Journal of Psychology in Africa 2012, 22(4), 499–510
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Journal of
Psychology in Africa
ISSN 1433-0237

Ukuphepha: A Multi-level Community Engagement Model for the Promotion of Safety, Peace and Health

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This article aims to describe a theoretically-informed community engagement model which delivers a suite of child safety, peace and health interventions.We provide an overview of critical concepts that inform the community engagement approach that underpins the implementation of the Ukuphepha Child Safety, Peace and Health Programme (UCSPHP), in low-income neighbourhoods just outside Johannesburg, and on the periphery of Cape Town, South Africa. Our analysis is framed within a participatory approach and suggests the importance of six interconnected community engagement pathways: relationship-building; community-centred learning; social justice and contextual congruence; the facilitation of democratic traditions; strengthening the case for community services; and the affirmation of local social economies.

Keywords: community engagement, safety, peace, health

Community-centred approaches to health, safety and peace promotion can assist in the conceptualisation and implementation of research-based interventions and thereby enhance the quality, relevancy and impact of such interventions within participant communities (Corbie-Smith, Moody-Ayers, & Thrasher, 2004; Leung, Yen, & Minkler, 2004; Sapienza, Corbie-Smith, Keim, & Fleishman, 2007). Community-centered approaches to research which include participatory action and feminist intellectual traditions have the potential to reveal knowledge gaps and 'silences', promote the inclusion of marginalised groups, and facilitate equitable relationships between those involved in the research process (Attree & French, 2007; Lazarus, Taliep, Bulbulia, Phillips, & Seedat, see this issue; Springett & Wallerstein, 2008; Viswanathan et al., 2004). Community-centered research approaches commonly emphasise resilience, collaborative partnerships, co-formulation of priorities, co-learning, and the dissemination of knowledge among all partners (Brenner & Manice, 2011; Goldberg, Frank, Bekenstein, Garrity, & Ruiz, 2011; Israel, Schulz, Parker, & Becker, 1998; Tindana et al., 2007).

In South Africa, violence and injuries are the second leading cause of death and lost disability-adjusted life years, with young adults, children and the elderly significantly affected populations (Seedat, Van Niekerk, Jewkes, Suffla, & Ratele, 2009). This situation mirrors that faced by the continent as a whole. In Africa, injuries are responsible for 600,000 intentional and 200,000 unintentional deaths, and 6.2 million disabling injuries caused by violence, with war, interpersonal violence and road traffic injuries the eighth, tenth and twelfth leading causes of mortality respectively (Bowman, Seedat, Duncan, & Kobusingye, 2006; Chandran, Hyder, & Peek-Asa, 2010; World Health Organization, 2002). These injuries undermine community and national social cohesion, development and economic growth, and represent a substantial burden on health and social systems (Bowman et al., 2006; Seedat et al., 2009).

Despite the recognition of the disproportionate levels of injury, and their deleterious impact on individuals and communities, there remains a scarcity of effective, replicable and contextually congruent injury prevention interventions in South Africa, across the continent, and in other low- and middle-income contexts (Seedat et al., 2009; Van Niekerk & Duncan, 2002). In particular, the patterns and preventability of childhood injuries in South Africa, and Africa, remain under-researched. Moreover, there is a clear lack of context-relevant counter-measures specifically adapted to the adverse realities of large segments of these populations (Norton, Hyder, Bishai, & Peden, 2006; Towner, Dowswell, & Jarvis, 2001; Van Niekerk, Suffla, & Seedat, 2012).

There is growing acceptance that injury prevention and safety must be studied in a social context, so as to optimise community participation, ensure appropriate representation of in-depth experiences and concerns of people, and encourage "a shared ownership of the injury problem and its solution by experts and community members" (Spinks, Turner, McClure, &

Nixon, 2004, p. 180). This community-centered approach underpins a number of global movements, including the World Health Organization (WHO) endorsed Safe Communities Movement, the United States National Safe Kids and Safe Kids Worldwide campaigns, and other similar national movements such as the Canadian Safe Communities Foundation (Spinks et al., 2004), the Safe Communities in China (Zhao & Svanstrom, 2012), and the Centre for Peace Action (CPA) in South Africa (Institute for Social and Health Sciences, 2003, 2004; Seedat, see this issue).

Goals of the Review

Our article offers a critical analysis of the community engagement model that was used to specifically inform the Ukuphepha Child Safety, Peace and Health Programme (UCSPHP), a multi-country, multi-intervention initiative that aims to close this knowledge gap. The UCSPHP is currently under development in South Africa, with partners from Uganda, Zambia, Egypt, Mozambique and Australia active in the formulation of multiple safety promotion strategies. The implementation of these strategies is informed by a dynamic, interactive, multi-level community engagement model. The UCSPHP has positioned community engagement as a foundation to both the development and implementation of effective safety initiatives (Seedat & McClure, 2011; Seedat, McClure, Suffla, & Van Niekerk, 2012).

