National Institute for Health and Care Excellence Primary Research Report 1: Community engagement – approaches to improve health: map of current practice based on a case study approach

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Conflicts of interest

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Contributions

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Glossary

Community engagement

The direct or indirect process of involving communities in decision making and/ or in the planning, design, governance and delivery of services, using methods of consultation, collaboration and/ or community control (O'Mara-Eves et al. 2013)

Community development

A process where community members come together to take collective action and generate solutions to common problems (United Nations 1995[1])

Community health champions

People who, with training and support, voluntarily bring their ability to relate to people and their own life experience to transform health and wellbeing in their communities. Within their families, communities and workplaces they empower and motivate people to get involved in healthy social activities, create groups to meet local needs and sign-post people to relevant support and services. (http://www.altogetherbetter.org.uk/community-champions)

Diffusion

Diffusion of Innovation (DOI) Theory, developed by E.M. Rogers in 1962, originated in communication to explain how, over time, an idea or product gains momentum and diffuses (or spreads) through a specific population or social system. The end result of this diffusion is that people, as part of a social system, adopt a new idea, behavior, or product. Adoption means that a person does something differently than what they had previously (i.e., purchase or use a new product, acquire and perform a new behavior, etc.). The key to adoption is that the person must perceive the idea, behavior, or product as new or innovative. It is through this that diffusion is possible (http://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/SB721-Models/SB721-Models4.html).

Social capital

There are many aspects to social capital, but the definition we have used is: The disposition to create, develop and maintain networks that may be used for the purpose of social integration (The Social Capital Foundation).

[1] http://unterm.un.org/DGAACS/unterm.nsf/8fa942046ff7601c85256983007ca4d8/526c2eaba978f007852569fd00036819?OpenDocument

Abbreviations

BME	Black and Minority Ethnic
C2	Connecting Communities
CE	Community Engagement
CBPR	Community Based Participatory Research
CHC	Community Health Champions
CHNA	Community Health Needs Assessment
CPH	Centre for Public Health
DVS	Direct Volunteering Services
EPPI-Centre	Evidence for Policy and Practice Information and Co-ordinating Centre
GATE	Gypsy and Traveller Exchange
LTC	Long Term Condition
MH	Mental Health
NICE	National Institute of Health and Care Excellence
PHAC	Public Health Advisory Committee
PCT	Primary Care Trust
RCT	Randomised Controlled Trial
WCEN	Wandsworth Community Engagement Network

Executive summary

Background

Community engagement has been defined as the 'direct or indirect process of involving communities in decision making and/or in the planning, design, governance and delivery of services, using methods of consultation, collaboration, and/or community control' (O'Mara-Eves et al. 2013). Community engagement for health was defined in the scope for this work (National Institute for Health and Care Excellence, 2014) as being about people improving their health and wellbeing by helping to develop, deliver and use local services. It is also about being involved in the local political process. Community engagement can involve varying degrees of participation and control: for example, giving views on a local health issue, jointly delivering services with public service providers (co-production) and completely controlling services. The more a community of people is supported to take control of activities to improve their lives, the more likely their health will improve (Popay et al., 2007).

Since the publication of The National Institute for Health and Care Excellence's guidance on community engagement in 2008 (National Institute for Health and Care Excellence, 2008) there has been considerable research activity in this topic area. A recent NIHR review (O'Mara-Eves et al., 2013) which focused on community engagement for health inequalities found 319 relevant studies, and concluded that community engagement interventions "are effective in improving health behaviours, health consequences, participant self-efficacy and perceived social support for disadvantaged groups".

Aims and objectives

This case study report aims to identify, describe and provide insight into current and emerging community engagement practices in the UK, with a particular focus on filling in evidence gaps identified in Reviews 1-5 (for example: empowerment approaches; unexpected effects; overcoming barriers to community engagement; community engagement projects that have not produced an evaluation report). It comprises qualitative research carried out at six individual case study sites.

The research aimed to address any or all of the following research questions, from the final Guidance scope (National Institute for Health and Care Excellence, 2014):

Question 3: What processes and methods help communities and individuals realise their potential and make use of all the resources (people and material) available to them?

This question could include sub-questions to explore the impact on the effectiveness and acceptability of different interventions conferred by: those delivering the intervention; community representatives or groups; health topic; setting; timing; or theoretical framework.

Question 4: Are there unintended consequences from adopting community engagement approaches?

Question 5: What barriers and facilitators affect the delivery of effective community engagement activities – particularly to people from disadvantaged groups?

Question 5 encompasses the following overarching questions:

Q5.1 To what extent do these barriers and facilitators vary according to key differences in community engagement approaches and practices, the health outcomes and populations to which they are targeted, and the context in which they are delivered?

Q5.2 How can the barriers and challenges be overcome?

We also sought to explore a range of more specific issues and questions including:

- The factors that help or hinder communities to get involved in community engagement activities and how to build capacity and motivation;
- How local context and the associated political, health and community structures or systems support or hamper community engagement;
- How professionals can learn to better engage with, and act on, the suggestions from communities.

These sub-questions relate directly to Review 5: Evidence review of barriers to, and facilitators of, community engagement approaches and practices in the UK (Harden et al., 2015) but elements of them were also explored in the case studies.

Methods

Sample selection: The first stage in the sampling strategy was the selection of six community engagement projects as the cases. Projects had to fit within the scope developed by NICE for the update of community engagement guidance (National Institute for Health and Care Excellence, 2014). Purposive sampling was used to select case study sites. The primary sampling criteria was the type of approach to community engagement. The conceptual framework used for the sampling strategy was the 'Family of Community-Centred approaches' (South, 2014; Public Health England & NHS England 2015, and see Appendix A):

- Strengthening communities
- Volunteer and peer roles
- Collaborations and partnerships
- Connecting to community resources.

Secondary criteria were used to gain maximum variation in the sample in terms of the communities involved (Patton, 2002):

- Population group
- Definition of community: geographical, cultural, common interest or other definition
- Geographical location (spread in England particularly between North and South)
- Urban/ rural (although we were unable to recruit a rural case study)
- Type of activity.

Table i: Case study sites

Project	Approach to Community Engagement	Population	Urban/ rural	Type of Activity
Leeds- Gypsy & Traveller Exchange (GATE)	Strengthening communities	Gypsies and Travellers	Urban	Asset based community development (ABCD): Community health needs assessment
Dudley- "Life is Precious"	Volunteer & peer roles	Local BME people	Urban	Community health champions; art workshops; focus on cancer
Wandsworth- Church-based Family Therapy	Connecting to community resources; partnerships/ coalitions	Local people; BME; faith; mental health	Urban	Co-production model, empower pastors to disseminate key messages around relationship building and mental health to the local community
Liverpool- Friends of Everton Park (Natural Choices)	Strengthening communities; volunteer and peer roles	Local community in a deprived area	Urban	Regeneration; capacity building; volunteers; health and wellbeing; natural environment/ green space
London- Youth.com	Strengthening communities; partnership/ coalitions; peer roles	Young people	Urban	Developing partnerships and community projects; health promotion; changing attitudes
Margate- Connecting Communities (C2)	Strengthening communities; partnership/ coalitions	Local people in deprived areas	Urban	Supports delivery of a 2 year intervention designed to improve the health and wellbeing of deprived communities by setting up a 'People and Services' Partnership, led by local residents supported by a multi-agency team of service providers.

Following the selection of case study sites, a sample was identified within each case to encompass different roles and responsibilities in the development or delivery of case study project and community engagement processes supporting the project. This included public health commissioners, project managers, practitioners, project staff, representatives from partner organisations and community members involved in the project. The sample was drawn up in conjunction with project leads in each of the case study sites. The number and composition of the sample varied between case studies because of the differences in project activities and stakeholder groups; however the target was a minimum of five individual interviews and one focus group.

Data collection: Qualitative semi-structured interview-based methods were used to explore community and professional perspectives in depth. Interview schedules were prepared for each major stakeholder group that covered a core group of questions and probes relating to community engagement. The main topics were:

- Project activities and purpose, and the background to the project
- Community involvement in design, delivery and evaluation of project. How and when community members were involved. What makes it easier or harder for them to get involved?
- Whether community members have an impact on the decisions made
- Whether community members feel accepted and included in this project
- Benefits to community members of being involved in the project
- Benefits to the wider community and wider impact of project
- Unanticipated effects and drawbacks
- Connections or links between this project and other projects in the community.

Analysis: Thematic analysis was chosen to analyse the qualitative data from the interviews and focus groups (Mason, 2002). The approach was broadly inductive to ensure all relevant themes were mapped, but informed by the overarching research objectives.

Within-case analysis: Explanations were built within-case through the production of individual case study reports for each of the case study projects (Yin, 2009). These reports organised and displayed the data as a thematically ordered display with quotations, written up in a standardised report format to allow for later cross-case analysis (Miles and Huberman, 1994). Case study reports also included narrative summaries of project context, history and networks; these were drawn from interviews and from project documentation where available. Each case study report (with all personal identifying details removed) was checked for authenticity by the project leads or other appropriate stakeholder for that project.

Cross-case analysis: Cross-case analysis was undertaken and involved comparing findings and using an iterative process to build explanations (Yin, 2009). A matrix was produced as a visually ordered display representing the whole data set and summarising the themes across each case study (Miles and Huberman, 1994). In the final stage of data analysis, the matrix was used alongside the case study reports to produce a narrative synthesis across the main themes, drawing out emerging cross-cutting themes as required. The lead researcher synthesised the findings of the case study reports using an iterative process, returning to the data as necessary to build explanations. All researchers involved in the data collection were also involved in checking the final narrative account.

Main findings

A total of 55 people took part in five focus groups and 26 interviews across the six case study sites: these participants comprised 28 community stakeholders and 27 professional stakeholders (see Table ii below).

Table ii: Case study participants

Case study	N of interviews	N of focus groups (n participants)	N professional stakeholders	N community stakeholders	Total N participants
Leeds GATE	3*	1 (3)	4	3	7
Life is Precious	5*	2 (10)	6	10	16
Wandsworth Church-based family therapy	6	1 (10)	6	10	16
Friends of Everton Park	2	1 (3)	3	2	5
Youth.com	5	0	4	1	5
Connecting Communities	5*	0	4	2	6
TOTAL	**26**	**5**	**27**	**28**	**55**

*One interview was conducted as a dyad (with two participants)

Within-case analysis: Following coding of transcribed data from each case study, the following thematic categories emerged for the within-case analyses (see Appendix E for a full description of codes):

- Background and context
- Barriers to community engagement
- Facilitators to community engagement
- Benefits to community members
- Acceptability of project
- Perceived impact on community/ participants
- Unforeseen issues
- Sustainability / development of new projects

These categories were used as headings for the within-case analyses of each case study project (presented in Appendices F to K). As part of the within-case analyses, proposed pathways to community engagement were developed for each case study. There follows a short summary of each case study site.

Leeds Gypsy & Traveller Exchange (see Appendix F for case study report)

Leeds Gypsy & Traveller Exchange (GATE) is a registered company, a charity and a community members' association which is led by, and representative of, Gypsies and Irish Travellers (Bagley 2014). The overall aim of Leeds GATE is to improve the quality of life for Gypsy and Irish Travelling people living in or resorting to Leeds. See Figure i for the summarised pathway to community engagement for Leeds GATE.

Life is Precious (see Appendix G for case study report)

'Life is Precious' is a cancer health improvement project commissioned by Dudley Public Health Community Health Improvement Team (Curno 2012). The project used a creative arts approach to engage local people from minority ethnic communities in a dialogue around cancer. See Figure ii for the summarised pathway to community engagement for Life is Precious.

Church-based family therapy in Wandsworth (see Appendix H for case study report)

The 'Church based family therapy in Wandsworth' project is a partnership between Wandsworth NHS clinical commissioning group, South West London Mental Health NHS Trust, Wandsworth Community Empowerment Network (WCEN) and the Pastors Network for Family Care (Burgess and Ali, 2015). The aim of the project is to increase uptake of early intervention and decrease use of acute mental health services among the BME community and to embed therapeutic skills inside communities. See Figure iii for a summarised pathway to community engagement for Church–based family therapy in Wandsworth.

Friends of Everton Park (see Appendix I for case study report)

The Friends of Everton Park are an open voluntary organisation of partners and communities who were established in 2010, to work together to make the Park a common treasury for all. The Friends run an annual programme of events where the local residents engage into music, sports, arts and leisure events. In 2012 the Natural Choices Programme was delivered, funded by Liverpool PCT and ran in partnership with The Mersey Forest. The aim of the programme was "to promote health and wellbeing in Liverpool residents by utilising natural environments and the talents and interests of communities" (Liverpool PCT). A total of 38 community projects were funded by the Natural Choices Programme, including the development of the Faith plot by Friends of Everton Park (Wood et al. 2013).

See Figure iv for the summarised pathway to community engagement for Friends of Everton Park (Faith plot).

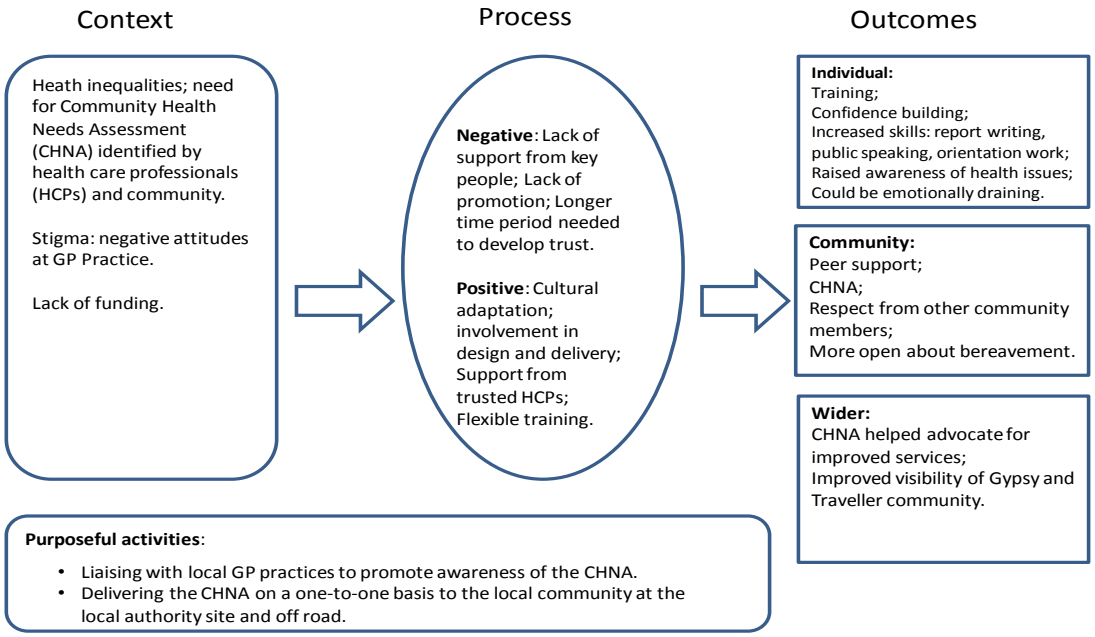
Connecting Communities (see Appendix J for case study report)

Connecting Communities (C2) is a framework for transformative change in disadvantaged communities, based on evidence of what works from experience and reflective practice. It is a seven step process that engages both service providers and residents. It was implemented in two Kent neighbourhoods – Cliftonville West in Margate and Newington in Ramsgate from 2012. See Figure v for the summarised pathway to community engagement for Connecting Communities.

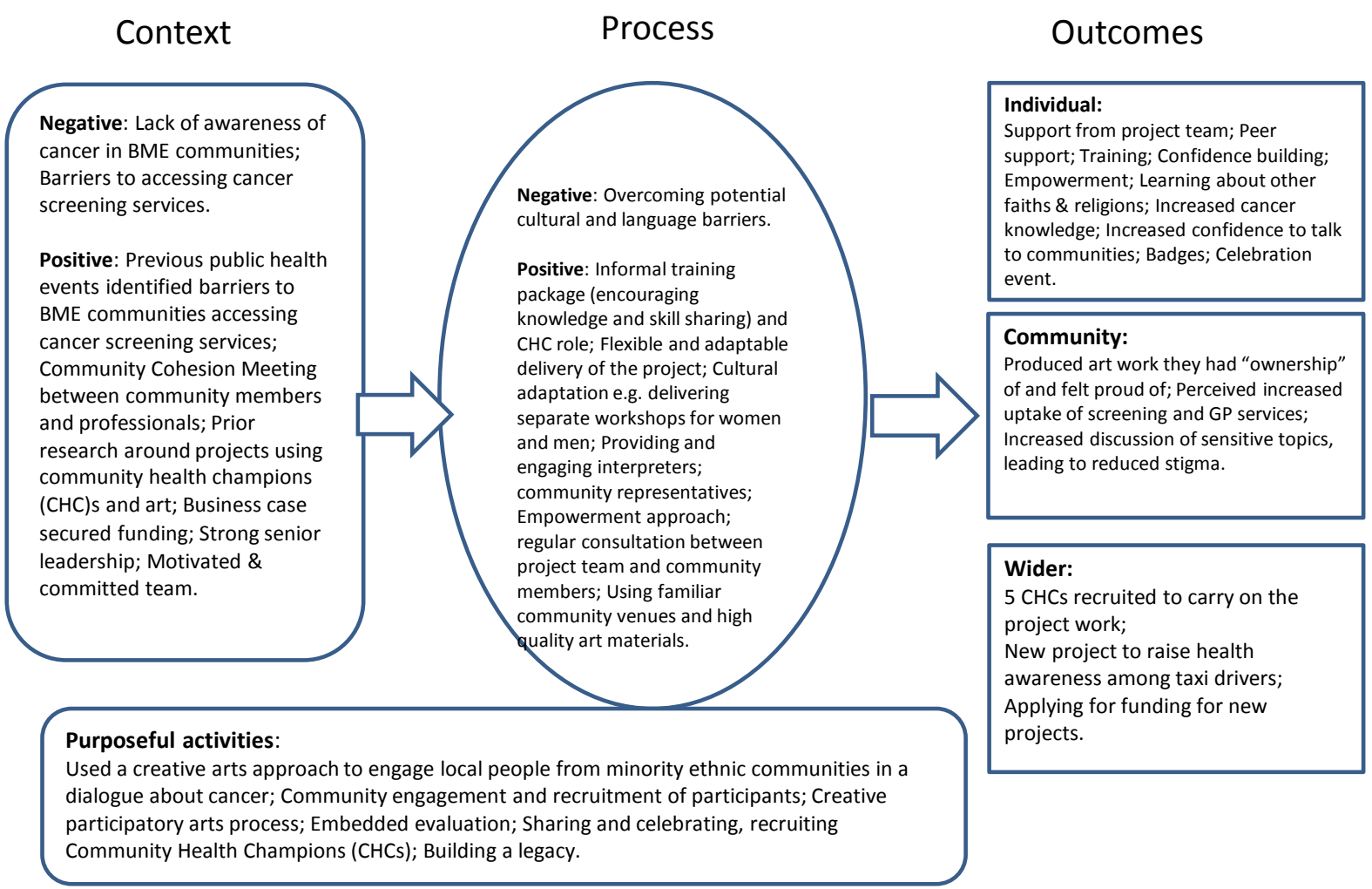
Well London Youth.com (see Appendix K for case study report)

Youth.com (originally called Youth.comUnity) was created by the Well London Alliance to be led by Central YMCA (CYMCA) (Craig 2010). Two Youth.com Programme co-ordinators each in 10 of the target sites aimed to recruit two Young Ambassadors in each site, provide them with some expenses, project money, training, and support, and network them together and with other external youth organisations. The Young Ambassadors would then set about engaging with other young people from the target areas and signpost them into the various activities as well as using the small project funds to create their own activities. See Figure vi for a summarised pathway to community engagement for Youth.com.

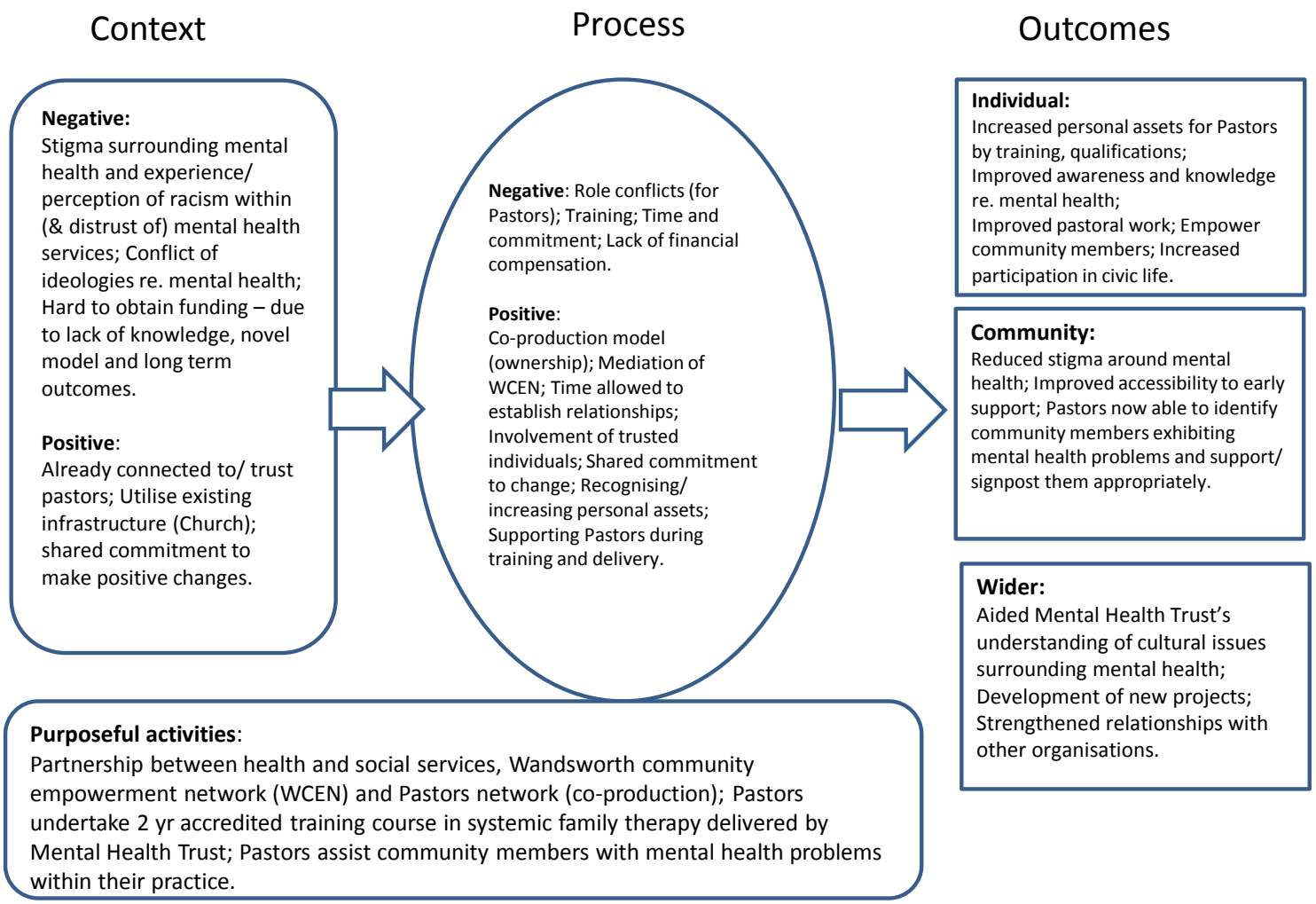
- Figure i Community engagement pathway: Leeds GATE



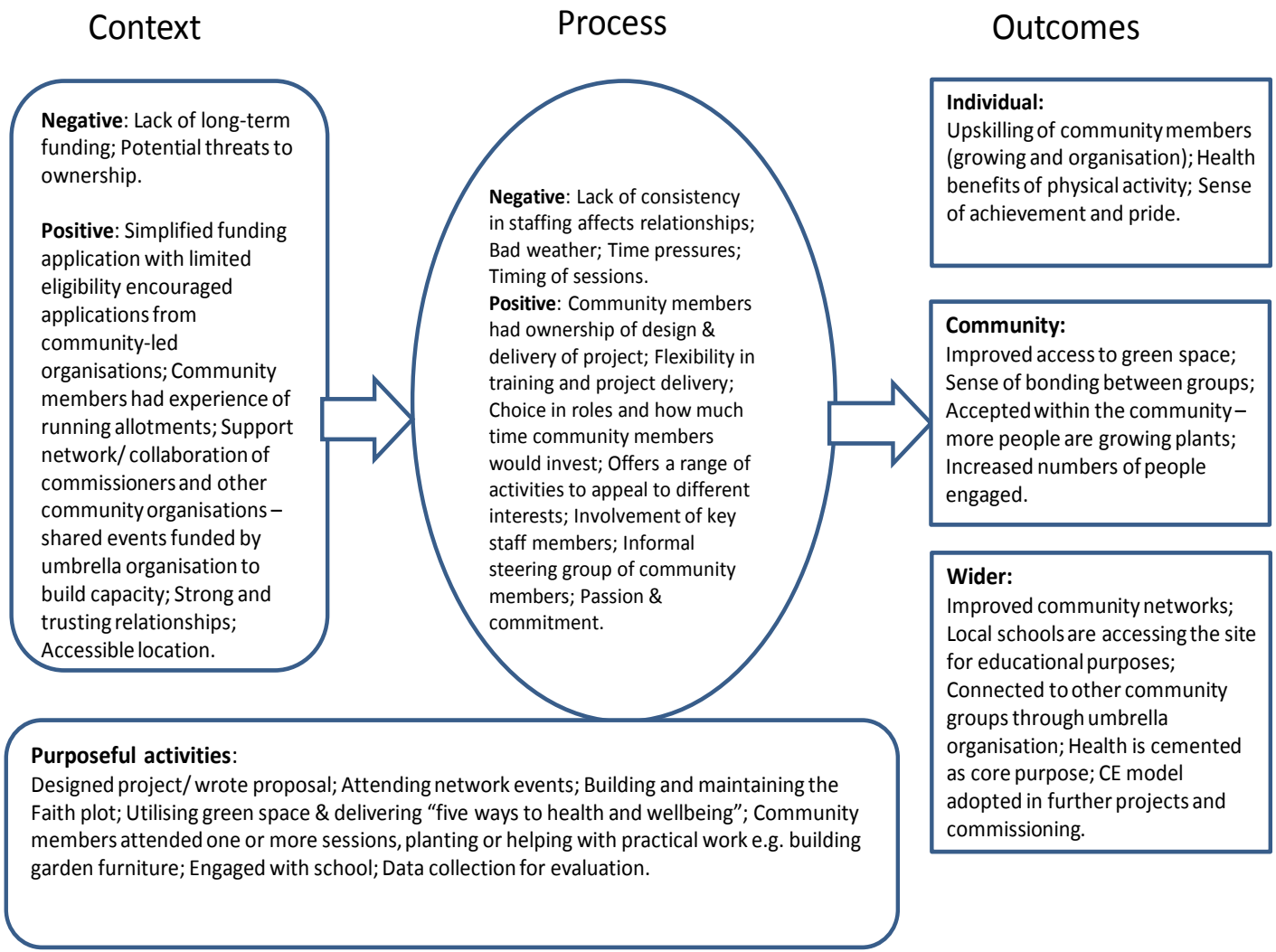
- Figure ii Community engagement pathway: Life is Precious



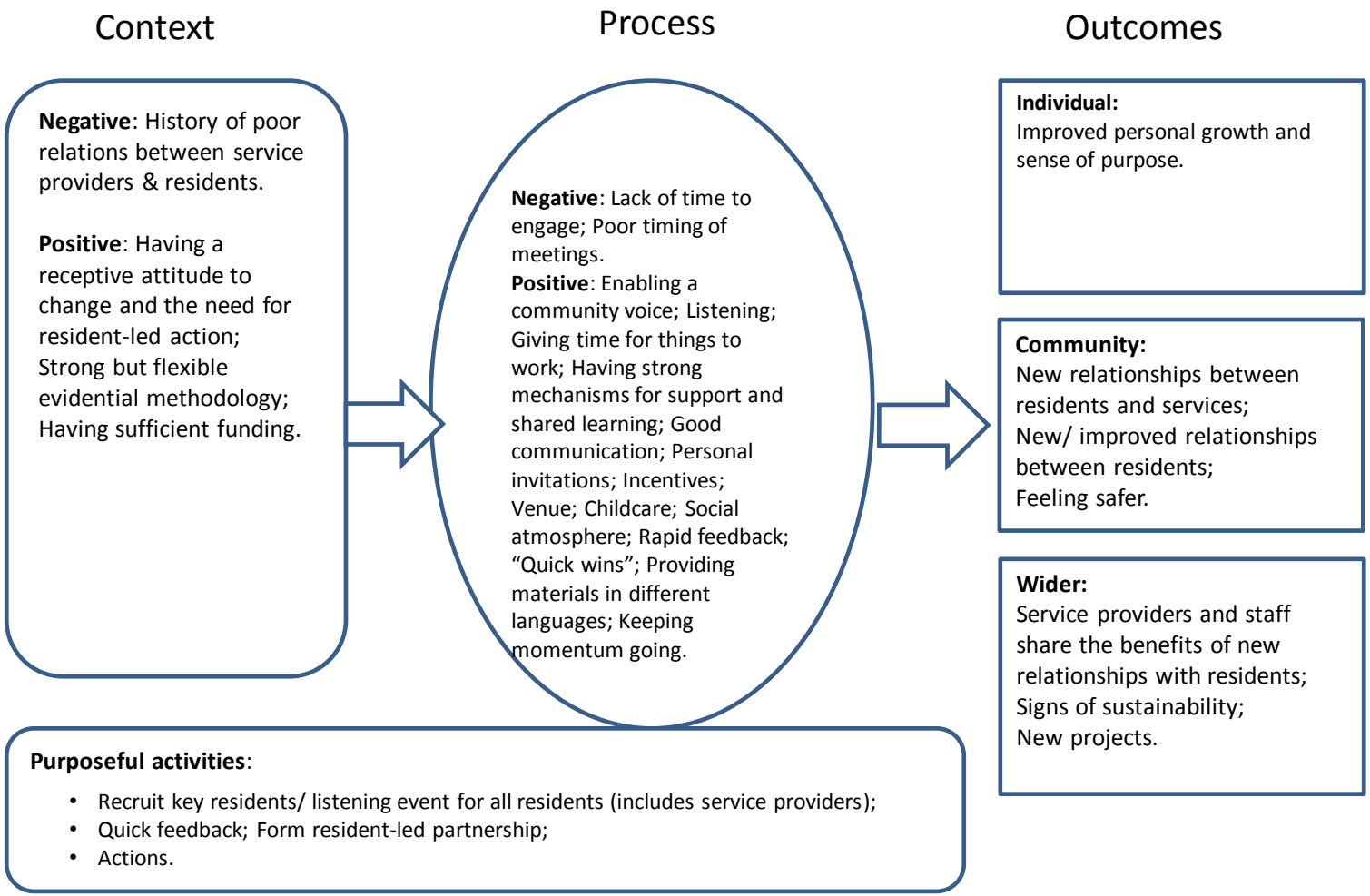
- Figure iii Community engagement pathway: Church-based family therapy in Wandsworth



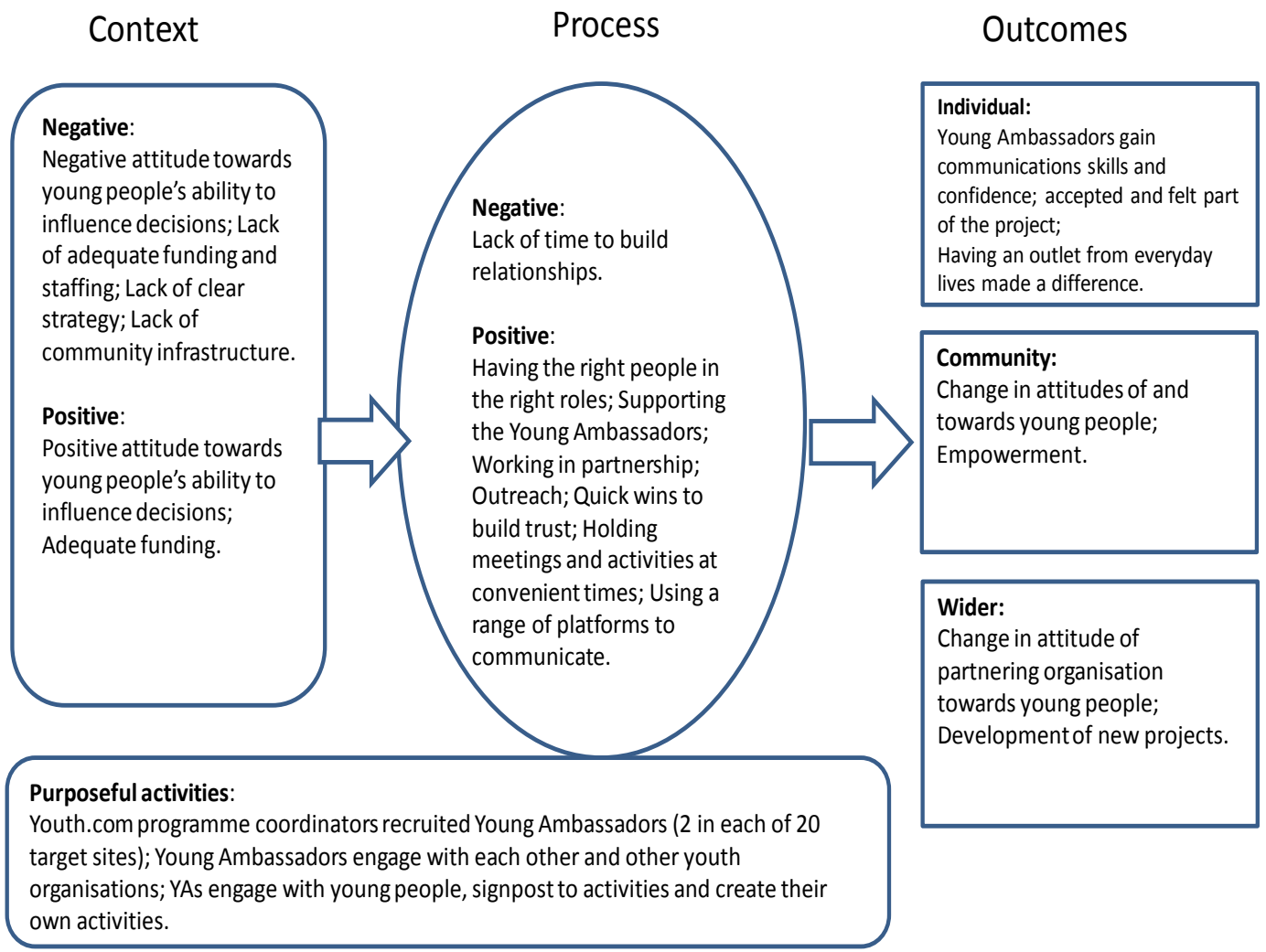
- Figure iv Community engagement pathway: Friends of Everton Park (Faith plot)



- Figure v Community engagement pathway: Connecting Communities



- Figure vi Community engagement pathway: Youth.com



Cross-case analysis:

Thematic categories across the six case studies related to: context and background; barriers and facilitators to community engagement; training; benefits for community stakeholders; impacts on the wider community; unanticipated issues; sustainability and growth.

Prominent themes were barriers and facilitators to community engagement, and within these categories were a number of themes that were consistent across several of the case studies. Facilitators to community engagement was a stronger theme than barriers, although many of the facilitators originated in response to perceived barriers, which suggests an emergent theme of "overcoming barriers".

Context and background

The **need** for the projects was identified by community stakeholders in three of the projects and by professional stakeholders in the other three. The release of relevant policy or funding streams, or a significant negative event in the community seemed to be catalysts for the initiation of projects.

The six case studies were all underpinned by elements of different **theoretical approaches**, including community health champions, co-production, community development, diffusion of innovation theory/ popular opinion leaders. What they had in common was that they were either community-led from the outset or professional stakeholders actively encouraged and supported community members to take ownership of project design and delivery.

Barriers to community engagement included contextual barriers, and process barriers. The barriers discussed by case study participants related mostly to barriers originating from health professionals and other external stakeholders. Barriers originating from community stakeholders were instead discussed in the context of overcoming barriers that had been experienced in previous community engagement practice, and so the learning from these is now being applied to current projects as facilitating factors. This is probably because all our participating case study projects saw themselves as successful in terms of community engagement; unsuccessful projects did not apply to take part in this research.

Contextual barriers:

- **Stigma and negative attitudes** within and outside the community. Some of these concerns centred around "sensitive" health issues, such as mental health or certain types of cancer, which resulted in a reluctance of community members to discuss these issues, and also difficulties in dealing with them, such as not attending cervical screening appointments. Others were about unhelpful attitudes of professional staff to marginalised communities.
- **A history of poor relations between service providers and community members**, making residents cynical and sceptical and often unwilling to engage because they find it difficult to believe anything is going to change.
- **Lack of respect for or belief in community stakeholders' ability** to take ownership of projects. For example, in the Youth.com project, it was reported that the attitude held towards young people was that it was great to have them involved as participants but that they weren't capable of influencing decisions in a useful way.

Some felt that they were being kept away from power, and others that it was a question of respect or lack of it by adults for young people, and this was a barrier to full engagement.

- Perceived **role conflicts** for community or professional stakeholders when taking on additional roles.
- **Funding** – both a lack of funding and complicated processes in applying for funding. Lack of funding led to limited opportunities for training of community members, limited resources for project delivery and lack of childcare facilities and other necessary resources to support engagement of community stakeholders. Short-term funding led to a need to gain further funding, which some community groups felt ill-prepared for in comparison to other groups which may have been competing for the same funding.
- **Lack of awareness** of the purpose, models used and long-term nature of community engagement by the wider public health and health services organisations, presenting a barrier to commissioning, especially of projects which focus on capacity building and long term outcomes, but lack immediate health outputs.
- **Cultural barriers** e.g. religion, gender, language, if not handled correctly. For example, professional stakeholders in one project mentioned that running workshops during religious meeting times had resulted in poor attendance in previous projects. One of the projects needed to put on separate groups for men and women, and took steps to overcome language barriers by using a translating service to provide interpreters.

Process barriers:

- **Training** – with community members potentially being put off taking part due to the time needed to complete the training and due to community stakeholders' concerns about the nature of the training and about their own ability to engage with a particular learning style.
- **Bureaucracy** - the time and skills/ experience needed to complete paperwork (such as funding applications and evaluations) was another perceived barrier to community engagement. Projects tried to avoid formal Disclosure & Barring Service (DBS) checks and paperwork where possible. Staff in one project proposed to overcome these barriers by designing an informal training package for the community health champion role, the training aimed to encourage community members to share their skills, knowledge and experience.
- **Lack of support and commitment from key people**. For example, one project reported barriers due to a lack of support and direction from a professionally-led steering group.
- **Lack of resources** (such as time, staffing, or adequate venues) or funding. Lack of funding led to limited training, delivery resources and other facilities such as childcare. Lack of resources to advertise community projects could also lead to a lack of engagement, due to community members not being able to find out about the projects or about relevant meetings and activities.
- **Lack of time** to attend meetings, promote initiatives and enable positive change. Lack of time for training and delivery of new projects alongside existing projects was overcome in one project through on going consultation that resulted in the flexible and adaptable delivery of the project. Time is also needed to develop relationships and trust and to measure meaningful outcomes.

Community stakeholders not feeling involved or represented – this was overcome by on-going conversation and consultation and ensuring each individual group was represented.

Facilitators to community engagement could also be split into contextual facilitators, and process facilitators.

Contextual facilitators

- **Strongly established community or network, and trust** within that community enabled new initiatives to engage with the community more easily. For example, the role of the Wandsworth Community Empowerment Network, in bringing individuals and organisations together as well as negotiating the relationships was felt to be key in establishing the new initiative. Trust in key individuals was felt to be important, which in one project meant that consistency in staff was important.
- **Enthusiasm** of community and professional stakeholders for the projects and communities involved was particularly useful for getting people involved in initial stages.
- Professional stakeholders having a **positive attitude** towards community stakeholders' knowledge of their own experience and issues, and the ability to devise solutions themselves, if with some support.

Process facilitators

- **Commitment and involvement from key and respected people and organisations** was seen as essential to successful community engagement, by providing expertise, support, endorsement or by actively recruiting community or professional stakeholders to join the project.
- Having or recruiting the **right people for the right roles**.
- Spending a **long time** building a project, allowing relationships and links to existing networks to establish.
- A sense of **ownership** of the projects by the community. Projects which successfully engaged the target communities seemed to be those in which the community were given ownership of and led decisions made relating to the design and delivery of the project (4 projects), its evaluation (1 project) and its future direction (2 projects). One project mentioned the related need for service providers to have a receptive attitude to change and to the need for resident-led action.
- **Cultural adaptation** of training and resources. This included culturally appropriate and accessible training and resources (e.g. running same sex groups where appropriate), identifying target audience and languages for interpretation purposes, and generally being sensitive to religious and cultural beliefs and needs. Projects involved **on-going conversations about acceptable images & messages** that could be fed back to communities.
- **Flexibility** e.g. of project protocol, roles and timing; holding meetings and activities at convenient times for community members.
- **Good communication** in terms of inviting people to take part, ensuring that meetings and activities are advertised and promoted to all the right people, and giving feedback on decisions being taken forward and other outcomes.

Communication styles needed to be adapted to audience. Face to face meetings and personal invitations seemed to be effective in most projects.

- **Working in partnership with other local organisations.**
- **Familiarity and trust**. Using venues and trusted professionals that people were familiar with encouraged engagement by ensuring that community members **felt safe**. Where the trust was not there initially, mechanisms were put in place to build trust between community members and service providers.
- **Respect** from professionals for community expertise and related concepts of working together and of valuing community members were very strong themes. Engaging the community from the start in design and delivery of the project (and ideally of the evaluation), allowing them to lead and take **ownership**, and continuing those conversations about what is most acceptable and useful seems to be key. **Training,** although mentioned as a potential barrier, could also be a facilitating factor, particularly if it was seen as a means of supporting community members during the project and recognising their value (by increasing their personal assets) and encouraging them to achieve their own goals. Community members mentioned needing support during training.
- Having **sufficient funding** and support in applying for funding.
- **Providing feedback quickly** and responding quickly to things that can be done quickly ("**quick wins**") – for professional stakeholders and service providers to show they have listened to community members and build trust.
- **Strong (but flexible) evidential methodology** for community engagement was mentioned as a facilitator in one project.

Training was noted as being both a potential barrier and a facilitator to community engagement. The time taken to attend the training sessions and complete assignments in one project was felt to be a barrier to CE, which community members needed support from peers and professional stakeholders to overcome. However, qualifications gained by training was felt to be a facilitator to community engagement. Flexibility was felt to be important in terms of content (acknowledging the skills that community members bring; adaptation to cultural needs), delivery, time and place.

Benefits to community stakeholders were reported in terms of increased **confidence**, improved **social capital** (social engagement, peer support and greater participation in civic life), and **improved skills, knowledge and awareness** for both community and professional stakeholders.

Perceived impacts on community members that were reported to result from projects included: **raising awareness of health issues** and projects (thus **improving access**); **reducing stigma; improved facilities**; increased access to health services; **positive behaviour change**; **new relationships** within communities and with service providers; **improved understanding** by health professionals of cultural issues.

Evidence of sustainability was seen in most case studies. Successful projects were associated with "spin-off" projects that did not require further funding, and with sustainable elements that endured once the discrete project had ended.

Unforeseen issues: Unexpected issues could be positive (e.g. greater interest than expected) or negative (e.g. potential for loss of ownership of the projects).

There is an emerging theme relating to overcoming perceived barriers. Table iii sets out contextual and process barriers and facilitators to CE side by side. Those highlighted in bold are likely to be related, as demonstrated within some of the case studies, where professional stakeholders have taken steps to overcome or avoid barriers that occurred in previous projects.

Table iii: Potential mechanisms for overcoming barriers to CE

	Barriers	**Facilitators/ Mechanisms for overcoming barriers**
Contextual	**Stigma and negative attitudes within and outside the community;** **A history of poor relations between service providers and community members;** Perceived role conflicts; Funding – both a lack of funding and complicated processes in applying for funding; Novel methodology and models, long term outcomes presenting a barrier to commissioning; Cultural barriers	**Commitment and involvement from key and respected people and organisations;** **Strongly established community and trust within that community;** **Enthusiasm of community members**
Process	**Training – time needed and nature of training being off-putting;** **Not feeling involved or represented**;	**Cultural adaptation and flexibility of training and resources;** **Training and support as a way of recognising value;** **A sense of ownership of the projects by the community;** **Respect and support for/ valuing community expertise and contribution;** **Good communication;** **Familiarity and trust;**

	Barriers	Facilitators/ Mechanisms for overcoming barriers
	Bureaucracy; **Lack of time to attend meetings, promote initiatives and enable positive change;** **Lack of resources or funding;** Lack of support and commitment from key people;	**Flexibility e.g. of project protocol, roles and timing;** **Having sufficient funding and support in applying for funding;** Spending a long time building a project, allowing relationships and links to establish; Providing feedback quickly; Strong (but flexible) evidential methodology for CE.

There was very little data relating to differences in findings or issues raised by cases using long-standing members compared to community members engaging for short periods of time, as all our case study projects involved long-standing community stakeholders (whether in the case study project or similar projects) who either brought previous experience with them or stayed involved in some way. None of our six case study "models" involved short term engagement of community stakeholders.

3.12 Summary statements

Summary statements are based on repeated themes that emerged during the within-case or from the cross-case analysis.

Summary Statement 1: Contextual barriers to community engagement

Contextual barriers to community engagement were:

- Stigma and negative attitudes within and outside the community, related to "sensitive" health issues, such as mental health or certain types of cancer, or unhelpful attitudes of professional staff to marginalised communities.
- A history of poor relations between service providers and community members, making residents cynical and sceptical and often unwilling to engage because they find it difficult to believe anything is going to change.
- Lack of respect for or belief in community stakeholders' ability to take ownership of projects, presenting a barrier to full engagement.
- Perceived role conflicts for community or professional stakeholders when taking on additional roles.

