village in South Wales, in order to illustrate the contributions that can be made by local people to both evidence and decision making. The context of the HIA was housing options for the residents of the village, and the humiliations associated with economic decay (similar to that experienced in other former mining and steel communities in South Wales) such as unemployment, vandalism and ill health. The officers involved in making housing decisions were aware that the current conditions were intolerable, but were unsure as to how to ensure that

any decisions made would be most beneficial to the health and well-being of residents. The Welsh Assembly Government commissioned a Health Impact Assessment in order to provide officers with an evidence base resource to inform their decisions. As part of the HIA a small steering group was set up, including local residents, and evidence was collected from a variety of sources including local perspectives on the health and well-being of the people in the village and how various scenarios would impact on residents. Local involvement also extended to in depth interviews with key informants who worked and/or lived in the village, and a local meeting was held for people to review the draft report.

The research found that in addition to local perspectives being valuable evidence to inform the final report, engaging local representatives in the steering process provided a number of specific benefits in terms of improving the assessment, developing skills for those involved and in facilitating better communication and revitalising the relationship between the local council and the community. Findings showed that local involvement provided clear benefits to the research process, firstly by ensuring that there was a degree of control by local people in the process of defining the focus and parameters of data collection, and secondly that local representation on the steering group helped to break down feelings of mistrust that may have prevented or obstructed the organisation of qualitative research in the area.

A further piece of work examined citizen involvement in an HIA on the future of a landfill site in South Wales (Elliott et al 2001). The HIA involved deciding the future of how the land, on which industrial and domestic waste had been deposited, would be sealed off and made safe. This HIA was conducted to demonstrate that the health of local people was being taken into account when making decisions about the future of the site, and the participatory process involved local people directly in these decisions. As part of the HIA a stakeholder group was set up, including community representatives. Local opinions were gathered from a community exhibition, which involved a questionnaire to gather views, and also through focus groups, previous in depth interviews and a street survey. Analysis of the data led to the identification of potential impacts on health, from which key recommendations were devised. Local people who were involved were confident that as much as possible had been done to communicate with all residents. In addition community involvement impacted on two other specific options linked to the implementation of the remediation plans that had not been resolved by the Remediation sub-group: the first relating to power generation and whether power generated from the site could be captured and utilised. The second related to the undertaking of possible further bioremediation of the site.

The involvement of the community in the HIA was welcomed by the statutory representatives involved and the communities valid and useful views impacted directly on the eventual decision to proceed with plans to use power generated from the site. The main advantage of public involvement in the HIA was that local people felt that the HIA process had been the first time that statutory agencies had properly explained what was planned for the site.

A study was conducted in Runcorn in 2004 to assess how community participation in a HIA relating to regeneration plans for the Castlefields estate would be affected by the attitudes and experiences of key stakeholders (Kearney 2004). Different stakeholders have different perspectives on important issues such as the definition of health, the regeneration process, representation and participation. These differences may contribute to barriers to engagement, and without successfully engaging the public effective participation would be difficult to achieve. In-depth interviews were carried out with a small group of participants representing a range of stakeholders affected by the regeneration programme, involved in its management or because they were likely to have an insight into its impact. Interviews explored perspectives on health, attitudes to the regeneration plans, experience of consultation and representation and prospects for community participation in HIA. In terms of community experience of consultation and representation amongst the community of Castlefields it was generally agreed that consultation exercises of the preceding 3 years had been a failure and a 'charade', and that the process of interviews, surveys and public meetings had led to 'consultation fatigue' and a reluctance amongst the community to participate in further research. Residents also reported feeling that the meetings were intimidating, inaccessible and inconvenient. In terms of prospects for community participation in the HIA, public sector representatives readily agreed that community involvement is important, but focused on the perceived risks of participation, these being that residents demanded the impossible, that the HIA was hijacked by single issue groups and that participation will take too much time. This suggests that there is a risk of stakeholders from both sides approaching the participation in HIA from negative positions, creating a barrier to effective public involvement.

In Canada the 'People Assessing Their Health' project utilised community health impact assessment to increase public understanding of the determinants of health, and empower citizens to play an active part in decisions influencing their health (Mittelmark 2001). The first stage of the project was the local development of community health impact assessment tools (CHIATs), tailored to the needs of the specific communities. These CHIATs were intended to provide answers to the question 'what does it take to make and keep our community healthy?' The process of devising the CHIATs involved public meetings to establish who was interested in becoming involved and appointing coordinators, steering committees, community workshops and partnership with local decision makers to ensure that the CHIATs were part of decision making processes. This highly participatory process, led by the community, was said to enable people to broaden their thinking, and take into account how wider policies could improve or be detrimental to community health and well-being. Although health impact assessments are usually focused on the potential impact of specific proposals or issues in development, this project was a good example of how members of members of the public can have a central place in local decision making.

There has also been research carried out specifically into Community Health Impact Assessment (CHIA), defined as “an approach to HIA which is community initiated and which is guided by the principles of community development” (Belfast Healthy Cities 2004). The aim of the research by Fox (2006) was to draw on the knowledge and experience of HIA educators to gain insight into the opportunities and challenges for CHIA to contribute to democratic processes in terms of direct democracy (active citizenship), representative democracy and double devolution (power that moves down from central to local government, then down to local people, providing a critical role for communities and individuals, often through the voluntary sector (Miliband 2006). Interviews were conducted with representatives from the independent, voluntary, public and local government sectors, but not with community members. Participants believed the HIA process to be an excellent way of drawing on community expertise and knowledge, and made a valuable contribution to evidence. Community voices also added an additional dimension that was grounded in the social and political context of an area, with communities having a vested interest in the outcomes of the process. However it was also a concern that there was the potential to raise expectations and give false hope that communities are in a position to influence decision making, and that it was easy to disregard community views if they were not in line with what decision makers want. Many also believed that there was little willingness for power sharing, with power sharing of resources such as money, people and information being an essential success factor for successful CHIA. Further issues that were identified as having the potential to impact on the credibility and robustness of CHIA (and subsequently a negative impact on the legitimacy of current HIA practice) were consistency of methodology, technical issues and degree of expertise required. Best practice guidance for professionals and communities was identified as a fundamental requirement for CHIA to be a success.

Conclusion

This chapter has reviewed the literature specifically relating to public involvement in HIA, including the extent to which this occurs, the necessary conditions to facilitate effective participation and the positive benefits that engagement brings at the individual, community and organisational level. The review of previous research on public and community involvement in HIA showed that local perspectives were found to bring valuable evidence to inform the final HIA report, in developing skills and improving and revitalising existing community relationships with the public sector whilst recognising the perceived risks of participation such as raised expectations and the swallowing up of valuable human resources.

Part Two:

Lessons from Case Studies

Chapter four: Public involvement in HIA– The experience in Wales

Key Points

- Key benefits of public involvement in HIA are the contribution of local knowledge and personal experience, the building of relationships, empowerment and advocacy.
- Key risks are the raising of expectations, consultation fatigue, upsetting the balance of the process, only engaging with the 'usual suspects' and managing input.
- The weight and status awarded to lay views and knowledge differs depending on the HIA in question
- Enablers of public involvement include utilising existing links, the use of appropriate facilitation techniques and providing updates on the HIA
- Inhibitors include lack of time, lack of confidence, and apathetic attitude, the use of jargon and terminology that may not be user friendly, existing community tensions and mis-selling of HIA.
- Sensitivity of the issue, lack of awareness and cognitive dissonance were suggested as inhibitors from the statutory sector perspective.

4.1 Introduction

As outlined in the introduction five case studies were selected from the WHIASU database for inclusion in this study. These cases were chosen in order to provide detailed insight into a range of HIA types and topics in a range of geographical locations. As there are additional areas of interest relating to the community initiated HIA this is considered in more detail in a separate chapter of this report. Topics covered by the HIAs selected were an integrated children's centre, older person's information centre, a proposed Community Health Practitioner post, a health precinct and a controversial land development. A more comprehensive outline of cases is presented in Appendix 1. Where appropriate, other case studies not involved in this research will be referred to in support or further illustration of findings.

4.2 Recruiting members of the public

Usually a screening process will have identified which population groups are likely to be affected by a particular policy, programme or project. A key element of the scoping stage will be to decide who to involve in the HIA itself and how. These may include members of the public and representatives from community and voluntary groups.

With regard to this study members of the public were recruited in a number of ways. Some had been involved in similar consultations in the past, or other HIAs and in three of the cases participants had existing involvement in the project or issue to which the HIA was relating, either as service users, staff, or as users of existing neighbouring facilities. Several were identified through existing networks and organisations such as the Community Health Council, Voluntary Services Council and health, social care and wellbeing network. Alternatively, as was the case in the community initiated HIA and another of the cases they may have been identified or approached at a public meeting, newsletters or by word of mouth. Participants were selected for inclusion in the HIA on the basis that it was felt they could represent the population as a whole or of a specific group who may be affected by the project, programme or policy.

4.2.1 Types of involvement

Within health impact assessment there are a number of ways that members of the public and user and community groups can and have been involved, these differing according to the amount of time and resources available to conduct the HIA, the depth of information sought and the nature of the groups involved. However, in some cases, members of the public are not just passive producers of information or data but are involved in some way in steering the HIA process. Two HIAs in Wales, not part of this study but documented elsewhere and highlighted earlier in the report, involved local people on a steering group and this was felt to give local legitimacy to the process and helped to build trust between local people and the statutory officers involved (Elliott et al 2007).Both these HIAs were concerned with local developments which were already of concern to local people.

In this study, three of the cases selected made use of participatory workshops as the key method for involving members of the public and other stakeholders; one case used focus groups to discuss issues with service users and management staff. The final case was a community initiated HIA and was on a far larger scale than the other four, and made use of public meetings and focus groups as arenas for discussion. The community initiated HIA was the only HIA used in this research that included members of the public on the steering group. Members of the public and community group representatives were primarily involved in the other cases as participants within the participatory workshop.

Participatory workshops are most commonly used as part of a rapid HIA, with either half or a whole day being allocated to the workshop process. Rapid HIA is usually used where there is a lack of time and resources available, and the participatory workshop is considered the most efficient and effective way to optimise existing human resources and involve and engage a wide range of stakeholders. A cost benefit analysis of HIA carried out by the York Health Economics Consortium for the Department of Health (2006) found that conducting a rapid HIA provided 80% of the benefits of conducting a comprehensive HIA, whilst the human and financial costs were significantly

less. The workshop involves an introduction to HIA in general and to the project in question, identification of positive and negative aspects of the project relating to the wider determinants of health, discussion around the negative aspects and any gaps arriving, and discussion and formulation of recommendations; providing a systematic and structured process that is felt to be open, transparent and brings stakeholders together.

The community initiated HIA involved in the study was a more comprehensive HIA and involved members of the public in focus groups, public meetings and also as members of the steering group. Comprehensive HIAs are a more time and resource intensive process, in this case consisting of a series of in depth focus groups, statutory sector representatives acting in an advisory role, an extensive review of literature, the inclusion of a pre existing protest group and several public and steering group meetings. Further detail on the HIA can be found in Appendix 1 and in the section of the report where results from the HIA are presented.

