

Community Engagement Framework

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EXECUTIVE SUMMARY

This document presents a framework that aligns the vision, mission, principles and goals of Manitoba's Department of Family Services and Housing (FSH) with principles and processes of community engagement. It was developed in response to the Department's decision to phase in a formalized approach to community engagement as a feature of FSH's Integrated Service Delivery (ISD) system, which was introduced in 2001 and includes a Winnipeg-specific health and social services partnership called Winnipeg Integrated Services (WIS). In addition, the framework acknowledges that FSH has been participating for many years in a range of community engagement activities and thus its principles and processes also can be applied to other community engagement opportunities and pre-existing activities. Ultimately, this framework offers a common understanding and approach to the community engagement process, serving as a first step in equipping FSH employees in particular, to be better able to undertake community engagement as part of integrated service delivery. In this sense, this framework is designed to support Department-initiated engagement with community. In addition, this framework is not intended as a replacement for advocacy work by communities; there is a continued role for community advocacy particularly at the political level.

The Community Engagement Framework has been organized into three sections:

- Background,
- Conceptual Framework, and
- Application of the Conceptual Framework.

The Background elaborates on the main developments that support the need for this framework. In particular, government departments have been making significant changes in the way they make decisions, adopting a more inclusive approach that emphasizes collaboration across all sectors and repositioning themselves as a partner with communities. Similarly, FSH acknowledges the importance of building relationships with community stakeholders, outlining in its vision, mission, principles and goals its commitments of fostering community capacity and increasing community input and involvement in decision-making. These community engagement-related commitments are reinforced in Department's ISD system, including WIS. Concurrent to ISD and WIS, other developments such as the Aboriginal Justice Inquiry - Child Welfare Initiative (AJI-CWI), Area Councils of Winnipeg Child and Family Services, and various government-wide community economic development initiatives provide additional opportunities for FSH to engage with communities.

Background context for this framework also includes an understanding of concepts of community engagement, community, and community capacity building. Essentially, community engagement involves the building of a relationship between government and the citizens it serves and often is presented as different levels of engagement ranging from sharing information to the delegation of control to community, on a continuum of community participation and empowerment. For purposes of this framework, the following working definition of community engagement is proposed:

Community engagement is a process of involving, at various levels of participation, empowerment and capacity, groups of citizens affiliated by geographic proximity and/or special interest and/or similar situations to address issues affecting the well being of those citizens. The process is based on interpersonal communication, respect and trust, and a common understanding and purpose. It strengthens the capacity of communities to take action that produces positive and sustainable changes locally, promotes and facilitates community participation in the formation of policy and delivery of services, and fosters collaboration across government departments and throughout the community in relation to issues affecting quality of life.

Concerns with involving community in government decision-making processes are presented both for government and community; however, it is important for FSH to recognize that many of these challenges lessen or are overcome through a greater understanding of the advantages that come from working together and through experience with effective community engagement processes.

In defining community, it is important for FSH to understand the sociological, systems and individual perspectives of community that exist and influence engagement work. Within the sociological perspective of community, four proposed categories of FSH communities are i) Geographic Communities, ii) Non-Geographic Communities, iii) The General Public, and iv) Users of Service. The systems perspective is particularly relevant to FSH in its engagement activities that support population health / healthy communities, and the individual perspective may help explain participation patterns or individual motivations for participation in an engagement activity.

Also relevant to FSH is an understanding of the complex relationship between community capacity building and community engagement. Specifically, community capacity building is needed for community engagement, community engagement builds community capacity, and community capacity building is needed for facilitating sustainable communities.

The Conceptual Framework section of this document includes objectives, assumptions and eleven principles that are intended to guide overall responsibilities and underpin decisions made by the Department regarding the community engagement process. The core concept of this document is a FSH Community Engagement Model that is comprised of five levels of engagement on a continuum of community participation, empowerment, and capacity:

1. Sharing Information
2. Consultation
3. Planning Together
4. Acting Together
5. Community Directed.

The first engagement level underpins all engagement levels and represents the primary form of community engagement. Each successive level both requires more community capacity for effective engagement and builds more community capacity. Since more

community capacity is required for higher levels of engagement, there often are fewer participants involved compared to lower engagement levels. Each successive level also enables communities to be more active and empowered participants, having a greater voice and greater influence in decision-making on FSH policies, programs, practices, or in addressing issues. Although the model is presented as a continuum, it is not the case that the higher level of engagement is the goal at all times. Rather, each level focuses on a different type of engagement and can achieve different objectives when applied to an identified community engagement initiative.

Tailoring engagement level and their respective methods (the specific means through which levels of engagement occur e.g., surveys, focus groups, advisory committees) to engagement purpose is a fundamental principle for community engagement and also is the basis for understanding how the FSH conceptual model is linked to the achievement of FSH goals. To fulfill community engagement-related commitments of ISD and WIS, for example, it is necessary to employ methods of engagement at Engagement Levels 3, 4 and 5, which require a more active and empowered community. The FSH goal of fostering community capacity can be achieved to varying degrees at each of the five levels of engagement, with higher levels achieving greater community capacity. Also, the conceptual model is based on the premise that higher levels of community engagement (which facilitate more active and empowered communities) foster greater community capacity which, in turn, enhances the sustainability and ability to build upon achievements by building healthier communities with fewer social problems.