- Lack of funding led to limited opportunities for training of community members, limited resources for project delivery and lack of childcare facilities and other necessary resources to support engagement of community stakeholders. Short-term funding led to a need to gain further funding, which some community groups felt ill-prepared for in comparison to other groups which may have been competing for the same funding.
- Lack of awareness of the purpose, models used and long-term nature of community engagement by the wider public health and health services organisations, presenting a barrier to commissioning, especially of projects which focus on capacity building and long term outcomes, but lack immediate health outputs.
- Cultural barriers e.g. religion, gender, language, if not handled correctly. For example, professional stakeholders in one project mentioned that running workshops during religious meeting times had resulted in poor attendance in previous projects. One of the projects needed to put on separate groups for men and women, and took steps to overcome language barriers by using a translating service to provide interpreters.

Summary statement 2: Process barriers to community engagement

Process barriers to community engagement were:

- Training – with community members potentially being put off taking part due to the time needed to complete the training and due to community stakeholders' concerns about the nature of the training and about their own ability to engage with a particular learning style.
- Bureaucracy - the time and skills/ experience needed to complete paperwork (such as funding applications and evaluations) was another perceived barrier to community engagement. Projects tried to avoid formal Disclosure & Barring Service (DBS) checks and paperwork where possible. Staff in one project proposed to overcome these barriers by designing an informal training package for the community health champion role, the training aimed to encourage community members to share their skills, knowledge and experience.
- Lack of support and commitment from key people. For example, one project reported barriers due to a lack of support and direction from a professionally-led steering group.
- Lack of resources (such as time, staffing, or adequate venues) or funding. Lack of funding led to limited training, delivery resources and other facilities such as childcare. Lack of resources to advertise community projects could also lead to a lack of engagement, due to community members not being able to find out about the projects or about relevant meetings and activities.
- Lack of time to attend meetings, promote initiatives and enable positive change. Lack of time for training and delivery of new projects alongside existing projects was overcome in one project through on going consultation that resulted in the flexible and adaptable delivery of the project. Time is also needed to develop relationships and trust and to measure meaningful outcomes.
- Community stakeholders not feeling involved or represented – this was overcome by on-going conversation and consultation and ensuring each individual group was represented.

Summary statement 3: Contextual facilitators to community engagement

Contextual facilitators to community engagement were:

- Having/ being a strongly established community or network, and trust within that community enabled new initiatives to engage with the community more easily. For example, the role of the Wandsworth Community Empowerment Network, in bringing individuals and organisations together as well as negotiating the relationships was felt to be key in establishing the new initiative. Trust in key individuals was felt to be important, which in one project meant that consistency in staff was important.
- Enthusiasm of community and professional stakeholders for the projects and communities involved.
- Professional stakeholders having a positive attitude towards community stakeholders' knowledge of their own experience and issues, and the ability to devise solutions themselves, if with some support.

Summary statement 4: Process facilitators to community engagement

Process facilitators to community engagement were:

- Commitment and involvement from key and respected people and organisations was seen as essential to successful community engagement, by providing expertise, support, endorsement or by actively recruiting community or professional stakeholders to join the project.
- Having or recruiting the right people for the right roles.
- Spending a long time building a project, allowing relationships and links to existing networks to establish.
- A sense of ownership of the projects by the community. Projects which successfully engaged the target communities seemed to be those in which the community were given ownership of and led decisions made relating to the design and delivery of the project (4 projects), its evaluation (1 project) and its future direction (2 projects). One project mentioned the related need for service providers to have a receptive attitude to change and to the need for resident-led action.
- Cultural adaptation of training and resources. This included culturally appropriate and accessible training and resources (e.g. running same sex groups where appropriate), identifying target audience and languages for interpretation purposes, and generally being sensitive to religious and cultural beliefs and needs. Projects involved on-going conversations about acceptable images & messages that could be fed back to communities.
- Flexibility e.g. of project protocol, roles and timing; holding meetings and activities at convenient times for community members.
- Good communication in terms of inviting people to take part, ensuring that meetings and activities are advertised and promoted to all the right people, and giving feedback on decisions being taken forward and other outcomes. Communication styles needed to be adapted to audience. Face to face meetings and personal invitations seemed to be effective in most projects.
- Working in partnership with other local organisations.
- Familiarity and trust. Using venues and trusted professionals that people were familiar with encouraged engagement by ensuring that community members felt safe. Where the trust was not there initially, mechanisms were put in place to build trust between community members and service providers.

- Respect from professionals for community expertise and related concepts of working together and of valuing community members were very strong themes. Engaging the community from the start in design and delivery of the project (and ideally of the evaluation), allowing them to lead and take ownership, and continuing those conversations about what is most acceptable and useful seems to be key. Training, although mentioned as a potential barrier, could also be a facilitating factor, particularly if it was seen as a means of supporting community members during the project and recognising their value (by increasing their personal assets) and encouraging them to achieve their own goals. Community members mentioned needing support during training
- Having sufficient funding and support in applying for funding;
- Providing feedback quickly and responding quickly to things that can be done quickly ("quick wins") – for professional stakeholders and service providers to show they have listened to community members and build trust.
- Strong (but flexible) evidential methodology for community engagement was mentioned as a facilitator in one project.

Summary statement 5: Training

Training was noted as being both a potential barrier and a facilitator to community engagement. Flexibility was felt to be important in terms of content (including acknowledging the skills that community members already have; adaptation to cultural needs), delivery, time and place. The time taken to attend the training sessions and complete assignments in one project was felt to be a barrier to CE, which community members needed support from peers and professional stakeholders to overcome. However, qualifications gained by training was felt to be a facilitator to community engagement, as it recognised the value of the community members' time and increased their personal assets.

Summary statement 6: Benefits to community stakeholders

Benefits to community stakeholders were seen in terms of increased confidence, improved skills, knowledge and awareness of health issues, accredited training courses leading to qualifications, and improved social capital.

Summary statement 7: Impact on wider community

Projects were perceived to be effective and to have an impact in terms of raising awareness of health issues, and in reducing stigma. It was also felt that there was a raised awareness of the projects themselves, which made them more accessible for community members. Professional stakeholders felt that the impact of the work would in time be seen more widely, as people talked to family and friends about what they had learned. Improved facilities were seen in one study, with improved green space available for the wider community to use. There was a perception by professional stakeholders that community members were more receptive to accessing health services in two studies. Staff in one project mentioned that discussions may have helped to reduce stigma around certain areas such as cervical cancer screening. Positive behaviour change in community members was seen in another study, in terms of increased physical activity.

In one study there was also a perceived positive impact on health professionals' understanding of cultural issues related to mental health.

In another project, new relationships were built within the community and with health, social and other services (e.g. police), bringing benefits to community members, service providers and service provider staff. Community stakeholders in one project expressed a sense of feeling safer due to the newer sense of community brought about by the community engagement process:

Summary statement 8: Sustainability

Evidence of sustainability was seen in most case studies. Successful projects were associated with "spin-off" projects that did not require further funding, and with sustainable elements that endured once the discrete project had ended. Examples include: employment of community health workers; community members hosting training and awareness events; strengthening relationships with other networks and organisations; finding new settings to reach more community members; community members applying for further funding.

Summary Statement 9: Unintended consequences

Unintended consequences could be positive or negative.

Positive developments included:

- community members' art work being displayed in hospitals, leading to a real sense of pride and ownership;
- greater interest than expected (in three projects)

Negative issues included:

- bereavement within the team (one project) which had a huge impact in the small team, in that the resource team stopped working on the contract and an independent freelance worker completed the CHNA;
- potential for loss of ownership of end product;
- negative impact on community members involved, due to the commitment of time required, or due to dealing with difficult issues.

Summary Statement 10: Overcoming barriers

In some of the case studies, professional stakeholders took steps to overcome or avoid barriers that occurred in previous projects, for example:

- The contextual barriers of stigma and negative attitudes within and about the community were addressed to some extent by commitment and involvement from key people.
- The process barrier posed by training taking up too much time and being off-putting in its academic nature, was addressed by adapting training and resources to be culturally appropriate, providing support and reframing training as a way of recognising the community members' value and increasing their personal assets. Support should be given during training and when filling in paperwork.
- The process barrier presented when community members do not feel involved or represented can potentially be overcome by professional stakeholders respecting and valuing community members' expertise and contributions, by allowing and supporting them to take the lead in decision-making about design and delivery of

projects, thereby encouraging a sense of ownership, ensuring good communication, prompt feedback, and using familiar venues and service providers.
- The process barrier presented by too much paperwork and too little time to take part in initiatives was addressed to some extent by flexibility in timings of meetings, in content of projects and in definitions of roles.

Conclusions

This series of case studies of new and emerging practice in community engagement in the UK identified a range of thematic categories related to the process of community engagement. Prominent themes were barriers and facilitators to community engagement and also ways in which barriers have been overcome. Key themes related to successful community engagement were: **trust** within the community and between community members and service providers; **respect** for community members' expertise; allowing sufficient **time** for relationships to establish and for outcomes to be seen; commitment of **key people**; and **flexibility.**

Recommendations for practice: community engagement initiatives need to work with established communities or networks and trusted key people. If communities are fragmented or trust does not exist between community members and service providers, measures must be put in place to establish that trust (for example the 7 step C2 process), and sufficient time allowed for that process to work. Community members' expertise should be respected and valued, allowing their views to be heard and acted upon, and for them to be involved in decisions made about design, delivery and evaluation, and to take ownership of the initiatives. This can involve a lengthy process if community members are to be fully involved, so sufficient time should be allowed for this. Flexibility and adaptation of project materials, protocols and role descriptions is important in overcoming barriers to community engagement.

Recommendations for research: this work did not aim to evaluate the effectiveness of the included case study initiatives in improving the communities' health and wellbeing. Further research on whether successful community engagement is linked to improved health and wellbeing would be useful. Such research would ideally use participatory methods and be community-led in order to be as inclusive of community members as possible. Consideration should be given to novel methods of data collection such as arts and photography, and to reducing the burden on community members in terms of time and effort.

1. Introduction

1.1 Review context

The Centre for Public Health (CPH) at the National Institute for Health and Care Excellence (NICE) is updating a guideline on 'Community engagement – approaches to improve health'. The guideline is being developed by a Public Health Advisory Committee (PHAC) in 2014-15 in line with the final scope for this work. The guideline is expected to be published in February 2016 and will contain recommendations based on the evidence considered by the PHAC. There are three streams of work associated with the guideline's development that the CPH has commissioned:

Stream 1 (Reviews 1, 2 and 3): Community engagement: a report on the current effectiveness and process evidence, including additional analysis.

Stream 2: Community engagement: UK qualitative evidence, including one mapping report (Review 4 and Primary Research Report 1) and one review of barriers and facilitators (Review 5).

Stream 3: An economic analysis (Reviews 6 and 7).

Component 1 of Stream 2 comprised a mapping report to identify, describe and provide insight into current and emerging community engagement policy and practices in the UK (Review 4 and Primary Research Report 1). Component 2 (Review 5) is a systematic review of barriers and facilitators to community engagement.

The mapping review (component 1) consists of the following two parts:

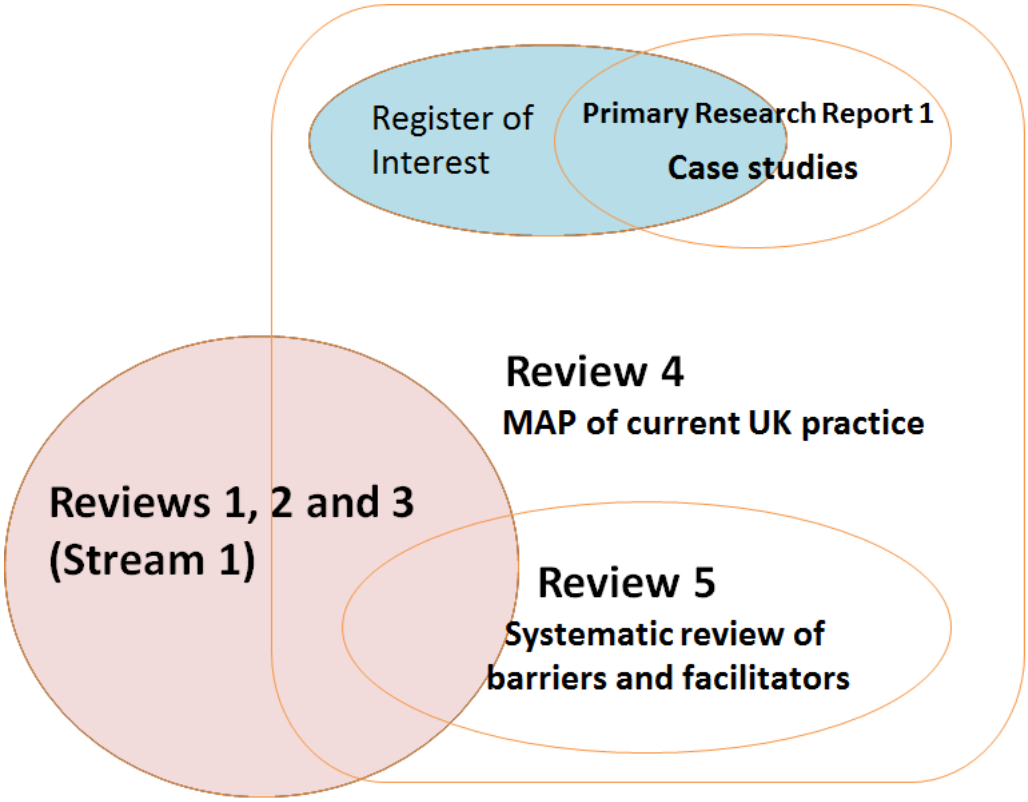
(a) Component 1a (Review 4): Map of the literature. This provides a synopsis of the key findings from documentary analysis (including grey literature and practice surveys) of the current evidence base for UK local and national policy and practice for community engagement, as well as an assessment of the extent to which relevant scope questions can be answered by the evidence base.

(b) **Component 1b (Primary Research Report 1): Map of current practice based on a case study approach**. This consists of a series of six case studies of current or recent community engagement projects to improve health and reduce health inequalities. The focus is on processes of community engagement and barriers and facilitators to these, and includes: practitioner and community members' views on inclusion, involvement and decision making; structures and processes; background (local culture, resources, needs and priorities); outcomes (perceived benefits/ disbenefits and impacts on individuals and wider community); unanticipated effects; measures of success identified by communities and professionals; wider connections. Case studies were identified and selected to reflect different approaches of current community engagement within the UK, in particular those approaches targeted at disadvantaged groups or communities, and other evidence gaps identified in Reviews 1-4.

Figure 1 demonstrates how Reviews 4 and 5 and Primary Research Report 1 are related to each other and to the evidence from Reviews 1-3. The work was entered into as part of a consortium, with the EPPI-Centre (University of London) delivering Reviews 1-3 and Leeds

Beckett University and the University of East London delivering Reviews 4 and 5, and Primary Research Report 1, As such there has been a common approach and sharing of evidence between the two Streams.

Figure 1: Relationship of Stream 2 components with each other and with Stream 1.



1.2 Aims and objectives of the study

This case study report aims to identify, describe and provide insight into current and emerging community engagement practices in the UK, with a particular focus on filling in evidence gaps identified in Reviews 1-5. It comprises qualitative research carried out at six individual case study sites.

1.3 Research questions.

The study set out to address any or all of the following research questions, from the final Guidance scope:

Question 3: What processes and methods help communities and individuals realise their potential and make use of all the resources (people and material) available to them?

This question could include sub-questions to explore the impact on the effectiveness and acceptability of different interventions conferred by: those delivering the intervention; community representatives or groups; health topic; setting; timing; or theoretical framework.

Question 4: Are there unintended consequences from adopting community engagement approaches?

Question 5: What barriers and facilitators affect the delivery of effective community engagement activities – particularly to people from disadvantaged groups?

Question 5 will encompass the following overarching questions from the scope (NICE 2014):

> Q5.1 To what extent do these barriers and facilitators vary according to key differences in community engagement approaches and practices, the health outcomes and populations to which they are targeted, and the context in which they are delivered?
>
> Q5.2 How can the barriers and challenges be overcome?

The scope of the evidence covered by this project is outlined in the final Guidance scope document (http://www.nice.org.uk/nicemedia/live/14266/67533/67533.pdf).

'Community engagement' is used as an umbrella term covering community engagement and community development. It is about people improving their health and wellbeing by helping to develop, deliver and use local services. It is also about being involved in the local political process. Community engagement can involve varying degrees of participation and control: for example, giving views on a local health issue, jointly delivering services with public service providers (co-production) and completely controlling services.

For this work, we have used the definition of community engagement from a recent NIHR-funded systematic review (O'Mara-Eves et al., 2013), in line with the work carried out for Reviews 1-3 for this guidance (Brunton et al., 2014): 'direct or indirect process of involving communities in decision making and/or in the planning, design, governance and delivery of services, using methods of consultation, collaboration, and/or community control' (O'Mara-Eves et al. 2013).

The eligible population is communities defined by at least one of the following, especially where there is an identified need to address health inequalities: geographical area or setting, interest, health need, disadvantage and/or shared identity.

The eligible interventions/ activities are defined as: activities to ensure that community representatives are involved in developing, delivering or managing services to promote, maintain or protect the community's health and wellbeing. An example of a community engagement activity is community-based participatory research. Examples of where this might take place include: care or private homes, community or faith centres, public spaces, cyberspace, leisure centres, schools and colleges and Sure Start centres. Examples of community engagement roles include: community (health) champions; community or neighbourhood committees or forums; community lay or peer leaders.

Eligible activities also include local activities to improve health by supporting community engagement. Examples include (can be delivered separately or in combination): raising awareness of, and encouraging participation in, community activities, evaluation and feedback mechanisms, funding schemes and incentives, programme management, resource provision, training for community members and professionals involved in community engagement.

The guideline will not cover community engagement activities that: do not aim to reduce the risk of disease or health condition, do not aim to promote or maintain good health, do not report on primary or intermediate health outcomes, focus on the planning, design, delivery or governance of treatment in healthcare settings, target individual people (rather than community).

The eligible outcomes are defined as: improvement in individual and population level health and wellbeing. Other expected intermediate outcomes may include: positive changes in health related knowledge, attitudes and behaviour, improvement in process outcomes, increase in the number of people involved in community activities to improve health, increase in the community's control of health promotion activities, improvement in personal outcomes, improvement in community's ability and capacity to make changes and improvements to foster a sense of belonging, views on the experience of community engagement (including what supports and encourages people to get involved and how to overcome barriers to engagement).

1.5 Identification of possible equality and other equity issues

The mapping review of UK practice (Review 4) includes community engagement in all contexts and is not limited to communities experiencing health inequalities. However, because an aim of the case study research was to focus on evidence gaps identified in Reviews 1-5, (for example: empowerment approaches; unexpected effects; overcoming barriers to community engagement; community engagement projects that have not produced an evaluation report) and because previous research had already identified gaps in evidence on empowerment approaches (O'Mara-Eves et al., 2013, South and Phillips, 2014), all the case studies involved communities at risk of health inequalities. The communities included: people from deprived areas; people from black and minority ethnic groups; people with mental health issues; children and young people (from deprived areas).

1.6 Review team

The review team comprised researchers led by Dr Anne-Marie Bagnall at the Centre for Health Promotion Research at Leeds Beckett University, working in partnership with a team of researchers led by Professor Angela Harden at the Institute for Health and Human Development, University of East London.

The **Centre for Health Promotion Research** (CHPR) has a long history of research that has community engagement at its heart. They comprise a team of highly experienced researchers who bring a unique set of experiences and methodological expertise in systematic reviews, rapid evidence reviews, narrative literature reviews, and evidence-based

health promotion. The team, under the leadership of Jane South, Professor of Healthy Communities, recently delivered two high quality NIHR-funded systematic reviews on the roles of lay people in public health (South et al., 2010a), and on peer interventions in prison settings (South et al., 2014). They also delivered a series of rapid evidence reviews for Altogether Better, on: Community Health Champions and Older People; Empowerment and Health and Wellbeing (see: http://www.altogetherbetter.org.uk/evidence-and-resources).

The **Institute for Health and Human Development** (IHHD) at the University of East London is a leading public health research institute which combines expertise from a wide range of disciplines. Their focus is the health and wellbeing of communities and the social, economic and cultural factors that influence them. They have an international reputation for high quality research and innovation in health improvement and their work is informing policy and practice locally, nationally and internationally. They recently co-led a large NIHR funded review on the effects of school environment on young people's health which combined outcome evaluations, process evaluations and qualitative research (Bonell et al., 2013). They also led a meta-narrative review funded by the AHRC on the meaning of community across and within research traditions (Jamal et al., 2013), and were a collaborator on the recently completed NIHR funded mixed methods review on community engagement and health inequalities (O'Mara-Eves et al., 2013).

The team members and their roles for the current research were as follows: **Anne-Marie Bagnall** is a Reader in Evidence Synthesis (Heath Inequalities), acting as principal investigator and lead for the research, developing the study design, sampling frame, sample selection and study documentation, obtaining ethical approval from Leeds Beckett University, and overall cross-case analysis and responsibility for report writing. **Jane South** is Professor of Healthy Communities and contributed to the development of study design, sampling frame, sample selection and study documentation, thematic analytic framework and cross-case analysis, report writing (Methodology) and reviewed the overall analysis and report. **Angela Harden** is a Professor of Community and Family Health, and contributed to the development of study design, sampling frame, sample selection and study documentation, thematic analytic framework, and reviewed the overall analysis and report. **Karina Kinsella** is a research assistant and acted as project manager, contributing to sample selection and study documentation, making contact with selected case study sites and overseeing data collection and within-case analysis, contributing to developing the thematic analytic framework and reviewing the overall cross-case analysis and report. **Joanne Trigwell** is a research fellow and contributed to sample selection and study documentation, initial contacts with some case study sites, data collection and within-case analysis, contributing to developing the thematic analytic framework and reviewing the overall cross-case analysis and report. **Kevin Sheridan** is Director of Community Engagement at IHHD and contributed to sample selection and study documentation, obtaining ethical approval from UEL, initial contacts with some case study sites, data collection and within-case analysis, contributing to developing the thematic analytic framework and reviewing the overall cross-case analysis and report.

2. Methodology

2.1 Case study design

Primary Research Report 1 comprised a series of case studies of community engagement projects to improve health and reduce health inequalities. A multiple case study design was used, with the projects as the cases (Yin, 2009). Case studies examine social phenomena within real-life contexts and are an appropriate design where there are many variables of interest and where there is an interaction between a phenomenon and the context in which it occurs (Yin, 2009). In this study, multiple aspects of interest were examined including practitioner and community perspectives; support systems and delivery processes; community engagement approaches and practices; outcomes, effects and sustainability. The choice of design therefore fitted with an 'ecological systems' approach to evaluation that shifts focus from viewing the impact of interventions on communities to examining the dynamic relationship between an intervention and community systems (Hawe et al., 2009, Trickett et al., 2011).

The design used qualitative methodology in order to gain in-depth understanding of community engagement processes within specific social contexts (Cornwall, 2008) and to retain flexibility to pursue lines of investigation (Mason, 2002, Patton, 2002). A holistic, multi-dimensional view of each community engagement project was first built through fieldwork and analysis, examining retrospectively the journey of each project from development, through to delivery and evaluation. The final stage was cross-case analysis to build explanations through rigorous qualitative techniques.

2.2 Case study sites

The first stage in the sampling strategy was the selection of six community engagement projects as the cases. The number of sites was as agreed in the original protocol developed between NICE and Leeds Beckett University. Six case study projects were deemed to provide sufficient *depth* in terms of exploring community engagement processes and *breadth* with the purposive sample reflecting some of the variation seen in UK practice. The primary inclusion criteria were that projects used activities that enabled community involvement in developing, delivering or managing services to promote, maintain or protect the community's health and well-being. Projects had to fit within the scope developed by NICE for the revision of community engagement guidance (National Institute for Health and Care Excellence, 2014). Exclusion criteria included where community engagement activities did not have health goals, or focused on treatment in health care settings, or targeted individuals rather than communities.

Potential case studies were selected to reflect different approaches to community engagement within UK practice, with a focus on those approaches working with disadvantaged groups/communities. Purposive sampling was used to select case study sites. The conceptual framework used for the primary sampling criteria was the 'Family of Community-Centred Approaches' developed by Professor Jane South for Public Health England (see Appendix A and South, 2014, Public Health England & NHS England, 2015). This framework builds on the O'Mara-Eves et al. (2013) review and categorises approaches

into four groups depending on their focus and mechanisms of change across the dimensions of equity, control and social connectedness. The groups are:

- Strengthening communities
- Volunteer and peer roles
- Collaborations and partnerships
- Connecting to community resources.

Secondary criteria were used to gain maximum variation in the sample in terms of the communities involved (Patton, 2002). Building in variation into the sample helps increase greater transferability of results. Secondary criteria were:

- Population group
- Definition of community: geographical, cultural, common interest or other definition
- Geographical location (spread in England particularly between North and South)
- Urban/ rural
- Type of activity.

Based on the findings of the NIHR review (O'Mara-Eves et al., 2013) and recent work on evaluating community engagement (South & Phillips 2014), we anticipated evidence gaps on empowerment approaches and unanticipated effects. The sampling strategy was to include at least one community-led initiative for which there was no substantial evaluation report available. The lack of an evaluation was used as a proxy indicator that a project might be less professionally-oriented.

An online Register of Interest was established to help identify UK projects and relevant grey literature. This was used as part of the search strategy for Review 4: map of UK policy and practice. During the registration process, projects were asked to indicate if they would be willing to be a potential case study. The list of registered projects willing to be considered was used as an initial sampling frame and helped avoid bias in selection. Projects were mapped against the inclusion and exclusion criteria and an initial 'long list' of potential projects was drawn up. The final six case study sites were selected at a meeting between both Leeds Beckett and UEL research teams where each case study was judged in terms of the fit with the criteria and the need to ensure a broad sample. The final sample was confirmed with the NICE technical team.

Two projects were selected that were not listed in the Register of Interest and were identified through two team members' [JS, KS] contact with community engagement practice. One of these was selected because it focused on the involvement of young people, the other because it offered an example of a community-led project where activities had been initiated by the community, rather than professionals. All case study sites were contacted to see if they were willing to take part and give permission. One rural project did not respond within time frame despite frequent communication so another project was identified through another research team member's (JT) contacts with community practice, and approached to ensure sample variation.

Table 1 Case study sites

Project	Approach to Community engagement	Population	Urban/ rural	Type of Activity
Leeds- Gypsy & Traveller Exchange (GATE)	Strengthening communities	Gypsies and Travellers (adults)	Urban	ABCD: Community health needs assessment
Dudley- "Life is Precious"	Volunteer & peer roles	Local BME people (adults)	Urban	Community health champions; art workshops; focus on cancer
Wandsworth- Church-based family therapy	Connecting to community resources; partnerships/ coalitions	Local people; BME; faith (adults); mental health	Urban	Co-production model, empower pastors to disseminate key messages around relationship building and mental health to the local community
Liverpool- Friends of Everton Park (Natural Choices)	Strengthening communities; volunteer and peer roles	Local community in a deprived area (adults; schoolchildren)	Urban	Regeneration; capacity building; volunteers; health and wellbeing
London- Youth.com	Strengthening communities; partnership/ coalitions; peer roles	Young people	Urban	Developing partnerships and community projects; health promotion; changing attitudes
Margate- Connecting communities (C2)	Strengthening communities; partnership/ coalitions	Local people in disadvantaged areas (adults)	Urban	Supports delivery of a 2 year intervention designed to reverse the health and wellbeing of disadvantaged communities by setting up a 'People and Services' Partnership, led by local residents supported by a multi-agency team of service providers.

2.3 Sampling Strategy – within case

The aim of the within-case sampling strategy was to construct a purposive sample of individuals with direct experience of community engagement processes within each project or able to offer in depth perspectives on those processes. Following the selection of case study sites, a sample was identified within each case to encompass different roles and responsibilities. The basis for selection was individuals' involvement in the development or delivery of case study project and community engagement processes supporting the project. This included public health commissioners, project managers, practitioners, project staff, representatives from partner organisations and community members involved in the project. The priority for sampling was to gather sufficient data within the available time frame to produce explanations about processes within each case study and to ensure both lay and professional perspectives were included.

The sample was drawn up in conjunction with project leads in each of the case study sites (see section 2.5). Following the initial sampling, a small number of participants were identified through critical case sampling as individuals were suggested by other study participants (Patton, 2002). The number and composition of the sample varied between case studies because of the differences in project activities and stakeholder groups; however the target was a minimum of five individual interviews and one focus group.

2.4 Methods

Qualitative interview-based methods were used to explore community and professional perspectives in depth. Semi-structured interviews were used as these allowed individuals time to relate their experiences and views in relation to a range of topics (Legard et al., 2003). Interview schedules were prepared for each major stakeholder group that covered a core group of questions and probes relating to community engagement (see Appendix B). The main topics were:

- Project activities and purpose, and the background to the project
- Community involvement in design, delivery and evaluation of project. How and when community members were involved. What makes it easier or harder for them to get involved?
- Whether community members have an impact on the decisions made
- Whether community members feel accepted and included in the project
- Benefits to community members of being involved in the project
- Benefits to the wider community and wider impact of project
- Unanticipated effects and drawbacks
- Connections or links between this project and other projects in the community.

Focus groups were used where community participants usually met as groups. Focus groups allow in-depth discussion on topics and interaction between participants (Kitzinger, 1994). This was an appropriate method because participants were at ease in existing groups and were not expected to discuss sensitive or personal issues. A focus group schedule was prepared, covering the same topics as the interview schedule but adapted so the questions funnelled into a discussion about community engagement processes (Krueger, 1997).

The choice of methods was underpinned by wishing to retain where possible a naturalistic approach to data collection (Silverman, 2006), fitting with the way each project operated and also supporting the preferences of participants on how the interview was conducted. In most cases individual interviews were conducted, but in some instances two participants chose to be interviewed together in a dyad (Morgan et al., 2013). This was usually where people routinely worked or volunteered together.

Case studies often use multiple methods to gain a holistic view; however the time constraints of the study meant that interviews were the main data collection method. Some project documents were collected opportunistically during the data collection and these were used in developing the in-case analysis.

2.5 Recruitment and access

An initial purposive sample of selected case study sites were approached and invited to take part in the research. In all of the sites, the research team were given an opportunity to explain the research and the decision to participate as a case study was made through the normal governance mechanisms of each selected project. One rural project indicated that they would like to take part but it was not possible to make arrangements within the time frame of the research. A replacement case study was identified using a contact known to a member of the research team.

Recruitment of study participants then took place through the case study sites, with the assistance of local project leads (see Appendix C for the recruitment flow chart). An initial meeting was held between the research team, project lead and other relevant stakeholders, and at this meeting potential resource demands on project staff and community members were clarified. For example, most local projects were able to provide a room for interviews and focus groups to be held in. The project leads helped identify a sample of potential participants. While there was a risk that project leads would act as gatekeepers, choosing participants who would perhaps present more positive views, the research team were careful to explain the non-evaluative nature of the study and the importance of gaining a range of stakeholder perspectives.

Project leads then distributed an information leaflet and a letter of invitation to a list of potential participants either by email or through attendance at project activities. Contact details were withheld from the research team at this stage.

Recruitment then took place in two ways. Firstly by the research team following up the invitation by phone, or by email, to ascertain if individuals were willing to take part and to arrange an interview. Secondly, through the project leads arranging an interview or focus group alongside existing project activities. Arranging interviews in connection with individuals' attendance at project activities minimised barriers to participation in the research and reduced the demands on participants in terms of their time.

At the point of the interview, participants were given a further opportunity to ask questions about the study and written consent was obtained. Participants were made aware that they could decide to pass over any questions or withdraw from the study at any time (see Appendix C flow diagram).

All interview and focus groups were recorded using digital recorders. Field notes were also taken by the researchers as a back-up and to help with later interpretation. All interviews and focus groups were then transcribed verbatim.

2.6 Data Analysis

Analysis of case studies involved both within-case and cross-case analysis. The first stage was to describe and understand the individual cases as the primary unit of analysis (within-case) and then to use this analysis to build explanations across multiple case studies (Bergen and While, 2000, Yin, 2009). This meant cross cutting themes could be identified without stripping away the social context of the project. This is particularly important in community health interventions which occur in a complex ecology or system (Trickett et al., 2011).

Thematic analysis was chosen to analyse the qualitative data from the interviews and focus groups (Mason, 2002). The approach was broadly inductive to ensure all relevant themes were mapped, but informed by the overarching research objectives. A staged approach was taken to data analysis to ensure that accounts of the data set were carefully built (see Table 2). This drew on the approach used to synthesise data across five case study projects in an earlier study (South et al., 2010).

Coding

In the first stage, an initial coding framework was developed to encompass themes emerging from the interviews and topics of interest identified from the research questions, the conceptual framework developed by O'Mara-Eves et al. (2013), and the logic model in the scope provided by NICE (NICE 2014). Data from the first two case studies was coded by two reviewers working independently [JT, KK]. The review team then met to agree a common framework and initial thematic categories. The thematic framework was expanded and refined as analysis continued, until all the themes were coded and organised into subcategories with the whole data set.

Within-case analysis

Explanations were built within-case through the production of individual case study reports for each of the case study projects (Yin, 2009). These reports organised and displayed the data as a thematically ordered display with quotations, written up in a standardised report format to allow for later cross case analysis (Miles and Huberman, 1994). Case study reports also included narrative summaries of project context, history and networks; these were drawn from interviews and from project documentation where available. The main areas covered were:

- Case context
    - Historical & Contemporary Context
    - Project activities and organisation
- Method and sample
- Community Engagement

    - Community engagement processes
    - Barriers and facilitators to community engagement
    - Benefits to community members
    - Acceptability of project (wider community, professionals)
- Perceived impact on community / participants
- Sustainability/ development of new projects
- Other emerging issues
- Research notes

Each case study report (with all personal identifying details removed) was checked for authenticity by the project leads or other appropriate stakeholder for that project.

Cross-case analysis

Cross-case analysis was undertaken and involved comparing findings and using an iterative process to build explanations (Yin, 2009). A matrix was produced as a visually ordered display representing the whole data set and summarising the themes across each case study (Miles and Huberman, 1994). In the final stage of data analysis, the matrix was used alongside the case study reports to produce a narrative synthesis across the main themes. The lead researcher [AB] synthesised the findings of the case study reports using an iterative process, returning to the data as necessary to build explanations. All researchers involved in the data collection were also involved in checking the final narrative account.

A major challenge was ensuring the validity and reliability of the thematic analysis as two research teams were involved in data collection. However for the majority of the data collection, there were only three researchers involved [JT, KK, KS] and these researchers led developing the single case study reports. Team members had regular meetings by telephone and face-to-face to discuss emerging themes and analysis.

Table 2 Data analysis

Stage	**Methods**
Stage 1- Data organising and coding	Initial coding framework drawn from research questions, emerging themes and fieldwork notes, and conceptual framework from Stream 1. All interview transcripts coded; new codes added and framework finalised.
Stage 2 – Case study reports	Descriptive accounts of each case study using different thematic categories drawn from coding framework. Summary displayed with quotations in a standard reporting format to allow for later cross-case analysis.
Stage 3 –	Using case study reports to identify patterns, differences and similarities. Themes mapped onto a matrix.

Stage	Methods
Cross case analysis	Emerging explanatory accounts with more abstract categorisations.
Stage 4 – Write up	Synthesis of the key points from the case study narratives and cross case thematic analysis. All researchers involved in analysis and checking final report.

2.7 Ethical Issues

Ethical approval was received from Leeds Beckett University Faculty Research Ethics Committee and from University of East London Research Ethics Committee.

This was a qualitative study that was relatively low risk as it was not researching sensitive issues nor involving vulnerable groups. Participants were asked for their perspectives on a project that they were already involved in and aspects of their personal life or health were not the subject of study. Furthermore, the amount of time commitment involved in participating in the study was relatively short.

Recruitment methods were designed with the aim of overcoming any potential barriers to study participation, by utilising the local project leads. While there was a small risk that project leads would include or exclude specific individuals on hidden criteria, care was taken to explain the non-evaluative nature of study and the critical importance of gaining a range of stakeholder perspectives.

To overcome the risk of coercion, or at least feeling obligated to take part, several safeguards were used. After the initial participant sample was drawn up, local project leads then distributed an information leaflet and a letter of invitation to potential participants. This had full details of study and contact number for the research team if people wanted to discuss anything further. Potential participants were also able to contact the local project if they did not want any further contact with the University.

There were several points at which potential participants could chose to opt out. The research team followed up the letter by phone, or by email, to ascertain if individuals were willing to take part and to arrange an interview. At the point of the interview, participants were given a further opportunity to ask questions about the study. At this stage written consent was obtained. Participants were made aware that they could decide to pass over any questions or withdraw from the study at any time (see Appendix C flow chart).

In reporting results, there has been a need to ensure confidentiality and to protect anonymity. Although case study sites agreed to be identified, individuals' anonymity could potentially be compromised within the case setting. Confidentiality was also a concern as many study participants were well known in communities and there was an additional risk where negative experiences were reported. In reporting findings and displaying quotations we have removed all identifying details, titles, and attributes relating to individuals.

3. Findings

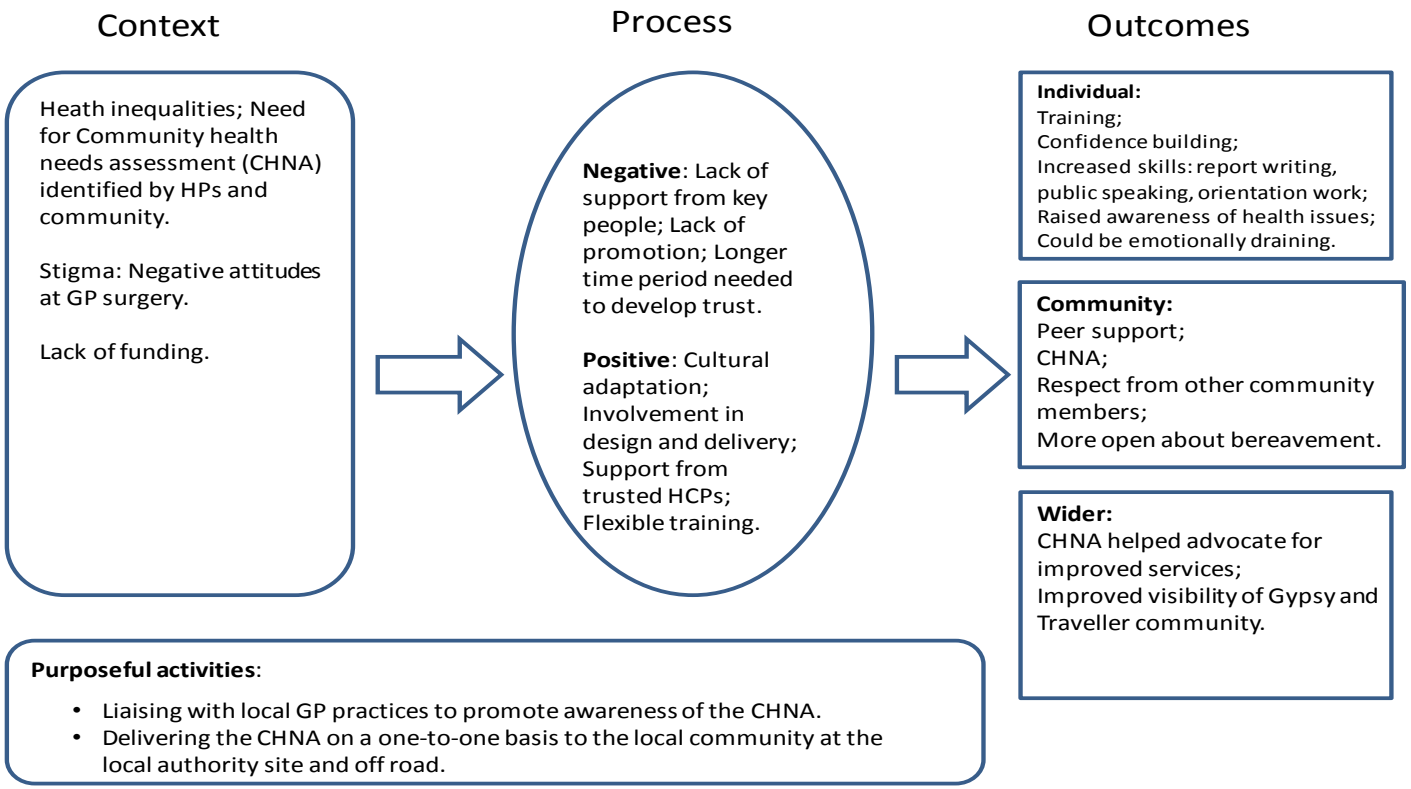
3.1 Case study projects

3.1.1 Leeds Gypsy and Traveller Exchange (GATE) (see Appendix F for case study report)

Leeds GATE is a registered company, a charity and a community members association which is led by, and representative of, Gypsies and Irish Travellers. The overall aim of Leeds GATE is to improve the quality of life for Gypsy and Irish Travelling people living in or resorting to Leeds and they have four objectives: to improve accommodation provision; improve health and well-being; improve education, employment and financial inclusion; and to increase citizenship and social inclusion (Bagley 2014). Leeds GATE is a community-led organisation where volunteers and staff work with local services on a wide range of projects and services. Focussing increasingly on asset based community development and co-production, it is an example of the strengthening communities model of community engagement.

Leeds GATE led a Community Health Needs Assessment (CHNA) to help improve the health and well-being of Gypsies and Travellers in Leeds. The primary aim of the CHNA was to understand the health needs of the Leeds Gypsy and Irish Traveller population from their own perspective. The scope of the health needs assessment was to provide a means of understanding the Gypsy and Traveller health status including the impact of wider determinants of health such as accommodation, financial inclusion and environment. The purpose of conducting the CHNA was to provide enhanced local evidence to influence service commissioning, design and delivery, leading to improved health outcomes, reducing morbidity and mortality, and increasing health and wellbeing for these communities.

- Figure 2 Community engagement pathway: Leeds GATE



3.1.2 Life is Precious (see Appendix G for case study report)

'Life is Precious' is a cancer health improvement project commissioned by Dudley Public Health Community Health Improvement Team. The project used a creative arts approach to engage local people from minority ethnic communities in a dialogue around cancer (Curno 2012).

Previous Public Health community engagement projects in Dudley - 'Blossoms and Mangoes' (Johnson 2008) and The Cervical Monologues (Women & Theatre, 2010) - identified a number of barriers which can prevent minority ethnic communities from accessing cancer screening services.

Representatives from Dudley PCT and Walsall Creative Development Team attended a Community Cohesion Meeting in June 2010, which was attended by community representatives and organisations from across the Dudley borough. The meeting provided the opportunity to give an overview of the project and recruit community interest. This resulted in six community groups being recruited to the project.

The project set out to:

- increase awareness of cancer signs and symptoms and the importance of the three national screening programmes for cervical, breast and bowel cancer;
- involve minority ethnic communities in the development of images to inform the content and design of cancer awareness resources;
- recruit Community Health Champions to spread the cancer awareness messages in their communities beyond the duration of the project.

The project focused on three languages; Urdu, Punjabi and Arabic as these languages were used by a wider minority ethnic population in the Dudley borough based on 2001 census data.

There were five phases of project delivery:

Phase 1: Community Engagement and Recruitment of Participants- extensive development work to shape the project to meet the needs, interests and logistical requirements of the participating groups.

Phase 2: Creative Participatory Arts Process- creative arts workshops aimed to engage community members in conversations around the targeted cancers, screening programmes through art techniques and activities. Graphic designers were commissioned to help turn the ideas and art work into designs for the cancer awareness resources.

Phase 3: Identifying the Outcomes- Quantitative and qualitative evaluation was built in to each stage of project delivery. **T**he Cancer Awareness Measure (CAM) Survey measured participants' awareness of cancer before and after the project. The Short Warwick Edinburgh Mental Well-Being Scale (SWEMWBS) measured changes in feelings and attitudes associated with wellbeing before and after workshops. A variety of tools and techniques

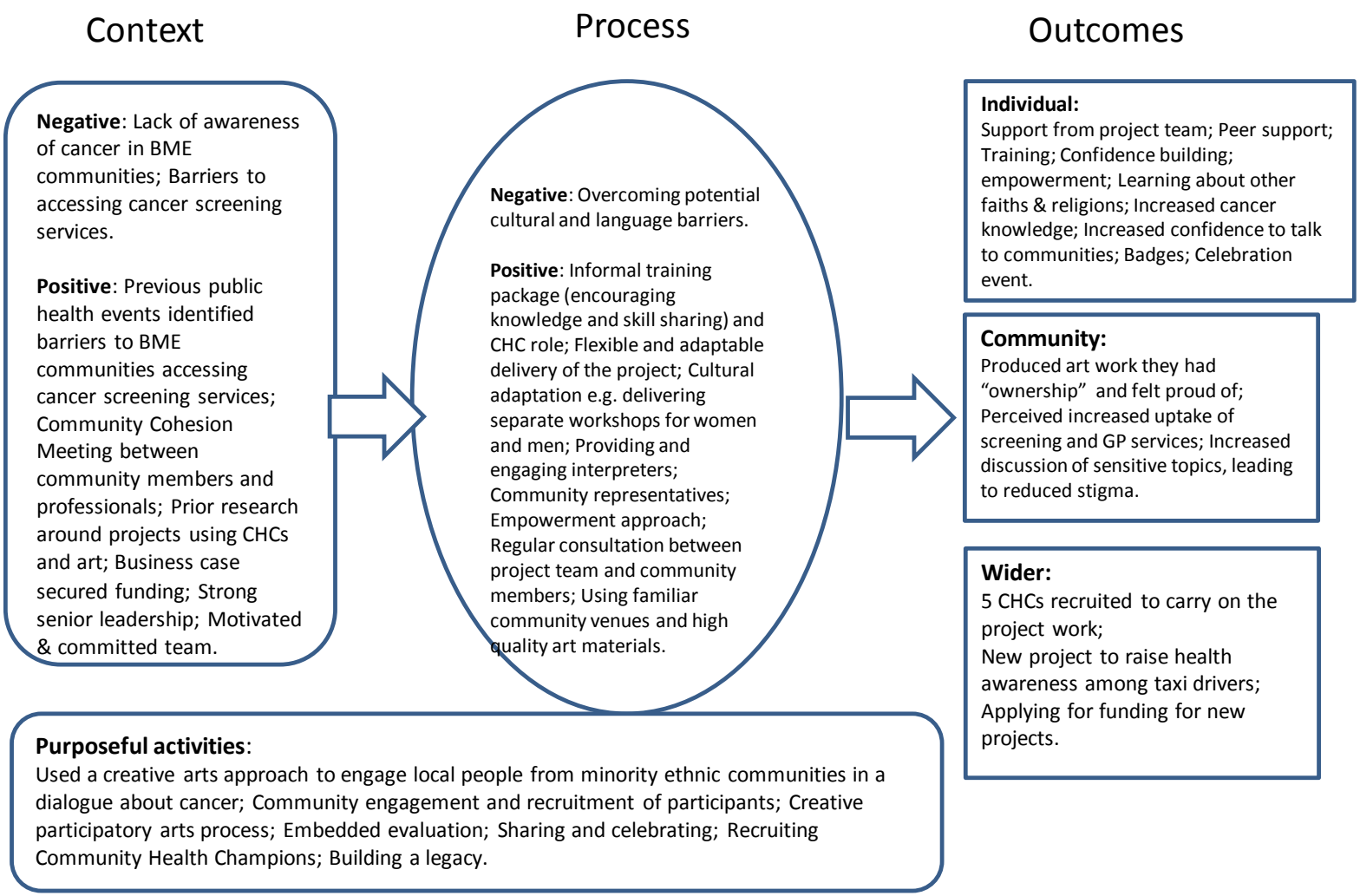
were used to capture qualitative data including artists and participants' reflections on their experiences of being involved in the project.

