Transformations in Community Collaboration II:

Guide to High-Quality Community Engagement for Health and Wellbeing

Community Champions Development Network
Spring 2025

A Publication of the Community Champions Development Network (CCDN)

The CCDN brings together colleagues from across local authorities, the NHS and voluntary and community organisations who are doing direct engagement with residents around health.

This guide is written for people who are working to prevent poor health, increase health equity, and improve health outcomes.

It's focused on the everyday actions that can be taken to increase the amount and quality of community collaboration happening in the system.

COMMUNITY CHAMPIONS
DEVELOPMENT NETWORK

Foreward

Communities and collaboration with communities has a vital contribution to make to health and wellbeing for all Londoners. It is an absolute necessity as we work to achieve health equity, addressing entrenched endemic health inequalities. Working in close partnership with communities is a core pillar of Mayor Sadiq Khan's approach to health equity, community wealth building and prosperity overall.

A lot has been written, discussed and shared about why collaboration with communities must happen; and even more has been written about how, with document after document giving examples of amazing practice and projects.

However, there is still a long way to go. Community collaboration does not yet happen at scale, it is often an add-on to policy and practice and in times when resources are tight often one of the first things to go.

This handbook challenges that; it provides practical ways that people at all levels of health and care systems – from front-line to system leaders – can move from rhetoric to reality, can take all of the lessons that we have on what good looks like and put them into practice.

It helps us acknowledge and respond to the pressures that pull us away from the deep work we should do with community organisations and it gives practical tips for making the ambitions of collective action a reality.

The publication is part of our ongoing commitment to continuing to innovate and embed collective collaboration across London. It is part of the London Community Champions Development Network, a programme that since 2021 has brought together people from local government, the NHS and voluntary, community and faith organisations to grow innovation and impact of community collaboration.

We have each provided our own insights about what enables us to do amazing community collaboration – and what gets in the way. Collectively between the GLA and the NHS we remain committed to working with communities to address shared health priorities and to make London the healthiest place to grow up and live.

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Introduction

Why are we here?

The members of the Community Champions Development Network have witnessed first-hand the power of community collaboration to change lives and transform our health and care systems. The priorities and challenges facing us today require us to continue to develop and innovate in how we engage collectively with communities across London. However, two things are also clear:

1. There is no shortage of materials telling us why and how to do community engagement. We looked at over 300 different case studies and publications, many of which are themselves a treasure trove pointing to other resources. And new ones are published every week. If anything, there is too much information already available.

2. Despite the weight of guidance and the ever-stronger emphasis on the role of communities, there is growing frustration. Both communities and practitioners are saying that there are many challenges to meaningful and impactful community collaboration with regard to the systems, resources and institutional cultures we have today.

In February 2023, the CCDN published a compendium of case studies that tells the story of every Community Champions programme in London during the COVID-19 pandemic.[1] The guide you are reading now was initially imagined as the next chapter, a fresh compendium — this time from across the UK and around the world — to support collaborative engagement between communities, councils and the NHS for improved health and wellbeing.

We have seen that local government, the NHS and others talk a very good game about community collaboration, and that a great deal of activity is happening, but it's not clear how much of that activity is truly engaging and transformative. Given this, we decided not to write another document that echoes what others have already said. While these documents are necessary and important, they are not sufficient. We committed to dig deeper and get some answers on why engagement is not yet systemic or happening at scale, and how that dynamic might be changed.

- Why is genuine dialogue with communities still so hard, even after decades of guidance and evidence telling us how and why to do it?

- Why is there a lot of work that is at its best heartfelt but limited in impact, and at its worst tokenistic and actively damaging to trust with the communities we need to listen to most?

- Why are there pockets of brilliance, while many struggle to move past isolated activities?

There are some answers we hear a lot. It's hard to get sustainable funding, so projects tend to be 'stop and start'. We see organisations driven by short-term management targets, so long-term bridge building falls by the wayside. We understand our systems often have a bias towards centralised command and control, which makes local and collaborative work hard. Immediate and truly urgent needs take precedence over slower, longer-term change.

[1] *Transformations in Community Collaboration: Lessons from COVID-19 champions programmes across London.* (2023). ADPH London. *https://www.adph.org.uk/networks/london/resources/transformations-in-community-collaboration/*

But these answers stop short of a full explanation. We saw first-hand during the COVID pandemic that transformative engagement and collaboration can be mobilised quickly in crisis, and that it is possible for our institutions to redistribute funds and behave differently. Seemingly impossible things happened, like:

- Cascading information up and down WhatsApp groups between the community and the health system in near real-time.
- Meetings between directors of public health and residents via Zoom on a regular, often weekly basis, over cups of tea, shared stories and hard questions.
- Collaborating with and trusting community groups to produce their own vaccine communication campaigns in schools, on social media and through faith groups.
- Activating community members to translate, knock on doors, visit neighbourhoods and workplaces, and make vital 'last mile' connections.

These engagements during COVID focused particular attention on the power of personal relationships between senior officials and community members. Residents could see their input actioned by statutory bodies within days or weeks of a conversation. And public health directors confided that these collaborations represented the most meaningful shifts to their professional practice, ever.

We need to continue building this bridge, because we can't build a bridge and burn it after we use it. Those bridges need to be there. And they need to be maintained. And they need to be looked after.

LESSONS FROM COVID-19 CHAMPIONS ACROSS LONDON

Can transformative community engagement only happen in a time of acute crisis? Is it possible to do more, based on where we are now? We have so much guidance about what high-quality community engagement looks like; what else do we need to move from documents like this one to real-life transformation?

We're pragmatic. From our research we see that more is possible, but that the answers aren't always easy. There are no magic wands. Even if we had infinite funding for community engagement, it wouldn't necessarily yield good practice, because many of the reasons why transformative community collaboration is hard run deep into the fabric of group dynamics and human relationships.

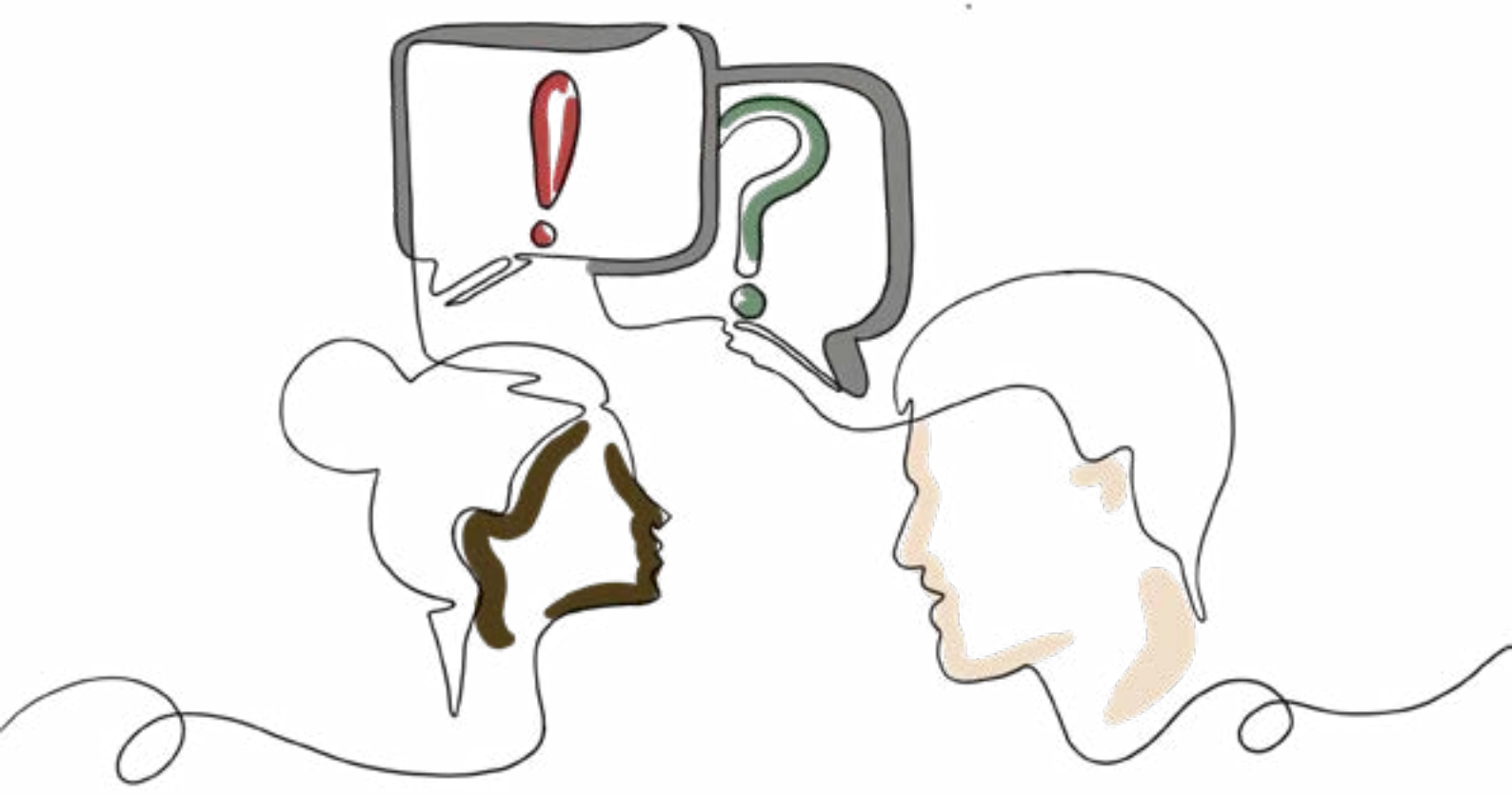
The good news is that changing these dynamics doesn't rest entirely on big solutions that lie beyond our own power and position to achieve. We have seen that we can all take steps to improve the quality of community engagement with the resources to hand, and by doing that, make a meaningful impact on health outcomes and health equity.

Ultimately, the importance of community collaboration is clear. We need to create new alliances with communities to improve health outcomes and health equity. What we're proposing is informed by:

- Extensive secondary research across the literature.
- In-depth interviews with key leaders in the NHS, local government in London, nationally and internationally, who have been on the front line of the drive for better engagement.
- Observations and lived experience of delivery by those who have written and reviewed it.

While the path to delivering high-quality engagement and maximising its possibilities isn't always easy, it is essential, so we will require persistence and discipline, openness and curiosity, connection and sharing along the way. This guide aims to support us all on the journey.

Deep Dive into the Dynamics of Engagement



Defining high-quality community engagement

There is long-standing, robust evidence to support the positive impact of high-quality community engagement on both health equity and health outcomes.[2]

COVID suddenly made this evidence more tangible. Not only was the power of transformative community engagement experienced by a broader audience through things like Community Champions,[3] but the pandemic shone a light on how frayed the social contract is between government, the heath system, and many communities.

As we now grapple with long-standing health inequalities and their impact on individuals, families, communities and society, community approaches are having their time in the sun. Wherever you look, no matter the question, 'the community' and engagement is part of the answer.[4] And this is critical because health equity and trust have both been heading in the wrong direction in recent years, and that's proven to be a trend that is very hard to reverse.[5]

Let's be clear - community engagement IS happening, and a lot of it is well-thought-out, expertly facilitated and truly inspiring. But it is not happening at a systemic, sustained level. Even with all the commitments in strategies, ICS plans, mayoral documents, and so on, delivering high-quality community engagement proves to be a struggle.