In order for FSH to know when, where and how to best use community engagement, a process to apply the conceptual framework for community engagement in the Department is presented. This process, based on the Plan-Do-Study-Act (PDSA) cycle for process improvement:

- guides FSH decisions related to planning, implementing, and monitoring performance of each individual community engagement opportunity (micro level);
- ensures this micro level planning, implementation and performance monitoring is embedded in the Department's strategic planning and annual business planning processes, risk and issues management processes, communications processes, and decision-making processes;
- includes a macro level community engagement monitoring and reporting component, and;
- allows for the initiation of changes for improvements over time.

Finally, nine key challenges that influence implementation of the FSH Community Engagement Process are described within three broad areas of consideration: i) Organizational Capacity; iii) Collaboration with Health Authorities; and, iii) Additional Opportunities for Community Engagement. Twenty-four recommended strategies that respond to these challenges and serve as the key building blocks to support implementation of the FSH Community Engagement Process are also included.

1.0 INTRODUCTION

Community engagement is a process that involves the building of a relationship between government and the citizens it serves. It encompasses a spectrum of activities from consultations with the public to community development and community capacity building (Home Office, 2005; Vancouver Coastal Health, 2006). It often is presented as different levels of engagement ranging from sharing information to the delegation of control to community, on a continuum of community participation and empowerment. Community engagement principles and processes can be captured in a framework, which is used to guide an organization in support of its community engagement goals.

Manitoba's Department of Family Services and Housing (FSH) outlines in its vision, mission, principles and goals, its commitments of fostering / increasing community capacity and increasing community input and involvement in decision-making. These community engagement-related commitments are reinforced in the vision, mission, principles and goals of the Department's Integrated Service Delivery (ISD) system. This ISD system, which includes a Winnipeg-specific health and social services partnership called Winnipeg Integrated Services (WIS), was introduced in 2001 and has evoked the need for embedding a formalized approach to community engagement within the Department at the regional and Winnipeg community area service delivery levels as well as at the policy / programs level and as part of Departmental decision-making and planning processes.

In Fall 2006, the Department committed to a strategy that, over time, phases in a formalized approach to community engagement as one of the features of integrated service delivery. It dedicated a staff resource to assist in the implementation of this phased-in approach and building on a report of a 2003 FSH Community Engagement Task Group placed initial priority on the development of a community engagement framework that both supports integrated service delivery and ensures coordination of community engagement functions with the province's Regional Health Authorities generally and specifically with the Winnipeg Regional Health Authority as part of WIS.

This document presents a framework for community engagement as requested by the Department. The framework aligns the vision, mission, principles and goals of FSH, ISD, and WIS with principles and processes of community engagement. The framework also can be applied to other community engagement opportunities and pre-existing activities as recommended in the 2003 report of the FSH Community Engagement Task Group. The Community Engagement Framework consists of the following elements:

- background information that i) elaborates on the main developments which support the need for this framework, and ii) presents key community engagement-related issues and definitions;
- a conceptual framework for community engagement that presents framework objectives, guiding principles, and a model of community engagement; and
- application of the conceptual framework, comprising a community engagement process and its implementation challenges and strategies.

By offering a common understanding and approach to the community engagement process, the Community Engagement Framework is intended to serve as a first step in equipping FSH employees in particular, to be better able to undertake community engagement as part of integrated service delivery. It also may serve as a tool for discussion to assess staff knowledge, attitudes, and readiness for facilitating community engagement as proposed, and to facilitate communities' understanding of the Department's approach to community engagement. In this sense, the framework is designed to support Department-initiated engagement with community. In addition, this framework is not intended as a replacement for advocacy work by communities; there is a continued role for community advocacy particularly at the political level.

The Community Engagement Framework is the result of contributions from a broad spectrum of stakeholders and their efforts are greatly appreciated. This framework is intended to reflect the best interests of Manitobans who are served by Manitoba Family Services and Housing and their community partners. We view this framework as a living document that will evolve and be enhanced over time as we monitor its use and build upon promising and best practices.

2.0 BACKGROUND

In order to provide a context for the FSH Community Engagement Framework, it is helpful to identify general trends in government / community relations, elaborate on the FSH-specific developments and opportunities influencing the need for a formalized approach to community engagement, and provide a brief overview of the concepts of community engagement, community, and community capacity building.

2.1 Trends in Government / Community Relations

In recent years, government departments have been making significant changes in the way they make decisions, and in the way they work with stakeholders and the public (Service Manitoba, 2006). Trends such as growing social, economic and environmental diversity (Department of Emergency Services, 2001), a more educated and informed public (Health Canada, 2000; Service Manitoba, 2006), a reduced level of public trust and confidence in public institutions (Government of Western Australia, 2006; Health Canada, 2000; Service Manitoba, 2006), a higher level of public demand for public involvement in policy-making (Calgary Health Region, 2002; Health Canada, 2000; Service Manitoba, 2006), and a sense that the resolution of most major problems would be aided by engaging citizens (Government of Western Australia, 2006; Health Canada, 2000) have been driving the need for changes in the way governments work with communities. Today, many government departments identify building relationships with stakeholders as a priority, and see their work with the public as an opportunity (Service Manitoba, 2006). They are adopting a more inclusive approach that emphasizes collaboration across all sectors and repositions government as a partner with communities

whereby they can benefit from the experiences and knowledge of those who are most affected by policy decisions and service outcomes – the community (Government of Western Australia, 2006).

