Becoming deliberative

A case study of activities using a deliberative approach in Porirua City, New Zealand.

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Introduction - becoming deliberative.

This case study reviews a series of events using a "deliberation" approach that have taken place in Porirua City during the last four years. The intention is to set out the nature of these activities and to consider how they have impacted on the ongoing approach to consultation and participation by citizens in planning and providing services in the City.

It is not a detailed history of any one of these deliberative projects but rather an attempt to unravel how they have been inter-connected and suggest some conclusions about how effective they have been, comment on key issues raised and ways in which the deliberative approach may develop in the future.

> **That is, how can Porirua City become "deliberative" in the way that citizens and official agencies interact?**

A training course in deliberation organised in Wellington by the Social and Civic Policy Institute in early 1999 included three people from Porirua. They were invited to participate as they were known to be actively involved in community affairs in the area. Members of this core group were Maureen Gillon, a Porirua City Councillor who is active in community health issues, Louis Smith a Samoan Youth and Community Worker and Jane Shaw, manager of a community based Maori social services agency.

Following the training course this group decided, in discussion with other local citizens, to initiate a deliberative approach to community issues. Ongoing input in the form of mentoring and support was provided by SCPI when requested. However, it was the history of community development in the area and the ongoing commitment of local individuals and agencies that provided an environment in which deliberative concepts could be introduced. What came together was a combination of "willing actors", an encouraging environment in which to operate and a stimulating concept.

The overall goal was that:

> **Citizens will be more willing to engage in future community discussions and actively participate in the community following their involvement in the deliberation process.**

Getting started with deliberation in Porirua.

The Social and Civic Policy Institute was formed in 1997 by the New Zealand Council of Social Services, the Federation of Voluntary Welfare Organisations, the Maori Women's Welfare Association and the Association of NGOs in Aotearoa (New Zealand) to provide a base for research on social issues grounded in community concerns. SCPI was set up to provide a bridge between the action-based interests of community agencies and the more theoretical university based research.

Through the connections with the Kettering Foundation established by the Director of SCPI, David Robinson, two members of SCPI took part in National Issues Forum workshops in Dayton. Subsequently, in 1999, SCPI decided that the best way to build interest in deliberation in New Zealand would be to run a training course and to encourage participants to take a deliberative approach in their work.

Sponsorship was provided by a private charitable trust, the J.R. McKenzie Trust, and the Department of Internal Affairs. DIA also sent four of their community development field workers to the course.

Following the training course SCPI organised regular meetings for the participants to exchange experiences and discuss possible future activities.

Although several initiatives took place around the country it was difficult to build an understanding of the concept and successfully run a deliberation forum process without either outside input or an informed group in the community working together.

SCPI also produced a handbook placing the deliberative process in the New Zealand context, *Public Politics in Practice.* Copies were given to all those who took part in the training course and it was distributed widely through community and local government networks.

This was the situation when the Porirua deliberation group approached SCPI for support in responding to the Capital and Coast Health (the District Health Board covering Wellington and Porirua) plan for the re-organisation of health services in the region.

The deliberation exercises that involved people in Porirua during the last four years were:

- Deliberation training workshop in Wellington that included three people from Porirua.
- Health services planning forum.
- Establishment of a Healthcare cluster.
- Project on employment and economic development.
- Healthlinks community forums.

Simply setting out a list of these formal deliberation activities with an accompanying timeline and details of who was involved would provide a false sense of the formalised and systematic organisation of events.

There were ongoing informal discussions in a variety of forums that contributed towards these developments. In fact, some of the informal discussions preceded the deliberation training workshop – this was how the local participants were selected. Although it would be impossible to identify and list all of these discussions it is important to highlight the contribution of one "formalised" informal meeting.

This is the regular Thursday morning "breakfast session" where, as one regular member said, "all the real decisions are made". The proposal to use a deliberative approach to the submissions on the health services plan was first raised at one of these sessions with the initial planning taking place at subsequent "breakfasts". Although the term "breakfast sessions" refers to a specific series of events there were also numerous other discussions such as coffee sessions at the Pataka (City Museum) café, pub sessions after the various formal meetings and so on. Such discussions are an integral part of any community but the regular nature of the breakfast sessions places them in a different category between the informal and formal. There is a regular place and time but no membership, mailing list, agenda or mandate. It has been suggested that this is the "most useful meeting of the week" as it provides the opportunity to catch up with others, to get progress reports and to raise and check out new issues.

It is important to stress that people's interests cannot be constrained for the purpose of a project (or a case study). There are numerous loose ends in this study and it has no clear edges. For example, during the last five or six years several key players have been involved in discussions on social capital and how it might relate to the development of Porirua. Introducing deliberation, both as a term and as a practice, has helped them focus on a particular aspect of social capital and a particular procedure that has now become integrated into the ongoing activities of a number of citizens and agencies. This integration of concepts into practice is complex and deliberate

> **That is, deliberation refers to the preferred form of communication and interaction that is at the core of building social capital and trust.**

The process in which the events were planned could be presented schematically as:

……*breakfast meeting discussions*
Deliberation training workshop
breakfast meeting discussions
Health Service planning forum
breakfast meeting discussions
Health Cluster workshop
breakfast meeting discussions
Employment and economic development project.
breakfast meeting discussions
Community Hospital workshop
breakfast meeting discussions
and so on……..

The "breakfast sessions" held each Thursday morning over the last three or four years have tended to focus on a general discussion of health issues. This has included both the exploration of health "issues" and possible "processes" for dealing with them.

These sessions have three main rules (1) there is no membership, mailing list or formal invitations, (2) no notes are taken of discussion, (3) the "formal" part of the sessions last for no more than one hour. This enables people to take part on their way to work without missing out on key issues in the discussion.

Meetings are held in the café at the Porirua swimming and recreation complex with around eight to ten people taking part. At different times Councillors, Health Board members, Ministry of Health officials, community agency workers, Council policy advisers and the Mayor have participated.

When I asked whether it was appropriate for me to attend to discuss the employment and economic development project and later to explore the idea of writing this case study the response was, "if you are interested turn up – if we don't want you there we will tell you". It is a matter of "opting in" to the discussions rather than being invited.

Although health issues have tended to dominate the discussions other concerns such as housing, employment and education policies, City Council planning procedures, deliberation, consultation and governance issues have all been discussed. The meetings have been useful in floating ideas (such as the deliberative approach to issues) in an informal setting.

The degree to which people have used the meetings to collect information to take back to their own agencies rather than contribute to genuine sharing and a collaborative approach is not clear. The intention is to have, as one participant said, "a gossip session – but one with a purpose". There is no attempt to control the use of ideas discussed just to ensure that all those present take part as far they feel is useful and that no formal notes are taken of the discussions.

> **What is particularly interesting is that this has provided an opportunity for a number of people who are active in the community but who do not have a leadership position or a specific mandate to engage in discussions and planning at the formative stage.**

Although the sessions have been used to introduce new "players" to the group (such as newly appointed Council officers or local representatives of Government departments) they have not usually "connected" with the group in an ongoing way. Perhaps the discussions seem too diffuse and lacking in clear direction, or perhaps the group now has its own internal dynamic (including personal friendships and a shared history) that is difficult to break into.