National, regional and local guidance

NHS England: Working in partnership with people and communities: statutory guidance

Office for Health Improvement & Disparities: Community-Centred Practice: Applying All Our Health

NICE: Community engagement: improving health and wellbeing and reducing health inequalities

National Institute for Health and Care Research: Resource guide for community engagement and involvement in global health research

Change NHS: Help build a health service fit for the future

London Plus: Analysis of ICS Strategies Commitments to Engage with Communities

LGA: Community engagement and coordination

Mayor of London: Community Engagement

[2] *O'Mara-Eves, A., Brunton, G., Oliver, S., Kavanagh, J., Jamal, F., & Thomas, J. (2015). The effectiveness of community engagement in public health interventions for disadvantaged groups: a meta-analysis. BMC Public Health, 15(1). https://doi.org/10.1186/s12889-015-1352-y*

[3] *Kamal, A. & Bear, L. (2023). Community Champions Policy: Key Principles and Strategic Implications for Recovery from Covid-19. LSE. https://eprints.lse.ac.uk/122478/1/Bear_community_champions_policy_published.pdf*

[4] *Lord Darzi. (2024). Independent Investigation of the National Health Service in England https://assets.publishing.service.gov.uk/media/66f42ae630536cb92748271f/Lord-Darzi-Independent-Investigation-of-the-National-Health-Service-in-England-Updated-25-September.pdf*

[5] *Marmot, M. (2020). Health equity in England: the Marmot review 10 years on. BMJ, 368.*

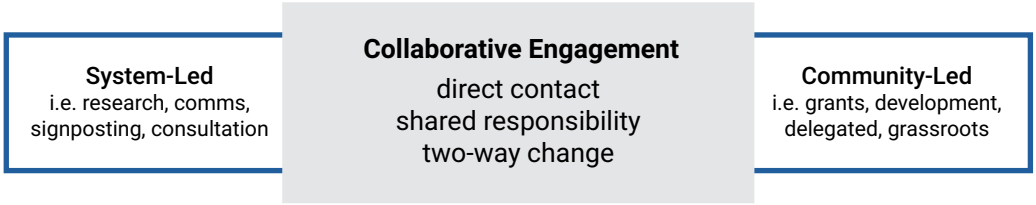
What is community engagement and collaboration?

Before we dive deeper, it's good to define what we're talking about, because it's easy to use the same words and mean different things, particularly when we all come from so many different types of organisations and backgrounds. Interestingly, we've also found that the words we choose, and lack of clarity in the language of community engagement contributes to some of the problems we're witnessing.

Community engagement and collaboration sits within a cluster of practices widely called 'community-centred approaches,' which can range from social prescribing to participatory grant-making, and an almost infinite array of activities in between.[6]

When we use the term 'community engagement' in this guide, we mean any activity in which different groups have direct contact and interaction with one another, like two gears meeting in a car's transmission, to make something bigger happen.

To be more explicit in this context, collaborative community engagement is part of 'the system' engaging with some part of 'the community' to do something neither could do on their own.



- If an activity is **system-led**, the health and care systems tend to be moving information 'out' to communities or 'in' to the system, in one direction, to meet its own agenda or answer its own questions. For example, cascading information out to encourage people to vaccinate, asking people questions to design a new cancer screening service, or signposting people to services via community connectors.

- If we are fully delegating resources or responsibility to a **community-led activity,** this may represent substantive power and resource sharing, but not involve two-way collaboration. In many cases, it may involve limited amounts of resource at the margins of mainstream budgets, and the findings may not influence the core priorities of the system. It may also ignore the very real value that systems and institutions bring.

- **Collaborative community engagement** addresses the needs of both groups in a non-transactional way. It's not just about delivering a service in the most efficient and accessible way, or shifting work and responsibility out into the community. It's about forming relationships and connections that create something new and otherwise unknowable in the process.

Therefore, in this guide, we define community engagement as:

- bi-directional interactions,
- between groups of people who share an interest,
- where meaningful negotiation of process, decisions or outcomes occur, that are
- particular to a specific context.

[6] *South, J. (2015). A guide to community-centred approaches for health and wellbeing. Public Health England. https://assets.publishing.service.gov.uk/media/5c2f65d3e5274a6599225de9/A_guide_to_community-centred_approaches_for_health_and_wellbeing__full_report_.pdf*

When we engage, we don't know everything that's going to happen ahead of time, everybody involved is learning and changing as part of the process, and the outcomes aren't necessarily scalable or applicable to other settings and communities. These qualities of community engagement make it both exciting and a bit frightening, at the same time.

Key takeaway:

Two-way, collaborative engagement is only one part of how we work with communities, but it's an essential ingredient that generates learning and change. A lack of genuine engagement often damages trust and fails to build the long-term relationships we need to reduce health inequalities and improve outcomes.

What is community?

At its most basic, a community is a group of people that share something in common. We talk about communities of place, of culture, of shared experience or shared interest. Communities are groups of individuals. But they aren't random groups of people. Communities, like individuals, have an identity, culture and norms. They have spoken and unspoken values, beliefs and behaviours, and are constantly negotiating who belongs, and who doesn't.

How do different communities define community?

This US study looked to see how different communities describe community: **What Is Community? An Evidence-Based Definition for Participatory Public Health.**[7] They found a core definition was possible, which is very similar to the one we propose:

"The results of our analysis point to **a core definition of community as a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings.**"

While the definition is consistent, they also found that the actual **experience** of community differs so much from one setting to another that 'cookbook' approaches to participatory programmes and community engagement are not likely to work.

We tend to use the term community because it is very flexible. It acknowledges the diverse ways people experience health and wellbeing, and it addresses the collective roots of what makes us healthy or unwell. We can do many different things with many different groups of people under the convenient banner of community.

The generic usefulness of the word means that we often don't specify what we mean by community in a particular context. For example, in the health and care systems, we may mean:

- A place or geographic boundary to define scope for services, like a street or a neighbourhood, a borough or region.
- A culture, or a group of cultures, that experience persistent health inequity. We might cluster these together and create a label like BAME, South Asian, or Gypsy Roma and Travellers.

[7] *MacQueen, K. M., McLellan, E., Metzger, D. S., Kegeles, S., Strauss, R. P., Scotti, R., Blanchard, L., & Trotter, R. T. (2001). What Is Community? An Evidence-based Definition for Participatory Public Health. American Journal of Public Health, 91(12), 1929–1938. https://doi.org/10.2105/ajph.91.12.1929*

- Collections of individuals who don't share a social or cultural relationship, but some sort of condition or life experience, like people at risk of diabetes or people with a disability. It's more of a sub-population or demographic that the health system wants to manage as a group.

- A proxy for or bridge to various communities, like voluntary or charitable organisations, faith leaders, or grassroots special interest groups.

- Sometimes we even mean an absence of community. We try to create new social groups because old ones have disappeared or are no longer serving the needs of today's society, and people are lonely and suffering in isolation.

These types of community are different from each other, with different implications for engagement. What they share is that they are ways the system wants to define community, not necessarily how people themselves identify or experience community in their daily lives.

Changing the language can change the game

In the **UK health system, we don't say 'citizens' or 'customers' or 'employers'** - even though these are also accurate terms we could use instead of 'patients', 'service users', 'residents' or 'the community'. In fact, culturally, we place a great deal of emphasis on the idea of the health service being 'free', and encouraging people to be grateful for the care that they receive, even though it is taxpayer-funded (not only through income tax, but through things like VAT, and alcohol and tobacco duties that no one entirely avoids).

Southcentral Foundation [8] **is an Alaska Native-owned, nonprofit health care organisation** serving approximately 70,000 people. It has been hailed globally for transforming from one of the worst-performing health systems in the US to one of the best. **There are many case studies, papers, training materials and resources** detailing every aspect of how the Nuka system works, but what you'll notice across all of them is the term 'customer-owner'.

Nuka is "an Alaska Native word used for strong, giant structures and living things. Southcentral Foundation's Nuka System of Care is a name given to the whole health care system created, managed and owned by Alaska Native people to achieve physical, mental, emotional and spiritual wellness".

Many analyses of the Southcentral success story remind other systems not to focus on copying exactly what they've done, but to look at how they've done it. **Southcentral has very intentionally chosen an Alaskan Native word for the system of care**, but one that represents **great power in Western capitalism for the people it serves.**

This can create confusion when we try to engage. People may show up thinking that the institutions are there to help them in a moment of need, and instead be asked to help, or told to help themselves, creating frustration or anger. People may not recognise themselves in the terms being used, and not show up all. People may feel limited when asked to self-identify based on the worst things that have happened in their lives, like having cancer, being in prison, or being sexually abused. People may not be engaged with the institutions or groups that supposedly represent them. They may feel excluded or estranged from their community of origin.

The concept of community can also create artificial distance between 'us' and 'them.' Often, the health and care systems don't acknowledge that we ourselves form many communities, and are part of the communities we serve. It's common for institutions to talk about the difference between needs-based and assets-based approaches, but both treat 'the community' as an object that is separate from 'the system.'

[8] *Nuka System of Care. (n.d.). Southcentral Foundation. https://www.southcentralfoundation.com/nuka-system-of-care/*

It's also tempting to imbue the idea of 'community' with only positive connotations of belonging and connection, having an intrinsic moral value. But we all know that groups of people are challenging. They are complex, dynamic, and can just as easily create negative and unhealthy dynamics as positive ones.

On the one hand, the word 'community' is used as a euphemism for deprivation and vulnerability. On the other hand, 'community' is celebrated as a magic wand. In reality, communities are simply the fundamental context in which health and equity happens, and we are all in communities, whether we know it or not.

Key takeaway:

Community is a useful term that helps us manage a lot of complexity. However, unspecific language can also create confusion, misunderstanding, and artificial boundaries. Before engaging with communities, it's useful to reflect on the assumptions we are bringing and how the communities define themselves. And sometimes, it's even useful to change the words we use.

What is 'high-quality' engagement?

Defining community and community engagement can be complicated, as both terms can be used by different people to mean very different things. The good news is that 'high-quality' community engagement appears to be understood quite consistently. Across our research, high-quality engagement...

Reaches out proactively. High-quality engagement involves going to where people are – not waiting for the community to find services. It doesn't only include people who raise their hand or are already engaged. And it takes responsibility for what hasn't gone well in the past. (Often, that means stuff that has gone tragically badly.)

It makes engagement accessible in many ways to suit people's varying needs, and values everybody's time fairly and appropriately. In blunter terms, in high-quality community engagement, the system takes responsibility for its own s*&t.

Has dialogue and relationship at its core. 'Dialogic' may sound like a fancy way to say 'talking' or 'conversation'. But 'dialogic' is a critical term to use here, because it means the conversation expands the understanding of all parties involved. It doesn't just cover things that are already known, understood or held in common - it looks at things from multiple perspectives, and creates room for new insight.

High-quality engagement is relational. It creates connections over time that extend beyond the bounds of a single interaction. It builds bridges, and it establishes a collaborative, shared space. This means that certain things are done together, across parties, and result in shared experiences - from collective agenda-setting, to open, honest and difficult conversations.