Phase 4: Sharing and Celebrating- A celebration event provided the opportunity to share and celebrate the hard work and achievements of the participants, enable them to meet with people from the different community groups, share the art work and resources produced and introduce the newly recruited Community Health Champions.

Phase 5: Building a Legacy- Following the workshop sessions, consultation was carried out with all of the interested groups to decide how they wanted to develop the Community Health Champion role. Additional training and resources were developed to support their work.

In total 6 community groups were engaged in the cancer arts and health project, 55 arts workshops were held, 106 participants took part and 54 Community Health Champions were recruited. The words and images developed by the community participants through the workshops informed the content and design of credit-card sized "z-cards" and fridge magnets which were produced in Urdu, Punjabi and Arabic. These are being widely disseminated through outreach events, appropriate venues and those working within health/the local community, in order to reach the wider target audience. (Curno, 2012).

- Figure 3 Community engagement pathway: Life is Precious



3.1.3. Wandsworth Church-based family therapy (see Appendix H for case study report)

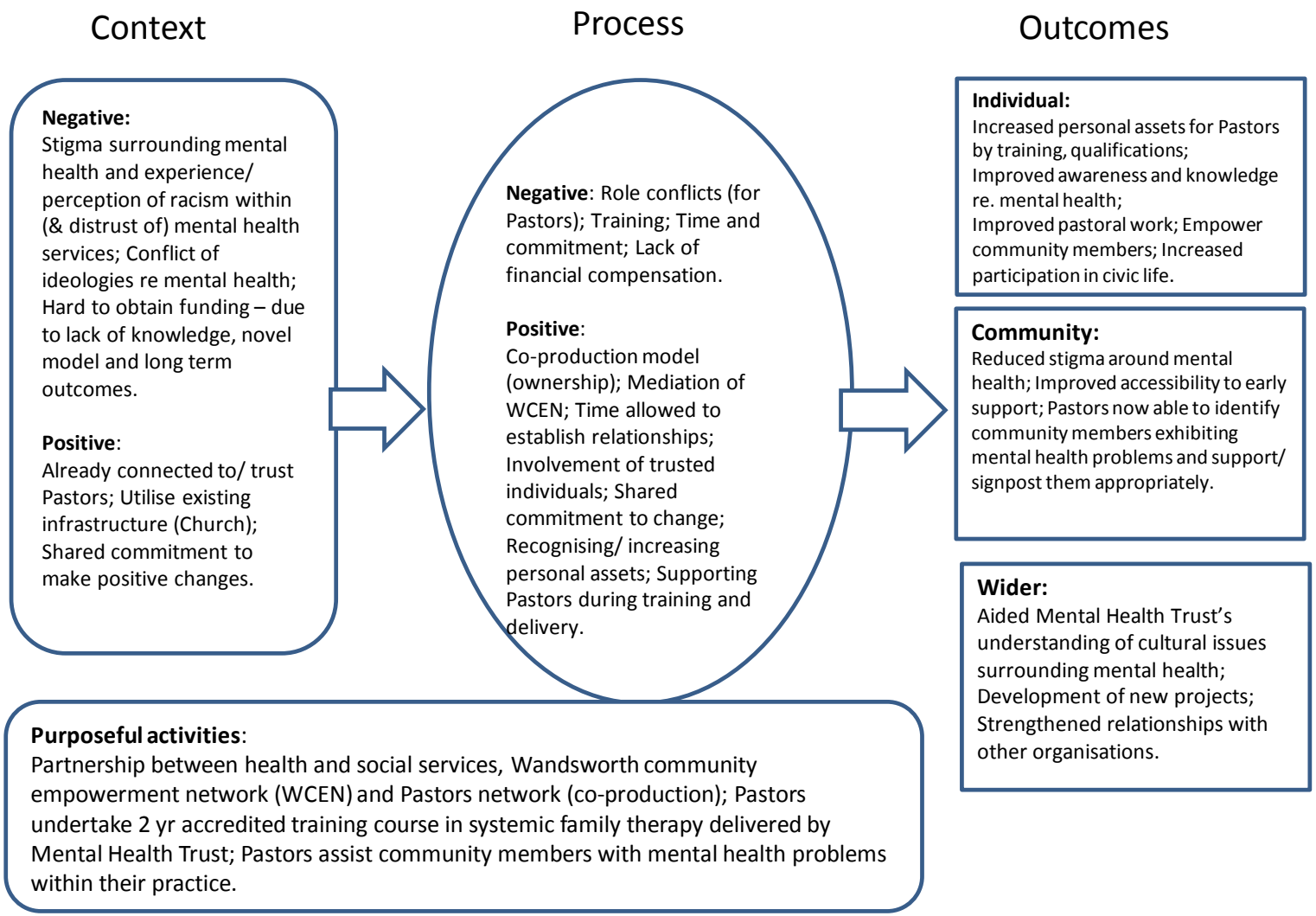
The ‘Church based family therapy in Wandsworth’ project, is a partnership between Wandsworth NHS clinical commissioning group, South West London Mental Health NHS Trust, Wandsworth Community Empowerment Network (WCEN) (Hough & Lyall 2014) and the Pastors Network for Family Care. The aim of the project is to increase uptake of early intervention and decrease use of acute mental health services among the BME community and to embed therapeutic skills inside communities. To meet this aim, pastors undertake a two year accredited training course in systemic family therapy delivered by the Mental Health Trust, enabling them to assist community members with mental health problems within their ministerial and pastoral practice (Burgess and Ali, 2015).

In Wandsworth, BME groups are over-represented in in-patient mental health services. Cultural barriers to engaging in mental health services among BME groups are widely recognised. Barriers to access relate to stigma attached to mental health, discomfort with services and service providers as well as experience/ perception of racism within the service (Rabiee and Smith, 2013).

To address concerns surrounding mental health within the BME community, prior to the setup of the project, a relationship between WCEN (established as part of the Neighbourhood Renewal Programme) and the Mental Health Trust developed. As a result of this relationship, the mental health trust set up Improving Access to Psychological Therapies (IAPT) within local community organisations in order to increase uptake of mental health services among BME groups.

In 2009/10 a community conference arranged to discuss health issues within the community, brought the WCEN, church members and the Mental Health Trust together. During a conference, shared concerns surrounding mental health within the community and potential collaborations were discussed within working groups. As a result, the Family Therapy Pastors Network was established to co-produce the project.

- Figure 4 Community engagement pathway: Church-based family therapy in Wandsworth

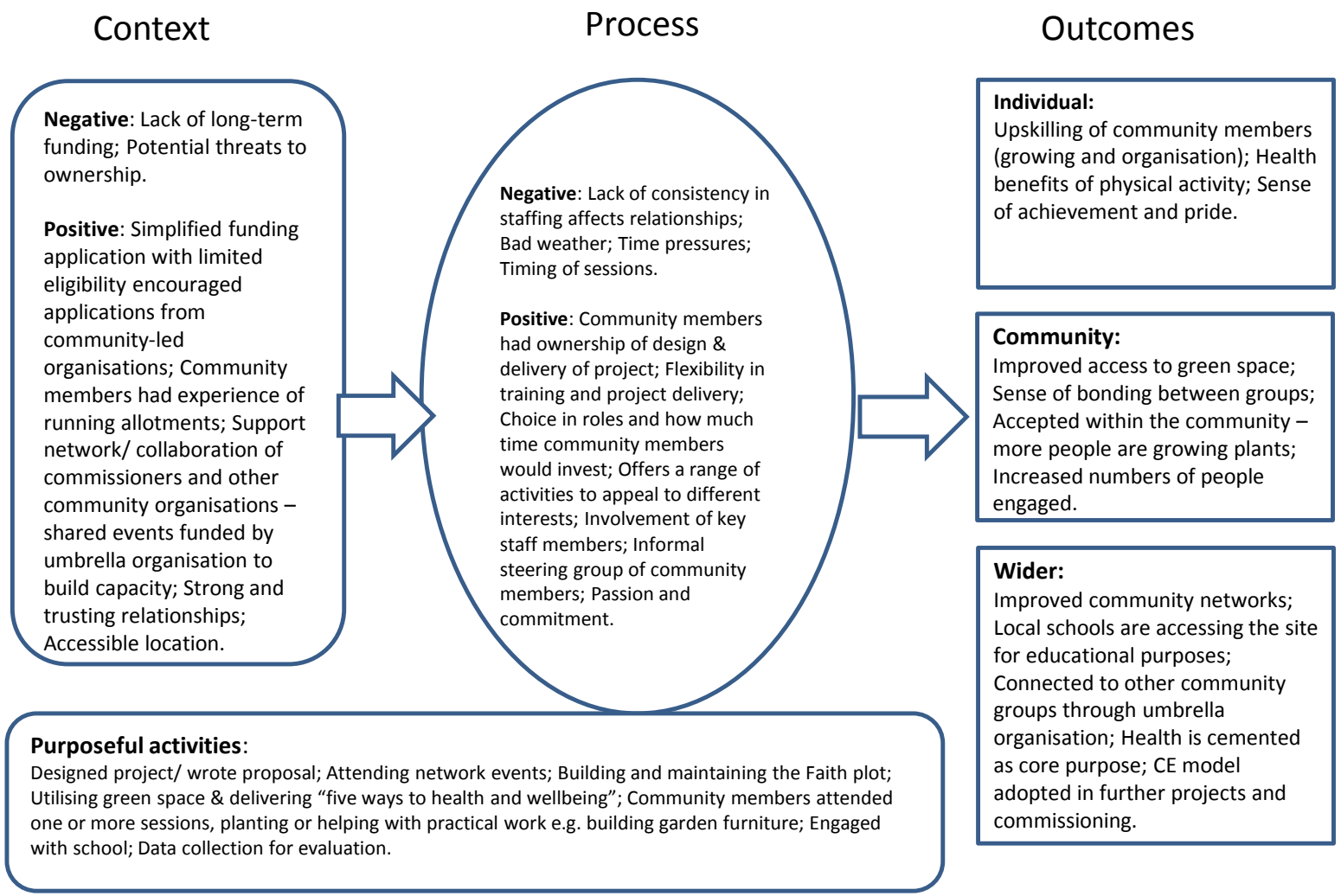


3.1.4 Friends of Everton Park Faith plot (see Appendix I for case study report)

The Friends of Everton Park are an open voluntary organisation of partners and communities who were established in 2010, to work together to make the Park a common treasury for all. The Park is rooted in and around Everton, Liverpool. The Friends run an annual programme of events where the local residents engage into music, sports, arts and leisure events. In 2012 the Natural Choices Programme was delivered, funded by Liverpool PCT and ran in partnership with The Mersey Forest. The aim of the programme was "to promote health and wellbeing in Liverpool residents by utilising natural environments and the talents and interests of communities" (Liverpool PCT). A total of 38 community projects were funded by the Natural Choices Programme (Wood et al. 2013), including the development of the Faith plot by Friends of Everton Park. It is this project that is the focus of this case study.

Initially, in the 1970s the plot was housing in the form of high rise flats. The flats were demolished and the remaining land owned by the Archdiocese was left as free open space. In June 2011, the Friends of Everton Park began working on the acre, clearing it with tractors and planting on it. During this process there was no formal lease for the work. The land was then sold to the Council who built Faith Primary school upon the land. In February 2012, the Friends of Everton Park received funding from the CCG which resulted in Faith plot being built. The plot consists of a portacabin, two allotments and two greenhouses. Faith Park is attached to the school and is leased to the Friends by the Council. The Faith plot has been transformed from a c.75 acre of derelict land into a well-used growing space for fruit and vegetables, that includes build beds, sitting areas and sheds and green houses.

- Figure 5 Community engagement pathway: Friends of Everton Park Faith plot



3.1.5 Connecting Communities (see Appendix J for case study report)

Connecting Communities (C2) is a framework for transformative change in disadvantaged communities, based on evidence of what works from experience and reflective practice. It is a seven step process that engages both service providers and residents receptive to the need for change to solve sticky problems and improve everyone's lives. It was implemented in two Kent neighbourhoods – Cliftonville West in Margate and Newington in Ramsgate from 2012 – and is showing signs of real transformation and sustainability.

The C2 framework is a flexible guide for participants, allowing each area to tweak it to local conditions thus allowing each area to move at the speed necessary to them. It forms a resident-led partnership, supported, not steered or directed, by service providers. It starts by recruiting key residents who design and deliver the initial process beginning with an invitation to all residents to a listening event where the issues of the neighbourhood are discussed openly and equally between residents and service providers in a non-hierarchical social atmosphere. Feedback comes quickly and a resident-led partnership is formed, and then the action begins.

The C2 7-step guide to Transforming Challenged Communities

Step 1: C2 begins creation of enabling conditions and new relationships needed for community transformation at strategic, frontline service delivery and street levels. C2 Strategic Steering Group (SSG) established. Target neighbourhood scoped and local C2 secondee appointed. 'Key' residents identified to jointly self-assess baseline connectivity, hope & aspiration levels.

Step 2: Establish C2 Partnership Steering Group (PSG) of front line service providers with key residents, who share a common interest in improving the target neighbourhood. Hold connecting workshop and identify team of 6-8 members to attend 2 day C2 '1st wave' Introductory Learning Programme.

Step 3: PSG plans and hosts Listening Event to identify and prioritise neighbourhood health & well-being issues and produces report on identified issues, which is fed back to residents and SSG a week later. Commitment established at feedback event to form and train resident led, neighbourhood partnership to jointly tackle issues.

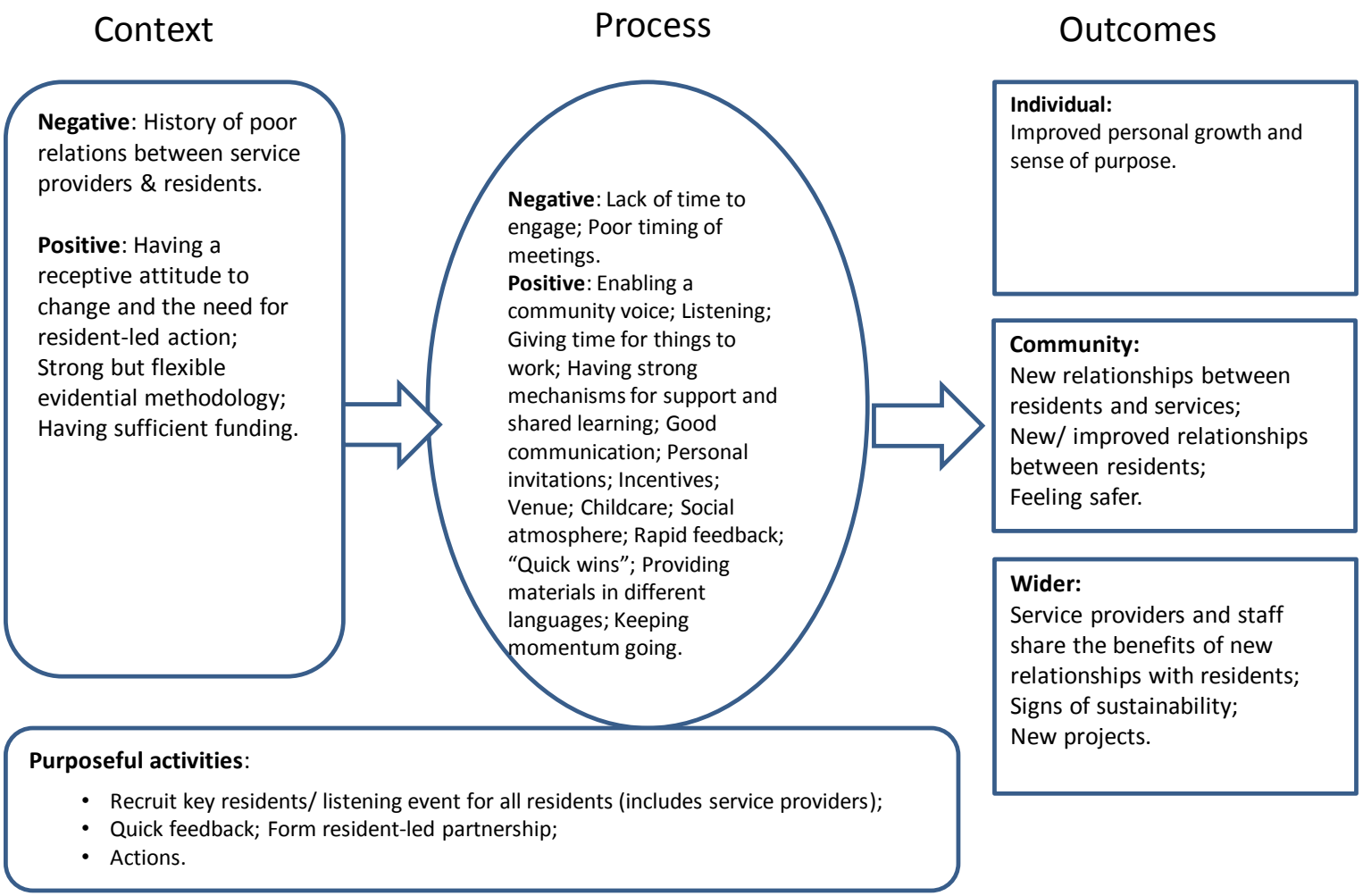
Step 4: Constitute partnership which operates out of easily accessed hub within community setting, opening clear communication channels to the wider community via e.g. newsletter and estate 'walkabouts'. Host exchange visits and meetings with other local community groups and strategic organisations. Identify '2nd wave' of 6-8 new learners to C2 Experiential Learning Programme.

Step 5: Monthly partnership meetings, providing continuous positive feedback to residents and SSG. Celebration of visible 'wins' e.g. successful funding bids which support community priorities and promote positive media coverage, leading to increased community confidence, volunteering and momentum towards change. Partnership training undertaken to further consolidate resident skills.

Step 6: Community strengthening evidenced by resident self- organization e.g. setting up of new groups for all ages and development of innovative social enterprise. Accelerated responses in service delivery leading to increased community trust, co-operation, co-production and local problem solving.

Step 7: Partnership firmly established and on forward trajectory of improvement and self-renewal. Key resident/s employed and funded to co-ordinate activities. Measurable outcomes and evidence of visible transformational change, developed from the communities' identification of its own issues e.g. new play spaces, improved residents' gardens and reduction in anti-social behaviour all leading to measurable health improvement and parallel gains for other public services.

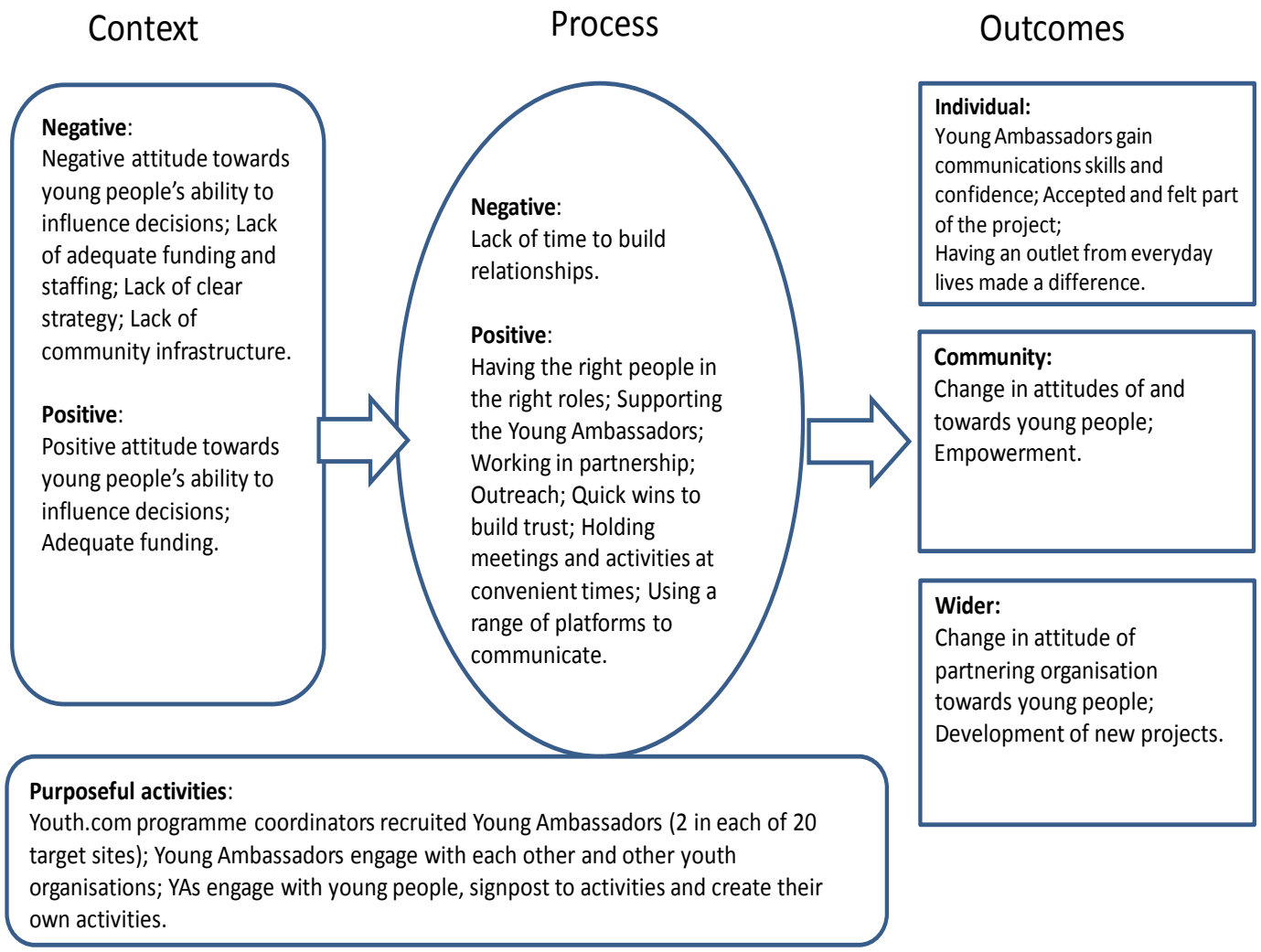
- Figure 6 Community engagement pathway: Connecting Communities



3.1.6 Youth.com (see Appendix K for case study report)

In 2006, the Well London Alliance, led by the London Health Commission and joined by 6 other pan-London organisations responded to a call from the Big Lottery Fund Wellbeing Fund, and applied for funds for the Well London Programme. During the second round of the application process, the Well London Community Engagement Process was piloted in two target London Boroughs. What emerged amongst the top themes from the engagement was that young people were a particular issue to the communities. The Big Lottery had already set three theme areas, Physical Activity, Mental Wellbeing and Healthy Eating to which the Well London Alliance had added Improving the Environment and Arts and Culture. To this was added the young people theme and Youth.com (originally called Youth.commUnity) was created to be led by Central YMCA (CYMCA), the partner with the most experience of engaging young people. The idea was to have a young people's coordinator in each Well London area supported by a project budget, training and a central team. A CYMCA Well London Programme Manager was recruited with day to day management of Youth.com. This was followed by the recruitment of two Youth.com Programme co-ordinators each in 10 of the target sites. The idea was to recruit hopefully two Young Ambassadors in each site, provide them with some expenses, project money, training, and support, and network them together and with other external youth organisations. The Young Ambassadors would be recruited from within the target areas, integrated with the wider Well London Programme, and they would then set about engaging with other young people from the target areas and signpost them into the various activities as well as using the small project funds to create their own activities (Craig, 2010).

- Figure 7 Community engagement pathway: Youth.com



3.2 Sample

A total of 55 people took part in five focus groups and 26 interviews across the six case study sites: these participants comprised 28 community stakeholders and 27 professional stakeholders. Due to the community-led nature of some of the projects, some of the study participants could be described as both community members and project staff - the research team has placed them into the Community Stakeholder category in Table 3 below.

Table 3: Case study participants

Case study	N of interviews	N of focus groups (n participants)	N professional stakeholders	N community stakeholders	Total N participants
Leeds GATE	3*	1 (3)	4	3	7
Life is Precious	5*	2 (10)	6	10	16
Wandsworth Church-based family therapy	6	1 (10)	6	10	16
Friends of Everton Park	2	1 (3)	3	2	5
Youth.com	5	0	4	1	5
Connecting Communities	5*	0	4	2	6
TOTAL	**26**	**5**	**27**	**28**	**55**

*One interview was conducted as a dyad (with two participants)

3.3 Need for project

Projects stemmed from an observed need within the community. In 3 case studies, the need was already noted by health professionals working within the community e.g. over-representation of BME population accessing mental health services, neighbourhoods with multiple deprivation, or cultural barriers to accessing services:

> "*In relation to the previous project… that identified as to why women didn't take up screening and they said that there wasn't reliable information available in their own languages and communication barriers and a lot of myths and the cultural barriers as to why they shouldn't go…"* (Professional Stakeholder)

while in 3 case studies the observation of need came also or instead from community members or those who worked closely with them in a non-health context, for example, the

general poor health of the Gypsy and Traveller community was well known and their needs as an ethnic minority had not been assessed as they were not included in the Census as such until 2011.

> "*We know that being excluded, being isolated, being marginalised, being stereotyped, we know that has a significant effect not just on mental health but on physical health as well and that was something that we were really keen to get out there to say that actually this discrimination is making us physically ill and its costing us our lives and its costing us our family members*." (Community Stakeholder)

> *"We have a lot of negative press and you know, for somebody like myself who's been in the area for over twenty five years, that is very sad. And when I came to the area it was … thriving … and somewhere along the line we lost that…We became benefit land, unfortunately." (Community Stakeholder)*

In both situations, whether need was identified from within or outside the community, a catalyst for the project seemed to be the release of relevant policy, legislation or funding e.g. in Life is Precious the 2007 cancer reform strategy highlighted a lack of awareness of cancer in BME communities, while for Friends of Everton Park, funding was given by Natural Choices for green space projects where health needs were greatest, or the catalyst was a significant event within the community e.g. death of a well-known community member (1 case study).

Theoretical underpinnings

Four of the projects were based on explicit theories or models: Connecting communities (7 steps); Youth.com (ambassadors/ diffusion (see Glossary)); Wandsworth Church-based family therapy (co-production), or adaptations of existing models (e.g. community health champions in Life is Precious), while others did not outline a specific model or theoretical underpinning, although both of these projects had clearly stated aims: Leeds GATE - to conduct a Joint Strategic Needs Assessment; Friends of Everton Park Faith plot - to increase social capital and develop capacity within deprived communities and explore new ways of engaging deprived "vulnerable" communities in health and wellbeing activities.

3.4 Barriers to community engagement

Barriers to community engagement fell into two main categories: contextual barriers within the community, or direct influences on the community engagement process (process barriers).

Contextual barriers

A common perceived barrier (in 5 projects) was **stigma**, both within the community, and in attitudes from those outside the community. Some of these concerns centred around "sensitive" health issues, such as mental health or certain types of cancer, which resulted in a reluctance of community members to discuss these issues, and also difficulties in dealing with them such as not attending cervical screening appointments, or community

stakeholders not wanting to engage with other community members who had mental health problems:

> *"… in these communities, [there is] a lot of misunderstanding of what is mental health and mental illness; a lot of fear, a lot of stigma about mental illness. So when you had people who were coming from that mind-set, there was actually quite a number of steps and quite a lot of engagement and quite a lot of learning that was about paradigm shifting that needed to happen before you could even get engagement."* (Professional Stakeholder)

In the Youth.com project, it was reported that the attitude held towards young people was that it was great to have them involved as participants but that they weren't capable of influencing decisions in a useful way. Some felt that they were being kept away from power, and others that it was a question of respect or lack of it by adults for young people, and this was a barrier to full engagement.

> *"I mean the barriers definitely came from gaining the respect of adults who didn't necessarily believe in full participation… there was one instance …, where the young man was trying desperately. He'd done all the research. He'd asked around and he designed this – I think it was table tennis. The young people had said they really wanted table tennis, some lessons in table tennis, and so he partnered up with [other partners], I think, to get some of this in place for the youth club that was there. And he could not find a table tennis instructor who would actually work with him. They wanted to speak to me and I refused to do so. And I had a phone call from one of them, because he passed on my details, and I had to tell them like this has nothing to do with me. You need to negotiate with that young person and I will support that young person, but I'm not going to be talking to you, you know. And that was really empowering for the young person. And eventually through that ambassador, he had the confidence to actually go out there." (Professional Stakeholder)*

In the Leeds GATE project, the unhelpful **attitude** of some professionals (mainly GP receptionists) resulted in negative experiences for community members when they were asked to display posters in clinic and GP practices:

> "*So some people would include the information and say that's not a problem yeah we'll put it on the board, others were really offensive and made them feel very small."* (Community Stakeholder)

> *"It's like being racist to be honest is how I felt."* (Community Stakeholder)

In one case study on neighbourhood regeneration, a **history of poor relations between service providers and residents** was seen as a barrier to engagement. This history made residents cynical and sceptical and often unwilling to engage because they find it difficult to believe anything is going to change:

> *"To start with – residents have been consulted to death, you know, and, "Do you know what? We would like another bin," and they'd get a bench (laughs) because that's what the service providers have said that you [need]…Yeah. So they just*

think, well, what's the point of saying anything? It's like, you know, you're not going to listen to me anyway. So it's that." (Community Stakeholder)

In the Wandsworth project, there were perceived **role conflicts** within professionals or community members who were taking on additional roles. Specifically, there were some concerns among community Pastors that partnership with mental health services would lead to a more secular delivery of ministry and distrust of mental health services:

"There needs to be some level of interest in the faith groups for wanting to do this. Historically, faith and mental health is a problematic, and not very easy, association. So [people with mental health problems]*, clinicians, practitioners in mental health services were often very, very suspicious of faith leaders, and faith leaders were suspicious of the mental health structures." (Professional Stakeholder)*

There were also concerns in the Wandsworth case study about maintaining credibility within the existing Pastoral role once an additional role was introduced:

*"Yeah, just see it as another resource that you bring alongside … all those wonderful things that you do that makes people feel great ... Don't lose that. I think that could become a challenge… Managing that balance. Don't lose yourself in the process of kind of learning new ideas..." (*Community Stakeholder)

Funding could be seen as both a contextual barrier and a process barrier to community engagement.

Lack of funding led to limited opportunities for training of community members, limited resources for project delivery and lack of childcare facilities and other necessary resources to support engagement of community stakeholders.

In Youth.com, the original funding amount was halved, which reduced staff capacity and resulted in changes to the model, timing and length of delivery:

"…our early estimate of what would be ideal would be one coordinator per borough proved in hindsight to be – certainly two across all twenty was nothing like enough, and they (the Youth.com coordinators) put a huge amount of time and energy into supporting the young people." (Professional Stakeholder)

Short-term funding led to a need to gain further funding, which some community groups felt ill-prepared for in comparison to other groups which may have been competing for the same funding:

"And also sometimes the governance of community organisations is not always as robust. And so if you're going for a bid and, you know, the Mental Health Trust bids for it, they will fill in the form perfectly, they have an audit committee, they'll have a Director of Finance, they'll have a whole system behind them which kind of makes sure they're able to kind of fill the requirements of a funding organisation, whilst community groups don't have that, which puts them at a massive disadvantage… [Community organisations] are unable to complete all the robust criteria

[commissioners] put in to ensure the appropriate spending of public money, that in itself can become a disadvantage." (Professional Stakeholder)

The novel methods and models used in some of the case study projects (such as co-production) were sometimes perceived to present a barrier to obtaining further funding. This is probably linked to the perceived value and (lack of) understanding of community engagement by the wider public health and health services organisations:

> *"having justified or legitimised the work with the results from the first year, and being – sort of seeking to go forward with another year, again the argument comes up well, what is it? It doesn't fit. It doesn't coincide with anything else, so why are we doing this? And so it's constantly justifying who we are, what this is, why do this?"* (Community Stakeholder)

> *"We're not perceived to have assets. We're not perceived to be contributors. We're not perceived to be actual suppliers of a service, and I think that has to be, again, a shift in terms of can community leaders be trusted to be able to be competent deliverers of this service?"* (Community Stakeholder)

It was also suggested that projects which focus on capacity building and long term outcomes, thus lacking immediate health outputs, could be a concern to commissioners:

> *"I think it's understanding that it's … those longer term outcomes, … having to be a bit braver, putting money in where you don't necessarily see anything overnight. So, [commissioners] want some stats, [commissioners] want some outputs, [commissioners] want some outcomes and… [commissioners] kind of want to be able to monitor something. But sometimes [commissioners] are having to say, you know, this is about building some capacity, building those skills and that knowledge within the community, and the outcomes or even the outputs don't come quick and easy. So I think that be tricky."* (Community Stakeholder)

Cultural barriers were found to be important contextual barriers if not handled correctly. For example, professional stakeholders in one project mentioned that running workshops during religious meeting times had resulted in poor attendance in previous projects. One of the projects needed to put on separate groups for men and women, and took steps to overcome language barriers by using a translating service to provide interpreters. A key factor in overcoming this barrier was using interpreters who were enthusiastic about the project and keen to participate:

> *"What we were looking for was somebody that could speak the same dialect, and we also explained that we don't want somebody to just sit there, they have to be engaged in the process and they all vetted for those skills and they were asked to attend a briefing meeting so that they were aware of the … messages."* (Professional Stakeholder)

> *"Putting on separate men's and women's workshops as well – if that was a barrier for some people being involved in a joint workshop. We had another group that was two separate groups that came together so obviously initially they were people who didn't know each other and were from different groups but they very quickly built through*

the art; I think it's such a great way of everybody coming together and doing something in common." (Professional Stakeholder)

Process barriers

Training was perceived to be a barrier in two projects, with community members potentially being put off taking part due to the time needed to complete the training and due to community stakeholders' concerns about the nature of the training and about their own ability to engage with a particular learning style (this was particularly an issue in the Wandsworth project where Pastors undertook a 2 year training course in family therapy):

"This is an investment in us and as such, taking into account the needs, if you're not an active learner, if you've not gone the academic route and stayed in touch with that, it can be quite daunting to be told, okay, we now need you to prepare. You're going to need to do essays, you're going to need to do this." (Community Stakeholder)

"… I think we thought that because it was going to be once a month, we'd be meeting, you know actually coming here and having tutorials and everything, that you know, we could manage that. But then the work in between actually coming together is very, very intense and very time consuming. And if you think one of the barriers is the amount of time that it takes to actually do the coursework, to get your hours in, to do your client logs, you know, to do your reflective logs and all the other things, it is a lot to do…." (Community Stakeholder)

"So you have to be committed to doing it, and there have been occasions when I have turned to my fellow friend there and said to him, "I've had enough. I'm not doing it," because you know, sometimes you do think to yourself, well what am I doing it for? And then you remember what you're doing it for, you know, but there have been times when you've thought this is just too much." (Community Stakeholder)

The time and skills/ experience needed to complete paperwork (such as funding applications and evaluations) was another perceived barrier to community engagement. Projects tried to avoid formal Disclosure & Barring Service (DBS) checks and paperwork where possible.

Staff in one project proposed to overcome these barriers by designing an informal training package for the community health champion role, the training aimed to encourage community members to share their skills, knowledge and experience.

Lack of support or commitment from key people was a barrier to community engagement. For example, one project reported barriers due to a lack of support and direction from a professionally-led steering group:

"*It was like the steering group had vanished into thin air*" (Professional Stakeholder)

"In terms of getting a greater response from the community then we would've needed GP practices on board." (Community Stakeholder)

"So we were fighting a bit of a battle already you know and we didn't have key partners consistently on board with us […] disgusted – that nobody turned up at the steering meeting you know" (Community Stakeholder)

Lack of resources, such as staffing or adequate venues, as well as lack of funding, was also cited as a barrier to community engagement. Lack of funding led to limited training, delivery resources and other facilities such as childcare.

For example, there were potential barriers for community stakeholders around delivering a new project alongside pre-existing activities, due to needing extra time for training and delivery. Drawing on professional stakeholders' previous experience, this barrier was overcome through ongoing consultation that resulted in the flexible and adaptable delivery of the project. Community members were able to contribute as much or as little as they wanted to the project.

"No obligation, just to find out a bit more about what might be involved, what you could do, come along. We did some meetings and just talked to them about how they saw the role really 'cause it was very much designed to be flexible and to enable them to do really as little or as much as they wanted to do; and the sort of support they would need, the sort of training they would be interested in. And again it was all very tailored to each group because obviously they were all quite different and have different kind of ideas." (Professional Stakeholder)

On the other hand, participants' time to attend training, complete assignments, attend meetings and carry out community-based work was also seen as a valuable resource that should perhaps be **acknowledged** by payment, or at the least by recognising that volunteers have other commitments:

"And that whilst it's always a difficult subject some sort of, I think remuneration for meeting some of those and delivering those services should also be considered. Because by us delivering and doing and meeting those services there are savings being made. And I'm not saying necessarily that we should be paid hundreds and thousands but some remuneration that actually recognises that also is important." (Community Stakeholder)

Lack of resources to advertise community projects could also lead to a lack of engagement, due to community members not being able to find out about the projects or about relevant meetings and activities.

Lack of time of community members to attend meetings and action change was cited as a barrier, which could be overcome by attention to the timing of meetings. Meetings held in the day excluded those that work, and meetings held in the evening or weekends were often resisted by service providers.

It was suggested in the Leeds GATE case study that the Community Health Needs Assessment (CHNA) could have been **promoted over a longer period of time** via community events that would explain what it was and why it was being undertaken, and

make the community aware that the members of the resource group would be coming to collect the data.

Youth.com noted **a lack of time to build relationships**, which was seen as not just due to the delayed start of the project, but also due to the target driven nature of these types of initiatives. It was suggested that funders, who are often target driven themselves, expect projects to be hitting results almost from the off but it takes time to build relationships and establish trust especially amongst communities that have been traditionally excluded.

Professional stakeholders reported that community stakeholders **not feeling involved/ represented** had in the past presented a potential barrier to community engagement. This was overcome by on-going conversation and consultation and ensuring each individual group was represented.

> *"We did think that to get a consensus on the final resource when there were so many different personalities and communities but we managed it because it's a very…you can't have a fixed idea."* (Professional Stakeholder)

3.5 Facilitators to community engagement

In a similar way to the barriers to community engagement, facilitators of community engagement could also be contextual or have a direct influence on the process of community engagement. Many of the facilitators that participants talked about were the results of barriers that had arisen in previous projects, and steps that had been taken to overcome them in the current projects. Some have already been mentioned in the preceding section on Barriers to community engagement.

Contextual facilitators

Having a strongly **established community** or network, and **trust** within that community enabled new initiatives to engage with the community more easily. For example, the role of the Wandsworth Community Empowerment Network, in bringing individuals and organisations together as well as negotiating the relationships was felt to be key in establishing the new initiative. Trust in key individuals was felt to be important, which in one project meant that consistency in staff was important.

> *"What has made it work I think has been the mediation of WCEN. I don't think it would have worked without a third between the Trust – even though we were a very small department, but I think [NAME] has done a really fantastic job of negotiating across the CCG, the Trust, New Testament Assembly churches and WCEN, and that's a very skilled piece of negotiation. So I think that's the other thing that needs to be understood. There needs to be some way of mediating." (Professional Stakeholder)*

Enthusiasm or passion of professional and community stakeholders and volunteers for the projects and communities involved was also a key contextual facilitating factor cited in two projects.

> *"I think what makes it work well is the enthusiasm of the Pastors – that's working well – and that enthusiasm is probably driven by increasing demands and the need for supply. And it is increasing." (Community Stakeholder)*

In the Youth.com project, having a positive attitude towards young people's knowledge of their own experience and issues, and the ability to devise solutions themselves, if with some support, was seen as a facilitator to positive community engagement.

> *"…by engaging with the young people, we were able to target and deliver projects that young people really wanted on the estate, you know. So it was very much an empowering process that was very bottom up and not a top down process. And you're able to keep people and engage people in such a programme because their voice and working alongside a professional, they're doing a co-production where they are on an equal setting with the professionals. So it was very, very, very different and had a very positive impact." (Professional Stakeholder)*

Process facilitators

Community and professional stakeholders mentioned **spending a long time** building up a project as a facilitating factor, allowing establishment of relationships and links to existing networks.

> *"And to get to where we are now has taken about seven/eight/nine years anyway. So I think all of that kind of work needs to be, I suppose, understood and recognised because it's the groundwork to relationships. The trust is a big thing." (Professional Stakeholder)*

> *"I would definitely say if you want to do community involvement then extend timeframes, you know it's not a 12-week process; this is if you truly want to include community members in it you know, because you have to revisit language*." (Professional Stakeholder)

> *"It does take time. It's no good saying we're going to do this in such and such a time. It will take its own time." (Professional Stakeholder)*

Commitment and involvement from key and respected people and organisations was seen as essential to successful community engagement, by providing expertise, support, endorsement or by actively recruiting community or professional stakeholders to join the project. One project cited organisational and individual commitment/ responsibility to make positive societal changes as a facilitating factor, while another felt that having a strong, supportive reference group of community members and trusted workers was key, as well as dedicated input from a well-respected community health professional. One project benefited from a network of support (collaboration) from commissioners/ external project managers as well as other funded projects.

"…I think that was very, very important because in the early days, even to get other Pastors into the room, we used his name. He wrote to them, he invited them, and he opened a lot of doors for allowing those people to come into the room, and I think that's very important to understand… So we had to understand that quite often where we had no relationships, then they quite often needed to be opened by a pastor who was respected, a bishop who was respected and who would, if he said that actually this is something that would be worthwhile, would therefore be at least – you'd be able to at leave the opportunity to have the first meeting, to be able to convince them." (Professional Stakeholder)

"*The specialist health midwife helped us, she helped facilitate that as well; she was really great […] having a key member within the health you know, on board, wholly on board who isn't dictating the agenda or manipulating what's happening, like to fit in with their own work..*." (Community Stakeholder)

Having the **right people in the right roles** was also seen as important by both community and professional stakeholders:

"I think it is important because, obviously, if you have someone who isn't very active, or isn't able to communicate well, then obviously the outcome of the project is not going to reflect what your aims are. So I feel that you do need someone with a strong character, someone who is able to organise things and, at the same time, relate to whatever target group you're trying to target. And I think that's something that [organisation] did really well." (Community Stakeholder)

"The people employed to do the jobs have to have the skills, the experience and the knowledge to do a good job. And I suppose the person who's hiring them needs to know what those skills are in order to hire the right person." (Professional Stakeholder)

A sense of **ownership** of the projects was felt to be critical**.** In one project, many stakeholders identified their own role in setting up the project. Projects which successfully engaged the target communities seemed to be those in which the community had or were given ownership of and led decisions made relating to the design and delivery of the project (4 projects), its evaluation (1 project) and its future direction (2 projects). One project mentioned the related need for service providers to have a receptive attitude to change and to the need for resident-led action.

"Yes, and I think they feel an ownership in terms of how it goes forward. They don't feel that something's going to be done to them." (Professional Stakeholder)

"So everybody knew what we were planning to do all the time because we had community members that were feeding back and an actual curiosity within the community." (Community Stakeholder)

"That was a big piece of work in that [names] identified the GPs themselves, in their time planned together when to go there and how they were getting there and that was really important so that there was no spoon fed thing happen; this was really about empowering and taking control of the project." (Community Stakeholder)

"at the beginning it was the … community workers that were kind of expected to represent the young people. And that was not the best approach. With my background in community development and participation, I felt very strongly that the young people should be actively having that input, sitting at the table with the commission and all the partners and collaboratively designing the project." (Professional Stakeholder)

Community stakeholders could be supported in taking ownership of projects by a strong, supportive **reference group** of professional stakeholders or community stakeholders

"And what happens now is that that group will now form a plan. You know, and we'll help them with this. We would find coaching and all sorts in this. And what happens, is we'll agree a date for this listening event. And then – and again, residents are leading all of this and planning it. And with it, they'll be supported by their providers but they're doing it." (Professional Stakeholder)

Ensuring the training was **adapted to meet the cultural needs of community members** was also a key facilitating factor in engaging the community. This included culturally appropriate and accessible training and resources (e.g. running same sex groups where appropriate), identifying target audience and languages for interpretation purposes, and generally being sensitive to religious and cultural beliefs and needs. Projects involved **on-going conversations about acceptable images & messages** that could be fed back to communities;

"*We were rehearsing, we were looking at questions and starting to collate some questions together and then we were going to the community, how would they feel to be asked this*." (Community Member)

"*To work with them in a way that they could produce some resources that were culturally appropriate and accessible to them."* (Professional Stakeholder)

"*Quite a lot of them got the faith and their religious aspect, it was ensuring that we're not running the workshops from that are going to clash with those dates as well and ensuring that they are able to pick their children up on time"* (Professional Stakeholder)

Flexibility was also identified as a facilitating factor, for example in project delivery, the protocol could change during the funding period to meet the needs of the community; or within the range of roles that volunteers could assist with to meet their own interests. Holding meetings and activities at convenient times for community members was mentioned as a facilitating factor in Connecting Communities, Life is Precious and in Youth.com by professional stakeholders:

"Definitely we scheduled meetings at times which were convenient to them, in locations which were convenient to them. That was really important. If they were out of time, we'd help with expenses, travel expenses. That was really important." (Professional Stakeholder)

Community stakeholders were engaged in evaluation and delivery from the start, for example by asking community members about the best time to run workshops, barriers, preferred type of art, childcare, food, etc.:

> *"We consulted on that and the best time to run the workshops and we also looked at any barriers they may have had to engage in the project. That was really important because that was one of the reasons why some of them were getting a bit reluctant and that's where we mapped all that out. So we came back and we had our discussions, kept all the notes. I think the key was to be consistent and fair with all the groups, I think that was really important and I think being honest and the resource…as I said we've explained the aims and objectives but we didn't know how it was going to pan out totally; so that's the initial engagement*." (Professional Stakeholder)

One or two projects also held **reflections** at the end of each session to assess what did/did not work well (informal evaluation)

> *"We did lots of chatting with them, and got, and asked them for their feedback, … as it was coming to, each session was coming to a close."* (Professional Stakeholder)

Having **good communication** channels and media in place was seen as an essential facilitator by the local stakeholders in two projects, in terms of inviting people to take part, ensuring that meetings and activities are advertised and promoted to all the right people, and giving feedback on decisions being taken forward and other outcomes. In Connecting Communities, professional stakeholders mentioned that communications needed to be adapted to audience, new media for some, older style letters and newsletters for others, but most of all word of mouth. Whereas social media was more important for engaging younger people in Youth.com:

> *"I think another important thing was being able to communicate on a range of platforms, especially the social media platforms. So, Facebook was used an awful lot, as well as WhatsApp. So it was being able to communicate and knowing how to engage with the young people." (Professional Stakeholder)*

Several stakeholders in Youth.com spoke about the importance of **getting out and meeting the target community**, having conversations, building relationships and getting to know them and them, you, in order to start recruiting people to the programme or project:

> *"But I went out to all different community events in each of the areas. Went to tenant residents' associations, went to youth clubs, went to sporting events, pretty much anything that had any community involvement, festivals, whatever it might be, and ended up recruiting young people in every single area, who lived within the postcodes." (Professional Stakeholder)*

Providing feedback quickly, keeping the momentum going and "quick wins" were all mentioned as important facilitators in one neighbourhood regeneration project, where the community were initially sceptical that change would be implemented as a result of the community engagement process. "Quick wins" were also mentioned in Youth.com and defined as responding quickly to things that can be done quickly – to show you have listened and thus build trust and show community members that you mean business and are serious.