4.3 Key benefits

A number of key benefits of public and community involvement in HIA were identified throughout the course of the research. Members of the public and statutory sector representatives were asked about what they considered to be the key benefits public involvement and what contributions public involvement made to the HIA process.

Local knowledge

One of the primary benefits of including members of the public and community groups in the health impact assessment process is that they are holders of local knowledge and provide a useful evidence base. They are likely to have some insight into how proposed changes may resonate with people living in particular social and physical environments. This was a view shared by the majority of respondents who felt that contributing information about the locality and contextualising the HIA was key to ensuring a balanced and reliable output.

> *They know what the issues are…in a way that somebody who sits in the LHB or the local authority and doesn't go down there doesn't. With the best will in the world authors write their policies and think its going to be fantastic, but it's unworkable for a variety of reasons. They might be duplicating services*
>
> Public sector representative, Local Authority (Case 1)

Personal experience

Another widely reported benefit of involving members of the public in health impact assessment is that they bring their personal experiences to the process.

> *I think the individual contributions that they brought – you had your management team but each member brought something additional, different sets of experiences or skills, the way that they explained it. I had read stats beforehand but hey, there is only so much you can get from that, and it gives you no sense of individual or community, just looking at those very dry figures".*
>
> Public sector representative, Health (Case 2)

Personal experience, though also often threatening to local decision makers, can add different dimensions to the HIA depending on the type of HIA in question. For example where an HIA is concerning an existing project, personal experience can add value to the HIA by providing examples on the health and wellbeing impacts that the project has had on members of the public making use of it.

> *It's the magnitude of hearing it in their own words, what this centre means to them. I could analyse it by saying, which I do often, to the local authority, we have had x number of people in here, if this place wasn't here then they would leave lonely isolated lives, they wouldn't see anybody from one weeks end to the next, their health would spiral out of control…and I can do that, and I could probably cost it out, but that the sterile bit. What is lovely or surprising, gratifying I suppose is to hear them, in their words, saying what it means to them. All you have to do is look at that document (the HIA report) to see how people value this place, what it adds to their lives.*
>
> Community development worker (Case 2)

In other examples personal experience provides a greater understanding of the reality of day to day living in a certain environment, whether that is living in close proximity to a controversial land development, or highlighting the need for certain facilities in a community, from the perspective of the potential service users. Conversely it may also help to identify and prevent duplication of services that may already be available within the community, unbeknownst to the local authority or local health board. HIA enables 'what matters' as opposed to just 'what works' to enter what can sometimes be a dry and meaningless discourse on the likely impact of proposals, with the involvement of members of the public emphasising what is important to them and contributing to solutions that will benefit all affected groups. Members of the public welcomed the opportunity to participate in the HIAs and felt that their personal experience added to the process, although it must be recognised that the primary four HIAs being considered here (excluding the community initiated HIA) were based on relatively uncontroversial issues.

Relationship building

One of the key features of the HIA participatory workshop is that it brings together representatives from different communities, groups, organisations and sectors. Respondents reported that the HIA process enabled them to network and make contact with people who they wouldn't necessarily have encountered if they hadn't been involved in the HIA. Some of the HIA case studies included in the research involved members of the public from geographically separate communities but that were in close proximity to one another.

> *I felt I had people I could relate to, even if their circumstances were slightly different, it's still nice to have that opportunity and through HIA I got involved with that group. You feel you have someone to talk to and share thoughts with so you don't feel so alone.*
>
> Member of the public (Case 5)

> *The HIA drew me to those people more then, I got to know them. I already knew (some of them), but most of them I didn't know, people from the other village.*
>
> Member of the public (Case 5)

This enabled people who may have felt isolated to interact and communicate with others sharing an interest in the HIA topic in question providing the opportunity to build alliances and relationships, which in some cases have continued after the HIA had been completed. The development of these relationships can lead to an increase in self-efficacy and as a result fostered the growth of social capital in the area due to the development of meaningful networks and joining together for a common purpose.

Further to this it was felt that through involvement in the HIA the relationship between the statutory sector and the community had been strengthened and communication improved:

> *You have to listen to peoples reasoned arguments, and you can better understand the constraints that they are facing. You can develop a rapport."*
>
> Member of the public (Case 4)

Members of the public appreciated being on first name terms with public sector representatives who they may previously have had no contact with, and welcomed the opportunity to put their viewpoints across to them. Public sector representatives reported that through involvement in the process they had gained a greater understanding of the lived experiences of people living in the communities that they were dealing with. This supports arguments based on previous research that the contributions that local people make can provide a positive contribution to both an understanding of the evidence and how this could inform decision making. HIA could be seen as creating a framework which can generate a collective wisdom or 'civic intelligence' that questions

traditional divisions between lay and expert knowledge and enables members of the public to participate in democratic processes (Elliott and Williams 2004).

Empowerment and advocacy

The flexible and, ideally, inclusive nature of health impact assessment provides the opportunity for invited members of the public and community groups to voice their views, and exchange information and viewpoints with other representatives from the statutory and voluntary sectors. Although in three of the cases examined as part of the research there was an evident preceding culture of consultation and often very active communities, particularly in Communities First areas, it was felt that HIA provided an opportunity for members of the public to engage with those from other sectors in a way that they had not been encouraged to in the past. Those who had been involved in previous consultations had generally found them to be one sided processes, where their views weren't taken into account, and described them as being unuser-friendly and tokenistic processes. Participating in the less formal, more engaging HIA workshop was considered, by statutory sector and lay respondents, to be an empowering experience for many of the members of the public who were involved. They welcomed the opportunity to voice their points of view as this was not an opportunity that they had necessarily had previously, although they were realistic about how far their views could feasibly be taken into account.

> *I think what it did, I think it empowered people because they felt valued. They weren't just making up the numbers, they were the numbers*
>
> Development worker (Case 2)

> *I did feel that I was grateful for the invitation to attend…I thought well this is nice, they are asking an ordinary lay person who isn't involved in the council in any way*
>
> Member of the public (Case 4)

> *I would say they are pleased to come because they have had their say. Just being asked to be part of the process is a success for them because it is participatory, engaging…I think then people feel valued and their opinion counts and it matters for something.*
>
> Statutory sector representative (Case 3)

Formal advocacy groups that have been used to consult on previous strategies have been used within one of the HIA cases in order to represent the viewpoints of vulnerable and hard to reach groups. Within the HIA context community groups act as advocates in many cases, particularly when representing medical conditions where sufferers may not be able to attend an event such as the participatory workshop, a representative from the group can attend in an advocacy role to voice their concerns and needs to service providers and other professional and statutory attendees.

Expert patient programme
The expert patient programme enables people with chronic or long term conditions to manage their conditions better in order to reduce the amount of time spent at doctors surgeries and hospitals. In one case a representative from an expert patient programme was invited to attend the HIA. The participant was invited to the HIA as an advocate for others with similar conditions, the severity of which may have prevented them being involved in the HIA themselves. This would help to ensure their viewpoint and needs were taken into consideration. Within the same case a public sector participant was selected both as a result of their role, and also as a diabetes sufferer.

4.4 Key risks

As discussed in the review of the literature there are a number of potential risks associated with involving members of the public in HIA. Participants were asked what they considered these risks to be and what they felt could be done to minimise them.

Raising expectations

A common risk of public involvement in HIA cited by respondents, particularly those from the statutory and voluntary sectors, is that expectations relating to outcomes may be raised. Although members of the public are generally considered to be welcome participants in the HIA process, there is a risk that by involving them they may expect all that they suggest to be carried forward and put into practice

> *They (the community) are the ones that know their locality best and their needs best, but their aspirations might be unrealistic as well.*
> Public sector representative, Local Authority (Case 1)

In order to limit this possibility it is essential that from the outset of the HIA process that what can realistically be achieved is outlined. It is important to establish from the outset what the role of the public is within the particular HIA; whether they are involved for their opinions, to identify issues or in a permission giving context, with this particularly being identified as an issue in the community initiated HIA that is discussed later in the report. Through outlining this at the outset the workshop all the parties involved are aware of their roles and responsibilities, which may help to prevent conflict over outcomes later in the process.

> *There is always a risk of raised expectations or unreal expectations…that would be a danger that would have to be addressed, in terms of pre-empting any raised expectations by being*

as clear as possible what is in our remit and power to achieve, and being clear on the role that the community are being asked to play."

Public sector representative, Local Authority (Case 4)

The raising of expectations was not an issue frequently raised by members of the public interviewed as part of the research. However, they did report that they were concerned that, despite being happy to have been invited to attend, that their views may not be taken seriously, and this inhibited their expectations regarding outcomes, with lay respondents being more sceptical about the process than public sector representatives recognised. There was a general consensus that they would 'wait and see' to what extent their views were taken forward, highlighting the importance of updates and feedback after the participatory workshop.

Consultation fatigue

Engagement and consultation with the public is a key aspect of National Assembly policy and also of initiatives such as Communities First in Wales, with a focus on the provision of 'citizen centred' services. However, there is a risk of over consulting communities resulting in consultation fatigue. This seems to particularly be the case in more deprived areas, where communities are being asked to participate in various consultations, by different organisations, sometimes with duplication occurring. This duplication may be attributed to a lack of communication between statutory agencies and community organisations.

If you see someone on the street carrying a clipboard you run a mile, you just don't want to (answer any more questions)."

Community Health Council representative (Case 3)

The issue of consultation fatigue was highlighted in relation to Communities First areas. As outlined Communities First are some of the most deprived areas in Wales, and it was widely recognised by statutory sector representatives that areas of deprivation are frequently targeted for consultation purposes.

"…because we tend to concentrate on areas of deprivation so they get targeted all the time. And the rest of the population feel 'what's wrong with us' because deprivation is not area based, its person based."

Public sector representative, Local Authority (Case 1)

Partisan view and maintaining the balance

HIA is designed to provide a balanced perspective on an issue, using a wide range of evidence, and its potential health impacts on the population. Within

the HIA process it is important for there to be a balance between viewpoints expressed, and as such it is necessary for the process to be seen as being balanced and fair regarding its assessment of the broad range of evidence.

> *HIA is meant to be an objective process, and from that point of view it is part of the planning process and it's a kind of add on that deals with aspects that the planners cant really deal with and brings another dimension to it and it welcomed for that. But it will only work if it is driven by parties that are non-partisan themselves in the sense that they are looking objectively and looking at both sides of the fence"*
>
> Statutory sector representative, Planning (Case 5)

It is important for the HIA and its outcomes that the process is not driven by a particular agenda or a particular group of people. There may be ways of getting over this , for example a steering group which had a wide range of stakeholders and is at 'arm's length' from the decision making process. This is often difficult in more rapid approaches which appear to be nearly always under the control of the main decision-making body.