This doesn't mean that all engagement happens in a group setting. In fact, many high-quality engagements include 1:1 interactions that are deeply important. But those individual conversations happen with a shared set of objectives and concerns.

Makes an impact on everyone involved. Good engagement has something at stake for everybody, and change is expected to happen within both the community and the system. What is discussed and discovered makes a difference to what people experience. There is a clear line from engagement to action.

To get to a place of change, engagement needs to hold space for the difficult, the authentic, and the vulnerable. It faces the issues that people bring, and finds ways to make sure that those are acknowledged and addressed, both individually and collectively.

That doesn't mean community engagement is only about fixing things, but it understands that giving people a voice isn't the same as those voices being listened to and heard, and demonstrates that understanding through behaviour.

High-quality engagement looks for synergies and makes things possible that wouldn't be possible without it. Treating situations like a zero-sum game, where there are winners and losers, usually results in worse outcomes for everyone involved. Conversely, cooperative negotiation often reveals ways to make more of limited resources according to different needs. High-quality community engagement reveals these opportunities, and helps us do more with what we have.

Deciding how decisions are made

Vested[9] was an experimental pilot in participatory grant-making, which has made all of their project documents accessible in a creative commons repository, and walks through all of their decision-making about group curation in a very transparent way.

Their key principles included:

- Delegating real decision-making power
- Allowing people to define themselves
- Providing information, expertise and support on tap
- Creating inclusive, safe and kind spaces
- Seeking diversity and supporting disagreement
- Focusing energy on what matters

Their panel of six people with experience of youth unemployment co-designed the investment process and selected three organisations for a total of £268,000 in investment.

Ultimately, we see that there is not one model or method that is defined as high-quality. Instead, there are attributes and ingredients, most of which require us to behave in certain ways: ways that colleagues inside statutory organisations admit can be challenging.

Key takeaway:

High-quality engagement can be achieved in many ways, at many different levels of scale and complexity. What's important is that the ingredients for meaningful collaboration are present: making a proactive effort, engaging in meaningful dialogue, and experiencing reciprocal change.

Summary of key concepts

Engagement *is when two groups* **connect and interact** *with each other, and* **both parties experience change** *as a result.*

Community *is* **any group of people who share something** *in common, but usually when it comes to community engagement, we have something more specific in mind, and* **not spelling it out can create misunderstandings**.

High-quality *means engagement that is* **proactive**, **dialogic** *and* **impactful**.

High-quality **community engagement is a core activity of our health and care systems**, *not something that only happens within specific roles or organisations.*

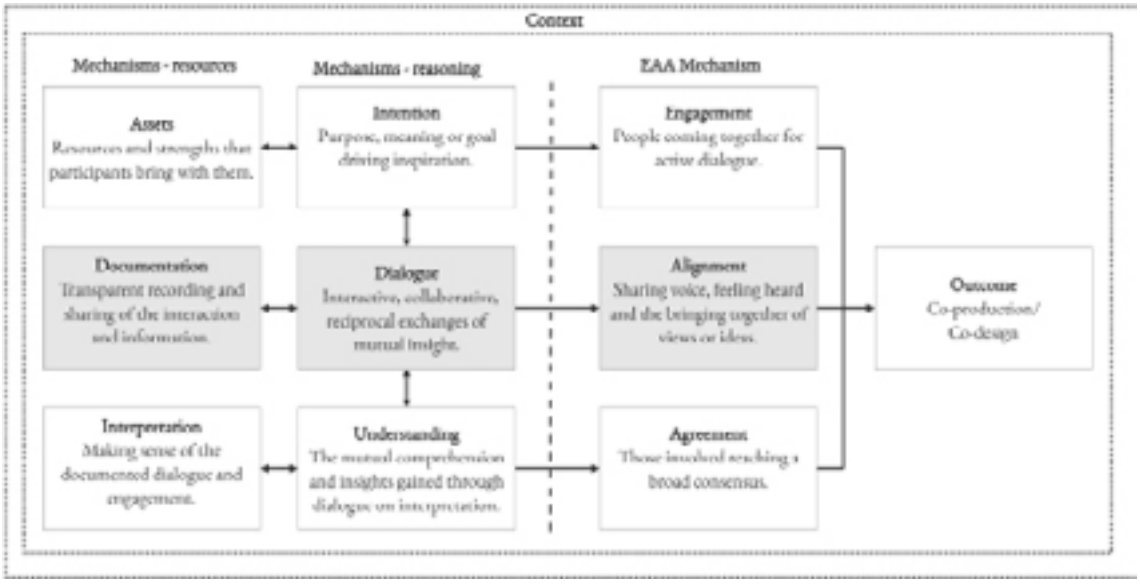
[9] *Vested: Piloting participatory social investment. Final Learning Report.* (2024). *https://docs.google.com/presentation/d/1dg1XxvLYTSdloyhDreh9U9s557COBmk1hMOT9XHyf30/edit#slide=id.g2dc6c4427e6_0_0*

Identifying the essential elements for engagement

A team from Sweden explored **the underlying mechanisms that enable inclusive and reciprocal engagement in co-production in health and social care.**[10] After reviewing about 1,000 articles, they identified 93 that detailed the co-design and co-production process in enough detail to analyse.

Interestingly, in over half of the articles, it wasn't clear if any engagement or dialogue had actually taken place, and the team notes that **terms are often used interchangeably and without enough specific supporting detail to distinguish between very different activities**.

In their analysis, **the team identified six key elements that are important for meaningful engagement to occur**: intentions; assets; dialogue; documentation; interpretation; and understanding. These interact within a given context to achieve engagement, alignment and agreement.



Although this is quite an academic paper, focused on how we research and evidence co-production, it's striking that dialogue lands right at the very centre of their findings, which confirms our own research and observations.These findings say: **interactive, collaborative, reciprocal exchanges of mutual insight are at the heart of engagement**.

Putting it into practice...

If you are a community engagement practitioner: *You're certainly aware of these nuances, but maybe we've highlighted some useful resources and examples. As experts in engagement, we should pay close attention to the language being used, and be specific whenever possible.*

If you are a commissioner, clinician, or service provider: *We know community engagement can be overwhelming, with all of the vague jargon. If you take away just one thing, we hope we've demystified community engagement - it's simply two parties sitting down for proper conversation, finding new possibilities together, and both being changed in some way.*

If you're a senior leader: *We know you're eager to see the benefits of high-quality community engagement on outcomes. Hopefully, by diving deeper into the attributes and behaviours that make a difference, we've highlighted why engagement often needs to be measured and managed a bit differently from individual, transactional service delivery.*

[10] *Masterson, D., Lindenfalk, B., Kjellström, S., Robert, G., & Ockander, M. (2024). Mechanisms for co-designing and co-producing health and social care: a realist synthesis. Research Involvement and Engagement, 10(1). https://doi.org/10.1186/s40900-024-00638-3*

Barriers to high-quality engagement

Now that we've defined what high-quality engagement looks like, it's easy to see why these types of open-ended, dialogic relationships can be hard for systems to manage and scale. In many ways, they are the opposite of the individual, transactional services our systems are optimised to deliver.

This contributes to many of the well-documented, external barriers to community engagement. For example, it can be hard to secure sustainable funding or generate the types of evidence the system requires.

However, there are also internal barriers, within individuals and organisations, that need to be addressed for more high-quality community engagement to take place.

The overall impression is that in our health and care systems, we talk a really good game about personal and relational working. We know all the lingo of co-production and power-sharing and lived experience and trauma-informed care. We have a consistent set of principles for community-centred work that gets repeated across the conversation. We kinda-sorta do it, at least some of the time.

But we also know it's rarely as good, or as 'real', as it could be. What's really going on here, beneath the surface?

What are some signs of struggling to engage?

We've described what community engagement is, and what 'good' looks like. But what does it look like when things aren't going so well? We commonly hear from people working within the system on community engagement that these things can be signs and symptoms that things aren't really engaged.

WE DO A LOT OF CO-PRODUCTION, BUT WE'RE USUALLY HEARING FROM THE SAME SMALL GROUP OF PEOPLE. IT'S REALLY HARD TO CONNECT WITH THE RIGHT PEOPLE, AND OFTEN THE COMMUNITY DOESN'T WANT TO ENGAGE WITH US AT ALL.

WE HEAR THE SAME ISSUES OVER AND OVER, WITHOUT ANYTHING CHANGING OR LEARNING SOMETHING NEW. COMMUNITIES GET ANGRY BECAUSE THEY ALREADY TOLD US WHAT THEY NEED, AND NOTHING HAPPENS. IT'S A WASTE OF EVERYONE'S TIME.

MOST OF THE TIME IS TAKEN UP BY PEOPLE COMPLAINING ABOUT THEIR PROBLEMS AND TRYING TO GET HELP THROUGH THE 'BACK DOOR'. I FEEL FOR THEM, BUT I CAN'T DO ANYTHING TO FIX IT, AND IT FEELS UNFAIR TAKING THE BLAME, BECAUSE IT'S NOT MY FAULT.

WE'RE ALWAYS KICKING OFF ENGAGEMENT PROJECTS ABOUT THINGS THAT SOUND EXCITING, LIKE THE 'FUTURE OF HEALTH', BUT AREN'T REALLY RELEVANT TO WHAT'S KEEPING MY BOSSES UP AT NIGHT. WE JUST DON'T HAVE THE TIME TO ENGAGE ON THAT STUFF, IT WOULD ONLY SLOW US DOWN.

External barriers to community engagement

We hear loud and clear that high-quality community engagement faces large systemic barriers within our statutory institutions.

A recent OHID analysis commissioned by the London Health Equity Group (HEG)[11] echoed many of the issues we've observed, including examples of community engagement happening in isolation and struggling to achieve meaningful participation, but also difficulties with sustainable funding and evidencing impact.

National and local bodies tell us to engage, but long-term funding and resources usually don't come along with this guidance, and organisations aren't measured, assessed, or rewarded for it. And it's only getting harder in the face of continuing budget pressures and ever-rising demands for core services.

We know that the current individual approach to achieving equity and outcomes in health and wellbeing is insufficient to tackle rising demand and the collective roots of much that makes us ill. The system is creaking, if not collapsing, under the weight of delivering care in the way that we do.

However, the necessary shift — renegotiating our relationship with communities to find synergies for preventative and community-based care — is elusive within the mechanisms of productivity and delivery that we have relied upon to deliver successfully.

This paradox is real. It's difficult to fund, manage and evaluate long-term, collective, and relational work within practices optimised for efficient, transactional care at scale.

We also see that this set of barriers is well-understood and well-documented. The conversation is happening at a political, managerial and societal level. System change is hard and slow, but we do know from past experience that our institutions are capable of large shifts over time.

However, most of the people reading this guide aren't in a position to make major systems changes. And we don't have time to wait for these changes to reach us. This reality has focused our attention on understanding how organisations and individuals can do more high-quality community engagement with the resources already available, in order to achieve improvement through small, but consistent and repeated actions.

The shift to community power

New Local explored the paradigm shift underway in their report: ***Community Power: The Evidence,***[12] outlining the key system changes required to make it happen, and where barriers and paradoxes occur in the transition.

This report also reminds us that **the system has already experienced large shifts from state to market models, demonstrating that the system is both dynamic and multifaceted**, even though it can feel quite static and monolithic at times.