> *"Because often, how often, you know, have resident groups, communities, been surveyed and asked to take part in surveys that are going to go into a report. And then when does the report come out? If it comes out, it comes out a year later. This is about sending some clear messages out that things are different here. And we've actually listened to you. And that's the key word as well, is listening; because that's a listening event and it's about listening to those residents. Getting it all out and then feeding it back to them at that (pause) feedback event and getting that sign up to forming a partnership to go and – let's do something about this now." (Professional Stakeholder)*

Working in partnership with other local organisations was seen by professional stakeholders as a positive facilitator for the Young Ambassadors in Youth.com:

> *"Locally, there were people who came to the table, local partners who came to the table who were enthused and very supportive of the young people and were able to add capacity by giving them further funding for a talent show on their estate that the young people led on. For example, a representative from the local schools in the area, I believe, gave the young people £250 towards the talent show. We also had NHS Greenwich Public Health who supported the young people with their event, and the local police were very much involved in the events that the young people delivered. Charlton Athletic also was another organisation that was very supportive of the young people's event." (Professional Stakeholder)*

Familiarity and the related concepts of **trust** and "feeling safe" were felt to be important facilitating factors. Using venues and trusted professionals that people were familiar with was mentioned by more than one project.

One project selected community representatives from an existing community cohesion group- consisting of professionals who were working with ethnic minority groups. Community representatives were well **trusted and respected** members of the community who were able to support people in to the project, and help to keep them engaged. Community representatives offered a communication route between the project lead and community members- providing a critical bridging role for less confident community members.

Using community venues that were familiar to community members and where they "felt safe in the environment" encouraged engagement:

> *"… Not only do we consider ourselves as part of the community, we consider ourselves as part of the solution of the problem the community are having. I'll give you this example. When people have a problem, the first thing – they're not going to call social services, they're going to call people who they know and who they are*

connected with. So hence, if you're in a church and you're having problems with children, in your marriage, etcetera, the first person you're going to call is somebody within the church who can help you." (Community Stakeholder)

"What is really important is, it took part, the [name of group] one for example, took part in their community centre, so it was making them quite relaxed, so making a safe environment in the first place." (Professional Stakeholder)

"*So it's come as a really lovely way of them being able to contribute within their own community again in a kind of environment they feel safe in, and to branch out as much or little as they wanted."* (Professional Stakeholder)

One project used arts as a way to engage people with sensitive issues in a safe environment.

"We went down the arts route because I recognised we're obviously dealing with very sensitive issues; you can't just go in to some of these groups and start talking about cancer and private parts and things. We really needed a method to engage with people and to approach these topics in a way that they were going to feel safe enough to engage with us in that way really and have those conversations and there is a lot of research to show that arts in health is a very good approach to do that." (Professional Stakeholders)

In another project the trust was not there initially, so mechanisms were put in place to build trust, for example by having service providers sit with and sometimes serve tea to community members:

No, everyone's mingled in together. We try and get a service provider at every table, so if anyone's got a problem— But, you know, everyone's introduced at the start as well, to say who they are. But we get service providers sitting at all the different tables as well, mixing in with residents. So it made it a nicer atmosphere, because you don't want the police standing at the door in their uniforms because they'll just go, "Oh my!" (laughs). And we even had the police and fire brigade making cups of tea for us as well, you know, for the residents and serving residents." (Community Stakeholder)

Respect from professionals for community expertise and related concepts of working together and of valuing community members were very strong themes. Engaging the community from the start in design and delivery of the project (and ideally of the evaluation), allowing them to lead and take ownership, and continuing those conversations about what is most acceptable and useful seems to be key. The importance of **community residents feeling genuinely listened to** by service providers was mentioned in one project.

Community engagement was facilitated by professional stakeholders recognising that community members are of value, and have useful skills and experience, in making these positive changes (**recognising social capital**):

"… there's a particular set of beliefs that we are all committed to, and those beliefs are around the value of human beings, of social – if you use the language social

capital, that we all have things to contribute… And that these contributions are valuable, and that they're valued." (Professional Stakeholder)

"I think because we invested in quality art materials for them and art form, I think they felt straight away, they felt valued because the resources that they were being provided with were…and I think really engaged them." (Professional Stakeholder)

"It got positive because people, for the first time, felt they'd been listened to, and the results, you've got your top ten or you've got your ten top themes there. And everyone was like yeah, right I said that." (Community Stakeholder)

"Yeah, I think it's just if something comes up, we listen to the residents. You know, if someone says, "Oh, I've got a problem and I can't do this," or with childcare, "Can I bring the baby?" yes, fine. You know, they're all part of the community; everyone is part of the community." (Professional Stakeholder)

Community engagement was facilitated by **co-production** through the involvement of, and developing relationship with, key organisations (e.g. the NHS Trust);

"But I think once we had that first conference and people saw how interested, for instance, professional clinicians were, that really kind of gave …, if you like, an idea of how important this thing is. So we started to see more cooperation and people were attending meetings… I think they felt that this was a higher context and it deserved their time." (Community Stakeholder)

Training, although mentioned as a potential barrier, could also be a facilitating factor, particularly if it was seen as a means of supporting community members during the project and recognising their value (by increasing their personal assets) and encouraging them to achieve their own goals. Community members mentioned needing support during training:

"… we had something tangible to offer, like a year one training course, which had meaning to the people we were offering it to. They saw it as something that was going to be useful to them." (Professional Stakeholder)

"Everybody has had to work, and is working in doing the essays, in understanding the concepts, but I think the support of everybody who's on the programme is very important. There are no lone rangers. And we're open enough and vulnerable enough to say to each other, "Listen, this is a struggle, and this is an issue. This is a problem, how do we do that?" And so we're able to do that as well." (Community Stakeholder)

Support was also seen as important throughout project delivery, as noted by both community and professional stakeholders in Youth.com:

"If there wasn't any support, then obviously I think it would have been quite chaotic. I don't think the project would have been quite as successful. You know, it wouldn't probably have happened if that was the case, if there wasn't any support available. It gave me backup in the sense that if I had an issue in terms of applying for funding through the Arts Council – obviously, because it's an arts project, we were given the forms to fill out, we were given assistance in terms of how to fill the

forms out, how to deliver it. In terms of when I was looking for a choreographer for my actual dance, they pointed me in the right direction to someone and, you know, I was able to get help that way. If I had any questions or queries, I could easily phone or send an email, and my questions would have been answered straightaway." (Community Stakeholder)

Although **funding** was more often mentioned as a barrier, one organisation tried to overcome that barrier by simplifying their funding application process to increase the number of applications from community-led organisations, and trying to limit eligibility criteria. Another project mentioned that having sufficient funding to enable community engagement was important. One project used incentives in the form of a raffle with prizes donated by local businesses.

Having a **strong but flexible evidential methodology** for community engagement was mentioned as important in one project.

3.6 Training

Training was a consistent theme that was mentioned across all projects, both as a potential barrier and as a facilitator to community engagement. **Flexibility** was felt to be important in terms of content (acknowledging the skills that community members bring; adaptation to cultural needs), delivery, time and place.

> "*It was very much designed to be flexible & to enable them to do really as little or as much as they wanted to do*" (Professional Stakeholder)

One project delivered training over the course of a full week – this included training on public speaking, orientation work and confidence building. Another project offered a two year accredited training course, which was felt to be a facilitating factor (as mentioned in the previous section) and supported community members during the training process. However, the time taken to attend the training sessions and complete assignments in that project was also felt to be a barrier to community engagement, for which community members needed support from peers and professional stakeholders to overcome.

3.7 Benefits for community members

Increased **confidence** was mentioned in four projects as being an important benefit for community members.

> "*I think initially they were quite worried about what sort of reception they might get if they talked to people about cancer, you know, the sorts of things people might say but I think now they've done a little bit and its generally gone down quite well, that's kind of built their confidence to do a bit more*." (Professional Stakeholder)

> "C*ause the long terms effects of being demonised is that you have low self-esteem and feel too shy to talk with others outside of your community and that really opened up that.*" (Community Stakeholder)

"Yeah. Yeah, there's one individual who wouldn't come into a meeting, he wouldn't even say hello if you walked past him. Now he's quite happy to stand up and speak at a meeting in front of everyone. Completely different person. He's actually done presentations for different groups as well." (Community Stakeholder)

"I think I've carried that with me. It's helped me in terms of my skills, communication skills. So I feel that I'm now able to communicate with a vast amount of people, different types of people." (Community Stakeholder)

Improved **social capital** (see Glossary) was another theme that came across frequently, with community members in four projects citing social aspects (mixing with people from different cultures and religions), peer support and greater participation in civic life as benefits they had experienced by being part of the projects.

"…but also the pastors taking more ownership of civic accountability and civic life, I think, because a lot of these organisations don't necessarily get involved in everyday." (Professional Stakeholder)

"… it has enabled them to think that they are not just church pastors, that they are also able to participate in decision-making around mental health for their communities, and I think that that has been a huge benefit for them." (Professional Stakeholder)

"I just feel closer to everybody. We tried to help them and I thought I have [name] here to help out, if I had any worries, we just talk between ourselves and try to sort that out." (Community Stakeholder)

Improved **skills, knowledge and awareness** was a strong theme, with professional and community stakeholders in all projects mentioning this as a benefit for them. Community stakeholders in two projects also mentioned training and qualifications as a linked benefit for them.

"So the offer is they'll get an accredited training programme that they could take wherever they go. You know, they will become practitioners, but they could go on to become family therapists as well. So they have that skill set not just for their pastoral care, but if they wanted to get a job in the future in that kind of area." (Professional Stakeholder)

Other benefits mentioned by community members were: "empowerment" (three projects); gaining respect or changing attitudes from other community members (three projects); aiding existing role and personal life (one project); pride in project (one project); able to use project resources for own interests i.e. directly benefiting from the project as a recipient as well as a deliverer (one project); badges to acknowledge their role.

"The young people themselves were really empowered through the process. They felt like they had a voice and were able to do things that they had never been able to do before. They felt like they were listened to. And I think a lot of the young people could see the young ambassadors as role models in a way. And so that population felt like it could do more and they were more active." (Professional Stakeholder)

*"And the benefits are amazing. Because not only are we able to apply it to when we're working with individuals, specifically around their challenges, but there are other programmes that we run." (*Community Stakeholder)

3.8 Perceived impact on community/ participants

Projects were perceived to be effective and have an impact in terms of **raising awareness** of health issues, and in **reducing stigma**:

"There's a much wider awareness in the community than there was previously and that it's more of a, there's less of a taboo." (Professional Stakeholder)

"… also that the capacity of the local community to understand more about mental health issues is there because it sets a platform to talk about mental health issues in those communities. So when you're starting to talk about family therapy, you might be able to start talking about drug addiction, depression, anxiety. So it starts to normalise the conversation about mental health a bit more in some of the communities that are very averse to speak about it." (Professional Stakeholder)

It gave the community a chance to see something different… So on the whole, it obviously let them see what their children were capable of, it allowed them to see that projects like that are going to be fun, getting in schemes and stuff is healthy for their children's development as a whole. And then after that, like I said, I started seeing a larger turnout in the youth club. More people started coming to the youth club and such, and there was more volunteering for the youth club too… wanted to get involved in the community." (Community Stakeholder)

It was also felt that there was a **raised awareness** of the projects themselves, which made them **more accessible** for community members:

"Now we're actually… people are coming to us and they're asking to meet with us. They're asking to do a couple of sessions, six sessions, whatever, but they're actually coming to us and we're now identifying people through conversations that we can see are struggling. And so we're inviting them into conversations." (Community Stakeholder).

"Our community as a whole get to know and they are approaching the health champions which where we got to go 'I'm suffering…'; they don't want to open themselves…their minds.. But they come to individuals, they pick out of one of the champions 'can you please tell me which way to go?" (Community Stakeholders)

It was also acknowledged that the impact of the work would in time be seen more widely with people talking **to family and friends** about what they had learned:

"*What we'd really like you to do now is to build the confidence to be able to talk about these things yourself and be able to say to your family and friends 'come on*

this is important, we need to go' because unless people are prepared to do their bit as well […] So again the community health champion approach was very much about that, it wasn't just us telling people what they should be doing, it was you know come on you can be part of making this happen and being part of that change." (Professional Stakeholder)

Improved facilities were also seen in one study, with improved green space available for the wider community to use:

"And … I think it was a real way of putting more emphasis in the park … and other projects around it. I wouldn't say it wouldn't have happened without it but it wouldn't have happened as easily." (Professional Stakeholder)

There was a perception by professional stakeholders that community members were more receptive to **accessing health services** in two studies. Staff in one project mentioned that discussions may have helped to reduce stigma around certain areas such as bowel cancer screening:

"Through the qualitative stuff as well as anecdotally since you know the reported behaviour change in themselves you know, saying 'oh I threw away my last kit but I've done it this time' or you know…so there has been some change in their own behaviour." (Professional Stakeholders)

"There was a lot of fundraising going on and there was a lot of take up about cancer and people wanting to know more about cancer and their own health status that it became a very individual thing rather than a community thing, health then, because it'd been brought so close…some of the health work at that time had moved from the health survey, like the focus groups for example and we were requesting breast examinations or support in access like to have investigative work done." (Community Stakeholder)

Positive behaviour change in community members was seen in another study, in terms of increased physical activity:

"*And do you know what's interesting from that as well, when we did the post project event, because a lot of the projects had had this real benefit with physical activity, but none of them had gone out and gone, "We're going to run a physical activity project," and so hence none of the community had run a mile, they'd kind of come along and lo and behold they'd ended up expending some calories and hadn't even really noticed. So it was good, physical activity by stealth".* (Professional Stakeholder)

In one study there was also a perceived positive impact on **health professionals' understanding** of cultural issues related to mental health.

"So the trainers, [they're] learning every day from them [Pastors] just about what will help [their] own, everyday clinical practice as well." (Professional Stakeholder)

In one project, **new relationships** were built within the community and with health, social and other services (e.g. police), bringing benefits to community members, service providers and service provider staff. Community stakeholders in one project expressed a sense of

feeling safer due to the newer sense of community brought about by the community engagement process:

> *"But on a wider scale with the community, before [project] came in, there was a lot of the time, if you walked down the street, you would cross the road if someone was coming towards you because you just don't want that confrontation. Now I can walk round what was the worst road in the estate. You can walk down there now and people say hello. Complete strangers just say hello, because obviously they're a lot more comfortable where they live now and obviously you're a lot more comfortable where you live, so it's… less stress, put your head up and walk along, instead of head down… It's a completely different environment. I mean the atmosphere is completely different to what it was a couple of years ago." (Community Stakeholder)*

3.9 Linked work – sustainability and development of new projects

Successful community engagement work does not occur in isolation. Successful projects were associated with "spin-off" projects that did not require further funding, and with sustainable elements that endured once the discrete project had ended.

In one project, three community health champions were employed as a direct result of the project, some are able to deliver training in their own communities, and a breast cancer awareness event has already been hosted by community members. A spin-off project focused on raising health awareness in taxi drivers.

> *"They started talking to all the taxi drivers and going through this Your Health assessment leaflet with them. I think they've got such ownership of that project, if you asked anybody they'd probably say it was their project. But the confidence that I think it's given them to feel that they can do their own projects is very apparent."* (Professional Stakeholder)

Another project has expanded to include other local communities, developing and strengthening their relationships with other networks and organisations, and has started new activities to reach out to community members in a range of settings, including new promotional materials (e.g. website).

> *"In terms of the understanding, it has reached out to the wider communities as well. So it's not just the black community that know about this network. Their peers know about it at groups or local Hindi temples know. So the message is out there, which has been a success of the project. The relationships have been a success of the project, both within the community network getting stronger but within the whole organisation, the Trust. But also, other public organisations… and the CCG, are also starting to be part of those conversations."* (Professional Stakeholder)

Learning from a third project (Friends of Everton Park) has prompted commissioners, who were involved in organising network events, to develop further engagement work based on the model used. This project has gained further funding and developed connections with other community groups.

The CHNA carried out by Leeds GATE has led to a strategic plan and commissioning strategy being created with the local CCG.

In the C2 case study, partnerships are now well established and the process is showing signs of sustainability in that new people are joining the partnership committees, and residents are meeting with other C2 sites, and applying for funding. There are many new and emerging projects e.g.Waste Forum; Recycling projects; Gardening Clubs; Asset Mapping; Youth groups; play park; new community wood.

In Youth.com, a variety of new projects emerged from the activities of the Young Ambassadors: talent shows, creative arts, fashion shows, games, workshops, football, music making, designing pocket parks with Groundwork, designing festivals, chlamydia screening, setting up sports academies and youth clubs.

Well London and Youth.com left behind a lot of legacies, particularly new skills and confidence, and pride, community cohesion, a reduction in fear, increased social capital, and a better understanding of health and wellbeing. Interviewees talked about how these had endured in many areas. But for local organisations, such as those providing intergenerational activities, the funding ended and so the process ended. For Youth.com, the skilled up Young Ambassadors, who were ready to form the next cohort of mentors, were lost to them.

> *"So, eventually, all of those negative stereotypes and opinions of being scared to be on the estate eventually eroded and the estate became a very much more – you know, a nice place to live and pride in their environment, pride in the people. And then also having young people just working alongside the older generation and getting to know each other. Relationships are being built, the young people are helping their elders." (Professional Stakeholder)*

> ***"**And it was – yeah, it was really brilliant to watch some of those just volunteers grow into really active community leaders." (Professional Stakeholder)*

3.10 Unforeseen issues

Unexpected issues occurred which could be either positive or negative. Positive developments included:

- community members' art work being displayed in hospitals, leading to a real sense of pride and ownership;
- greater interest than expected (in three projects):

> *"The response I got from people, I didn't expect people to be so keen on it, perhaps, but I thought that, yeah, they would have enjoyed it. But I didn't realise they would have been so keen on it." (Community Stakeholder)*

> *"I didn't expect the project to explode into the learning journey of where people were up-skilling themselves, re-educating themselves, especially around the subject of health and wellbeing. The relationship building and the connecting, how that exploded into having a more positive community, how people have more pride in their environment and where they live, and where the community members actually*

become activists in working with the local authority, influencing people who are in high places or in power to help make that community a much better place for everyone to engage." (Professional Stakeholder)

Negative issues included:

- Bereavement within the team (one project) which had a huge impact in that the resource team stopped working on the contract and an independent freelance worker completed the CHNA:

  "We did a lot of role plays; we'd get upset you know in the role play 'cause we'd be thinking of people and obviously [name] became very ill and that just had a massive impact 'cause it couldn't have been anybody more highlighted with the community […] it was just devastating blow wasn't it." (Community Stakeholder)

- Potential for loss of ownership of end product. In one project this was due to the bereavement within the team – a freelance worker took over the work but it meant that the resource group were not involved in the evaluation and final stages of the project. In another project, the risk was due to the land that the project used being sold off. Vandalism was also an issue in that project, although the project had "bounced back". Professional stakeholders in another project mentioned that for some parts of the project when the funding ended, the activities had to end as well:

  "It was quite a threat, you know, the whole sort of site move because basically one option was, "Well, you're off, you can't have it, we need the space for the school," which was fair enough, you know, it's a high priority special needs education and so it should be. I suppose we didn't feel entirely comfortable in terms of ownership at that point. There is a lease in place now, whereas there was not a formal lease in prior to that." (Community Stakeholder)

  "*We had a bit of an incident last year where we had a bit of vandalism but we bounced back from it. We had a bit of a fire. But we've bounced back from that. So yeah, everything is going well. And the plot itself is really coming on more and more and it's expanding the way we're growing stuff. Yeah, I think it's going very well*." (Community Stakeholder)

  "And all of the young ambassadors, well they carried on doing it with the support of other agencies. They would have loved for it to have gone on a little bit more. They could have developed that. And so were the community. Everyone was quite sad when Youth.com came to an end, so yeah." (Professional Stakeholder)

- Negative impact on community members involved, due to the commitment of time required (four projects), or due to dealing with difficult issues:

  "The drawback is about time, it's about tiredness, being able to actually respond to the level of need. Feeling the support to be able to do that, because often you're leaving other things to be able to do that because you can't do everything. So that's

a drawback as well. But I think overall when you balance it the benefits outweigh that." (Community Stakeholder)

"I suppose some of it could be finding the time to actually engage because, I mean, if you've got people like yourself who work long hours, or people with children who can't afford childcare or anything like that, that could put them off in wanting to." (Community Stakeholder)

"But also, it's – the material comes, quite often, from a perspective that's different to the perspective that they're coming from, both in terms of faith as well as culture. And so sometimes there were a number of, as I understood it, a number of times when they had debates that carried on outside as they struggled to find a way of how do these two things come together, and is there a point in which I can sit comfortably with both of them" (Professional Stakeholder)

"*It's really hard, people won't just…some of the questions that we asked I felt really opened up quite raw experiences that people have had and you can't capture that on a piece of paper, which is why we kind of had the focus group to go along with it to maybe add a bit more stuff as well."* (Community Stakeholder)

3.11 Summary

A total of fifty-five people took part in five focus groups and 26 interviews across the six case study sites: these participants comprised 28 community members and 27 stakeholders.

Thematic categories across the six case studies related to: context and background; barriers and facilitators to community engagement; training; benefits for community stakeholders; impacts on the wider community; unanticipated issues; sustainability and growth.

Prominent themes were barriers and facilitators to community engagement, and within these categories were a number of themes that were consistent across several of the case studies. Facilitators to community engagement was a stronger theme than barriers, although many of the facilitators originated in response to perceived barriers, which suggests an emergent theme of "overcoming barriers".

Context and background

The **need** for the projects was identified by community stakeholders in three of the projects and by professional stakeholders in the other three. The release of relevant policy or funding streams, or a significant negative event in the community seemed to be catalysts for the initiation of projects.

The six case studies were all underpinned by elements of different **theoretical approaches**, including community health champions, co-production, community development, diffusion of innovation theory/ popular opinion leaders. What they had in common was that they were either community-led from the outset or professional stakeholders actively encouraged and supported community members to take ownership of project design and delivery.

Barriers to community engagement included contextual barriers, and process barriers. The barriers discussed by case study participants related mostly to barriers originating from

health professionals and other external stakeholders. Barriers originating from community stakeholders were instead discussed in the context of overcoming barriers that had been experienced in previous community engagement practice, and so the learning from these is now being applied to current projects as facilitators. This is probably because all our participating case study projects saw themselves as successful in terms of community engagement; unsuccessful projects did not apply to take part in this research.

Contextual barriers to community engagement included:

- **Stigma and negative attitudes** within and outside the community. Some of these concerns centred around "sensitive" health issues, such as mental health or certain types of cancer, which resulted in a reluctance of community members to discuss these issues, and also difficulties in dealing with them such as not attending cervical screening appointments. Others were about unhelpful attitudes of professional staff to marginalised communities.
- **A history of poor relations between service providers and community members**, making residents cynical and sceptical and often unwilling to engage because they find it difficult to believe anything is going to change.
- **Lack of respect for or belief in community stakeholders' ability** to take ownership of projects. For example, in the Youth.com project, it was reported that the attitude held towards young people was that it was great to have them involved as participants but that they weren't capable of influencing decisions in a useful way. Some felt that they were being kept away from power, and others that it was a question of respect or lack of it by adults for young people, and this was a barrier to full engagement.

- Perceived **role conflicts** for community or professional stakeholders when taking on additional roles;
- **Funding** – both a lack of funding and complicated processes in applying for funding. Lack of funding led to limited opportunities for training of community members, limited resources for project delivery and lack of childcare facilities and other necessary resources to support engagement of community stakeholders. Short-term funding led to a need to gain further funding, which some community groups felt ill-prepared for in comparison to other groups which may have been competing for the same funding;
- **Lack of awareness** of the purpose, models used and long-term nature of community engagement by the wider public health and health services organisations, presenting a barrier to commissioning, especially of projects which focus on capacity building and long term outcomes, but lack immediate health outputs;
- **Cultural barriers** e.g. religion, gender, language, if not handled correctly. For example, professional stakeholders in one project mentioned that running workshops during religious meeting times had resulted in poor attendance in previous projects. One of the projects needed to put on separate groups for men and women, and took steps to overcome language barriers by using a translating service to provide interpreters.

Process barriers to community engagement included:

- **Training** – with community members potentially being put off taking part due to the time needed to complete the training and due to community stakeholders' concerns about the nature of the training and about their own ability to engage with a particular learning style.
- **Bureaucracy** - the time and skills/ experience needed to complete paperwork (such as funding applications and evaluations) was another perceived barrier to community engagement. Projects tried to avoid formal Disclosure & Barring Service (DBS) checks and paperwork where possible. Staff in one project proposed to overcome these barriers by designing an informal training package for the community health champion role, the training aimed to encourage community members to share their skills, knowledge and experience.

- **Lack of support and commitment from key people**. For example, one project reported barriers due to a lack of support and direction from a professionally-led steering group.
- **Lack of resources** (such as time, staffing, or adequate venues) or funding. Lack of funding led to limited training, delivery resources and other facilities such as childcare. Lack of resources to advertise community projects could also lead to a lack of engagement, due to community members not being able to find out about the projects or about relevant meetings and activities.
- **Lack of time** to attend meetings, promote initiatives and enable positive change. Lack of time for training and delivery of new projects alongside existing projects was overcome in one project through on going consultation that resulted in the flexible and adaptable delivery of the project. Time is also needed to develop relationships and trust and to measure meaningful outcomes.
- **Community stakeholders not feeling involved or represented** – this was overcome by on-going conversation and consultation and ensuring each individual group was represented.

Facilitators to community engagement could also be split into contextual facilitators, and process facilitators.

Contextual facilitators to community engagement included:

- **Strongly established community or network, and trust** within that community enabled new initiatives to engage with the community more easily. For example, the role of the Wandsworth Community Empowerment Network, in bringing individuals and organisations together as well as negotiating the relationships was felt to be key in establishing the new initiative. Trust in key individuals was felt to be important, which in one project meant that consistency in staff was important.
- **Enthusiasm** of community and professional stakeholders for the projects and communities involved.
- Professional stakeholders having a **positive attitude** towards community stakeholders' knowledge of their own experience and issues, and the ability to devise solutions themselves, if with some support.

Process facilitators to community engagement included:

- **Commitment and involvement from key and respected people and organisations** was seen as essential to successful community engagement, by providing expertise, support, endorsement or by actively recruiting community or professional stakeholders to join the project.
- Having or recruiting the **right people for the right roles**;
- Spending a **long time** building a project, allowing relationships and links to existing networks to establish.
- A sense of **ownership** of the projects by the community. Projects which successfully engaged the target communities seemed to be those in which the community were given ownership of and led decisions made relating to the design and delivery of the project (4 projects), its evaluation (1 project) and its future direction (2 projects). One project mentioned the related need for service providers to have a receptive attitude to change and to the need for resident-led action.
- **Cultural adaptation** of training and resources. This included culturally appropriate and accessible training and resources (e.g. running same sex groups where appropriate), identifying target audience and languages for interpretation purposes, and generally being sensitive to religious and cultural beliefs and needs. Projects involved **on-going conversations about acceptable images & messages** that could be fed back to communities
- **Flexibility** e.g. of project protocol, roles and timing; holding meetings and activities at convenient times for community members.
- **Good communication** in terms of inviting people to take part, ensuring that meetings and activities are advertised and promoted to all the right people, and giving feedback on decisions being taken forward and other outcomes. Communication styles needed to be adapted to audience. Face to face meetings and personal invitations seemed to be effective in most projects.
- **Working in partnership with other local organisations;**
- **Familiarity and trust**. Using venues and trusted professionals that people were familiar with encouraged engagement by ensuring that community members **felt safe**. Where the trust was not there initially, mechanisms were put in place to build trust between community members and service providers.
- **Respect** from professionals for community expertise and related concepts of working together and of valuing community members were very strong themes. Engaging the community from the start in design and delivery of the project (and ideally of the evaluation), allowing them to lead and take **ownership**, and continuing those conversations about what is most acceptable and useful seems to be key. **Training,** although mentioned as a potential barrier, could also be a facilitating factor, particularly if it was seen as a means of supporting community members during the project and recognising their value (by increasing their personal assets) and encouraging them to achieve their own goals. Community members mentioned needing support during training
- Having **sufficient funding** and support in applying for funding;
- **Providing feedback quickly** and responding quickly to things that can be done quickly ("**quick wins**") – for professional stakeholders and service providers to show they have listened to community members and build trust.
- **Strong (but flexible) evidential methodology** for community engagement was mentioned as a facilitator in one project.

Training was noted as being both a potential barrier and a facilitator to community engagement. Flexibility was felt to be important in terms of content (acknowledging the skills that community members bring; adaptation to cultural needs), delivery, time and place. The time taken to attend the training sessions and complete assignments in one project was felt to be a barrier to community engagement, which community members needed support from peers and professional stakeholders to overcome. However, qualifications gained by training was felt to be a facilitator to community engagement.

Benefits to community stakeholders were reported in terms of increased **confidence**, improved **social capital** (social engagement, peer support and greater participation in civic life), and **improved skills, knowledge and awareness** for both community and professional stakeholders.

Perceived impacts on community members that were reported to result from projects included: **raising awareness of health issues** and projects (thus **improving access**); **reducing stigma; improved facilities**; increased access to health services; **positive behaviour change**; **new relationships** within communities and with service providers; **improved understanding** by health professionals of cultural issues.

Evidence of sustainability was seen in most case studies. Successful projects were associated with "spin-off" projects that did not require further funding, and with sustainable elements that endured once the discrete project had ended. Examples include: employment of community health workers; community members hosting training and awareness events; strengthening relationships with other networks and organisations; finding new settings to reach more community members; community members applying for further funding.

Unforeseen issues: Unexpected issues could be positive or negative.

Positive developments included:

- community members' art work being displayed in hospitals, leading to a real sense of pride and ownership;
- greater interest than expected (in three projects)

Negative issues included:

- bereavement within the team (one project) which had a huge impact in the small team, in that the resource team stopped working on the contract and an independent freelance worker completed the CHNA;
- potential for loss of ownership of end product;
- negative impact on community members involved, due to the commitment of time required, or due to dealing with difficult issues.

Overcoming barriers: As mentioned previously, there is an emerging theme relating to overcoming perceived barriers. Table 4 sets out contextual and process barriers and facilitators to community engagement side by side. Those highlighted in bold are likely to be related, as demonstrated within some of the case studies, where professional stakeholders have taken steps to overcome or avoid barriers that occurred in previous projects, for example:

- The contextual barriers of stigma and negative attitudes within and about the community can be addressed to some extent by commitment and involvement from key people.
- The process barrier posed by training taking up too much time and being off-putting in its nature, can potentially be addressed by adapting training and resources to be culturally appropriate, providing support and reframing training as a way of recognising the community members' value and increasing their personal assets.
- The process barrier presented when community members do not feel involved or represented can potentially be overcome by respecting and valuing community members' expertise and contributions, allowing then to take the lead in decision-making about design and delivery of projects, thereby encouraging a sense of ownership, ensuring good communication, prompt feedback, and using familiar venues and service providers.
- The process barrier presented by too much bureaucracy and too little time to take part in initiatives can be addressed to some extent by flexibility in timings of meetings, in content of projects and in definitions of roles.

Table 4: Potential mechanisms for overcoming barriers to CE

	Barriers	**Facilitators/ Mechanisms for overcoming barriers**
Contextual	**Stigma and negative attitudes within and outside the community;** **A history of poor relations between service providers and community members;** Perceived role conflicts; Funding – both a lack of funding and complicated processes in applying for funding; Novel methodology and models, long term outcomes presenting a barrier to commissioning; Cultural barriers	**Commitment and involvement from key and respected people and organisations;** **Strongly established community and trust within that community;** **Enthusiasm of community members**
Process	**Training – time needed and nature of training being off-putting;**	**Cultural adaptation and flexibility of training and resources;** **Training and support as a way of recognising value;**

	Barriers	Facilitators/ Mechanisms for overcoming barriers
	Not feeling involved or represented; **Bureaucracy;** **Lack of time to attend meetings, promote initiatives and enable positive change;** **Lack of resources or funding;** Lack of support and commitment from key people;	**A sense of ownership of the projects by the community;** **Respect and support for/ valuing community expertise and contribution;** **Good communication;** **Familiarity and trust;** **Flexibility e.g. of project protocol, roles and timing;** **Having sufficient funding and support in applying for funding;** Spending a long time building a project, allowing relationships and links to establish; Providing feedback quickly; Strong (but flexible) evidential methodology for CE.

There was very little data relating to differences in findings or issues raised by cases using long-standing members compared to community members engaging for short periods of time, as all our case study projects involved long-standing community stakeholders (whether in the case study project or similar projects) who either brought previous experience with them or stayed involved in some way. None of our six case study "models" involved short term engagement of community stakeholders.

3.12 Summary statements

Summary statements are based on repeated themes that emerged during the within-case or from the cross-case analysis.

Summary Statement 1: Contextual barriers to community engagement

Contextual barriers to community engagement were:

- Stigma and negative attitudes within and outside the community, related to "sensitive" health issues, such as mental health or certain types of cancer, or unhelpful attitudes of professional staff to marginalised communities;
- A history of poor relations between service providers and community members, making residents cynical and sceptical and often unwilling to engage because they find it difficult to believe anything is going to change;
- Lack of respect for or belief in community stakeholders' ability to take ownership of projects, presenting a barrier to full engagement;
- Perceived role conflicts for community or professional stakeholders when taking on additional roles;
- Lack of funding led to limited opportunities for training of community members, limited resources for project delivery and lack of childcare facilities and other necessary resources to support engagement of community stakeholders. Short-term funding led to a need to gain further funding, which some community groups felt ill-prepared for in comparison to other groups which may have been competing for the same funding;
- Lack of awareness of the purpose, models used and long-term nature of community engagement by the wider public health and health services organisations, presenting a barrier to commissioning, especially of projects which focus on capacity building and long term outcomes, but lack immediate health outputs;
- Cultural barriers e.g. religion, gender, language, if not handled correctly. For example, professional stakeholders in one project mentioned that running workshops during religious meeting times had resulted in poor attendance in previous projects. One of the projects needed to put on separate groups for men and women, and took steps to overcome language barriers by using a translating service to provide interpreters.

Summary statement 2: Process barriers to community engagement

Process barriers to community engagement were:

- Training – with community members potentially being put off taking part due to the time needed to complete the training and due to community stakeholders' concerns about the nature of the training and about their own ability to engage with a particular learning style.
- Bureaucracy - the time and skills/ experience needed to complete paperwork (such as funding applications and evaluations) was another perceived barrier to community engagement. Projects tried to avoid formal Disclosure & Barring Service (DBS) checks and paperwork where possible. Staff in one project proposed to overcome these barriers by designing an informal training package for the community health champion role, the training aimed to encourage community members to share their skills, knowledge and experience.
- Lack of support and commitment from key people. For example, one project reported barriers due to a lack of support and direction from a professionally-led steering group.
- Lack of resources (such as time, staffing, or adequate venues) or funding. Lack of funding led to limited training, delivery resources and other facilities such as childcare. Lack of resources to advertise community projects could also lead to a lack

of engagement, due to community members not being able to find out about the projects or about relevant meetings and activities.

- Lack of time to attend meetings, promote initiatives and enable positive change. Lack of time for training and delivery of new projects alongside existing projects was overcome in one project through on going consultation that resulted in the flexible and adaptable delivery of the project. Time is also needed to develop relationships and trust and to measure meaningful outcomes.
- Community stakeholders not feeling involved or represented – this was overcome by on-going conversation and consultation and ensuring each individual group was represented.

Summary statement 3: Contextual facilitators to community engagement

Contextual facilitators to community engagement were:

- Strongly established community or network, and trust within that community enabled new initiatives to engage with the community more easily. For example, the role of the Wandsworth Community Empowerment Network, in bringing individuals and organisations together as well as negotiating the relationships was felt to be key in establishing the new initiative. Trust in key individuals was felt to be important, which in one project meant that consistency in staff was important.
- Enthusiasm of community and professional stakeholders for the projects and communities involved.
- Professional stakeholders having a positive attitude towards community stakeholders' knowledge of their own experience and issues, and the ability to devise solutions themselves, if with some support.

Summary statement 4: Process facilitators to community engagement

Process facilitators to community engagement were:

- Commitment and involvement from key and respected people and organisations was seen as essential to successful community engagement, by providing expertise, support, endorsement or by actively recruiting community or professional stakeholders to join the project.
- Having or recruiting the right people for the right roles.
- Spending a long time building a project, allowing relationships and links to existing networks to establish.
- A sense of ownership of the projects by the community. Projects which successfully engaged the target communities seemed to be those in which the community were given ownership of and led decisions made relating to the design and delivery of the project (4 projects), its evaluation (1 project) and its future direction (2 projects). One project mentioned the related need for service providers to have a receptive attitude to change and to the need for resident-led action.
- Cultural adaptation of training and resources. This included culturally appropriate and accessible training and resources (e.g. running same sex groups where appropriate), identifying target audience and languages for interpretation purposes, and generally being sensitive to religious and cultural beliefs and needs. Projects involved on-going

conversations about acceptable images and messages that could be fed back to communities

- Flexibility e.g. of project protocol, roles and timing; holding meetings and activities at convenient times for community members.
- Good communication in terms of inviting people to take part, ensuring that meetings and activities are advertised and promoted to all the right people, and giving feedback on decisions being taken forward and other outcomes. Communication styles needed to be adapted to audience. Face to face meetings and personal invitations seemed to be effective in most projects.
- Working in partnership with other local organisations.
- Familiarity and trust. Using venues and trusted professionals that people were familiar with encouraged engagement by ensuring that community members felt safe. Where the trust was not there initially, mechanisms were put in place to build trust between community members and service providers.
- Respect from professionals for community expertise and related concepts of working together and of valuing community members were very strong themes. Engaging the community from the start in design and delivery of the project (and ideally of the evaluation), allowing them to lead and take ownership, and continuing those conversations about what is most acceptable and useful seems to be key. Training, although mentioned as a potential barrier, could also be a facilitating factor, particularly if it was seen as a means of supporting community members during the project and recognising their value (by increasing their personal assets) and encouraging them to achieve their own goals. Community members mentioned needing support during training
- Having sufficient funding and support in applying for funding;
- Providing feedback quickly and responding quickly to things that can be done quickly ("quick wins") – for professional stakeholders and service providers to show they have listened to community members and build trust.
- Strong (but flexible) evidential methodology for community engagement was mentioned as a facilitator in one project.

Summary statement 5: Training

Training was noted as being both a potential barrier and a facilitator to community engagement. Flexibility was felt to be important in terms of content (including acknowledging the skills that community members already have; adaptation to cultural needs), delivery, time and place. The time taken to attend the training sessions and complete assignments in one project was felt to be a barrier to community engagement, which community members needed support from peers and professional stakeholders to overcome. However, qualifications gained by training was felt to be a facilitator to community engagement, as it recognised the value of community members' time and increased their personal assets.

Summary statement 6: Benefits to community stakeholders

Benefits to community stakeholders were seen in terms of increased confidence, improved skills, knowledge and awareness of health issues, accredited training courses leading to qualifications, and improved social capital.

Summary statement 7: Impact on wider community

Projects were perceived to be effective and to have an impact in terms of raising awareness of health issues, and in reducing stigma. It was also felt that there was a raised awareness of the projects themselves, which made them more accessible for community members. Professional stakeholders felt that the impact of the work would in time be seen more widely, as people talked to family and friends about what they had learned. Improved facilities were seen in one study, with improved green space available for the wider community to use. There was a perception by professional stakeholders that community members were more receptive to accessing health services in two studies. Staff in one project mentioned that discussions may have helped to reduce stigma around certain areas such as cervical cancer screening. Positive behaviour change in community members was seen in another study, in terms of increased physical activity:

In one study there was also a perceived positive impact on health professionals' understanding of cultural issues related to mental health.

In another project, new relationships were built within the community and with health, social and other services (e.g. police), bringing benefits to community members, service providers and service provider staff. Community stakeholders in one project expressed a sense of feeling safer due to the newer sense of community brought about by the community engagement process:

Summary statement 8: Sustainability

Evidence of sustainability was seen in most case studies. Successful projects were associated with "spin-off" projects that did not require further funding, and with sustainable elements that endured once the discrete project had ended. Examples include: employment of community health workers; community members hosting training and awareness events; strengthening relationships with other networks and organisations; finding new settings to reach more community members; community members applying for further funding.

Summary Statement 9: Unintended consequences

Unintended consequences could be positive or negative.

Positive developments included:

- community members' art work being displayed in hospitals, leading to a real sense of pride and ownership;
- greater interest than expected (in three projects)

Negative issues included:

- bereavement within the team (one project) which had a huge impact in the small team, in that the resource team stopped working on the contract and an independent freelance worker completed the CHNA;
- potential for loss of ownership of end product;
- negative impact on community members involved, due to the commitment of time required, or due to dealing with difficult issues.

Summary Statement 10: Overcoming barriers

In some of the case studies, professional stakeholders took steps to overcome or avoid barriers that occurred in previous projects, for example:

- The contextual barriers of stigma and negative attitudes within and about the community were addressed to some extent by commitment and involvement from key people.
- The process barrier posed by training taking up too much time and being off-putting in its academic nature, was addressed by adapting training and resources to be culturally appropriate, providing support and reframing training as a way of recognising the community members' value and increasing their personal assets. Support should be given during training and when filling in paperwork.
- The process barrier presented when community members do not feel involved or represented can potentially be overcome by professional stakeholders respecting and valuing community members' expertise and contributions, by allowing and supporting them to take the lead in decision-making about design and delivery of projects, thereby encouraging a sense of ownership, ensuring good communication, prompt feedback, and using familiar venues and service providers.
- The process barrier presented by too much paperwork and too little time to take part in initiatives was addressed to some extent by flexibility in timings of meetings, in content of projects and in definitions of roles.

4. Discussion

4.1 Wider context

The most prominent themes in this case study report relate to barriers and facilitators to community engagement. These are similar to those in Popay et al (2007) which informed the NICE guidance on community engagement in 2008 (NICE public health guidance 9), although there was more evidence on barriers than facilitators in 2007, whereas now the reverse is true. The systematic review of UK evidence on barriers and facilitators to community engagement (Review 5) by Harden et al (2015), which was also carried out as part of this Stream 2 work, identified a large number of facilitators within the "process" category, and within another category "infrastructure and planning" (both categories are represented in the "process" category in this report), which were not evident in the Popay et al. (2007) review. They suggest that a possible reason for this is that the field of community engagement has advanced in terms of policy, practice and research, with a greater emphasis being placed on how community engagement works. The Harden et al. (2015) review noted a lack of studies which attempt to evaluate how to overcome identified barriers to community engagement. This gap is addressed to some extent within this case study report, as most included case study projects involved professional stakeholders applying learning from their own previous experience of projects that had experienced barriers to successful community engagement.

4.2 Limitations of the study and potential impact on findings.

Protocol deviations: We had planned to give 2 weeks during the recruitment process between first mention of the project to community members (by the project lead) and contact from the research team, but due to the time constraints of this study, we were unable to give 2 weeks in all cases. We did not meet our own target in all cases of 5 interviews and one focus group. This was usually due to time constraints but sometimes due to the small size of the project teams.

We were unable to include any rural case studies, despite this being one of our secondary sampling criteria. This may have been due to lack of time or resources in the rural case study that was initially selected. This means that we can't be sure whether the process of community engagement is substantially different in rural initiatives.

Bias: All the projects that took part in the research were able to offer positive examples of community engagement; none of the included case studies were unsuccessful so we were unable to compare features of successful and unsuccessful community engagement initiatives. However, professional stakeholders did volunteer information about barriers to community engagement that had limited the success of previous initiatives. They had used the learning from these negative experiences to improve the chances of successful community engagement in the current initiatives.

We were not able to speak to any community members that did not want to engage with the projects – for example, there were some Pastors who did not see the value of the Wandsworth project. This means we still do not know what might have encouraged their engagement.

The case study research did not set out to evaluate the success of the included projects in terms of achieving their health- or wellbeing-related objectives, but rather to unpick the process of community engagement, and whether that had been perceived to be successful (although participants inevitably did want to talk about all their successes). Therefore we cannot offer any further insight into which elements of community engagement might be associated with improvements in health or wellbeing, other than to note that all six projects had success in engaging with the community and also in achieving some health- and wellbeing-related objectives.

4.3 Strengths of the study

This case study report presents specific information from current UK practice on "how to do" community engagement. There seems to be some innovative practice in relation to overcoming previously experienced barriers, and new facilitators, which is not yet captured in the published literature (Harden et al, 2015).