Depending on the role that the public are playing within the health impact assessment they will have varying degrees of control, power and influence on the outcomes of the HIA. There is a danger that this balance may be upset, for example when public participants, who may be vociferous and voluble, try to unduly influence the outcomes of the HIA, although it must also be recognised that often voices are raised in a position of powerlessness. It is essential to try and maintain the balance between 'expert' opinion and lay views within the HIA in order to produce a balanced and reliable output. Balancing different viewpoints will always be challenging in this context, particularly where relationships have already broken down. Again it may be about how, and by whom, such processes are steered and chaired.
This issue will be discussed in further detail relating to community initiated HIA later in this report.

Usual suspects

A common issue in all forms of consultation and engagement with the public is that there is a core group of people who end up participating in meetings on various topics; the 'usual suspects'. During the research this was an issue repeatedly raised by statutory and voluntary sector representatives, and also a number of representatives from community groups. This can cause a conflict, because although public participation in HIA is desirable, repeatedly hearing the same 'voice of the community' may itself reinforce forms of exclusion. Such processes systematically deny those groups of people who may never have had an opportunity, inclination, or confidence, to express their views, a voice in such processes.

> *You usually get the middle aged and the under occupied*

Public sector representative, Health (Case 5)

You get professional meeting attendees

Development worker (Case 3)

They say X would be a good person, and we say we need someone from the community or voluntary sector, and they say Y would be a good person – so then it could be the usual suspects or people who are pliable, or people who are on their side, in favour of whatever the project is, in support-so there is a danger of that, very much so, but we try to get it as balanced as we can."

Public sector representative, General HIA comments

However, although not the most desirable outcome, it could be argued, that any form of public engagement in the process is preferable to none at all and that a pragmatic approach is needed. However effort should be focused on finding ways to engage the wider community, including harder to reach groups, effectively in the HIA process. Further discussion of hard to reach groups and their involvement in HIA is discussed in further detail later in the report.

Management of input

It is important within the HIA participatory workshop to gain a balance between the views of all stakeholders involved in the process, whether they are from the community, statutory or voluntary sectors. One of the issues highlighted was that, although it was important to involve the community, including members of the public and service users that there may be issues associated with this involvement.

I think we do need to involve the service users, but they mustn't be allowed to over influence what is going on"

Local councillor (Case 4)

With this in mind it is essential that input from the public and community groups is managed. Whilst people should be allowed and encouraged to voice their opinions, those facilitating the workshop must be assertive and manage their input, so that the workshop encourages everyone to participate in some way.

You often find a person sitting there with nothing to say, or who hasn't had a chance to say anything is the one that needs to the most. Because people like me who sprout forth are not always the ones that have the best ideas.

Member of the public and community group representative (Case 4)

How best to manage input
In the 2004 HIA into remediation plans for a landfill site in South Wales the chair of the steering group was appointed from the voluntary sector as it was felt that this would contribute to maintaining a balanced and impartial view. Also, in the community initiated HIA covered as part of this research it was an external person who was responsible for putting together the focus groups that were used as part of the study.

The issue of the management of input is discussed in further detail relating to community initiated HIA later in this report.

4.5 Lay knowledge in HIA

"Lay knowledge refers to the ideas and perspectives employed by social actors to interpret their experiences of health and illness in everyday life"
Williams in Gabe et al 2004

The involvement of members of the public in health impact assessment adds an additional dimension to the process, that of lay knowledge. The role and value of lay knowledge within the HIA process is discussed here with both the statutory sector and public viewpoints being expressed.

Consideration given to lay views

As previously mentioned, health impact assessment intends to maintain a balance between lay views and 'expert' opinion, supported by wider research evidence where possible. In an arena such as the participatory workshop both of these views are voiced. However, there is an issue as to how much weight public and community views are given by the decision makers, how seriously they are taken by statutory sector representatives present at the health impact assessment, and what weight these views are given when deciding outcomes and actions from the HIA.

Both members of the public and statutory sector representatives interviewed were realistic as to how much weight lay views were given within the process, and it was recognised that evidence derived from lay views would largely be described as anecdotal, but that this should not be a negative description.

> *What I feel with the HIA as well is when it gets discredited for not being scientific and discredited for being anecdotal. Well if you are going to have a public consultation process as part of community involvement and community based decisions everything is going to be anecdotal, so you either don't take any notice and don't have consultation, or you do, and if you do then you don't negatively describe it as anecdotal.*
> Member of the public (Case 5)

Although the input from the community was considered valuable, it was also recognised by public sector representatives that this input had a limited influence, and that within the decision making process it was easy and not uncommon for lay views to get 'lost', either because they did not fit into working practices or because they were at odds with decisions that had already been made prior to the public becoming involved, an issue that will be discussed in further detail later in this report.

> *There is a danger for it to be absorbed and not actually used, but I think you have got to break down what people tell you and see how it can be fitted in to the way things work, because you have ways that you have got to do things.*
>
> Public sector representative, Local Authority (Case 1)

> *…it can get lost amongst everything else and because HIA isn't mandatory it doesn't necessarily mean that what they have said will be taken any notice of. But at the end of the day if it isn't taken on board then the decision makers have to justify why it wasn't.*
>
> Public sector representative (Case 4)

> *The opinions and the thought and the input from all stakeholders are weighed in the balance, and that was the national strategies and the local strategies and the opinions of particular groups and all of those things need to be put into the mix to be balanced against what the final outcomes need to be and those outcomes are guided by strategies and the resources available, and the end result needs to be taking all these into account*
>
> Statutory sector representative, Local Authority Manager (Case 4)

Within the HIAs involved in this research there is variation between how much weight is attributed to public and community views. One of the factors that appears to influence this is the point in the project or the issue that the HIA is initiated and the public become involved. For example, when a project or strategy has already been decided upon and the public are brought in at a late stage to participate in the health impact assessment it is less likely that their views will have a direct impact upon decision making and they adopt more of a validation role, whereas when the HIA is carried out at the start of the project and the public are engaged at that point it appears that there is more likelihood of their views being attributed more weight. This issue is discussed in greater detail later in this report.

The potential for engagement with the public to be a tokenistic exercise was also highlighted by members of the public interviewed, with several reporting scepticism about the HIA process as a result of previous involvement in consultations with local and national government:

I have been involved in consultations that have been out. Peoples views are accepted, but when it comes to them debating constructive observations and arguments with the consultation, that is when the problem arises, because a lot of the time the consultation comes out and most of us know its lip service because the key issues, and they are not individuals whims, they are thought out and well constructed arguments, they are totally discounted. There was a wonderful consultation period and a wonderful opportunity but they took no notice. In many cases it's not even considered, it's just a game, it's sad. All it does is breed cynicism and you won't get individuals coming forward who would like to help."

Member of the public and community group representative (Case 4)

Lay views and expert opinion

A further issue which may limit the weight given to lay or community views within HIA is that of the value of lay knowledge compared to expert opinion, and the view that where complex or scientific information is involved in the process, that members of the public may not be able to understand this sufficiently. Public sector representatives views on this differed, with some agreeing that the public may not be best equipped to understand more technical or scientific information:

In some of these community issues the issues of scientific literacy and connoisseurship of how to place risks and things in a wider context is a challenge

Public sector representative, Health (Case 5)

However, several of the public sector representatives interviewed felt that, although the public may not have specialist or scientific knowledge, it was their job, as civil servants, to provide any information that was requested, and to convey scientific information in a way that made it accessible and understandable to the public.

As far as I am concerned we are here as public servants, not to tell people what they have to put up with. They are our clients out there and they should be involved".

Public sector representative, Planning (Case 5)

As a by product of the HIA process members of the public reported that their knowledge on specialist or scientific subjects had improved, for example gaining a better understanding of planning law, the workings of their local council or simply developing their understanding of the project or policy in question. This suggests that rather than being a barrier to engagement, public involvement in HIA can help to develop capacity for understanding and interaction between expert and lay knowledge, and foster the relationship

between the two as contributions to the HIA process, supporting previous research into popular epidemiology[4] (Brown 1992).

HIA is based around the social determinants of health, particularly public health, and in general it was recognised that lay knowledge and viewpoints were valuable contributions in understanding these health determinants. This supports views expressed within the literature that lay people acquire an 'expert' body of knowledge that it different from, but should be considered equally to that of professionals, particularly in the context of a participative and inclusive process such as HIA.

4.6 Enablers of public involvement

Utilising existing links

When identifying members of the public to be involved in the health impact assessment, several of the statutory sector respondents utilised existing networks in their areas. In one case a recently formed local network of voluntary organisations with objectives around health and social care was consulted, with the role of its members being to exchange information and experience, but also be considered as an advisory group when local statutory organisations are planning policies. Community Health Councils and Expert Patient programmes were also utilised.

In addition to groups such as the community health council and voluntary service councils there is also the opportunity to develop new relationships with less formal groups.

> *There was definitely a mix of people…who I hadn't seen before and who I had spoken to in different forums, you know, who may have been present at the different health alliance meetings, or the old peoples meetings or they were represented in different groups that I had gone along and spoken to about the project.*
>
> Local authority representative (Case 4)

Appropriate facilitation techniques

Health impact assessment participatory workshops bring together people from a wide variety of organisations, communities and backgrounds. The use of effective and appropriate facilitation techniques is identified as a way to

[4] Popular epidemiology is defined as the process by which laypersons gather scientific data and other information, and also direct and marshal the knowledge and resources of experts in order to understand the epidemiology of disease. Traditional epidemiology studies the distribution of a disease or condition and the factors that influence this distribution (Brown 1992).

improve the contributions from participants, and to ensure that they feel confident and comfortable in the workshop environment.

> *Facilitation techniques have moved on since the HIA was originally done here, so I think people are more aware now of the different techniques you can use with groups of people…Obviously you would use different techniques with different kinds of people, and the formal setting would work better with your LA or LHB stakeholders"*
>
> Public sector representative, Local Authority (Case 1)

> *I think that people do have plenty of things to say, it's just tapping into it and knowing how to get it across"*
>
> Voluntary sector representative (Case 1)

As will be discussed in further detail later in the report, confidence and literacy skills also play an important role in facilitating effective participation, as does the use of language and terminology that is appropriate to the group participating in the workshop.

Building capacity to engage within the community

It is important that members of the public and community groups are encouraged to participate in health impact assessment, and many statutory and community organisations place a great deal of emphasis on investing time to 'teach' people how to effectively participate and become more active in issues affecting their communities.

> *You know you really develop people as individuals and you really put a lot of time and work into just one person to give them the confidence*
>
> Development worker (Case 3)

> *It's about mentoring people; they need support, and creating a space for that person to be able to say. Because I think the HIA pattern is very much that you chip in, you have your say, you vie for your space maybe in the discussion, and you will get people who just sit on the sideline and watch that. So maybe a space has to be created for them to respond in perhaps another way*
>
> Development worker (Case 3)

Through investing in individuals and building their capacity to engage with a variety of different organisations and sectors an improvement in community self esteem and self efficacy can be achieved. Community members are able to develop skills that will not only enable them to participate in consultations and other participative processes such as HIA but could also be useful to them in other contexts, for example in a job interview.