Key takeaway:

There are real barriers to community engagement that require system-level changes to the way we plan, fund, deliver and evaluate these activities. But while these shifts are being grappled with, there are still opportunities for individuals, teams, and organisations to do more high-quality engagement, right away.

[11] *Facilitators and Barriers of Effective Community-Centred Approaches to Health and Wellbeing in London: A Thematic Analysis of Case Studies.* 2024.

[12] *Community Power: The Evidence. New Local.* (2021). *https://www.newlocal.org.uk/wp-content/uploads/2021/02/Community-Power-The-Evidence.pdf*

Looking within: community engagement as a threat

Beneath the widely acknowledged external barriers are deeper problems. The ones we don't talk about as much, or talk about in euphemisms, like the need for 'culture change'. We struggle to consistently deliver high-quality community engagement because we sometimes see transformative engagement as a threat to our own work and the meaning we take from it. It doesn't always feel safe to engage.

We realise this is a bold statement to make. It can feel confrontational, or an exaggeration, and maybe even set off some feelings of embarrassment and shame. But we are saying this out loud, because we heard in our conversations and can see in our practice the damage that these fears cause to individuals and to organisations, and the only way to defuse the power of unspoken fears and perceived threats is to bring them into the light.

We could sidestep this conversation, lay out the evidence to engage, and call for leadership to create the conditions we need. But ultimately, no amount of time, funding or training will result in high-quality community engagement unless we also feel an inner drive to engage.

These fears aren't irrational or illogical. They spring from real tensions we've experienced. For example, we feel the fear of:

- **Facing our own limitations.** Most of us chose a career in health and care because we want to help people and fix the problems we observe around us. We want to improve outcomes and improve equality. But often community engagement brings us face-to-face with the failures of the system we work for, and our own inability to address them. Really being present with communities and listening to their needs requires us to acknowledge these failures, even if we didn't create them and can't change them. We can feel hopeless and helpless.

- **Losing boundaries and not being able to cope.** We're often encouraged, implicitly or explicitly, to detach and discount things that patients or communities tell us, especially if it contradicts what we observe. We might need boundaries to maintain some objectivity, or to protect our own emotional capacity. If we fully engage with every single human being we care for, it will be impossible to do our jobs and help them. It can feel like being overwhelmed.

- **Challenging our role and expertise.** Community engagement asks us to value the lived experience of others as much or more than the expertise we've developed in our professional practice, and devolve important activities and decision-making outside of our

Mechanisms intended to decrease anxiety can increase disengagement

Dr ***Rageshri Dhairyawan*** is an NHS consultant focusing on HIV and sexual health. Her book, ***Unheard: The Medical Practice of Silencing,***[13] explores how not listening to patients has been a principle of Western medicine from its inception, reinforced through training. She explores how active and engaged listening can reshape our health systems and address health inequity. As part of her research, she discovered a study on **how disengagement affects hospital staff**:

"While boundaries are learnt and practised by individuals, they can also become institutionalised…This was shown clearly in a 1960 research paper, its findings still valid today (Menzies, 1960)… Rituals, flow charts and guidelines had been introduced to take away the stress of making decisions. **Hospital culture encouraged staff to maintain a 'stiff upper lip', detaching them from their emotions. Menzies also noticed that the use of dehumanising language was widespread**, such as referring to an individual as 'the pneumonia in bed fifteen'.

Menzies described these as **'socially structured defence mechanisms'** which she felt were core to how the institution operated. Despite being designed to alleviate nurses' anxiety, they actually made it worse… By taking much of the risk out of the job for individual nurses, they took out much of the satisfaction."

[13] *Dhairyawan, R. (2024). Unheard: The Medical Practice of Silencing. Hachette UK.*

own, often already limited, control. If people are caring for their own health, what's our job? If we give away our knowledge, what assets do we hold? If communities are making their own decisions, what is our role? It can feel like being left out or discarded.

- **Being the bad guy.** Engagement requires us to confront long-standing inequalities, particularly around race, ethnicity, gender and class, and we want to be seen as allies and not part of the problem. If we are seen as 'outside' of the community, our presence in engagement can feel like continued oppression, or an expression of privilege. We can be told that we're not the right person. It can feel like we're not supposed to there, and that everybody wants us to disappear.

When we fear engagement, we find ways to do community approaches without being as present and vulnerable as we could be. This can look like keeping community work at the periphery, delegating it to other teams, or focusing more on system-led or community-led approaches, because they create higher boundaries that feel safer.

Don't get us wrong, handing over resources to communities and letting them lead is a powerful approach. High-quality research, communications and signposting are vital activities. Specialist expertise in community approaches needs to be fostered. Neutral facilitators are essential. And working with trusted members of the community as bridges to engage is key, especially where the relationship between the system and the community is at its weakest.

Open interventions can mitigate fear and increase engagement

We may not talk about these types of fears very openly, but t**hey are normal and widespread, even in industries that may seem much more innovative and risk-taking** than our public institutions.

For example, it's been widely documented that software developers experience 'code review anxiety' - and **they avoid this type of collaborative dialogue by procrastinating and limiting their degree of cognitive engagement** - i.e., they do code reviews without really doing them.

A recent study [14] showed that brief interventions with developers that **addresses those fears directly, but with compassion, can mitigate this fear and lead to more engagement.**

However, when it comes to engagement, we do have to actively participate, or it's not truly engagement. Whether a front-line worker, manager, service designer, clinical staff member, engagement practitioner, commissioner, or elected representative, we all have a role to play. When we disappear from the relationship with communities, we've disconnected communities from being heard directly by those who can change things, and we've disconnected ourselves from the new types of meaning and satisfaction those interactions can bring.

What does it take to make community engagement feel less threatening? Psychologists and social workers often call it 'safe uncertainty'[15] – the conditions where people are able to engage in unpredictable experiences and learn and grow from them, develop resilience and confidence, and experience hope. Importantly, safe uncertainty isn't a specific technique or skill, but a way of being that develops and evolves over time. The key is not trying to eradicate all risk from a situation, but staying open to exploring multiple explanations, and owning your own areas of expertise without jumping to a fixed solution.

Key takeaway:

Even with all the time and money in the world, we won't do community engagement if it feels like a threat. These types of deep fears arise from real tensions, but they also stand in the way of our realising the many benefits of community engagement.

[14] *Lee, C. S., & Hicks, C. M. (2024, April 16). Understanding and Effectively Mitigating Code Review Anxiety. https://doi org/10.31234/osf.io/8k5a4*

[15] *Mason, B. (1993). Towards positions of safe uncertainty, Human Systems, 4 (3–4), 189–200.*

Putting it into practice...

The system will need to change to take full advantage of community-centred approaches. But high-quality community engagement won't happen unless we also address our internal challenges and foster the conditions of safe uncertainty that our teams will need to engage.

If you are a community engagement practitioner:

You may struggle to get other people to engage in the dialogue you're facilitating, from both sides of the equation. We've put together a number of ideas and resources to support you in fostering the conditions for high-quality engagement, particularly in **Step 2: Taking ownership** *of our relationships.*

If you are a commissioner, clinician, or service provider:

We know you're expected to hold a lot of other people's anxieties and keep getting on with the job, even when it seems impossible. Community engagement asks us all to step into these roles a bit differently, so we'd suggest **Step 1: Starting with why**, *to consider how community engagement aligns with what matters to you.*

If you're a senior leader:

You're in a unique position to address both external and internal barriers to community engagement, by shifting management practices and role-modelling the culture of safe uncertainty you want to see. We'd encourage you to explore **Step 3: Closing the loop**, *to further consider ways to ensure new behaviours result in meaningful impact.*

Three Actions Anyone Can Take

1. Starting from why

Why are we doing community engagement… honestly? As we've already established, much of the community engagement we see is tick-box delivery of engagement. In other words, we often do engagement because we're told to do engagement. It's part of our job description.

There are a lot of great reasons to engage with communities, but when we don't see a direct link to who we are and what we do, it stays at the periphery of our work, a tick-box exercise, rather than being fully alive.

At individual and team levels, community engagement can help us generate new knowledge, invent new approaches, optimise what's possible within real-world constraints, and connect us meaningfully to other people.

At institutional and system levels, community engagement can help us increase trust and democratic accountability, improve collective health outcomes, increase the sustainability of our health and care systems, and improve health equity.

The crucial bit is knowing what matters to YOU, and how community engagement can help you achieve it. High-quality community engagement won't become a daily part of professional practice unless it helps bring us closer to our individual and institutional 'why', and, ultimately, into a shared 'why' with the communities we serve.

Why talk about why?

Various writers, most famously Simon Sinek,[16] argue that we often focus on the wrong thing when we try to change our behaviours and practices.

We define the outcomes we want to see (WHAT) and the processes and procedures to deliver them (HOW), but we don't stop to define how the activity will change us as people and as institutions, and take us closer to who we want to be (WHY).

Although this idea has gained widespread popularity in business, innovation and leadership, it finds its roots in a large body of psychological and sociological research that underpins many of the interventions we also use in health and care services, such as addiction treatment programmes and social prescribing.[17]

These theories rest on the understanding that what we do (our behaviours) reflects the person we believe ourselves to be (our identity). Many beliefs about our identity rest below our self-awareness on a day-to-day basis. But if we surface these beliefs and desires and make conscious choices about the person we want to be, we can realise those values through the actions we take every day.

[16] *Sinek, S. (2011). Start With Why. Penguin UK.*
[17] *Haslam, C., Haslam, S.A., Jetten, J., Cruwys, T., & Steffens, N.K.. Life Change, Social Identity, and Health. Annu Rev Psychol. (2021 Jan 4); 72:635-661. doi: 10.1146/annurev-psych-060120-111721. Epub 2020 Sep 4. PMID: 32886584.*

Personal whys

Let's start with our individual whys. This can feel counter intuitive, because a lot of our training in community approaches focuses on how to centre the community, not ourselves. We're often, rightfully, told to 'get out of the way'. But as we saw in the previous section, a big block to high-quality engagement is an internalised fear, so we start from the inside out.

So? Why did we choose this work? What gets us out of bed every morning? Who do we want to become? There is no right or wrong reason – there are only our own reasons. But how does engagement connect to these drives and help us overcome the tensions and limitations we often face in our work? How does it make us better carers, researchers, innovators and leaders?

For example, many people who work in healthcare have a strong investigative drive. We like to solve puzzles and figure things out. But when we rush to find out the answer, we might make assumptions or close off other possibilities. In this situation, community engagement can give us access to new data and information, help us verify and re-interpret our assumptions, and see new patterns and possibilities. Looked at this way, community engagement doesn't feel like an add-on to our day job, but a powerful methodology that complements our core drives.

Institutional whys

We saw in the previous chapter how community engagement challenges many of the mechanisms we've perfected to deliver services very efficiently; it challenges where the power lies in decision-making, and the processes we use.

But there are also many ways in which high-quality engagement aligns with and supports the very reasons our institutions exist, and can improve the strength of these institutions and their ability to deliver against the challenges ahead.

Collective health and wellbeing. There is growing awareness that many of the things that make us ill have collective roots, in our communities and in our relationships with one another, and that these root causes require collective and community-based solutions.[18] We need to put as much emphasis on how we bring together all the resources of a local place or community of interest to address a shared issue as we do on individual health and wellbeing interventions.