Our article provides: (1) an overview of critical concepts that inform the community engagement approach used by the UCSPHP; (2) an analysis of the key pathways and operational mechanisms that underpin this community engagement model; and (3) a description of the UCSPHP and illustrations of its approach to community engagement. Our analysis gains significance when considered within the context of the global, continental and the South African injury burden and the absence of locally-tested Africa-centered intervention approaches.

Building on the body of knowledge dealing with community-based approaches to injury prevention and safety promotion this article, along with a number of others in this issue, offers a critical analysis of the community engagement model that was used to inform the design, development and implementation of the Ukuphepha Safety, Peace and Health Programme in South Africa. Ukuphepha is a word in isiZulu meaning 'demonstrating African safety'. Following the traditions created by the CPA, the Ukuphepha Programme serves as a basis for the longitudinal study of child, youth and elderly safety interventions, thereby strengthening the scientific basis of injury prevention and safety promotion initiatives in low-income, under-served communities (see Institute for Social and Health Sciences, 2010). The Ukuphepha Programme involves various combinations of behavioural and environmental interventions that promote safety behaviours and incorporate the participation of stakeholders including community members, government, policy-makers and non-governmental organisations (NGOs). These interventions are organised into three main intervention baskets: the Ukuphepha Child Safety, Peace and Health Programme (UCSPHP; described in further detail below; also see Phiri, Hendricks, & Seedat, this issue), which also includes a youth-centered multi-country Photovoice study (SAPPRU, 2012); the Spiritual Capacities and Religious Assets for Transforming Community Health by Mobilising Males for Peace and Safety (SRATCHMAPS) study (Lazarus et al., see this issue); and a component on elder well-being and safety (SAPPRU, 2012). Each of these Ukuphepha related initiatives have developed and enacted their own forms of community engagement, informed by their respective theoretical and methodological underpinnings. Irrespective of the variation across the initiatives they are all influenced by the Ukuphepha's Programme commitment to democratic engagement.

Conceptual Underpinnings of Community Engagement

We briefly consider key concepts that inform community engagement and consequently the community engagement approach utilised by the UCSPHP. Community engagement is underpinned by a number of central concepts such as community, consultation, involvement, and engagement (Tindana et al., 2007); these are explored in turn below.

Since the concept of *community* is both complex and central to community participation, it merits critical examination. Contemporary definitions of community allude to a homogeneous group of people, a shared sense of identity, cooperation and inclusiveness (Cooke & Kothari, 2001; Head, 2008). Other definitions refer to "aggregations of people who have something in common, such as a common residence, geographic region, and shared beliefs, or who claim membership in a common lineage structure, or who are distinguished by similarities of economic activity or class position" (Thornton & Ramphele, 1988, p. 30). Others view community as groupings of people based on different genders and ages, interests, opinions, knowledge, values, identities or concerns (Barlow & Ferreira, n.d.; Tindana et al., 2007). These descriptions of community are relevant, but fail to capture the dynamic community related constructs such as the sense of belonging and connectedness, shared values, and community cohesion and efficacy. Likewise the common notions of community also neglect to problematise normative aspects that may be elevated in some communities, such as individuation and self-aggrandisement (Bowen et al., 2010; Glover, 2012; Holland, 2004; Martinez & Garcia, 2000; Parker, 2011; Tindana et al., 2007). People may belong to more than one community. As communities are diverse, differing opinions, values and knowledge in communities are to be expected (Barlow & Ferreira, n.d.; Tindana et al., 2007).

Consultation denotes the provision of information to the community with the request for feedback, but does not presume a shift in what is done or how it is done. Involvement implies that the organisation has decided on both the decision-making processes and organising or implementing structures, while the community is encouraged to become involved in these structures without being involved in deciding on the suitability of the structures or processes (Hashagen, 2002).

Community engagement goes beyond consultation and involvement, and so espouses working collaboratively with community partners who share common goals and interests. Community engagement involves the building of partnerships that emphasise mutual respect and active, inclusive participation, equitable power and mutual benefit in relation to the planning, development, management and evaluation of joint activities that improve health and reduce inequalities (Hashagen, 2002). Community members are thus acknowledged as experts and so are expected to play vital roles in ensuring that programmes are relevant and appropriate to the identified community priorities and needs (Brown & Keast, 2003; Herbertson, Ballesteros, Goodland, & Munilla, 2009; Popay, 2006; Tindana et al., 2007).