These meetings enable informal interaction and exchange of information, ideas and plans among a group of key citizens without getting tied down with issues of mandate and representation. Legitimate concerns over mandate may be discussed at the sessions and are then addressed in the planning and organisation of the formal events such as those covered below.

Background to Porirua City.

Porirua City is a largely dormitory city on the outskirts of Wellington. There is a large population of Maori and Pacific people in the Eastern suburbs where the majority of the housing (around 80%) is rented from a Government agency, Housing New Zealand. Eastern Porirua is separated from the commercial centre (which includes the Council offices, the Polytechnic, main swimming pool, central library, art gallery, museum and shopping mall) by a motorway.

In 2001 Porirua City had a population of 46,833, up 1% from 1999, compared to a drop of 0.4% fall between 1996 and 1999. This stable population is in marked contrast to the situation in the 1960s and 1970s when the population more than doubled in a fifteen year period, from 19,947 in 1961 to 42,272 in 1976. The city is now experiencing the impact of a generational cycle in which the original citizens who were active in political and community activities in a developing city are being replaced by people who have either grown up in the area or who have moved into a ready formed City. The earlier growth phase has been replaced by a concern to upgrade and improve existing housing, shopping and community facilities. The exception is a proposal to develop a vacant block of land alongside the motorway. How this might be linked to the existing public housing areas (or whether it might develop as a separate higher income community) remains subject to debate.

Porirua is closely linked in terms of employment, commerce and recreation to the rest of the Wellington region with 35% of those working in Porirua living outside the city and 55% of employed Porirua residents working outside the city.

In the city as whole the population is 54% European, 21% Pacific, 20% Maori and 3% Asian. However, in Eastern Porirua (where the employment and economic development project is based) just over 80% of the population are Maori and Pacific.

Although, along with the rest of New Zealand, unemployment rates have dropped in the last five years those for Maori and Pacific people in Porirua remain high. For the city as whole, in June 2000 unemployment for both Maori and Pacific people was around 15% while for those with a European background it was around 5%. However, in Eastern Porirua the figures were substantially higher, the latest figures available with this breakdown show Pacific unemployment as 22.7%, Maori 19% and European 5.7%. In the Eastern suburb of Waitangarua the Pacific unemployment rate was 26% and in Cannons Creek North, 27%.

These figures underpin the concern of the Eastside Community Action Group that any increase in employment opportunities in the city would not necessarily have a positive impact on the local Maori and Pacific community. It may simply lower unemployment elsewhere in the city even further or lead to more people from outside the city commuting into Porirua for work.

Over 50% of people aged 15 years or more in the Eastern suburbs received income support (including superannuation) in 1996.

Porirua has been the subject of large changes in employment opportunities during the last twenty years. When the main growth took place in the 1950s to 1970s Porirua was the site of a major psychiatric hospital serving the whole of the Wellington region. At its peak Porirua Hospital had 1,800 patients. Under the government's policy of transferring psychiatric patients into the community the hospital has been closed except for 75 inpatients and a forensic unit of 28 beds.

During those early years saying that someone was "going to Porirua" or "in Porirua" would be more likely to refer to them being sent to a mental hospital than to going to the city of Porirua. This stigma is something that the City Council is actively working to break down through stressing the positive side of its multi-cultural diversity and the opportunities provide by a youthful population. The City Council's slogan is *"Porirua – it's Amazing!"*

The other major employer was a motor-assembly plant that employed 1,500 workers. In addition many Porirua residents travelled to the nearby Hutt City to work in other assembly and manufacturing plants with some firms providing company transport. Many of the Pacific residents were brought from Samoa, the Cook Islands, Tokelau and Niue specifically to work in these factories.

With the change in Government policy to importing fully built up vehicles these plants have closed and some of the Maori and Pacific workers from those plants have remained unemployed ever since. A number of Pacific men remain more comfortable speaking in Samoan (or other Pacific language) than in English as they worked in a team setting often with a small group from the one island or village. According to the 2001 census 10% of Samoans in New Zealand are not able to speak English (down from 14% in 1996).

The city was created by central government, although since the original state housing was built a number of newer suburbs with privately owned houses have been developed. The original employment opportunities were provided through Government policies and they were taken away by the policies of Government. A substantial section of the city's population not only came to Porirua through Government policy but they also came into the country in the same way.

It is in this context of rapid change from the plentiful supply of secure manual, semi-skilled and skilled work to a move to service industries, small IT plants and an emphasis on self-employment and entrepreneurship, with access to housing and employment as well as health, education and social services controlled by central government, that interest in redefining the way in which the city and its services are planned, managed and governed has developed.

According to its Economic Development Strategy the Porirua City Council is "developing its vision for the city in the framework of sustainable development and 'triple bottom line' principles of;

- Economic growth
- Environmental sustainability, and
- Social well-being".

Deliberation and community development.

To understand the way in which people have interacted during the last few years we need to place the deliberative activities into the context of the history of community development in Porirua.

Some key participants in the deliberation activities have lived and been active in the local community for the last thirty years. This involvement includes working on student projects, being elected to City Council, bringing up their families, forming community groups etc. The deliberative initiative did not consist of bringing in people who had never been involved in community activities rather it was a response to the challenge expressed in several interviews:

"There are a large number of people running around Porirua offering advice, convening meetings, giving grants and so on and they form a kind of carpet of people on the ground. They may obscure what needs to be done – the issue is how to co-ordinate them and lead to some productive action."

Another key player said that there has been a history of "episodic consultation and what we need to do is to change this into ongoing discussion", while another commented that "we need more than talk – what do we do with the information and knowledge that we have gained? Who does this?"

The current state of community engagement and interest is an outgrowth of changes that have taken place over thirty or more years. Schematically these can be expressed as covering the following four stages in action and response in Porirua in relation to community involvement in public policy. These phases indicate general changes in the way in which communities and citizens have interacted with each other and with government and are provided to help in understanding where the current interest in deliberation fits.

1. The **community development** phase from 1972 to the mid 1980's in which the City Council, church agencies and several government departments (including the Departments of Internal Affairs and Social Welfare) employed community development staff and made a conscious effort to develop community based services. The community was the target of development activities by these agencies.

2. The **consultative** phase from the mid-1980's to early 1990's in which a range of consultative exercises were carried out by Central Government and government agencies. These include a Royal Commission on Social Services, and reviews of services to Maori, mental health, youth etc. There often seemed to be little return to the community in terms of improved policies, services or facilities following these consultations.

3. The **disillusionment** phase from around 1991 to the late 1990's. A great deal of energy during this period went into criticising government policies such as the reduction in welfare benefits and the corporatisation of rail, telephone, post office and other services. The expectation was that this criticism would lead to changes in action

by government but there seemed to be little belief in the ability of community groups to influence events directly.

4. The **new beginnings** phase from the late 1990's to the present during which a number of initiatives have developed within the community, some of them having their genesis in the realignment phase. These initiatives have sought government and city council support but in contrast to earlier stages there has been a view that simply lobbying government (local or central) to act is not sufficient to bring about change. Citizens and community groups were beginning to take direct action to organise and influence events.