Sustainable delivery. It's become clear that resources will never be able to grow in line with demand, and the only way to do more in healthcare is to leverage strengths and assets in the community, shift services into the community, and prioritise preventative healthcare.

Improving health equity. Heath inequalities steal almost 20 years of good health from the UK's most deprived residents, and despite years of attention, research and attempts to address these inequalities, they

Sussex MSK community appointment days reduce waiting lists

Sussex recently published an evaluation of their **Community Appointment Days,**[19] which show a promising **impact on waiting lists and people's ability to manage their own care**.

The days were developed out of ongoing community engagement 'big conversations', and an ethos prioritising community-powered and patient-centred care.

The days themselves are also a form of community engagement, where services go out to the people and enable open-ended and **two-way dialogue between clinicians and patients, changing the experience for both parties.**

[18] *Russell, C. (2020). We Don't Have a Health Problem, We Have a Village Problem. In Community Medicine (pp. 1–12). Volume 1.*
[19] *Community Appointment Days Evidence Review & Evaluation. Sussex MSK Partnership Central. (2024). https://hereweare.org.uk/app/uploads/2024/10/20240808-Sussex-MSK-Partnership-Community-Appointment-Days_Evidence-review-evaluation-*

remain, and in many cases are getting worse.[20] Community-centred approaches have been shown to improve health to a larger degree in the most disadvantaged groups, making them a powerful tool to tackle inequity.

Democratic mandate and accountability. Demos 2024 polling[21] found that 76% of people have little or no trust that politicians will make decisions in the best interests of people in the UK. Better connecting the community with their elected representatives and policy-makers is one way to build trust and accountability.

Connecting elected representatives in local government to hands-on policy design

It's not only communities that can feel 'out of the loop' when it comes to policy. Sometimes **politicians feel detached from the real conversation as well**, left to rubber-stamp what civil servants have designed. In 2015, the City Council in Gentofte, Denmark, decided to shift this dynamic. A case study in the Routledge Handbook of Collective Intelligence tells the story of how this **re-energised both politician and citizens.** [22]

Politicians decided to introduce the so-called Political Task Committees where politicians and citizens engage in a joint effort to formulate new political programmes and strategies. A longitudinal case study indicates that the committees hold the potential to advance a particular kind of collective political intelligence that could turn out to be an important building block in and guideline for overcoming some of the current challenges for representative democracy.

A shared why

One of our biggest lessons during COVID-19 was that engagement works best when communities and systems share a common goal. A crisis like the pandemic creates a singular shared drive, because it is a threat to our entire society that breaks through our individual, internal barriers.

In other situations, finding a shared why can be harder. Community engagement doesn't work nearly as well when institutions set the agenda, or when communities have to demand engagement with an agenda that the system would prefer to ignore.[23] The good news is that engagement itself provides a way to better understand our shared values and drives, through high-quality dialogue.

Putting it into practice...

A clear view on why we are engaging and how it benefits us helps us foster the open and curious attitude, alongside the perseverance, that makes high-quality community engagement possible.

If you are a community engagement practitioner: *You've already had direct experience of how community engagement helps fulfil you, personally and professionally. When you're bringing new people and teams into the process, we'd recommend helping them reflect on their specific 'whys' to engage.*

If you are a commissioner, clinician, or service provider: *It can be hard to carve out the time and attention it requires. However, we've seen that no matter what drives you, community engagement offers ways to step beyond current tensions and limitations, and more fully achieve what you've set out to do.*

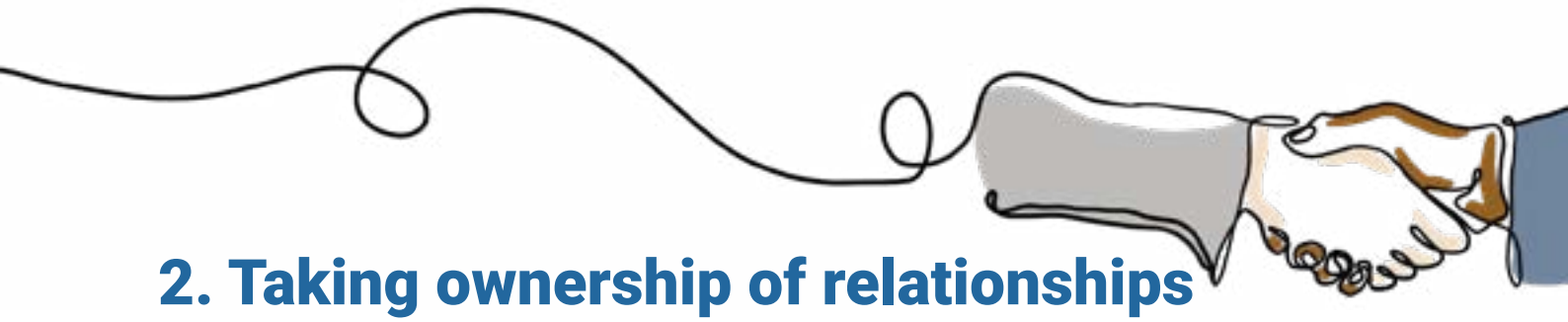
If you're a senior leader: *Just like individuals, different organisations have different ambitions, identities and value systems. As a leader, we recommend practicing regular dialogue with your teams and the communities you serve to surface and align what drives everyone, individually and collectively, so that vision can be brought forward into your dialogue with communities. (That also gives the organisation internal ways to practice and develop the skills of dialogue.)*

[20] *Office for National Statistics. (2022). Health state life expectancies by national deprivation deciles, England: 2018 to 2020.*

[21] *Levin, M et al. (2024). Citizens' White Paper. Demos. https://demos.co.uk/wp-content/uploads/2024/07/Citizens-White-Paper-July-2024_final.pdf*

[22] *Sørensen, E., & Torfing, J. (2023). How collective political intelligence produced better policy. In The Routledge Handbook of Collective Intelligence for Democracy and Governance (pp. 181–189). https://www.taylorfrancis.com/books/oa-edit/10.4324/9781003215929/routledge-handbook-collective-intelligence-democracy-governance-stephen-boucher-carina-antonia-hallin-lex-paulson?refId=e10d1d69-0151-48d2-904b-4247b08486e4&context=ubx*

[23] *Bagnall, AM., South, J., Kinsella, K. et al. (2025) Community engagement approaches to improve health: a cross-case study analysis of barriers and facilitators in UK practice. BMC Public Health 25, 747. https://doi.org/10.1186/s12889-025-21902-5*



2. Taking ownership of relationships

By now you should be pretty well convinced that you want to engage with communities. But how do you take responsibility for turning up and engaging well?

Let's be honest, community engagement often starts from a pretty rough relationship, and people often don't trust statutory services for good reasons. Given this, it's important that we take responsibility for our own actions and work proactively to reach out and develop healthier relationships.

In statutory bodies, the work of community engagement is often delegated to a dedicated team, or commissioned out to specialist facilitators, voluntary organisations and community groups. This happens for good reasons, and should continue to happen. We need to coordinate engagement to avoid duplicating effort and reinforcing silos, and we need to value and foster deep expertise in facilitation and community-centred approaches. We also often need to ensure that bodies, like Health Watch, maintain their independence. Building trust takes a long time, so statutory services must rely on intermediaries that people feel able to talk to, in order to have deeper conversations right now.

However, this can also turn community engagement into a transaction that is managed in a hierarchical fashion – the opposite of the relational, open-ended and mutual dialogue that characterises high-quality community engagement. We're suggesting that anybody, at any level of the system, should consider the quality of their engagement with the community, and do more of it.

How you do this will be unique to your position, your skills and your 'whys'. It might mean commissioning deliberative dialogues, participating in a champions network that connects you to community leaders via informal communication channels, moving some of your clinic hours to a community setting, making sure you have a monthly deep listening conversation with some key individuals, or bringing procurement into dialogue with community leaders to streamline applications and reporting processes.

There is no one right way, but it all starts from healthy relationships and dialogue.

The value of relational care and relationship-centred practice

The idea that good relationships are a goal, in and of themselves, is a growing conversation. The Relationships Project was funded by a two-year National Lottery Grant to help develop the infrastructure that this type of practice requires.

They've published the **Relationships Casemaker,**[24] which provides a combination of facts, statistics, and stories to demonstrate the value of good relationships, including their impact on health and care outcomes such as life expectancy, hospital admissions, waiting times, and medical compliance. The project also provide **tools, libraries, and resource repositories** to help people better understand and strengthen their relationships, including specific resources for regional councils.

[24] *Robinson, I. (2024). Home - Relationships Project. Relationships Project. https://relationshipsproject.org*

From transactional to relational working

Relationships aren't abstract things that happen between a nameless/faceless 'community' and 'system'. Relationships happen between people.

In this sense, we can see how community engagement isn't an activity separate to our other work. All of our work involves connecting to and forming relationships with other people, and all of these people will be members of different communities, including the communities that we ourselves are a part of.

Community engagement means showing up in a productive way, entering into intentional dialogue, and carrying the insights and changes that dialogue engenders back into our institutions and professional practice.

While institutions are made up of individuals, people often feel a relationship to them, almost as human beings. People talk about 'the council' or 'the NHS' or 'the GP' with a sense of that institution having a character, a set of values, and an emotional connection to their lives. Each of our personal engagements further extends, enhances, and develops this institutional relationship.

Facing up to historical injustice and mistrust

Often relationships between the health and care system and communities are pretty dysfunctional, and the people we want to engage with are those with the lowest levels of trust in the system. Many of them have directly experienced harm at the hands of the system, or are living with the intergenerational consequences of historic injustice. And it's not uncommon for communities to come into engagement with issues they haven't been able to resolve through transactional service channels, which can set an oppositional tone from the get-go.

This dynamic is exacerbated by the power imbalance inherent in most health and care relationships. We often receive care when we are most weak and vulnerable. Community collaboration challenges us to encounter each other as adults, rather than within parent-child, doctor-patient, or researcher-subject relationships.

However, when people are hurt and hurting, feeling abandoned and invisible, they can't move into a new relationship before that pain is acknowledged. And that's just as true for the pain that communities bring into engagement as it is for the pain that people within the health and care system suffer. People inside our institutions are also put upon, burned out, and blamed for things that aren't theirs to carry.

Writing a love letter to your community

Dr. LaShaune Johnson is a professor in Health Systems and Population Health Sciences at the University of Houston School of Medicine. She is a sociologist and community-based participatory researcher and evaluator.

When starting a new engagement, **she knows that even though she herself is Black, a cancer survivor, and an experienced facilitator, she is representing institutions and professions that have often caused great harm** to communities through their research and clinical practice. Therefore, she **starts by writing the community a love letter**, introducing herself, but also acknowledging these truths. An excerpt of one:

"Over the years, I have talked with you and prayed with you about the stories you have shared about your families' health challenges. I have gathered a team of students, professors and trusted community partners to conduct a research project, to better understand your journeys through hospitalization, and to create a future that centers the Black Senior Citizen experience. This project is called "Traveling Mercies on the Road to Health".

I, and my team, love the Omaha community, and believe in the power of the voices of Black Omaha. We believe that with your stories, we can begin to change the landscape of healthcare and healthcare education in the area. Thank you for reading and sharing this letter and flier."