2.2 Manitoba Family Services and Housing and Community Engagement

Manitoba Family Services and Housing (2008a) acknowledges the need for building effective relationships with the community. Specifically, it seeks to foster both community capacity and community contribution to decision-making, as evidenced within its vision, mission, goals, and guiding principles:

(from Vision)

- We work with the community to support Manitoba children, families and individuals to achieve their fullest potential.

(from Mission)

- fostering community capacity and engaging the broader community to participate in and contribute to decision-making;

(from Goals)

- to increase community capacity and opportunities for community involvement and input; and

(from Principles)

- community capacity exists to sustain and build upon achievements.

FSH has been participating for many years in a range of community engagement activities. Such activities, however, primarily have been occurring in an ad hoc, uncoordinated manner across divisions of the Department.

2.2.1 Integrated Service Delivery

In 2001, the need for a more formalized approach to community engagement arose from the Department's decision to move to a province-wide Integrated Service Delivery (ISD) system. Integrated Service Delivery is about serving Manitobans better. It is a FSH initiative to transform policy development and service delivery towards a more accessible, seamless and responsive service delivery system in support of individuals, children and families. Its vision is that of FSH staff working together through an integrated holistic approach to ensure that Manitobans have better access to the services they require. Integrated service delivery is based on the beliefs that improved service delivery outcomes are achieved through the goals of making it easier for Manitobans to access the services they require, and better addressing the needs of Manitobans requiring service. It is also based on the belief that these improvements can be achieved by shifting from a program focus to a citizen-centred approach to providing needed services (Manitoba Family Services and Housing, 2004).

To achieve this service system for citizens, FSH is improving how it works both within the Department and with its partners. The Department has taken several steps to make this happen, including:

- reorganizing its structure and service delivery systems to make it easier to focus on the needs of the citizens it serves e.g., it has reorganized its structure to better reflect policy themes and support integrated service delivery, and has designed a system that features regional delivery of services, thereby enabling response to unique needs of rural and northern regions and Winnipeg's community areas; and
- partnering with Manitoba Health and the Winnipeg Regional Health Authority (WRHA) to integrate community-based health and social services in a convenient location in each community area of Winnipeg. This partnership, called Winnipeg Integrated Services (WIS), is described as the implementation of ISD in Winnipeg (Manitoba Family Services and Housing, 2004). As such, ISD is broader than WIS, as it encompasses both Winnipeg and the rural and northern regions of Manitoba. Like ISD, WIS aims to provide efficient, effective and holistic, person or family focused services. WIS services also recognize the principles of population health and primary health care.

Integrated Service Delivery and Community Engagement

The Department recognizes that in order to achieve, through ISD and WIS, citizen-centred systems with improved service delivery outcomes, it must work with communities to ensure its services are responsive to local needs. This notion is supported by the Roehrer Institute's belief that "a citizen-centred government would engage citizens through various measures of public participation" (Prince, 2006).

Accordingly, community engagement is identified as a feature / part of integrated service delivery and is described in this context as "Departmental staff work(ing) collaboratively with groups of citizens affiliated by geographic proximity and/or special interest and/or similar situations to address issues affecting the well-being of those citizens" (Manitoba Family Services and Housing, 2004). The Department also recognizes the community perspective of the integrated service delivery system as "a resource for resolving individual, family and community challenges, rather than as an agency where specific programs are located" (Ibid). These relationships with community are reflected in two of the principles for operationalizing integrated service delivery, adopted by the Department:

- Citizen/Family/Community Centred - Each citizen, family and community has particular strengths, priorities and cultural influences which should be respected, incorporated into and responded to by a holistic, total systems service delivery approach. Accordingly, citizens, families, communities and populations are active and empowered participants in the design and delivery of services to meet their needs; and
- Community Participation - People are supported to become actively and genuinely involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing and delivering services and in taking action to achieve a change.

Winnipeg Integrated Services and Community Engagement

Integrated service delivery in Winnipeg (WIS) has its own set of community engagement commitments which complement the broader ISD initiative. Through their WIS partnership, Manitoba Family Services and Housing, Winnipeg Regional Health Authority, and Manitoba Health (2003) identify 'community engagement and development' as one of its core services and include among their goals the following:

- To provide citizens with ready access to services and information;
- To assess community needs and priorities on a regular basis and provide services that are a reflection of those needs;
- To support and build community activity and development through effective community partnerships; and
- To provide appropriate opportunities for citizens to participate in the design, delivery and assessment of services.

In addition, any Winnipeg community service location called an ACCESS Centre must:

- encourage the community's perspective and input in addressing main health and social issues in the community;
- support approaches that promote citizen and community health and well being;
- have staff participate actively in the community area's network of services and interdisciplinary service delivery teams; and
- provide services collaboratively with other community organizations, such as the police service, community services, recreation, etc.

The WRHA already has established a community development framework and related structures and processes for its organization, including for its work within WIS. When FSH decided to begin implementation of community engagement as part of integrated service delivery, WRHA and FSH started to explore the community development / community engagement challenges and the strategies for collaboration in support of WIS. These challenges and strategies are presented later in this document.

2.2.2 Additional Opportunities for Community Engagement

In June 2003, a FSH Community Engagement Task Group provided recommendations concerning engaging citizens in the further development of integrated service delivery for the Department. Their report noted that, concurrent to ISD and WIS, other developments had served to highlight additional opportunities for community engagement, including the Aboriginal Justice Inquiry - Child Welfare Initiative (AJI-CWI), Area Councils of Winnipeg Child and Family Services, and various government-wide community economic development initiatives. The task group recommended that a plan be developed to assist in linking and aligning other existing community engagement opportunities and activities to a formal approach as part of integrated service delivery.