Social Inclusion Learning Programme: Building Capacity
The SILP programme was developed by a Communities First team in North Wales in response to calls from the local community for their needs to be better understood and their views taken into account by their local authority. The training was delivered by both the LA and local residents and aimed to demonstrate how people are discriminated against on a subtle basis. The outcome has been a reduction in complaints to the local authority and also has helped develop relationships and increase understanding between communities and the public sector. Although not specifically related to HIA this training builds capacity for engagement that could be utilised for future HIA activities.

Feedback and ongoing communication

Members of the public and statutory sector representatives who were interviewed outlined the need for HIA to be more ongoing process. Many noted that after their involvement in the participatory workshop there had been no updates provided as to the outcomes of the HIA, and many had not received a copy of the final report.

It was also suggested that rather than the workshop being a one off occurrence, it should be carried out at regular intervals and form part of the ongoing evaluation process for the project in question. It was thought that this would make it a more useful process and that the initial, in depth report could provide a benchmark.

4.7 Inhibitors of public involvement

Although the health impact assessment cases revisited as part of this research each had a level of community or public involvement, compared to the levels of statutory sector representatives involved this percentage was minimal. Respondents were asked what factors they felt were most likely to prevent other members of the public becoming involved in processes like HIA, other than that they may not have been asked to participate.

Apathy

One of the main reasons members of the public and statutory representatives identified for people not wanting to get involved in the HIA process was that they may be apathetic. This could be for a number of reasons including previous negative experience of consultation processes, bad experiences of dealing with the council in the past, concern that their views may not be taken

into account or taken seriously, or a lack of understanding about the process. Where the HIA is concerned with more emotive issues, for example a drug rehabilitation centre or controversial land development, people may simply not want to place themselves in a stressful environment.

Lack of time

Time to attend is an issue for both members of the public and also for statutory and voluntary sector representatives. In several of the cases, when people were invited but unable to attend the main reason was that they had previous commitments. This was particularly the case for statutory sector representatives who stated that time was at a premium and that they only had limited time available to attend meetings. However, members of the public involved in the HIA felt that it was the responsibility of statutory sector representatives to attend as part of their job remit.

Time constraints due to policy schedules may also be an issue, with HIAs needing to be conducted within limited time. This may lead to the workshop having to be rushed which might inhibit who would be able to attend and also the amount of time allocated to it, for example a half day workshop may be all that is feasible when a full day may produce better results.

Most HIA participatory workshops take place during the week and during the day which may limit the possibilities for attendance for people who work. Also the timing in the year may inhibit participation, for example parents with school age children may not be available during the summer break as they may be on holiday.

Confidence

HIA brings together people from different backgrounds and sectors, many of which may have had little interaction in the past. Many members of the public who were interviewed, particularly those in areas of deprivation, reported that they found the council to be remote, not an organisation that they understood or was easy to relate to, and not interested in their input. This has the potential to inhibit effective communication between the public and the statutory sector.

> *You have people who on the surface seem quite outgoing and chatty, but once they are in a formal setting where there are different people then they are not as confident*
>
> Voluntary sector representative (Case 1)

> *The trouble is getting people to open up and feel comfortable I think because often, a lot of the families, maybe they're not used to being in a group and not used to making contributions or making their views known*

Voluntary sector representative (Case 1)

A further issue to consider is confidence about literacy skills, and the ability to communicate effectively in the participatory workshop environment. Several of the respondents who reported literacy skills as an inhibitor to their participation in the health impact assessment mentioned that this issue had also prevented them from participating in other consultative processes, particularly those that involved questionnaires or any other written participation.

When interviewing both the statutory sector representatives and members of the public from Communities First areas it was widely acknowledged that the majority of community members had little or no experience of interacting with statutory representatives in a participatory process. Although this is not an issue specific to members of the public from Communities First areas, an issue that arose several times during the interviews was a lack of confidence in personal literacy which led to reluctance in expressing views in the HIA workshop. Also related to this was that some of the workshops where statutory sector representatives were present were too academic and jargonistic and hence not clearly understood by some participants.

Workshop participants and environment

The composition in terms of percentage of members of the public and community groups compared to statutory sector representatives was a commonly identified issue, particularly by members of the public who were interviewed. Some community members have little or no experience at interacting with the statutory sector in a relatively formal environment, and as a result did not feel comfortable voicing their views and so did not actively participate in the workshop. However, others, particularly those representing community groups felt able to speak up. Those who did not feel comfortable in the environment were of the opinion that a more effective method would be to hold two separate workshops; one for the public and community groups and another for statutory sector organisations such as local authorities and local health boards, and believed that this would be more conducive to encouraging active participation. However, many of the representatives from public bodies and some of the members of the public believed that by segregating the groups in this way the sharing of viewpoints and networking aspect of the HIA would be lost, and that it would be contrary to the ‘bringing together’ ethos of HIA.

> *What they tell me is they don’t like to come to a formal meeting, they would much prefer to come with their friends and share the morning*
>
> Community worker (Case 1)

You are bringing people together…one part of which aren't used to being spoken to or asked their opinion, especially by people who they see as maybe of a level should they be talking to or aren't used to talking to, the professionals really. You have to be careful about who else you invite, or even whether you don't invite any of the professionals to it and maybe have a community one. There were a couple of people…who were quite comfortable to talk to anyone and could voice their opinions, but they are very few and far between.

Voluntary sector representative and development worker (Case 3)

So I would rather not have had them in the group, but that's not to say what they think or do isn't equally important as the people who are going to use it but I think they would look at it from a different perspective to the people who were using it.

Member of the public and community group representative (Case 4)

One of the health impact assessments did hold a separate workshop for service users who were participating in the HIA as it was felt that due to the age group of participants this would be more appropriate, and that many of the service users were making use of the centre as a result of not feeling able to communicate effectively with statutory organisations.

They were talked to on their own. Maybe had there been people from the local health board or the council sitting in the room you might not have got the depth of information.

Local development worker (Case 2)

The research suggests that in some cases it may be more appropriate to hold separate workshops, but that this is very much dependent on the type of community that is being engaged, and particularly in Communities First areas the consensus was that this would provide better, more in depth information from participants.

In terms of the logistics of the workshops a number of issues were raised, primarily relating to the time allocated and this limiting the time available for discussion and networking. However, as discussed previously many respondents reported that they had limited time to attend such events, and it would not be feasible to conduct a more in depth workshop in the majority of cases.

Jargon and terminology

The main issue related to jargon and terminology used during the participatory workshop was that it was felt by some participants that the content was aimed more at the statutory sector representatives who were present than at members of the public.

I'm not saying that we all understood what it was about, a lot of people didn't. Sometimes it was a bit academic for ordinary people, ordinary folk. That's the reason we didn't understand – there were all these complicated words

Community group representative (Case 3)

I think if it was broken down a bit more and simplified then people might have had better ideas…you have to get down to the levels of peoples intellect

Member of the public (Case 1)

As previously mentioned, the use of appropriate facilitation techniques, tailoring the workshop to fit the participants and ensuring the workshop environment is conducive to the expression of viewpoints all help to enable effective engagement. In some cases it may be necessary to use common language in place of specialist terminology during the workshop in order for all participants to fully understand what is going on and to take part. However, it is important to strike a balance so that both statutory sector and public and community representatives are able to glean the full benefits of participation, and it must be taken into account the type of community and participants that are involved.

Even if the full intention of what we were doing wasn't quite understood, because perhaps health impact assessment as a term my not be particularly user friendly…

Development worker (Case 2)

There was also an assumption that 'health' meant only physical health or health services, rather than the wider health and well-being remit covered by health impact assessment, in some cases this misunderstanding being as a result of a lack of communication prior to the workshop about what the nature of it was and what to expect.

At first I thought it was going to be something very scientific, relating to peoples health

Member of steering group (Case 5)

Respondents reported that as a result of jargon and terminology issues encountered during their first HIA experience they may be reluctant in to participate in the future, making accessibility of language used an important issue in ensuring continuing community participation. HIA facilitators should ensure that they offer clear definitions of the terms 'health' and health impact assessment in order to clarify meaning and prevent misunderstanding.

Health impact assessment?
HIA terminology is not only problematic for members of the public involved in the process, but also for some statutory sector representatives who may not be familiar with the term. In one case HIA was initially understood to be an evaluation on the health impact the centre had on its surrounding communities that was to be conducted when the centre had been in operation for a period of time. It is important for these issues to be addressed and for all parties involved to have a clear understanding of what the HIA is and what it can achieve.

Existing community tensions and relationships

Traditional boundaries between communities also play a role in people's willingness to participate in the health impact assessment workshop, with some voluntary sector representatives reporting that some community members may be reluctant to attend if certain other people from the community who they didn't get along with were also going to participate in the workshop.

A further issue highlighted by respondents, particularly those in Communities First areas, was the need to build up respect and trust with communities before they are willing to participate in events such as health impact assessment. As mentioned previously members of the public may not be in regular contact with their local councils and may view them as remote. One of the cases examined stressed the importance of building relationships with communities through management boards, community leaders and in particular voluntary organisations, who may be considered to be more accessible, in order to better facilitate participation.

Mis-selling

A recurring theme within the interviews was the mis-selling (either intentional or unintentional), incentivising or disguising of HIA in order to facilitate participation and encourage people to come along.

Instances of verbal recruitment of the public, either at other meetings or by word of mouth, contributes to this issue as workshop attendees are not then provided with the relevant literature explaining the process, as is recommended at the scoping meeting when potential participants are decided upon. If this information is not provided then there is also the potential for misunderstanding the topic and purpose of the HIA, leaded to discontentment on the part of those members of the public who believed they were going to contribute to a consultation on one topic and it transpires to be something else.

> *He didn't tell us properly what it was all about. He just said come along then it was flung at us. We were just sitting there. Normally you have a bit of something to read when you go into somewhere.*
>
> Member of the public (Case 3)

> *We thought it was a public meeting about the doctor's surgery, so it was under false pretences really. This has happened before, this lack of communication.*
>
> Member of the public (Case 3)

This highlights that, although many members of the public found involvement in the HIA to be an empowering process, some did not. The importance of communication and clarification of aims and objectives of the HIA by those recruiting members of the public to the process needs to be emphasised in order to facilitate empowering participation.

Due to the reluctance of members of some communities to attend a 'formal' meeting such as the HIA it was disguised as a fun day with the intention of attracting participation under some other guise. Members of the public and statutory sector representatives involved in some of the health impact assessments believed that attracting participants with incentives or a very informal approach was appropriate and better facilitated participation, although this was primarily the case in Communities First areas.

> *Do what you want but get a captive audience!*
>
> Local councillor (Case 1)

This is a key issue as it may deter people from participating in the future, damage relationships that have been built between the statutory sector and the community, and damage the reputation of HIA. There is a danger that the structure and processes of the HIA may get lost within a 'fun day' environment, and whilst this may be a valuable and fruitful consultation exercise it must be recognised that it is not a health impact assessment as such.