Listening and being present

Active listening is an extremely powerful behaviour within relationships, yet also rare and under-used. Good listening not only builds trust and fosters inclusion with the people being listened to, but listening also increases the listener's thinking skills and job performance, even their perceived leadership potential.[12]

People often mistake listening as a passive role, but good listening is an active behaviour that ensures both parties are fully present in the conversation. High-quality community engagement is good listening at scale. Some elements of good listening include:

- Being curious. Ask open-ended questions and follow the other person's lead on what's important to them to talk about.
- Being present. Listen with your entire body and be aware of how you feel during the conversation. If you start feeling anxious or uncomfortable or excited, that's usually a sign that the conversation is touching on something important to you.
- Embracing silence. Let warm pauses happen before rushing on. People think and process at different speeds and appreciate time to make sense of things together, rather than cutting things off.
- Reflecting back. Give people the gift of hearing their own thoughts replayed to them, and encourage them to correct your understanding as necessary. This ensures that people aren't only speaking, they are being heard, and know they are being heard.

#SpacesForListening

Back in May 2020, following on from an enthusiastic response on Twitter, Charlie Jones (@charlie_psych) and Brigid Russell (@brigidrussell51) decided to experiment with the #SpacesForListening approach with a number of one-off groups, held each week. **They have now convened over 400 spaces over the past 4.5 years.**

The aim is that, having experienced it themselves, each person attending a group **might then want to go ahead and create more #SpacesForListening** in their own teams, the groups within which they work, and across their own organisations and networks. This **blog and video explores more about their reflections**[25] and learning over the previous three years (as of March 2023). If you want to find out more about what others think of the approach in their own words, the best thing to do is have a look through the tweets under **#SpacesForListening.**

Supervision and staff support

Social workers, therapists and other 'professional listeners' are required or encouraged to have supervision - their own support system where they can reflect back on what they've encountered and process difficult emotions. The listener needs someone to listen to them. As organisations move to relational practice and do more high-quality engagement, the need for supervision and reflective staff support becomes more widespread. If we are asking people to engage in challenging, vulnerable and open-ended conversations on behalf of our institutions, we should also ensure that people are supported in that work.

For example, a 2024 study of social prescribers in England examined the concept of 'holding', or maintaining a supportive relationship, as an active ingredient of clinical interventions.[26] Holding proved to be key to much of the role, but one that many social prescribers were unprepared for and under-supported in. To address this, at one site, the lead social prescriber implemented a supportive structure for her link worker team, in response to her own challenging experiences of handling distressing calls when she was a lone link worker, carrying the emotional burden over the weekend and into the evenings.

[25] *Creating spaces for listening – what does it mean and what does it take? By Charlie Jones, Brigid Russell, and King-Chi Yau – The official blog of BMJ Leader. (2023, November 10). https://blogs.bmj.com/bmjleader/2023/11/10/creating-spaces-for-listening-what-does-it-mean-and-what-does-it-take-by-charlie-jones-brigid-russell-and-king-chi-yau/*

[26] *Westlake, D., et al. (2024). "She's Been a Rock": The Function and Importance of "Holding" by Social Prescribing Link Workers in Primary Care in England—Findings from a Realist Evaluation. Health & Social Care in the Community, 2024(1). https://doi.*

The issue of trust - and vulnerability

Trust and the need to build trust is central to community engagement. Our work suggests that while there are a multitude of definitions, there is general acceptance of the following definition:

> *The **willingness to be vulnerable** to the actions of another party, based on the **expectation** that the other will perform a particular action important to the trust.*[27] [28]

This definition has two elements: one party is able to be **vulnerable** (broadly defined), because they have deemed the other person as **trustworthy**.[29] It is fundamentally about interaction and relationships. The party willing to be vulnerable takes on varying degrees of risk as the person deemed to be trustworthy may take advantage of the vulnerability shown.

The need for vulnerability has come out through all definitions of trust. Vulnerability is hard – for individuals, communities and institutions. And it can become more difficult the lower the starting point of that trust is.

Most of the research on vulnerability in health and care has focused on clinician behaviour, particularly doctors, often in response to the hero-doctor or doctor-as-god narratives. Research has found that doctors and other healthcare professionals are trained to mask their emotions specifically to build trust. However, this not only fails to build trust, but it can also be actively damaging for both patient and clinician:

- For health and care providers, masking emotions can lead to depression, burnout, and the added strain of working with colleagues who are feeling the same way.
- For patients, they can often read beyond the professional mask of clinicians and do not feel that they are getting the full picture of their health situation.

There is very little research on vulnerability in institutions; the closest is on vulnerability in leaders, which is a useful proxy as evidence suggests that mistrust in institutions can often stem from interactions with individuals – and vice versa.

Historically, vulnerability has been seen as a weakness, especially in leaders. However, more recently, vulnerability has also become an asset that inspires more authentic connections, leading to stronger performance.

The good news is that community engagement involving strong, dialogic practices begins to create a safe structure for vulnerability to be expressed.

Key takeaway

Let's be honest, we all know that relationships are hard work, and as much as we try, it's impossible to always show up as our best selves. However, we've probably also experienced that the best way to change a negative relationship dynamic is to change our own behaviour. It's the same in community engagement, and requires the same self-reflection.

[27] *Peter Ping Li (2012). When trust matters the most: The imperatives for contextualising trust research, 101-106. https://www.tandfonline.com/doi/full/10.1080/21515581.2012.708494*

[28] *Scott De Long, Ph.D (2021). Understanding Trust, https://lead2goals.com/understanding-trust-and-being-vulnerable-part-2/*

[29] *D. Harrison Mcknight (1996). The Meaning of trust, 4. https://www.researchgate.net/publication/239538703_The_Meanings_of_Trust*

Dialogue at any scale

As we saw in earlier chapters, dialogue is at the heart of what makes engagement work. Without open, two-way conversation in which new insights are generated, the other attributes and benefits of engagement are difficult to realise – you can't build trust, find synergies, form healthy adult relationships, identify new solutions, or hold each other accountable.

We often think of dialogue as a formal process that happens with trained facilitators according to a structure. And these types of well-planned deliberative dialogues are extremely powerful in certain contexts. However, dialogue can also happen within 1:1 conversations and in small groups, and over extended periods of time.

Engaging with individuals

1:1 conversations as dialogue are perhaps one of the most overlooked aspects of community engagement. We somehow assume that because we are addressing group or collective issues, we must always meet in group settings. But individual dialogue and informal conversations are extremely powerful, both as the glue across community relationships, and for their impact on the individuals involved.

And the reality is that individuals are always in communities. Therefore, whenever we dialogue with an individual, we are also dialoguing with them about their communities.

Often an individual interaction can allow for more privacy, more depth, more vulnerability, and more intimacy.

Many people are uncomfortable in groups, suffer from exclusion due to intra-community power dynamics, or struggle with access to groups, either physically or digitally. Speaking with someone in their home or workplace, or in a neutral and non-clinical setting, provides invaluable contextual information that can build deeper meaning, vulnerability and trust.

Dialogue for two people

Dr. Kirk Schneider is a psychotherapist concerned with polarisation in today's society. He's crafted an **Experiential Dialogue for Two that provides a structure for two individuals (with or without the help of a facilitator) to explore a complex issue in an hour's time**.[30]

It moves through six phases, **where the dialogue partners take turns** preparing, sharing their backgrounds, taking a stance, correcting stereotypes, asking a policy question, and conveying the results of what was discovered.

Schneider summarises his experiential dialogue technique in a number of articles and books, including a **short overview here** and a detailed book called The *Depolarizing of America: A Guidebook for Social Healing.*

In the book, he talks through a live example that you can **watch on YouTube, about race and policing.**

A conversation or dialogue is NOT a research interview, clinical history interview, or care and service user assessment. But it uses many of the same active listening skills that many of us learn in training, and which can be actively refreshed and improved with attention and practice.

Engaging with small groups

Small groups are the 'bread and butter' of community engagement. There is a large body of resources available on methods like co-design and co-production in groups, and an extensive network of expert practitioners within our systems and working as external facilitators. We have included links to some of these in the resource library. However, we'd like to highlight a few key concepts that can take small group discussions from a relatively non-engaging activity to a much higher level of quality engagement.

[30] *Schneider, K. J. (2020). The Depolarizing of America: A Guidebook for Social Change. University Professors Press.*

Intentional group curation

Often, the groups we engage with are opportunistic - we send out an invitation via the usual channels, and engage with whomever turns up. This can result in seeing the same faces a lot, or seeing people who aren't exactly in the community we seek to engage. Certain groups continue to be heavily under-represented in co-production and community collaboration (for example men, young people, or people with disabilities).

This approach can also lead to wild imbalances in group power dynamics, with some participants being very literate and articulate in 'system speak', and others being at a substantial disadvantage in being able to communicate within institutional norms.

These dynamics can be mitigated through the curation of intentional groups. This means being very specific up-front about what the purpose of a particular conversation is, what is meant by community in that context, and going out and establishing proactive relationships with the types of people you need to engage.

Building a small group with experience in youth unemployment

Vested[31] was an experimental pilot in participatory grant making, which has made all of their project documents accessible in a creative commons repository, and walks through all of their decision-making about group curation in a very transparent way. Their **approach to group curation** highlights the value of some less-typical practices.

- By building a **targeted, branded outreach campaign**, they had 62 young people (18-25) register to join the panel within a two-week application window. This is a demographic that is often very difficult to engage with.
- They used **a simple application process** that required minimal information and alternative channels for non-written applications. They then used **random selection amongst qualified participants** to avoid selection bias.
- Participants controlled how they identified and presented in the process.
- **Members of the panel were paid** £350 per day for a contracted engagement of seven days. This placed the youth participants' expertise on a similar level of value as consultants who might be engaged for their specialist project skills.

There are many methods and channels through which to do this, but they do take a bit of extra time, and sometimes a small investment of money to do effectively, so this needs to be planned as part of the engagement up-front. For example:

- Working with trusted voluntary, community or faith groups to identify and bring in the right individuals.
- Creating targeted media advertising campaigns or outreach on the platforms where the community already congregates.
- Partnering with clinical practices or front-line service staff to extend targeted invitations to patients and service users.
- Commissioning a market research recruitment firm to screen individuals from their database.
- 'Snowball' recruitment through personal networks of friends and family.
- Using random selection methods from a pool of interested people to ensure that the group isn't biased towards individuals who 'present well' and are already adept at navigating our systems.

It can pay off to plan for meaningful compensation for participants over an extended period of time. This can sound counterintuitive in times of tight budget control, but paying participants a proper market rate can create a much higher return on the overall engagement investment. It also helps shift the power dynamics to more of an adult, peer relationship with all parties being compensated fairly for their expertise.

[31] *Vested: Piloting participatory social investment. Final Learning Report. 2024. https://docs.google.com/presentation/d/1dg1XxvLYTSdloyhDreh9U9s557COBmk1hMOT9XHyf30/edit#slide=id.g2dc6c4427e6_0_0*

Facilitation practices in groups

Once you have a group, how do you make the most of the time together? Workshop design and facilitation is a real skill, and bringing in an expert to manage these dynamics can make a big difference. This is also a great area for team training and skills development. However, there are also many organic and democratic ways to make groups dynamic and lively without needing a lot of prior experience.