Community engagement is grounded in the principles of justice, empowerment, critical consciousness, and self-determination (Chávez, Minkler, Wallerstein, & Spencer, 2007; Freire,

1972). It aims to build trust, enlist resources and allies, enhance communication and improve overall health outcomes (Shore, 2006; US Centers for Disease Control, 2011, 1997; Wallerstein, 2002). Recent community engagement work has also incorporated concepts such as critical enquiry (self-reflection) and conscientisation (an awakening of critical awareness or consciousness) (Freire, 1972; Habermas, 1984). So dialogue in the context of critical enquiry and conscientisation denotes communicative exchanges that equalises conversational opportunities for all parties participating in the engagement process (Habermas, 1984).

Participatory Approaches

Engagement is embedded within participatory approaches to intervention research and so entails ongoing relationships between researchers and community representatives. The relationship gives attention to the planning and implementation of processes that focus on community needs and the development of trust and cooperative actions (Kelly & Van der Riet, 2001). This participatory approach emphasises a shared ownership of community issues, collective responsibility for determining appropriate priorities and interventions, and locates solutions in local cultural, social, environmental and organisational contexts. The participatory approach typically defines community engagement as a social process whereby groups with shared needs pursue the identification of these needs, take decisions and establish methods to meet these needs (Rifkin, 1986). A participatory approach to engagement assumes that all community stakeholders work towards creating consensus and so may not sufficiently consider the influences of conflicts and contradictions on community and community-level decision making processes.

The nature and extent of community engagement within a participatory approach is contextually and culturally sensitive, with a range of specific models of community participation or engagement. For example, in terms of a passive, one-way model, people are merely informed about what has been decided, and the information is formulated by professionals only. In terms of reactive community consultation, people are consulted or have to answer questions without being permitted a share in the decision-making, with the process led by professionals with no obligation to consider peoples' views (Hashagen, 2002). A participatory approach is however predicated on the idea of proactive engagement. Proactive engagement encourages community members to participate in the analysis of community issues, development of action plans, and the strengthening of local groups and institutions. Proactive engagement uses learning methodologies to seek multiple perspectives, so that community groups can decide how resources are used. Community control is given significant priority so that the community influences the prioritisation and control of service provision and associated budgets (Hashagen, 2002). The value of the participatory model lies in its aims to: raise critical consciousness, facilitate the participation and empowerment of individuals and groups who are traditionally less powerful, and engender positive and empowering outcomes (Attree & French, 2007; Turner, 2002).

Given the limited descriptions of African and South African experiences (Buccus, Hemson, Hicks, & Piper, 2008), the Ukuphepha Child Study Community Engagement Model (UCSCEM) has been conceptualised around a participatory mode of community engagement and developed for use with the UCSPHP, and contributes to the emerging knowledge base on the community engagement required for effective safety promotion in South Africa and further afield.

The Ukuphepha Safety, Peace and Health Programme

The Ukuphepha Safety, Peace and Health Programme (USPHP) aims to initiate, implement, evaluate and maintain safety promotion demonstration programmes in low-income communities in South Africa. These serve as sites of study for innovative programmes that combine injury data collection with intervention applications that are supported by programme-related community engagement (Seedat & McClure, 2011; Seedat et al., 2012). The demonstration programmes focus primarily on the implementation of child-, male- and elderly-centred, multi-level and multi-site safety, peace and health promotion interventions, responsive to the emergent injury profile of each community. The Ukuphepha Programme is located in Slovo Park, Eldorado Park, Vlakfontein and Lenasia, just outside Johannesburg, and Broadlands Park and Erijaville, on the periphery of Cape Town. Communities in these areas have been involved in organised safety promotion activities for a number of years and as such the origins of the Ukuphepha Programmes and its associated community engagement modalities may be traced back to the work of the Centre for Peace Action (CPA). The CPA, established by the Institute for Social and Health Sciences (ISHS) of the University of South Africa (UNISA) in the early 1990s, initiated a range of safety initiatives in collaboration with a number of under-resourced and marginalised South African communities (Seedat, see this issue). These initiatives included the Three Neighbourhood Study (Butchart & Kruger, 2004) and, with the South African Medical Research Council (MRC) since 2001, a women-led safety promotion volunteer programme and a home visitation programme (Swart, Van Niekerk, Seedat, & Jordaan, 2008). The CPA prioritised the prevention of injuries through the collaborative production of local injury information; the capacitation of community members to serve as safety promotion advocates; the creation of partnerships with local and non-governmental agencies; a sustained emphasis on vulnerable groups and at-risk environments; and national and continental commitments that found expression in the hosting of a number of national and six regional safety promotion conferences (Institute for Social and Health Sciences, 2010). The CPA's involvement in Eldorado Park in Johannesburg, and in Broadlands Park and Nomzamo in the Strand, resulted in their designation as WHO Safe Communities, and is reflective of the substantial history of engagement and partnership between the parties. Below we amplify on the child-centred UCSPHP and its associated community engagement approach.