The naturalistic data collection process allowed contextual observations in tandem with interviews and focus groups, and allowed the research team to access as many community and professional stakeholders as possible. Data saturation was reached before the end of the data collection process.

4.4 Implications of the findings

Key issues identified in successful community engagement projects were:

- ✓ Using established and trusted communities or networks to engage stakeholders, or taking steps to establish and build that trust if needed.
- ✓ Commitment and support from key trusted and respected people.
- ✓ Familiarity and helping people to feel safe by using familiar venues and people.
- ✓ From professional stakeholders and service providers: respect for, and belief in, community stakeholders' expertise and ability to lead and take ownership of projects, and providing them with strong support and encouragement to do so.
- ✓ Allowing sufficient time for relationships to establish, awareness of the initiative to grow and relevant outcomes to be measured.
- ✓ Providing appropriate training (informal if necessary) and ongoing support.
- ✓ Adapting training, design, evaluation and delivery to cultural or other needs.
- ✓ Awareness from commissioners and wider public health and health services of the long-term nature of community engagement.

5. Conclusion and recommendations

This series of case studies of new and emerging practice in community engagement in the UK identified a range of thematic categories related to the process of community engagement. Prominent themes were barriers and facilitators to community engagement and also ways in which barriers have been overcome. Key themes related to successful community engagement were: **trust** within the community and between community members and service providers; **respect** for community members' expertise; allowing sufficient **time** for relationships to establish and for outcomes to be seen; commitment of **key people**; and **flexibility.**

Recommendations for practice: Community engagement initiatives need to work with established communities or networks and trusted key people. If communities are fragmented or trust does not exist between community members and service providers, measures must be put in place to establish that trust (for example the 7 step C2 process), and sufficient time allowed for that process to work. Community members' expertise should be respected and valued, allowing their views to be heard and acted upon, and for them to be involved in decisions made about design, delivery and evaluation, and to take ownership of the initiatives. This can involve a lengthy process if community members are to be fully involved, so sufficient time should be allowed for this. Flexibility and adaptation of project materials, protocols and role descriptions is important in overcoming barriers to community engagement.

Recommendations for research: This work did not aim to evaluate the effectiveness of the included case study initiatives in improving the communities' health and wellbeing. Further research on whether successful community engagement is linked to improved health and wellbeing would be useful. Such research would ideally use participatory methods and be community-led in order to be as inclusive of community members as possible. Consideration should be given to novel methods of data collection such as arts and photography, and to reducing the burden on community members in terms of time and effort.

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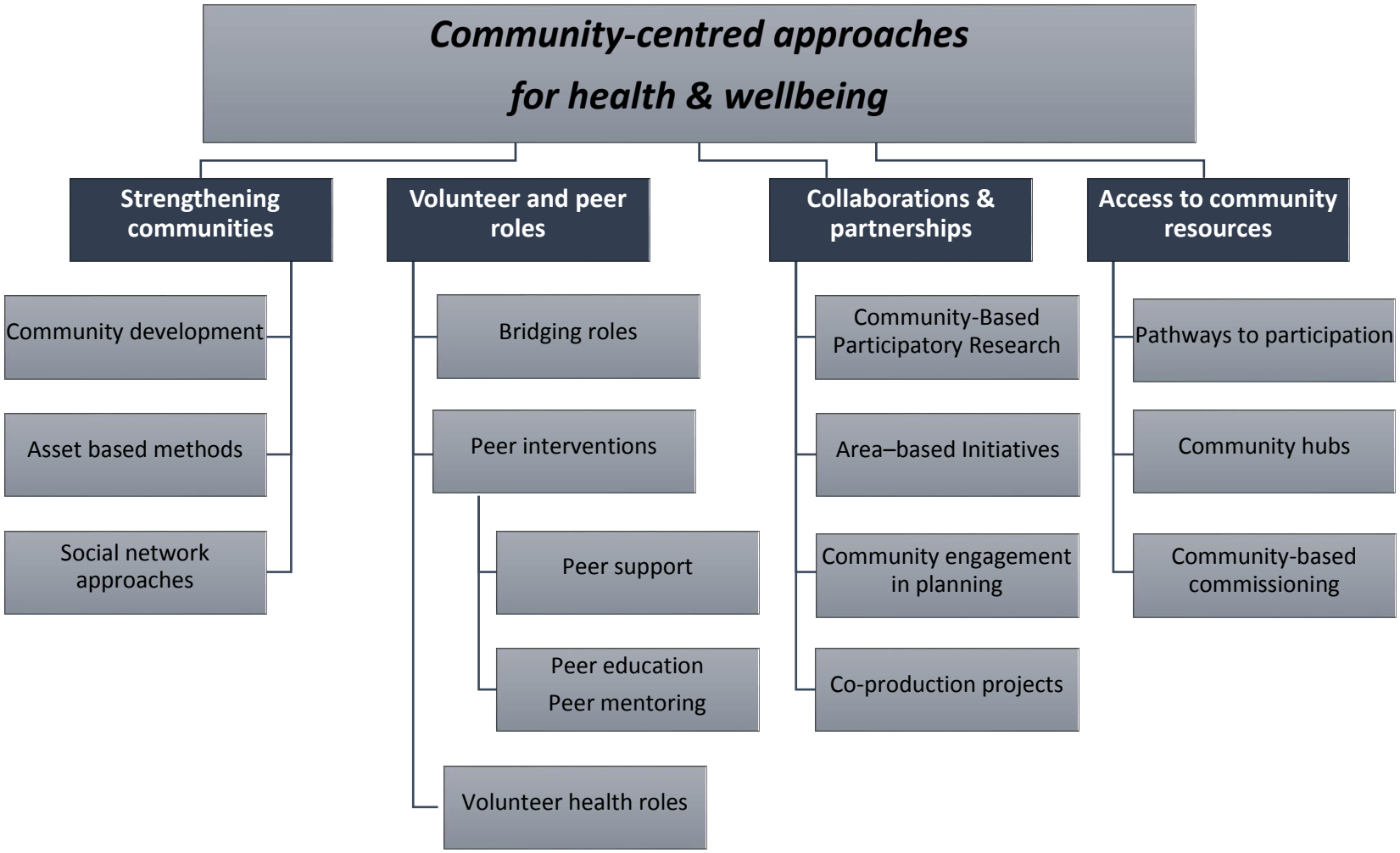
APPENDIX A: The family of community-centred approaches (South 2014; Public Health England & NHS England 2015)



APPENDIX B: Interview and focus group topic guides

National Institute for Health and Care Excellence (NICE): **Community engagement- approaches to improve health research study**

Interview schedule for people involved in delivering the project

1. INTRO: Can you give me some background about the project? How did it start and what does it aim to do? How did you get involved?

2. Are community members involved in the **design** of the project? *If so, how and when do they get involved? What makes it easier or harder for them to get involved?*

3. Are community members involved in the **delivery** of the project? *If so, how and when do they get involved? What makes it easier or harder for them to get involved?*

4. Are community members involved in **evaluating** the project? *If so how and when do they get involved? What makes it easier or harder for them to get involved?*

Probe for all of the above: training; admin (e.g. expenses, childcare); recruitment, marketing; ongoing engagement…

5. How do community members have an impact on the decisions made? At what point do they have an impact? *How is this recorded?*

6. Do you think community members feel accepted and included in this project? *If so, why? If not, why not?*

7. What do you think are the benefits to community members of being involved in the project? What are the benefits to the wider community?

8. Have you seen any wider impact on the community? Probe: has it lead to new links being made, relationships being formed, new activities?

9. Do you think the project is going well, so far? *If so, why? If not, why not?*

10. Have there been any effects that you didn't expect? Any drawbacks?

11. Can you think of any connections or links between this project and other projects? (Probe: did it develop from another project, has it given rise to any new projects; connections outside the community)
12. Is there anything further you'd like to add?

END: Thank you very much for your time.

National Institute for Health and Care Excellence (NICE):
Community engagement- approaches to improve health research study

Focus group schedule for people involved in the project

1. Intro: Can you give us some background about the project? What does it aim to do? How did you get involved?

   Probe: Why do you think it was needed? What was there before? What are the types of activity involved?

2. Have you or other members of your community been involved in the **design** of the project?

   If so, how and when did you/ they get involved? What made/ would make it easier or harder for you to get involved?

3. Have you or other members of your community been involved in the **delivery** of the project?

   If so, how and when did you/ they get involved? What made/ would make it easier or harder for you to get involved?

4. Have you or other members of your community been involved in **evaluating** the project?

   If so how and when did you/ they get involved? What made/ would make it easier or harder for you to get involved?

Probe for all of the above: training; admin (e.g. expenses, childcare); recruitment, marketing; ongoing engagement…

5. Do you feel that you or other community members have had an impact on the decisions made? *At what point do you/they have an impact?*

6. Do you feel included in this project? *If so, why? If not, why not?*

7. What do you think are the benefits to yourselves of being involved in the project? What are the benefits to other people in your community? *Is it a good fit with your needs?*

8. Have you been connected into anything further in the community or locally as a direct result of the project?

9. Do you think the project is going well, so far? *If so, why? If not, why not?*

10. Have there been any effects that you didn't expect? Has anything surprised you?

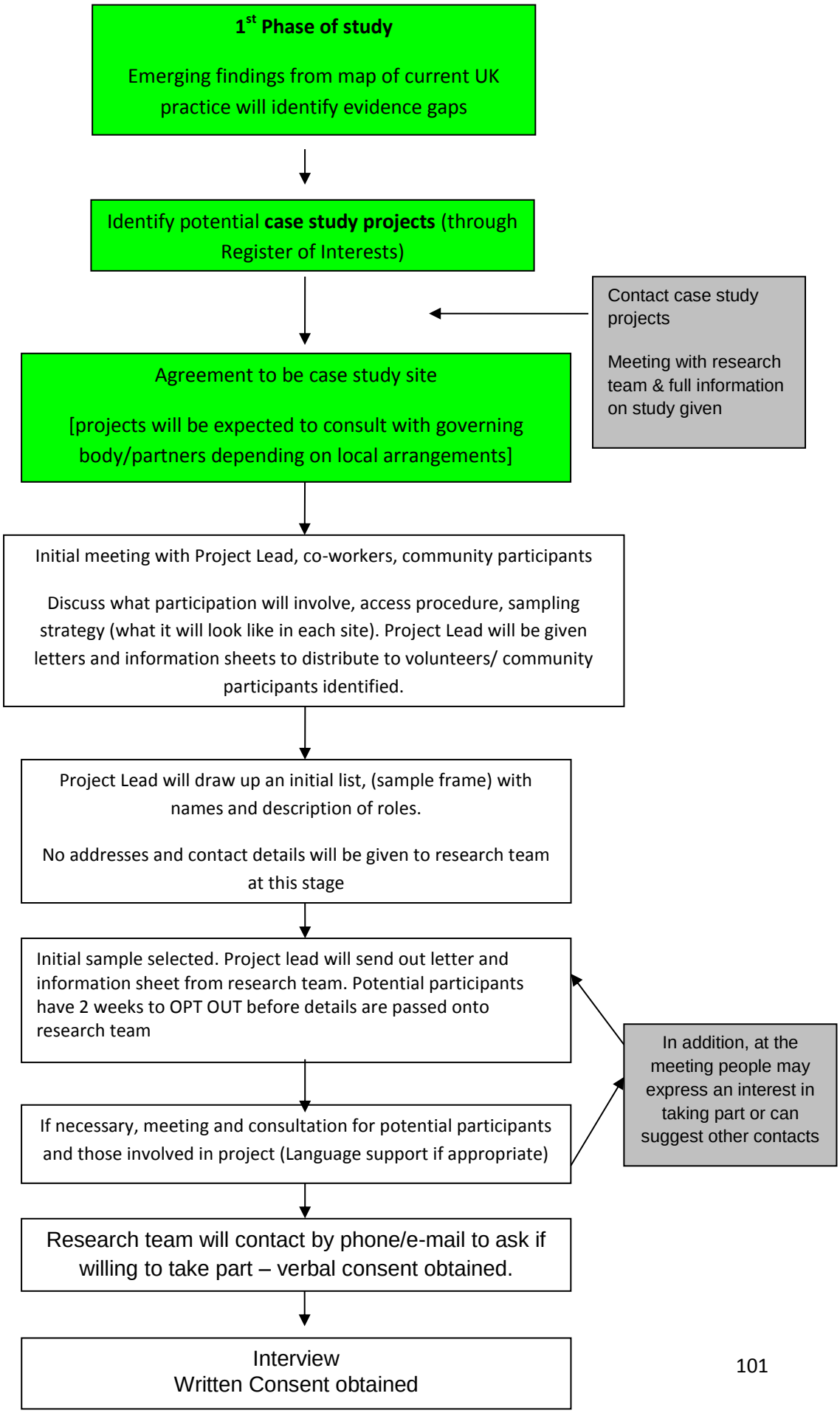
11. What do people in the community think about the project? How is it viewed?

12. Are there any drawbacks to being involved?

13. Is there anything further you'd like to add?

END: Thank you very much for your time.

APPENDIX C: Recruitment and consent flow chart



APPENDIX D: Matrix for cross-case analysis

	Life is Precious	Leeds GATE	Wandsworth church-based family therapy	Friends of Everton Park	Connecting communities	Youth.com
Need for project	Cervical Monologues- previous awareness raising project. 2007 cancer reform strategy highlighted a lack of awareness of cancer in BME communities.	Census data did not include Gypsies and Travellers as an ethnic minority until 2011. General poor health of the Gypsy & Traveller population was well known.	Over representation of BME population accessing urgent mental health care services. High profile case – church member's brother died "in the process of being restrained by police".	Develop capacity/ increase social capital within deprived communities. Explore new ways of engaging deprived 'vulnerable' communities in health. Funded projects where health needs were greatest in the city and green space.	Social housing estate suffering from multiple deprivation, poverty, unemployment, poor housing, crime and anti-social behaviour, including knifings and substance misuse. This in turn led to fear, isolation, and desperation. An incident in the mid-90s involving a Molotov cocktail was described as a "tipping point".	
Barriers to CE	Formal DVS checks & paper work- therefore training was informal. Running workshops	(delivery) Attitude of professionals (mainly GP receptionists) negative experiences for community members.	Funding challenges/ barriers to overcome to get funding. Stigma associated with mental health - Stigma	Weather – "wettest year on record bar one". Time: short term funding – project	History of poor relations between service providers and residents - makes residents cynical and sceptical and often unwilling to engage because they	Lack of time to build relationships. Insufficient funding.

	Life is Precious	Leeds GATE	Wandsworth church-based family therapy	Friends of Everton Park	Connecting communities	Youth.com
	during religious group times, timing is key- not when children need picking up from school. Worries around discussion of 'sensitive' topic in the community.	(delivery) the CHNA could have been promoted more within the community prior to be undertaken. Lack of support and direction from a professionally led steering group. Lack of funding- limited training, limited resources available for delivery, lack of childcare facilities.	was considered a barrier in regards to engaging community members in the delivery of the project as well as challenging the perceptions of the wider community. Therefore, it was recognised education surrounding mental health was needed prior to engagement in the project. Conflict of ideologies regarding the origins and treatment of mental health- Personal beliefs were considered a potential barrier to engagement. Resistance from community members to work in partnership mental health services. This resistance also related to a distrust of the mental health service and that	funding was only one year. Community members' time – recognising volunteers have other commitments. School built on plot - plot decreased in size. Paperwork – time spent completing funding applications and completing the evaluation.	find it difficult to believe anything is going to change. A lack of time. The timing of meetings could be a barrier to genuine engagement. Meetings held in the day excluded those that work, and meetings held in the evening or weekends were often resisted by service providers.	Not having a clear plan in place from the start led to delayed implementation. Attitude of partnering organisation in Well London towards young people (well-meaning but no mechanism for inclusion/ or not taken seriously). Just building a team of peer trainers from cohort who passed through & then money ran out - so sustainability (lack of renewed funding) a problem.

	Life is Precious	Leeds GATE	Wandsworth church-based family therapy	Friends of Everton Park	Connecting communities	Youth.com
			involvement in the project would lead to a more *"secular kind of way of doing ministry."* Maintaining credibility as a religious leader was considered a potential concern surrounding involvement. Undertaking the training - community members described as often intellectually challenging and 'daunting'. Time and commitment was discussed as a barrier to engagement in regards to attending meetings and the training, completing assignments and supporting the wider community. A lack of financial compensation for time.			
Facilitators to	Culturally appropriate and	Strong, supportive reference group of two	Co-production through the involvement of, and	A network of support	Having a receptive attitude to change and	Support.

	Life is Precious	Leeds GATE	Wandsworth church-based family therapy	Friends of Everton Park	Connecting communities	Youth.com
CE	accessible training and resources – running same sex groups where appropriate. On-going conversation about acceptability images & messages that could be fed back to communities. Venues that people are familiar with. Community representative in each group so if people did not want to approach the professional they could ask their CR.	members of the community and a GATE worker. Dedicated input from a well-respected community midwife. Resource group were able to take ownership of the project from the start and do their own promotion and design delivery materials. Training.	developing relationship with, key organisations (e.g. the NHS Trust). Ownership surrounding decisions made relating to the design and delivery of the project, and how it would move forward in the future The role of the Wandsworth Community Empowerment Network, in bringing individuals and organisations together as well as mediating negotiating the relationships. Time was needed to establish these relationships and networks for the community engagement	(collaboration) – from commissioners/ external project managers as well as other funded projects. Network of support increased via the use of events bringing all 38 funded projects together. At this events project shared ideas and swapped resources (e.g. left over compost/ timber) to assist other projects. Trust in staff overseeing the delivery of the programme (Natural Choices) – consistency in staff important (project took	to the need for resident-led action. Enabling a community voice. Listening by service providers and the perception of residents of being genuinely listened to. Having a strong but flexible evidential methodology for community engagement. Giving time for things to work. Having sufficient funding to enable the community engagement. Having strong mechanisms for support and shared learning that enable and encourage residents to achieve their own goals. Having good	Attitude of local voluntary/ community positive & helpful. Flexibility of developed model to adapt to local conditions = facilitator. Putting right support team (right skills in right places).

	Life is Precious	Leeds GATE	Wandsworth church-based family therapy	Friends of Everton Park	Connecting communities	Youth.com
	Sensitive issues- arts was a good way to engage people in a safe environment. Identifying target audience and languages for interpretation purposes. Community members led the design and delivery – consultation with community members. Engagement in evaluation from the start- survey best time to run workshops, barriers, preferred type of art,		project to be successful. The influence of key and respected individuals. Organisational and individual commitment/ responsibility to make positive societal changes. Recognising Pastors are of value, and have useful skills and experience, in making these positive changes (recognising social capital). Increasing the personal assets of Pastors via training and ensuring they were supported	place during change over from PCT to CCG). Passion of community members to make a difference. Community were given ownership of decisions made surrounding the design and delivery of the project. Flexibility in project delivery – protocol could change during the funding period to meet needs of the community. Having various	communications channels and media in place was seen as an essential facilitator by the local stakeholders. Communications needed to be adapted to audience, new media for some, older style letters and newsletters for others, but most of all word of mouth. Using a personal invite to residents to take part in the engagement process. Incentives in the form of a raffle with prizes donated by local businesses. Having meetings at convenient times. Having the right venue for events and meetings. Having childcare or activities available to	

	Life is Precious	Leeds GATE	Wandsworth church-based family therapy	Friends of Everton Park	Connecting communities	Youth.com
	childcare, food, etc. Reflections at the end of each session to assess what did/did not work well		during the project (training and project delivery). Ensuring the training was adapted to meet the cultural needs of community members.	roles volunteers can assist with to meet their own interests. Funding – simplified funding application to increase number of funding applications from community led organisations. Tried to limit eligibility factors. Trust in key individuals.	engage children. Providing a social atmosphere at the community engagement events and meetings. Feedback and feeding back quickly was seen as important by all respondents. Providing materials in different languages where appropriate. Keeping the momentum going. "Quick wins"	
Training	Flexible resources. Acknowledge skills community members bring.	Full week of training; confidence building, public speaking, orientation work. Flexible training that suited the delivery needs of community	Two year accredited training course – considered a facilitator to CE and benefit to community members. Adapted to meet the cultural needs of the group.	Informal training, wood cutting, knowledge building around planting, types of greenery etc.		

	Life is Precious	Leeds GATE	Wandsworth church-based family therapy	Friends of Everton Park	Connecting communities	Youth.com
	"*It was very much designed to be flexible & to enable them to do really as little or as much as they wanted to do*"	members- able to travel daily to the course.	Support during training – enable to community engagement. Barrier – time to attend training and complete assignments.			
Benefits for community members	Confidence building, social aspects- mixed with people from different cultures and religions, gained knowledge, empowerment. Badges to highlight their role.	Training. Gaining respect from other community members. Social capital, peer support ;	Personal development – accredited qualifications and increased knowledge/ awareness and skills. Greater participation in civic life/ empowered. Aided personal life/ role as Pastor.	Increase in confidence as project grew. Pride in project. Use of green space for own interests (e.g. growing vegetables/ plants) Increase in skill and knowledge – capacity building.	All respondents were clear that the C2 framework had benefitted residents' personal growth and sense of purpose. *"Yeah. Yeah, there's one individual who wouldn't come into a meeting, he wouldn't even say hello if you walked passed him. Now he's quite happy to stand up and speak at a meeting in front of everyone. Completely different person. He's actually done presentations for different groups as well." (Community*	V positive results for young ambassadors - many went on to employment, university etc and had new skills.

	Life is Precious	Leeds GATE	Wandsworth church-based family therapy	Friends of Everton Park	Connecting communities	Youth.com
					Stakeholder)	
Acceptability of project	Senior buy-in from business case-key factor to success. Strong senior leadership within team.	No buy-in from steering group. Mixed responses from GP surgeries-which acted as gatekeepers and possibly had an impact on take-up in their area.	Overall considered a success. Viewed as an acceptable 'model' of community engagement; Pastors have sustained engagement (moved to Y2 training)/ commitment; Recognising the importance of utilising community infrastructure – despite concerns surrounding the trust working with religious organisations; Uptake among other groups Pastoral role and systemic therapy considered complementary.	Described as an enjoyable project. Number of volunteers increased over project period;		
Perceived impact on	Perceived wider awareness, "*less of*	Raised awareness of individual health	Believed to help normalise discussions	Improved green space for the	New relationships with services; benefits to	

	Life is Precious	Leeds GATE	Wandsworth church-based family therapy	Friends of Everton Park	Connecting communities	Youth.com
com/participants	*a taboo*". Behaviour change-more likely to be screened. '*don't throw away tester kits anymore'.*	issues within the community. The resource group were trusted and respected within the community. Some community members opened up and shared their stories.	surrounding mental health. Aided clinicians understanding of cultural issues related to mental health. Increase of BME IAPT service users. Number of individuals attending new groups to seek help from Pastors.	wider community to utilise. Increased interest in growing plants/ vegetables within the community. Site for local schools to use. Increased emphasis on using local green facilities – e.g. allotment and Everton Park. Increase in physical activity levels and well-being.	residents, service providers and staff. New relationships in community. Community members expressed a sense of feeling safer due to the newer sense of community.	
Linked work-development of new projects	3CHCs as a direct result of project. New project for taxi drivers increasing health awareness. Predicted that more people will cancer	Advocated towards creating improved services for G&T community. Creates a strategic plan and commissioning strategy with Leeds	Imams to participate in Y1 of training. New activities in churches e.g. Family Time and Monday Night Life to provide families further support.	Commissioners used learning from the project to develop further engagement work based on the model used. Heritage trail –	The partnerships are well established now and the process is showing signs of sustainability. New people are joining the partnership committees, and residents are meeting with other C2	

	Life is Precious	Leeds GATE	Wandsworth church-based family therapy	Friends of Everton Park	Connecting communities	Youth.com
	screen now and attend smears etc. Some CHCs are able to deliver training in their communities. Breast cancer awareness event hosted by community members.	West CCG.	Ideas to launch 'The Black Barbers Project' – provider Barbers with information to signpost clients to mental health services. Developed/ strengthened relationships with other networks/ organisations. Development of a website promoting the project (for one church).	lottery funded programme. Won Kew Gardens Grow Wild award in conjunction with Manchester. Increase in PA projects. Developed connections with other community groups through Natural Choices.	sites, and applying for funds. Many new and emerging projects e.g. Waste Forum; Recycling projects; Gardening Clubs; Asset Mapping; Youth groups; play park; new community wood.	
Unforeseen issues	Art work displayed in hospitals. Real sense of pride and ownership.	Due to bereavement, the resource team stopped working on the project and an independent freelance worker completed the CHNA. Potential for loss of ownership of end product	Greater interest than expected. Negative impact on pastors in terms of time spent on training and delivery	Greater interest than expected.		

Appendix E Grouped codes for within-case analysis

Initial code	Organising code	Thematic category
Need for the project	Model of community engagement	**Background and context**
Type of activity		
Implementation issues	Project implementation	
Timeline for the delivery of project		
Lack of support from professionals	Personal or organisational barriers	**Barriers to community engagement**
Losing key members of staff		
Lack of funding		
Time constraints		
Increased stress and emotional burden		
Language barriers		
Location of venues		
Sensitive to cultural/religious needs	Cultural adaptation	**Facilitators to community engagement**
Flexibility and adaptability of training		
Flexibility and adaptability of role		
Steering/advisory group support	Support and dedication	
Commitment of staff and volunteers		
Regular support and consultation		
Valuing and empowering individuals		
Peer support	Social capital	**Benefits to community**

Initial code	Organising code	Thematic category
Enjoyment		**members**
Pride	Ownership	
Empowerment/role		
Increased knowledge	Training	
Increased confidence/self-esteem		
Experience of role		
Skills, CV building		
Support and promotion from professionals	Professional and wider community perceptions	**Acceptability of project**
Commitment from wider community and professionals		
Health awareness	Health and social gains	**Perceived impact on community / participants**
Increased knowledge		
Increased confidence/self-esteem		
Reduced stigma		
Empowerment and social capital		
Networking and connecting communities		
Recruitment/engagement issues	Individual or group issues	**Unforeseen issues**
Bereavement		
Other commitments		
Small grant applications	Creating new links and networks	**Sustainability/ development of new projects**
Project expansion or continuation		
Community health champion roles		

Appendix F Case study report: Leeds GATE

Background and context

Leeds Gypsy and Traveller Exchange (GATE) is a registered company, a charity and a community members association which is led by, and representative of, Gypsies and Irish Travellers. The overall aim of Leeds GATE is to improve the quality of life for Gypsy and Irish Travelling people living in or resorting to Leeds and they have four objectives: to improve accommodation provision; improve health and well-being; improve education, employment and financial inclusion; and to increase citizenship and social inclusion. Leeds GATE is a community-led organisation where volunteers and staff work with local services on a wide range of projects and services. Focussing increasingly on asset based community development and co-production, it is an example of the "strengthening communities" model of community engagement.

The Project

Leeds GATE led a Community Health Needs Assessment (CHNA) to help improve the health and well-being of Gypsies and Travellers in Leeds. The primary aim of the CHNA was to understand the health needs of the Leeds' Gypsy and Irish Traveller population from their own perspective. The scope of the health needs assessment was to provide a means of understanding the Gypsy and Traveller health status including the impact of wider determinants of health such as accommodation, financial inclusion and environment. The purpose of conducting the CHNA was to provide enhanced local evidence to influence service commissioning, design and delivery, leading to improved health outcomes, reducing morbidity and mortality, and increasing health and wellbeing for these communities.

Origin of project: It is commonly known that there are a variety of reasons for the poor inclusion of Gypsies' and Travellers' health needs including discrimination, unstable accommodation, lack of cultural awareness, poor literacy and engagement with statutory bodies (Department for Communities & Local Government, 2012). It was highlighted that there was little quantifiable data about the Leeds Gypsy and Traveller population. Basic data was collected from the 2004 census however the Department of Health did not include Gypsies and Travellers as an ethnic minority until 2011. The idea for the CHNA was influenced by a number of factors, one of which was the community wanting to take ownership of their health, as the Gypsy and Traveller community in Leeds GATE have often been involved in research but have rarely been consulted after its completion or kept informed of any outcomes.

> "*We know that being excluded, being isolated, being marginalised, being stereotyped, we know that has a significant effect not just on mental health but on physical health as well and that was something that we were really keen to get out there to say that actually this discrimination is making us physically ill and its costing us our lives and its costing us our family members*." (Community Stakeholder)

The CHNA was also influenced by a requirement of the local authority to produce a joint strategic needs assessment- to produce a snapshot of the health of the city along with a basic action plan to address these needs. The CHNA was implemented partly to feed into the work of the local authority.

"*We had the census that we carried out in 2004 that gave basic kind of age range and life expectancy and things like that but no details that we had as concrete evidence*." (Professional Stakeholder)

Therefore it was important to produce a CHNA that was community led, that fully engaged the community and could be translated into an academically robust report that could influence services, practice and policy.

"*It's that balance between having the involvement and participation and actually getting something that might influence commissioners about community needs*." (Professional Stakeholder)

Sources of funding: Various grants and stakeholders including the Department of Health and Leeds City Council contribute to the funding of Leeds GATE. Although the CHNA formed a significant part of the Service Level Agreement for 2012/13, there was no designated budget for the CHNA apart from £1,600 provided by NHS Leeds Equalities section to support the training of community members and the delivery of the questionnaires.

Historical & Contemporary Context

Timings of the Community Health Needs Assessment

The delivery for the CHNA was planned for 2010/11. A formal Project Team was not established; instead a reference group which included a lead GATE worker and two members of the Gypsy and Traveller community was formed to coordinate the project. The group met over several months during 2011/12 to develop an outline questionnaire in consultation with other community members. Two members of the reference group piloted the questionnaires in the local community and canvased in local GP surgeries to try and increase awareness of the CHNA.

During this period a respected member of the local Gypsy and Traveller community passed away. This impacted heavily upon the delivery of the project therefore a freelance worker was employed to take the CHNA forward in October 2012 for completion in April 2013. From this point the freelance worker oversaw the CHNA and was involved in each stage; running focus groups with community members, analysing questionnaire data and compiling a report.

Process issue

No formal Stakeholder Group was established at the initiation of the CHNA. In the Project Brief it was agreed that collaboration and participation from a range of health and other professionals, who design, deliver and commission services, would be an essential part of the process so as to better understand existing barriers to health equity. Whilst GATE made efforts to ensure this was reflected in the CHNA, ensuring the participation of other stakeholders was challenging. The stakeholder group that agreed to offer advice and support to the CHNA, had very little input due to their lack of commitment in attending meetings.

"*It was like the steering group had vanished into thin air*" (Professional Stakeholder)

Method

Sample

The sampling was done with the help of the partnership manager at Leeds GATE. In total six participants took part in the research: four professional stakeholders, and two community stakeholders. Data was collected via two focus groups (one with community and one with professional stakeholders) and two telephone interviews.

(A table that contains details and job roles of the people who took part in the research has been omitted to protect confidentiality).

Emerging themes

1. Facilitators to community engagement

(Design)

Many facilitators to community engagement were highlighted. At the initial design phase the project lead and two community members **(the reference group)** were able to visit another Traveller's Trust to see how they support their community. This provided an opportunity to see an existing community engagement project and share learning and transfer skills. The reference group regularly fed back and updated the community to ensure that they were aware that a CHNA was being designed. The two community members on the reference group took lead role in updating the community mainly through word of mouth, they held meetings with the community to ask for contributions, share and discuss ideas relating to the CHNA.

> "*So everybody knew what we were planning to do all the time because we had community members that were feeding back and an actual curiosity within the community*." (Community Stakeholder)

The reference group liaised with community members to check the acceptability of questions that would be included in the CHNA. There was particular attention paid to **the religious and cultural needs of the community.**

> "*We were rehearsing, we were looking at questions and starting to collate some questions together and then we were going to the community, how would they feel to be asked this*." (Community Stakeholder)

Engaging with dedicated health professionals who were already respected in the community was a facilitator. The specialist health midwife helped to facilitate and offer professional insight into the CHNA.

> "*The specialist health midwife helped us, she helped facilitate that as well; she was really great […] it's a health needs assessment, having a key member within the health you know, on board, wholly on board who isn't dictating the agenda or manipulating what's happening, like to fit in with their own work, which is at times I felt was happening*." (Community Stakeholder)

The resource group were able to take ownership of the project from the very beginning. This was projected through the initial promotion of the CHNA when in their own time, group members identified and planned which GP practices to approach.

"That was a big piece of work in that [names] identified the GPs themselves, in their time planned together when to go there and how they were getting there and that was really important so that there was no spoon fed thing happen; this was really about empowering and taking control of the project." (Community Stakeholder)

(Delivery)
Training in how to use a dictaphone to try and avoid issues around low levels of literacy. Other methods of avoiding issues around low literacy levels were employed, for example, allowing members of extended family to help deliver the questionnaire.

2. Barriers to community engagement

It was suggested that the **questionnaire was too long** and contained too many questions.

"I think if there had been a very strong steering group that was saying the questionnaire is not the way to go, we want creative methods used." (Professional Stakeholder)

Moreover the **promotion** of the CHNA was highlighted as a potential barrier to engagement. It was suggested that there could have been more creative ways to engage the community.

"I think you could have done something at an event, with food and a bit of music." (Professional Stakeholder)

It was suggested that the CHNA could have been promoted over a **longer period** of time via community events that would explain what it is and why it is being undertaken, and make the community aware that the members of the resource group would be coming to collect the data.

It was acknowledged that it is difficult to produce something both academically robust and easy for people to participate in. However it was suggested that the information could have been collected in a **different method** than a questionnaire. An example of such a method;

"I think there would be ways to involve people more in the design of the questionnaire and in the delivery of the questionnaire. I think we could have done something more interactive. I have done some bits of work where you put a cone in the middle of the floor, because we all have camera phones now it makes it so much easier, and you stand close to the cone if you think this, stand far away from the cone if you think that's a load of rubbish and stand in between if you think in between and you take a shot and you get people to move or you put a line on the floor and you say at this end is this experience at that end its that experience and stand on the line where you would put yourself. It's more interactive and if you could get 40 or 50 people into a room you could do almost like party games." (Professional Stakeholder)

The CHNA was designed to be as inclusive as possible in terms of reach. In order to engage Gypsies and Travellers that lived on the road side away from the locally authorised site, the CHNA was promoted in clinics and GP surgeries in targeted areas. One barrier to this was the **lack of buy in** and the **attitude of GP receptionists**. There was no consistency in practices displaying the posters. Some receptionists were reported to have been rude and offensive.

"It's like being racist to be honest is how I felt." (Community Stakeholder)

"*So some people would include the information and say that's not a problem yeah we'll put it on the board, others were really offensive and made them feel very small."* (Community Stakeholder)

It was felt that the **lack of direction and support from the steering group** decreased the reach of the questionnaire.

"In terms of getting a greater response from the community then we would've needed GP practices on board." (Community Stakeholder)

"Having looked at other CHNAs, the steering groups in most parts of the country were led by public health consultants, with senior buy-in from those staff groups, the senior leadership in midwifery and senior leadership in other parts of the health service. It really felt like the NHS didn't support that." (Professional Stakeholder)

"*So we were fighting a bit of a battle already you know and we didn't have key partners consistently on board with us […] disgusted – that nobody turned up at the steering meeting you know"* (Community Stakeholder)

Lack of funding was highlighted as a barrier. The CHNA was delivered as part of a pre-existing contract with public health, which meant there was insufficient financial resources. It was highlighted that engagement might have been improved if GATE had been able to offer a financial incentive to community members. It was emphasised that more men might have engaged in the project if they were compensated for loss of earnings. With a bigger budget, an artist/designer would have been commissioned to ensure the questionnaire had a pictorial element and members of the resource group would have been able to identify further training needs. It was suggested that training in research methods, confidentiality and how to design and deliver questionnaires, would have been beneficial.

It was suggested that if there had been a **crèche/ childcare facilities** provided more community members might have been able to join the resource group and actively engaged with the delivery.

3. Benefits to community members

Being **responsible** for shaping a final document, the questionnaire and knowing the work they have done has contributed to the report.

"*We had been saying we want to be challenged, we want to do a little bit more umm…and not only was it important that they were involved in it, it was important that their expertise was recognised*." (Professional Stakeholder)

Training- the resource team were able to access a full week of training around; **confidence building, speaking in public, orientation work**-going to the library asking questions, interacting with the public. The confidence building training was key in encouraging the resource to take the questionnaire out into the community.

"C*ause the long terms effects of being demonised is that you have low self-esteem and feel too shy to talk with others outside of your community and that really opened up that.*" (Community Stakeholder)

The member of staff in the resource group attended the training with the community members in an attempt to ensure that all members of the group felt valued in their delivery role.

"*Me being a worker from Gate I already had a certain power and authority so we needed to level that out and so I went on the training as well and we just had a great time and it culminated it in having to stand up in front of a group and talk.*" (Professional Stakeholder)

The **flexibility** of the training was a facilitator. It was flexible in regards to the needs of the community members. Initially it was intended to be delivered in the form of a week-long residential, but it was negotiated that the two community members could attend daily to enable them to travel back to their family in the evening.

Timing- it was suggested that when delivering community engagement projects, timelines must be extended to enable thorough engagement within the community.

"I would definitely say if you want to do community involvement then extend timeframes, you know it's not a 12-week process; this is if you truly want to include community members in it you know, because you have to revisit language." (Community Stakeholder)

"But the message really being that you know you have to really slow it down and not be looking at shorter interventions for greater capital gains, that is not how it works at all, you know, you do your planning well and you get your greater gain and I don't think there's any other way around that if you truly are involving community members." (Community Stakeholder)

The resource group reported several benefits from their involvement in the CHNA.

- Feeling like they had helped their community.
- Peer support- the members of the resource group developed closer bonds and friendships
- Respect from community members and partners.

"We grew closer to each other, if we had any problems we'd open up to each other." (Community Stakeholder)

"I just feel closer to everybody. We tried to help them and I thought I have [name] here to help out, if I had any worries, we just talk between ourselves and try to sort that out." (Community Stakeholder)

One member of the resource group explained that her partner began to **respect** the work she was doing within the community.

> *"He was starting to look up to you…'cause then you wouldn't see men do what we do, it'd only be the women who would be doing it. They wouldn't come in and have a meeting and have a tea and have a chat."* (Community stakeholder)

(Delivery) While it was reported that the resource group gained benefits from volunteering in the CHNA, it is important to note that there were some drawbacks. Occasionally when people completed the questionnaire they would open up about emotional/ traumatic events in their life, this in turn had an impact on the resource group which could often leave them feeling **emotionally drained.**

4. Unforeseen issues

The community had experienced a bereavement; this resonated in the types of questions they wanted to be included in the CHNA. During training the resource group took part in several role plays regards how to deliver questionnaires. These were often **emotionally upsetting** because it reminded people of a recent and tragic loss within their community.

> *"We did a lot of role plays; we'd get upset you know in the role play 'cause we'd be thinking of people and obviously [name] became very ill and that just had a massive impact 'cause it couldn't have been anybody more highlighted with the community […] it was just devastating blow wasn't it."* (Community Stakeholder)

> "*It's really hard, people won't just…some of the questions that we asked I felt really opened up quite raw experiences that people have had and you can't capture that on a piece of paper, which is why we kind of had the focus group to go along with it to maybe add a bit more stuff as well."* (Professional Stakeholder)

Due to the loss within the community, the resource group were unable to continue working on the CHNA. A freelance worker took over the work but it meant that the resource group were not involved in the evaluation and the final stages of the project.

> *"I kind of think it might have been empowering if the community members were involved at the end. I think the timing was bad, I'm not sure if there was any other way*." (Community Stakeholder)

5. **Acceptability of project**

The resource group attended GP surgeries to ask them to put up posters promoting the CHNA. The project received mixed responses from the GP surgeries, it was emphasised that the receptionists were gatekeepers in deciding whether or not the posters would be displayed. Some receptionists were reported to be **polite and friendly**;

> *"I noticed like when we went to other doctors, how people was nice […] they helped like giving the leaflets out. They were very nice people."* (Community Stakeholder)

However, some receptionists were reported to be **rude and unsupportive** of the project. One member of the recourse group reported that she felt 'upset' after interaction with one receptionist.

> "*Others were really offensive to both [names] and made them feel very small; you know they'd ring me and be very upset, angry."* (Community Stakeholder)

It was reported that the wider community accepted the project. A fairly high level of community members completed the questionnaires and it was reported that many of them felt comfortable enough to share their experiences and **open up** to the resource group.

> *"People are a lot more open to discuss bereavement. Bereavement was definitely on the mind and it was definitely something that we wanted to capture."* (Community Stakeholder)

6. Perceived impact on community / participants

Incentive- all participants who filled in the questionnaire were entered into a prize draw. To ensure **anonymity** the entry slip was physically removed from the questionnaire once it was completed.

It was proposed that the CHNA **raised awareness** for individual health within the community.

> *"There was a lot of fundraising going on and there was a lot of take up about cancer and people wanting to know more about cancer and their own health status that it became a very individual thing rather than a community thing, health then, because it'd been brought so close…some of the health work at that time had moved from the health survey, like the focus groups for example and we were requesting breast examinations or support in access like to have investigative work done."* (Community Stakeholder)

The resource group emphasised that the majority of the community members **trusted and respected** the group members and this in turn meant that they engaged in the project.

> *"That's why I thought it was important to kind of capture social trust 'cause a lot of that is about trust that you're going to be listening to, trust that you're going to be respected […]* they talk to us more than they talk to a stranger.*"* (Community Stakeholder)

7. Sustainability/ development of new projects

The CHNA has helped to **advocate for improved services**. It is hoped that there will be further investment in services for Gypsy and Travellers.

> "*And they were very clear that there were elements of it that were now being embedded in strategic planning, that might not sound like a great thing but if it's not in the business of the health and wellbeing and it's not in the business of strategic needs assessment then it doesn't get prioritised. It feels like the Gypsy and Traveller agenda is more strategically connected than it was in the past. It was hard for me when I was talking to people; it was hard to point to very specific things. [Name] did point to very specific things around the GP's doing this and that and we're now looking at this and whether this works like that. There is always going to be delays between those sorts of things. Had that needs assessment come out at a point where there had been more resources around then there may have been some very specific actions taken as a result of it*." (Professional Stakeholder)

A brief assessment of the impact of the CHNA was carried out by a freelance worker in 2014 (Bagley 2014). Below are the main findings;

- The process of undertaking the CHNA and its distribution to stakeholders created visibility.
- A commitment to addressing health inequalities and provided a validated tool to make the case for better responses to the health needs identified.
- Whilst there is commitment to addressing health inequality, the methods chosen by commissioners and service providers is almost universally service focussed, rather than community focussed.
- It is clear that the focus of work developed over the last 18 months has been on improving the wellbeing of the residents of Cottingley Springs, rather than the broader health needs of the travelling or settled communities.
- There is evidence of commitment to Gypsy and Traveller health in the Strategic Plan and Clinical Commissioning Strategy of the West Leeds CCG
- Leeds West CCG are leading work around a Service Improvement Plan for Cottingley Springs site with an intention of informing the development of an NHS commissioning plan.

Appendix G Case study report: Life is Precious

1. Background and context

'Life is Precious' is a cancer health improvement project commissioned by Dudley Public Health Community Health Improvement Team. The project used a creative arts approach to engage local people from minority ethnic communities in a dialogue around cancer.

The project set out to:

- increase awareness of cancer signs and symptoms and the importance of the three national screening programmes for cervical, breast and bowel cancer;
- involve minority ethnic communities in the development of images to inform the content and design of cancer awareness resources;
- recruit Community Health Champions to spread the cancer awareness messages in their communities beyond the duration of the project.

The project focused on three languages; Urdu, Punjabi and Arabic as these languages were used by a wider minority ethnic population in the Dudley borough based on 2001 census data.

Historical & Contemporary Context

The 2007 Cancer Reform Strategy highlighted a lack of awareness of cancer in BME communities. Prior to the Life is Precious project, two Public Health community engagement projects ran in Dudley - 'Blossoms and Mangoes' (Johnson 2008) and The Cervical Monologues (Women & Theatre 2010) – these projects identified a number of barriers which can prevent minority ethnic communities from accessing cancer screening services.

Representatives from Dudley PCT and Walsall Creative Development Team attended a Community Cohesion Meeting in June 2010, which was attended by community representatives and organisations from across the Dudley borough. The meeting provided the opportunity to give an overview of the project and recruit community interest. This resulted in six community groups being recruited to the project.

> "*In relation to the previous project, there were two community engagement projects, one was called Blossoms and Mangoes which was carried out with women just giving a bit of a background and that identified as to why women didn't take up screening and they said that there wasn't reliable information available in their own languages and communication barriers and a lot of myths and the cultural barriers as to why they shouldn't go because it's private parts. And then we also had the Cervical Monologues which was also a community engagement project so we've been engaging with the key audience from the beginning*." (Professional Stakeholders)

Case Context

There were five phases of project delivery:

Phase 1: Community Engagement and Recruitment of Participants- extensive development work to shape the project to meet the needs, interests and logistical requirements of the participating groups.

Phase 2: Creative Participatory Arts Process- creative arts workshops aimed to engage community members in conversations around the targeted cancers and screening programmes through art techniques and activities. Graphic designers were commissioned to help turn the ideas and art work into designs for the cancer awareness resources.

Phase 3: Identifying the Outcomes- A comprehensive impact and process evaluation of the Life is Precious Dudley Cancer Awareness Arts and Health project was undertaken by Dudley PCT. Evaluation methods used included:

- Cancer Awareness Measure (CAM) Survey: The CAM Survey was used with the participants to measure their awareness of cancer before and after the project and provided a robust and validated evaluation of the effectiveness of the creative arts process in increasing participants cancer awareness.
- Short Warwick Edinburgh Mental Well-Being Scale (SWEMWBS) NHS Health Scotland, University of Warwick and University of Edinburgh: The SWEMWBS was used with participants to measure any changes in feelings and attitudes associated with wellbeing before and after workshops.
- Qualitative Evaluation Approaches: A variety of tools and techniques were used to capture artists and participants' reflections on their experiences of being involved in the project, which illustrated the value of using an arts and health approach, and the changes in confidence, motivation and behaviour of the participants.

Phase 4: Sharing and Celebrating- A celebration event provided the opportunity to share and celebrate the hard work and achievements of the participants, enable them to meet with people from the different community groups, share their art work and resources produced and introduce the newly recruited Community Health Champions.
Phase 5: Building a Legacy- Following the workshop sessions, consultation was carried out with all of the interested groups to decide how they wanted to develop the Community Health Champion role. Additional training and resources were developed to support their work.

