



**Community Engagement:
The Centre's Experiences
and Outcomes**

INTRODUCTION**Why community engagement is a necessity**

The concept and practice of community participation (*or community engagement, or involvement*) has moved to the forefront of policy, planning and service provision in recent times. There is an increasing expectation on agencies to gather the opinions of service users and those affected by their decisions. The vision is that this will help ensure satisfaction with services and policies, and will also be health promoting for both individuals and communities through building up strong social networks and raising the capacity, skills and confidence of the communities involved.

The concept of community participation has arisen against a backdrop not only of the need to be increasingly accountable to those affected by decisions but also of declining participation in mainstream politics, disillusionment with traditional forms of governance and a weakening of interpersonal bonds in urban contexts¹. Community participation is a potential intervention to alleviate such trends and is viewed as being particularly important in the development of 'linking' social capital² – the form that links individuals and their social networks with decision makers, and communities to those who influence and shape their lives. At the heart of good community involvement are the principles of community development, a wider understanding of the determinants of health and a decentring of power in public policy and decision making.

However, despite the support of the Scottish Executive through publications such as *National Standards for Community Engagement*³, effective and truly involving community participation still presents a challenge for many organisations. Issues that may prevent effective dialogue between organisations and communities include the following:

- Community participation involves a way of working that differs from the way in which things may have traditionally been done. The different cultural contexts of communities and organisations mean they do not interface easily.
- For organisations, community engagement can be a box-ticking exercise or a process located at the bottom layer of an organisational chart with internal institutional priorities really guiding the development of policies and resultant strategies.
- For communities, an absence of capacity in a form recognisable to organisations, a lack of belief in community autonomy and an atmosphere of distrust as a legacy of previous disappointments can also present a barrier.
- The use of inappropriate methods that do not bridge the differences between organisational cultures and community experience can also undermine attempts at community participation. There may also be a lack of an adequate understanding of the personal motivations that lead to individuals and communities taking part in community participation processes.

These issues are no less real for an organisation such as the Glasgow Centre for Population Health (GCPH), although it is not a service provider or planning organisation. Community participation can add valuable insights both to the development of research agendas and to resultant recommendations, designed to have ultimate influence within communities. An additional factor preventing effective engagement is the existing relationship between researchers and those they research. At face value, the research profession appears well-placed to engage in effective participatory practices given the importance assigned to individual views within qualitative perspectives and the grounded theory approach to enquiry. However, despite researchers acting as a conduit between the public and policy processes, their current practice falls short of community development and the individual capacity building envisioned in successful community participation: the relationship between a researcher and research 'subject' cannot often be said to be constitutive of the linking form of social capital. Indeed, the research process could itself be seen as part of an increasing professionalisation of knowledge that is disempowering of 'lay' forms of knowledge and interpretation. Additionally, a conflation of research and consultation in the minds of community members may have led to some of the disillusionment with community participation initiatives that produces respondents fatigued in the face of a range of focus groups, questionnaires and interviews, all for little in the way of tangible action or change.

At a more strategic level there is also a need to introduce a bottom-up approach to the development of research agendas and their theorisations. Although research agendas consciously and assiduously build upon existing reliable evidence they inevitably involve a degree of interpretation and tend to project existing trends into the future. There is a danger that such interpretations and projections, if not checked with the experiences of those whose lives they are meant to reflect, will result in planning for a limited range of possible futures. The danger of this 'mundane thinking' was highlighted by Irene MaCara McWilliam in a lecture in the GCPH seminar series⁴. Mundane thinking involves the projection of existing trends into the future: the future will be like the present except more so! This not only creates the danger that key existing characteristics of contemporary lifestyles are left out of visions of the future but it also inadvertently shapes future social exclusion, as the experiences, and futures, of those outside of the policy dialogue are left on the margins. 'Creative thinking' involves as great an increase and diversification of the number of orientations on the future as is possible.



COMMUNITY PARTICIPATION INITIATED BY THE GLASGOW CENTRE FOR POPULATION HEALTH

The Glasgow Centre for Population Health (the Centre) has striven to include community participation within its research and development work both through stand alone exploratory projects and through its incorporation into the research methods of existing projects. Key amongst these are:

- The Healthy Futures peer research project;
- Glasgow Public Involvement in Cancer project*^{*}; and
- FAB Greenspaces project, exploring facilitators and barriers to green space access utilising, amongst other methods, participatory research methods.

Of these projects, the Healthy Futures project is closest to the spirit of creative thinking in that the research issues themselves are defined by members of the communities they studied. The other projects are more akin to traditional research approaches with predefined research questions and methods of procedure, however an attempt was made to incorporate participatory methods as part of a mixed method approach.

Key questions by which we can evaluate the success of the community engagement exercise are:

- How far has it progressed the Centre's aim of developing an effective, realistic and authentic form of engagement?
- How useful has it been for the individuals involved, their communities and not least the Centre itself?
- What can this particular exercise in community engagement tell us about community participation in general?

* Details of the Glasgow Public Involvement in Cancer study are available as a briefing paper or full report from GCPH.