2.3 Understanding Community Engagement

2.3.1 What is Community Engagement?

Community engagement and related terms such as citizen engagement, community involvement, public engagement, public participation, and public involvement have been widely discussed in the literature. For the purposes of this framework, community engagement is used as the key phrase and is intended to encompass these other related terms.

The literature (Centers for Disease Control and Prevention, 1997; Department of Emergency Services, 2001; May, 2005; Rogers & Robinson, 2004; Thurston et al, 2005) reveals many important features and functions of community engagement, including the following:

- It is a process, not a product.
- It involves the building of a relationship between government and the citizens it serves, and the relationship is based on mutual respect, trust and understanding.
- It may be initiated from inside government or outside - it is up to the other to respond.
- It can take many forms i.e., the process encompasses a spectrum of approaches ranging from information sharing with the public to the delegation of control to community, including involving communities in their own health through community development and capacity building activities, and planning and delivery of services.
- The approaches reflect four or five different levels of engagement, with successive levels involving higher degrees of community participation, empowerment, and capacity as well as an assortment of relevant engagement methods e.g., surveys, focus groups, advisory councils.
- The community engagement level and method used is context dependent, a blend of social science and art – the art involves using understanding, skill and sensitivity to apply and adapt the science in ways that fit the community and purposes of specific engagement efforts.
- Community engagement processes are more than just the use of an approach or method. What happens before (planning) and after (evaluation, communication of results) is extremely important.
- It requires government to be transparent and accountable in the way they do business, and requires communities to know how government works and how to participate in ways that make a difference.
- It is a powerful vehicle for bringing about change that will improve the quality of life for communities, often involving partnerships and coalitions that serve as a catalyst for changing policies and practices and for mobilizing resources to solve issues.
- It develops local community based decision-making, citizenship and social responsibility, and it empowers the local community by facilitating citizens' direct input into decisions that affect their lives.

- It has the potential to improve the quality of the service supplied, but it can also improve the opportunities and capacities of those who rely on services, so lessening their need for them.
- To be effective, it cannot be entered into with a predetermined outcome.

For purposes of this framework, a working definition of community engagement that encompasses many of the key elements identified above and also responds to FSH community engagement goals is required. Accordingly, the following definition (adapted from Centers for Disease Control and Prevention, 1995; Department of Emergency Services, 2001; Home Office, 2005) is proposed:

Community engagement is a process of involving, at various levels of participation, empowerment and capacity, groups of citizens affiliated by geographic proximity and/or special interest and/or similar situations to address issues affecting the well being of those citizens. The process is based on interpersonal communication, respect and trust, and a common understanding and purpose. It strengthens the capacity of communities to take action that produces positive and sustainable changes locally, promotes and facilitates community participation in the formation of policy and delivery of services, and fosters collaboration across government departments and throughout the community in relation to issues affecting quality of life.

2.3.2 What are the Challenges of Community Engagement?

While community engagement is not a new concept, concerns with involving community in government decision-making processes have existed (Government of Western Australia, 2006). These obstacles are real and need to be considered and addressed in most community engagement initiatives (Canadian Policy Research Networks and Ascentum, 2005). Challenges include:

For Government:

- A lack of trust about the public's ability to provide creative and constructive input
- A lack of awareness and evaluation of the benefits and impacts of an involved public
- A lack of clarity about how to involve people in decision-making processes
- Concern about over-riding the expertise and experience of public sector personnel
- Fear of outcomes / loss of control of decision-making power / making change
- Difficulty in reaching a good cross-section of the public
- Requires new skills and knowledge / organizational capacity
- Cost can be high, yet budgets are restrained
- Ensuring sufficient time both to effectively plan for engagement and to analyse results in order to influence decisions
- Raising / managing public expectations
- Valuable in theory, often low in practice

For Community:

- That public participation exercises are just exercises in public relations or one-off events
- A sense that there is no commitment to act on the views obtained from them
- Frustration when their views are not taken seriously
- Lack of time, resources, skills or confidence to contribute
- A sense of being a lone voice amongst many professionals
- High expectations
- Mistrust
- Insufficient timelines for the engagement exercise
- Cultural barriers
- Geographic barriers
(compiled from Canadian Policy Research Networks and Ascentum, 2005; Government of Western Australia, 2006; Service Manitoba, 2002)

2.3.3 What are the Benefits of Community Engagement?

Many of the challenges of community engagement lessen or are overcome through a greater understanding and awareness of the value and advantages that come from working together more collaboratively and through experience with effective community engagement processes. Key community engagement benefits are summarized below.