In this situation of renewed community confidence and a history of an overload of "consultation" four key issues in particular concerned active citizens:

- The tendency for an "in-group" to be involved in most activities.
- The "silo" nature of discussions and follow-up actions. That is, each agency dealt with its own concerns in isolation from others.
- Discussion only took place around a pre-set agenda. Citizens could respond to issues that had already been determined but had little opportunity to identify issues of concern to them.
- Interaction between formal agencies and the community took the form of "episodic consultation" reflecting the silo nature of these agencies.

There was also increased questioning, review and evaluation of progress and barriers. The key question was concerned why people were not "making a difference" in the way that was intended.

The “deliberative” activities.

The actors:

In addition to those who took part in the training course several other people in Porirua City were knowledgeable about the concept of deliberation. These included the City Manager who, in his previous position as CEO of the Department of Internal Affairs, had been instrumental in gaining funding for the training programme and a member of the District Health Board (and long-term local resident active in community issues) who had suggested the local people who took part in the course.

As well as these active citizens a number of organisational actors played a key role in these activities.

These include the Porirua City Council, Healthlinks (a community based coordinating body concerned with health issues), Capital and Coast District Health Board and Ngati Toa (the iwi or tribal group representing local Maori). Other groups such as the Porirua Council of Social Services, the Pacific health service and Maeroa Marae were brought into discussions through their links with these core groups.

The projects:

Four main activities in Porirua City were framed in a deliberative manner during the last three years. Some specific actions that resulted from these projects are noted below. The key projects were:

- Health services planning forum leading to a community submission to the Health Board on its “business case” for Porirua - sponsored by the City Council.
- Healthcare Cluster and development of diabetes cluster supported by a coalition of City Council, Healthlinks, DHB and Ngati Toa.
- Employment and economic development project run by a group of Pacific people in Eastern Porirua. This project has had support from the Social and Civic Policy Institute.
- Healthlinks, an umbrella community group, held community forums to test the deliberative process. These focussed on specific issues such as the nature of a community hospital and services for Pacific people.

The process:

The first project to be developed was the health services consultation. Preparation of a submission on health services by the City Council had already started when Councillor Maureen Gillon, with support from the City Manager, suggested a “deliberative” approach be taken to the organisation of a forum, the submission and follow-up actions.

The Healthcare Cluster, which emerged from the forum, was identified and planned as a deliberative exercise from the outset.

The employment and economic development project took the framework of the formal deliberative process and amended this in terms of local interests. Initial discussions led to a focus on Pacific people in a specific locality of Porirua, which in turn resulted in an amended process reflecting a Pacific way of thinking and acting. The area is that covered by the Cannons Creek and Waitangarua wards of Eastern Porirua which have a large Pacific population and higher than average levels of unemployment.

The outcomes:

In general terms the major statutory organisations in the locality – the City Council and District Health Board are more open to community input and have become more participatory in their planning and consultation procedures.

A growing group of citizens have become more confident in their ability to engage with these agencies and to make themselves heard.

A significant number of key actors, staff and elected members, have opened their doors (and ears) more widely to community concerns.

The different and sometimes competing interests of these individuals and organisations are becoming clearer and enabling more informed actions to be taken, however;

These different interests can lead to different interpretations being placed on concepts and actions.

For example, the DHB supports a deliberative approach that would provide them with a more effective way of opening a dialogue with citizens over issues that they have already specified while, citizens are increasingly seeing deliberation as a way of enabling them to specify the issues to be considered and to set the terms in which this should be done.

There is still some reluctance on the part of planning and policy advisers to consider themselves as facilitators of citizen's concerns rather than as professionals trained to present their interpretation of those concerns.

There is also a problem with some organisations that "need to consult" in a traditional "tick the box" way. On occasion they have tried to change the deliberation process into a form of "consultation" process. None the less, in some cases the local knowledge and relationships that have developed over this time have had a positive effect on ensuring a more "deliberated" outcome

Health services planning forum.

In July 2001the Porirua City Council held a forum to give citizens the opportunity to make their input into the preparation of a submission to the Capital and Coast District Health Board on their health services planning for the area. A key issue was the future of the local Kenepuru Hospital. The existing plans were for the major Wellington Hospital, situated around 20km away, to be the region's tertiary hospital with Kenepuru providing a limited range of services. Whether this would include overnight surgery, a 24-hour accident and emergency service and so on was unclear. There were also a number of people in the Porirua community with an interest in promoting public health services and extending discussions beyond hospital services.

Following informal discussions at one of the breakfast sessions Councillor Gillon (who had taken part in the deliberation training course) suggested that the Council organise a deliberative forum to discuss the issues and prepare a submission from the community. Sue Driver and David Robinson from SCPI were invited to attend meetings of the Council planning group which included the Mayor, the City Manager and representatives from Healthlinks.

There was some concern from SCPI that the process was too rushed and limited by the constraints imposed by the closing date for submissions and by the City Council elections to be held a few months later. For these reasons it was not practical to use the full process set out by SCPI in the handbook. However, the Council revised its initial discussion document to place the community rather than the hospital at the centre of the discussion. The question became "what health services could best meet the needs of citizens in Porirua?" rather than how the hospital could be configured to meet community needs. This second issue was picked up later by Healthlinks in a discussion on how to develop Kenepuru Hospital as a community hospital.

Before the forum the Mayor expressed concern that the submission might not reflect the views of Council and this could be an issue during the election. For example, she was unwilling to commit herself to any suggestion that beds would be lost from Kenepuru Hospital. Eventually it was agreed that the process would give an opportunity for the people of Porirua to make their views known on the form of health services they felt that they needed rather than to debate bed numbers. In the event the more collaborative and open process enabled a useful submission to be prepared and presented which reflected a wider viewpoint than would have been possible from Council on its own.

As an introduction to the health services forum, the City Manager produced the following overheads;

What is the Deliberative Process?

- To ensure that all of the "voices" are heard
- To clarify what exactly the issues are
- To develop a process of co-operation
- To give the community confidence that they will be listened to for future issues

Why apply it to the capital and Coast Health business case?

- This is a vital issue, which impacts on all citizens of Porirua City
- The issues are complex, the implications of the decisions are long-term for the Porirua community
- There is a need to get to the "heart" of the issues
- The submission would reflect the collective views of the community

The project would be jointly managed by Porirua City Council and Healthlinks

The other overheads set out what the issues were likely to be from the Government perspective and from the community along with a draft time-line for the process.

A key point in his presentation was that the deliberative process would "give the community confidence that they will be listened to for future issues". This had been stressed by SCPI in planning the forum. That the vision should go beyond an individual event and a response to a specific issue to building the capacity of citizens to engage in the City's affairs in an ongoing manner. This overhead showed that the City Council was taking this proposition seriously.

Regardless of the closing date for submissions the process did not stop there. The more open process encouraged a number of key people to support "more deliberative" procedures.

A member of the DHB who took part in the forum said in her address to a business forum in Porirua later in the year that,

"One of the best success stories for health in this city has to be the deliberation process developed by the PCC to ensure full community participation for the regional Hospital consultation.
It showed that:

- **PCC working with other players (Porirua Healthlinks and other community groups such as Grey Power) could provide a very clear, well-focussed picture of the health needs of this City.**
- **The outcome of this model is a strong and powerful display of city unity.**
- **It is a model that could be used in a variety of settings."**

Later in her address she suggested that the new health system would provide:

"The opportunity to use the deliberative process of decision making, used by the Porirua community in making the recent submission to the Capital and Coast DHB, as THE model for future deliberations on health or any other issue."