Engaging hard to reach groups

Groups can be defined as 'hard to reach' on a number of criteria; demographically, culturally, behaviourally and structurally. Respondents were asked about what they considered to be the best way to engage hard to reach groups in the HIA process. On the whole these groups were contacted through existing relationships and networks, for example schools where they were dropping off their children and through health visitors.

A number of representatives of hard to reach groups were interviewed as part of the research, including single mothers, unemployed people and the elderly.

In general respondents suggested that in order to engage the hard to reach groups then a more informal approach was required, such as a fun day where views could be elicited. A further suggestion provided was the need to incentivise attendance.

Involving harder to reach groups
In 2004 a health impact assessment was conducted on remediation proposals for a landfill site in South Wales. In order to try and involve harder to reach groups the steering group contacted all 92 local social and community groups in the area and invited them to participate in the HIA.

The community initiated HIA case reported in this research encouraged involvement through various methods, including advertising the HIA in local shops and post offices. Participants were divided into groups by an external person, these groups being informed by the HIA process itself.

Due to the nature of Communities First areas they house many population groups that are widely classed as 'hard to reach', for example single parents and the unemployed. As with any consultation or engagement exercise these groups tend to be under represented. In the case studies considered as part of this research respondents were asked how best to engage these harder to reach groups in the participative process. In general it was suggested that in order to engage these groups a more informal approach would need to be adopted as they would be reluctant to attend a formal workshop, and that incentives and the use of existing contacts would prove to be the most effective route to encouraging participation in HIA and other consultation processes. This was a view supported by Communities First co-coordinators who were interviewed who had found that the best results were from informal events. However, it must be recognised that on the whole the case studies examined as part of the research were not that successful in accessing hard to reach groups and that this issue requires further debate and learning from best practice and research.

4.8 Statutory sector inhibitors

Although on the whole the public are viewed as a welcome and necessary part of the HIA process, statutory sector representatives interviewed as part of the research identified a number of factors that may inhibit their willingness or ability to involve them. Also outlined are reasons why HIA may not be being used widely or in a participative way within the local authority.

Sensitivity of issue

A number of the respondents interviewed outlined that some issues or projects are considered to be socially or politically sensitive, and so as a result involving the public in the associated HIA would not be appropriate. However, this is contrary to the open and transparent nature of HIA, and considered by those experienced at carrying them out to be an incorrect approach.

> *It might be politically sensitive, it might be contentious, it could be a landfill or something like that, it could be something they don't want*

people to know about, whereas HIA is open and transparent. So that's self defeating because they need people to know about it, and they will do more harm than good to themselves and their policy if they don't talk to the correct people, the people who are going to be affected by it.

Public sector representative (Case 3)

There is a danger that where such an approach is adopted the policy, strategy or issue in question will become even more contentious when it reaches the public domain, and that to involve the community from the outset would help to prevent these issues further down the line.

Lack of awareness and commitment

Several of the policy makers interviewed were unaware that health impact assessments had or were taking place within their councils. This suggests a lack of communication between council departments, and also in some cases the need for a health impact assessment lead within the authority to coordinate HIA activity.

A further issue is a lack of understanding on the part of local authority representatives about the role and function of health impact assessment. Several respondents reported needing to convince decision makers that HIA was a beneficial and worthwhile exercise, and reported encountering apathy towards the assessment.

Unfortunately the policy makers are a bit unsure so I am meeting with them to go through it and dispel the myths

Public sector representative, Local Authority (Case 1)

In the majority of local authorities who were interviewed as part of this research HIA remains a relatively new concept with few having taken place. With the placement of citizen engagement firmly on the national agenda some representatives reported feeling pressed to carry out HIAs so that they could be seen to be doing them, rather than carrying them out as a useful exercise that could be a material consideration within the decision making process.

You have just got to be careful of the tendency to do HIAs just for the numbers, to be truthful, rather than ones that will be taken seriously by the actual policy maker

Public sector representative (Case 1)

Engagement, consultation or participation?

An interesting issue raised is about how the terms engagement, consultation and participation are often used interchangeably by statutory bodies, when in fact they imply different types of interaction.

Especially in local authorities, they will say 'we have involved the local community', but actually what they mean is that they have consulted them. The vast perception is that they hear what people think then do it anyway, they may make little changes. Involvement is about saying 'this is the problem, what do you think we should do about it?' then taking that on board and working it into a plan.

Local development worker (Case 3)

The ideas are there, there is lots of planning work done and then we consult, so people might say that is just lip service. But sometimes you have got to be practical as well, and the model we have isn't a Communities First model where ideas come, it is Assembly led…there are things that had to be done. And I know some people did feel that this isn't really involving people, it was just consultation at the end of a project.

Voluntary sector representative (Case 1)

As discussed previously community and public views are carried forward into decision making processes when they are involved at an early stage, when the HIA is carried out at the outset of a project, as opposed to using community consultation to validate existing decisions. Even if it is the case that no immediate action is to be taken, carrying out the HIA early in the process is deemed more beneficial and appropriate.

Members of the public expressed that they were pleased to be involved in the HIA, but at the same time recognised that it was often the case that they were consulted too late on in the process for their views to be taken forward in a constructive way.

I think it had already been decided before we were involved as is the case in quite a few of these meetings that I've attended…it sounds extremely ungrateful in a way because they are obviously there trying to do things for people…such as myself but I always feel that…when they have had these meetings instead of having them in the very beginning and saying 'hang on a minute, what would you like?

Member of the public and community group representative (Case 4)

"I did think it was kind of closing the stable door when the horse had already bolted."

Member of the public (Case 4)

Timing of the HIA
Within the cases examined as part of this research the HIA and subsequent involvement of the community occurred at varying points in the project proposal. In one case the proposed centre was due to open in September, with three years preparatory building and planning work having already taken place at the time when the HIA took place, January of the year of the opening.

An area for further investigation could be to what extent involving members of the public and carrying out the HIA early in the project or programme proposal impacts on the extent to which views expressed are carried forward into decision making.

Cognitive dissonance

Cognitive dissonance is defined as a psychological state that describes the uncomfortable feeling between what a person holds to be true and what they know to be true. It describes conflicting thoughts or beliefs that occur at the same time or when engaged in behaviours that conflict with the persons beliefs (Festinger 1957).

This was a theme identified within two of the cases and attributed to the position of some statutory sector representatives within the HIA process. The notion is that these representatives are often attending in dual roles – in their professional capacity and also as a member of the community – and that what they have to say within the HIA process is constrained by their professional position so they may be unable to express their personal opinion if this conflicts with the standpoint of the local authority for example.

> *So I just don't think that they have enough power, authority or say to change anything – no matter what they might personally think*
>
> Member of the public (Case 5)

One member of the public interviewed who attended the HIA as a representative of a community group reported that on several occasions, both at the HIA and at other consultation events, he has been approached by statutory sector representatives and thanked for putting across a viewpoint that they had felt unable to voice due to professional constraints (Case 4). In another case several members of the public mentioned that they felt that statutory sector representatives involved in the HIA had sympathy for their cause and point of view, but were constrained by government guidelines. This was a point supported by the statutory sector representative who was being referred to.

> *He works within the guidelines he has got to work with. But we knew he had a lot of sympathy with what was going on…we could feel it.*

Member of the public and steering group (Case 5)

You could still argue that despite all the controls that we could bring to bear, does that really meet people's expectations. We can say that yes, it is within accepted guidelines, but people wont be happy with that in any case, and to be honest I probably wouldn't be myself because that guidelines are so outdated and you cant really transpose those sorts of standards to today's expectations…its ridiculous to expect it.

Public sector representative, Planning (Case 5)

4.9 The roles, responsibilities and relationships of the public sector

Relationship with community

In general respondents reported that they felt that involvement in the HIA had been beneficial in terms of improving the relationship between the public and statutory sector. Members of the public and community groups were appreciative of the opportunity to meet and share viewpoints with statutory representatives who they may otherwise not have come into contact with. Respondents from the statutory sector were open to hearing the views of community members and service users, and felt that the process enabled them to gain a greater understanding of the wants and needs of the communities that they were dealing with.

The more you can do to get the two together the more they will see that there are human beings behind desks, and the community aren't just rabble rousers who want to cause trouble and disrupt your nice tidy day, and have something to offer.

Development worker (Case 3)

Commitment to HIA

As previously discussed the representatives from the statutory sector occupy various roles within HIA including seats on the steering group and participation in the workshop. However, in some cases it is these representatives who operate in a facilitation role, which raises issues, particularly when those people are viewed by the public involved as being the decision makers themselves or a route to them.

There could be expectations of the HIA itself, because it is, a method of lobbying, but depending on who was involved, and I guess this is a grey area or an area that needs to be looked at a little more- how do you separate off the various roles and responsibilities of the individuals involved in facilitating the HIA and supporting it?

Public sector representative/HIA facilitator (Case 2)

This could contribute to the risk of raised expectations, particularly in a case where the HIA was being conducted for example as part of a wider evaluation of a project in order to secure funding for its future. This may indicate a slight misunderstanding as to what the role of HIA is as it is not intended to play an evaluation role. Communication as to what the HIA can achieve and what the roles are of participants within it were suggested as ways to address the issue. HIA as an opportunity for lobbying is another point of interest as although in some senses it can play this role this has the potential to place facilitators in a difficult role.

Value of engagement with the public

As discussed in the review of literature, engagement with the public is prominent on the agenda of the Welsh Assembly Government, and also across the UK with a focus on citizen centric service provision. Local authorities and voluntary organisations are becoming increasingly aware of the need to engage with communities and consult them on developments. Although a number of issues associated with engaging the public in health impact assessments and other consultation exercises have been identified and discussed, the general consensus amongst statutory and voluntary sector respondents was that it was imperative to involve local people in health impact assessments as they are concerning issues, projects and strategies that will affect them and their environments, and their views and comments were welcomed.

> *I think they (statutory bodies) are becoming more open and receptive to it now, because the Assembly is pushing it. Participation and involvement is certainly higher on the agenda now, and even if they don't feel they want to do it, they need to do it*
>
> Voluntary sector representative (Case 1)

> *Health impact assessment is part of our armoury of trying to get health into all policies*
>
> Public sector representative/HIA facilitator (Case 2)

Development of knowledge and skills

Respondents were asked what they thought they had personally achieved in terms of development of knowledge and skills as a result of their involvement in the health impact assessment. Statutory sector representatives reported that through interaction with the public and community groups during the HIA workshop their attention had been brought to issues that they may not have previously considered, and that it had enabled them to better understand the community point of view and challenge existing assumptions. Members of the

public reported that they had been able to gain a greater understanding of the project in question, look at it from different viewpoints and also, in some cases, develop a greater understanding of the literature and planning law surrounding the issue or project in question.

Statutory sector capacity to engage

As discussed in the literature review there are limitations on the capacity to get involved from both the community side and also the statutory sector perspective.