The Ukuphepha Child Safety, Peace and Health Programme

The UCSPHP seeks to deliver a suite of interventions to family and extended social and living systems through community-wide interventions and home visitation. The community interventions include education and sensitisation, psycho-educational activities at early childhood development centres (ECDs) and outreach to play parks, advocacy and emergency services offered by responsive resource persons, and community mobilisation. Home visitation offers a core health and safety curriculum delivered to primary caregivers that integrates child health (focused on nutrition and immunisation) and family functioning,

child abuse and unintentional injury (traffic, burns and poisoning) prevention components (Seedat et al., 2012).

The intervention delivery systems were established on the basis of existing literature and evidence on proven and promising interventions, especially those relating to the issues and settings of interest (Seedat & McClure, 2011; Seedat et al., 2012). The interventions focus on the immediate social and physical environments in which children aged between 0 and 7 years are exposed to injury, and thus improve their health and safety outcomes. The promotion of safety, peace and health is considered contingent on democratic citizenship, expressed through active community engagement in the design, implementation, monitoring and evaluation of promotive initiatives (SAPPRU, 2012; Seedat & McClure, 2011).

The study is being implemented over a number of phases. The first phase is in South Africa and involves the development and piloting of the community interventions in Broadlands Park, and the household interventions in Slovo Park. The pilot is expected to be completed in 2013 with the full intervention basket thereafter implemented in other South African, and then in a number of international sites (Seedat & McClure, 2011). The interventions are implemented via a partly randomised controlled trial. In this first phase, one South African community has been randomly assigned to receive the household and the community level interventions, while another has received just the household intervention but no community level intervention. Pre-schools have been randomly selected from eligible centres within the communities receiving the community level intervention. The same randomisation process has been used for the selection of households for the community involved with the interventions at the household level. The engagement model and activities described below relate to the formative stages of the study including the pilot phase.

The Ukuphepha Child Study Community Engagement Model (UCSCEM)

The development of the UCSCEM has been shaped and influenced by a number of years of injury prevention and safety promotion work in vulnerable communities located in Johannesburg and Cape Town, and is thus founded on a significant history of community engagement, beginning in the late 1980s (Seedat, see this issue). The Institute for Social and Health Sciences and its CPA drew on community psychology principles of consultation, participation and ownership in an attempt to frame a democratic approach to engagement for the safety initiatives it undertook in Soweto in the mid-1980s and Eldorado Park, Johannesburg and the Strand, Cape Town in the 1990s (Seedat, see this issue; Swart et al., 2008). The UCSCEM, continuing the tradition of the CPA operationalised the concept of community geographically, while ensuring that interventions are sufficiently cognisant of the political, cultural and linguistic diversity present in each of the communities.

Conceptual Basis, Pathways and Operational Mechanisms

Conceptual Basis

The UCSCEM characterises community engagement as a dynamic, participatory and reflexive dialogical process that embraces the building and sustaining of authentic relationships. This model is inclusive of marginalised voices, engenders contextually congruent community-centred learning, fosters social justice and citizenship, and builds democratic traditions. The UCSCEM utilises a conceptual framework located within a generic participatory approach to intervention research.

This UCSCEM echoes that of other approaches that have incorporated combinations of existing models (e.g., Hashagen, 2002), with many community organisations in practice utilising a mixture of these to suit local circumstances. As an illustration, an asset-based/social economy model would focus on the value of the physical assets and human resources of a community, and maximise community benefits and control of these assets, for example through community development trusts (Hashagen, 2002). The UCSCEM has particularly drawn on proactive models of community participation, interactive or partnership models, and entrusted community control models (Hashagen, 2002). The UCSCEM has drawn on these community engagement models to extract a selection of engagement pathways particularly facilitative of child safety, peace and health. These pathways include community relationship-building through formal mechanisms which endorse partnerships (Israel et al., 1998); support for appropriate training and development for those working with the community, including members of that community (Israel et al., 1998); a commitment to long-term development; the promotion of equitable power relationships; and the facilitation of trust and respect among all those involved. The UCSCEM further recognises the value of community-embedded knowledge and assets that contribute to community development; the democratic ideals that are inclusive of marginalised voices; the importance of social justice and solidarity/social economies; coalitions for addressing gaps in services; and the translation of research data and learnings into productive and beneficial outcomes (Hashagen, 2002).

