

Principles of Community Engagement for Empowerment





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Introduction to the Principles of Community Engagement for Empowerment

Who is this guide for?

This guide has been produced for staff working in Public Health Wales. The purpose of the guidance is to support reflective practice about community engagement activity and to encourage behaviours that lead to empowerment, rather than inadvertent disempowerment. As professionals we can use this guide to reflect upon current practice within our sphere of influence, in relation to the principles presented. This guide is also intended to equip staff with the knowledge needed to advocate for improved practice, both within Public Health Wales and when working with partner organisations.

What is community engagement for empowerment and why is it important?

Empowerment concerns power relations and intervention strategies that ultimately aim to challenge social injustice through political and social processes. Empowerment aims to enable people to take control of the actions and decisions that affect their lives (Woodall et al. 2010). Community empowerment that initiates greater individual and collective control is health promoting in its own right (Burton et al. 2004; Popay et al. 2007). We know that empowerment also improves social relationships at the individual and population level (Popay et al. 2007), and improves service development and delivery (Popay & Williams 2016).

Empowerment is more than the involvement, participation or engagement of communities (WHO, 2009). However, community engagement is an effective approach to improving health and wellbeing. When community engagement is done well, regardless of the overall purpose and objectives of the engagement activity, it can create conditions where individuals and communities can take power and make or contribute to decisions that may influence the social, economic, cultural and political determinants of health. Likewise, evidence suggests that poor community engagement practice can cause harm, leading to disillusionment and disempowerment.

In this guidance we have purposely avoided providing a definition of 'community'. We believe that the concept of community is open to multiple interpretations and that the principles can be applied to any group of people. Experience tells us that people classify themselves into communities to which they believe they belong. People are part of more than one community and may identify with a community at work; in school or education; with others of similar characteristics or interests; as well as where they live (What Works Wellbeing, 2017).

We know that there are multiple barriers to systematic empowerment, which include community engagement practice, professional culture, positional power, national policy imperatives and public sector organisational ethos and culture (Popay & Williams 2016). Therefore we have undertaken work to explore, understand and be explicit about the factors that contribute to effective and ineffective community engagement for empowerment.

Why is this guidance essential to Public Health practice?

This guide describes the principles developed by Public Health Wales, and supports reflective practice on community engagement that leads to empowerment. It should be of particular interest to the public health workforce, as supporting and enabling individuals and communities to have more influence over decisions that affect them and their health and wellbeing is a core theme running through the Public Health Skills and Knowledge Framework (2016).

The Wellbeing of Future Generations (Wales) Act 2015 gives us the legal obligation to work better with people and communities. These principles are complementary to the priorities of the Equality and Human Rights Commission and are in line with the National Institute of Health and Care Excellence (2016) guidelines (NG44) Community engagement: improving health and wellbeing and reducing health inequalities. Ethically, it is important that community engagement practice aims to do no harm; it is anticipated that adoption of the principles will guide ethical community engagement practice.

Applying the principles in community engagement practice

There is a well-established evidence base on the practice of public involvement, participation, engagement and co-production. A variety of models and resources for engagement are available to help organisations to work effectively with communities (Participation Cymru, CHEx). Throughout the spectrum of engagement practice, the Principles of Community Engagement for Empowerment can be applied to enable reconfigurations of power.

In Wales, we also have the **National Principles of Community Engagement** that were produced by Participation Cymru in 2011. These principles complement our work on community empowerment, provide more detail in terms of the practice of engagement, and are a useful resource for public health professionals at an operational level. Wales also benefits from the **Children and Young People's National Participation Standards**, which help organisations and individuals in the practice of engaging with children and young people. They support the process, quality of work and experience of those involved; recognising the involvement of children as central to improving community wellbeing.

Further information can be found in the useful resources section of this guidance.

Development of the Principles of Community Engagement for Empowerment

The principles were developed using participatory methods throughout the whole of the development process. This involved working with community members, employees from public and third sector organisations and a range of different staff groups from across the Health and Wellbeing Directorate in Public Health Wales.

The work originated in a workshop in 2016 where Public Health Wales worked with others who were known to be experts in this field to develop a set of principles to guide community engagement practice in Wales. Their expertise was gained through academia, work or lived experience of community engagement practice. Once the principles were developed and agreed by the workshop participants, we felt that it was important to test their face validity with community facing organisations to assess whether people working in the field interpreted the principles in the way in which we intended. At the same time we undertook work to explore whether the principles were perceived to be important to community members in Wales. Findings from these concurrent pieces of work informed the development of the guidance.