One issue highlighted in the literature is that the statutory sector has an over simplistic approach to community, and lacks understanding about the realities of day to day life for the residents of their communities. This may be partly attributed to individual personalities, but we must also take into account the changing nature of communities. It was suggested that training could be undertaken in order for statutory sector representatives to be able to more effectively engage and communicate with local people, covering a variety of areas including communication and ethics.

> *I think there is some scope for training and experience and I think for public officials that may be helpful. I think that things move on, things aren't static and people are much more exposed to these things 10 years on than they were 10 years ago…In the past we had not particularly challenging communities who have now become more assertive and challenging.*
>
> Public Sector representative, Health (Case 5)

> *Civil servant officials who can write very elegantly and analytically but have difficulty facing up to the public. That's not generic, but I think there isn't a lot of training on that regards, particularly not a very hostile public who might be producing political agendas and stuff like that which may be counter to their role as a civil servant*
>
> Public sector representative, Health (Case 5)

Associated with this lack of understanding about their communities is the suggestion that statutory sector representatives lack the necessary skills to be able to engage communities, including the use of appropriate language. This has already been discussed relating to jargon and terminology. Again this is an issue that can be addressed through training in order for statutory sector representatives to be able to develop their knowledge about local communities and develop skills to communicate better with them.

> *Capacity is released by skilful facilitation*
>
> Statutory sector representative (Case 4)

I did wonder at the wisdom of sending somebody who is not experienced in any way for example with focus groups or with asking particular types of questions that might be seen to be sensitive.
Public sector representative and HIA facilitator (Case 2)

4.10 Community groups

Part of the scoping process of the HIA involves identifying which group or groups are most likely to be affected, either positively or negatively by the proposal in question. Each of the health impact assessments involved in this research involved either members of the public or representatives from community groups or a combination of both. The participatory and open nature of HIA means that and people or group likely to be affected can participate in the process, but as is the case with many types of public consultation it is often the case that community groups with a specific agenda are approached. Community groups are often considered more accessible than members of the public as they may be part of existing networks. There are a number of issues relating to community groups and their role in HIA and their representativeness, both of their members and as a substitute for engaging the wider community.

The role of community groups in HIA

As is the case with members of the public, community groups are involved as participants in the stakeholder workshop and often also hold a place on the HIA steering group.

Community groups are often invited to participate in the HIA process as they represent the interests of a specific segment of the population, for example those with a certain medical condition. Often these groups participate in an advocacy role, ensuring that those in the community who may be less likely to be heard can actively participate in the process. Using the example of those members with a medical condition, some sufferers may be housebound, and a community group representative would be able to represent their interests.

The representativeness of community groups

When a representative from a community group becomes involved in an HIA it is anticipated that they will be there conveying the perspective of the group that they are representing. However, what appears to be occurring more often is that they are attending in a dual role – both as a representative of the community group, but also as a member of the community. Although this is inevitable it is a point of concern raised by statutory sector representative interviewed.

I think there is a danger that people who are nominally representing a group aren't in fact doing that, they are just providing their own opinions.

Statutory sector representative (Case 4)

You will always get some people who come with their own agenda and that's why they are there. It's difficult to say without going into personalities what was happening there

Development worker (Case 3)

As with engaging the wider public there is a danger of the 'usual suspects' – people who regularly become involved in consultations and participatory processes and who tend to have a clear agenda and be the most vociferous.

My real concern is that they are treating these boards as full time (jobs); people who have nothing else to do, so they have got loads of time to go along and talk about this strategy and that strategy and be involved in this decision and that decision

Development worker (Case 3)

Some members of the public who were interviewed who had been involved in the HIA as community members, rather than as representatives of community groups, expressed concerns about what they felt being a member of a community group within a process such as HIA would mean for their autonomy to express their own opinion.

I am always afraid that if you join something then it's conditioned you and you have to have their point of view, not my own

Member of the public (Case 5)

Community groups
Community groups play an important role within the HIA process as they are often utilised as more accessible ways of enabling members of the public to participate. Members of pre existing groups or networks may be easier to contact and have prior experience of engaging in a participatory process. Two of the HIAs involved in this research included representatives from community and voluntary groups (in addition to participation by members of the public which was a feature of all the HIAs). Once case in particular involved two service users who were representative of voluntary community groups representing specific health conditions. Although preferable for these users to be involved it is important to recognise that their involvement represented only a small percentage of potential conditions and users, and the case in question did not involve members of the general public not affiliated to a group.

Conclusion

This chapter has thematically presented the lessons from the case study interviews conducted as part of this research. Members of the public appear on the whole to be happy to be involved in a participative process such as HIA, but at the same time remain realistic and sometimes sceptical as to the extent to which their opinions and viewpoints are carried forward into decision making processes. Both members of the public and statutory sector representatives interviewed were of the opinion that lay knowledge and personal experience made a valuable contribution to the HIA and provided an additional dimension to the evidence. Suggestions were also presented as to how to facilitate more effective participation in the future, with the use of appropriate language, facilitation techniques tailored to the group and building confidence all considered as tools to increase contributions from the public. The importance of engagement as opposed to consultation and of being clear about what is expected from participants who are to be involved in the process was also highlighted. Where an HIA is being conducted that will have some impact on the community it is essential for the community or community groups to be involved to represent the interests of those people on whom the policy, project or programme will have an effect, but it must be recognised that there are issues associated with the engagement, and that steps must be taken to address this.

Chapter 5: Community initiated HIA – A Welsh case study example

Key Points
Community initiated HIA brings communities together for a common cause and helps to build relationships both between communities and between the public and statutory organisations

- Community initiated HIA requires some level of statutory sector involvement in order for it to be a material consideration in the planning process
- When conducted in a reliable and balanced manner, community HIA can provide a valuable evidence base and support for existing protest campaigns

5.1 Introduction and background

One of the HIA case studies revisited as part of the research was based on a controversial land development in Wales. This HIA was distinct from the others within this research for a number of reasons. Firstly the other four HIAs involved members of the public and community groups in either one day or half day participatory workshops, whereas this case involved public meetings, a participatory workshop, focus group and interviews, so was a more comprehensive assessment. Secondly in this case the drive to conduct an HIA came from the community and, like some other HIAs in Wales, was conducted with significant support from the Welsh Health Impact Assessment Support Unit (WHIASU), whereas in the other cases the HIAs were 'top down' with local councils initiating and managing the HIA process. For these reasons, although many of the themes of the community initiated HIA are in line with those of the other HIA case studies, additional themes and issues specific to this type of HIA will be considered separately here.

This particular HIA follows many of the stages of citizen involvement outlined in Brown (1992) and it is useful to outline these here as they contextualise the background to the HIA:

1) A group of people in a 'contaminated' community notice separately both health effects and pollutants
2) These residents hypothesise something out of the ordinary, typically a connection between health effects and pollutants
3) Community residents share information creating a common perspective
4) Community residents, now a more cohesive group, read about, ask around, and talk to government officials and scientific experts about the health effects and the putative contaminants
5) Residents organise groups to pursue their investigation

6) Government agencies conduct official studies in response to the community groups' pressure.

Brown goes on to outline a further three stages whereby, as a result of government agencies failing to find linkages between contaminants and health effects community groups bring in their own experts to conduct a health study, engage in litigation and confrontation and press for corroboration of their findings by official experts and agencies.

This type of community initiated or participatory HIA seeks to distribute some degree of power to the specific community that is involved. Members of the community were involved in the steering group, public meetings and focus groups and the HIA process sought to understand the views of the surrounding community and use them to inform policy decisions regarding the development. Representatives from the public sector, including the local council and health board were involved in the steering group and also in an advisory capacity.

The reasoning behind the involvement of WHIASU in this health impact assessment was that it would provide an example of best practice and a demonstration of how to carry out a community HIA. It was envisaged that the extensive literature review from the work could be used by other communities facing similar issues.

5.2 Results

Recruitment of the community

The idea to carry out a health impact assessment on this particular issue came about a result of a public meeting and pre-existing protest group. The majority of the members of the community involved in the steering group were residents of the local area and members of the protest group who made the decision to become involved in the HIA as they viewed it as a valuable addition to their existing protest. By enlisting the support of the Welsh Health Impact Assessment Support Unit (WHIASU) as authors and principal investigators they aimed to produce an unbiased, balanced and reliable health impact assessment report that they could use as part of a planning objection against the land development.

However, of the local community (which is topographically dispersed) a relatively small number of local people became involved in the steering group and also in the focus groups that were carried out as part of the research. Members of the steering group were interviewed as part of this research and asked what they felt the main inhibitors to involvement were.

> *You can say what you like, you won't win. No matter what, you won't get anywhere.*
>
> Member of the public talking about recruiting local people

They think it's a total waste of time and energy and is too depressing and they can't give any more of their life to protesting, and there is also people who are concerned that if they protest it will draw attention to the fact that if they want to sell their houses they will be unable to do so.

Member of the public

A lot of people just want to put their blinkers on and get on with their life.

Member of the public

As the HIA came about as a result of a long standing protest against the land development it was also suggested that people felt powerlessness to stop the development continuing as previous planning objections had been unsuccessful.

Community contribution to HIA

Respondents were asked what they felt community involvement in the HIA added to the process, and what the benefit was of involving the community. The main benefit identified, in addition to providing local knowledge and personal experience, was that the HIA had brought neighbouring communities together and provided an arena to share thoughts and voice their point of view collectively.

When you hear other points of view from everybody else and they all have this social, health and environmental concern and issues and a lot of them override each other, you realise it isn't just one person and everyone is quite concerned about the issues.

Member of the public

The influence and status of community initiated HIA

As previously discussed, despite not being mandatory, health impact assessment is a well respected and increasingly widely used tool used to add dimensions and value to the planning process. The majority of HIAs that have been conducted within Wales have been led and/or initiated by the statutory or voluntary sector, with only a small percentage being community initiated. There are a number of issues surrounding the influence and status of community initiated compared to statutory sector led HIA, with both community members and statutory sector representatives interviewed suggesting that an HIA initiated, conducted and written up by the community would not be considered robust enough to be used as a consideration in the planning process.

The question is whether the community impact assessment has the same power and influence over the body that made the planning decision. That seems to be an important question. So if you actually end up using the community as a kind of populous substitute for your lack of power and influence and with the bodies and entities that you are trying to ensure that health is factored in

Public sector representative

In the case of this particular HIA the process was managed by WHIASU with significant community involvement, but ultimately the researchers had, and were seen to have, control over what was included in the final report that was published. The involvement of WHIASU in the process was important for two reasons; the first of which being that their involvement added status to the HIA and gave it greater credibility.

If the community is going to be really central or be consulted properly it has to be developed the way ours was done, not giving it back to the community or the developers, because neither of those will do justice to the communities. This is the only way that you will get anywhere like having any real justice for the communities.

Member of the public

It was also highlighted that despite the credibility provided by the WHIASU involvement, the HIA was criticised for being anecdotal, which led to concerns about how credible a purely community controlled report would be.