Engagement Pathways and Activities

The UCSCEM emphasises the establishment of relationships and informed consent from communities prior to the implementation of the programme. It demonstrates how organisations could form partnerships with communities and stakeholders in order to overcome development challenges and promote community ownership. The model does emphasise a history of relationships, and moves from community consultation to involvement, participation and ultimately community ownership.

The UCSCEM thus aims to mobilise community action through a spectrum of defined community engagement pathways, each with specific activities directed at supporting injury prevention and reduction, and safety, peace and health promotion. These interconnected community engagement pathways, and the specifically related activities that support research and intervention outcomes are modelled upon: (1) relationship-building, through creating awareness and seeking endorsement for the programme; (2) community-centred learning, through recruitment and training; (3) social justice and contextual congruence, through piloting and testing tools for contextual and cultural congruence; (4) the building of democratic traditions, through encouraging maximum participation of households and community stakeholders; (5) strengthening the case for community services, through supporting the use of data and learnings from the study for advocacy and service demands; and (6) the affirmation of the social economy, through identifying and mobilising existing community assets to respond to risks and overcome challenges (SAPPRU, 2012). These pathways and their linked activities are depicted in Figure 1 below.

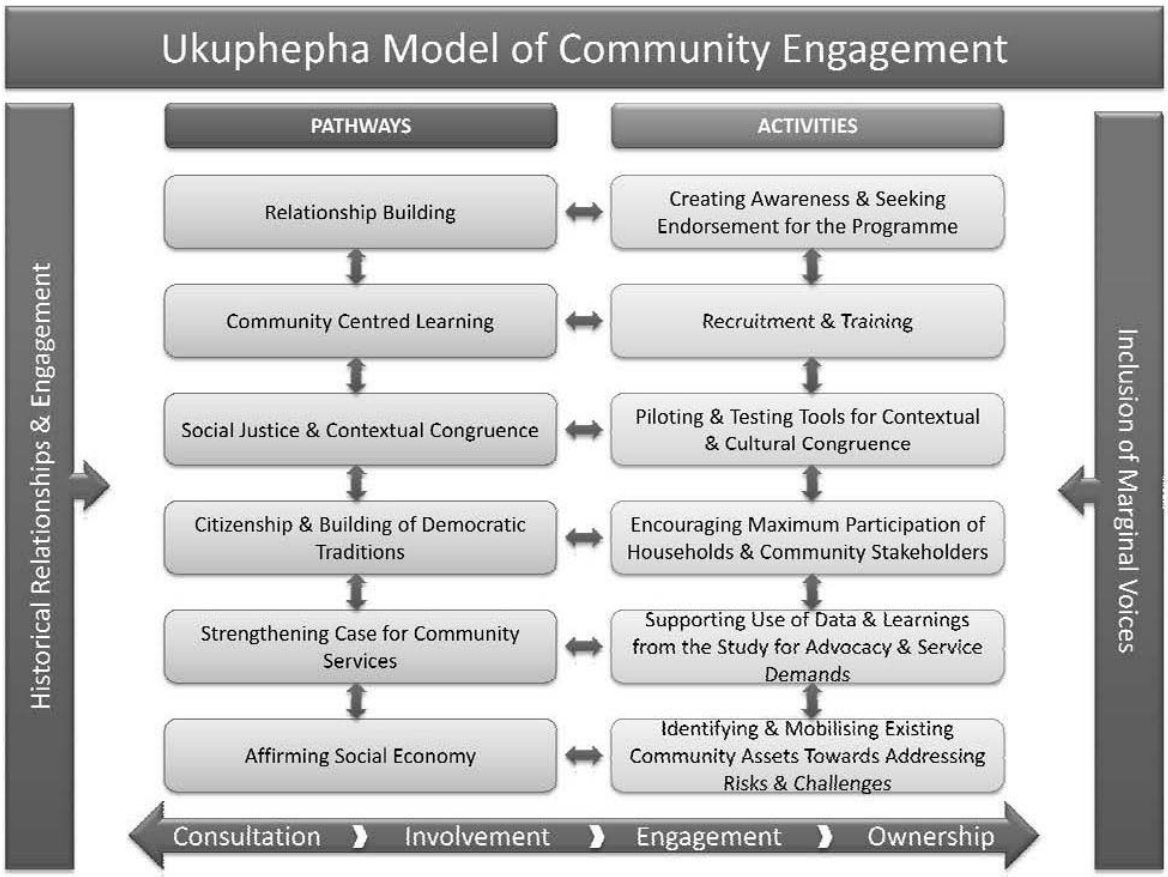

Figure 1. The Ukuphepha community engagement model

Relationship-Building

Community relationships are of central importance in community engagement approaches (Rifkin, Lewando-Hundt, & Draper, 2000; Viswanathan et al., 2004). Thus the UCSCEM prioritised the promotion of individual and organisational relationships between the ISHS and strategic community partners interested in direct involvement in local, organised child safety activities. This focus on relationship-building was enacted through the creation of awareness of the ISHS and the UCSPHP and, eventually, the solicitation of community endorsement for the programme.