We were keen to involve potential end users in the development of the guidance and therefore held three workshops with staff from across the Health & Wellbeing Directorate to explore their understanding of the guidance and to collate suggested amendments aimed at improving the guidance.



The Principles of Community Engagement for Empowerment



The successful outcome of community engagement is empowered communities; done well, community empowerment is health promoting in its own right.

Principle 1:

Community engagement that leads to empowerment must be systematised and long term.



Principle 2:

Community engagement that aims to empower, means that we need to create participatory spaces, which aim to foster dialogue on an equal basis and contribute to building trusting relationships over time.



Principle 3:

Community engagement, which leads to individual and community empowerment, means acknowledging the power imbalance and being explicit about relinquishing power.



Principle 4:

Empowering communities requires us to acknowledge, value, and release capacity in communities before commencing work to build further assets.



Principle 5:

Words are important; how communities are described can be stigmatising and disempowering and may not reflect how a community sees itself.



Principle 6:

Community engagement that aims to empower requires us to recognise, value, and use all forms of knowledge in an equal way.



Principle 7:

Recognise and value the workforce who provide an interface with communities; effective engagement for empowerment can be facilitated by working through others.



Principle 8:

Community empowerment requires action across the whole system, not just within the community. Those working with and for communities must have the courage to unlearn and address the changes needed within their own organisations.





Principle 1:

Community engagement that leads to empowerment must be systematised and long term.



Terminology explained...

The use of the word **'systematised'** in this context means community engagement that aims to empower should be embedded into our way of working, so that it is something that is automatically part of everyday practice.



Reflective questions:

Would you feel comfortable questioning the short term funding allocated to a piece of work?

What do you consider are the barriers to adopting a more systematised and long term approach with communities in which you work to achieve public health outcomes?

What is your role in helping others to overcome the barriers to systematised and long term community engagement practice?

This principle focuses on the need for community engagement for empowerment to be embedded into the practice of public health, and other professions, in designing and delivering interventions, programmes and services. Such practice will contribute to creating conditions where communities can shape the development of local projects. It is important to develop ongoing dialogue with and within communities.

Community engagement should not be seen as an add-on to a project that has already been defined. Influencing our partners and stakeholders to help them understand that community engagement is more than a tick box exercise, and will involve active and sustained engagement over the course of any project, will be vital not only to the success of the project, but will influence the level of future engagement by local communities in the long term.

Organisation focus group participants (Public Health Wales, 2018) reflected that in order to make community engagement that aims to empower automatically part of everyday practice...

"...you continuously need to be engaging with the community, there's no deadline." (Participant F)

Evidence (Popay et al. 2007) shows that where communities have a history of poor engagement in the past, this is likely to have a negative impact on future community engagement initiatives, by affecting the level of trust between communities and organisations. Harden et al. (2015) also stated that communities are more likely to be cynical or feel threatened based on previous experience of poor engagement practices with engaging organisations. The outcome of this is that they are less likely to see the worth of community engagement.

As professionals, we may have experience of the barriers which exist that make our way of working in line with this principle challenging. For example, short-term funding for projects, as well as lack of sustained interest within local communities and organisations can sometimes make it more difficult to keep community engagement for empowerment as a long term goal. There can be tension between outcome focussed work planning and building in the time needed to establish working relationships within communities.

NICE guidance (NG44) (2016) acknowledges that good practice in community engagement requires recognition that building relationships, trust, commitment, leadership and capacity across local communities and statutory organisations needs time. Planning sufficient resources and involving communities early in the process to shape the proposed initiative are important responsibilities of anyone wishing to achieve effective community engagement over time.

Community participation is a complex and iterative process, which may change, grow or diminish based on power relationships within communities themselves and with external agencies (Wallerstein, 2006). Overcoming the barriers to community engagement can be difficult to tackle. However, keeping in mind the evidence for a systematised and long term plan for engagement and the resulting harm that ineffective community engagement can have, will help to advocate for change to support effective community engagement for empowerment. It is our professional responsibility to influence ways of working to embed the principles that lead to empowerment into our own practice; as well as advocating for improved practice when working with partner organisations. We might start by challenging short term objectives; or committing to being honest and explicit with communities from the outset about the nature of short term project funding.



