Community engagement: the Centre for Ethnicity and Health model

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Colophon

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1 Introduction

This paper briefly describes the community engagement model developed during the Community Engagement Programme conducted across England by the Centre for Ethnicity and Health (CEH)[1], Faculty of Health, University of Central Lancashire. This model radically challenges traditional research and consultation processes amongst socially excluded communities (variously described as community 'representation,' 'involvement,' 'participation,' 'empowerment,' and 'development'). It provides a practical and robust means to ensure that health and social services are equitable, appropriate and responsive for all members of the population. Socially excluded communities are often described as being 'hidden' or 'hard to reach' by researchers and by health and social services. However, a basis of the CEH approach is that it is not the communities themselves that are hidden or hard-to-reach, but that those who usually conduct research have little success in accessing them and/or obtaining the desired information, and that there are barriers that hinder their access to health and social services.

Research amongst socially excluded communities does not usually involve the communities who are being researched, beyond using members as interviewees, or, at best, privileged access interviewers (for example, Blanken et al., 2000; Griffiths et al., 1993), and is usually conducted by a researcher from a university or other research institution who 'parachutes' into the community ***'thereby raising expectation that there will be some change, then disappears to produce a report and academic papers with no long-term impact'*** (Fountain et al., 2004a p.66).

Some members of the population, particularly those from Black and minority ethnic communities,[2] face a series of barriers that prevent them accessing and benefiting from

1 The Centre for Ethnicity and Health can be contacted on CentreEthnicityHealth@uclan.ac.uk or via http://www.uclan.ac.uk/facs/health/ethnicity

2 The Centre for Ethnicity and Health is very conscious that various terms are used to refer to the many diverse communities throughout Europe, especially 'migrants' or 'ethnic minorities.' We prefer 'Black and minority ethnic communities.' This reflects that our concern is not only with those for whom 'Black' is a political term, denoting those who identify around a basis of skin colour distinction or who may face discrimination because of this or their culture: 'Black and minority ethnic' also acknowledges the diversity that exists within these communities, and includes a wider range of those who may not consider their identity to be 'Black,' but who nevertheless constitute a distinct ethnic group.

health and social services. Black and minority ethnic communities are already socially excluded: failure to consider and meet their service needs exacerbates this situation. In terms of drug services, for instance, a study across the European Union (EU) (Fountain et al., 2004a,b) showed that there is considerable variation in services provided for these populations both within and between member states, but in the EU as a whole, drug policy and practice reflect the needs of the majority white population. Although there are indications that drug-using patterns amongst many Black and minority ethnic communities are not substantially different from those of socially-excluded white populations, it does not follow that existing drug services meet their needs. Service responses may have to be different in order that the barriers to drug service access - especially cultural and language barriers - can begin to be overcome.

The CEH Community Engagement Model (figure 1) addresses the issues outlined above in order that the health and social service needs of socially excluded groups can be better met by equitable access, experience, and outcome. Major aims of the CEH approach are to create an environment in which communities (individuals and organisations) and agencies can work equitably together to address an issue of mutual concern, and that the research benefits the communities who are being studied. Individuals from the target community are recruited and capacity built by an external facilitator's provision of regular support, appropriate resources and accredited training. These individuals are not necessarily those perceived as 'community leaders' nor as 'spokespersons' on the issue in question, but those who represent the diversity within a community and have access to its members. From the outset and throughout, there is explicit involvement in the engagement process of local agencies responsible for commissioning, planning and delivering services.

Figure 1. Centre for Ethnicity and Health Community Engagement Model

2 Implementation of the model

There are a number of key ingredients to ensure the successful completion of the process using the CEH Community Engagement Model: a facilitator, a host community organisation, a task and support in the form of training, a project support worker, funding, and a steering group.

2.1 Facilitator

The process of community engagement described here requires overall management, but by a body acting as a facilitator rather than an authoritarian controller, and concentrating on creating an environment where community organisations and agencies work together. After obtaining funding for a community engagement project, the role of the facilitator includes:

- advertising, recruiting, and selecting the community organisations to participate in the project, including advising and supporting potential applicants during this process;
- providing and managing the team of staff supporting the community organisations (project support workers and trainers, as described below, and dedicated administrative staff);
- encouraging inter- and intra-community participation and networking;
- facilitating the engagement between the statutory and community sectors;
- acting as arbiter and resolving conflicts within the engagement process; and
- advising, guiding and supporting the relevant service agencies to engage and to work with the community organisations and vice versa.