Strategic relationships were identified via an established network of community members who had previously participated in ISHS safety promotion activities (e.g., Swart et al., 2008). Consultative fora were organised for a dialogue with various stakeholders regarding priority safety, peace and health issues. These stakeholders included representatives from sectors that included the emergency services, health, social development, and education services, ward councillors, non-governmental organisations, community-based organisations, non-profit organisations and ECD forums. Our initial experience of the UCSCEM suggests that this relationship building assisted in facilitating trust between partners, greater tolerance and consideration of opinions, and stimulated in-depth communication about community safety concerns.

The UCSCEM created multiple opportunities for the building of relationships and dialogue through informal, regularly scheduled meetings. In Broadlands Park, for example, these opportunities sparked information sharing, conversations about potential collaborations, and discussion about the broader needs of young children and families as they relate to the key focus areas of burns, traffic safety, poisoning and child maltreatment. The meetings also created a platform for community interventionists, resource people and the child study team members to work together for the creation of safety messaging and the development of posters, flyers, and community newsletters. Aside from encouraging personal connections these meetings helped facilitate interrogation of the study design and associated services.

For instance, at these meetings, community stakeholders raised questions about the study's planned randomised control design (Seedat et al., 2012), which would exclude non-selected households from home visitation services and the provision of safety devices. The study design and its implications were the repeated focus of intense discussion between ISHS staff and community members. The issue was resolved after repeated discussions on the objectives of the study, the rationale for the design, and the roles of participating households. The research objectives were emphasised as having a significance and impact beyond the local community, with the results of the study possibly impacting upon future child services in other impoverished settings in the country.

Community-Centred Learning

Community-centred learning draws on Paulo Freire's (1972) emancipatory methods of development and education. These methods imply a dialogic exchange between community mem-

bers and the community engagement team. The dialogic exchange is marked by mutual learning, questioning, reflection and participation in meaning-making. Community-centred learning complements and emboldens community engagement through the delivery of training programmes that integrate personal experience and situate knowledge that fosters initiative and independent thinking, perceived relevance and beneficence, behaviour change, and maximum learner participation (Phiri, Hendricks, & Seedat, see this issue; Wenger, McDermott, & Snyder, 2002).

In the UCSCEM, community-centred learning was enhanced and ensured through the recruitment and training of community members as child safety advocates, data collectors, resource persons and interventionists. These individuals were invited to participate in training. The training involved the provision of learning material in the form of a specially developed training manual (Abrahams & Suffla, in press). This training was designed to be relevant to the intervention and research needs of the child safety peace and health study while simultaneously contributing to the self-development and knowledge needs of individuals and the broader community. Consistent with the writings of Tett (2006), the training sought to evoke individual trainee interest, build basic skills, increase confidence, and eventually improve the health and well-being of intervention recipients (Abrahams & Suffla, in press; Phiri et al., see this issue) as also proposed by others (e.g., Tett, 2006). Training occurred over a number of phases. The first phase comprised an intensive one-week training schedule which focused on an overview of the intervention and intervention assessment methods. The second phase followed the specific selection of the interventionists and involved training in the implementation of interventions. The successful candidates, after meeting contractual obligations, then followed a rigorous two-month training course facilitated by the community engagement team (Abrahams & Suffla, in press).

During this process, several trained interventionists were also earmarked to work as liaison persons, who had the added responsibility of consulting with non-governmental organisations, health care workers, community leaders and other community members on specific intervention matters. A first response group was also established and trained in basic first aid. The first response group was responsible for community communications on emergencies and community actions directed at child-related hazards. Groups of individuals within the community were also nominated as routine monitors, responsible for conducting periodic safety and health assessments in the community. These individuals sought to provide a presence in the community through which community members could solicit and access local support on how to deal with immediate child safety, peace and health promotion concerns.