The health services forum achieved:

- A submission reflecting community rather than City Council concerns.
- A wider understanding and acceptance of the value of using a deliberative approach.
- An ongoing dialogue about health issues.

As a result both the City Council and the DHB appeared to be more relaxed about opening up issues to community discussions and input at an earlier stage with fewer limitations on what was to be discussed. However, there continues to be some hesitation, especially among medical professionals, about loosening their control of event and priorities. There is also some reluctance on the part of the Board and senior management to allow funding decisions to move into the community.

There have been two major responses to the deliberative approach used at the forum:

- Developing the concept of a Healthcare "cluster".

- The introduction of a deliberative approach into the ongoing planning and relationship between the DHB, the PCC and the community over health services. This second development is illustrated by the meeting to discuss plans for a community hospital.

Each of these developments is described in more detail below.

Establishment of Healthcare cluster.

A half-day workshop to discuss a proposed Healthcare Cluster for Porirua City was held on 29 January 2002. This emerged from the Health Services forum where it was agreed to build on the growing sense of collaboration in Porirua engendered by the forum process to develop a “cluster” approach where service providers, medical professionals, City Council, Health Board, community groups and Maori and Pacific people could work together to improve health outcomes in the city.

The intended end result of the workshop was stated to be the “establishment of a Community Centre of Excellence in Healthcare in Porirua City”.

The concept of “clusters” has been developed in New Zealand over the last five years drawing on social capital ideas. The basic premise is that individuals and organisations working in similar fields can collaborate in areas such as work-force development, exchanging ideas, forming partnerships etc in such a way as to improve the prospects for all of them. International examples used to illustrate this approach include IT firms in Silicon Valley and specialised furniture manufacturers in Udine, Italy. Wellington has functioning business clusters in the film industry and in seismic engineering. The idea of a cluster, which requires the open exchange of information and collaboration on issues of common concern, appeared to fit in well with the concept of deliberation. There is evidence to suggest that although the first meetings of people forming clusters tend to be competitive and that people begin by being mistrustful that trust can be built quickly out of the interaction at these meetings.

However, a business cluster normally presumes that there is potential to increase customers, that collaborating will build the "industry" and provide everyone with more. In health services a successful cluster should reduce the number of customers and rationalise those who are left so that clients are seen by fewer services.

How does healthcare fit in with the cluster concept?

Although the reality with chronic disease, especially diabetes and cardiovascular disease, is that there will be a growing “market” for the foreseeable future, to be successful there must be some transfer of customers/patients between agencies. The recent establishment of a PHO (Primary Health Organisation) in Porirua is based on the concept of an integrated continuum of care and in this new environment it may prove easer to breakdown the “silo” approach by agencies. This factor fits with the importance of an “enabling environment” for a deliberative approach to flourish.

The administration (including the venue, mailouts, refreshments etc) for the initial workshop was provided by the City Council with the invitations being sent out jointly by Council, DHB, Healthlinks and Ngati Toa. Establishing the cluster was in itself a joint effort.

The intention was that the cluster would provide a co-ordinating mechanism across the healthcare sector and interdependent sectors including housing, education and

employment, a sounding board for ideas, involvement in projects, an information database and a collective strategic thinking capability for the health sector.

The workshop was facilitated by Cr. Gillon and Louis Smith with the Mayor, City Manager, and DHB members participating alongside health workers and community people.

The workshop decided to focus on diabetes which is a major health issue in the area, particularly among Maori and Pacific people, as its first project. The aim being to encourage collaboration among agencies in order to address lifestyle issues that can reduce the likelihood of developing diabetes including a healthy diet, being physically active and not smoking.

There are estimated to be about 1,300 people in Porirua with diabetes and the number is expected to increase by 78% over the next ten years with the rate for Maori (126%) and Pacific people (145%) growing faster than that for Pakeha (European New Zealanders) (60%).

Ensuring that information on diabetes, the causes and ways of dealing with it that are appropriate for different cultural communities is freely available to everyone was a key goal. The objective was “to mobilise Porirua City in the fight against diabetes”. Attention was given to not duplicating work already being carried out by Healthlinks.

The cluster idea has been developed since the workshop through focussing on diabetes and bringing all those working in or concerned with this issue into ongoing discussion. Meetings are held every six weeks with the organisation and facilitation responsibility being taken up by the City Council.

Although the cluster is focussing on diabetes the minutes of meetings show that attention has also been given to considering how to deal with other problems or bureaucratic obstacles that could be addressed by a co-ordinated “circuit breaker” team. Suggestions included truancy and the Housing New Zealand community renewal project.

It is more than a year since the initial workshop and the meetings have continued with an action plan being drawn up for the different participating agencies. Whether this will develop into the potential of a “healthcare cluster” with agencies being willing to trade off resources and positions with each other is not clear. One participant suggested that a more planned approach needs to be taken to avoid falling into the “three-meeting” syndrome where people are willing to come together to see what each other is thinking – after that, unless there is a clear plan of action they are likely to drift away. The cluster has avoided this so far and members are considering ways to maintain the initial energy.

Building relationships, improved understanding of the potential of the cluster, the assignment of specific tasks and the associated progress appears to be making a positive impact on how the cluster is perceived.

Community Hospital discussion.

A workshop was held on 30 January 2003 to give people the opportunity to discuss "what would a community hospital look like?'

This workshop (organised by Healthlinks and held in a Council meeting room) was facilitated by Louis Smith. Two of the panellists had also taken part in the deliberation training course. After participants were welcomed by the Mayor, members of a panel, which included a member of the DHB, a City Councillor, medical specialists, GPs and Maori and Pacific community health workers, each gave a short description of what they saw as the key features of a community hospital.

To set the scene for the subsequent discussion, George Salmond, a former Director General of Health and member of the Porirua Health Partnership, gave an overview of the current situation including details of government health policy and issues to be considered.

George said that during the last 30 years the people of Porirua had been involved in frequent "episodic consultations" and that it was now time to move to ongoing discussion. There had been many occasions in which the various health authorities had consulted with the community over their plans but there had seldom been an opportunity for the community to effectively put its own views forward. He suggested that this could be enabled through introducing a process of "sustainable dialogue" in which people with differing views could come together in an ongoing discussion over the nature of the health services required, the way in which they should be planned, managed and operated.

He listed the concept of "sustainable dialogue" as an element in a healthy community along with relationship building, risk sharing and the process of evidence/ reflection/ learning. The stages of sustainable dialogue were set out in an overhead as:

- deciding to engage in dialogue,
- map and name problems and relationships,
- probe problems and relationships to choose direction,
- scenario-building: experiencing a changing relationship, and,
- acting together to make change happen.

Building on this approach the tasks were to identify and include partners, gather, sift and share the evidence, probe the problem and relationships and build scenarios and develop relationships.

It was apparent during the general discussion that most contributors were known to the facilitator, he had written most names on the flip chart before they introduced themselves. Participants covered a wide range of backgrounds and interests including Age Concern, Grey Power, the local Maori marae (meeting house), Pacific community groups, residents associations and the Safer Community Council. As well as the Mayor, the Council Manager and the local Member of Parliament attended.

