

# Helping to turn dreams into reality

**Judith Emanuel** and **Eleanor Hill** explain how one approach to engagement has helped develop new ways to tackle health inequalities in Stockport

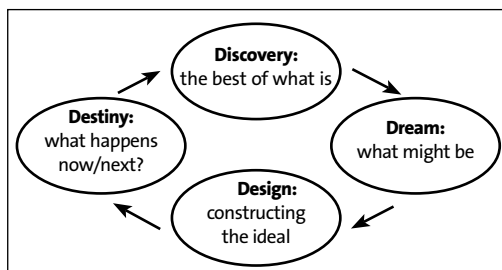
Engagement is crucial to regeneration work at all levels and a number of tools have been developed in recent years to help the engagement process. One of these is appreciative inquiry (AI), best described as an organisational development tool that brings out the best in people and their organisations.

Examples of how it has been used in practice include: a scrutiny review on health inequalities; training of health trainers, locality workers and multidisciplinary groups; away days with voluntary sector organisations, community development workers and public health departments; evaluation and scoping exercises; and developing tools for safety and wellbeing in schools. AI is a particular way of asking questions and envisioning a future that builds on the basic goodness of a person, situation or organisation.

It has been used worldwide in a range of organisational change settings to assist and empower participants to identify their own solutions. It assumes society is problem-focused, that problems attract attention and resources, causing people to look for more problems. AI suggests that looking for solutions can be more effective.

It involves all stakeholders – decision-makers, service providers and communities – working together through a series of processes from identifying the topic of interest to action planning.

**An inquiry takes participants through a 4-D cycle:**



## Case study: Using AI in Stockport to address health inequity

AI was initially used as part of an overview and scrutiny review. This involved all key stakeholders, residents, workers and decision-makers from one neighbourhood, Brinnington – the area where health needs were greatest. The inquiry consisted of two half-day events plus activities in schools, the youth service and with asylum seekers. One outcome of the event was the development of a joint primary care trust and local authority health inequalities strategy where AI was the chosen method for developing health equity action plans.

## Getting started

The first challenge in setting up any consultation can be overcoming previous negative experiences of engagement, or lack of it, within the community. As one resident community activist puts it: 'Choices are often made that affect the lives of people without asking people what they want.' We found AI produced a very different response, with one resident saying: 'I felt listened to, not talked at for a change. People are fed up of being talked at! It wasn't just a paper exercise; it will lead to something.'

On the organisational side, those with responsibility are often afraid of raising unrealistic expectations and fear angry exchanges. Decision-makers liked the different feel of AI and saw its value in engaging communities. One executive councillor for public health explains: 'It helped to get a feel of what was going on in the community. I was impressed by the energy release. It was something we needed to work with.'

This resulted in an ongoing commitment to the approach and findings, it has 'been embedded in health scrutiny and rolled out in the health inequalities strategy', according to an associate director of public health.



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