Social Justice and Contextual Congruence

The development and piloting of culturally sensitive and contextually relevant measurement tools promotes the integration of community voices and community-centered cultural expressions into the research process. This is an important counter to the dominant use of Eurocentric research instruments, in the absence of tools that have been locally generated to ensure sensitivity to local cultural understandings, and so may be considered as supportive of social justice (Israel et al., 1998). The involvement of community members with experience of the issues being studied enhances the quality of the intervention and research by providing direct insight into the local social context and existing constraints (e.g., Viswanathan et al., 2004), thereby assuring relevance and appropriateness which are markers of social justice. It is expected that this process of including community voices adds to the veracity of the data collected and the efficacy of the programme as well as social relevance (e.g., Babbie & Mouton, 2001; Viswanathan et al., 2004).

The UCSCEM involved interventionists and researchers who had been sensitised to the community's history and had received specific training in engaging with community representatives through culturally sensitive communications (Abrahams & Suffla, in press), as illustrated elsewhere by other writers (e.g., Gebbie, Rosenstock & Hernandez, 2003). The researchers sought to develop and eventually implement instrumentation and intervention packages that were culturally acceptable and closely aligned to the specific needs of the community. The UCSCEM thus used a high level of community input in the design, development and implementation of the research and intervention tools. Several workshops were facilitated to assess the applicability and relevance of selected tools and interventions for the UCSPHP in Broadlands Park and Slovo Park. The inputs from community members at these workshops contributed to creating congruence between the study aims and design, and local realities. This included the joint definition of child safety, peace and health problems. It also involved the use of community inputs to inform the selection and development or adaptation of the interventions considered most appropriate to the local contexts. The research team also developed with community members contextually sensitive and culturally relevant research questions, and the most appropriate processes to enhance the collection of research data. This included community partners reviewing study questionnaires in order to evaluate the appropriateness of language and literacy levels, which thereby contributed to greater effectiveness in gathering data, socially sensitive data in particular.

Citizenship and Building of Democratic Traditions

Citizenship and democratic traditions are fostered by community participation characterised by open discussion, facilitative interactions, tolerance of dissenting points of view, an emphasis on co-learning, the peaceful resolution of differences, and collaborative decision- making structures (Viswanathan et al., 2004). Our child study fostered citizenship and democratic traditions by encouraging maximum community participation. Since knowledge production and development are political acts that influence access to resources associated with the exercise of power our engagement strategy encouraged maximum participation of stakeholders in the study regardless of their status or prior experience in research. So our strategy focused on encouraging inclusivity and supported citizenship and democratic ideals (see Viswanathan et al., 2004).

Our engagement approach involved the regular clarification of decision-making processes, and placed an emphasis on individual and collective roles and responsibilities, and the mechanisms of accountability Throughout the phases of the study which is still underway, the project leaders sought to ensure that community members exercise decision-making on a range of issues, including the study objectives, the selected intervention methods, and the delineation of appropriate outcomes. Clear, concise and accessible materials were used to encourage democratic involvement.

In practice, this involved a number of strategies. Following the earlier consultative forum, all intervention households were visited by community data collectors and interventionists.

These households received information on child safety, peace and health in the home and family environment, the rationale and objectives of the Ukuphepha study, and were informed about upcoming UCSPHP discussion fora that would involve community members and the research team. This informed and encouraged participation in the available decision-making processes, while also enabling community members' to develop new skills, and expand their social networks and connections.

Strengthening the Case for Community Services

The inclusion of community residents in various fora enables them to conceptualise community problems, select interventions, make suggestions regarding the construction of intervention and assessment measures, interpret research findings, and advocate for local policy changes and services (see Viswanathan et al., 2004). Recognizing such benefits arising from community inclusion during the formative and pilot phases our child study provided specific training on the socio-economic determinants of health, safety and peace. It was assumed that such training would strengthen the community's advocacy for enhanced social and public services and contribute to the community representatives' ability to influence policymakers (Viswanathan et al., 2004). Initial indications suggest that community members are applying their experiences with the UCSPHP to related local issues. These issues include deficiencies in the local municipal services with regards to the provision of children's play areas, community and street lightning, road and pedestrian pathways, and refuse removal. We believe that the exposure of community members to the UCSPHP facilitated their initiation of meetings with local authorities, in order to address these problems and improve circumstances in their community.

Affirming Social Economy

The process of identifying and building on existing strengths or assets (such as community resiliency, skills, community cohesion and hope), resources (such as social, human and intellectual capital) and relationships can provide the impetus for affirming social and solidarity economies in a community (Israel et al., 1998). Solidarity economies offer alternative ways of engaging in the economy. These methods of engagement are grounded in solidarity-centred values, and promote a culture of responsibility, social reciprocity and community connectedness, while affording innovative opportunities for participation, development and empowerment of individuals and communities (Abrahams & Suffla, in press). Enduring traditions and networks supporting social solidarity already exist in many impoverished communities in South Africa (e.g., in the form of stokvels and cooperatives) and can be a precursor to sustainable community development (Kramer, Seedat, Lazarus, & Suffla, 2011).