For further details of the evaluation please see: http://www.dudley.gov.uk/health/office-of-public-health/looking-after-yourself/cancer-awareness/life-is-precious/

Summary of Project Successes

In total six community groups were engaged in the cancer arts and health project, 55 arts workshops were held, 106 participants took part and 54 Community Health Champions were recruited. The words and images developed by the community participants through the workshops informed the content and design of z-cards and fridge magnets which were produced in Urdu, Punjabi and Arabic. These are being widely disseminated through outreach events, appropriate venues and those working within health/the local community, in order to reach the wider target audience. (Curno 2012)

2. Method

Sample
The sampling was undertaken with the help of the volunteer coordinator. In total 16 participants took part in the research. In total, ten community (six male) and six professional stakeholders (six female) took part. Data was collected via two focus groups (one with community and one with professional stakeholders) and six interviews (two individual, one paired and two telephone interviews). [Table removed to maintain anonymity]

3. Emerging themes

1. Process barriers to community engagement, project development and delivery

Time and **commitment** from community members were highlighted as potential barriers to community engagement, recognising the delivery of a new project must fit around pre-existing commitments and activities (e.g. exercise classes community members attended at the centre). These barriers were overcome through ongoing conversation and involvement of the community members which resulted in the **flexible and adaptable delivery** of the project.

Language barriers could have prevented engagement in the project, however the project was able to use a translating service to provide interpreters. A key factor was using interpreters who were enthusiastic about the project and keen to participate.

> *"What we were looking for was somebody that could the same dialect, and we also explained that we don't want somebody to just sit there, they have to be engaged in the process and they all vetted for those skills and they were asked to attend a briefing meeting so that they were aware of the cancer messages."* (Professional Stakeholders)

Cultural sensitivities and needs were addressed accordingly, for example a key barrier that was overcome was delivering separate workshops for men and women.

> *"Putting on separate men's and women's workshops as well – if that was a barrier for some people being involved in a joint workshop. We had another group that was two separate groups that came together so obviously initially they were people who didn't know each other and were from different groups but they very quickly built through the art; I think it's such a great way of everybody coming together and doing something in common."* (Professional Stakeholders)

One possible barrier to the project could have been ensuring all community members felt their artwork was represented in the final cancer awareness resources. This was overcome by using a co-design approach which included on-going conversation and involvement with community members and ensuring each individual group was represented by at least one image.

> *"We did think that to get a consensus on the final resource when there were so many different personalities and communities but we managed it because it's a very…you can't have a fixed idea."* (Professional Stakeholders)

On completion of the arts project 54 Community Health Champions (CHCs) were recruited to carry on the work of the project. Informal CHC training and support was designed and delivered to enable them to share their skills, knowledge and experience without having to go through the route of formal training and DBS checks. The training aimed to encourage community members to share their skills, knowledge and experience**.**

2. Facilitators to community engagement

A key facilitator to the project development and delivery was **prior research** around projects using CHCs and art based initiatives; this research helped to highlight the target audience of the project, the languages it would need to be delivered in; and methods that could be used to introduce culturally sensitive topics. At the design phase, there was strong investment in planning the development of the project and forging strong links with pre-existing community groups. Community representatives, PCT staff and artists engaged in co-design to highlight the best methods of engagement.

> *"We went down the arts route because I recognised we're obviously dealing with very sensitive issues; you can't just go in to some of these groups and start talking about cancer and private parts and things. We really needed a method to engage with people and to approach these topics in a way that they were going to feel safe enough to engage with us in that way really and have those conversations and there is a lot of research to show that arts in health is a very good approach to do that."* (Professional Stakeholders)

The project was supported by a **business case** designed by the project manager, which included a proposed structure of the project and associated costs. The business case was presented to a business case committee in order to secure funding for the project.

'Community representatives' provided support to help raise awareness of, and recruit people to, the project. Community representatives became involved in the project through attending a community cohesion meeting. The meeting provided the opportunity to give an overview of the project and recruit community representatives. The community representatives included both volunteers and professionals working with minority ethnic groups. Community representatives were well trusted and respected members of the community who were able to support people in to the project, and help to keep them engaged. Community representatives offered a communication route between the project

lead and community members- providing a critical bridging role for less confident community members.

> "*To work with them in a way that they could produce some resources that were culturally appropriate and accessible to them."* (Professional Stakeholders)

Through the use of a co-design approach, community members had ongoing involvement in the **evaluation** of the project. The evaluation framework was first shared with the community representatives individually; their thoughts, opinions and views were further integrated into the evaluation framework. Through discussions with community groups, community members helped to; identify evaluation outcomes, share ideas around appropriate methods/approaches to gather data, and share best practices. Artists kept creative diaries and reflections from the workshops. After each session community members were able to feedback about aspects of the sessions that had worked/had not worked well.

> *"They took our views, they consulted us you see, this is what we want*." (Community Stakeholders)

> *"We did lots of chatting with them, and got, and asked them for their feedback, emm… as it, as it was coming to, each session was coming to a close."* (Professional Stakeholders)

Furthermore the **approach to engagement** was an important enabler. The project aimed to empower community members, to provide them with the knowledge and confidence to take ownership of the project and deliver messages within their communities.

> "*What we'd really like you to do now is to build the confidence to be able to talk about these things yourself and be able to say to your family and friends 'come on this is important, we need to go' because unless people are prepared to do their bit as well […] So again the community health champion approach was very much about that, it wasn't just us telling people what they should be doing, it was you know come on you can be part of making this happen and being part of that change."* (Professional Stakeholders)

> "*Starting to engage with people through doing the art, over the first couple of sessions, and then the conversation naturally progressed so we were talking more and more about cancer awareness, because they knew that that's what they'd volunteered to take part in*." (Professional Stakeholders)

Throughout the project, community members and the project team had **continuous engagement with open and transparent feedback**. During the design phase of the project, community members were consulted around implementation issues that could be potential barriers such as the times and dates to run sessions and childcare requirements.

> *"They took place during the day when their children, those who've got children who were of school age would have been at school."* (Professional Stakeholders)

"We consulted on that and the best time to run the workshops and we also looked at any barriers they may have had to engage in the project. That was really important because that was one of the reasons why some of them were getting a bit reluctant and that's where we mapped all that out. So we came back and we had our discussions, kept all the notes. I think the key was to be consistent and fair with all the groups, I think that was really important and I think being honest and the resource…as I said we've explained the aims and objectives but we didn't know how it was going to pan out totally; so that's the initial engagement." (Professional Stakeholders)

Using **community venues** that were familiar for community members was highlighted as a key facilitator. It was reported that using a venue where community members 'felt safe in the environment' encouraged engagement.

"What is really important is, it took part, the [name of group] one for example, took part in their community centre, so it was making them quite relaxed, so making a safe environment in the first place." (Professional Stakeholders)

"*So it's come as a really lovely way of them being able to contribute within their own community again in a kind of environment they feel safe in, and to branch out as much or little as they wanted."* (Professional Stakeholders)

Particular attention was paid to ensuring the project was community focused; **being sensitive to religious and cultural beliefs and needs.**

"*Quite a lot of them got the faith and their religious aspect, it was ensuring that we're not running the workshops from that are going to clash with those dates as well and ensuring that they are able to pick their children up on time. There is a lot of…we did recognise there is a lot of barriers as to why people perhaps don't access our services and I think that came out quite sharply through that I think also using their existing venues was effective as well because they felt comfortable in those venues as well. So that sort of aided their ability to talk about the subject as well*." (Professional Stakeholders)

"Due to the religion and the culture base and the culture diversity, that it was quite sensitive and how we bring certain things across, there was always a, some sort of a barrier, and there was always an answer; it wasn't so much a challenge but, we brought out questions, or the women brought out questions among themselves." (Professional Stakeholders)

"They actually explained and opened up a whole big discussion actually […] it brought out, erm… Cultural barriers around, you know, religious actually, not so much the cultural, more of the religious understanding, and erm, 'til it turned into awareness and then the question was kind of open and then it turned into a debate because there were women there which believed that it was up to the God and they wouldn't have the treatment […] you find this, who to talk and discuss cervical cancer, with the culture base as well, with virginity, you know, having the actual test itself." (Professional Stakeholders)

The **value of the art materials** was highlighted as a facilitator to the delivery of the project. The project team invested in quality art materials that contributed to the success of the resources produced.

> *"I think because we invested in quality art materials for them and art form, I think they felt straight away, they felt valued because the resources that they were being provided with were…and I think really engaged them."* (Professional Stakeholders)

> *"I talked about my different variation of art forms which might draw, through relaxation, discuss you know certain topics, sensitive topics."* (Professional Stakeholders)

3. Benefits to community members

Community members were involved and consulted at every stage of the project implementation and delivery. Community members were able to choose the types of resources (e.g. key rings, leaflets, Z cards) they wanted to use. This concluded with community members producing art work that they had **'ownership'** of and felt **proud** of.

> *"They decided what health messages they wanted putting out on the little, well they decided they wanted the little zip card things, and, what was going, what promotional were going to put out, where they were going to take it, what was going to, they decided the health messages that were put on it, and I think the Life is Precious, the title of the whole project, came from a participant anyway."* (Professional Stakeholders)

> *"And I think because of the on-going conversations through the whole weeks, it was very transparent that the whole process of developing the resource and how we'd need to be fair across all groups; but each group was also left with…about valuing each group in their own right because each group was left with their own artwork that they could be proud of and share whatever way they want."* (Professional Stakeholders)

> *"It wasn't so prescriptive that… They had to do one like Blue Peter style, it was very much they could, erm, explore within that, and be part of… What messages they wanted to put on it, and the design, and it was also tailored so that anybody could do it, so you didn't have to, you know, you didn't have to feel that you can't draw, or you can't, it was at the skill level where everybody could achieve something that looked good as well."* (Professional stakeholders)

> "*They kind of got ownership of them* [the resources]." (Professional Stakeholders)

Two key benefits were the **support** of the project team, peer support from community members and **informal learning.** They reported informally learning about other faiths and religious beliefs through working together on the project. Community members gained increased knowledge around cancer and gained confidence to talk to their communities.

> *"We feel very…something you are doing you feel in your mind it is better for your life and for your old life. When you stay home, you don't know nothing, unless you're watching telly, programmes, you know Asian dramas, news. When you're here, when you enjoy the course."* (Community Stakeholders)

"*I think initially they were quite worried about what sort of reception they might get if they talked to people about cancer, you know, the sorts of things people might say but I think now they've done a little bit and its generally gone down quite well, that's kind of built their confidence to do a bit more*." (Professional Stakeholders)

It was highlighted by professional and community stakeholders that there are **social benefits** from involvement in the project.

> *"Yeah quite a few here and they really like and the other … side of it is that they feel lonely; so by coming here that overcomes it and they find it really beneficial."* (Community Stakeholders)

One community member expressed that attending the project was a way for her to socialise after her retirement.

> *"I help with my friends, I draw them and they can continue, I sit by them, you know. I've been here since I left my job. I'm just here all the time."* (Community Stakeholder)

Community stakeholders were provided with **badges** to identify their role and encourage wider community participants to approach them and engage.

> *"Enamel badges, just something really that I think they felt would kind of identify them so actually we also talked a little bit around people being able to approach them, people being aware that actually if they were wearing the badge, they were somebody that if they wanted to ask a question or wanted a bit more information, they were somebody that they would approach so it wasn't necessarily even about them having to approach other people all the time."* (Professional Stakeholders)

A **celebration event** was held to showcase work and try and give recognition and appreciation for the work the community health champions did. Community members took great pride in their work and were rewarded with the art work being showcased in a local arts venue 'Dudley Art Space' exhibition and at community events. The cancer awareness resources have been widely distributed across a range of community venues.

> *"It was very nice. At the end it was…they done with some other groups as well. So one day they had altogether, all of us you see and we had a big celebration in which everybody was invited and they had some people from the health department; their superiors came and we had a giant sort of appreciation, we thanked each other….and what we have gained out of this project."* (Community Stakeholder)

4. Acceptability of project

The professional stakeholders attributed the success of the project partly to a **strong senior leadership** combined with a **motivated and committed project team** who were dedicated to the project. In addition, there was on-going support and direction from a steering group.

> "*Senior leadership that made a difference because you know having that support throughout the project because it was quite a challenging project and I think if you have strategic support and then your line manager level, it does help to shape the project so that it is successful and I think it is quite a lot of partnership working and I*

think a lot of passion that you believe in what you're doing; I think that's important and you're not going to take the shortcut." (Professional Stakeholders)

As mentioned previously the project business case was **supported by senior strategic management** who were able to provide capacity, funding and support around delivery of the project.

Various health professionals offered to support the project by providing input at sessions around cancer screening and sharing the resources.

5. Perceived impact on community / participants

Quantitative and qualitative evaluation was built in to each stage of project delivery. The Cancer Awareness Measure (CAM) Survey measured participants' awareness of cancer before and after the project. The Short Warwick Edinburgh Mental Well-Being Scale (SWEMWBS) measured changes in feelings and attitudes associated with wellbeing pre and post workshops. A variety of tools and techniques were used to capture qualitative data including artists and participants' reflections on their experiences of being involved in the project.

There is perceived behaviour change among community members and wider community members. It was suggested that the community might be more inclined to get screened or go to their GP if they have a health issue. The project encouraged discussion around sensitive issues with community members. Project staff expressed that discussions may have helped to reduce stigma around certain areas such as cervical cancer screening.

"Through the qualitative stuff as well as anecdotally since you know the reported behaviour change in themselves you know, saying 'oh I threw away my last kit but I've done it this time' or you know…so there has been some change in their own behaviour." (Professional Stakeholders)

"There's a much wider awareness in the community than there was previously and that it's more of a, there's less of a taboo." (Professional Stakeholders)

"We have the resource which is serving the purpose of the wider community as well 'cause that was one strand of the project. So they've handed the resource out to a number of places, so that' serving the wider community in that context." (Professional Stakeholders)

Community stakeholders suggested that through the project the wider community have been empowered to change their approach to their health and in some cases challenge the opinion of health professionals.

"We're feeding everything to the community, we're getting a very positive response from the community as well." (Community Stakeholder)

"We just tell them verbally and then we can pass on these leaflets to take them home and plus they got the key rings, they got the telephone numbers on there if you need any more information, you can contact with them […] Another thing we learnt from this project was that some people in our community especially I think, they keep it to themselves even if you have something, they don't want to tell anybody. They are

shy…that's why they don't want to share it with it but they gave the confidence that it is will be between you and the GP. [..]You have to ask that you want to see a specialist because some of the GPs they are not forthcoming; they say…their own judgement and things, but you…it is precious for you, it is not precious for GP. He is also…a responsible person but it is more your life so life precious for you is, you have to fight for yourself." (Community Stakeholder)

"Our community as a whole get to know and they are approaching the health champions which where we got to go 'I'm suffering…'; they don't want to open themselves…their minds.. But they come to individuals, they pick out of one of the champions 'can you please tell me which way to go?" (Community Stakeholder)

6. Sustainability/ development of new projects

The project has resulted in 54 community health champions being recruited to carry on the work of the project. Project staff continue to engage with all community groups involved in the arts project to support CHC activities as required. Some community members have started another project raising health awareness amongst taxi drivers.

"They started talking to all the taxi drivers and going through the health and well-being questionnaire with them. I think they've got such ownership of that project, if you asked anybody they'd probably say it was their project. But the confidence that I think it's given them to feel that they can do their own projects is very apparent." (Professional Stakeholders)

"We will give you the other project…now we are starting another one with taxi drivers. We started in…it's still continuing you know, and now we are thinking…and all those taxi drivers for the heart, diabetes, cancer, all cancers…" (Community Stakeholder)

Several community stakeholders have felt empowered to apply for small grants to set up small health projects within the community.

"We had small grants, funds available through the program as well and several of them have applied for small amounts of money to do art with other groups that weren't involved in these projects. I think they developed a real passion for art as well – haven't they – and really enjoyed doing that; and the taxi drivers' project." (Professional Stakeholders)

If you would like to find out more about the project please see:
http://www.dudley.gov.uk/health/office-of-public-health/looking-after-yourself/cancer-awareness/life-is-precious/

Appendix H Case study report: Church based family therapy in Wandsworth: Improving access to mental health services

1. Background and context

The 'Church based family therapy in Wandsworth project' is a partnership between Wandsworth NHS clinical commissioning group, South West London Mental Health NHS Trust, Wandsworth Community Empowerment Network (WCEN) and the Pastors Network for Family Care. The aim of the project is to increase uptake of early stage mental health services among BME groups and to embed therapeutic skills inside communities.

For this community engagement project, Pastors undertake a two year accredited training course in systemic family therapy delivered by the Mental Health Trust. This training enables Pastors from participating churches to assist community members with mental health problems within their ministerial and pastoral practice.

For a copy of the evaluation report, please see Burgess and Ali (2015).

Context

Ethnic disparities in access to, and experiences of, treatment for mental health problems are widely recognised. Research has shown that African Caribbean Patients are over-represented within inpatient hospital settings (Mohan et al., 2006). This was a concern of professional and community stakeholders.

> *"You know, Black families present themselves late to services. That by the time – you know, as a general rule, of course there's exceptions, that by the time Black families, Black people, present themselves to services, it's often late. It's often at the acute end, and that they would like to actually provide services to Black communities early, quicker and sooner, but they're not coming through their doors."* (Professional Stakeholder)

Moreover, professional and community stakeholders recognised stigma surrounding mental health and experiences/ perceptions of racism within mental health services were barriers to engaging BME groups in early intervention surrounding mental health. It is asserted the use of Pastors will help "address issues related to the sociocultural factors that inhibit early use of mental health services" (Burgess and Ali, 2015).

> *"And the individual that they feel most connected to when they have a problem is their pastor. So when they have a problem, as [Pastor] was saying, they're not going to go to social services, or they're not going to go to their doctors initially, they're going to go to their Pastors…. And if the pastor has both his or her spiritual aspect as well as the intervention then what you've got is something that really does help that individual who is going through serious difficulties that's more than just a need for prayer. And that's what we're about. We're not losing anything of our faith background, not at all. We are definitely holding that very strong, and then using these approaches that we're learning and bringing it together to then deliver a service to individuals that will help those individuals along their way, and help them through the difficulties they're going through."* (Community Stakeholder)

Project set-up

Prior to the setup of the project, WCEN (established as part of the Neighbourhood Renewal Programme) and the Mental Health Trust worked in partnership to address concerns surrounding mental health within the BME community. This partnership lead to a number of activities to increase uptake of early stage mental health services among BME groups, including the delivery of Improving Access to Psychological Therapies (IAPT) services within local community organisations.

> *"So we used to have IAPT just in GP surgeries and mental health institutions. Now, a lot of the bases are in the kind of mosques or in the kind of community groups; so they're housed, you know, in areas therefore— Which makes patients less keen to come to a building like this, but they're more likely to attend, especially with lots of stigma attached in certain communities, to either a GP surgery or often, you know, their own mosque or their own community group. So the Wandsworth Community Empowerment Network have already got an historical link over the last probably four or five years with the Mental Health Trust."* (Professional Stakeholder)

Concurrently, concerns surrounding mental health within the BME community were arising within the church.

> *"The last two or three years, we actually noticed an influx of mental health affected people in our church, coming to our worship services, and sometimes it's been quite challenging, actually managing the service with them. Hardly anybody in the church had any mental health training experience, you know, in terms of how best to manage the guest who were coming or the individuals who were coming. But it was a bother to me and my colleagues that we were kind of lacking in that area, and we felt quite strongly that – actually, we felt quite strongly that there was a purpose to why we were here, a divine purpose to why we were here, and the hospital was so close and that there was something that we felt, prompted by the holy spirit, that god wanted us to do about it."* (Community Stakeholder)

In 2009/10 community conferences were arranged looking at health issues within the community, bringing organisations and community members together, including WCEN, Pastors and the Mental Health Trust. During these community conferences, shared concerns surrounding mental health within the community and potential collaborations were discussed within working groups.

> *"So of course, the irony was here that you've got a service [Mental Health Trust] that's saying that Black people are not coming through our doors, and then you've got local community institutions that have got Black people coming through their doors all the time. So then a conversation started between the Family Therapy Service and our local community leaders, to say well, "Okay, how can we tackle this problem together?"* (Professional Stakeholder)

As a result, the Pastors Network for Family Therapy was established and the project co-produced.

> *"And then, of course, because of our relationships with the Mental Health Trust and with community leaders – and you know, as a professional organisation, it then put us on the front foot to say well, 'Okay, how do we then take this to the next stage?' It then came to this thing about well let's plan how we're going to make this, how we're going to do the – where are we going to get the money from, who's going to write the application? And that makes an organisation like ours now proactive… There's energy here, we as an organisation can then say well, 'Okay, let's put a structure round this, let's try to make this work.' And thus was born the Pastors Network."* (Professional Stakeholder)

Before rolling out the training to Pastors interested in being involved in the delivery of the project, the training was 'trialled' by a religious leader.

Sources of funding

The first year of training was funded by Wandsworth Community Empowerment Network. The CCGs funded Year 2 of the training and the evaluation.

Method

Sample

The sampling was undertaken with the help of the Wandsworth Community Empowerment Network. In total, 10 community stakeholders and six professional stakeholders took part in the research.

1. Enablers to community engagement

Professional and community stakeholders cited multiple enablers to community engagement.

A **co-production model** to project design and delivery was adopted and deemed an enabler to community engagement, through the involvement of, and developing relationship with, key organisations (e.g. the NHS Mental Health Trust). The interest of the NHS Mental Health Trust emphasised the value of the project to Pastors.

> *"But I think once we had that first conference and people saw how interested, for instance, professional clinicians were, that really kind of gave Pastors, if you like, an idea of how important this thing is. So we started to see more cooperation and people [Pastors] were attending meetings… I think they felt that this was a higher context and it deserved their time."* (Community Stakeholder)

Moreover, the co-production model was thought to empower Pastors, giving them **ownership** of the project from the outset.

"Yes, and I think they feel an ownership in terms of how it goes forward. They don't feel that something's going to be done to them." (Professional Stakeholder)

Notably, the role of the **Wandsworth Community Empowerment Network (WCEN)**, bringing the Mental Health Trust, Pastors and CCGs together and negotiating roles and funding, was key to the set-up and sustained delivery of the project. The continued support of WCEN throughout project delivery was considered to aid the development of related projects.

"What has made it work I think has been the mediation of WCEN. I don't think it would have worked without a third between the Trust – even though we were a very small department, but I think [NAME] has done a really fantastic job of negotiating across the CCG, the Trust, New Testament Assembly churches and WCEN, and that's a very skilled piece of negotiation. So I think that's the other thing that needs to be understood. There needs to be some way of mediating." (Professional Stakeholder)

It was recognised by stakeholders and community members that **time** was needed to establish relationships between organisations and develop networks.

"And to get to where we are now has taken about seven/eight/nine years anyway. So I think all of that kind of work needs to be, I suppose, understood and recognised because it's the groundwork to relationships. The trust is a big thing. " (Professional Stakeholder)

The **involvement of respected and trusted individuals** was thought to enable the development of relationships and encourage participation of Pastors.

"So it was actually unusual to have a pastor and a bishop who was actually interested in making that bridge, and I think that was very, very important because in the early days, even to get other Pastors into the room, we used his name. He wrote to them, he invited them, and the opened a lot of doors for allowing those people to come into the room, and I think that's very important to understand… So we had to understand that quite often where we had no relationships, then they quite often needed to be opened by a pastor who was respected, a bishop who was respected and who would, if he said that actually this is something that would be worthwhile, would therefore be at least – you'd be able to at leave the opportunity to have the first meeting, to be able to convince them." (Professional Stakeholder)

In relation, it was the relationship Pastors have with the wider community that enabled people to come to them with concerns.

"But I think I find something very interesting in what we do and as the church in the community. Not only do we consider ourselves as part of the community, we consider ourselves as part of the solution of the problem the community are having. I'll give you this example. When people have a problem, the first thing – they're not going to call social services, they're going to call people who they know and who they are connected with. So hence, if you're in a church and you're having problems with children, in your marriage, etcetera, the first person you're going to call is somebody within the church who can help you." (Community Stakeholder)

The church was therefore seen as an **appropriate and existing infra-structure** the BME community readily access, where Pastors could help address stigma surrounding mental health and offer assistance to those with mental health needs.

> *"I think there's another thing as well about the fact that having a group of faith background individuals doing a course like this with the knowledge - that the largest gathering or where you'll find the largest gathering of African and African Caribbean people, Asian people, will be in a place of worship. And the individual that they feel most connected to when they have a problem is their pastor. So when they have a problem, as [NAME] was saying, they're not going to go to social services, or they're not going to go to their doctors initially, they're going to go to their Pastors."* (Community Stakeholder)

For organisations and individuals to become involved in the project a shared **commitment to make positive societal changes** was needed.

> *"I think what makes it work well is the enthusiasm of the Pastors – that's working well – and that enthusiasm is probably driven by increasing demands and the need for supply. And it is increasing."* (Community Stakeholder)

> *"The other belief that we have is that we all contribute towards creating a better society, that this is not the responsibility of just the public agencies, that community groups and individuals all have a responsibility to create that better society."* (Professional Stakeholder)

In relation, recognising the value of Pastors, in terms of their skills, experiences and connections with the wider community (**social capital**), was considered important to community engagement.

> *"… there's a particular set of beliefs that we are all committed to, and those beliefs are around the value of human beings, of social – if you use the language social capital, that we all have things to contribute… And that these contributions are valuable, and that they're valued."* (Professional Stakeholder)

It was, however, suggested Pastors may need assistance in recognising their value in the project.

> *"… public agencies almost always start with services, that these are the services that we are being commissioned to provide. And what we find is, is that that's often too late, that there is actually a process of breaking down perceptions about who you are and what you're capable of doing, before that, because you know, services are provided to communities who are recipients of the services that they receive. And there isn't a public conversation at all around mental health, community, healthcare at all, and what we find, we call it pre co-production, that before you even get to the design, before you even get to around the table, let's design the service, you actually need a process of enabling and equipping people to have that conversation."* (Professional Stakeholder)

Increasing **personal assets** of Pastors by offering an accredited training course delivered by the NHS Mental Health Trust, which was sensitive to their cultural needs, and ensuring they

were **supported** during the project (training and project delivery) were viewed as important facilitators to community engagement. Support for Pastors came from the co-production infrastructure.

> *"… we had something tangible to offer, like a year one training course, which had meaning to the people we were offering it to. They saw it as something that was going to be useful to them."* (Professional Stakeholder)

> *"Everybody has had to work, and is working in doing the essays, in understanding the concepts, but I think the support of everybody who's on the programme is very important. There are no lone rangers. And we're open enough and vulnerable enough to say to each other, "Listen, this is a struggle, and this is an issue. This is a problem, how do we do that?" And so we're able to do that as well."* (Community Stakeholder)

1. Barriers to community engagement

Obtaining **funding** for the project was considered a barrier to the set-up and delivery of the project. For example, due to funding challenges there was a delay in community stakeholders receiving Year 2 of training.

> *"So, internally, money was a barrier… there was a challenge to get money for year two, to fund year two. So that was definitely a barrier. We realised the importance of it, but how do we fund it, and who funds it? So, should commissioners fund it? Should the organisation fund it? So that was one of the barriers; there was a delay in between year one and year two."* (Professional Stakeholder)

Challenges surrounding funding also related to a lack of money to advertise the project for the recruitment of Pastors as well as increasing awareness of the project to the local community.

> *"This doesn't sit with any one church, so it's not owned by any one church, and it doesn't sit in anyone's budget. Not a lot of money, but just money to set up a website, for instance, so we could put the information up."* (Community Stakeholder)

Barriers to obtaining funding were discussed. It was suggested that the projects focus on capacity building and long term outcomes, thus lacking immediate health outputs, could be a concern to commissioners.

> *"I think it's understanding that it's the… but it's those longer term outcomes, those kind of having to be a bit braver, putting money in where you don't necessarily see anything overnight. So, [commissioners] want some stats, want some outputs, want some outcomes and… kind of want to be able to monitor something. But sometimes [commissioners] are having to say, you know, this is about building some capacity, building those skills and that knowledge within the community, and the outcomes or even the outputs don't come quick and easy. So I think that be tricky."* (Professional Stakeholder)

In relation, community members and stakeholders stated that the community engagement model adopted *i.e*. the co-production model and use of faith leaders to deliver mental health support, challenged current cultural practice within the health system and was a potential barrier to funding.

> *"Certainly a barrier and a challenge for the clinic is to be able to justify well what is this? This doesn't fit into any model. And there are those that consider the time and the resources being applied here as a waste and therefore shouldn't have been in the first place; then come second year, having justified or legitimised the work with the results from the first year, and being – sort of seeking to go forward with another year, again the argument comes up well, what is it? It doesn't fit. It's doesn't coincide with anything else, so why are we doing this? And so it's constantly justifying who we are, what this is, why do this?"* (Community Stakeholder)

> *"We're not perceived to have assets. We're not perceived to be contributors. We're not perceived to be actual suppliers of a service, and I think that has to be, again, a shift in terms of can community leaders be trusted to be able to be competent delivers of this service?"* (Professional Stakeholder)

One professional stakeholder suggested that greater diversity within the commissioning board was needed to ensure the health needs of BME groups are met and the potential of community engagement models realised.

> *"So the barriers are built into the system, about intelligence. Again that comes from the conversation around diversity. The CCG board this morning, one person, [name] [from a BME community], everybody else round the table white. And this is a CCG that looks after a multicultural population, again like the Mental Health Trust, which alos has an alomost all white board. So you think – and all of them are health professionals [CCG commissioners]. Most of them management, and those who are not management are general medical practitioners from the General Medical Practitioners School, all of a similar type. So when you turn round and say, "Where's the intelligence going to come from around black diaspora communities or Muslim communities and different kind of health patterns and so on, community assets, you know, voluntary sector?" None are around the table… None of them, whilst all good willed, when they come round the table and they look at our map and see that they are not representative, yet, these are people making decisions over four hundred and fifty million".* (Professional Stakeholder)

Furthermore, it was suggested community organisations lack of knowledge surrounding funding processes as well as having robust governance strategies in place to meet the criteria of funding bodies, disadvantaged community organisations in funding processes.

> *"And also sometimes the governance of community organisations is not always as robust. And so if you're going for a bid and, you know, the Mental Health Trust bids for it, they will fill in the form perfectly, they have an audit committee, they'll have a Director of Finance, they'll have a whole system behind them which kind of makes sure they're able to kind of fill the requirements of a funding organisation, whilst community groups don't have that, which puts them at a massive disadvantage… [Community organisations] are unable to complete all the robust criteria*

[commissioners] put in to ensure the appropriate spending of public money, that in itself can become a disadvantage." (Professional Stakeholder)

Stakeholders and community members recognised the **stigma associated with mental health** would be a barrier to the delivery of the project. Stigma was considered a barrier in regards to engaging Pastors in the delivery of the project as well as the wider community. Therefore, it was recognised education surrounding mental health was needed prior to engagement in the project.

"There needs to be some level of interest in the faith groups for wanting to do this. Historically, faith and mental health is a problematic, and not very easy, association. So [people with mental health issues], clinicians, practitioners in mental health services were often very, very suspicious of faith leaders, and faith leaders were suspicious of the mental health structures. Also in these communities, [there is] a lot of misunderstanding of what is mental health and mental illness; a lot of fear, a lot of stigma about mental illness. So when you had people who were coming from that mind-set, there was actually quite a number of steps and quite a lot of engagement and quite a lot of learning that was about paradigm shifting that needed to happen before you could even get engagement." (Professional Stakeholder)

"Some of the Pastors said that actually one of the things that people needed to understand is the Pastor has been socialised by the same community and so it holds some of the same stigma, the same lack of… the same ignorance, the same fears. And so it's important, sometimes, to put in that pre-work in order to be able to get people who are going to say, "Yes, I can play a part in supporting mental well-being in my community." (Professional Stakeholder)

In relation, the **conflict of ideologies regarding the origins and treatment of mental health** was a barrier faced. Personal/cultural beliefs surrounding mental health were considered to inhibit engagement.

"So certainly one of the things, I remember one of… a Pastor who was involved in some of the early groups, and his view was the mind breaks and once the mind breaks, it can't be mended. So therefore, for him there was no point in even getting involved in that sort of thing. You just hope and pray that actually you don't have that happening, you don't have it happening in your community, etc. If it does, it's happened and there's nothing you can do." (Professional Stakeholder)

Moreover, concerns surrounding mental health services wanting the involvement of religious leaders in the delivery of mental health care, relating to the complex relationship between religion and mental health, were discussed.

"Particularly when you have people of faith wanting to step into an area of work which very much sees faith or religion and belief as being difficult, that people end up in mental health services because of a connection with faith and beliefs. And to have a group of people who are strong in faith then entering into the field and saying, 'Hold on, we are here to help, we can help and we can understand where some of these people are coming from and can be of assistance in responding to their needs'." (Community Stakeholder)

As a result, there was some **resistance from community members to work in partnership with mental health services**. This resistance also related to a distrust of the mental health service and that involvement in the project would lead to a more *"secular kind of way of doing ministry"* (Community Stakeholder).

Maintaining credibility as a religious leader was therefore considered a potential concern for some Pastors surrounding involvement.

> *"Yeah, just see it as another resource that you bring alongside prayer and healing and all those wonderful things that you do that makes people feel great and fill the pews on a Sunday. Don't lose that. I think that could become a challenge… Managing that balance. Don't lose yourself in the process of kind of learning new ideas, secular ideas, because first and foremost you're called to be a Pastor."* (Community Stakeholder)

A further barrier to engaging in the project was **undertaking the training** that community stakeholders described as often intellectually challenging and 'daunting'.

> *"This is an investment in us and as such, taking into account the needs, if you're not an active learner, if you've not gone the academic route and stayed in touch with that, it can be quite daunting to be told, 'okay, we now need you to prepare. You're going to need to do essays, you're going to need to do this'".* (Community Stakeholder)

It was recognised Pastors had multiple responsibilities outside their pastoral and ministerial responsibilities, often including additional employment and/ or volunteer roles. Pastors therefore faced practical constraints to engagement relating to **time and commitment**, attending meetings and training sessions, completing assignments and supporting the wider community.

> *"Oh a lot, they have. And I think we thought that because it was going to be once a month, we'd be meeting, you know actually coming here and having tutorials and everything, that you know, we could manage that. But then the work in between actually coming together is very, very intense and very time consuming. And if you think one of the barriers is the amount of time that it takes to actually do the coursework, to get your hours in, to do your client logs, you know, to do your reflective logs and all the other things, it is a lot to do on top of our other ministries… So you have to be committed to doing it, and there have been occasions when I have turned to my fellow friend there and said to him, 'I've had enough. I'm not doing it', because you know, sometimes you do think to yourself, well what am I doing it for? And then you remember what you're doing it for, you know, but there have been times when you've thought this is just too much."* (Community Stakeholder)

Pastors reported often moving into part-time roles to fulfil their pastoral duties. A **lack of financial compensation** for their time was therefore considered a potential barrier to further engagement.

"Because many of us actually either move into part-time, give up fulltime work, move into part-time work to be able to do it [Pastoral role], or giving up work fulltime to be able to meet those needs. And there is a level of recognition that comes through finance whether we like it or not, that's the reality." (Community Stakeholder)

2. Benefits to community members

Community members benefitted from engaging in the project in a number of ways. Participating was thought to impact on personal development through **gaining an accredited qualification**, and **developing knowledge and awareness surrounding mental health.**

> *"So the offer is they'll get an accredited training programme that they could take wherever they go. You know, they will become practitioners, but they could go on to become family therapists as well. So they have that skill set not just for their pastoral care, but if they wanted to get a job in the future in that kind of area."* (Professional Stakeholder)

Moreover, it was recognised the training received **aided community members in their Pastoral work**, learning new techniques/increasing skills to support others as well as providing them with *"a framework to think about people's difficulties without burnout hopefully."* (Professional Stakeholder).

> *"And the benefits are amazing. Because not only are we able to apply it to when we're working with individuals, specifically around their challenges, but there are other programmes that we run."* (Community Stakeholder)

> *"… a Pastor shared with me how they feel less anxious in terms of differences in their congregation. They have more patience and a process orientated approach to ministry, so you don't have to become a saint overnight; the journey is a little bit more longer and he's more walking with people along the journey as opposed to, 'You need to stop taking those drugs', or, you know, 'You need to leave that lifestyle now because it's destructive', but having that understanding… a bit more patience. I think the ministry has become more process orientated for that particular individual."* (Community Stakeholder)

Notably, Pastors reported blending knowledge gained with faith aided the engagement of community members in early stage mental health support.

Overall, engaging in the project was thought to **empower** community members and **increase participation in civic life.**

> *"…but also the Pastors taking more ownership of civic accountability and civic life, I think, because a lot of these organisations don't necessarily get involved in everyday."* (Professional Stakeholder)

> *"… it has enabled them to think that they are not just church Pastors, that they are also able to participate in decision-making around mental health for their communities, and I think that that has been a huge benefit for them."* (Professional Stakeholder)

Negative impact

Time committed to the programme lead to tiredness and time away from other commitments in order to meet community needs.

> *"The drawback is about time, it's about tiredness, being able to actually respond to the level of need. Feeling the support to be able to do that, because often you're leaving other things to be able to do that because you can't do everything. So that's a drawback as well. But I think overall when you balance it the benefits outweigh that."* (Community Stakeholder)

Moreover, it was suggested Pastors sometimes had difficulties managing conflict between competing ideologies regarding the origins and treatment of mental health.

> *"But also, it's – the material comes, quite often, from a perspective that's different to the perspective that they're coming from, both in terms of faith as well as culture. And so sometimes there were a number of, as I understood it, a number of times when they had debates that carried on outside as they struggled to find a way of how do these two things come together, and is there a point in which I can sit comfortably with both of them."* (Professional Stakeholder)

Maintaining credibility as a Pastor, was a difficulty faced reported by a stakeholder.

> *"I think there's a challenge, that is a potential difficulty, and I know that actually speaking with one of the Pastors, and he said to me, 'I'm finding it really difficult at the moment to be able to do my sermons', he said, 'because I'm conscious that my way of thinking, my language has changed, the words I use and I'm conscious that I'm now no longer making the same connection with the community'. And so he says, 'I'm having to work at how do I translate concepts from what I've understood into a way in which my community will still be able to connect with me?'"*
> (Professional Stakeholder)

3. Unforeseen issues

Stakeholders reported a greater level of enthusiasm and commitment to the project than expected.

> *"I think some of it possibly is the enthusiasm that these ideas have been grasped. I think some of the dedication."* (Professional Stakeholder)

> *"I think what worked well was when there was a delay between the year one training and the year two training, that they continued. I think that showed real commitment and desire from them, despite our assurances that it would happen."* (Professional Stakeholder)

4. Acceptability of project

Overall, the project was viewed positively by professional and community stakeholders. The model adopted was considered an acceptable model of community engagement.

> *"So, in terms of working together, it's a very good model for bringing people together and making completely different decisions about the way we do things."* (Professional Stakeholder)

Interest from other cultural groups to replicate the model was viewed as *"a sign of the credibility that, you know, it is a worthwhile project to take part in"* (Professional Stakeholder).

Community members sustained engagement with the training demonstrated commitment to the project.

> *"Yeah, [Pastors] involvement in the project and willingness to respond to the training, to take a day out of your – is it a day a month, or two days a month, plus fifteen hours a week to do the work in between? That's quite a commitment. You know, you don't commit at that level if you don't feel that this is something that you were – there's a sense of acceptance here. So those are indicators for me that Pastors are committed based on, I think, the sense of we're in this together and this is our response to our community and to our god."* (Community Stakeholder)

Moreover, the project was considered to aid the Mental Health Trust's understanding of cultural issues surrounding mental health and was a resource for their use.

> *"So the trainers, [they're] learning every day from them [Pastors] just about what will help [their] own, everyday clinical practice as well."* (Professional Stakeholder)

> *"I do know that one of the units in the mental institution round the corner refers people here in a Sunday morning. Not refer, encourage people to come to church on a Sunday morning, because they know that we have had some mental health training. People are not going to be looked at in a strange way. We're more able to manage them."* (Community Stakeholder)

However, professional stakeholders recognised concerns did surround *"a very secular organisation"* such as the Mental Health Trust working with churches, since this could exclude members of the BME community who did not attend church. Nevertheless, it was acknowledged utilising faith-based organisations was a useful way to reach members of the community although should not be the only infrastructure used.

> *"And, you know, sometimes when I'm talking to colleagues, they say, 'how do you deal with the atheists who are in the Black and ethnic minority community, or the different part of the Muslim community?' And I guess, you know, initially I was a bit wary but then, yeah, you deal with what's there. And that is the community infrastructure which is there and I think as long as you're aware that, you know, it's not a homogenous group… For some, you know, the faith based system is the only infrastructure you've got. Others, you know, there are other kinds of avenues. But it's the one which is the most mature, so we just use it, you know. We accept that*

we're missing groups which are very secular, but then we've got to have a different avenue for that." (Professional Stakeholder)

5. Perceived impact on community/ participants

Overall, the project was considered to help reduce stigma and normalise discussions surrounding mental health in the community.

> *"… also that the capacity of the local community to understand more about mental health issues is there because it sets a platform to talk about mental health issues in those communities. So when you're starting to talk about family therapy, you might be able to start talking about drug addiction, depression, anxiety. So it starts to normalise the conversation about mental health a bit more in some of the communities that are very averse to speak about it."* (Professional Stakeholder)

> *"It has changed the way that the congregation, the well congregation... the well congregation respond to the unwell part of the congregation… I think people are more sympathetic, more understanding. I think less judgemental. I think that's something I've noticed as a result of the programme."* (Community Stakeholder)

Moreover, it was reported the project has led to improved accessibility to early support for those in need of help with mental health issues within the community.

> *"And I would hope with the community at large that it means that they have access to the skills that the Pastors might have to offer. So they have maybe access to skills that perhaps they would not easily have been able to access because of the barriers of accessibility."* (Professional Stakeholder)

Community stakeholders discussed that not only are community members coming to them for support surrounding mental health issues but they also feel able to identify community members exhibiting mental health problems and support/signpost them appropriately.

> *"Now we're actually… people are coming to us and they're asking to meet with us. They're asking to do a couple of sessions, six sessions, whatever, but they're actually coming to us and we're now identifying people through conversations that we can see are struggling. And so we're inviting them into conversations."* (Community Stakeholder).

Whilst an increase in BME IAPT service users has in part been attributed to the project, it was recognised the *"full impact"* of the project on mental health statistics will take time.

> *"So therefore we feel that the work of WCEN has had an impact on increasing our BME numbers in the IAPT service users."* (Professional Stakeholder)

> "*I think we will see the impact – we're already seeing it, but I think the full impact of what's going on right now we'll start to see in five or ten years time. When the numbers that we've been talking about… In the prisons and in the hospitals, the break-up in the family starts to reduce, the stigma about mental health which is highly cultural, all those will start to reduce. I believe we'll be sitting in a different*

community as the years go by. And as you said, our young people will come along and want to do what we are doing right now (Community Stakeholder)

6. Sustainability/ development of new projects

Training of community stakeholders was considered an effective way to increase project sustainability.

> *"So I think what is happening is this is a real investment that will pay back again and again, through society, through our community, and the communities that we connect with, again and again and again".* (Community Stakeholder)

Community stakeholders recognised they could mentor/ support to others who wish to participate in the training, enabling future engagement.

> *"I think we, now and in the future, will be able to support other ministers who are wanting to do a programme like this and I think we're in a good position to be able to do that. I look forward to being able to sit with a number of leaders, to allay some fears, and to let them know well, you know, we have been through it".* (Community Stakeholder)

Moreover, the project was considered to have developed and strengthened relationships between organisations and communities.

> *"In terms of the understanding, it has reached out to the wider communities as well. So it's not just the Black community that know about this network. Their peers know about it at groups or local Hindi temples know. So the message is out there, which has been a success of the project. The relationships have been a success of the project, both within the community network getting stronger but within the whole organisation, the Trust. But also, other public organisations… and the CCG, are also starting to be part of those conversations."* (Professional Stakeholder)

The model was viewed as a viable way of working from the perspectives of professional and community stakeholders and, therefore, it was suggested structural changes are needed surrounding the commissioning and delivery of services.

> *"I think in terms of the trust, it's opened its doors in a way that it hasn't before. It hasn't just parachuted in and out, which a lot of organisations do, and we do it as well still. So it's looking at this is just one big project that's working but there will be other projects and there are other things that are working. So it's demonstrating that things are changing and they can have an influence".* (Professional Stakeholder)

> *"Well, it all fits in with our overall methodology of co-production, that whether it CVD, or dementia or so on and so forth, what we want is for local communities to co-produce these services with public agencies. Now the shape the actually take in real life is going to be up to how we negotiate, how power shifts because a lot of this is to do with power. Then if power starts to shift away from a CCG commissioner and the Family Therapy Service towards a group of empowered local leaders who are also interested – you know, so in other words, it depends on how all of that shifts as we go forward."* (Professional Stakeholder)

However, professional stakeholders recognised that the project should not be viewed as something that could replace statuary services.

> *"It can't replace statutory services I don't think because it puts too much burden on people, on the organisation, and on individuals who would not see this as their main task. If you thought about it the other way, that the Trust was suddenly asked would they mind just doing a few sermons now and again."* (Professional Stakeholder)

Due to the acceptance of the project from professional and community stakeholders as well as the wider community, the model developed was considered transferrable to other cultural groups and health issues.

> *"And one of the benefits, I think, from the wider system is that we actually have a project that works. So when we talk about dementia or CHD, and other work we're doing, we can look back at this project and say to the commissioners in dementia or the commissioners, look here's one that is working. So an example, you know, we have got people through first year, through second year, and they're actually now seeing real people. They're actually seeing real people in their own churches, they're actually practicing. And also the commitment from the CCG to fund it and the CCG commissioner to say this is the right… so within that mental health silo, it's working. From my point of view, I can then talk to other commissioners now and say, 'Look we've actually got a project here that is working and running and up and running. Now let's use the methodologies in this area, in that area'."* (Professional Stakeholder)

A number of activities have developed/ are being considered for development as a result of the project:

- **Website development:** one church has received funding to develop a website that promotes church activities which is thought to increase awareness of the project.