2.2 Host community organisation

In order that the community is at the heart of a community engagement project, it is essential to work though a host community organisation, which may be an existing organisation or one created for the project. The community organisation must have good links to the target community so that it is able to recruit members to participate in the work as community researchers and as research subjects. The organisation must be able to provide co-ordination and an infrastructure for the day-to-day activities that will be undertaken once the project is underway, such as somewhere to meet, access to

telephones and computers, and a financial system. The greatest proportion of funding for projects in the CEH Community Engagement Programme is distributed amongst the participating community organisations.

2.3 Task

The task that the community is to be engaged in must be meaningful, time-limited and manageable, and almost all the CEH community engagement projects to date have involved communities in undertaking a needs assessment on an issue that is significant to them and to local services. However, it must be stressed that although a research report from a community organisation is a significant outcome of a community engagement project, of equal importance is the process of building the skills and capacities of the community organisations, community members, and local service planners, commissioners and providers involved by:

- raising the awareness of community members of the issue in question and of the local services available, and raising the awareness of service planners, commissioners and providers of the community and their service needs;
- where it exists, reducing the community's stigma, fear, and denial of the issue (such as drug use and mental ill health);
- capacity building individuals and community organisations in order that they have an enhanced ability to articulate identified needs to service planners, commissioners and providers, thereby ensuring local ownership and clear plans to implement the research findings;
- enhancing the local workforce and planning agenda to ensure delivery and growth in the workforce, including the development of mentoring, accredited training, volunteer networks and employment;
- increasing the trust of the community in local service planners, commissioners and providers and vice versa; and
- involving local service planners, commissioners and providers in the process.

This process enables the development of services that are sensitive to, and meet, identified needs and sustains the engagement of the community and service planners, commissioners and providers; partnerships that have been established during the project; and the work that has been identified by the needs assessments.

2.4 Support

The support element of the CEH Community Engagement Model consists of training, project support workers, funding and a steering group. Support is crucial element in building the capacity of a group of people to conduct a piece of research, produce a report, and to ensure that the recommendations for service development are taken seriously. It should be emphasised that the majority of community organisations and community researchers who have participated in the CEH Community Engagement Programme have had little or no prior experience of conducting research, the issue they will be researching nor the local service provision to address it.

Training. When a community organisation is recruited to a CEH community engagement project, they are assisted by the facilitator to identify and recruit an individual from their community to act as a lead researcher / co-ordinator, and others to conduct the research. Training is provided for these community members to give them a basic knowledge of research methods and of the area they will be researching, including relevant national and local policies. Typical training programmes comprise five days on research methods and two days on the area of research, and take place in accredited workshops, giving participants the opportunity to complete an assignment to gain a nationally recognised university certificate.

Project support worker. As discussed by Fountain et al. (2004a), implementation of the CEH Community Engagement Model involves project support workers, who are required to offer a significant level of support to the communities, but to stop well short of doing the work that the communities are learning to do themselves. Most support workers employed on the CEH Community Engagement Programme are graduates, with previous experience in conducting research and of working with Black and minority ethnic communities. The majority are members of these communities themselves. The project support workers visit 'their' projects for at least half a day once a fortnight and are in telephone and/or email contact the rest of the time. They have a number of key responsibilities, including:

- assisting community organisations to recruit appropriate personnel to work on the project and to identify who they send to training workshops;
- attending training with these individuals and providing or organising further training sessions if requested;
- helping community organisations to develop their research project, including the

methods to be used and the preparation of a submission to the CEH Community Engagement Programme Ethics Committee;
- advising on budget management;
- acting as resource for information about the issue the research is addressing and about relevant agencies and organisations;
- acting as a link between the often very small community organisations and very large local agencies;
- making and maintaining links with local key stakeholders to ensure that projects are linked into local relevant service plans and agencies;
- providing academic advice to those enrolling on the university certificate courses;
- monitoring projects on an on-going basis and setting key tasks and milestones; and
- assisting community organisations to disseminate and promote their projects' final reports.

Regular community organisation-support worker meetings are a crucial feature of the CEH Community Engagement Model, as they allow new skills and ideas introduced during the training workshops to be discussed, rehearsed, and digested effectively. Without regular meetings, community-based researchers risk becoming lost in a plethora of unfamiliar ideas.