LEARNING FROM THE HEALTHY FUTURES PROJECT

Individual capacity building

The Healthy Futures project had the most potential of the above projects to improve the skills and confidence of those who participated. It was developed with a strong desire to create a form of engagement authentic to the role and skills niche of the GCPH (i.e. what the Centre gave through the participation was appropriate to its skills and remit and not tokenistic or simply giving of information). Participation could not be guaranteed to result in immediate change in communities but the Centre did offer an opportunity to develop enquiry skills and explore a subject of importance to individuals and the organisations sponsoring their involvement.

There were two types of individual who benefited from the Healthy Futures project: representatives of community organisations who could develop their own personal understanding of an issue, and those currently not employed who were looking for skills and an opportunity to further explore an issue they would like to work on in a future paid capacity. For members of the first group, their involvement would also feed into the work of their community project, contributing to community capacity and knowledge. For those in the second group it offered an opportunity to develop skills, confidence and a clearer understanding of community development and knowledge gathering. As all peer researchers were trained by accredited trainers in methods of participatory appraisal this offered a real and tangible skill they could put on their CV.

Discovering individual motivation to take part

Recruitment for this project was one of its greatest challenges. The project's aim to go beyond the focus group and offer deep participation with the GCPH created a barrier for many. The most successful avenue of recruitment was the Glasgow Volunteer Centre. This illustrates the high level of engagement of the individuals to whom this opportunity was attractive. Despite our offering to pay travel expenses, and to provide lunches and childcare, the necessity for participants to attend three days of training plus the period of fieldwork itself (one day) alongside the level of organisation required, was a barrier to many.

The other main sources of recruitment were community development projects where workers and volunteers stood to gain from the participation offered. Again, the involvement of these individuals in established community projects underlines the high level of engagement they already had. Learning from this suggests that 'high-end' forms of participation are likely to greatly reduce the available pool of those able to participate. It follows that 'high-end' forms of engagement are unlikely to increase the skills of the 'hard to reach' as peer researchers, although there is every chance they will be consulted by the peer researchers and respond to them as non-professionals and members of their own neighbourhoods.

Removing barriers to participation

The barriers to participation for those wishing to be peer researchers were difficult to remove. Being a peer researcher requires a degree of confidence to begin with which can be enhanced through participation in such a project. Two of the peer researchers felt unable to continue to the fieldwork stage due to existing barriers within their lifestyle and confidence levels. This underlines the degree to which this particular project was, despite our best efforts, rooted within organisational working culture. For the other peer researchers, the sense of enjoyment, learning and confidence that came from participation was tangible and reiterated in subsequent conversations. For some it stood as a useful transition into work or between study and further employment.

Developing the GCPH research agenda and understanding of health inequalities

It was also important to assess the extent to which the views and concerns of communities could be fed into the development of the GCPH research agenda. Bearing in mind that the research issues the peer researchers investigated were of their own choosing and that the method of participatory appraisal allows respondents to shape the scope of the data collection and respond to issues emergent in the field, how successful was it in bridging the cultures between organisational understandings and the understandings of those in communities?

Although the research projects were disparate (a study of young people's perceptions of alcohol consumption; the experiences, health and wellbeing of newcomers to Glasgow; and the knowledge and awareness of finance and debt issues of individuals in a specific Glasgow community), in their entirety they produced themes that could be integrated into a broader population health research agenda and shed additional light on existing trends. The common themes were identified through an afternoon workshop with the peer researchers in which they reported back on their findings. From there a scenario planning process was carried out in which themes identified were considered in relation to their likelihood of continuing and becoming key characteristics of community experience in the future. Through this process, similarities and 'higher level' themes could be identified. The 'higher level' themes were as follows:

- The growing importance placed on self-reliance and personal responsibility.
- The increasing 'technicalisation' or 'professionalisation' of realms of experience.
- Consumerism and the reduced frame of choice it presents to those on the margins.
- Integration: how consumerist activities are increasingly seen as a means of 'fitting-in', thus producing new experiences of exclusion.
- New forms of stigma produced by a culture of self-reliance, the erosion of local forms of knowledge and consumer society led expectations.

The usefulness of this process was not only in the identification of these issues but in their conversion to show how they might be experienced from the margins or 'bottom-up'. The following Table illustrates this application of the 'creative imagination', which has usefully fed into the Centre's broad body of on-going research.

Table 1
Summary of insights gained through engagement

Trend	Top down (mundane) interpretation	Bottom up (creative) interpretation
Consumerism	Increased choice, labour market opportunity.	Reduced choice particularly toward healthy options.
Individualisation	Personalisation, one size doesn't fit all.	Atomisation and an erosion of trust.
Professionalisation	Evidence-based practice and policy. Expertise.	Stigma for making irrational choices. Devaluing of personal experience.
Personal responsibility	Integration, "stakeholder" society.	New forms of stigma, pressure to show personal efficacy within limited frame of choice (feeding consumerism as compensation).

SUMMARY

- The form of community engagement the Centre developed in Healthy Futures was intensive and yielded high level capacity building for those in a position to become peer researchers.
- The Centre gained insight into local priorities in a manner that bridged organisational and local understandings well. The findings were of sufficient quality to offer credible insights to research specialists.
- Such 'high-end' or 'top-rung' forms of engagement are not well developed for facilitating mass participation or including the 'hard to reach' as peer researchers. As with traditional research methods, quantity of engagement is sacrificed for quality.
- This form of participation does offer a lower level of engagement to those consulted with by peer researchers, their local knowledge aiding access to these groups.

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