The issues raised by the panel and in general discussion went beyond the Health Board's interest in functional issues.

One was; what would be the best form of governance for a community hospital? Should it have its own governance structure drawn from the local community, a joint DHB/ community board or be managed by the central DHB management system?

A second issue concerned the relationship of a "community" hospital to different cultural groups. This connected with the governance issue as it raised a different way of operating a hospital from the usual medical model. Some Pacific women said the hospital needs to be a welcoming place where family members can stay the night. A Maori health worker said that Maori often discharge themselves too soon as they feel out of place in a hospital setting and are concerned over how their family is coping.

The meeting (and discussion) was very "deliberate" in that it was carefully structured to take account of previous exchanges between people and to give them the opportunity to re-state their cases and to move ahead. A careful balancing act is now required to ensure that the ongoing discussions are of real value and do not slip back into an internal dialogue among a new "in-group".

This requires ensuring and balancing input from at least three groups of people:

1. Professionals and technicians, this includes medical specialists and health policy analysts, who are usually more accustomed to dealing with issues within a closed group of their colleagues. On occasion they may then take the decisions of that group out into the community for consultation.

2. The project needs to connect with those individuals and organisations that have been involved in "episodic consultation" in the past. They may have become disillusioned over time and it may take considerable effort to renew their enthusiasm and willingness to exchange information openly and to express their concerns.

3. The emphasis of the project has been to engage with the wider community and to encourage involvement and input from ordinary citizens who are not currently involved. This approach also needs to be continued.

This balance between bringing more people into the discussion and encouraging people and organisations that may have been inadequately involved in the past requires careful handling to avoid either reinforcing the notion of a select "in-group" or, simply widening the discussion without providing adequate opportunity for meaningful interaction.

Employment and economic development project.

Louis Smith, the Samoan facilitator of this project described its origin as follows.

> In 2001, the Ministry of Pacific Island Affairs included the Pacific peoples of Porirua in their pilot capacity building programme to address the Government policy of "Closing the Gaps" (between Maori and Pacific people and other New Zealanders). This phase of the programme, which was implemented through a series of forums and workshops, presented a great opportunity for "ethnic specific" communities to analyse their communities in terms of.
>
> - identifying its issues and concerns
> - looking at what is working well, and what is needed
>
> A key question that has arisen is *"Is there a place for me at the economic table?"* All this excitement around Porirua such as the economic investments, Business Porirua, Employment strategy, Centre of Excellence, training, capacity building - the question local people ask is "is any of this trickling down to me, to my children, my family?" We did not, and have never had an opportunity to have a say on what kind of community we want for ourselves and our families. This has been left in the too hard basket. It is not just the "key" players who should be sought after. We all have values, ideas and thoughts.

The mission statement for the East Side Community Action Group which was set up to address this issue through using a deliberation approach is:

To act upon the voices speaking about challenges facing economic development in Eastern Porirua to make a positive impact and difference for the future generations.

Reflecting Louis' earlier comments the group named the project *"Is there a place for me at the economic development table?"*

Stages in economic development deliberation project.

The stages that the project has been going through are.

1. **Exploring** ideas about employment – gathering information from the community.

This includes the initial activities in collecting ideas from the community through informal discussions and interviews with local people (especially those who are currently unemployed) and community agencies.

2. **Developing** a framework for Pacific concepts relating to employment.

This covers the internal discussion meetings of the group where the ideas collected from the community were related to personal experiences and a conceptual framework emphasising the "life-stream" was developed.

3. **Informing** agencies about the project.

This has taken place alongside the development of a framework and includes ongoing discussions with the City Council, Housing New Zealand, Work and Income etc. about the deliberative process and progress with the project.

4. **Explaining** the developing framework.

This includes a forum with Government and other official agencies held in March 2003. It goes beyond the information sharing in stage three to include presenting the emerging framework and discussing collaboration in moving forward.

5. **Re-shaping** framework.

Stage five will take place in a community forum where the ideas developed in the emerging framework are presented along with other options in order to gain input from the local community on the relevance of these options.

6. **Promoting** the issue.

The final phase is the "action" stage where the group takes the framework as amended and re-shaped in the community forum to other community and government agencies to take action in creating employment opportunities.

Setting out these stages has helped the group clarify their movement between the initial exploration of concepts, informing agencies (and promoting the framework) and the continuing collection of information from the community at the issues forum. There has been some over-lap in each stage with the framework being subject to ongoing discussion and amendment. However, this indicates the distinct phases that any project goes through of

- collecting information,
- developing ideas,
- informing agencies,
- promoting the visions, and,
- taking action.

In early discussions during the first two stages the group recognised the importance of building self-esteem in order to tackle issues of employment. However, they also noted the close link between the personal and the communal among Pacific people. This includes the role of churches in the spiritual dimension, which affects both personal life and community life. Although self-esteem can be built through community activities such as school holiday programmes there is a personal, cultural and spiritual element to this self-esteem that needs to be acknowledged and nurtured.

The group started to set out a discussion document that separated issues that affect access to employment into approaches such as:

1. Not enough jobs for everyone.
2. Education - low level of skills.
3. Community environment is run down and housing, shopping centres and the streetscape all need upgrading.
4. Low self-esteem and different cultural values.

However, it seemed that the wider area covered by "self-esteem" (cultural awareness, spirituality, family) affects the way in which Pacific people respond to issues in the other approaches.

It also became apparent that other agencies were already dealing with each of the more easily identified approaches. The City Council and Business Porirua were working together to encourage firms to set up in Porirua, the Ministry of Housing announced a $20 million project to upgrade the state housing in Eastern Porirua and the Ministry of Education, the schools and a community group were tackling issues of formal education.

What was missing was a focus on the well being of those living in the area, those who were currently unemployed and their families, that acknowledged their personal and family values and aspirations. The focus on creating more jobs could lead to people from outside being recruited to fill them, upgrading the housing might lead to a different group of tenants being housed and the education approach focussed on young people of school age. This did not offer anything for older unemployed Pacific people some of whom have been out of work for ten or fifteen years.

Where we arrive in a discussion depends on whether we begin with an **intended destination,** that is, a concern with where are we going (which is a Western concept), or the **intended travellers,** focussing on who is coming with us (which is the Pacific Island approach).

This project began with the travellers (those who live in the neighbourhood) and the interaction with them has identified both a destination and a pathway to it. The Council and Business Porirua began with a destination (economic development) which will determine who travels with them. The Pacific approach has a different focus, that is, understanding who the people are, what their aspirations are and where they wish to go in contrast with the Council's (and Government's) approach of first deciding on a destination and then seeking the people who will best help them achieve that goal.

Consequently the group moved away from developing the formal discussion guide as members wanted to spend time exploring their own situations and their feelings about how they fit into the community.

This has led to a process of "telling stories" and building a map from these stories showing the life journey they are travelling on, the barriers to becoming employed and the potential bridges required to get there.

The first drawing of the journey to the “table” showed several streams flowing from the present “comfort zone” towards the “economic development table”. The streams were labelled

- Want to work, but need partnerships,
- Government’s role to help me – I don’t work but get paid,
- Do it yourself! and,
- LIFE (the former self-esteem area).

The map identified barriers (or rocks) in these streams.