For Government:

- Facilitates assessment of community needs / enables better identification and understanding of local needs and issues / helps to prioritize services
- May contribute to better use of limited resources and more efficient delivery of services by addressing community concerns early in the process and by supporting the development of services that solve real problems and meet real needs
- Facilitates an appreciation of untapped community resources and energy that can be mobilized
- Facilitates development of policies and programs that are better informed (provides a broader range of inputs to decisions or solutions to problems), more responsive to the community needs, and more likely to gain acceptance and achieve better outcomes
- Reduces conflict with community / dispels myths about an issue, policy or program
- Builds trust and credibility with communities / demonstrates openness and accountability
- Fosters community capacity and healthy communities i.e., develops a community that takes an active role in identifying and meeting its own needs, generates networks and partnerships, and teaches skills and empowers those who are engaged
- Fulfills statutory requirements

For Community:

- Increases access to government i.e., physical accessibility of engagements and access to information so that involvement is well informed; people are more able to put forward ideas and take part in processes which interest or affect them.
- Enables the community to be better informed about government operations / reduces the level of misconception or misinformation
- Improves outcomes / outcomes can be achieved that more fully reflect the aspirations of the affected community
- Generates, shares and publicizes knowledge, experiences, ideas and insights within the community and with governments and other sectors in society
- Achieves an enhanced level of empowerment and self-worth through greater voice and input into government planning and decision-making processes
- Fosters a fuller sense of citizenship of individuals of vulnerable populations
- Empowers citizens and community organizations to reach their full potential
- Builds civic capacity at the level of the organization, association, coalition or overall community
(compiled from Canadian Policy Research Networks and Ascentum, 2005; Frankish et al, 2002; Government of Western Australia, 2006; Home Office, 2005; Manitoba Family Services and Housing, 2008b; Service Manitoba, 2002)

2.4 Understanding Community

Before beginning an engagement effort, it is critical for FSH to clearly define the entity, or community, to be engaged. In defining community, however, it is important to understand the variations and perspectives of community that exist and may influence the engagement work within a given community. Fundamentally, community is a fluid concept in that it has various dimensions, means different things to different people (Centers for Disease Control and Prevention, 1997), and the boundaries and membership are constantly changing (Calgary Health Region, 2002). While community is often viewed as an ideal and harmonious unit, it must also be seen as diverse and characterized by degrees of difference and naturally occurring conflict (Social Planning Council of Winnipeg, 2000). According to a review of literature conducted by Centers for Disease Control and Prevention (1997), definitions of community can be categorized according to sociological, systems, and individual perspectives. They also reference that central to defining community is a sense of who is included and who is excluded from membership. It is helpful for FSH to consider these perspectives when defining its communities; when considering who may be included and excluded as members of the various communities it engages.

2.4.1 Sociological Perspective of Community

The sociological perspective describes community as a group of people united by at least one common characteristic i.e., *location* (geographic boundaries), *connectors* (shared interests, activities, values, experiences, motivating forces, or traditions), or *people*

(socioeconomics and demographics, health status and risk profiles, cultural and ethnic characteristics) (Centers for Disease Control and Prevention, 1997). The WRHA (2007) identifies in their community development framework four categories of community, which are consistent with this sociological description of community. FSH will adopt these categories as proposed below:

- Geographic Communities (*i.e., location*) – For FSH this includes communities such as Winnipeg, Brandon or The Pas, regions such as Parkland or Central, and community areas such as Transcona, Fort Garry, St. James-Assiniboia, etc.
- Non-Geographic Communities (*i.e., connectors*) – For example, Aboriginal people, newcomers to Manitoba, disability groups, professional groups, coalitions, service or advocacy organizations, universities, stakeholder groups from other sectors and government departments.
- The General Public (*i.e., people, citizens*) - as per the Department’s mission, which references ‘engaging the broader community to participate in and contribute to decision-making’.
- Users of Service (*i.e., people, citizens*) – For FSH, this is primarily vulnerable populations; individuals and families that face challenging social, economic, or environmental conditions, and have more support needs than others (FSH Task Group). As per the Department’s mission, this includes citizens in need of financial support, individuals who need to improve their attachment to the labour market, adults and children with disabilities, children in need of protection, people facing family violence or family disruption, and Manitobans needing access to safe, appropriate and affordable housing.

In defining community according to this sociological perspective, FSH will engage any one or combination of these communities according to the specific purpose and objectives of the community engagement initiative.

2.4.2 Systems Perspective of Community

The systems perspective builds on the sociological perspective of community. It describes community as a system of interrelated sectors e.g., housing sector, health care sector, transportation sector that are comprised of groups united by interests, activities or functions. In a systems perspective, healthy communities are those that have well-integrated, interdependent sectors that share responsibility to resolve problems and enhance the well-being of the community. Accordingly, “to successfully address a community’s complex problems and quality of life issues, it is necessary to promote better integration, collaboration, and coordination of resources from...multiple community sectors” (Centers for Disease Control and Prevention, 1997). This perspective of community is particularly relevant to FSH in its engagement activities that support population health / healthy communities e.g., partnering with WRHA in support of WIS to implement community development strategies that address social determinants of health and build community capacity.

2.4.3 Individual Perspective of Community

An individual perspective of community recognizes that a person's sense of membership in any community may vary over time depending on factors such as whether one feels an emotional, cultural, or experiential tie to a community, whether one believes they have a contribution to make within a community, or whether one views membership as a way to meet their own individual needs (Chavis & Wandersman, 1990). Also, an individual may have a sense of belonging to more than one community at the same time. As a result, when planning, implementing, and evaluating community engagement activities it is important for FSH to recognize that a person's actual participation in an engagement activity is likely influenced by the absence or presence of a sense of membership in that community. So even though FSH may perceive certain individuals as members of a certain community and may attempt to engage them accordingly, if those individuals do not perceive themselves as members of that community, then they likely will not participate in the engagement activity. This knowledge may be particularly relevant for FSH in explaining participation patterns, and understanding individual motivations for participation in an engagement activity.

2.5 Understanding Community Capacity Building

As already revealed, FSH (2008) is committed to “fostering” and “increasing” community capacity and it includes as one of its principles, “community capacity exists to sustain and build upon achievements”. It is important, therefore, to understand the concepts of capacity and building community capacity as well as their relationships to both community engagement and the notion of sustainability.