Principle 2:

Community engagement that aims to empower, means that we need to create participatory spaces, which aim to foster dialogue on an equal basis and contribute to building trusting relationships over time.



Terminology explained...

The term '**participatory spaces**' in this principle aims to convey the need to provide opportunities, without a predetermined agenda, for communities to engage with each other and external agencies, in ways that enable them to positively explore issues with equal power and authority. These opportunities can take place in physical or virtual spaces.



Reflective questions:

How might you create an opportunity for a community to come together with external agencies, without any predetermined agenda?

What might you look for to determine whether relationships developed during a piece of work are built on trust, equal power and authority?

Creating opportunities where communities can come together, get to know one another, and build the relationships that will enable them to take control, is important.

Evidence from Burton et al. (2004) and Brunton et al. (2015b) shows that time is needed to develop trusting and collaborative relationships both within communities and between communities and external agencies. Creating opportunities where communities can come together, get to know one another, and build the relationships that will enable them to take control, is important. Community focus group participants (Public Health Wales, 2018) felt that establishing relationships within communities was essential for harnessing collective power.

"Why? Because you're together."

(Participant L)

"You've got more power working as a team, as a group, than just working as individuals."

(Participant D)

It is rare that opportunities for communities to engage with each other and external agencies are created without an agenda. Organisations who are required to involve communities in decision making processes often 'invite' engagement into a pre-determined participation plan. It is important to recognise that by doing so organisations hold power over the agenda, potentially to the detriment of building the kind of trusting relationships that are crucial to creating the conditions for community empowerment.

...there is a need for organisations to take into account the role that power and influence play...

For opportunities to be truly participatory spaces there is a need for organisations to take into account the role that power and influence play, both with external agencies and within communities themselves. Professionals can facilitate the process of communities working together, and can be part of setting up spaces which enable

communities to engage in dialogue with equal power and authority, without being bound by restrictions.

When working with communities we need to understand what is appropriate from the communities perspective; considering when to support and when to stand back so that communities can take control. Harden et al. (2015) advises that we must tailor engagement methods according to different target groups. Bagnall et al. (2016) also suggests that a varied 'toolbox' of approaches to community engagement in the UK is needed in order to engage with a wide range of populations and health and wellbeing issues.



Principle 3:

Community engagement, which leads to individual and community empowerment, means acknowledging the power imbalance and being explicit about relinquishing power.



Terminology explained...

The terms **'acknowledge'** and **'relinquish'** power are used in the principle to communicate the importance of professionals accepting that they have power over individuals and communities; and overtly responding to this, finding ways to work with communities to enable new configurations of power.



Reflective questions:

Do you acknowledge the power that your professional position gives you when working with communities?

Would you be comfortable about explicitly relinquishing your power?

Have you experienced working with community organisations and local communities that have demonstrated using their collective power to bring about change?

What would you do to gain insight into how people act and behave towards each other in communities?

This principle aims to convey the message that power exists in society and that not all individuals hold the same amount of power. Power is a complex concept but in essence exists within relationships; the amount of power that people feel they have is influenced by a wide range of factors which include, access to money, good education, good work, social status and availability of social support networks. Power is often referred to as the degree of control that individuals and communities have over their own lives. The level of control that people have over their own lives and the opportunities to participate and fully engage with society are important for health and wellbeing; *'...it is the inequalities that exist in these that plays a big part in producing the social gradient'* (Marmot, 2005).

In the first instance this principle refers to the power that professionals, including public sector and third sector organisations, have over individuals and communities. Although many would argue that such power can be used positively to bring about social change, evidence suggests the power that professionals and organisations hold is a fundamental barrier to systematic individual and community empowerment. Some professionals do not like to acknowledge that they hold **'power over'** – which refers to the ability of relatively powerful actor's actions to affect the actions and thoughts of the relatively powerless (Public Health Wales, 2018). However, in reality, this is often true. At a very basic level, professionals have the power to determine a programme of work in communities, as well as choosing the venues and times of meetings. Community focus group members (Public Health Wales, 2018) understood to their detriment the power that organisations and professionals hold.

"So, we are being told what we want as tenants, that's what's happening. We've [organisation] been doing this for years, we know what you want, but there isn't that engagement. And the engagement is not asking you what you want, it's saying, this is what we know you want, so will you sign up to it?"