Diagram 1

However, the next version of the map showed all of the streams flowing into the “LIFE” stream on the way to the table.

Diagram 2

The personal and spiritual aspect of employment needs greater attention, particularly within close-knit cultural communities. Building self-esteem comes both from within (spiritual) and from belonging to a cohesive community. The way in which these two elements interact in building the community's social capital and enabling people to engage with others is critical. Personal attitudes are important and this may be the best starting point to engage people.

Although the group’s focus is on employment there is concern, not just with becoming employed but also with having a seat at the table where decisions are made. This is now beginning to happen and doors are opening in the City Council and with other statutory agencies. The need to create spaces for talking about issues, such as why people are not working, that can raise feelings of guilt or embarrassment has also been raised. This includes identifying spaces that are "safe" and those that are "unsafe" which raises the fear of stepping out into the "unknown". For some people it might feel safer to stay unemployed and with one's friends.

At a meeting with the City Manager in early February three members of the group, including two who are long-term unemployed, made a presentation and successfully negotiated for support in holding a forum with Government agencies. The Council agreed to provide a meeting room and handle the administration. The group agreed to draft the invitations, arrange the agenda and present their stories, the process and the next steps (stage five in the above chart) at the meeting. Both parties appeared comfortable at this planning meeting. The City Manager made the group welcome while the group members were at ease in a Council meeting room. Although this was partly a result of the City Manager’s personal style a major achievement of this

project, along with the other deliberative activities in Porirua, has been to encourage more “public listening” by those in positions of authority alongside the experience of “public speaking” gained by the Pacific members of the employment group.

Since this meeting the Group has held a forum with City Council and Government agencies and a forum for Pacific people. This second forum was attended by 55 people including youth workers, young unemployed people, church leaders, six City Councillors and two District Health Board members. The forum, which was facilitated by Louis Smith and Ulu To’omaga, ran for three hours on a Wednesday evening. In the concluding comments there were several requests for more such meetings to be held with specific groups such as youth. Another outcome was an invitation from the City Manager for the planning group to meet with the City Council Community Development Committee to discuss what action the City Council should take.

Key issues.

1. Maintaining the deliberation network.

The most critical requirement raised in reviewing these events is the importance of “nurturing the network”. That is, ensuring both that a network of people knowledgeable and enthusiastic about deliberation who can keep the process in motion exists, and that members have the opportunity to discuss issues with each other and have access to support and mentoring.

2. Moving from activists to partners.

Building the deliberation network has led to a change in the way that some citizens see themselves, and how they are seen in the community. There has been a move by some key individuals away from being seen as community “activists” (a term rejected by some of those consulted) and becoming recognised as “partners” in community defined activities.

3. Moving to ongoing dialogue.

The need to move from “episodic consultation to ongoing discussion” implies both that the different consultations and discussions are linked to each other and that the different agencies operating in the city relate to each other.

4. Informal opportunities to deliberate.

The role of organised but informal opportunities to discuss issues free of the pressure and direction of mandate and representation has been identified. The value of regular opportunities for people to interact as citizens rather than as representatives of agencies or of pre-determined points of view and policies has been highlighted.

5. Broadening the networks

Broadening the networks of people involved means that effort needs to be put into widening the “horizontal” networks with technical and professional people as well as deepening connections into the community. Considering the range of different people and different interests that need to be brought into discussions leads to a “balancing act” aimed at encouraging participation by three sets of people with three sets of interests:

- Reaching further down into the community – reflecting a wide range of individual and family interests that are largely unformulated and unexpressed.
- Reaching out to the professionals – reflecting interests determined by their position, status and technical expertise.
- Including the community agencies – reflecting their interests in retaining their client groups, their independence and access to funding and other resources.

6. The context of the discussions.

A key point about the nature of these meetings and discussions is the **context** in which they have been held. That is, both the perspectives that people bring to the discussions and the environment within which they meet. This context has been influenced by discussions during the last six or seven years among community activists about ideas of social capital and civil society. These discussions have taken place in Victoria University as well as within the local community. As a result of this dialogue deliberation has become accepted by a core group as a component factor in building social capital and in strengthening civil society.

7. Recognising the phases in deliberation.

Using the term deliberation in discussing the purpose, implementation and outcome of different events has drawn attention to the distinct phases that community activities move through. This has two implications. The first is that apparently different initiatives may have a connection with each other (they may be better considered as different phases in the one action) and it helps clarify the need for people to develop relationships and way of operating as they move through these phases. This has been drawn out most clearly in the employment and economic development project but it is also apparent when the health actions are viewed as part of one major initiative.

General outcomes.

There has been a generally positive development in relations between the City Council, District Health Board, Ngati Toa, Healthlinks and community agencies as they have explored a more deliberative approach. As actions and events have moved from the breakfast meeting discussions, through the deliberation training course, back to the breakfast meetings, then to the health services forum and on to the healthcare cluster workshop, subsequent diabetes cluster meetings, the meeting (and follow-up planning group) on the community hospital, this has not been without disagreement.

For example, following the community hospital meeting, the Chair of the DHB expressed dissatisfaction with the limited involvement of the board in planning and running the meeting. This had been organised as a community meeting with support from the Council to enable citizens to have their say on issues of long-standing concern. However, the Chair of the DHB and the Manager of Clinical Services were both concerned that the initiative over planning "Health Board" facilities (rather than community services) was being taken away from them.

This situation was resolved at a meeting of Council, Healthlinks and DHB representatives who agreed to hold regular meetings between the DHB Chair, Manager of Clinical Services, Council and Healthlinks. These meetings will be separate from the community-based, community hospital planning group although there is some overlap in membership between the groups.

More open discussions are now taking place over health issues. Citizens and community agencies are taking more of a lead in raising issues and they feel that they are more likely to be listened to than in the past. Although there are clearly continuing differences the different interests that these are based on are becoming more visible thus enabling responses to be made accordingly.

In comparison with the discussions on health issues, where actions have revolved around opening up Council and DHB processes, the employment and economic development project has developed, with support from SCPI, outside any formal structures. A local Pacific group formed the Eastside Community Action Group and has concentrated on building the involvement and confidence of group members as employment issues were explored.

A framework for understanding employment and unemployment from a Pacific perspective has been developed and support provided by Council to present this to other agencies and to a community forum. A major achievement has been in opening doors to the City Council so that group members now feel comfortable sitting in the City Manager's office and in Council meeting rooms talking about their life experiences and plans for the future. The importance of this "public listening" was acknowledged by participants at a recent community forum.

After members of the group met with the City Manager to present a proposal for a forum with government agencies a colleague met them in the street and reported that Ulu was "amazed" that he had been able to present the issues and had been listened to. Although Fasi had been rather quiet during the meeting he was "amazed" that he

had even been there - this give an interesting twist to the City Council slogan; "Porirua – it is amazing".

Some of its citizens are also "amazed" – that they have progress at least part way to the "decision-making table".

A small group of Pacific people in Eastern Porirua have taken the initiative in talking with other residents, young people, their parents and families and community agencies, about barriers to employment. They now have more confidence in themselves and feel, with good reason, that they are likely to be listened to by those in decision-making positions.

Who sets the discussion agenda?