Our engagement approach affirmed the local social economy by identifying and mobilising existing community assets promotive of child safety, peace and health. One of the first community engagement opportunities in Broadlands Park, for example, entailed community asset mapping. This took place months prior to the consultative forum. It involved recognising the strengths within Broadlands Park, bringing community leaders and residents together in the spirit of positive change, providing a niche for everyone in the community, and respecting the interests and contributions of each individual or group. This asset mapping built on the skills of local community members, and supported local associations and institutions, and drew on existing community strengths. This engagement process relied heavily on the community members as the experts, and reinforced participatory and collaborative community action, (see Kramer et al., 2011). This was operationalised through the creation and administration of an inventory checklist and a process of engaging with the residents to determine what types of skills and experience were available in Broadlands Park, and what was needed to further sustain residents' livelihoods and existing social and solidarity networks.

Reflections on the UCSCEM

The practice of engaging with communities and organisations in the development and implementation of research has become a critical feature of progressive public health and social science intervention research (Parkin, 2004; Sapienza et al., 2007; Tindana et al., 2007). With the increasing prevalence of both intentional and unintentional injuries, fractured health systems and the inadequate provision of health care, including the absence of peace, community engagement is considered crucial for accessing the resources required for safety, peace and health promotion.

The UCSCEM has the potential to offer organisations and communities a multi-faceted approach for maximising community participation for the purposes of conceptualising and implementing complex interventions such as the child safety, peace and health initiative described in this article. The UCSCEM provides an engagement platform comprising specific methods and processes that have been emphasised in international accounts of community engagement (Hashagen, 2002) and that has emerged from the authors' and their associates' two decades of critical public health and community psychology experiences in safety, peace and health promotion in South Africa (Seedat, see this issue). Our model accentuates critical and pertinent community engagement principles, such as commitments to long-term development, equitable power relationships, and the facilitation of trust and respect among all those involved (Israel et al., 1998; Viswanathan et al., 2004), while integrating key socio-historical and contextual concerns, such as the inclusion of marginalised groupings (Institute for Social and Health Sciences, 2002, 2003; Seedat, see this issue).

Following these community psychology principles and contextual considerations the UCSCEM emphasises a combination of action-based and multi-directional strategies for engaging individuals, households, organisations and communities. This combination of strategies may, however, be considered particularly attuned to the South African situation, or even more particularly to the engagement experiences of one critical public health- and community psychology-oriented research institution working in a selection of low-income communities in and around Cape Town and Johannesburg. This distinct combination of strategic pathways that underpins the UCSCEM has, however, provided rich insights into the intricacies and challenges involved in multi-faceted community engagement activities. These are to be reviewed in a follow-up article.

The UCSCEM, while itself underpinned by a dynamic set of conceptual pathways, is not intended as a prescriptive model. We recognise that communities may vary in their receptivity to particular pathways. Furthermore, we are mindful that community-centred research-based interventions and the associated engagement both affects and is affected by the unique contextual circumstances of each community. While many community-centred proponents acknowledge the importance of involving community voices during the design and implementation of the intervention or research, it is important for these initiatives to

be grounded in an understanding of the complexities of local political and community dynamics.

Our UCSCEM was formulated to serve as a vehicle for the development and implementation of a complex intervention design. However the multi-faceted nature of the engagement process contains implications related to time investments, resources, training, finances, monitoring and evaluation, and sustainability. Since many community-based initiatives are reliant on external donor funding, and bound by memoranda of agreement, the duration and nature of the community processes are likely to be informed by funding and resource considerations. Where there is limited funding and insufficient appreciation among donor agencies about the value of building community partnerships, the model we present here is unlikely to be adopted. Hence we recognise the need to evaluate our model systematically for the purposes of mobilising donor-agency support and obtaining currency within community-based agencies. Accordingly the authors are in the process of conducting a process evaluation to assess the utility, integrity and replicability of the UCSCEM.

Conclusion

The UCSCEM is a complex, labour intensive, resource-driven process, but distinct in its conceptualisation and affirmation of community participation. The model uses an innovative combination of engagement pathways that are aligned to research activities that engender democratic traditions, foster citizenship, promote social justice and community-centred learning, advocate for strengthening the case for community services, and affirm the social economies in communities. It is considered particularly appealing in its approach to mobilising and including marginalised communities. A process evaluation currently underway will yield empirical data to provide insights into the model's utility and operational mechanisms.

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