"I've kind of come a little bit more back in the presentation part of it, this website thing I've told you about. I'm going to have that up by March of this year. I've got a bit of money that's come in for that. So the hope is that once that site is up, we can then begin to promote the work a little bit more. Of course, you're interested enough to come and talk to us about it, and that's a way of promoting". (Community Stakeholder)

- **Project uptake among other religious and cultural networks**

> *"There's a lot of different community groups that come together regularly and meet. So they've heard about the progression of the Black Pastors Network and the Muslim organisations have wanted to get involved and do it themselves. So the learning that we've used from the Black Pastors is being started to be used in the Muslim network. But that will evolve as well on its own. But yes, in effect, it was a direct spinoff."* (Professional Stakeholder)

- **The Black Barbers project:** working with Barbers who serve the African Caribbean community to help signpost individuals to support services
- *"One project we might work with in the next twelve months is The Black Barbers project, because, you know, it seems that in Wandsworth there are about fifty barbers who deal [within] the Afro-Caribbean community. And they would tell us, my patients who are barbers, you know, often they come and people are worried about themselves, their children, their nephews, their cousins, and if we made sure that every single barber in Wandsworth – there's only about forty-two of them – knew what the mental health services were in Wandsworth and are aware of what the tell-tale signs are that that person's going off the rails, whatever it be, be it drug and alcohol, be it mental health… So what we might do is another project which just deals with the barbers and going round to train all the barbers, you know, and just give them the information so they just know 'here's a leaflet to give out; if someone's saying about it, just tell them to ring this number'."* (Professional Stakeholder)

- **Additional church activities to support individuals/ families with mental health** *e.g.* Monday Night Life and Family Time

  "So in one of the churches they're starting something called Family Time. So that's kind of, you know, using the training and the skills that are required to help people in their congregation." (Professional Stakeholder)

Appendix I Case study report: Friends of Everton Park

1. Background and context

Introduction

The Friends of Everton Park are an open voluntary organisation of partners and communities who were established in 2010, to work together to make the Park a common treasury for all. The Park is rooted in and around Everton, Liverpool. The Friends run an annual programme of events where the local residents engage into music, sports, arts and leisure events.

> *"Friends of Everton Park do all kinds of different things, so events, an annual music festival and an ambition to do some landscape and planting work in the park*." (Community Stakeholder)

In 2012 the Natural Choices Programme was delivered, funded by Liverpool PCT and ran in partnership with The Mersey Forest. The aim of the programme was "to promote health and wellbeing in Liverpool residents by utilising natural environments and the talents and interests of communities" (Liverpool PCT). A total of 38 community projects were funded by the Natural Choices Programme, including the development of the Faith plot by Friends of Everton Park. It is this project that will be the focus of this case study.

Historical & Contemporary Context

Initially, in the 1970s the plot was housing in the form of high rise flats. The flats were demolished and the remaining land owned by the Archdiocese was left as free open space. In June 2011, the Friends of Everton Park began working on the acre, clearing it with tractors and planting on it. During this process there was no formal lease for the work. The land was then sold to the Council who build Faith Primary school upon the land. In February 2012, the Friends of Everton Park received funding from the CCG which resulted in Faith plot being built. The plot consists of a portacabin, two allotments and two greenhouses. Faith Park is attached to the school and is leased to the Friends by the Council. The faith plot has been transformed from a c.75 acre of derelict land into a well-used growing space for fruit and vegetables, that includes build beds, sitting areas and sheds and greenhouses.

> *"We developed the project to explore ways of building on community assets, engaging communities in new ways around health and wellbeing and also that would take into account some work we'd done jointly with the Mersey Forest and Liverpool City Council about green infrastructure. So the idea was to look at tying all those threads together so the evidence base that we had about why it would work for health and wellbeing and wanting to explore new ways of engaging people in health – particularly with really vulnerable communities where if we kind of went in and talked about, these things are good for your health and we want to talk about health, they would run a mile."* (Professional Stakeholder)

Funding and Support

Two organisations help to support the regeneration Everton Park: 1) West Everton Community Council, which is a community organisation dedicated to serving local residents and engaging them in a whole range of activities within the community. 2) Shrewsbury House, a well-established local Youth Club that provides services to the area. The faith plot received some funding from the CCG and receives donations such as planks of wood to be used in the allotment.

> *"We earned ourselves some money by selling some of the scaffolding boards.* (Community Stakeholder)

Method

Sample

The sampling was done with the help of Friends of Everton Park and Mersey Forest. In total three professional stakeholders and two community stakeholders took part in the research.

Further information around sampling has been removed to protect confidentiality

1. **Facilitators to community engagement**

Multiple facilitators to community engagement were discussed. Stakeholders stated using a simplified funding application and limiting eligibility criterion encouraged the submission of applications from community-led organisations.

Community stakeholders had **ownership** of the design and delivery of the project and this was considered to facilitate engagement. Whilst the project had to meet specific funding criteria, e.g. utilise "green space" and "deliver the five ways to health and well-being", the design and delivery of the project was "entirely self-led". (Professional stakeholder)

> "*Well, I think it started right at the beginning, it was their ideas. It wasn't somebody saying, 'This is what we want you to do'…. It was 'what are you doing now? What do you want to do? It's your idea.' So once that seed's there it's growing, isn't it?... You could say we just had to water it. We didn't plant the seed, the seed was there, we just watered that seed*". (Professional Stakeholder)

> "*So we wanted to – people are interested in growing their own food so it would be great to have a community space where people can grow their own food. So it came from that, that was a big thing as well, to grow your own stuff and have community involvement in that really*." (Community Stakeholder)

In relation, **flexibility** in training and project delivery was deemed important to engagement.

> *"There is no formal training. A couple of people, a couple of us are fairly okay with, you know, run allotments and this is just an allotment. You need to have an interesting, you need to have done something and you need to have some ability to*

communicate that, some sort of teaching skills, so a couple of us have got the basics there. We're not horticulturally trained, you could certainly benefit from that, but actually I think it works okay. We're communicating, so there is a learning, teaching process ongoing all of the time. […] Formal training stuff can turn people off, so I think it's a mixture really." (Community Stakeholder)

Professional stakeholders discussed that allowing the delivery of the project to deviate from the initial proposal contributed to success of the project. Moreover, ensuring there was choice regarding the roles community stakeholders wanted to undertake and how much time they wished to invest aided engagement.

"*The majority of them were more fluid than that in terms of people joining the project as it grew, or as different phases of it happened and it worked for their particular interest… And there's definitely elements to it whereby keeping it so open and flexible and allowing people to respond to what's going on definitely works for building engagement up. But it does make it harder to fit it into the little straight lines we like to put everything into*." (Professional Stakeholder)

"*It's nice that, it's an open thing, anyone can come along, it's free to everyone. But there is a core group that's regular. I've been regular since it started but not there constantly. It's just time, as and when I can. And I think it's the same with a lot of people really who are involved."* (Community Stakeholder)

One community stakeholder described the **range of activities** that the project offers;

"*We can make rough garden furniture. Some people will hate gardening or growing but will love doing that and it might be that some people who haven't got any interest in that, will carry on loving gardening. Some people want to tend in the polytunnel and just really make that. Some people want flowers rather than vegetables, some people would like to learn how to graft fruit trees and so on. Some people would like to learn what trees are that are getting planted, what they look like, you know, so this connects to the Park*." (Community Stakeholder)

Community stakeholders expressed that there was flexibility in the time and commitment people dedicated to the project.

"People change, some people do a bit of this and then think oh, yes, it's either too much of a burden or I haven't got time or I've got a job now, or I'm dead, do you know, so it's a fluid group. Well, there is a core group of about half a dozen of us who are usually there twice a week." (Community Stakeholder)

Having a **support network (collaboration)** comprising of commissioners/ external project managers and other community organisations was considered important. This support network was developed further by attending shared events for all projects funded by Natural Choices. These events were viewed as an opportunity to **build capacity,** through the sharing of ideas, resources (e.g. left over compost/ timber) and developing networks.

"*But I think the thing about bringing them together that was the original point of it that was really lovely was that they did skill exchange a lot. And so some projects kind of took what other projects had been doing that had worked and kind of went, "Ah, that*

might work for us," and then went back and reflected on what they'd done. So it was allowing them to support each other directly was really nice." (Professional Stakeholder)

Notably, having **strong and trusting relationships** was discussed as a facilitator to community engagement.

> *"But I do think community engagement and community development is built on relationships made face to face, you know, and that's how incrementally something is really built, from strong roots, you know." (Community Stakeholder)*

As a result, consistency in staffing was also felt to be important;

> Professional Stakeholder 3*: "But some of that is because there has been some continuity from the PCT to the CCG. That process of move over did cause problems. So some people that worked in Liverpool now work in Wirral or Moseley or whatsit, but with regard to this particularly… it's [stakeholders] continuity which to me is quite critical to where we are now".*
>
> Professional Stakeholder 1*: "Yeah.Because you can't suddenly have this relationship"*
>
> Professional Stakeholder 2*: "It's all about people at the end of the day and it's trust and getting people to engage. And they got the trust in you and the fact that you're still there – and you've got the trust in them to know that if you've got funding to give you know sorts of organisations or whether they could do it but would need more support. So it is very much building on that relationship."*

The involvement **of key staff members** was considered essential to the success of the project. It was recognised qualities of staff aided engagement.

> *"So none of these people I would say at any stage have ever felt threatened by the process. They might have had concerns but they haven't felt threatened. Now that does relate to the personality of the person running the programme. So that is in that equation. We could have had somebody with the same skills but if they haven't got that personality I don't think the success would have come out."* (Professional Stakeholder)
>
> *"And I do feel in a lot of cases – I mean, I know looking at some other projects, people say, "Why can't you repeat that..." it's in Speak in the deprived part, "Why can't we repeat it in the north?" Well, actually you can't repeat that project because it's the people who made the project."* (Professional Stakeholder)

There was a small group of core community members who formed an informal **steering group** that made decisions about the project. It was highlighted that these community members offered time and commitment to the project.

> *"There were a few enthusiasts […]But it did depend on two or three of us being regulars, so myself and my wife we were absolutely key and consistent and had the time had the time and space to do it, neither of us were working full-time. So we just started growing."* (Community Stakeholder)

Overall, for individuals and organisations to become involved it was acknowledged by stakeholders and community members that **passion and commitment** was needed. Community stakeholders encouraged engagement through promotion the project through word of mouth and leafleting in the community.

> "*But you've got committed – most of it's like myself, volunteers who do it, committed volunteers who are passionate about it and it makes it happen*." (Community Stakeholder)

> "*It's got a good support from local residents. It is word of mouth that we engage people, but it's also we're pinging emails off saying this, we put flyers round if we run an opening or a harvest evening or come out planting evening. That's all comers we welcome, however they get to know about that, whether it's on the website or Facebook or a leaflet through the door or word of mouth, it doesn't matter. I'm a strong believer in communities like this, you know, you use door to door and engagement, you know, knock on the door and ask*." (Community Stakeholder)

It was perceived that the **location** of the site helped to engage people in the project. It was suggested that people walking past would stop to enquire about the project and in turn get involved.

> *"We're talking to people as they walk past through the fence there and people are coming on, complete strangers. We've got lots of stories of how people have come on, for an hour or two or stayed for a while. […] But for people to see and access little bits of it, or just wave friendly as they walk past, that I think adds into community value, community cohesion value."* (Community Stakeholder)

> "*That's one thing that I think has surprised us, it's a constant amazement how passersby will engage and be pleased to come on*." (Community Stakeholder)

1. **Process barriers to community engagement**

The Friends of Everton Park project took place outdoors and therefore **bad weather** experienced impact on project delivery and a barrier to engagement.

> *"I don't know, it just depends on the weather I think, outside weather. As long as you've got the right clothing I think*." (Community Stakeholder)

> "*And also it was the wettest year on record bar one*." (Professional Stakeholder)

Professional and community stakeholders stated that **time** was a barrier to community engagement. It was recognised community members have additional responsibilities outside of their involvement with the project and this impacted on the time they had to volunteer. Moreover, time pressures were discussed in relation to completing the required paperwork and administering evaluation tools.

"*I wouls=d say probably the biggest barrier is people's time. Because they're all squeezed. And volunteers often have other pressures on their lives and things going on and so they can sometimes be able to commit quite a lot for a few months and then something will change and they may not be able to commit. So volunteers might change and they might be some of the key volunteers in your project*." (Professional Stakeholder)

The timing of the sessions was highlighted as a potential barrier to engagement. The sessions currently run on a Tuesday morning and a Friday afternoon which could be a barrier for people who work fulltime. It was suggested that there is potential to run sessions during the weekend.

"We don't have a weekend session and that's a gap for us. A lot of people work round here, not everyone but—it's normally in working hours, like nine to five that you'll be on it. The two set slots we've got are Tuesday morning and Friday afternoon, so does that suit everyone? No. Do we need to expand it? Yes." (Community Stakeholder)

Funding was viewed as a process barrier to community engagement. Lack of funding was discussed in relation to limited resources for project delivery.

"We literally do it on a shoestring […] But the economic climate is awful at the moment what's going on, with cuts and that, so it makes it more and more difficult to put things like that on. But you've got committed – most of it's like myself, volunteers who do it, committed volunteers who are passionate about it and it makes it happen." (Community Stakeholder)

Moreover, funding received was short-term (1 year) and therefore the project "didn't have long to do new volunteer recruitment and development". As a result, it was recognised there was pressure on existing volunteers to deliver the project.

"*And already within voluntary organisations who are already delivering a lot through their volunteers I think having the time – and because we had just that time period to turn it round in, they didn't have long to do new volunteer recruitment and development. I mean, they all did, they all recruited new people and did stuff. But I think people, time, and that would probably be one of the biggest barriers, because everybody was squeezed*." (Professional Stakeholder)

In relation, stakeholders recognised eligibility criteria for funding applications can prevent community organisations from applying. Notably, for the Natural Choices programmes, stakeholders minimised these restrictions.

"… *because it's public sector investment it's public money that's going into this, we have to apply various checks to that. So we have to say, 'You've got to be a constituted group', because we decided that was the way to put some of the risk management into the project. So for a brand new organisation that was just set up with two people involved then they weren't going to be able to participate in this. Because we just decided to put – we tried to minimise them but we put in some restrictions at the start about who was eligible to apply … So we had to put in place certain restrictions like that*." (Professional Stakeholder)

2. Benefits to community members

Multiple benefits to community members were discussed. Participating in the project had **developed capacity within the community** by improving access to green space, up-skilling community members and improving networks. Acquiring and developing the allotment had given community members access to green space where they could pursue their own interests.

> "*There's a couple of volunteers who just like to dig, it's just what they do, they just go in and dig. And it's just phenomenal really, just move tonnes of soil (laughs) and that's all they want to do, they're quite happy doing that. But they feel a real part of it. Another bunch of women who had no intention whatsoever of doing the digging but were quite into the fact that they could do some flowers*." (Professional Stakeholder)

> "*I enjoy getting my hands dirty, I enjoy the thinking process, planning it, you know, just sort of working out and also, to be frank, some of the challenge of like battling on it because it's not that easy to get people involved and engaging people*." (Community Stakeholder)

Moreover, community stakeholders commented on the **health benefits** of being involved in the project.

> "*So I mean for us, you know, I mean there's a load of opportunities isn't it, sort of activity, physical activity, be active if you want to contribute to your healthiness*." (Community Stakeholder)

> "*If you actually sort of mapped the challenge of gardening or do what we do there, which is site building and growing stuff, you get most of a bit of those five ways to wellbeing*." (Community Stakeholder)

Community stakeholders expressed that there was an opportunity to **learn** through the project. One suggested that his knowledge around planting increased through talking to more experienced community members.

> *"I'm not trying to say I'm an expert on growing, because I'm not really, but I'm really interested. But a lot of people have more expertise who are on the plot, so it's always good to talk – they sort of know, like companion planting and stuff, they know about stuff like that."* (Community stakeholder)

> *"Oh, right, okay. So what, you plant a seed like this?" or, "You plant like that," or, "You plant a tree like this," or, "This is what you plant round a tree." Or, "This is companion planting," or, "This is why you plant in a polytunnel," you're just learning all of the time."* (Community Stakeholder)

One community stakeholder went on to explain that he has increased his organisational **skills** through helping to run other projects with the Friends of Everton Park. He explained that through organising a music event he now understands how licensing works.

> *"We go through all the licensing acts and all that. We knew nothing about it at the start but now we're sort of almost experts in how licensing works now with music and land use agreements. So we've learnt about that, it's been a learning process."* (Community Stakeholder)

Overall, feeling a **sense of achievement** and **pride** in the project was highlighted as benefits to participating.

> "A pride in what they'd achieved. I mean, I'm not sure if any of them really knew at the beginning what they were going to achieve." (Professional Stakeholder)

> "*Definitely a sense of achievement, you achieve something. And to see something happening. It's a great feeling. It's hard work […] But when it works out there's no better feeling really, it's like you go back to the plot, seeing something, I've grown that, it looks great. Or a music event, it's happened, it's worked. So there's not a better feeling than that sense of achievement really, it's worth all the hard work*." (Community Stakeholder)

3. Unforeseen issues

Potential threat to ownership: Initially in 2010, the Friends of Everton Park focused on regenerating a derelict site in the Park where high-rise flats had previously been built. The site was owned by the Archdiocese who had a memorandum of understanding with the Friends.

> *"[*The Friends of Everton Park*] came across this derelict piece of land, which was just under an acre, and colonised it really, just got it going. We just started with very small numbers of people, digging [on promising] ground, rubble and shifting and sweating and toil and trouble for a long time, collected some stuff that we could make raised beds with."* (Community Stakeholder)

However, in 2011 the land was sold to the Council who built a school on the site. This meant that the site the Friends were working on was downsized by a considerable amount. It was agreed by the Council that the Friends could continue to work on a proportion of the site (Faith plot) adjoined to the school.

> *"What you've just seen on site now is very different to what that original sort of world looked like, because the school has come onto the site. We negotiated a small part of what would be left remaining as part of the footprint and the whole development would be allocated to the community growing project."* (Community Stakeholder)

> *"It was quite a threat, you know, the whole sort of site move because basically one option was, "Well, you're off, you can't have it, we need the space for the school," which was fair enough, you know, it's a high priority special needs education and so it should be. I suppose we didn't feel entirely comfortable in terms of ownership at that point. There is a lease in place now, whereas there was not a formal lease in prior to that."* (Community Stakeholder)

Stakeholders reported the Natural Choices Programme exceeded expectations relating to community engagement.

> "*That real sense of bonding between the groups and that real sense that you captured before when you said it, pride, that was really quite special. And that sense of collaboration*." (Professional Stakeholder)

In 2014 the project experienced some **vandalism** when one of the green houses was burnt down. However it did not affect the motivation or dedication of the community members and the project continued to be delivered.

> "*We had a bit of an incident last year where we had a bit of vandalism but we bounced back from it. We had a bit of a fire. But we've bounced back from that. So yeah, everything is going well. And the plot itself is really coming on more and more and it's expanding the way we're growing stuff. Yeah, I think it's going very well*." (Community Stakeholder)

4. Acceptability of project

Overall, the project was **viewed positively** by community members and stakeholders. The "bottom up" community engagement model adopted was considered an acceptable model of community engagement.

> "*And so for us it was a really good way of demonstrating that community bottom up actually does have really good benefits rather than coming straight from the top down*." (Professional Stakeholder)

One community member perceived that the project has been accepted by the wider community in Everton and for some it has encouraged them to think about growing vegetables.

> "*I think yeah, people really like it. And people – I think it's give that incentive to people to grow and to start growing stuff – that they can do their own stuff as well. People say, "I'm actually growing more…" I think they always get put off by growing because they think it's going to need a lot of maintaining. But people have been educated by that, that you can grow stuff. And it's gone down really well with the area because a lot of people are growing more stuff in the area now, which is quite interesting really*." (Community Stakeholder)

In relation, community engagement increased over the funding period demonstrating people's willingness to become involved in the project.

"… *over the course of the year they will have increased with the number of people who were involved with the project. But it was the people in the community who did the work in the first place, they didn't get a contractor in to build a raised bed, they got people who said, 'We want these raised beds, we've got this project, we're going to build some raised beds in the pouring rain and see what happens to them*.'" (Professional Stakeholder)

5. Perceived impact on community/ participants

Stakeholders reported an increase in physical activity levels and well-being of participants.

"*And do you know what's interesting from that as well, when we did the post project event, because a lot of the projects had had this real benefit with physical activity, but none of them had gone out and gone, "We're going to run a physical activity project," and so hence none of the community had run a mile, they'd kind of come along and lo and behold they'd ended up expending some calories and hadn't even really noticed. So it was good, physical activity by stealth".* (Professional Stakeholder)

Moreover, the project has improved the green space available for the wider community to utilise and emphasised the use of local green infrastructure.

"*A lot of the space is actually improved."* (Professional Stakeholder)

"And going back to Everton Park, I think it was a real way of putting more emphasis in the park. And the Friends and other projects around it. I wouldn't say it wouldn't have happened without it but it wouldn't have happened as easily." (Professional Stakeholder)

"There's not a great tradition of gardens around here. There's plenty of, yes, people who've come to gardens in fairly recent years, some people make beautiful gardens out of their space and are really very skilled gardeners, but it's still valid I think to talk about Faith Community Gardens as a demonstration thing." (Community Stakeholder)

Notably, local schools are also accessing the allotment site for **educational purposes**. One community member expressed that in the initial stages of the project, Faith school were very engaged allowing children on the site to see the tractor and pick fresh fruit and vegetables.

"So getting the kids to come out from the school and just engage with that." (Professional Stakeholder)

"So we bought more tools, we got a tractor on to blitz the whole space, you know, it is an acre, near an acre. There are some cracking photographs of all the kids with the tractor man. In the those early days it felt like the school had a real, real regular stake in it, partly because of exciting things like a tractor, you know what I mean. Growing is not easy with children because you because you put the seeds in, that's all right, but then you've got to blooming wait, you know, and it's not what kids do, is

it, but they're all right at harvesting, so they see the strawberries, that's good." (Community Stakeholder)

It was reported that both children and adults who engaged with the project could benefit from **learning** how fruit and vegetables grow and cooking fresh food.

"*It's a demonstration space, demonstration of how you can use the land to grow stuff*." (Community Stakeholder)

"Okay so you plant the seed, you wait a while and then you harvest it and pick it, you prepare it, you cook it and you eat it, you know, it's just that equation is the magic one for kids. Okay, so it's not out of the supermarket or it doesn't fall from the sky, you know, this is what you do to get your food, so in a nutshell it's as simple as that." (Community Stakeholder)

6. Sustainability/ development of new projects

Professional stakeholders discussed how **networks** developed through the Natural Choices Programme has increased the sustainability of the project and their involvement in new projects.

"*Definitely, Friends of Everton Park are connected in to a lot of other community groups purely because of the Natural Choices. So they've been doing a lot of work with 'Squash Nutrition' and 'We're a Sustainable Food City' and they're involved in that project. They've also connected in with – so as an organisation that was kind of new within its community, it's gained those links with community organisations that I think we were part of facilitating some of those links up*." (Professional Stakeholder)

Notably, it was recognised improving the health of the community has now become a "core purpose" of the organisation.

"*And the health stuff I think… but how health was really cemented as one of their core purposes around what their intention is for working with their community and what one of the purposes that they're trying to do*." (Professional Stakeholder)

Improving the green space next to the school will hopefully enable **children to be able to access** and learn from the Faith plot.

"So we've got a nice infrastructure built for us by the contractors on the school and that will enable – it hasn't done particularly yet – children from the special school to come on and access the site and learn and take part and enjoy and harvest and so on." (Community Stakeholder)

Professional stakeholders have used the community engagement model adopted in further projects/ commissioning.

"*And organisationally we've taken the learning from this to inform three of the big engagement projects we're doing at the moment, that have kind of moved it on to the next bit as well*." (Professional Stakeholder)

Appendix J Case study report: Connecting Communities

C2 Connecting Communities – Margate & Ramsgate

1. Background and context

In the early 1990s, Hazel Stuteley and another health visitor were posted to the Beacon Estate on the edge of Falmouth in Cornwall. The Beacon Estate was a fragmented, voiceless social housing estate suffering from multiple deprivation, including poverty, unemployment, poor housing, crime and anti-social behaviour, including knifings and substance misuse. This in turn led to fear, isolation, and desperation. An incident in the mid-90s involving a Molotov cocktail was described as a "tipping point" for Hazel and her colleague. They had found themselves as the only regular service providers on the estate, and the incident prompted them to take a new approach. They invited all the service providers to meet together, with the incentive of a free lunch, to discuss how the situation on the estate could be improved. Shocked by the data provided collectively for the first time about the estate, a smaller group of key providers, including the housing association, school, police and fire services, decided to engage the residents for solutions.

Hazel and her colleague had already approached a number of residents on the estate to try to bring together a group to form a residents' association. From the 20 residents approached, five emerged ("the famous five") to take up the challenge and they door knocked the estate, introducing themselves as the new residents' association, and inviting other residents to a meeting with service providers, arguing that they (the providers) were ready to meet to support change. A large number of residents turned up to this event and an angry verbal confrontation ensued. A new lead Housing Officer had recently come into post, and the anger was dissipated in a cathartic moment when he got up and addressed the meeting by apologising for having let them down. The residents saw new hope and organised themselves and prioritised their demands, bolstered by the support of the health visitors and the housing association. Training was offered and paid for by the housing association, and a new office was opened on the estate. Within a short time, the residents, with support, had applied and were successful in receiving a £2 million grant from the European Social Fund to improve housing and the environment. The estate now had a resident led voice, partnering responsive agencies, new skills and confidence, and it transformed and remains transformed. Crime, anti-social behaviour and corresponding fear reduced drastically, teenage pregnancies and child abuse fell, and educational attainment rose – these were just some of the outcomes.

Hazel eventually left the estate (in 2000), and made contact with the University of Exeter Medical School health complexity group. Following, a visit to London to hear a lecture on complexity theory by Professor Eve Mitleton-Kelly from LSE, Hazel and the Exeter group analysed what had happened on the Beacon Estate, and developed a seven step evidential framework approach towards sustainable community health improvement in disadvantaged

neighbourhoods known as C2 Connecting Communities, which became a ‘not for profit’ independent organisation, linked and partnered with Exeter University.

For more information on Connecting Communities, please contact Hazel Stutely: h.stutely@exeter.ac.uk

The C2 7-step guide to Transforming Challenged Communities

Step 1: C2 begins creation of enabling conditions and new relationships needed for community transformation at strategic, frontline service delivery and street levels. C2 Strategic Steering Group (SSG) established. Target neighbourhood scoped and local C2 secondee appointed. ‘Key’ residents identified to jointly self-assess baseline connectivity, hope & aspiration levels.

Step 2: Establish C2 Partnership Steering Group (PSG) of front line service providers with key residents, who share a common interest in improving the target neighbourhood. Hold connecting workshop and identify team of 6-8 members to attend 2 day C2 ‘1st wave’ Introductory Learning Programme.

Step 3: PSG plans and hosts Listening Event to identify and prioritise neighbourhood health & well-being issues and produces report on identified issues, which is fed back to residents and SSG a week later. Commitment established at feedback event to form and train resident led, neighbourhood partnership to jointly tackle issues.

Step 4: Constitute partnership which operates out of easily accessed hub within community setting, opening clear communication channels to the wider community via e.g. newsletter and estate ‘walkabouts’. Host exchange visits and meetings with other local community groups and strategic organisations. Identify ‘2nd wave’ of 6-8 new learners to C2 Experiential Learning Programme.

Step 5: Monthly partnership meetings, providing continuous positive feedback to residents and SSG. Celebration of visible ‘wins’ e.g. successful funding bids which support community priorities and promote positive media coverage, leading to increased community confidence, volunteering and momentum towards change. Partnership training undertaken to further consolidate resident skills.

Step 6: Community strengthening evidenced by resident self- organization e.g. setting up of new groups for all ages and development of innovative social enterprise. Accelerated responses in service delivery leading to increased community trust, co-operation, co-production and local problem solving.

Step 7: Partnership firmly established and on forward trajectory of improvement and self-renewal. Key resident/s employed and funded to co-ordinate activities. Measurable outcomes and evidence of visible transformational change, e.g. new play spaces, improved residents’ gardens and reduction in antisocial behaviour, all leading to measurable health improvement and parallel gains for other public services.

Community Engagement process in Kent

In 2012, Kent Public Health Department commissioned C2 in two neighbourhoods a) Cliftonville West in Margate and b) Newington in Ramsgate. The two areas were chosen because of their high position on the Index of Multiple Deprivation. These were two very different areas. Newington was described as a leafy social housing estate with some decent housing stock but a lot of social problems and isolation. Cliftonville West was described as a

neighbourhood rather than an estate. It had seen better days, and despite some affluent areas and private ownership, it was dominated by the private rented sector with a large number of bedsits and quick lets. It was described further as a fragmented community across housing tenancy, ethnicity – over 40 languages being spoken and a large influx of migrants and asylum seekers – age and between the old guard and newcomers. There was a large number of looked-after children, antisocial behaviour and substance misuse.

"I think Cliftonville was sinking further. We have a lot of negative press and you know, for somebody like myself who's been in the area for over twenty five years, that is very sad. And when I came to the area it was full of lovely hotels; it was a thriving seaside resort, and somewhere along the line we lost that…We became benefit land, unfortunately." (Community Stakeholder)

A C2 Strategic Steering Group (SSG) was established in each area consisting of service providers and a local C2 secondee appointed. Two experienced local community development workers (CDW), with strong community networks, were also seconded to the initiative. The CDW walked the SSG around the respective areas. They also identified 'key' residents to join the Partnership Steering Group (PSG) in each area, which included front-line workers from the respective areas. 'Key' residents' are an essential element of the C2 framework, especially at this stage. They are so called because they are seen as having the potential to unlock, engage and release capacity of the wider community.

"They are people with energy, a sense of humour and a greater readiness than most to pursue improvements where they live and, once discovered, need to be carefully nurtured by everyone." (C2 7-step guide to Transforming Challenged Communities)

The key residents and other stakeholders then attended some learning workshops so they could understand the C2 philosophy and methodology. Following several more meetings of the PSG, listening events were arranged in both areas. Newington moved faster as the area was slightly more cohesive. It took longer in Cliftonville West to establish relationships across the community. The C2 framework allowed for this flexibility so that each area can tweak it to local needs which includes allowing sufficient time for relationship and trust building. The residents designed invites (including translation where needed), organised and implemented door knocking, collected prizes from local business to use in a raffle as an incentive for attendance, and organised the local listening event. Both listening events were well attended with over 100 local residents at each. They were facilitated by the C2 team, but with 'key' residents and local stakeholders attending and assisting. The events were laid out in a way that was very social, relaxing and non-hierarchical.

"So you know, but we did get, I would say an assortment. We did get a lot. I think there were about a hundred and thirty residents, which is really good, really, really good. And it was turned into a good, lively event, and the way that C2 do these sorts of events is very good. It does because you're giving residents a say, and you're getting them talking to each other. Friendships were formed that day.

People were swapping numbers. They were getting – you know, and it was a real good buzz." (Professional Stakeholder)

"Yes, and sitting at the table, you've got the agencies sitting at the table with residents. They were the ones that— ***so they're not sitting on a stage? -*** *Oh God, no. They're there, they're facilitators, they're serving the teas." (Professional Stakeholder)*

"The way the tables are laid out, we've got service providers there. For some of the service providers and the agents, they'd never sat with the community before. It was like alien to them. "Oh no, you know, I don't normally. I'll send someone else out." And it was educational for them, and they sat there laughing, joking, talking." (Professional Stakeholder)

No, everyone's mingled in together. We try and get a service provider at every table, so if anyone's got a problem— But, you know, everyone's introduced at the start as well, to say who they are. But we get service providers sitting at all the different tables as well, mixing in with residents. So it made it a nicer atmosphere, because you don't want the police standing at the door in their uniforms because they'll just go, "Oh my!" (laughs). And we even had the police and fire brigade making cups of tea for us as well, you know, for the residents and serving residents." (Community Stakeholder)

"I mean, to be honest, seeing all the service providers sort of mingling in with the residents just made you realise that they're just normal, they're just the same as me and you sort of thing." (Community Stakeholder)

At the listening events, attendees were asked to discuss what was good about living in the Estate or neighbourhood, and then what was difficult. Answers were put on post-it notes, stuck to the wall and then thematically ordered. At the end of the session, everyone was given three sticky dots and they could "vote" for what they thought was most important.

"The Post-its go up. Once the Post-its are gathered, during the break everyone gets a nice cup of coffee and some cake or something. We had the kids' play table, so they actually drew what their ideal community [was], which was lovely. And then while they're having a break, everything gets organised into environmental issues or, you know, if it's traffic, or lack of police, or play areas, something for the youth to do, and then something for older people to do came up as well, and the standard dog poo. So people then get three dots and actually pick which are the priority ones out of all these, because sometimes you can sit there and you don't realise – you can write down, "Oh, these are my main issues," and then someone says something and you think, well actually, yeah, that's an issue as well. And that's where you get your top ten…" (Community Stakeholder)

The data was written up into two reports – one a simple visual report of the results, the other more detailed – disseminated to residents and fed back at a second community event the following week. At this second event, residents were asked what how the issues raised could

be tackled and then who would join up to help create the solutions. From this point either an interim community-led partnership or a full community-led partnership was formed.

"Yeah. It was also visual as well. It wasn't just someone standing up and telling you this is what you said. It was there in your hands. You could actually read, obviously, the big one or the little one, but it was there for you to actually flick through and have a look and see what all the data was." (Community Stakeholder)

"After that, we said right, okay, "Hands up, who's interested in getting involved, we'll put your names down. Anybody wants to start looking at this, come on, we can do this together." We kept using the word together, come on let's – this is your community, you live here, what are you going to do about this?" (Professional Stakeholder)

"The main roles for the partnership are all residents, and then the service providers are on the partnership as well. But all four main roles are residents. That was key to actually empowering the residents to say, "Do you know what? You have got a voice. We are listening to you." I think it just helps the residents come across that, you know, service providers are not in their ivory towers; they are actually people." (Professional Stakeholder)

"Yeah, the partnership formed and we had a meeting with some service providers, sitting around, no desk, no top table job, which is really important; everyone is equal. So it was just one big circle of chairs. We even took tables away so they didn't have that barrier in front of them, and it was a really relaxed atmosphere, you know. The first meeting was chatting about what everyone's doing and what everyone's up to and how we were going to start working on the top ten, which was good. Litter was a problem in there as well, so we engaged in a litter pick and we got service providers out, residents and children. Everyone was going, "Oh no, it's going to be awful. It's going to be awful," but everyone really did enjoy it." (Community Stakeholder)

Eventually partnerships were constituted in both areas (ABC – A Better Cliftonville, and NCU), regular meetings scheduled, newsletters and communications set up and delivered, training put in place for residents delivered by people from other C2 sites, project sub-groups formed, new groups formed (e.g. a youth group self-formed in Cliftonville West) activities and events organised, visits carried out to other C2 sites (e.g. Southend and Scarborough), grants applied for (by residents), assets and resources mapped and a new positive dialogue established between service providers and residents. And so started the confidence building of the communities and ongoing rebuilding and engagement.

2. Barriers to community engagement

Context

The history of poor relations between service providers and residents was seen as a barrier to engagement and one that the C2 Framework spends time trying to break down. This

history makes residents cynical and sceptical and often unwilling to engage because they find it difficult to believe anything is going to change.

"Because, I mean, I grew up in Newington and, pfft, well since I can remember it's been quite bad and it just seemed like one of those hopeless areas that's never going to change. People aren't going to — Because, I mean, I did it; I was sceptical. I didn't think it was going to change. So I just assumed that there were a lot more people that think nothing's going to change. So, if you've got a load of people like that, nothing does change." (Community Stakeholder)

"Yeah because, to be honest, with the service providers, we didn't see anything of them… I do think that because there was no connection between residents and service providers, it did make it very difficult to actually sit there and think, yes, it will change. But now we've got that, we've got that connection back, it has, it's working." (Community Stakeholder)

"To start with – residents have been consulted to death, you know, and, "Do you know what? We would like another bin," and they'd get a bench (laughs) because that's what the service providers have said that you [need]…Yeah. So they just think, well, what's the point of saying anything? It's like, you know, you're not going to listen to me anyway. So it's that." (Community Stakeholder)

Process

Having a **lack of time** was seen as a barrier to engagement by community members.

"I suppose some of it could be finding the time to actually engage because, I mean, if you've got people like yourself who work long hours, or people with children who can't afford childcare or anything like that, that could put them off in wanting to." (Community Stakeholder)

Community members and some stakeholders said that **the timing of meetings** could be a barrier to genuine engagement. Meetings held in the day excluded those that work, and meetings held in the evening or weekends were often resisted by service providers.

"I mean, you've got to bear in mind there's a lot of working people, some of which commute, who can't put the same effort in, but we've got a lot of people who are semi-retired or who are unemployed and it was getting these people involved because I thought well a lot of these will have to start working in daytime because if you're going to get the service providers, I don't do evening meetings. I don't do that, I'm not allowed to that." (Professional Stakeholder)

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3. Facilitators to community engagement

Context

Having a **receptive attitude** to change and to the need for resident-led action was seen as a facilitator to community engagement.

"But some of that is because it's from the providers' side more than the residents' side because – and again, it's going back to this (pause) passive recipient thing. Some people won't come out because they don't believe that anything is going to change because what is it that they're doing – the provider is doing that's any different because unless they see a different, they won't do it. Which is what Connecting Communities does, because very quickly there's work that's being done with the providers around them understanding the framework. So if we were to go into an area, like we did here in – you know, we had to make sure that the providers understood what this was about and what underpinned it, and what is it going to do?" (Professional Stakeholder)

"I think because it's resident-led, is the main thing. We're not told by councillors, by other sort of bodies if you like, even though the likes of Margate Task Force or … whatever, were behind us, they have allowed us to go forward and sort of lay the guidelines if you like, of how we want to go forward. And I think that's when it's worked." (Community Stakeholder)

Enabling a community voice was seen as a strong facilitator of community engagement by community members.

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*"**So I'm asking you, you know, to give me a sense again of why you think this one worked where so many others have failed?** The fact that the residents have a voice. They are involved in each step. We never do anything – would never take on a project or apply for funding that they are not told, "This is how we are going forward" and they have their voice. And I think it's – that sums it up; the residents have a voice." (Community Stakeholder)*

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1. **Listening** by service providers and the perception of residents of being genuinely listened to was seen as a facilitator to community engagement.

"It got positive because people, for the first time, felt they'd been listened to, and the results, you've got your top ten or you've got your ten top themes there. And everyone was like yeah, right I said that." (Community Stakeholder)

Yeah, I think it's just if something comes up, we listen to the residents. You know, if someone says, "Oh, I've got a problem and I can't do this," or with childcare, "Can I bring the baby?" yes, fine. You know, they're all part of the community; everyone is part of the community." (Professional Stakeholder)

"Community engagement, I think – unless you want it in reverse – I think it's just a positive conversation, always make sure you listen. No idea is a bad idea. You've always got to take on board. To me, that is engagement. You have got to listen, and sometimes it's the first time that someone's actually sit there and listened to somebody." (Professional Stakeholder)

Infrastructure and Planning

Having a **strong but flexible evidential methodology** for community engagement is important.

Giving time for things to work was seen as a facilitator.

"It does take time. It's no good saying we're going to do this in such and such a time. It will take its own time." (Professional Stakeholder)

Having **sufficient funding** to enable the community engagement was seen as important by some respondents.

Having **strong mechanisms for support and shared learning** that enable and encourage residents to achieve their own goals was seen as important by all interviewees. Support came from C2, other C2 sites, community development workers, service providers and from other residents.

"And what happens now is that that group will now form a plan. You know, and we'll help them with this. We would find coaching and all sorts in this. And what happens, is we'll agree a date for this listening event. And then – and again, residents are leading all of this and planning it. And with it, they'll be supported by their providers but they're doing it." (Professional Stakeholder)

"And all the way along through this, C2 have been behind us, supporting, if we've had problems. You know, we feel – or you know, we – it's not quite going as quickly as we want, or whatever. They've been there to sort of say, "Well, you know, it's evolving but you've got to be patient and you can't push this through too quickly and whatever." So we've had that support …" (Community Stakeholder)

"I think it's important to be able to link with people that, you know, have been through these problems of seeing how the public or the residents have floundered in the past. So it's good to have that reassurance that there's somebody there to encourage you to – yes, to go forward and yes, this will happen. But it's just going to take a bit of time." (Community Stakeholder)

"Well, the support was C2, the whole C2 team, which were fantastic, and obviously my colleague. That's the support. If you've ever got any problems, you pick up the phone and give them a bell. M… always winds down the motorway and, you know – but you've got that support around you. But encourage the residents to help them to actually do it. You just said, "You're going to do it. Right, we can do this," or, "You can do this. We'll be there if you need us." And you always make sure that you're on call, basically." (Professional Stakeholder)

"Well, a positive one would be, I think, is that you need to have that support. So like if you've got that relationship with the service provider and you've got an issue, knowing that you're going to get support from them and knowing that if you have got that issue you could always go to them, I think that's a good one. But also having – I mean, where I live, there's a few people in the area that are a part of the partnership and there are times when I sit there and think, oh, I could really do with someone to chat to just before this meeting, just before I bring that up because I don't want to look like an idiot – that sort of thing, saying the wrong thing – but I've always got that support of someone who can just sit there and just go through stuff with me and, you know, make sure I've worded things right." (Community Stakeholder)

"Well, I mean, obviously we've got all of our service providers that we use on a daily basis, but I mean we've connected with other C2 areas – so, other residents, other service providers. You've got the C2 team as well, who are dotted all over the place. So there are so many different types of people that you're connecting with…I think a lot of it is about sharing different ideas and sharing different experiences, because I know with Newington and Cliftonville, we're two completely different communities, very, very different, but with Southend, we're quite similar to them. So, I mean, if they've got an issue, we might have had that issue, so we can help them, or vice versa." (Community Stakeholder)

Process

Having **good communications** channels and media in place was seen as an essential facilitator by the local stakeholders. Communications needed to be adapted to audience, new media for some, older style letters and newsletters for others, but most of all word of mouth. Communications channels needed to be accessible at all times and through these meaningful relationships between all parties could be created and maintained, misunderstandings and distrust resolved, and issues addressed positively to everyone's mutual benefit. Without this the opposite was true.

"So it is keeping the communication going all the time, and not everybody's on email. We know that. S… does the letters, they get posted." (Professional Stakeholder)

"Yeah, it is. It's all about communication. But everything's based on communication. If communication was good between service providers and

residents, we wouldn't have this problem in the first place." (Professional Stakeholder)

Using a **personal invite** to residents to take part in the engagement process was recognised as a useful facilitator by stakeholders. This wasn't just sent to residents but presented personally on the doorstep.

Incentives in the form of a raffle with prizes donated by local businesses was seen as a facilitator by stakeholders in encouraging residents to attend the listening events. It had a double appeal in that it allowed the Partnership Steering Group to collect contact details of residents and that further help with later communications.

Having **meetings at convenient times** was seen as a facilitator for residents to attend community engagement events and also activities generated by the process. Both community members and stakeholders saw the need to be flexible. Timing of meetings needed to take into account those who needed to work during the day and family commitments. The difficulty came trying to balance the latter with the desire of many service providers to engage during working days although several services made the effort to attend events and meetings at weekends and evenings.

Having the **right venue** for events and meetings was seen as important by some respondents.

"Community centre, right in the middle of Cliftonville West. It is the community hub. So it's right where *people are, a place that they know. It's a welcoming place? A place that people would go? ...Yeah, I mean, it is the only centre of its kind in Cliftonville West, it is. Everybody knows. I mean, so much gets run from there. For some people, it's the first time they'd ever been there, so that was educational. Oh we didn't know this was here. We didn't know there's this lovely big hall that we can use at times, all these groups... I said the lady that runs, runs it properly - full disability access, full this, I mean, it's completely compliant, plus it's got the location and also it's for the community, perfect space, perfect. (Professional Stakeholder)*

Having **childcare** or activities available to engage children was seen as a facilitator in engaging parents. The converse was true – no childcare was seen as a barrier.

"We always put something on for children and we're adaptable as to if they want to come and have a chat during the day. If they want to do it in the evenings, do it in the evenings. But we always put stuff on for children." (Professional Stakeholder)

Providing a social atmosphere at the community engagement events and meetings was seen as a facilitator by both stakeholders and community members. Residents had to feel relaxed and comfortable and being cared for and being encouraged to have their say

made them feel that this time it could be different. Several respondents remarked on parts of the process being “fun”.

“Again, it is about the social thing, it’s about people together, isn’t it? The whole lot of it has got to be – I suppose it’s a social event, but you’ve got to get something out of it, isn’t it? You know, you have to make it into a social – rather than a consultation process, which they’ve had in the past” (Professional Stakeholder)

“I don’t think people feel intimidated. I do – I used to do the minutes for a local sort of police meeting that involved the public and councillors. And I went to one – funnily enough, the other – last week. And you felt like you were being talked back to, and the C2, the listening events and all our meetings, were not like that. People were encouraged to speak up, to say what they felt. Whereas this other one, you feel, no. (laughs)” (Community Stakeholder)

Feedback and feeding back quickly was seen as important by all respondents.

“It's important to feed it back, otherwise it's just another consultation that you've not done anything about (laughs). So at that meeting we do actually say, "Do you know what? We've read everything. We've listed everything we've got. We've listened to what you've said. Here it is. This is it. Now we're going to work on it," you know.” (Professional Stakeholder)

“Because often, how often, you know, have resident groups, communities, been surveyed and asked to take part in surveys that are going to go into a report. And then when does the report come out? If it comes out, it comes out a year later. This is about sending some clear messages out that things are different here. And we’ve actually listened to you. And that’s the key word as well, is listening; because that’s a listening event and it’s about listening to those residents. Getting it all out and then feeding it back to them at that (pause) feedback event and getting that sign up to forming a partnership to go and – let’s do something about this now.” (Professional Stakeholder)

Providing materials in different languages where appropriate was seen as a facilitator to inclusive community engagement.

“One, our postcard invite was done in five different languages, with a welcome in five different languages.” (Professional Stakeholder)

“And so the postcard went out in different languages, and so it reached out to people that had been excluded I think, before.” (Community Stakeholder)

Keeping the momentum going was seen as a facilitator by local stakeholders.

Okay, so what we'll do is we're going to arrange another meeting, you know, everybody's going to be invited. So anybody that's interested in making some good changes, doing some good stuff for the community, come along and that's how we did it. But I made sure, I mean C2 stipulated you've got to keep the momentum going because once meetings start drifting off, people can't make them, that's it. You've lost it. (Professional Stakeholder)

You do have to act and you've got to act quickly. It's no good saying, "It's all right, I'll deal with that," and then leave it a month. You know, show that you're doing something and always keep them informed, because half the time you say that and you disappear…" (Professional Stakeholder)

Some community members saw "**quick wins**" as a facilitator to greater engagement by more residents.