Through initiatives such as the Healthcare Cluster the term Porirua "City" is starting to mean something different from, and more than, the City "Council". Although the Council has made its resources available in the form of meeting spaces, administrative support and access to council officers the close collaboration with Ngati Toa, the DHB, Healthlinks and other community agencies has helped identify the term Porirua City with the wide collection of citizens, agencies and other resources operating within it.

The City Council has provided a forum for different players and interests to come together on a range of issues rather than speaking and acting on their behalf. This move has been gradual and it is not yet fully accepted by all members or staff at the Council or the DHB.

Planning for the initial forum on health services raised questions from the Mayor and some policy staff as to whether the Council was moving too far from carrying out its responsibility to speak on behalf of its citizens (and ratepayers) and present a Council perspective on issues. Although the process and outcomes from that forum were generally seen in a positive light the degree to which Council should speak on behalf of its citizens and the degree to which it should provide a conduit for their concerns and views to be heard has still not been fully resolved.

With the subsequent workshop exploring the idea of a community hospital concern has been expressed by some DHB members and officers that the topic has been interpreted too widely and has moved too far away from the areas that they wanted to open up for discussion.

The forum asked the broad question "what does a community hospital mean to you?" which brought a wide range of responses covering issues such as the most appropriate form of governance, ensuring that people of different cultures were made welcome, and whether some services would be better provided in the community rather than in the hospital itself.

However, a newspaper report a week after the forum quoted a DHB spokesman as saying that any community feedback would be need to be quick as Board members would make decisions on the project at their next month's meeting. He suggested that

feedback could be useful in making decisions on specific issues such as secondary care for people under 65, whether overnight surgery might be performed in the hospital (rather than at the centralised Wellington hospital), a service model for the accident and medical centre and improvements to transport services.

In the same report a Healthlinks spokesperson said that they would prepare an options paper on the priorities identified at the forum and what the community wanted to move forward on.

> **The issue raised in this exercise is that of who sets the agenda for issues to be discussed? Do citizens have the right to present issues and ask questions that reflect their concerns or should their input be limited to responding to issues presented to them by official agencies?**

Although the deliberation approach stresses the importance of citizen involvement in agenda setting responses from officials and elected people has not always been positive.

This does not just apply to health issues and similar concerns have been raised in relation to the Housing New Zealand Community Renewal programme. This programme has a $20 million dollar budget to upgrade the housing infrastructure in Eastern Porirua and community input is being sought on the best way to achieve this. However, when the project was officially launched by the Minister of Housing at a local meeting when some tenants wanted to discuss whether they would be able to buy their houses and other forms of governance (such as a housing trust) it was made clear that this was not on Housing New Zealand's "consultation" agenda.

Input to Government policy.

As a result of his involvement in the deliberation activities in Porirua, Louis Smith, was invited to participate in a Government working party exploring ways of encouraging community participation and improving consultation methods. His input to the working party led to the following note, together with contact information, being placed on the website on community issues set up by the Ministry of Social Development

> **Deliberation is a practice, which aims to promote informed and active citizens. Deliberation is a process through which citizens can work with each other to understand their own and others' views about issues they care about. Deliberation draws attention to the tensions between deeply held convictions and motives, which pull communities in different directions. Within this context the process encourages citizens and communities to look for the common ground from where they can work constructively towards solutions.**

Financial support.

The input from SCPI in Porirua has been funded by a private charitable foundation based in Wellington. The employment and economic development project also received a small grant for local expenses from the Community Employment Group in the Department of Labour.

SCPI has not received any funding from the City Council, the DHB or the community agencies. The mentoring, guidance and support to members and officers at the Council, DHB and the Eastside Community Action Group, Healthlinks and other community agencies and individuals has not depended on or been affected by a financial relationship.

As noted in the text, most of the costs of the meetings, workshops, and forums concerning health issues were met by the City Council.

SCPI input.

As well as the local group, SCPI associates, David Robinson, Sue Driver and Tu Williams, have attended planning meetings, organised speakers and been involved in encouraging the deliberation group. This association with an external, independent organisation has assisted them to be accepted as genuinely concerned with encouraging greater community participation. The separation of this support from any financial involvement with local agencies has been important to this acceptance.

David Robinson and Sue Driver are also well known in Porirua through their previous involvement in community work in Wellington City as well as David's work on social capital and civil society.

Becoming accepted.

As noted, the involvement of SCPI and the contribution made by its associates was helped through not being subject to a financial arrangement. As with some other participants, including George Salmond the former Director General of Health, these contributions had the nature of being gifts to the projects. That is, they were made out of commitment to the process and to the area and without expectation of financial return.

However, it takes time for such a contribution to be understood and accepted. The first questions asked of a newcomer to a community are "who are you?" and "what are you doing here?"

The answer to the first is the most important (especially in Maori and Pacific society) as who you are indicates your background and interests and also identifies your likely motivation. This question can be (and was) answered in two ways. The first is to identify who you are associated with. For example, being identified as a colleague and

friend of Louis and Ulu immediately made connections with the Pacific community, while a similar identification with John, George, Maureen and Roger provided acceptance in the City Council and other community networks. That is, in meeting with a Samoan or other Pacific person for the first time it was sufficient to say "I am doing some work with Louis". His connections become yours.

The second response requires uncovering a shared history, or being recognised as having previous connections with key groups and people. For SCPI this was helped by David's previous community work with Pacific groups.

Collaboration and support.

There has been an increase in the degree of involvement of and collaboration among key agencies as the deliberative process has developed. This has not necessarily meant that all agencies have become directly involved in planning activities but that they have been willing to put their names to the process and to be actively involved in the discussions. This involvement has resulted in a flow-on impact to their membership and associated groups. A model has been developed where the City Council provides resources in the form of meeting places, refreshments and administration including mailing out invitations within a collaborative framework with community agencies.

Planning the meetings and arranging the content to be presented has been shared among the partners with follow-up action being taken up by those partners with the Council dealing with the administration.

- The training course was organised by SCPI with support from the J.R. McKenzie Trust, Department of Internal Affairs and the Kettering Foundation.

- The Health Services Forum was organised by Porirua City Council with input from Healthlinks and advisory support from SCPI.

- The Healthcare Cluster was a joint initiative by the City Council, Healthlinks, Ngati Toa and the Capital and Coast District Health Board with the Council providing meeting space and administration.

- The Employment and Economic Development project was supported by SCPI. After the initial contacts and interviews the local participants set up the Eastside Community Action Group. SCPI continued to provide mentoring support. The Council has provided a meeting room and administration support for the forum with Government agencies.

Community agencies such as the Porirua Council of Social Services, the Pacific Health Service, the Safer Communities Council, Grey Power, Age Concern and so on are linked to the process through Healthlinks (which has a data base of 949 individuals and organisations). Members and representatives from these groups also attend and contribute to the forums.

Engaging the Community

In engaging the community to the fullest extent in discussions an issue is how to connect with "enough" key actors to make the "new" deliberative paradigm work effectively. It is not possible to make any kind of accurate "head count" of those involved but we can set out the nature and impact of the connections.

There is a core group of around seven people at the centre of the deliberation activities in Porirua. Together with another twelve or fifteen people who have adopted this approach they make up the nucleus of those who meet in the "breakfast sessions". In turn this group of twenty plus connects with the elected members and policy and management staff in the City Council and DHB as well as Government and community agencies. Healthlinks provides connections to a wide range of community agencies through its regular bulletins sent to approximately 400 individuals and organisations as well as its database of 949 organisations, agencies and individuals with an interest in health in Porirua.