(Participant F)

Secondly, it is important to acknowledge that positional power also exists within communities. Again, it exists within relationships between community members and in essence relates to the interactions and decision making processes, both formal and informal, that direct how community members act and behave towards one another. It is important that individuals who work with communities have some insight into power dynamics within communities.

This principle aims to encourage individuals who work with communities to openly acknowledge that they have power and to recognise that to enable communities to take control; they have to surrender their own power. In doing this they will help to create some of the conditions conducive to empowerment. Their work should facilitate and support change in three different types of power.

- **'Power to'** refers to the changes in power that enables a community to realise their rights, and in doing so to take collective decisions and action to change things directly or influence actions of others.
- **'Power with'** refers to change that enables the community members and groups to have more positive relationships with other community groups and external agencies.
- **'Power within'** refers to the communities awareness of internal capacity for action, as well as an increased sense of group efficacy, collective identity and common cause.

NICE Guidance (NG44) (2016) 1.5 recommends that professionals should make it easy for communities to get involved and to 'support' this they should identify barriers to involvement. The Wellbeing of Future Generations (Wales) Act (2015) identified the need to involve people who have an interest achieving the wellbeing goals. However, evidence suggests that power and power dynamics can prevent meaningful involvement and participation from happening. Evidence underpinning this principle suggests that professional culture of power and control is one of the many barriers to empowerment.



Principle 4:

Empowering communities requires us to acknowledge, value, and release capacity in communities before commencing work to build further assets



Terminology explained...

The term **'release capacity in communities'** refers to the process of explicitly acknowledging the value of the different types of resources within a community; including time, physical assets, knowledge, people and their expertise; and then enabling communities to maximise these resources.

The term **'work to build assets'** refers to any actions that are taken to develop capacity and resources. These actions ought to be identified in partnership with the community and other organisations involved.



Reflective questions:

*Have you done capacity building activity within communities?
Did you reflect on if it was needed? Who decided?*

What do you consider are the benefits or challenges of building on existing assets?

...we need to take stock of the resources, assets, and relationships that are available within the community...

As professionals engaging with communities we need to take stock of the resources, assets, and relationships that are available within the community, appreciating the value they bring. Working with existing strengths, structures and networks, and helping to maximise their potential should happen before considering any capacity building actions. Working in this way with communities and organisations will help the communities themselves to identify any capacity building that might be needed. This is in line with the principles of prudent healthcare.

Community focus group participants (Public Health Wales, 2018) expressed their views about the importance of recognising community strengths, and also their scepticism about professional practice based on previous negative experiences.

"Agencies need to recognise that communities may have strengths of people, skills or even experience..." (Participant N)

"My question is, are agencies actually going to listen to that?"
(Participant D)

Burton et al. (2004) suggests that building on existing community activity, understanding and respecting the community's contributions and backgrounds is vital to engaging effectively with communities. Assets within a community are considered the building blocks for community health and that taking an assets based approach when undertaking community engagement is essential (Bagnall et al. 2015).

To avoid actions which may hinder effective community engagement for empowerment, professionals should work to create the conditions where communities can recognise, grow and strengthen their assets, building on existing structures within the community.

...an asset-based approach which builds on the strengths and capabilities of local communities...

NICE guidance (NG44) (2016) 1.2.2 recommends that we base collaborations and partnerships on local needs and priorities. One of the effective approaches recommended is an asset-based approach which builds on the strengths and capabilities of local communities, which is congruent with this principle.



Principle 5:

Words are important; how communities are described can be stigmatising and disempowering and may not reflect how a community sees itself.



Reflective questions:

How often have you heard people use terms that may be stigmatising to communities?

What alternative terms could you use to describe groups within the population that are less healthy, at greater risk of ill-health and premature death? How might these terms be viewed by communities?

Do you think a change in the words that you use can change power dynamics?

Words that we use frequently as health professionals to describe communities, such as 'disadvantaged', 'disempowered' and 'deprived'; and to describe individuals, such as 'stunted', 'looked after children'; can carry stigma and shame for the communities and individuals that we are trying to engage with. This can have a negative effect on empowerment. Organisational focus group members (Public Health Wales, 2018) who were demonstrating their understanding of this principle outlined the issue with using words that carry stigma.