Funding. The financial resources required for projects in the CEH Community Engagement Programme vary according to the number of community organisations who participate, as this also determines the number of CEH staff involved as mangers, support workers, administration workers, and workshop leaders. The CEH has obtained some relatively large grants, including one for several million euro for ***The Department of Health's Black and minority ethnic drug misuse needs assessment project*** in which 179 community organisations participated. Much smaller projects, such as ***A community engagement project to assess the sexual health needs of young people of South Asian heritage in Blackburn with Darwen*** involved just one community organisation, and the total project funding was around 30,000 euro. Typically, however, community organisations receive around 20,000-30,000 euro each in a CEH community engagement project. The bulk of this is expected to be used to pay those who conduct the research amongst members of their community.

Steering group. A steering group is an essential requirement for each project in the CEH Community Engagement Programme, and comprises relevant local health and social service planners, commissioners and providers. This makes it clear with whom the community is engaging and maximises the likelihood that the community organisation's work will be sustained in the long term. The steering group role includes ensuring that the work the community organisation undertakes is compatible with local priorities and strategies; providing a mechanism for taking forward the research findings and recommendations; and harnessing the energies of those engaged in the project as they acquire skills and knowledge, by supporting them to take the next steps in terms of learning or career development.

3 Conclusion

Where all the above ingredients are present, the sustainability of the work using the CEH Community Engagement Model has greatly contributed to the engagement of local people in the planning and development of new services that address their needs. The themes that emerge from the community organisations' reports are often very powerful, particularly when combined with other reports from the same project. These data are key to commissioning and planning services for diverse communities previously thought of as 'hard to reach': although there may be statistics that show that there is under access, over access, or inequitable access to a range of health and social services, statistics cannot explain the underlying issues. Thus, the implementation of the model has not only begun to dismantle barriers to health and social service access by socially excluded populations, but has also increased the understanding of service planners, commissioners and providers about segments of the population they serve.

The Department of Health's Black and minority ethnic drug misuse needs assessment project is just one illustration of the model in practice. The project was conducted across England during 2000 – 2006, in three phases, and is the largest project in the CEH Community Engagement Programme to date. Phase one is reported in detail by Winters and Patel (2003) and Bashford et al. (2003).[3] Achievements include:

- In phase one, 47 community organisations conducted interviews and/or focus groups with over 12,000 individuals, from 30 ethnic and national groups, who between them spoke 36 different languages and included informants with a range of religious faiths such as Islam, Christian, Rastafarian and Zoroastrian. Forty-five of the 47 community organisations were situated in the most deprived local authority districts in England. Over 2,000 of informants had used illicit drugs.
- In phase two, 475 community members from 90 community organisations attended workshops for training on drugs and on research methods. Of these, 177 enrolled for the University Certificate Community Research and Drugs or the University Certificate Community Research and 139 (79%) of them obtained one of these certificates.
- The role of local Drug Action Teams (DATs) is to co-ordinate the delivery of the national drugs strategy at local and community level, and to act as a focus for joint planning by local agencies, including health, social services, education and police. The participation of DATs was therefore a crucial element of this project. In phase three, an external evaluation (Baker et al., 2006) found that 88% of a sample of DATs reported a positive improvement in their relationship with the participating community organisations (the remainder already had a good relationship with them). For example (p.61):

  "We had been trying to forge links with that community for a while. We will continue our links after this project. We are trying to get them into our formal planning and consultation structures, like the BME [Black and minority ethnic] Advisory Panel."

  "We are more aware of the wider issues as well as understanding substance misuse issues within the community. We have taken on board their recommendations and funded them, so they have more confidence in us, so the relationship keeps strengthening."

3 See http://www.uclan.ac.uk/facs/health/ethnicity for details of a series of further publications from The National Treatment Agency for Substance Misuse on the results of this project, to be published in 2007-2008.

The application of the CEH Community Engagement Model has also assisted in organisational change processes for relevant agencies, including effective ethnic monitoring, workforce development, training and practice initiatives, and the development of a range of policies and practices that involve local communities from the outset. The process the model prescribes aims at more than community representation, involvement, participation, empowerment or development, although it will also achieve these. It is positive in its conception, and impacts and drives both communities and agencies to be proactive in their relationships. In this respect, the model conforms to the human rights legislation framework that is evolving across Europe.

In order that it operates as intended, the CEH has been developing and refining the model's theoretical and operational processes, incorporating the results of external evaluations. The model was first applied to drug use and Black and minority ethnic communities in 2000, but has since expanded into the domains of mental health, sexual health, regeneration, the criminal justice system, higher education and asylum. Although Black and minority ethnic communities remain a focus, other communities have been brought into the programme, including young people; people with disabilities; service user groups; victims of domestic violence; gay, lesbian and bisexual people; socially excluded white communities; and rural communities.

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