"…and didn't think anything could change. So, from going down to that meeting, because where they live it's maisonettes, a block of maisonettes with a green and it's all walled off – so it's basically a play area, but just grass – in the middle of that was a dog bin, dog waste bin, and they couldn't understand why a dog waste bin was put in the middle of a children's play area. So [she] was very sceptical, had this conversation with an East Kent Housing Officer and just said, "Do you know what? I'm really not sure why you've put that bin there." And that was on the Friday or the Saturday. On the Monday, they came out and they moved the dog poo bin outside the play area. So, amazed, from one conversation." (Community Stakeholder)

It's the quick wins. Like the dog bin moving, that's a quick win, but it's benefitted how many? Twenty-two houses and twenty-two families. So that little move has affected twenty-two families because now their children aren't playing round the dog poo bin. So it's short little things that actually make a big effect, where if they didn't… And that also expanded as well… Because of us being neighbours in there, where we had a big green – obviously with me it was sort of like seeing that the dog bin had been moved just by having that one conversation – that one thing led to another and we actually found some funding in the newsletters from our housing association and now we've actually got a play park. It's actually built in. We all collectively came together, put in applications, wrote down what we wanted, and it got accepted. It came through and now we've got a play park for our children. (Community Stakeholder)

4. Benefits to community members

All respondents were clear that the C2 framework had benefitted residents' personal growth and sense of purpose, but this was particularly poignant coming from interviewed community members.

"You see, on an individual level, I mean, I'm quite close to a lot of the people on the partnership and just seeing them from two years ago when we first started to now, it's not even the same person. The confidence that people have and, I mean, even myself, two years ago I wouldn't have been sat here talking to you (laughs). I would've run away and hid somewhere. But you know, on an individual level, there are so many different things that help. I mean even in the health aspect there are people who, where they're going out more, they're healthier. So, you know, it's just brilliant." (Community Stakeholder)

"Yeah. Yeah, there's one individual who wouldn't come into a meeting, he wouldn't even say hello if you walked passed him. Now he's quite happy to stand up and speak at a meeting in front of everyone. Completely different person. He's actually done presentations for different groups as well." (Community Stakeholder)

" I mean, before, I wouldn't have picked up a phone – if I had an issue with my housing or, you know, I needed a repair done, I'd have got [Mum] to phone up for me. But now I'm quite happy to phone up, talk to someone. Whether I've spoken to them or not before, whether it's someone I've built a relationship up with, I'm quite happy to just do it now. But I didn't think that joining in with something like this and being part of it was going to have such a positive effect on myself, just as an individual." (Community Stakeholder)

5. Perceived impact on community / participants

There were several perceived benefits on the community.

New relationships with services
New relationships have been forged between residents and services.

"No, I did think it was going to work – well, I still do – because, I mean, a lot of it is the connection between the residents and the service providers. But since we had the listening event, because I'm actually looking at service providers as people rather than service providers and realising that trying to keep those relationships maintained, building up new relationships isn't as hard as I first thought it was. So now it's sort of like I do believe that C2 will and does work." (Community Stakeholder)

The benefits are being shared by service providers…

"[On Thanet District Council Waste Services] Well I think going back to the waste forum again, what's happened is, these residents have voiced the concerns and the issues directly to the people that make the decisions. So they've met together, the benefits are two-fold because it's helped the TDC waste team to do their job better and it's making life better for the residents. We've now got an opt-in

recycling scheme that's just been launched, which is making headlines in Thanet because it's like what's going on? The waste team are listening to residents? And you know, so from their point of view, it's raising the profile of TDC, it's making them look good because they've got such a dreadful reputation, like a lot of councils, and it's also helping them to solve the problem more because residents have been involved. We're now talking about having waste warriors." (Professional Stakeholder)

And the benefits to staff of service providers was also noted…

"And there was one particular chap, he was a nightmare. I'll be honest with you. He has got a bad reputation with his work colleagues, let alone the residents, because this man's had a – you know, he gets it from all sides. He's sat there, body language like this. I thought he's going to be the tough one to crack. Do you know what? He couldn't have been better. After a few months, he was like a different man, and he was getting excited at working with the residents. He was like – I've never seen a change in personality like it. Some of his peers have said to me, "What the bleeding hell's gone on here? He's human." I said, "Of course he's bloody human." I said, "But it's giving him that chance."" (Professional Stakeholder)

New relationships in community

New relationships have been spawned within each community too.

"I mean for myself, I've come across residents I probably would never have spoken to. Never – I won't say I wouldn't know they existed because I do. But you know, there are certain residents that have really sort of – they ring up on a regular basis just for a chat or whatever. As I said, you know, my mother has recently died and some of the people have been so kind, and I would never have had interaction with these people." (Community Stakeholder)

"It's the same as with the play area; children were, in their houses, playing. Now the play area is there, all the children are out, playing together and actually getting better life skills with playing together and being nice and sharing. And then healthier because they're in the fresh air and not sat in front of a television. But while the children are out there, the adults are out there engaging and talking, and it's just better for them. It's also the fact that, you know, no one will ask for help. They'd all just sit there and, oh well, I'll deal with it, and try to deal with it. Now they'll actually come forward and they'll ask for help… they're talking to everyone now and they're all pally. They're in and out of each other's houses like yo-yos. (Laughs) If you go to one house, you have to go, like, four down just to find them now, which is great because everyone was – it was just a closed-door community, which is wrong." (Community Stakeholder)

Safety

Community stakeholders expressed a sense of feeling safer due to the newer sense of community brought about by the C2 community engagement process.

"But on a wider scale with the community, before NCU came in, or C2 came in, there was a lot of the time, if you walked down the street, you would cross the road if someone was coming towards you because you just don't want that confrontation. Now I can walk round what was the worst road in the estate. You can walk down there now and people say hello. Complete strangers just say hello, because obviously they're a lot more comfortable where they live now and obviously you're a lot more comfortable where you live, so it's… less stress, put your head up and walk along, instead of head down… It's a completely different environment. I mean the atmosphere is completely different to what it was a couple of years ago. (Community Stakeholder)

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6. Sustainability/ development of new projects

Sustainability

The partnerships are well established now and the process is showing signs of sustainability. New people are joining the partnership committees, and residents are meeting with other C2 sites, and applying for funds.

"And I think out of the five key residents, four of us are still involved. One has dropped out because of ill health or whatever, and she couldn't commit the time and whatever, so. But I think that it's – it says something for C2 that we are still there." (Community Stakeholder)

"How do you keep it going? Through engaging with the residents, still talking to the residents, what they want, what they need. I can go anywhere now and someone always stops me and say, "Oh…," and, you know, if I can help in any way, shape, or form, I will." (Professional Stakeholder)

Development of new projects

Interviewees gave many examples of new and emerging projects. Here are some examples;

Waste Forum in Cliftonville West. Recycling projects in both areas. Gardening Clubs in Cliftonville West. Asset Mapping in Cliftonville West. Youth groups in both areas.

"The housing group has suggested making the children litter monitors. So they've actually got litter picks, the children now, and the kids actually go out and pick up all the rubbish, because everyone else comes in as well now to the area, and they're out there picking up the rubbish and keeping it clean. The residents are out

there when it's bloody cold; they're out there weeding and making sure - And it's not even their area to make sure, but they do. They've now got pride in where they live. Whereas beforehand, as long as it's not in my gate…" (Community Stakeholder)

Play Park in Newington

"We actually got another resident to go round and draw a plan of the park. So she went round and drew the park… and now she's actually got the confidence to actually say, "Well, I did that." (Community Stakeholder)

New community wood in Newington

"So we had the quit smoking and obviously we did the litter pick and things like that, but one of our biggest ones was we've got a woodland in Newington – it's The Copse – and it's 1.2 acres of woodland and it used to be managed by the school because it was on the old school site. Well, both schools used to use it as their nature project. Well, the schools couldn't do it anymore and it just got left for a few years. So we asked about it and spoke to Kent Council County, who actually manage the – well, own the land – and we just said we would like to open it up, clear it out. We're not asking you for anything; we just want the keys and use of The Copse. They said yes. So we've been in and, with the help of Thanet District Council because they came in and took a lot of rubbish away for us, with the help of [Mears], who does all the repairs for Thanet District Council as well, and we've got a couple of other people on board— Oh, I asked Thanet District Council for a couple of men just to come and take the rubbish away, with a chainsaw because one of the trees had fallen down, and a chipper because we'd like to bark it and put it down as flooring, and they sent us five men for three days. We were overwhelmed with that. We even found a wasp nest in there which they actually sent somebody with one of those weird things and got rid of the wasp nest as well.

But since then, we've now cleared it all, a lot of the trees obviously because there was a huge pile of wood when we first went it. But we've cleared all the rubbish and all the debris off the floor and we've now opened it up during the day. Obviously not right now because it's wet. It's opened up during the day now for schools to go and use. We've got PALS, which is Play and Learn Scheme for toddlers and parents. There's a pond there, so PALS want to do pond dipping shortly and go and see what's in there. We've just had the school next door enquire can they come in and do some woodland – tracking the bugs and what trees are in there. There's a lovely chap in there […] he's had many issues […] he's now been in there and he's built amazing things. He's built a shed and he's built a [bodger's] lathe from scratch, and he actually opens up the gates and lets the kids all come in.

So they're doing their environmental, which is outside, in a woodland, and you wouldn't even believe — you go in the woodland and you wouldn't believe it was in the middle of a housing estate."

7. Summary

C2 Connecting Communities is a framework for transformative change in disadvantaged communities, based on evidence of what works from hard experience and reflective practice. It is a seven step process that engages both service providers and residents receptive to the need for change to solve sticky problems and improve everyone's lives. It was implemented in two Kent neighbourhoods – Cliftonville West in Margate and Newington in Ramsgate from 2012 – and is showing signs of real transformation and sustainability.

The C2 framework is a flexible guide to participants allowing each area to tweak it to local conditions thus allowing each area to move at the speed necessary to them. It forms a resident-led partnership, supported, not steered or directed, by service providers. It starts by recruiting key residents who design and deliver the initial process beginning with an invite to all residents to a listening event where the issues of the neighbourhood are discussed openly and equally between residents and service providers in a non-hierarchical social atmosphere. Feedback comes quickly and a resident-led partnership is formed and then the action begins. Interviewees spoke positively about the process and its impacts. The history of poor relations between service providers and residents was gradually, perhaps quickly, broken down and new positive relationships formed between both to mutual benefit, and new relationship created too within the communities, and with other C2 sites.

Facilitators included having a receptive attitude to change and to the need for resident-led action, enabling a community voice, listening by service providers and the perception of residents of being genuinely listened to.

In terms of infrastructure and planning, facilitators included having a strong but flexible evidential methodology, allowing time for things to work, having sufficient funding, having strong mechanisms for support and shared learning, and having strong mechanisms for support and shared learning.

In terms of the community engagement process, identified facilitators included having good communications channels and media in place, using incentives, having meetings at convenient times, having the right venue for events and meetings, providing childcare or activities available to engage children, providing a social atmosphere at the community engagement events and meetings, feeding back quickly, providing materials in different languages where appropriate, keeping the momentum going, and using quick wins to secure trust and belief in residents.

Appendix K Case study report: Well London Youth.Com

1. Background and context

In 2006, the Well London Alliance, led by the London Health Commission and joined by 6 other pan-London organisations responded to a call from the Big Lottery Wellbeing Fund, and applied for funds for the Well London Programme.

During the second round of the application process, the Well London Community Engagement Process, developed by Allison Trimble, formerly of Bromley-By-Bow Centre and the Institute for Health and Human Development's Community Engagement Team[2], was piloted in two target London Boroughs. What emerged amongst the top themes from the engagement was that young people were a particular issue to the communities both as a concern because people empathised with young people who didn't feel that there were opportunities for them and didn't have enough going on that they could get involved with. And the other side were groups of young people hanging around and therefore, particularly to isolated, older residents, feeling like a threat. On this basis, engagement with young people developed as one of the key principles in terms of the Well London model.

The Big Lottery had already set three theme areas, Physical Activity, Mental Wellbeing and Healthy Eating to which the Well London Alliance had added Improving the Environment and Arts and Culture. To this was added the young people theme and Youth.com (originally called Youth.comUnity) was created to be led by Central YMCA (CYMCA), the partner with the most experience of engaging young people. The idea was to have a young people's coordinator in each Well London area supported by a project budget, training and a central team.

However, the original bid of £20 million, was reduced to £9.46 million, whilst the number of areas targeted was not reduced and the time scale remained 3+ years for delivery. Well London was to operate in 20 of the most disadvantaged areas in 20 London Boroughs. It became obvious that the ambitions of the original bid would have to be reduced and that included for Youth.com. The first idea was to deliver Youth.com in fewer areas but it also became evident after the first round of community engagement in almost half of the boroughs that the issue of young people was common to every area. It was the cost of the coordinators that had to go. And so Youth.com started with only a bare outline of a project.

"We were looking at one stage in the final funding bid at putting in – it had arisen as I said in the first two boroughs, which is where we tested out the model prior to putting in the final lottery funding – and we had put in enough money in the first attempt at a budget to have one youth coordinator for every one of the twenty boroughs. Because that's what we recognised, it was that kind of asset that was needed to really engage young people and enable young people to engage with the wider community and Well London. However, when we got the nine point four six million as opposed to the twenty million, which I think we bid for, it was fairly clear that there were a number of things that had to get narrowed down, and that

[2] Based at the University of East London

included Youth.com, so we ended up with two full time coordinators, each of whom had responsibility for ten of the boroughs." (Professional Stakeholder)

The first step was to recruit staff. A CYMCA Well London Programme Manager was recruited with day to day management of Youth.com. This was followed by the recruitment of two Youth.com Programme co-ordinators. These two would get down onto the ground each in 10 of the target sites. The idea was to recruit hopefully two Young Ambassadors in each site, provide them with some expenses, project money, training, and support, and network them together and with other external youth organisations. The Young Ambassadors would be recruited from within the target areas, integrated with the wider Well London Programme, and they would then set about engaging with other young people from the target areas and signpost them into the various activities as well as using the small project funds to create their own activities.

"And I was hired to come in and kind of develop Youth.com. And so the idea of Youth.com was to make sure that young people were represented in all aspects of Well London. And there wasn't really much of a project beyond that. So when I came in with a colleague at the time, who wasn't there for very long, we discussed the best way of doing that. And really pushed and negotiated with the senior management level to get young ambassadors in place because at the beginning it was the Youth.com workers, the Youth community workers that were kind of expected to represent the young people. And that was not the best approach. With my background in community development and participation, I felt very strongly that the young people should be actively having that input, sitting at the table with the commission and all the partners and collaboratively designing the project." (Professional Stakeholder)

Youth.com Community Engagement process

The Youth.com coordinators then began recruiting Young Ambassadors (YAs) from each area to the programme. They visited each site and spoke to as many organisations as possible, Well London coordinators or Borough Leads, Youth Centres, Tenants' Association, Schools etc. and visited festivals and events. Eventually, young people came forward and they were invited to a series of meetings and one or two were selected from each area to be YAs and went on collectively to further training. They received certificated training from Youthforce, based at City Hall, which included peer-led participation, communication skills, and youth and community development work.

"I got involved with the project through a friend who was working for the Wood Green constituency and there was an opening for my area …the area that I grew up in. So that's how I got involved in the project originally. After that, I remember I had a meeting with [a Youth.com coordinator] and she told me that there were spaces available for [my area]. I had almost like a mini interview, almost like a little, mini job interview where it was kind of open, where we all kind of sat in a conference room. Then we were kind of told more about the project, told more about what the aims were. But I was obviously interested and that's how I gained

employment as a young ambassador working for Youth.com under Well London." (Community Stakeholder)

During and after the training, the YAs went out and engaged other young people in their areas and encouraged them to get involved with Youth.com and with the wider Well London Programme, and the YAs started to influence the other partners, met regularly with each other, and took part in wider London youth initiatives.

"They had these qualifications simultaneous to working with the partners and looking at the projects from a youth perspective and had to not only include youth and things like we created [Arts projects] and many of the mental health ones, [physical activity] all of those. And the young people kind of identified which projects they also thought could most benefit the communities that they were in. And they were also given funding to do small projects on their own, so to meet that niche and create greater community cohesion." [Professional Stakeholder]

They were supported by the Youth.com coordinators and, in some areas, Well London coordinators.

"It felt very comfortable for [Youth.com coordinator] to respond at all times. It was as though she was always working on Youth.com because if she had a Facebook message come through, she'd respond to it; whether it would be midnight or eight in the morning, or whatever time it was. And they liked that, as a friend, as well as somebody that was there to help them. They really appreciated that." [Professional Stakeholder]

Specific Youth.com projects were developed and delivered by the young people themselves. One particular project was the Well London World Cup which took place in White City and, in which, 19 of the 20 Well London areas took part in a football tournament and arts festival, and, in which, the YAs took an active part in designing and delivering.

YAs had to monitor and report back quarterly on their projects to the Greater London Authority and through the GLA to the Big Lottery Fund.

"Yeah, I used to have to fill in monitoring forms and stuff and talk about where the project is going, talk about where budgets were spent, talking about attendance and whether I felt like that project was working, whether I thought things had changed within the community." (Community Stakeholder)

The success of the project can be assessed by that from the almost 18,000 participants in Well London Phase 1, 50% were young people, including in many intergenerational projects.

An independent evaluation[3] of Youth.com was commissioned by Central YMCA when Phase 1 of Well London finished in 2010.

2. Barriers to community engagement

Contextual

Negative attitude towards young people's ability to influence decisions

Youth.com was a project aimed at engaging young people and supporting them to engage other young people and to influence the wider Well London programme. However, in some communities, in some partnering organisations, and within some wider institutions, the attitude held towards young people was that it was great to have them involved as participants but that they weren't capable of influencing decisions in a useful way. Some felt that they were being kept away from power, and others that it was a question of respect or lack of it by adults for young people, and this was a barrier to full engagement.

"Despite the fact that consistently the communities were saying young people are our primary concern, it's not just because of fear and things like that, we want them to do well, there is also a sense, you know, keep young people away from power, away from shaping things that have an impact on others. Whether they feel that young people make them uncomfortable and therefore it's more difficult, or whether it is more difficult to develop programmes that have huge width. Having said that, there were intergenerational programmes that worked within Well London, but they were specifically intergenerational rather than holistic." (Professional Stakeholder)

"I mean the barriers definitely came from gaining the respect of adults who didn't necessarily believe in full participation, and that was within Well London for some of the partners, and that was externally as well. And there was one instance in Southwark, where the young man was trying desperately. He'd done all the research. He'd asked around and he designed this – I think it was table tennis. The young people had said they really wanted table tennis, some lessons in table tennis, and so he partnered up with [other partners], I think, to get some of this in place for the youth club that was there. And he could not find a table tennis instructor who would actually work with him. They wanted to speak to me and I refused to do so. And I had a phone call from one of them, because he passed on my details, and I had to tell them like this has nothing to do with me. You need to negotiate with that young person and I will support that young person, but I'm not going to be talking to you, you know. And that was really empowering for the young person. And eventually through that ambassador, he had the confidence to actually go out there." (Professional Stakeholder)

Infrastructure and Planning

Lack of adequate funding and consequent knock on staff capacity

[3] Craig S (2010) Well London: Youth.com and the Young Ambassadors Programme: An Independent Evaluation. Leisure Futures Ltd.

The original Well London bid had been halved and this had had a subsequent knock on effect to Youth.com which had to reduce its ambitions, alter its plans, and reduce its staff. This had the effect of greater pressure on the eventual staff complement and on the timing and length of delivery. Despite this, however, Youth.com adapted and actually developed a model that, perhaps, proved more effective.

"…our early estimate of what would be ideal would be one coordinator per borough proved in hindsight to be – certainly two across all twenty was nothing like enough, and they (the Youth.com coordinators) put a huge amount of time and energy into supporting the young people." (Professional Stakeholder)

Lack of clear strategy

The reduction in funding meant that Youth.com had to rethink its strategy and the lack of a translated into practice strategy delayed the start of the programme and so meant there was less time for delivery. As with many projects of this kind, there was a need for time to build relationships with the target communities and this didn't change, but just as the project was working well it had to stop and, therefore, losing valuable time at the beginning meant losing time at the end in ensuring sustainability.

Lack of time to build relationships

Lack of time to build relationships was not just down to the delayed start of Youth.com but also seen as due to the target driven nature of these types of initiatives. Funders, who are often target driven themselves, expect projects to be hitting results almost from the off but it takes time to build relationships and establish trust especially amongst communities that have been traditionally excluded.

"I think as with much of the Well London programme because partners driven from the centre were focussed on delivering the outputs that the lottery required, and it was partly our planning where we made assumptions about what could be delivered at what stage. So instead of going back and renegotiating with lottery and saying, "We'll deliver the numbers but actually give us time." So partners got very focussed on delivering numbers, and that made shaping services more difficult." (Professional stakeholder)

Lack of community infrastructure

Youth.com, like it parent programme, Well London, worked across 20 neighbourhoods in 20 London Boroughs. Some had more community infrastructure in regards to young people than others. The lack of this infrastructure was seen as a barrier to more efficient engagement by some stakeholders.

"The harder communities were the ones that weren't as developed in terms of their community development, and that was the medium that we were using. So, in

some communities, they only had their community centres. They only had their youth groups. Those were the organisations that we were working with. But in some communities, they had no youth group, there was no community centre, and if there was one, it wasn't well used. So there wasn't an umbrella organisation that engaged young people that we could go to, so it made our job very difficult, or a lot harder, on the ground to find the young people that could be involved in Youth.com." (Professional stakeholder)

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3. Facilitators to community engagement

Contextual

Positive attitude towards young people's ability to influence decisions

On the other hand, having a positive attitude towards young people's knowledge of their own experience and issues, and the ability to devise solutions to this themselves, if with some support, was seen as a facilitator to positive community engagement.

"Well, the engagement part was different because it was bottom up. It was about the people's voice. It wasn't, you know, just parachute into the area and say, oh, you should do this and this will happen. It was very much, this is a pot of money we have, what are the needs and issues here in the community? What would you like to see here on the estate? And by engaging with the young people, we were able to target and deliver projects that young people really wanted on the estate, you know. So it was very much an empowering process that was very bottom up and not a top down process. And you're able to keep people and engage people in such a programme because their voice and working alongside a professional, they're doing a coproduction where they are on an equal setting with the professionals. So it was very, very, very different and had a very positive impact." (Professional Stakeholder)

"It was about challenging those attitudes, so that was the biggest barrier. But obviously the easiest to get involved is young people have a lot of influence on their parents and on their communities, so there was a lot of community members and there was a lot of organisations that were keen to work with the young people because they saw that that was a very good link into very hard-to-reach communities because, yeah, the young people bring their parents along. They bring their siblings along. They bring their friends along. And they – everyone kind of knows each other if you're teenager, because you go to the same schools and you've kind of grown up together. So even if the parents didn't know each other, they would bring their mates and their mates would bring their parents and what have you. (Professional Stakeholder)

Infrastructure and planning

Adequate Funding

Despite the original overall Well London funding being reduced, there was still a decent pot which allowed participating young people to be reimbursed for, for example, travel expenses are for Youth.com to be able to fund the young people's ideas. Whilst it was recognised that funding was tight for the ambitious Well London programme, and particularly tight for Youth.com, where the importance of involving young people had been seemingly underestimated, the project still made good use of the funds with imaginative acuity. All stakeholders recognised that, however, it was necessary to have some funding to make these type of projects work and sustain if there was to be genuine change especially in very disadvantaged communities.

"There needs to be some funding in place to be able to support the young people in their ideas. It's – there's a lot of things now about participation but there's no incentive for young people to participate. They don't see the benefits of doing it. Whereas if you have, you know, tangible things that they can see the outcomes, they can see what they're getting, then they're more than willing to help. But just to say, "Come along, tell us what you think," and then for them not to see anything happen is very disheartening, very, you know, they just become disillusioned with the whole process. And I think – and that really is the way the participation's gone in the recent years with the recession. So we were really fortunate with Well London that there was a minimal amount of funding, but some to provide those incentives initially." (Professional Stakeholder)

Right people in right place

Having the right people in the right roles was seen as important facilitator to good community engagement by all interviewees. For Youth.com, this was having the right Young Ambassador and the right Youth.com coordinators. The skill sets for these two roles were very important.

"What helped make it easier in terms of the delivery was the fact that obviously I was already known within the community, so it was easy to get people on board and, you know, get people involved in the project." (Community Stakeholder)

"I think it is important because, obviously, if you have someone who isn't very active, or isn't able to communicate well, then obviously the outcome of the project is not going to reflect what your aims are. So I feel that you do need someone with a strong character, someone who is able to organise things and, at the same time, relate to whatever target group you're trying to target. And I think that's something that Well London did really well." (Community Stakeholder)

"And certainly that was one of the things that we would have identified is there's a need to be very clear about what the skill base, aptitude base and capacity and capability of these young people, simply young people who say they're interested actually doesn't work." (Professional Stakeholder)

"Definitely need to have somebody – a coordinator role who has, well, skills with engaging young people obviously, but not only that, someone who truly believes in young people and their voice and knows how to support them in developing their voice and feeling that confidence to come out and say what they mean." (Professional Stakeholder)

"The people employed to do the jobs have to have the skills, the experience and the knowledge to do a good job. And I suppose the person who's hiring them needs to know what those skills are in order to hire the right person." (Professional Stakeholder)

"Yes. I think particularly in terms of their attitude to young people. When we were recruiting to those two posts we were very much looking at people who had an understanding and hopefully some experience of peer led programmes and of supporting peer led programmes. And so it was people who had the ability to not direct but to facilitate, to provide pastoral support often as much as directive support for organisation programmes and things like that. They had to be reasonably practical as well in order to help the young people develop programmes and make projects happen."(Professional Stakeholder)

Support

Having support in place was seen as important by all interviewees. The support helped the Young Ambassadors to achieve their goals and fulfil the aims of the overall Youth.com and Well London programme in engaging young people in every area and involving them in the design and delivery of the projects needed to improve the health and wellbeing of their communities.

"If there wasn't any support, then obviously I think it would have been quite chaotic. I don't think the project would have been quite as successful. You know, it wouldn't probably have happened if that was the case, if there wasn't any support available. It gave me backup in the sense that if I had an issue in terms of applying for funding through the Arts Council – obviously, because it's an arts project, we were given the forms to fill out, we were given assistance in terms of how to fill the forms out, how to deliver it. In terms of when I was looking for a choreographer for my actual dance, they pointed me in the right direction to someone and, you know, I was able to get help that way. If I had any questions or queries, I could easily phone or send an email, and my answers would have been answered straightaway." (Community Stakeholder)

Process

Working in Partnership

Youth.com was part of the wider Well London Programme operating in each area, which included other core and themed projects. Youth.com was a core project and worked alongside the Well London Delivery Team (local health champions), Training Communities, Active Living Map (asset mapping) and Wellnet (shared learning across all areas). Themed projects included Healthy Eating, Physical Activity, Mental Wellbeing, Healthy Spaces and Arts and Culture (Be Creative, Be Well). All these projects attempted to be joined up. As well as Well London projects there were other local partners also delivering projects and services, the number of which varied from area to area. Well London set up local advisory groups or forums in various areas so that everyone and anyone could work together. This partnership approach was seen as a positive facilitator for the Young Ambassadors.

"Locally, there were people who came to the table, local partners who came to the table who were enthused and very supportive of the young people and were able to add capacity by giving them further funding for a talent show on their estate that the young people led on. For example, a representative from the local schools in the area, I believe, gave the young people £250 towards the talent show. We also had NHS Greenwich Public Health who supported the young people with their event, and the local police were very much involved in the events that the young people delivered. Charlton Athletic also was another organisation that was very supportive of the young people's event." (Professional Stakeholder)

"I think some ambassadors worked very well on bigger programmes because they had – you know, that worked for them. Some of them worked on a more small basis. Again, it's important to remember that Youth.com didn't exist in isolation. So there were programmes going on through other bits of Well London that engaged young people, whether those were sport and physical activity programmes or arts programmes or healthy eating programmes, so there were a lot of programmes that were working with the schools and youth groups and other young people in the area." (Professional Stakeholder)

Getting down and dirty (Outreach)

Several stakeholders spoke about the importance of getting out and meeting the target community, having conversations, building relationships and getting to know them and them, you, in order to start recruiting people to the programme or project.

"You need a structure for how you're going to be engaging residents, how are you going to be becoming engaged with them, how are you going to be disseminating information. Is there a meeting place to bring the community together? And you have to start building relationships with different individuals. Some of those individuals, they're not sometimes in the community centre; you have to go into their homes, you have to meet them in a group setting. You know, not everyone meets in a community centre. You might have to go to the school… So you have to really touch base with all the different networks in that neighbourhood and communicate clearly what is it that you're delivering and how you would like to deliver it, and who is your target audience and what are the benefits to the

community by getting involved. So it's very much that sort of programme." (Professional Stakeholder)

"But I went out to all different community events in each of the areas. Went to tenant residents' associations, went to youth clubs, went to sporting events, pretty much anything that had any community involvement, festivals, whatever it might be, and ended up recruiting young people in every single area, who lived within the postcodes." (Professional Stakeholder)

Quick wins to build trust

Some stakeholders spoke about the importance of quick wins – responding quickly to things that can be done quickly – to show you have listened and thus build trust and show community members that you mean business and are serious.

"You have to really – you know, young people, they're like little adults with their own views and points of view and, you know, it's treating them with respect and listening to their voice and wanting to support them. Because if you show that you can support them, they will buy into what you're trying to do, especially if we hit the needs there. For example, people wanted to play football and people wanted to use the cage for different things. Then it's how do you make these things happen for these young people? So you have to look for quick wins, you know, to really get people feeling confident in you being involved." (Professional Stakeholder)

Hold meetings and activities at convenient times for target audience

There were large ideas like building trust and relationships, but also small, but not trivial, things that could be done to facilitate engagement. The timing of meetings and activities was seen as important to getting young people engaged.

"Definitely we scheduled meetings at times which were convenient to them, in locations which were convenient to them. That was really important. If they were out of time, we'd help with expenses, travel expenses. That was really important." (Professional Stakeholder)

"I was able to support from the back and [have] easy communications with them. Except, you know, don't call them in the morning when they're sleeping (laughs); call them around midday and they're ready to do different work, from producing a newsletter, from doing events and putting together fliers and promotional information, and speaking to other young people on the estate." (Professional Stakeholder)

Use a range of platforms to to communicate

Using a range of platforms to communicate, especially with young people, was seen as a facilitator to effective community engagement.

"I think another important thing was being able to communicate on a range of platforms, especially the social media platforms. So, Facebook was used an awful lot, as well as WhatsApp. So it was being able to communicate and knowing how to engage with the young people." (Professional Stakeholder)

4. Benefits to community members

Interviewees talked about the skills that the Young Ambassadors gain, but most of all communications skills and confidence.

"Me personally, I feel that the actual experience brought maturity. It allowed me to learn how to better organise myself. It allowed me to learn how to communicate with different people on different levels. Because obviously, when I was going to the conferences, I was communicating with adults, it was serious business. When I'd go to the project and lead the project, I was communicating with young people around the same age as me. So it allowed me to become diverse in my communication skills and it also looked good on CV (laughs) and actually led me into another job after Well London was finished. After Well London was finished, I got another job straightaway off the back of the links and connections that I'd made off of the project." (Community Stakeholder)

"Well, I think there was a lot of confidence building in terms of where they were able to interact with the older generation. They were able to interact with different partners. They were able to negotiate. They were able to connect with, you know, different people. So in terms of their development, they were able to – two of the young people went on to university and were able to get references. In fact, one of the young persons I met yesterday, she travelled to West Africa and came back and, you know, she's looking to get back involved in intermediary work." (Professional Stakeholder)

"And by the end, they were sitting at the round table and they were telling [G] what to do, what needed to be done, and they were confident to do that. And they had that event where they were the educators, they were the teachers and they were teaching community groups. And they were having community groups tell them that they were wrong and they were able to challenge that and say, "No," you know, "We're the experts in this field. We're the young people. We're the ones who are there every day. You can't tell us that putting a football club at eight o'clock in the morning is the best thing for every community, because yeah, sure, it teaches discipline, but you've got to meet people where they're at." And these were the young people debating this, you know, and I was, yeah, so pleased with them by the end, to see how that had gone. So yeah, so confidence." (Professional Stakeholder)

"I think I've carried that with me. It's helped me in terms of my skills, communication skills. So I feel that I'm now able to communicate with a vast amount of people, different types of people." (Community Stakeholder)

5. Acceptability of project

All interviewees spoke about how the Youth.com project had been accepted by the young people and their communities.

"Well, I think the project went well based on feedback, and obviously the outcome. And also, with projects like that, it's quite hard to manage people. Normally with projects like that, you find that people drop out or things change and things fall apart, but with the project I didn't find any kind of inconsistency. Everyone was quite consistent. And the same people that started the project actually went all the way through and completed it. So I feel that it was obviously engaging enough to keep them interested and keep them coming." (Community Stakeholder)

"Yes, young people were accepted and felt part of the project because it was a community and the community came together as one. There wasn't very much a disenfranchised process where it was us and them. It was very much together. They were involved in the delivery team meetings, there were roles and responsibilities that those young people took on and everyone around the table took ownership for those responsibilities. So, you know, they were very much part of the fabric of the programme. In fact, I would say any ingredient in delivering such a project is to have young people at the forefront of such a programme because they're able to bring young people, they're able to excite, they're able to challenge the status, they're able to inspire the older generation by being part of the programme. Additionally, they are able to do a lot of things so much quicker than the older generation. So they have a lot to give. They have their IT skills with using social networks, with communicating to the younger generation. But also, when you're delivering a project that is about young people, when they make a decision that's about them, they're more inspired and empowered to be part of the programme." (Professional Stakeholder)

"I think that the community members really loved the projects, all the ones that I spoke to, because they really liked the chance for their young people to have the opportunities that maybe they didn't have, and they loved to watch their young people show off. And you didn't really hear anything negative. I mean the Brent Theatre Group that went on, it was sold out every night. I believe the Woodberry Down was quite popular as well." (Professional Stakeholder)

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6. Perceived impact on community / participants

Attitudes of the young people changed.

"I think it helped change the opinion of young people on the estate because after leaving Well London, I actually started working with a theatre company who worked within the community and found that after that project there were more young girls and boys getting involved and coming to the youth club, not just to play games and stuff but actually interacting in drama, theatre, and wanting to be

interactive with dance and music and other things, rather than just coming to laze about or play or watch TV" (Community Stakeholder).

"The young people themselves were really empowered through the process. They felt like they had a voice and were able to do things that they had never been able to do before. They felt like they were listened to. And I think a lot of the young people could see the young ambassadors as role models in a way. And so that population felt like it could do more and they were more active." (Professional Stakeholder)

Attitude of the community changed towards young people

It gave the community a chance to see something different… So on the whole, it obviously let them see what their children were capable of, it allowed them to see that projects like that are going to be fun, getting in schemes and stuff is healthy for their children's development as a whole. And then after that, like I said, I started seeing a larger turnout in the youth club. More people started coming to the youth club and such, and there was more volunteering for the youth club too… wanted to get involved in the community." (Community Stakeholder)

"Well, initially… you know, it was also that there were people who were scared to go out on the estate and the older generation were scared of the young people. And as time went on and we were able to build a relationship with different people in the community, some of those who were worried about coming out on the estate, those who were worried about the young people, those feelings were gradually removed." (Professional Stakeholder)

"I think as a community in whole, there was a lot of cohesion that came out of it, as mentioned before. There were a lot of people who were scared of teenagers, and I'm not saying it cured the problem, but I do think that having positive activities that they could see going on and getting out there in the daylight and interacting with them was really helpful to the community." (Professional Stakeholder)

It made a difference to people's lives

"So I feel that it benefited them in that way and it also gave them an outlet from their everyday lives because, obviously, as you know, the boroughs that were included within the Youth.com project scheme were not very – they're not very rich boroughs. Most of the families are, you know, on social income, etc., so it allowed them to have that little outlet, that kind of freedom away from their everyday lives or everyday situations. So I saw that it was beneficial in that sense." (Community Stakeholder)

It changed the attitude of partnering organisation towards young people.

"I would say all of the Well London partners really did buy in to the Young Ambassadors. Some with more persuasion than others. I would say it was a highlight at the end of the project for me when the Young Ambassadors were invited to sit at one of the strategy meeting with the London Health Commission – headed by the London Health Commission, with the funders and everything like that. So we sent two young people to represent them. And that was – it never would have happened before. It was hard enough for the rest of us to get on those kind of strategy meetings. But when the young people were invited independently of us, that was really good." (Professional Stakeholder)

7. Unexpected Outcomes

Interviewees were surprised at how Youth.com took off and the numbers of young people who engaged.

"The response I got from people, I didn't expect people to be so keen on it, perhaps, but I thought that, yeah, they would have enjoyed it. But I didn't realise they would have been so keen on it." (Community Stakeholder)

"I didn't expect the project to explode into the learning journey of where people were upskilling themselves, re-educating themselves, especially around the subject of health and wellbeing. The relationship building and the connecting, how that exploded into having a more positive community, how people have more pride in their environment and where they live, and where the community members actually become activists in working with the local authority, influencing people who are in high places or in power to help make that community a much better place for everyone to engage." (Professional Stakeholder)

"Yeah. I mean it got – in a way it got a lot bigger than I expected it to be. I know that I initially wanted two young ambassadors, so I didn't – in each borough, and some of them even had three in the end. But it just was – I mean it was surprisingly big for the amount of resources that the project was actually given. The money went a long way in making things happen." (Professional Stakeholder)

8. Sustainability/ development of new projects

Development of new projects

The variety of new projects that emerged from the activities of the Young Ambassadors are described by interviewees below:

"Well, you had the Barnfield's Got Talent competition. So it's where the young people were able to get involved in a talent show and they were given prizes. There was also creative arts. There was a fashion show. There was also creative arts in the garden for young people. There were one-off events where the young

people came together, you know, where they had space to play games and have fun." (Professional Stakeholder)

"The main event that was – we did with the mayor's team, well, that we did at city hall, mayor's team, I don't know, to be honest, he didn't really have much input into it. It was our Young Ambassadors and they kind of were there. And the Young Ambassadors designed all of that. They designed all the workshops for the community members. They designed everything. It was all of theirs. They were the ones that identified the barriers which kept young people from engaging and they were the ones that developed ideas about what would help communities and, well, professionals tackle those barriers. So, you know, both that." (Professional Stakeholder)

"And then it was also – they did design their own projects within the community. So in Camden, for instance, J and S, they did – not multigenerational – but they did do a football project with the council. But they specifically tackled the issue of difficult postcodes that were involved, and so again really the stuff which was quite touchy back in that day, and they had a huge success with that. And that was their project, their funding and it got picked up. And our work was carried on then further by the council, because the council saw it was a good thing. The same thing in Haringey. G, after a lot of pushing and negotiating, ended up getting some music equipment for the local youth club to get a studio in place so the young people could be creative with their music, and that was his own project. So there was nothing like that… [In Brent] The young people there were extremely instrumental in working with Groundwork and designing pocket parks. They helped design the festivals that were going on there and it was their ideas. They worked with PCT teams, the PCT, and I think they gave out over a thousand chlamydia tests to young people at one of the events. I could keep going on and on, but there's like, you know, hundred – there was hundreds of projects that they worked on throughout the thing. I mean each had their own individual project in each of the twenty boroughs, but they also contributed to supporting all of the other projects that were outside of their own." (Professional Stakeholder)

"There were numerous new activities that came out of it. In Croydon, C, the young ambassador, was like setting up a sports academy when I left and was getting funding from Nike, so there was external funding coming in… he was able to link up with other local, like older people who were more mentors, who were putting more sports into place…. And he ended up going on – he was coaching and he started running like, you know, a bigger youth club and got additional funding. And there was just a transformation in most of the areas. Not all, but in most of the areas there ended up being kind of central places for young people to have a space. And there were some existing. But those existing small like clubs got a lot more recognition from councils and from other community organisations that could provide funding for things like paints or funding for dance or what have you. (Professional Stakeholder)

"So some of them went on – not only the Youth.com training but training in other areas that they were interested in. One or two of them went on to set up their own

social enterprises, which again was identified in the evaluation." (Professional Stakeholder)

Sustainability

According to the interviewees, sustainability was a mixed picture. Well London moved on in most areas, and Youth.com mutated into a different kind of project although still aimed at young people. Well London and Youth.com left behind a lot of legacies, particularly new skills and confidence, and pride, community cohesion, a reduction in fear, increased social capital, and a better understanding of health and wellbeing. Interviewees talked about how these had endured in many areas. But for local organisations, say those providing intergenerational activities, the funding ended and so the process ended. For Youth.com, the skilled up Young Ambassadors, who were ready to form the next cohort of mentors, were lost to them. How long, the positives will endure is unknown. It is possible, in some areas, given the sizable population churn in London estates that unless this type of model is mainstreamed, the process will have to repeat itself again in years to come from another standing start.

"As I said, after leaving Well London, the person I got to choreograph the actual project that I did, she was part of a bigger theatre company, called Immediate Theatre, and after that, they started doing more projects within Woodberry Down and they actually took me on as well as one of their – almost like an ambassador. I was there as peer facilitator for a while. So they started doing more projects within the community and obviously I would bring people to the projects off the back of the project that I did before. And then people were telling other people, and then eventually it just grew bigger. Then they started separating age groups where they did classes for eight to eleven year olds, and then they had drama sessions for eleven to eighteen year olds. So it incorporated almost two separate generations in the community, almost, because obviously from the younger kids to the older children." (Community Stakeholder)

"So, eventually, all of those negative stereotypes and opinions of being scared to be on the estate eventually eroded and the estate became a very much more – you know, a nice place to live and pride in their environment, pride in the people. And then also having young people just working alongside the older generation and getting to know each other. Relationships are being built, the young people are helping their elders." (Professional Stakeholder)

"For example, the young people were able to connect to PM Secondary School where they were able to go to them and ask them for support in their events. They were able to build relationships with other estates, other young people on other estates. They were able to go out and meet people outside the estate. So, you know, the barriers around moving from one estate to another became blurred and those young people were able to go into employment, apart from their full-time education." (Professional Stakeholder)

"They're still in touch with the programme, even though they've moved on into employment, into studies. They still connect with each other. I still get contact from those three particular young people who were involved in Youth.com, and it's a testament to the world that they still want to know, they still ask for support. And so it's a success to what was built from day one." (Professional Stakeholder)

"And all of the young ambassadors, well they carried on doing it with the support of other agencies. They would have loved for it to have gone on a little bit more. They could have developed that. And so were the community. Everyone was quite sad when Youth.com came to an end, so yeah." (Professional Stakeholder)

"There was a lot of success stories because of the intergenerational projects that took place. So we had a lot of success stories from the young people and the older people. But for me, when you break that down, [when] it came to an older person saying that they feel more comfortable around young people, that's an individual success. It would have been a lot better for me, and it could have happened, if the successes were sustainable at an organisational level. So, for example, the community group that delivered the intergenerational project, if they were still running and if they were still getting money to do more of those intergenerational projects, then they would say, well, London have done a fantastic job because, you know, we're getting this money on a regular basis and we can deliver a lot of these projects." (Professional Stakeholder)

"But I think what you begin to do is you work on a sustainable model is that your model changes. So essentially what you then have is you've got graduates. So Storm for example, who went on to become a member of the Mayor's peer outreach team. There were people who went on to do stuff that actually could have become peer mentors to a whole set of – and there was that whole peer support stuff which was another element of support that was there. And had the programme been sustained you wouldn't have had the same drain on the coordinators because you've got a whole evidence base as to how it works, you've got more and more people out there. There were individuals who wanted to become young ambassadors but we didn't have the money, because there was a limited amount of money. So effectively they became volunteer young ambassadors. So there was a set of models that potentially could have developed to become more sustainable." (Professional Stakeholder)

***"**And it was – yeah, it was really brilliant to watch some of those just volunteers grow into really active community leaders." (Professional Stakeholder)*

9. Summary

Youth.com was one of the core projects that formed the Well London Programme. It was created during the bid process for Well London to the Big Lottery Fund's Wellbeing Fund in 2006/7 when pilot community engagement processes in two London Boroughs identified young people as an issue. This was later confirmed in all Well London target areas across

20 London Boroughs. However, the original idea to have a full-time Young People's coordinator in each area was hit by the reduction of the Big Lottery Fund package by half. Youth.com had to rethink. Youth.com recruited two Coordinators and divvied the 20 Boroughs between them. They recruited Young Ambassadors in each area, trained, and supported them, and the Young Ambassadors then went on to engage other young people into the Well London Programme to participate and to influence its design and direction. The numbers of young people engaged and the anecdotal and evaluated stories of increased skills and confidence, community cohesion and social capital, reduction in fear and crime, and pride in their communities is testament to Youth.com's success. The more senior stakeholders, however, see it as a qualified success, in that ending the project meant that those local organisations who helped with, say, intergenerational projects were unable to continue, and that the cohort of trained, and now experienced Young Ambassadors were lost as mentors to the next generation. Youth.com show what can be achieved with limited resources, but definite resources nonetheless, in a relatively short time, by using a bottom-up approach, recognising young people as assets, supporting them to lead their projects, working and embedding young people in a partnership moving in the same direction, and with the right people – bout Young Ambassadors and their mentors – in the right roles. Credit must be paid to the Youth.com coordinators, in particular, who worked ridiculous (and probably not sustainable) hours always in a way that was facilitative. They supported the Young Ambassadors to overcome great odds, not just of their own disadvantage, but of the attitudes of others.

"I think it went pretty well and I think the evidence bears that out. It met many of the outcomes that it was originally set up. I think in some ways it's exceeded some of those. I think because it grew iteratively when we started I think the way we ended up with Young Ambassadors was a far more effective way than I think our original iteration. And that was driven to an extent by the fact that we didn't have a fulltime coordinator in each area, and so therefore young people became effectively that coordinator. So creativity is often driven by lack of resources rather than excessive resources." (Professional Stakeholder)

"…there was quite a strong sense of camaraderie between the Young Ambassadors and a sense that it was their programme. And I think that was largely to do with the skill base particularly of M whose every approach was facilitative. And so my experience of them was that they definitely saw it as their programme, not as Well London's programme that was doing to them, it was their programme that they were shaping. That may not have been a hundred percent the experience, but certainly that was my impression." (Professional Stakeholder)