The second benefit brought by the involvement of WHIASU was they the researchers were able to control to a certain point what information was included in the final report. Again this added to the credibility of the report as they were able to sift through all the information provided and use that which best supported the case for objection against the land development. There was concern expressed by public sector representatives that if members of the community were allowed to control the process themselves then there may be a danger of them losing objectivity, particularly where the issue in question was as emotive as a land development.

I think there is great potential for misunderstanding and dismissing people because of the scattergun approach that residents have to these sorts of investigations sometimes.

Public sector representative

Overall it was felt from both the statutory and public sector perspectives that community initiated HIA was acceptable and provided an alternative, more personal approach, but that it was necessary for there to be a control mechanism in place in order to ensure objectivity and the production of a balanced report.

HIA as evidence

As discussed previously HIA is not a mandatory part of the planning process, but in this case was taken as a material consideration during decision making. Statutory sector representatives emphasised that HIA adds an additional dimension to the planning process, and covers aspects of human health that are not covered by their standard practices.

> *All the responses I make are directly related to human health aspects. But there are aspects of human health that we don't touch on – we don't touch on any of the sociological issues and certainly the response of people in the community…We really look at the scientific basis for deciding whether or not a planning application has merit in the location it is intended to go in.*
>
> Public sector representative

> *HIA is a material consideration for the planning officer…the actual weight of any individual HIA is on its merits really, and how much it weighs in that balance is up to the planning officer and committee. You should ultimately be in a position where an HIA does make the difference between planning consent being granted or not.*
>
> Public sector representative

When discussing the value of statutory sector control over the HIA and the information included within it we discussed the risk of members of community taking over the process and including information that may not necessarily support their case. The importance of having an evidence base for statements and views expressed in the report was highlighted by several statutory sector representatives, with this particularly being the case when dealing with planning law where it is essential that health and well being issues highlighted within the HIA are supported with robust evidence.

> *I have seen HIAs where personally I think it is very unbalanced, where the people who are conducting the HIA just meet with the residents and talk through their concerns, and there is no second stage of going away and comparing it with the evidence.*
>
> Public sector representative

Community HIA as a tool for protest

The community responsible for initiating the health impact assessment did so because they felt very strongly that there should be a voice in the community to protest on the grounds of the health of the people in the area, and HIA provided an opportunity to do that in a structured and robust way. The HIA was undertaken in order to add to the existing protest against the land development and to provide a vehicle for the community to express their views in a more formal way and as a collective voice. Members of the public,

who were also members of the steering group, felt that that HIA had made a positive contribution to their protest.

> *I feel that the fact we have been stressing the health impact issue, it has had some good effect on our side when protesting against the application*
>
> Member of the public

> *All the way down the line it's as though the community doesn't count, and this HIA gave people to the opportunity to say what they felt.*
>
> Member of the public

However, statutory sector representatives expressed concerns that the HIA had been born from the protest, and felt that had this situation been reversed then several of the issues associated with controlling the HIA and the input members of the public involved in it could have been minimised or avoided.

> *If the HIA had initiated the protest, rather than the other way around then it might have been easier to manage.*
>
> Public sector representative

Community HIA and its contribution to policy change

In the case of this particular HIA a number of policy and practice changes have come about either as a result or coincidentally whilst the HIA was in progress. The HIA was one of the first of its type to be carried out in Wales, and as a result has resulted in certain precedents being set.

> *I think it is now an onus on the applicant when they are applying for something like this…for them to do a health impact assessment of some kind.*
>
> Member of the public

From the statutory sector perspective there have been some changes in practice within the local authority in question, with extra steps being taken to challenge existing assumptions and to carry out more stringent checks and monitoring in order to provide a greater and more reliable evidence base for decision making.

The relationship between the community and statutory sector

As with other health impact assessments discussed as part of this research, the community initiated HIA brought together representatives from a variety of organisations, both through the steering group and also the focus groups.

Respondents were asked whether they felt that, through the HIA, the relationship between the community and the statutory sector had improved.

Statutory sector representatives reported that although the health impact assessment had brought them into closer contact with communities, and to some extent improved communication between the two, that there were many issues associated with involving the community in an HIA of this kind, one of these being that there was a tension between what the statutory sector was able to do and what the community wanted them to.

> *I think the residents almost saw it as a pressure group as opposed to what was essentially a scientific study.*
>
> Public sector representative

> *We were part of the steering group and we decided to come off and act as advisors, because I think we felt that in some of the directions it was going, I thought well I can't really be party to that as its not really being terribly scientific.*
>
> Public sector representative

> *I think the difficulty that you have got it trying to get that voice heard without encountering what is a pre-organised pressure campaign, so that once you start interviewing people as part of a survey of people's opinions they are already forearmed with stock phrases. You can almost say that with the things people we saying (at the meetings) – they had kind of gone round the community some months beforehand.*
>
> Public sector representative

For some public sector representatives involved in the HIA the process of actively engaging with communities highlighted the issues and dangers associated with the process, again emphasising the need to maintain a balanced viewpoint and managed the input of residents.

> *I think it taught me to be very wary of dealing with residents and, something I suspected in the past, that residents and developers don't always tell you the absolute truth. Sometimes it's not intentional, they just get so involved in what they are saying it's a bit of a spin and you have to look behind that.*
>
> Public sector representative

Members of the public did not see the relationship as being as problematic, and reported that they felt the process had improved their relationship with statutory sector representatives, and that as a result they were on first name terms with several officials who they did not know previously.

It was recognised that public sector representatives, such as those from the health board and local authority are only able to operate within the boundaries of what they are given, for example in terms of government guidelines for

pollution levels, so if a certain level is deemed acceptable by those guidelines then it would be accepted and worked within.

> *They are employed, they are civil servants – so he can only go and say so much, can only work within the constraints of what he is told – he can't really have an opinion can he. And I think (the other representative) the same – he is working within the boundaries of what he is given and what his priorities are within the scope of his job.*
>
> Member of the public

Community members also felt that by making the decision to become involved in the HIA, public sector representatives showed interest and concern for the community, although it was felt that they don't necessarily have the power and influence to make any difference.

Public sector representatives were keen to highlight the changing nature of communities, reporting that whereas previously communities may have been more passive, they had now become far more demanding, challenging previous assumptions about the relationships between them and the public sector.

> *You have this big, unresponsive bureaucracy with a naïve community waiting to have all the nasties dumped on them. It's actually a lot more engaged process and there are a lot of politics involved in it, it can be an arena for political achievement.*
>
> Public sector representative

Conclusion

Community initiated HIA whilst having many of the same characteristics as HIA with community involvement differs in a number of ways. In the case of the HIA considered as part of this research it differed not only because of the level of community involvement but also as it was a more comprehensive HIA and ran over a longer period of time, as opposed to the four other rapid HIA cases. Additionally as it was concerning a controversial land development it was a far more emotive issue which is reflected in interviewees' responses. The influence and status of community initiated HIA is one of the most interesting aspects, with both public sector and community members agreeing that in order for community initiated HIA to be given weight in decision making it needs to be 'managed' by an external organisation (in this case WHIASU) in order to provide kudos and to manage input from the public and any statutory organisations that may be involved. HIA can be used as a material consideration in planning decisions, revitalise and strengthen relationships between communities and statutory bodies and be a valuable resource available to all.

Part Three: Conclusions and Recommendations

Chapter 6: Limitations of the research

The Welsh Health Impact Assessment Support Unit (WHIASU) has been involved in health impact assessments since 1997. The HIAs selected for inclusion in the research were carried out between 2005 and 2008. During the research it became apparent that those that were conducted in 2005 and early 2006 were problematic in that the respondents did not have a very clear memory of their involvement and the participatory research. Interviews with respondents from more recent HIAs yielded greater depth of information, and participants were able to more accurately recall their involvement.

Only HIAs that involved members of the public and/or community groups were included in this research. Subsequently it does not offer a comparison between HIAs with public involvement and those without. A possible opportunity for further research would be to investigate how community involvement in HIA impacts on the outcomes of the HIA as opposed to those that contain no public or community group input.

The results presented from the community initiated HIA were based only on one case study. However these support conclusions from other work conducted into community HIA (for example, Elliot and Williams 2003).

Chapter 7: Conclusions

This research set out to learn from current practice of involving members of the public in health impact assessment in Wales using a case study approach. This section of the report will sum up results and provide the basis for recommendations for effective engagement with members of the public in the future that will be outlined in the final section.

Within Wales members of the public and representatives from community groups take an active role in health impact assessment, either through participation in HIA workshops, attending focus groups or sitting on the steering group for the HIA. The majority of the respondents who were interviewed as part of this research reported that they had found their involvement in the HIA to be a positive experience, and that they welcomed HIA as a vehicle for them to be able to voice their views to decision makers. For many this was the first opportunity they had to interact with the statutory sector in this way.

Public and community involvement in HIA has been deemed problematic, with members of the public being seen as a barrier to change and holding insufficient knowledge to be able to make a positive contribution to the process. Public sector representatives interviewed as part of the research focused on the fact that it is members of the public who are affected by the issues or projects relating to the HIA, that the proposed changes would take place within their communities, and that they held the knowledge and value of personal experience to be able to effectively inform the HIA, and highlighted that these positive contributions outweighed any of the more problematic issues. In terms of members of the public being ignorant of ‘the facts’ or ‘of science’ it was widely agreed that rather than this being a reason for not including members of the public, it was the role of the public sector to present information in a way that would be accessible and understandable to members of the public, to enable them to participate effectively and be in possession of all necessary information. Although members of the public were encouraged to participate in the HIA it was considered important for both the community and public sector to be realistic about how much weight community views would or could be attributed in the decision making process and there was admission from public sector representatives that often these views could become ‘lost’. Key in improving the impact of community views was the point in the process at which the community were engaged; whether this was at the start of the process so they were being truly involved and engaged, or further down the line where they were serving a consultation role and validating decisions that had already been made.

As with any consultation with members of the public there is a risk of raising expectations; that through inviting people to participate in the workshop there will be an expectation that the views will certainly be taken into account when decisions about the project or issue are being made. This was an issue raised

by both public sector representatives and also members of the public, with the key to avoiding this seen to be effective communication from the outset about what the HIA can achieve and what may feasibly be carried forward and what may not. This issue of communication is crucial to ensuring the success of HIA in the future. If members of the public take time to participate in the HIA and express their views and those views are then 'lost' within the decision making process they may be reluctant to engage again in the future and the reputation of HIA may be damaged as a result. Also key is the communication about what HIA is, what it can do and what participation in the process involves, prior to the workshop. This will help to address any confusion about terminology, and prevent participants feeling that the HIA has been mis-sold to them. There is also a risk of the 'usual suspects'; a selection of people who become involved in many different consultation exercises, including HIA, these normally being those who are more vociferous or with an agenda that they wish to push. This was a recurring theme within the interviews and it was emphasised that it was not desirable to continually hear the same voices and viewpoints as these were not necessarily representative of the wider population. Managing the input from members of the public was deemed essential in order to maintain a balanced viewpoint and prevent them being able to over influence the outcomes of the HIA. However it was also recognised that there was a limit to how many members of the public it was feasible to include in the workshop, the fact that community groups were often more accessible than the public at large and that 'harder to reach' groups may be reluctant to participate in a formal event, and resultantly it may be necessary to engage such groups in a less formal way. This raised the issue as to whether engaging members of the public through events such as a 'fun day' or offering incentives for participation was actually HIA as it may lack some of the structure of the process, despite the outcomes being similar.