For example, arts-based methods can flatten power dynamics between participants, as people across the system and communities need to work together in a 'third language' such as poetry, collage or filmmaking to communicate. These methods also create permanent artefacts and records of the experience that can keep the conversation flowing forward beyond the original discussion. But even more accessible, using a toolkit like *Liberating Structures* harnesses network effects within groups through a library of micro-practices.

Menu of 33 micro-practices for groups

Liberating Structures[32] provides a menu of 33 micro-practices that can be integrated into any group setting, of any size. They don't require special training or particular talents, but are simply mastered through practice. They are available under creative commons, and are supported by a wide array of written and video material and a global community of practice.

Network and community weaving

Small group dialogue can form the seed for bigger networks and stronger communities, particularly if we build in network and community weaving principles as part of the overall approach from the beginning, and as one of the key outcomes.

This asks us to start from community engagement projects and move towards dynamic networks that connect stakeholders from within the system and within communities around shared interests and activities.

Weaving networks is something that anybody can do, from any position, and there are a number of creative commons and community of practice resources to help you get started.

A sometimes overlooked power of network and community weaving is the shift in our language and imagination.

If we think of networks like a computer network, they seem cold and abstract and technical. But if we think of them like a woven blanket, the network suddenly has function and warmth. If we think of community like a basket, we can see how much it can hold and contain. And if we think of long-term engagement as a tapestry, we can step back and value the vibrant, rich images the diversity of colours create when they come together.

Weaving a pan-African network from two dialogues

The NGFP Africa Hub started from two small group engagement projects incubated by the School of International Futures and its Next Generation Foresight Practitioners Network, and now **numbers around 165 people across the continent, assembled over four years** of active network-weaving.

The initial engagements, the African Futures Leadership Dialogues and the African Digital Futures Dialogues, **brought together around 30 young change-makers, and connected them to academic, institutional and system experts** for intense exploration of urgent questions of ethics, power, colonisation and de-colonisation, environmental collapse and adaptation, employment, health and creative expression, **using participatory foresight methods** and principles.[33]

Thanks to the **explicit decision to weave networks and communities and not just do projects**, hub member have been able to build and amplify their impact over time.

Members have gone on to advise the African Union health data policy team on new policy decisions, and even inspired the creation of a new political party in Kenya.

[32] *Liberating Structures: Including and Unleashing Everyone: https://www.liberatingstructures.com*

[33] *Ogolla, P. A., & Jenson, J. A. (2023). Thinking ahead collectivelyThe case of African Digital Futures. In The Routledge Handbook of Collective Intelligence for Democracy and Governance. Routledge.*

Engaging with larger groups of representative voices

Individual and small-group conversations form the everyday backbone of high-quality community engagement. If direct and personal relationships aren't being formed and nourished in this way over time, it's difficult to build the trust, vulnerability and healing connections we need in order to improve health and wellbeing across our communities.

However, sometimes larger, more formal dialogue is necessary, particularly when issues are complicated or controversial, when it's based on a large body of evidence, or when it's essential to ensure that conversations aren't captured by a small number of entrenched or non-representative voices.

In 2024, Demos published a Citizen's White Paper[34] that sets out the argument for embedding citizens in national policy-making, and many of the resources and recommendations apply to local policy-making and decision-making within the NHS.

Deliberative dialogue brings a suite of time-tested and replicable practices to complex policy and democratic decision-making. These can range from large-scale citizens' assemblies to smaller workshops, digital democracy and civil technology platforms. Deliberative methods can be scaled up or down, but they do require the involvement of expert facilitators who can help design the right approach and ensure it happens according to best practice.

Sciencewise and complex policy

Sciencewise is a programme within UKRI that helps decision-makers develop socially-informed policy through public dialogue. They provide **co-funding and guidance on running public dialogues,**[35] and have collaborated on a number of engagements debating complex issues of health, science and technology. For example, they've deliberated on human embryo research, AI in NHS healthcare research, and with NICE. **You can see full list of their projects here**.

"With support from **Sciencewise, NICE Listens**, our programme of deliberative public engagement, ran a public dialogue on how NICE should prioritise its topics for guidance to the health and care system. The findings will be considered in the development of a decision framework, which will be used to guide decisions on prioritisation and topic selection."

Putting it into practice...

As people working within health and care, we are forming relationships and having conversations all of the time. High-quality community engagement is built from these fundamental building blocks that all of us can use, and can use effectively, with a bit of practice and planning.

What we are suggesting is that we can all be more proactive about our relationships and conversations, and take responsibility for making them adult, open, and two-way. As we do this, some of the most important issues to consider include:

- *Demonstrating our love and vulnerability to the community, as representatives of institutions.*
- *Developing and practicing active listening skills, and offering supportive listening spaces to our staff.*
- *Learning about and mastering a broad range of dialogic formats, from 1:1 to informal and formal groups.*
- *Planning in the time and money to proactively reach out to people and compensate them for their time.*

[34] *Levin, M et al. (2024). Citizens' White Paper . Demos. https://demos.co.uk/wp-content/uploads/2024/07/Citizens-White-Paper-July-2024_final.pdf*

[35] *Prioritising guidance to the health and care system | Sciencewise (2023). Sciencewise. https://sciencewise.org.uk/projects/prioritising-guidance-to-the-health-and-care-system/?portfolioCats=43%2C44%2C45%2C46%2C15*

3. Showing impact

Meaningful dialogue and healthy relationships are two essential elements of high-quality community engagement. The third essential element is making sure these conversations and relationships result in tangible change.

Showing impact means a lot of things, and importantly, it doesn't just happen at the end, but from the very beginning, in the decisions about what's in and out of scope, how the engagement will be evidenced and evaluated, how it will be documented, and how those outcomes will be shared.

In high-quality community engagement, something is at stake for everybody, and change is expected to happen within both the community and the system. What is discussed and discovered in dialogue makes a difference to what people experience, and there is a clear line from engagement to practice.

Impact isn't just about the direct outcomes and synergies of any one conversation; the virtuous cycle that high-quality engagement drives back into the system and with communities is when we close the loop effectively.

- When we show impact to the system, through the right types of evidencing, evaluation and documentation, we make it possible to do more high-quality engagement over the long term.
- When we show impact to communities, we move beyond tokenistic and extractive practices, build trust, and make it possible to have even deeper, more meaningful and more impactful engagement over time.

Measuring what matters

Our institutions usually demonstrate impact through metrics and measures. How community engagement is evaluated, measured and evidenced is a huge topic that falls outside the scope of this guide. However, it is one of the most significant opportunities to unlock sustainable, system-level support for community engagement.

Although we can't provide a comprehensive guide, here are three different perspectives that can help unravel the tensions that arise when it comes time to quantify our impact.

Using community dialogue to frame institutional performance metrics

One challenge is when the metrics driving our institutions don't align with what really matters to a community. A general term like 'access' or 'quality' can mean different things in different contexts, so without talking to the communities in question, we may wind up chasing the wrong thing.

The Wellbeing in Germany project[36] used national dialogue to define 'wellbeing' and create 12 dimensions and 46 indicators to measure status and trends. This principle can be applied at any scale – before you set the measurement metrics, talk to the people affected, using some of the methods we outlined in earlier chapters.

[36] *Well-being measurement efforts in Germany.* (2024, August 28). OECD. *https://www.oecd.org/en/publications/well-being-knowledge-exchange-platform-kep_93d45d63-en/well-being-measurement-efforts-in-germany_4dc4947a-en.html*

Culturally-responsive and racially-equitable evaluation

Another issue is when we evaluate the impact of community engagement using methods and frames of reference that exclude the community or that perpetuate further power imbalances. Shouldn't the community be the judge of what is effective?

CRE (culturally-responsive or community-responsive evaluation) and CREE (culturally-responsive and equitable evaluation) are bodies of thinking and practice to help address this tension. Ideally, evaluation should be planned from the beginning of the project and include its own forms of engagement to ensure that projects are held to account by all stakeholders, not just by the system. Jara Dean Coffey pioneered this work via the Equitable Evaluation Initiative,[37] and provides resources and frameworks under creative commons-like terms.

Measure the intangibles that really do matter

A third challenge arises when the things that matter to community engagement can't be measured. One counter-intuitive approach is to tackle this head-on and figure out how to measure the intangibles. In his book, *How to Measure Anything*,[38] Douglas Hubbard argues that most failures to measure intangibles relate to misunderstandings in the concept of measurement, the objects of measurement, and the methods of measurement.

Getting a grasp on this type of information theory and applied information economics can unlock a number of ways to quantifiably reduce uncertainty in our decision-making based on even highly qualitative observations, including things like wellbeing, happiness, and long-term health outcomes.

Managing scope and expectations

A key element in showing impact is setting the right expectations from the outset.

An attribute of high-quality community engagement is a shared agenda, one that is developed collectively and through ongoing dialogue.

This can sound reductive - we need to talk about what we need to talk about. But side-stepping the negotiation of scope isolates engagement from impact before it even starts.

Young people and mental health

MH:2K[39] enables young people to explore mental health issues and influence decision-making in their local areas. It was developed through a partnership between Leaders Unlocked and Involve. Following a successful pilot in Oldham, the programme received support from the Wellcome Trust to expand MH:2K to four new areas: Birmingham; Central Lancashire; Nottingham and Nottinghamshire; and North Tyneside. In 2019, MH:2K was also adopted in Derby and Derbyshire.

The programme recruits and trains 14-25 year olds as citizen researchers and works through a five-stage process to understand the communities' needs and develop solutions with local authorities. Although there are many interesting methods and lessons from the programme in general, the amount of attention paid to ensuring the outcomes are actionable within the system is notable. Team members work directly with local authorities and decision-makers in advance to set their scope, and then again when developing recommendations.

A 2018 evaluation found that **92.8% of decision-makers and researchers who attended an MH:2K Big Showcase event said that the recommendations are very useful; and 98.5% agreed or strongly agreed that they would do something new or differently as a result of the project.**

[37] *Writings & Resources | Equitable Evaluation Initiative. (n.d.). Equitable Evaluation. Retrieved 26 February 2025, from https://www.equitableeval.org/resources*

[38] *Hubbard, D. W. (2010). How to Measure Anything: Finding the Value of Intangibles in Business. Wiley.*

[39] *MH:2K Oldham | Involve. (n.d.). Retrieved 26 February 2025, from https://www.involve.org.uk/resource/mh2k-oldham*

Being clear about what's on the table

When we drive engagement just from our institutional priorities, we risk missing the real opportunity. For example, when Harrow set engagement priorities via data from traditional public health sources, they assumed that the community would want to talk about social determinants of health and unemployment. However, via meetings with their champions touchpoints, they discovered the community was much more interested in knowing that their healthcare services were of good quality, tackling low wages, and dealing with school readiness after the pandemic.[40]

The opposite is also true. When we work with communities in an entirely open-ended way, they don't know what can and can't be changed within the system at this moment in time. Communities may spend months discussing, imagining and defining solutions, only for them to be rejected by the institutions required to implement them. Repeatedly telling communities 'thanks, but no thanks.' degrades whatever trust and goodwill may have been present at the beginning of the engagement.

Finding ways to respond to individual and transactional issues

A common complaint about community engagement is that the same people always show up and have a specific case or grudge. More generally, community engagement tends to surface a lot of problems and failures in core system activities amongst many of our most vulnerable populations. This can prevent the conversation from moving onto more strategic and collective issues.