2.5.1 Community Capacity Building Needed for Community Engagement

According to Frank and Smith (1999), capacity often refers to skills, knowledge and ability but can also include things such as access, leadership, infrastructure, time, commitment and resources and all that is brought to bear on a process to make it successful. They indicate that all people and communities have a certain amount of capacity, but that we often need to develop it to increase the ability of people, as individuals and groups, to prepare for and respond to opportunities and challenges in their communities. This need to develop the capacity of communities to support community engagement processes has been echoed by many others. For example, capacity building gives people the skills, ability and confidence to take a leading role in developing their community (Home Office, 2005), equips people with the understanding, access to information, knowledge and training that enables them to perform effectively in bringing about the desired developmental change (Urban Capacity Building Network, 2007), and strengthens the ability of community organizations and groups to build their structures, systems, people and skills so that they are better able to define and achieve their objectives and engage in consultation and planning, manage community projects and take part in partnerships and community enterprises (Winnipeg Regional Health Authority, 2007). Lenihan et al (2007) argue that in particular, collaboration with community requires government leadership that not only creates opportunities for the public to assume new roles, but that is ready, willing and able to help them build the skills and confidence they will need to succeed.

While it is clear that development work i.e., community capacity building is often needed to support effective community engagement, it also is important to recognize that community capacity building places the emphasis on existing strengths and abilities, and includes an assessment of community assets and capacities (Frank & Smith, 1999). For example, to increase capacity it is important to understand what capacity currently exists in a community and then to build on it by using community members and organizations as a resource (Ibid). Similarly, Atkinson and Willis (2006) explain that all communities have inherent strengths, skills and abilities within them and that community capacity building involves identifying, bringing together, and enhancing these existing skills and abilities in order to enable communities to take action to help resolve community problems and develop their communities. Further, May (2005) indicates that higher engagement levels require greater capacity (e.g., time, commitment, skills) for participation and consequently there tends to be a smaller proportion of the population that has the capacity for high level involvement and a larger proportion of the population that has the capacity required for lower levels of engagement. He emphasizes the importance of building on the community capacities that already exist to support the various levels of engagement.

2.5.2 Community Engagement Builds Community Capacity

Not only is it clear that community capacity building is required for community engagement, but the literature also indicates that community engagement itself builds the capacity of those engaged. The World Health Organization (2002), for example, states that community participation methods help develop skills and build competence and capacity within communities. They add that community participation provides new opportunities for creative thinking and innovative planning and development. Similarly, Alberta Children's Services (2007) use community engagement as a means to enhance community capacity for shared planning and delivery of services, and New Economy Development Group (2005) reported that much of the necessary skills and knowledge needed for collaboration can only be attained through action learning or targeted workshops where people learn by working together on real issues with opportunities to reflect on their experiences.

2.5.3 Community Capacity Building Needed for Sustainable Communities

Finally, it also is clear that community capacity building is required for sustainable communities. For example, community capacity building improves performance at the individual, organizational, network/sector or broader system level (Alberta Children's Services, 2007) and is based on the premise that community sustainability can be improved over time (Frank & Smith, 1999). Frank and Smith also indicate that capacity is developing within a community when people are active, interested and participating in what is going on and that this helps create healthy communities which leads to sustainable communities. This notion of tying community sustainability to a more active and empowered community is shared by Vancouver Coastal Health (2003) which indicates that the sustainability of a healthy system requires a more active form of community engagement, and by Murphy and Thomas (2005) who explain that community capacity building is a proactive approach that is based on an assumption that

communities which have an active and spirited citizenry will be robust, vibrant, more caring and have fewer social problems. It is clear, therefore, that building community capacity through more active forms of community engagement can facilitate the development of healthy, sustainable communities that have fewer social problems.

3.0 CONCEPTUAL FRAMEWORK

3.1 Purpose of Framework

The intent of a Community Engagement Framework is to provide parameters that create a common lens through which community engagement initiatives can be viewed, understood and reported about (Alberta Children's Services, 2007). The FSH Community Engagement Framework provides a common understanding and approach to the community engagement process enabling those involved to be better able to plan, execute, and evaluate and report on community engagement initiatives for which resources are being used. Ultimately, the framework helps to facilitate the achievement of the Department's goals of fostering community capacity and increasing opportunities for community involvement and input, particularly within the ISD and WIS systems, but also in relation to other community engagement opportunities and pre-existing activities.

3.1.2 Framework Objectives

- To develop for the Department and its communities a common understanding of community engagement, including a common language, context, and process for community engagement as part of integrated service delivery
- To support the Department and its communities in the development, planning, implementation, and evaluation of services, policies and programs
- To promote and support both Department and community capacity building in the planning and delivery of services and in the development of healthy communities
- To create an increased focus around the whole area of community engagement, including the dialogues within FSH and with its communities
- To raise the level of discussion and review around the community engagement initiatives that are starting, underway, or nearing completion
- To promote and support the incorporation of many existing FSH community engagement activities within a broader or overall approach that will provide a basis for continuing, expanding, or integrating these efforts
- To promote the compilation of community feedback and input that already is available through FSH staff who have ongoing interactions with community and support the incorporation of this information into the formalized community engagement process for FSH

- To promote and support clear, concise, and consistent communications including the answering of community engagement questions from interested parties
- To build trust and credibility with communities