It is through the participatory workshop that the majority of members of the public and community group representatives are involved in the HIA and an important issue raised was that an understanding of the dynamics and composition of the group involved in each individual HIA was essential in order for the participatory process to be effective. Jargon and terminology may need to be altered in a group that had a large community contingent, or if there were issues of confidence or literacy that may prevent active participation. Representatives from the public sector reported that often they felt that the language and true purpose of HIA had not been fully understood by participants, which may have inhibited their confidence to voice their opinions during the course of the workshop.

In all of the HIAs used as part of this research levels of public participation compared to that of the statutory and voluntary sector were low, with on average three or four members of the public involved in each one (excluding the community initiated HIA). Also some community group representatives attended in dual roles, both representing their groups and as members of the community. It is during the scoping meeting that decisions are made regarding who will be invited to participate in the process. Respondents reported that there were a number of reasons why they felt that others may not have wished to become involved (other than not being asked to do so). Apathy, lack

of time an confidence were highlighted alongside previously discussed issues relating to jargon, terminology and the danger of mis-selling and mis-communication of objectives and expectations.

A number of respondents from both the community and the public sector suggested that community involvement would be more effective if two separate workshops were held – one for the community and another for public sector attendees. Although this may be appropriate in certain circumstances it was felt that on the whole if the HIA was to be carried out in this way then the sharing of views between different groups would be lost, and that it was against the inclusive ethos of HIA.

The role of the statutory sector within HIA varies, with representatives being involved in workshops, steering groups, facilitation roles and advisory roles. Issues were raised as to the capacity of the statutory sector to engage effectively with communities, an area covered in the literature review. Individual personalities play an important role in this relationship, with some representatives considered more approachable and understanding of communities than others. However in a number of cases members of the public viewed the statutory sector and councils in particular as being remote, and felt more able to communicate with voluntary organisations, emphasising the importance of their role within the HIA. The HIA process served to build relationships both between communities and also between the public sector and members of the public as it brought into contact people who may otherwise not have interacted with one another, and enabled the sharing of viewpoints. Consultation and engagement with members of the public is increasingly encouraged within the public sector at the local, regional and national level, meaning that it is essential to build capacity for engagement on both sides in order to ensure a mutually beneficial and effective relationship.

Community initiated HIA was considered separately in this report due to the fact that it differs from ‘top down’ HIA in a number of significant ways, notably in terms of the influence and status. It is envisaged that the future of HIA in a community setting would be that communities would be in a position to be able to carry out HIAs for themselves, without the aid of an organisation such as WHIASU that supported the HIA considered within this research. However, this raises issues such as the ability of the community carrying out the HIA to maintain balanced and non-partisan viewpoint, particularly if the HIA was relating to emotive issues, as was the case here. There is a risk that communities might be considered ‘over-emotional’ and holding insufficient ‘expert knowledge’ to be able to conduct an HIA that is balanced and reliable, and both members of the public and public sector representatives interviewed relating to this case expressed concerns that a HIA conducted solely by the community would lack the status and credibility to be used as a material consideration when making planning decisions. How this is addressed is a source of discussion but if we are looking at this HIA as an example of how to conduct such research many issues were raised that would need to be taken into consideration by other communities who may be considering using HIA as a tool for protest. As was the case with the other HIAs considered as part of this research the issue of managing input was paramount.

Chapter 8: Recommendations for effective public and community involvement

This research has investigated the extent and impact of community involvement in Wales with a view to gaining greater understanding as to the advantages and disadvantages of engaging with members of the public and with community groups within the HIA context. It has highlighted issues from both the public sector perspective and also from that of the community and general public.

Although not a document providing guidelines for best practice for community involvement in health impact assessment, it is useful at this stage to summarise a number of key areas that may improve the engagement process, including the participatory workshops, and enable more effective participation.

Recommendations for HIA

- Communication: both before and after the HIA has taken place. This will ensure that all participants have an understanding of what the aims and objectives of the HIA are what the format of the workshop will be and how their views have fed into decision making. Through effective communication risks of raised expectations and mis-selling can be minimised.

- Investigating new routes to engagement with harder to reach groups within the community through the use of partnership working with schools, health services, community leaders and groups and organisations such as Communities First. This will better facilitate participation and tackle the issue of the ‘usual suspects’.

- Tailor the participatory workshop to the participants being engaged, including the use of appropriate facilitation techniques and terminology. This is particularly relevant where confidence and literacy may be low in order to actively engage with members of the public. Members of the public involved in the HIA should be trusted with regards to their understanding of the scientific evidence whilst at the same time recognising and addressing the constraints of terminology and scientific language. HIA is a learning process for both members of the public and officers representing the statutory sector who are involved.

- Maintaining accountability to the members of the public who have participated; HIA is non compulsory and decision makers are not obliged to take community views into account, but it is important to

recognise that by feeding back information about which aspects have been taken forward and the reasoning behind the decision for those that haven't the relationship between the public and statutory sector can be improved, and members of the public will be more willing to participate again in the future.

- Recognising the valuable contribution that community views, local knowledge and personal experience can make to the HIA when balanced with 'expert' opinion.

- Where possible a multi agency steering group including public representation should be established to ensure the HIA process is not tied to a specific agenda. Ground rules should be established for the treatment of views and evidence and transparency of stages of progression should be ensured.

Recommendations for Community initiated HIA

- Importance of maintaining a balanced, non-partisan approach to the HIA, particularly by those managing the process. Attention should be paid to the processes which allow different forms of evidence to be considered fairly.

- The need to have valid evidence to back up statements and viewpoints expressed within the HIA and to be selective as to what is included in support of the case. This can be supported by agreed criteria as to what evidence is considered to be valid. Where the HIA is concerning an emotive issue external support and management should be considered in order to recognise these emotions to be important and valid but understand them in terms of a broader understanding of how proposed policies, programmes of projects may impact on future health and well being in a number of ways, and contribute to the production a reliable and balanced HIA.

- Recognising the limitations of HIA and the limitations of the actors within the process. In the case of statutory sector representatives they are often constrained either by their position or by external guidelines.

- The relationships formed through community HIA, both between members of the public, groups supporting the HIA, communities and the statutory and voluntary sectors are volatile and need to be carefully, fairly and sensitively managed.

- Members of the public who themselves want to present evidence about health impact may encounter a resource deficit in terms of access to scientific literature and expertise and the skills to be able to translate

their collective observations and experiences into a form that is taken seriously by decision makers. A possible recommendation is consideration of the role of a Community HIA development worker in order to bridge this gap.

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Appendix 1

Case study synopsis

Case 1: Children's Centre

This health impact assessment was undertaken on a proposal for an integrated children's centre located in wards deemed some of the most deprived in Wales in the welsh Index of Multiple Deprivation. Statistics for the area show high levels of economically inactive residents, relatively high levels of unemployment, significantly high levels of single parent families, and comparatively high levels of people with no recognised qualifications. There are also higher than average numbers of children and young people living in the area.

The proposed children's centre was to be located on an existing primary school campus, centrally located between the two wards, and the intention was for the centre to link with other existing facilities on the site including the primary school, nursery school and pre-school assessment unit. The proposed centre would provide play facilities, a drop in crèche, early years education, training and educational facilities, parenting advice and other information services.

At the time of the interview visit the centre had been in open for two years. Interviewees included parents, local councillors, representatives from voluntary sector organisations and other public sector representatives.

Case 2: Older Peoples Centre

This health impact assessment case was an award winning centre established when a former regeneration project in the area came to an end. Residents of the community expressed a desire for a centre where older people could easily access information and advice on age related issues in an informal and non threatening environment. Very much a community led project, residents successful campaigned to keep their community development workers to support the development of community proposals for a new centre. The project is currently funded by Communities First and is located in rent free accommodation provided by the local authority and was renovated with funding from them, the local health board, the community and small donations. It is managed by eight management committee members, four management committee officers, has support from two full time project development officers, numerous volunteers who are also service users and also other service users of the project.

The aims of the project are to encourage active citizenship (through cultural, educational and leisure opportunities), to encourage social inclusion, to challenge ageism and to help older people to obtain the knowledge to find solutions to the problems that affect their everyday lives. Weekly activities at the centre include coffee mornings, IT skills classes, bowls, craft afternoons, social events and luncheon club.

At the time of the interview visit the centre had been running for approximately six years with the HIA having been conducted four years into the project on the recommendation of the chief executive of the local development trust.

Case 3: Community Health Practitioner Post

This health impact assessment was conducted against a draft job description and proposal for a Community Health Practitioner role within a Communities First Partnership area.

The positive and negative health and well being impacts of the proposed role on the local community were screened in a half day session and further explored in another half day session. The HIA aimed to contribute to the revision of the job description and inform the partnership of its needs with regard to this post. It provided an opportunity for key stakeholders to provide practical recommendations on how the proposed role could further improve the health of the population and if this was in fact the correct role for the area. Interviewees included community members, representatives from the community health council, a development worker and other public sector representatives.

Following the HIA, but not primarily because of it, it was decided by the local health board not to take this proposal forward.

Case 4: Local Health Precinct

This health impact assessment was undertaken on a partnership project to provide a health precinct, and accessible place where rehabilitation and the return to fitness is integrated with activity related to the promotion of good health. The proposal was to update existing outdated facilities, and make use of the large area that they cover to develop programmes in conjunction with health care providers to promote good health whilst offering care following a health promotion model in a modern environment, as opposed to an ill health model of care by limiting treatments to those which may only be currently available in a hospital environment. The NHS trust in the area provide a wide range of rehabilitation, health promotion and aftercare treatment programmes which do not need to be delivered within health care premises, and could be

more appropriately delivered in an environment that would lead the recipient to choose a healthy lifestyle model and attribute them some of the responsibility for their own recovery and healthcare management in the future.

The HIA was conducted towards the end of the process, several months prior to the health precinct opening. Interviewees included representatives from community groups, local councillors and other public sector representatives.

Case 5: Community initiated HIA on controversial land development

This health impact assessment examined the impact of a proposed controversial land development upon the local communities most affected by the proposal. Local residents were concerned about the health effects of the proposed development on their health and well being and believed that the health of the population was not being adequately considered as part of the planning process. The aim of this HIA was to be responsive to community concerns and consider health and wellbeing in the wider context, examining issues that would be outside the remit of other processes. The likely impacts of the development on the physical and mental health and wellbeing of the community were examined in terms of the relevant scientific and medical literature, the history of land developments in the area and the evidence of local people.

As part of this research local residents were interviewed as well as public sector representatives from health and planning.