"Give a dog a bad name. That's I think what it's saying, isn't it?"
(Participant B)

"It's possibly not how that community views itself and has been disempowered, yes."
(Participant H)

"And can then have a negative effect. Because that's how they feel. They feel disempowered."
(Participant C)

It is necessary within professional practice to distinguish between population groups so that we can address health inequalities, allocate resources and measure outcomes. However, by translating the measures that differentiate population groups into labels, we run the risk of disempowering people, using words that they would not use to describe themselves. Alex & Whitty-Rogers (2012) suggest that the misuse of language by health professionals may induce stress or anxiety, even if words are used without malicious intent.

Popay et al. (2007) suggests that professional culture and attitudes, such as stereotyping community groups and the use of 'deficit images' of communities, are barriers to effective community engagement. The term 'deficit images' refers to those illustrations which reinforce the stereotypical negative messages conveyed through the media. They tend to draw our attention to individuals and behaviours rather than focussing on the wider determinants of health, which can create stigma and shame for individuals who are already the recipients of social injustice.

Some labels we use may be out of our control; for example we have measures such as the 'Welsh Index of Multiple Deprivation', which is an essential tool to aid our practice. The narrative we use to convey our interpretation of this data, for example 'the most deprived community', may suggest stigmatising attitudes and judgements to communities. Paying close attention to the terms that we use publicly, and engaging community members in conversations to choose and agree appropriate language, will encourage a more positive narrative and a more even power balance.

In Wales, agreeing terminology in both the Welsh and English language is important. People in Wales have the right to see, hear and use the Welsh language in all aspects of their lives, anywhere in Wales. The freedom to use Welsh for all is supported by the Welsh Language Standards, which all public service organisations need to comply with. The ability for individuals and communities to engage with organisations through the medium of Welsh is in itself important for creating the conditions that enable empowerment.

Communities using languages other than Welsh or English may encounter barriers to community engagement for empowerment due to inadequate multilingual support (Harden et al. 2015). Harden et al. (2015) recommends the use of plain language could overcome some cultural and/or language barriers. NICE guidance (NG44) (2016) 1.5.2 recommends providing information in plain English and locally spoken languages for non-English speakers. This could include encouraging members of the community who speak a community language to get involved in translating it.



Principle 6:

Community engagement that aims to empower requires us to recognise, value, and use all forms of knowledge in an equal way.



Terminology explained...

The phrase '**recognise, value and use all forms of knowledge in an equal way**' means that academic knowledge and knowledge based on lived experience that comes from the community hold the same value, and both should be appreciated. Understanding different kinds of knowledge, from a range of sources, is important for decision making that can lead to empowerment.



Reflective questions:

Do you value lay knowledge – based on lived experience from a community – in the same way as academic knowledge?

How comfortable are you with using academic and lay knowledge together to inform your work?

Different types of knowledge are necessary to understand and explore different aspects that are important to our work. Whilst acknowledging that academic knowledge and knowledge based on lived experience that comes from the community are different, it is important to recognise that both are essential, and ought to be treated with equal value.

...academic knowledge and knowledge based on lived experience that comes from the community... both are essential

There is an established hierarchy of research evidence (from well-conducted meta-analyses down to small case series). This method of grading evidence is based on the assumption that more robust sources (for example, Systematic Reviews of RCTs) are more likely to be true, compared with evidence from less robust sources. However, this principle is advising us to use all forms of knowledge, both academic as well as insight from the local communities, to inform what we do. Applying lay knowledge to the field of public health is not a new concept. Popay & Williams (1996) argued that if public health research is to provide an understanding of contemporary health problems that is simultaneously more robust and more holistic, it must incorporate and develop the theoretical and conceptual insights offered by work with lay knowledge and with lay people. A key concept underpinning this principle is the importance of actively listening to the lived experience of individuals and communities.

Community focus group participants (Public Health Wales, 2018) also expressed that contributions from both lay and professional people provide a broader picture of information, knowledge and experience.

"...lay and professional knowledge can complement each other. Put in stuff that a layperson doesn't know and, yet the layperson can put in stuff that the professional doesn't know..." (Participant N)

Popay (2019, unpublished) suggests that some forms of knowledge are more powerful than others and are used to privilege particular understandings of health and social issues, and their solutions, and to marginalize others. In most 'modern' societies, there is relatively little power attached to the 'experiential' knowledge we all acquire in our daily lives compared with professional and research-based knowledge; and the more disadvantaged the group, the less socially valued their experiential knowledge is.