One way to mitigate these issues is to intentionally engage with people who have the time, commitment and resources to tackle the strategic level. For example, representatives from voluntary organisations can become part of meetings, boards and committees to provide a voice of the community inside system-level conversations.

But it's also possible to consider how principles like those in personalised care can be embedded within community engagement itself, to better meet people's needs on the spot. If a huge barrier to engaging with the system is that people have been abused and neglected by the system, engagement can start by addressing the harm, meeting people where they are, and building the relationship from there. Don't just talk about fixing things; fix them, as proof of good intent.

Combining engagement with 'one-stop shop' services

Newham and **Havering** implemented 'one-stop shop' drop-in clinics for people arriving from Ukraine, which have now expanded to include support for all newcomers into the borough from outside the UK, including refugees and asylum seekers.[41]

When people arrive, they are **assigned to a navigator who helps figure out what needs to be tackled and how to tackle it**. At the one-stop shop, the principle is to get as many things done, on the spot, as are possible. So, if a person needs help filling out a form with DWP, you sit with them and help them fill out the form. Or help them make a call to the Home Office. If a piece of information is needed on a payslip from their partner, you sit and wait while they make the call to track the number down.

Some one-stop visits take ten minutes, some take three to four hours, but **many visitors to the one-stop shops have gone on to become navigators themselves, or have moved into other VCSE and community roles** or types of engagement.

This means thinking of some forms of community engagement as part of whole-person, personalised and place-based care, rather than a separate function that provides strategic input to service design. If we know that community interests and people's needs don't fit into the silos and specialist interests that the system works within, use community engagement as a different way into the system, an alternative front door.

[40] *Transformations in Community Collaboration: Lessons from COVID-19 champions programmes across London* (2023). ADPH London. *https://www.adph.org.uk/networks/london/resources/transformations-in-community-collaboration/*

[41] *Asylum and Resettlement - London Councils Survey* (2024). *https://www.londoncouncils.gov.uk/sites/default/files/2024-09/london_councils_survey_on_asylum_resettlement_teams_-_press_release_draft_1.pdf*

It requires considering how to engage so that there is 'no wrong way in': no matter what problem a community member brings, the engagement team finds a way to hold that person's needs and resolve them, without premature referrals, discharge, signposting, or hand-offs.

Communicating openly and transparently

Hopefully by now it's clear that high-quality community engagement isn't a one-off event. If everything happens in the short-term and in isolation, there is no relationship, continuity of conversation, or path to building bigger impact.

Documentation and communication, as boring as it sounds, provides the essential connective tissue of community engagement. Write down what happens. Share it. Use that to start another conversation. Repeat. Documentation and communication are the scaffolding for open and transparent conversation over an extended period of time.

In community engagement, the thread of conversation needs to be made visible and explicit. By definition, the engagement is between groups of people; not everybody will be involved in every conversation, and the shape and content of that conversation will shift over time. So, the engagement needs to be documented in some way, and that documentation needs to be open, accessible, and collaboratively owned.

Ask people how they want to communicate

Not everyone likes to communicate in the same way, and different communication styles suit different types of engagement. At the beginning of engagement, talk about how people want to stay connected, and keep asking and adjusting the communication and connection style throughout. How the engagement is documented is itself a point of dialogue and negotiation, like the agenda.

For example, in some engagements, WhatsApp groups are essential. They are accessible, they allow for many people to follow along, and they allow real-time flow as well as long-term documentation. For other engagements, email works great, or keeping written records on a shared Notion space, Miro board, or other digital repository.

But don't forget all the physical and more analogue ways of communicating and making records. There are the physical spaces we meet in, and the use of walls, bulletin boards, even street art. And there are the things we can make together, like art, poetry, books, quilts and movies.

Use the artefacts to continue the conversation

The great thing about creating artefacts from dialogue is that the artefacts then become the seed of the next conversation, and a way to widen it.

For example, in Nairobi, 100 children participated in workshops where they created art and photos around the themes of feeling safe and not safe.[42] The facilitators found the images incredibly powerful and 'haunting', but struggled to imagine how those images could then be taken seriously by parents, community leaders and policy-makers. So they worked with a filmmaker to create a seven-minute film, which was first screened back to 300 children from the community, many of whom had created the original art, and then in separate screenings with adults within the community, with policy-makers, and with NGO executives. Each of the screenings seeded further conversation and dialogue, with participants, including the children, being incredibly surprised and moved to formulate solutions and take personal action.

[42] *Mitchell, C., Chege, F., Maina, L., & Rothman, M. (2017). Beyond engagement in working with children in eight Nairobi slums to address safety, security, and housing: Digital tools for policy and community dialogue. In C. Mitchell & M. Sommer (Eds.), Participatory Visual Methodologies in Global Public Health.*

Artefacts like film are increasingly easy for people to create with relatively low investment, but the same type of effect can be achieved through written notes and reflective sharing. For example, if you take notes or outputs from a community dialogue into a policy conversation with system stakeholders, take notes of that conversation, and take them back to the community, so they can see how people are talking about what they said.

Obviously, issues like privacy, consent and data protection need to be considered from the outset in how these notes are generated and shared, but people are speaking because they want to be heard. And when policy-makers know that their words will be taken back to the community, all of a sudden there is a transparency, accountability and directness in the relationship, even if the groups aren't always in the same room.

Making a film in a weekend

Mafia weekend is a Bristol-based CIC that stands for 'make a film in a weekend'. They apply the method to issues like sustainability and environmental connection, but also to topics such as community, engagement and connection.[43]

They recently worked with Westminster to create a film with residents in Pimlico, which was then publicly screened.

Key to their method is moving from people's stories to people seeing themselves as storytellers, and deciding how that story should be told, then telling it in a way that is incredibly immersive and of high production quality.

Putting it into practice...

Like the meme, 'pics or it didn't happen', high-quality community engagement is documented, and that record helps build trust and accountability, increases accessibility, and drives ongoing dialogue.

At its simplest, this means making sure to write things down and share them. How things are recorded and shared should be agreed as part of the engagement. And this can shift and grow over time, creating artefacts that are meaningful and beautiful in their own right.

If you are a community engagement practitioner: *You're often the connective tissue, and it's crucial to make sure the time and effort to document what's happening is planned in and resourced. Networks like London Creative Health City can connect you with practitioners, facilitators and artists who work at the intersection of community and health.*

If you are a commissioner, clinician, or service provider: *You're really where the rubber hits the road in terms of action – being able to turn ideas into new experiences. Make sure that you're communicating back to communities what happens with their experiences and ideas.*

If you're a senior leader: *High-quality community engagement should deliver meaningful outcomes that are core to your organisation. However, this impact can't always be measured and evidenced in the ways that are most familiar. Thinking through these issues is a set of skills and expertise that should be fostered within your organisation so that evidence can be more effectively surfaced and sustainable funding is easier to secure.*

[43] *Our Pimlico": A Community Film Made by Pimlico Residents Tackling Loneliness and Division (2024.) https://www.youtube.com/@MafiaWeekendCIC/videos?app=desktop&view=0&sort=dd&shelf_id=2*

Tying it all together

The moral argument for community-centred approaches has been won. We simply cannot create a sustainable health and care system and address endemic health inequalities without transformative collaboration. This means that high-quality community engagement should be core practice across all levels and parts of the UK health and care approach.

By high-quality community engagement, we mean direct, two-way, open-ended dialogue that generates new insights, identifies synergies, and creates change within both the system and the communities it serves over time. We mean 'the system' and 'the community' coming together to do something they couldn't do on their own.

It sounds simple in theory, but proves to be harder in practice, because of all the ways engagement challenges us at the institutional, organisational, and individual levels.

Alongside important system-level barriers that need to be addressed, we won't fundamentally change without weaving community engagement into our everyday work and aligning it with our professional practice to face our internal barriers.

In this publication, we've outlined some steps we can all take on this journey, given some examples of this in practice, and highlighted resources that might help each of us along the way.

If you are a community engagement practitioner...

We see all the great work you're doing despite the many barriers that get thrown up every day. It's a thankless task to connect groups who don't necessarily want to engage, and to hold space for the difficult issues that arise.

You're probably already doing most of what we've outlined, but we hope you've found some useful resources and inspiration along the way. If you aren't already, we'd really recommend you focus on:

- Making the language around community engagement very specific, and documenting as much of your process and outcomes as possible for others.
- Helping the other people you work with reflect on their whys for community engagement, and demonstrating how it helps people do their 'day job' and realise their own ambitions.
- Finding ways to bring your other system colleagues into engagement, and helping them practice and gain confidence with relational ways of working.
- Continuing to develop skills around dialogue and network-weaving, as that facilitation is the glue that makes all of this possible.
- Exploring arts-based methods as a way to richen engagement and create enduring artefacts that help close the loop.

If you are a commissioner, clinician, or service provider...

We know that the demands of driving toward short-term targets in a system under pressure makes it difficult to focus on the longer-term, relational, and non-transactional elements of care. We also know that it takes a serious toll on your own health and wellbeing.

We've written a lot of this guide for you, because we don't want community engagement to be yet another problem in that stack of problems, but a meaningful, accessible, and transformative part of your practice.

We hope you have found some inspiration here:

- Thinking about communities and community engagement in more specific ways, and the types of adult, peer-to-peer relationships you'd like to build.
- Finding ways in which community engagement helps you and your organisation be better at the things that are important to you.
- Seeing all the ways you can bring your expertise and experience into dialogue with communities at any scale, including the 1:1 conversations you have every day.
- Identifying ways to start with smaller, more incremental changes to help fuel the bigger changes that need to happen.
- Thinking about different ways to evidence what you're doing for maximum impact.

If you are a senior leader...

We know you're carrying a lot of responsibility towards your teams, your institutions and your service users. It takes courage hold difficult conversations and challenge deep, unspoken rules of how we work, and we appreciate all the many ways you try to make change happen within the freedom and limitations of your role.

We hope this helps you in:

- Breaking open the 'black box' of community-centred approaches so that you can ensure that high-quality engagement is part of the mix, and you know the key attributes to look for when judging it.
- Thinking about ways to align non-individual and non-transactional work to your group's mission and processes, so that your team's processes and systems shift and change to accommodate relational community work more naturally.
- Encouraging you to get engaged, too, learning ways to incorporate dialogue into your individual and small-group conversations. Good listening is seen as a key aspect of leadership, and a predictor of leadership potential.
- Highlighting some places where you might want to budget and invest - for example in recruiting and paying participants, hiring expert facilitators, commissioning deliberative dialogue, or establishing competencies in community-responsive evaluation.

Resource Library

In the course of this project, we reviewed more than three hundred case studies, academic papers, pieces of official guidance, and expert commentary on community engagement, co-production, participatory health research, participatory grantmaking, health inequalities, place-based care, and our health systems.

Over 150 of the best from around the world are brought together in a downloadable reference, organised alphabetically by title and key categories of interest, including **evidence**, **guidance**, **method** and **setting**.

Download here:
https://bit.ly/TICC-resources

Thank You

Thank you to everyone who contributed case studies, experiences, and recommendations to this publication.

We'd especially like to acknowledge the senior leaders we interviewed, including:

- Dr Debbie Weekes-Bernard
- Professor Paul Corrigan CBE
- Dr Tom Coffey
- Martin Machray
- Professor Kevin Fenton CBE MBBS

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