3.1.3 Assumptions

- Community engagement is a means to achieving desired outcomes
- Community engagement involves a number of different stakeholder groups that share an interest in the desired outcomes, but who also may have different concerns and priorities
- Manitobans (especially those vulnerable Manitobans who make up the Department’s major participant groups) want to have, and have a right to have, real and meaningful input and involvement in the decision-making of the Department in regard to the way services are delivered, but also in regard to other issues, policy and program development, and services and service quality
- Community input is considered as one of several sources of input for FSH decision-making processes
- Regions and community areas, as well as programs / policy areas are at varying levels of capacity for community engagement
- FSH employees would welcome recognition and support for their community engagement activities and the opportunity to engage in a more formalized community engagement process with support
- FSH employees would welcome both recognition for and the opportunity to share their existing knowledge of community feedback and input in order to support incorporation of this information into the formalized community engagement process for FSH
- Formalizing an approach to community engagement in the Department is consistent with other departmental, government and strategic initiatives and approaches including ISD, strategic planning, AJI-CWI, Community Economic Development (CED), Neighborhoods Alive! (NA!), Community Schools Partnership Initiative (CSPI) of Manitoba Education, Citizenship and Youth, Healthy Child Manitoba (HCM) e.g., Parent-Child Coalitions, and Specialized Services for Children and Youth (SSCY)

3.2 Guiding Principles

These principles are intended to guide overall responsibilities and underpin decisions made by the Department regarding the community engagement process.

Respect

We value the inherent worth, dignity, diversity, and abilities of all individuals, families, and community groups and respect their interest in meaningful engagement to build their capacities and contribute to our decision-making processes.

Transparency

We believe in a transparent process clearly stating at the outset the specific objectives, expectations about what can and cannot be achieved or influenced, the constraints or boundaries within which FSH is operating, and the level of commitment that is being asked from the participants, particularly in terms of time.

Inclusive Participation

We embrace the diversity of the community impacted by the purpose, process, and outcomes by striving to use engagement methods that are inclusive and accessible; making efforts to reach out to marginalized communities to enable them to participate in a meaningful way. All parties with a significant interest in the issue should be involved in the community engagement process.

Coordination

We recognize the need for engagement initiatives across the Department to be coordinated to avoid duplication and reduce the risk of ‘consultation fatigue’ among communities.

Engagement Methods Tailored to Purpose

We value building relationships and engaging our communities using methods appropriate for the purpose and objectives of the engagement activity and for the community with whom we are engaging.

Information for Participation

We recognize that to support meaningful participation in engagement opportunities we need to share with participants information and communication that is objective, clear, sufficient, timely, and in appropriate formats as required.

Appropriate Timelines

We will plan engagement for the earliest point possible, and ensure timelines are realistic for the level of engagement appropriate to the situation and respectful of the communities with whom we engage. Adequate time must be available for engagement to be effective.

Organizational Capacity

We acknowledge the need for adequate financial, human and technical resources in order for engagement efforts to be successful. FSH must have access to appropriate guidance, tools, and training as well as an organizational culture that supports their efforts.

Responsiveness

We recognize the need for decision-makers to be responsive to community engagement, using community input as one key source of information and expertise on which to draw for the purposes of decision-making.

Accountability

We recognize the need for reporting back to engagement participants, in the manner to which we commit and communicate at the outset of the engagement activity, the use we make of community inputs received through the engagement process.

Evaluation

We believe in measuring whether our community engagement efforts are meeting established objectives, and sharing promising and best practices in order to improve future engagement practices.

3.3 Model of Community Engagement

For the purposes of this framework, the definition of community engagement references a process of involving groups of citizens i.e., communities, at various levels of participation, empowerment, and capacity to address issues affecting the well being of those citizens. The community engagement model for FSH, illustrated in Figure 1 below, reflects this definition and represents the core concept of this document. The model is comprised of five levels of engagement on a continuum of community participation, empowerment, and community capacity. It blends elements from both the WRHA (2007) Public Participation Model and the Wilcox (1994) Guide to Effective Participation, and builds on the levels of engagement recommended in the 2003 report of the FSH Task Group.

Figure 1. FSH Community Engagement Model



3.3.1 Levels of Community Engagement

In the FSH Community Engagement Model, the levels of engagement are not intended as “air-tight” compartments. Rather, the features of the levels are generally cumulative as the degrees of capacity, participation and empowerment increase. Specifically, the first engagement level – “Sharing Information”, underpins all engagement levels and represents the primary form of community engagement. Each successive level *requires* more community capacity (e.g., time, commitment, skills) to engage effectively and at the same time, each successive level enables communities to *build* their capacities. Since there tends to be a smaller proportion of the population that has the capacity required for high level engagement and a larger proportion of the population that has the capacity required for lower engagement levels, there often are more participants who engage at

lower levels of engagement and there often are fewer participants who engage at higher levels, many of whom are the ‘usual suspects’ i.e., participants (May, 2005).

Each successive level also enables communities to be more active and empowered participants, having a greater voice and greater influence in decision-making on FSH policies, programs, practices, or in addressing issues. In other words, the power difference that exists between the Department and its communities is reduced with each successive level of engagement. In particular, as explained by Lenihan et al (2007), the Department’s role at the highest levels (i.e., Levels 4 and 5) is to act less as a provider, decision maker and problem solver and more as a convener, facilitator, enabler and partner in community-building processes. At these highest engagement levels the Department attains not just the input, but also the buy-in and action of the numerous stakeholders beyond the Department who are needed to achieve objectives, and transfer some ownership of issues and, ultimately, responsibility for action, to those most affected, thus moderating expectations of what the Department can and should do on the community's behalf.