The benefits of recognising and valuing both lay and professional knowledge as different but equal means that communities feel that professionals have listened and heard their story and that the development of services or interventions will be informed by the lived experience of living in the community.

As professionals we are skilled in using evidence to inform our work; consideration needs to be given to how we use the communities' innate knowledge of life in their community to inform any development work we undertake and in doing so facilitate empowerment.

This principle is also supported by NICE guidance (NG44) (2016). It recommends that one of the overarching principles of good practice in community engagement is recognising, valuing and sharing the knowledge, skills and experience of all partners, particularly those from the local community.



Principle 7:

Recognise and value frontline workers within communities; effective engagement for empowerment can be facilitated by working through others.



Terminology explained...

The term **'frontline workers'** in this context refers to people who are already working with or within communities in a professional or volunteer capacity.



Reflective questions:

How might you identify those people already working with and for communities who might provide a route into that community?

How might working through others influence the outcome of community engagement? What might be the challenges without the input of key individuals?

How might you identify the skills required for community engagement within a project? What might you do to ensure that members of your project team have the skills and competencies required?

How might you focus on utilising and developing the skills and competencies within communities before bringing in external support?

This principle highlights the importance of those working directly with and for communities in facilitating connections between the community and organisations or partner agencies. Such key individuals may also create valuable formal or informal community networks. They can provide a route into a community, informed by their insight into how things operate there, that avoids creating alternative or new infrastructures.

To enable effective community engagement for empowerment, Wallerstein et al. (2006) and Harden et al. (2015), highlight the importance of the use of existing partnerships and networks within the community; especially for gaining direct access to communities and community groups. Burton (2004) agrees, adding warning that failure to build on existing structures in the community can cause problems which hinder effective community engagement.

Community focus group participants (Public Health Wales, 2018) felt strongly about the importance of recognising and valuing the extensive knowledge and skills, developed through experience of working in the community, of those key individuals who act as enablers within communities and can interface with external organisations.

"They've got so much power within... they've got the power of memory, they've got the power of experience, of what's going on in that actual community. They are people whose experience should be drawn on."

(Participant F)

People who provide a connection into a community not only guide understanding of the particular infrastructures and issues, but may also contribute key skills for engagement. Specialist skills and competencies are needed to facilitate effective community engagement that leads to empowerment. Key skills for engagement include; listening, negotiation, partnership working, group facilitation, problem solving, planning, leadership, understanding mediation, and the ability to deal with negative or difficult behaviour.

Realising engagement through frontline workers will always be preferable to bringing in external agencies.

Popay et al. (2007) suggest that there is potential for networking and shared learning amongst professionals and lay participants to reduce the barriers of any skills deficit. However, Popay et al. (2007) also warns that stereotypical negative attitudes exist amongst professionals towards community groups, who fail to appreciate the skills and competencies that exist within communities.

NICE guidance (NG44) (2016) 1.1.2 recommends that one of the overarching principles of good practice in community engagement is recognising, valuing and sharing the knowledge, skills and experience of all partners, particularly those from the local community. As well as facilitating skills sharing, community engagement that aims to empower can also develop skills within communities. Popay et al. (2007) present evidence for a number of socio economic benefits to community engagement for empowerment including; access to formal training opportunities and individuals gaining informal skills transferable to other contexts as a result of engagement.

We need to consider ways in which effective engagement can be facilitated by working through frontline workers, who provide an interface with communities, recognising these individuals as part of the skilled workforce needed for engagement that leads to empowerment.



Principle 8:

Community empowerment requires action across the whole system, not just within the community. Those working with and for communities must have the courage to unlearn and address the changes needed within their own organisations.



Terminology explained...

The focus on the term **'whole system'** in this context refers to the need to focus attention on the wider network of organisations who work with and for communities and who have the potential to make a contribution to health and wellbeing.

The phrase **'have the courage to unlearn'** is challenging. Unlearning is a complex concept and describes a process of realisation that something we had previously learnt is wrong, not working, or no longer relevant; and then making an effort to discard the original learning to try something different, new and sometimes better. Unlearning is challenging for individuals and organisations because evidence suggests that it is instinctual to lapse into old habits when a situation triggers the original learned response. Being brave enough to unlearn will take a shift in cultural attitudes and behaviours across sectors in Wales.