Although there is some overlap in their involvement in different projects the core group does not form a cohesive "inner circle" with concentric circles leading to others who are influenced by the process. Rather the core exists as scattered, independent citizens who, although maintaining contact with each other, are each connected to their own community or organisations. Examples are the City Council, Healthlinks, District Health Board, Samoan community, churches, and so on. These independent individuals, groups and associations are loosely linked by a web of connections expressed through activities such as the breakfast sessions and informal socialising.

Around each "deliberative citizen" there are people who have also integrated deliberation into their activities. A third level of people have some contact with these two groups and are advised and/or mentored by them. Beyond these engaged citizens a fourth group includes those who have attended, participated or engaged in the deliberative discussions and forums. Finally, the fifth level consists of those who are members, staff or clients of organisations connected to the deliberative process.

Beyond this other agencies and individuals at a greater remove from the process have been influenced by it. They include central government agencies, academics and others associated with the Institute of Policy Studies social capital project.

The key players need to be connected at three levels:

1. Those involved in setting agendas and developing policy.
2. Those responding to these agendas and participating in consequent discussions.
3. Those who listen and react to the discussions, and, who may join in the subsequent actions (or who are affected by the actions taken).

The three sets of behaviour we are concerned with are:

- motivating and initiating,
- listening and responding,
- acting and re- acting.

Who does what will change depending on the situation e.g. the Council takes the initiative with the annual plan; the DHB initiates planning of hospital services; with the issue of health status and access to health services then the initiative has moved out into the community. In the employment and economic development project the initiative started within the community with the Council and Government agencies "listening and responding".

However, the goal (and increasingly the outcome) of the deliberative approach is to move away from the restrictions created by these specific roles to a more collaborative approach that emphasises participatory decision making.

Future scenarios.

Many of those interviewed suggested that it was important that a choice be made to take a specific approach (becoming formalised or remaining "organic"). This was expressed variously as:
"we need to become more organised and focussed",
"we need to stay with our fluid, unorganised networking",
"we just should just be left alone to get on with our business without this jargon".
However, it is likely that a number of approaches will continue in parallel with each other.

Different people and different agencies will place greater or lesser emphasis on the formal and the informal. However, there appears to be a need to resolve the issue of who should be the "lead agency" in any future promotion and development of deliberation and sustained (or sustainable) dialogue in Porirua City. Although some people suggested that Healthlinks should play this role this would confine action to health issues and would not pick up the issues of economic development, education and Council consultation and planning procedures. In practice the City Council has given practical support through providing meeting venues, secretarial assistance and in general endorsing the approach.

There is reluctance to place responsibility for the process itself within Council as there are issues concerning the operation of the Council's own procedures (rather than those of the DHB or Government agencies) that may need attention in the future. In this case it would not be appropriate for the Council to manage the community's input into this process.

For the time being members of the deliberation network will continue to operate through their own agencies with support from the Social and Civic Policy Institute. SCPI has provided both direct support through its involvement in the economic development project and more hands-off input through providing guidance to players in Porirua on ways in which the deliberation process might be used.

There are several ways in which the deliberative approach may develop in the future with the following three being suggested by those interviewed. The third approach, of integrating a deliberative approach into the work of individuals and individual agencies has been generally accepted and is already happening to some degree.

Although there is considerable interest in utilising the formal approach in specific areas such as public health services and housing there is disagreement over whether formalising deliberation might limit the informal, deliberative networking approach. However, this networking approach will continue in the breakfast sessions and as an external effect of the formal projects with the growing interchange among people involved with each of them.

1. Move into more formalised deliberation focussed on specific issues, working through the process set out in the handbook step by step so that issues can be considered in depth.

2. Maintain the informal, networking approach. This was described by one participant as a "social capital" approach emphasising maximum information flows, increasing networks and interaction among networks in an organic, largely "unorganised" or spontaneous form

3. Building the internal impetus for agencies to take a deliberative approach in their work. This is happening within the City Council and being considered by some people within the DHB. This also encompasses the "personal growth" approach by individuals making use of deliberation in their own work and life.

Current activities in the community hospital discussions, the cluster group and the economic development project incorporate a combination of these approaches. They each depend on the informal networks, they have received support and resources from the Council and there is some degree of planning and organisation involved.

However, they are not examples of planned "deliberation" in the sense of implementing the deliberation model presented in the SCPI publication *Public Politics in Practice*. Whether the interest in taking this approach leads to action depends on the availability of resources and on whether it can be adapted for use in Maori and Pacific communities. Lessons can be learned from the approach developed by the Eastside Community Action Group which reflects a different way of understanding the world and a different way of considering issues.

At the community hospital forum the idea of taking a more planned approach to issues was raised in the suggestion that a process of "sustainable dialogue" be used in which people with differing views could come together in an ongoing discussion over the nature of health services. This was listed as a key element in a healthy community.

In considering more culturally appropriate ways of working a Maori service provider has suggested that in a truly local approach "we would use a different vocabulary". For example, for Maori, the traditional powhiri (the welcome and introduction to a meeting) provides a way of identifying who is here, what issues are present and indicates the interests that may need to be considered. This process could sit alongside deliberation and should not be discarded (even in the use of language to describe the process).

However, an issue in working in a culturally mixed community is that people tend to draw together and pretend to "be the same" instead of recognising their differences (in approach, in values, understanding etc). Care needs to be taken to ensure that a more formal deliberation approach does not lead to a false sense of commonality, masquerading as "community".

Appendix 1.

Methodology.

This case study was carried out through a combination of participatory research (in which the author was a participant in the formation and activities of the Eastside Community Action Group and a mentor of the deliberation group) and the review of documents and interviews.

Overall this consisted of:

- Reviewing reports, agendas, meeting notes and official publications from the Porirua City Council, Capital and Coast District Health Board and Healthlinks.
- Focussed interviews with key actors and observation at meetings on health issues.
- Participant observation with the economic development group and in the breakfast sessions and other informal discussions.

A draft of the case study report was circulated among key participants to check for accuracy and for comments on the analysis of events. Account has been taken of the responses in re-drafting to ensure that this is, as far as possible, an accurate and informed picture of the events covered.

Most responses were concerned with how to build on the developing openness and willingness to cooperate and develop partnerships in the area. “Where to now?” was the main response rather than concern with further review of what has already taken place.

Circulating the draft case study has led to a proposal from the City Manager for a roundtable meeting of key participants to discuss the “report” and how to deal with the issues raised.

Since the first draft was circulated we have also been approached by several people “on the fringes” of the deliberative process (who have been involved in the public discussions but are not in the core group) who plan to use a deliberative process in other issues including a review of Government policy on bio-ethics.

These developments suggest the value of organising a series of introductory sessions on deliberation. This should cover the process in enough depth that participants can engage with deliberation in their activities but would not be as detailed on time-consuming as the initial training course.

These “afterthoughts” are included to emphasise that the participatory research methodology used in preparing this case study precludes any clear cut-off point. The research itself is part of the community reflection, analysis and planning process.

Appendix 2.

References:

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