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## **Editorial: Public/community participation in service planning and management**

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It is a great pleasure to introduce this special issue of the *International Journal of Healthcare Technology and Management* on public/community participation in service planning and management.

Calls for involvement or participation from communities, consumers, patients or users have become commonplace among the rhetoric of social policy across the globe. Detailed analysis of how this can, or has, been achieved is however much rarer. This issue presents six papers, each of which contribute to the empirical research in this important area in a different way.

The papers published in this special issue draw on experience in Australia, South Africa and the UK. The original aim was to achieve papers from a much wider range of countries, however the authors from Central America, South America, India, SE Asia and the Netherlands were not able to submit and revise their manuscripts, following referees' comments, in the time available. Eventually, I made the decision, out of fairness to those authors who had submitted and revised their contributions, not to delay the issue any longer. I hope the other authors will contribute to another special issue in the future.

The first paper, by Val Woodward, critically examines a consultation exercise she carried out as part of a gender audit of local planning in Plymouth, UK. Issues arising from this case study are contextualised within empowering processes of individual, collective and societal change and transformation. It is suggested that positive participative practices should embrace such an approach. Her paper demonstrates that those who do not normally engage in participation and who, in planners' terms, are difficult to reach can be constructively involved should appropriate methods and methodology be embraced.

Helen Lewis, Leroy White and Michael Rudolph describe work in South Africa that set out to involve the community in Hillbrow, Johannesburg in profiling needs and priorities and in making recommendations for future health promotion activities within the community. This paper focuses on the use of rapid appraisal to involve a marginalised community, and illustrates how the use of different methods can help ensure that the diversity of views present is elicited and worked with.

Judith Allsop and Ann Taket describe a study that investigated the way in which service users were involved in two London-based primary healthcare projects. Arnstein's conceptual framework for participation was used in the analysis. In the paper the findings of the study are discussed in relation to Cohen's notions of breadth, depth and range of participation. The paper illustrates how these notions may provide a mechanism for providers and commissioners of health or other services, to assess their strategies in relation to user or community involvement and the degree of success they achieve in implementation.

The fourth paper by Gary Robinson, Peter d'Abbs, Ross Bailie and Samantha Togni presents results from the evaluations of two Coordinated Care Trials (CCTs) implemented from 1998 in the Northern Territory, Australia. The CCTs had three main objectives: to significantly increase funding available to health services; to implement a system of clinical best practice; and to improve Aboriginal participation in health service delivery through the establishment of Aboriginal community health boards to act as fund managers and providers of health services to the trial populations. The paper outlines general CCT outcomes according to the findings of the commissioned evaluation studies and examines the possibilities and constraints encountered in improving Aboriginal participation in complex health service developments.

The fifth paper, by Lynne Rosenborg, examines a facilitated approach to developing collaborative action in primary healthcare. The case study it presents describes how a project facilitating a model for change initially failed to involve people but, subsequently, achieved their participation and was then able to claim success in promoting the development of primary health care in the UK. Success became achievable when the relationship between the original model for change and the participatory evaluation process became complementary and synergetic. The integrated model was able to foster personal learning, problem solving and collaborative action.

The final paper, by Ann Taket and Teresa Edmans, presents a case study of the Community Health Project (CHP), a community development project based in a multicultural, deprived area of London, set up to tackle health inequalities. The paper describes the work of the project, identifying the influences the project has been able to exert at a number of different levels: local, regional, national and international. The CHP provides a case study of how local people can act together to take part in development opportunities with considerable and far-reaching effects. The experience of the CHP and other similar initiatives are analysed to identify elements of a framework for supporting the involvement of local communities in social and economic regeneration programs in ways that are empowering, to give local communities greater control over their lives and local resources, and to enable the development of community capacity.

Taken together, the papers in the issue illustrate that the task of achieving meaningful participation in service planning and management, and not mere token consultation, is a challenging one. However, more importantly, the papers illustrate that, with sufficiently careful attention to designing the process(es) to be used, achieving meaningful participation is possible. The authors involved are drawn from a wide variety of different disciplinary backgrounds, illustrating the diverse contributions that different disciplines can bring to this important policy area.

In finishing this editorial, I would like to acknowledge my gratitude to the Faculty of Health Sciences, University of Queensland, for inviting me to spend the period from January 2002 to May 2002 at the Centre for Primary Health Care at the University. This provided me with the opportunity to fulfil such essential editorial tasks as chasing referees and authors through the revision process. I am also extremely grateful to the reviewers who performed their task of refereeing the papers with diligence, attention and speed.