This principle is about encouraging those who work with and for communities, directly or indirectly, to take an inward gaze at established community engagement practice within their organisation and to reflect on the part that they, the agency, may play in creating problems.

A recurring theme that emerged from focus group work with communities (Public Health Wales, 2018) is that organisations frequently use their expertise to find solutions to what they perceive to be problems in communities without talking to community members. This can be challenging for communities.

Community focus group participants (Public Health Wales, 2018) explained how organisations have held power by not engaging communities in decision-making processes. One participant described how assumptions were made about a community's needs and wants, and subsequent plans were made without their involvement. The following quotes aim to share some of the frustrations that focus group participants expressed.

"I think within the National Health service in [Place name] there is a top-down attitude. It's the top's saying, this is what we're doing, and this is what's going to happen. There isn't a bottom-up approach where we, as the patients, we as the people who are paying the money are not involved with what the decisions being made are."

(Participant D)

"So, we are being told what we want as tenants, that's what's happening. We've [organisation] been doing this for years, we know what you want, but there isn't that engagement. And the engagement is not asking you what you want, it's saying, this is what we know you want, so will you sign up to it?"

(Participant F)

Whilst reflecting on their own behaviour, attitudes and beliefs, organisations may want to reflect on how well they listen to communities. Decisions about solutions to what organisations perceive to be problems in communities should not be made without creating opportunities for communities to come together with external agencies, in ways that enable exploration of the issues with equal power and authority; involving communities in identifying areas for action, problem solving, and decision making. A workforce, skilled in listening, will always support a community to share what they know is required for transformative and lasting improvements, leading to empowerment.

We must challenge perceptions of our professional role as 'experts' and have the courage to focus on the changes needed within our own organisations before trying to enact change within communities.

Reflective questions:

Thinking about community engagement practice in your organisation, can you identify any features in the ways of working that could contribute to, or cause problems for, communities?

How confident are you in recognising that changes need to be made within your practice, and taking steps to try something different?



Links to useful resources

Background reading:

The Power Cube. www.powercube.net

Wales Council for Voluntary Action. Empowering Communities.

<https://www.wcva.org.uk/what-we-do/policy-latest/2018/05/six-principles-to-create-empowered-communities>

Equality and Human Rights Commission Wales.

<https://www.equalityhumanrights.com/en/commission-wales>

Approaches to engagement:

Participation Cymru. www.participation.cymru/en/

Children and Young People's National Participation Standards.

<http://www.childreninwales.org.uk/our-work/participation/participation-standards/>

Community Health Exchange (CHEX) Scotland. www.chex.org.uk

International Association for Public Participation. www.iap2.org

Glossary

Here we set out our understanding of some terms commonly used when discussing community engagement for empowerment. We use some of these throughout this guidance document and this glossary is intended to set out our interpretation of what the terms mean in the context of this work. We acknowledge that these terms can mean different things to different people and are often used interchangeably. We are also aware that numerous definitions of these concepts exist, with further literature widely available.

Community engagement: a way of working together with and through different groups of people. It involves an on-going process of developing partnerships, collaborations and relationships; and seeks to achieve shared understanding about community needs and experiences, to mobilise and influence action for positive change.

Community development: targeted local action that helps people in communities to make changes to things that are important to them, in order to improve community life.

Community participation: a process whereby people exercise real and meaningful influence and control over decisions that affect their lives.

Community involvement: the opportunity for people to become actively part of the development or delivery of work, so that actions are carried out 'with' or 'by' communities rather than 'to', 'about' or 'for' them.

Co-production: a person-centred approach to working together with communities and people who use services. True co-production begins at the earliest stages of a piece of work. It is values based, built upon the principle that people are experts in their own lives and are best placed to advise and shape decisions and services that work for everyone.

Community consultation: an exchange that enables communities to input their views. Typically, this involves sharing information with people and seeking a response which is captured and listened to.

Community cohesion: refers to how people live alongside one another with mutual understanding and respect. It is about valuing differences and focusing on the shared values that join people together. It is concerned with every person feeling a sense of belonging to a community, developing positive relationships, and having an equal chance to take part in community engagement, participation, involvement and development.

The descriptions given here are informed by and adapted from the following sources:

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