

Engaging with Communities: Approaches and Outcomes

Dr Pete Seaman

Public Health Research Specialist

(Qualitative Research and Community
Engagement)

Dual Aim

Gather new evidence of understandings underpinning health behaviours

Seek more equality in the relationships that underpin the research process

Research is often done to, and not with, the community

The Challenge

How to make the research encounter empowering and building the individual and community capacity required for change whilst collecting new evidence

The Solution?

Allow for the possibility of co-created research agendas and interpretation of data where possible

Combine strengths of qualitative research practice with community development principles

View research findings as the middle rather than end point

Involve communities and professionals in interpretation

Triangulate findings from different forms of evidence (traditional and participatory)

Incorporating engagement within the Centre's work programme

Healthy Futures Peer Research Project

Public Involvement in Cancer (GPIC)

Community Responses to *Let Glasgow Flourish*

Social capital and new forms of spirituality

FAB Greenspaces

Civic Conversation

Healthy Futures project

- 10 Community- based peer researchers trained in Participatory Appraisal (PA)
- Conducted a day's fieldwork engaging people in their communities around their chosen theme
- Reporting back and identifying cross-cutting themes across the projects

Peer researchers chose the following issues to explore

- Barriers to financial advice
- Young people and alcohol
- Well-being of newcomers to Glasgow

What did they find?

4 major themes across the projects:

- Culture of **individualisation** affecting well-being
- **Professionalisation** as a disempowering theme
- A **limiting of the frame of choice** perceived in people's lives
- Issues of **integration** as determining health and well-being

Individualisation

- Experienced as having to take personal responsibility for security and our futures
 - Can be stressful for those with less resources
 - Has parallels for health
 - To cost of collective gains- community spirit

Professionalisation

- “Experts know best”
- Increases pressure on those with least access to information resources
- Undermines lay knowledge
- Confusing, often contradictory knowledge
- Uncertainty around realms such as health, diet, parenting

Limiting of frame of choice

- Paradoxical in light of its connection with consumerism
- Individual choice can be circumscribed by factors beyond individual control, e.g car orientated planning
- Cheaply available alcohol for young people in disadvantaged communities as an example

Integration

- Fragmentation of bonds seen as negatively influencing health and well-being
- Anti-social behaviour
- Consumption as integration- having to 'keep up'

Advantages of community approaches to data collection and interpretation

Trend	Official vision	Emergent vision
Individualisation\ Personal responsibility	Personalisation, one size doesn't fit all. Increased integration through "stakeholder" society	Atomisation and an erosion of trust Increased pressures on those with least resources
Professionalisation	Evidence-based practice and policy. Expertise	Devaluing of personal experience Disempowerment
Limiting of frame of choice	Consumerist approaches seen as Increasing choice, providing labour market opportunity	Increased choice in unhealthy options. New pressures to 'fit in'. Not choice but obligation to keep up

Learning about the process

- Balancing the “give and get” vital to success- what’s in it for those who take part?
- Making research dissemination the middle rather than end