Although the model is presented as a continuum, it is not the case that the higher level of engagement is the goal at all times. Table 1 on the following pages identifies the objectives and key features for each of the five levels of engagement in the FSH Community Engagement Model and lists example methods of current FSH engagement activities for each of these levels. As demonstrated in this table, each level of engagement has its usefulness and relevance in specific circumstances. Essentially, each level focuses on a different type of engagement and can achieve different objectives when applied to an identified community engagement initiative.

Given the different levels and objectives of engagement, it is critical when initiating an engagement activity to be clear to community about the engagement objectives and the level / type of engagement being offered. Communications can break down when an engagement activity is either called or understood as one thing, for instance “Planning Together”, when it is really another, e.g., “Consultation”. Once communities are aware of the objectives and of the level of engagement being offered, they then can make a decision as to whether they want to participate under those conditions. In this model, therefore, communities are made up of people who can opt in and out at any of the engagement levels. For example, it is possible for communities to be involved in “Acting Together” (Level 4) on some occasions, while being satisfied with simply “Sharing Information” (Level 1) on other occasions. For a number of communities, depending on the nature of the issue, the sharing of information may often be the only form of community engagement in which they wish to participate. Also, once the level of engagement being offered by the Department is identified, it is important with successive levels to involve participants earlier in the planning of an engagement activity in order to foster more effective engagement.

Table 1. FSH Community Engagement Levels

Engagement Level	Type of Engagement	Explanation	Example Methods
1	Sharing Information	<p>Objective: To share with community accurate, timely, relevant and easy to understand information about decisions regarding policies, programs, services, or issues that either are implemented or are to be implemented</p> <ul style="list-style-type: none"> - Information can be passive such as a poster or brochure, or active such as face to face meetings with groups to share information and answer questions; may include a two-way exchange of information wherein community chooses to share information with FSH - This level is the primary form of community engagement; on its own it offers no further involvement – ‘take it or leave it’- but it also underpins all other levels and is necessary for successive levels of engagement. - Information assists the community in understanding the issues, alternatives, and/or solutions, and increases their capacity to effectively contribute in successive levels of engagement. 	<ul style="list-style-type: none"> • EIA Pre-Intake Orientation Sessions • Information about benefits available from FSH Provincial Services • FSH Website • Winnipeg Community Area Newsletters
2	Consultation	<p>Objective: To actively seek and obtain community response (views and opinions), before a decision is made, on possible solutions related to policies, programs, services, or issues</p> <ul style="list-style-type: none"> - Response may be written such as mailed surveys and questionnaires, or oral such as phone interviews and face-to-face public or stakeholder meetings. - FSH will consider communities’ views as one source of input that helps inform the final decision; decision-making is retained by FSH. - FSH will report back where appropriate or legislated on how community feedback is used in decision-making process. 	<ul style="list-style-type: none"> • ISD client surveys • ISD partner surveys • Joint Community and Government Members Committee on Disability-Related EIA Issues

Engagement Level	Type of Engagement	Explanation	Example Methods
3	Planning Together	<p>Objective: To collaborate or partner with the community in identifying or analyzing issues, developing alternatives and identifying the preferred solution i.e., communities provide input into the planning and evaluation of policies, programs, or services, but responsibility for decision-making and carrying decisions through is retained by FSH.</p> <p>- May involve short term collaboration or the forming of more permanent partnerships, and there is a reporting mechanism in place so that people can monitor <i>to what extent</i> their contributions are reflected in decision-making outcomes.</p>	<ul style="list-style-type: none"> • Specialized Services for Children and Youth (level 3 decision-making) • Child Care Regulatory Review Committee
4	Acting Together	<p>Objective: To collaborate or partner with the community in identifying or analyzing issues, developing alternatives and implementing the preferred solution i.e., FSH and communities share in the planning and evaluation of policies, programs, or services, and share responsibility for making decisions and carrying decisions through / managing a service.</p> <p>- May involve short term collaboration or the forming of more permanent partnerships, and there is a reporting mechanism in place so that people can monitor <i>that</i> their contributions are reflected in the outcomes of the decision-making. May involve sharing resources to implement action plans.</p>	<ul style="list-style-type: none"> • Conseil communauté en santé du Manitoba • Specialized Services for Children and Youth (level 1 & 2 decision-making) • ECY Community Schools Partnership Initiative
5	Community Directed	<p>Objective: To support or enable the community to identify issues and solutions, make decisions, and carry decisions through / manage a service. Community may be referred to as a partner.</p> <p>- Includes:</p> <ul style="list-style-type: none"> • Providing a framework with financial resources to enable communities to plan, commission, manage, deliver and evaluate their own services • 'Local Area Development' to build community capacity for planning and delivering services and addressing community issues 	<ul style="list-style-type: none"> • SISTARS • AJI-CWI (Devolution) • HCM Parent-Child Coalitions • WIS Community Facilitators (grassroots capacity building)

3.3.2 Methods of Community Engagement

Community engagement methods are the specific means through which types (levels) of engagement occur. Some community engagement methods can be used for several different levels or types of engagement. A number of other methods are suitable only for one type of engagement. A list of the major methods for FSH engagement of community is provided in Table 2 below. These and other methods, along with their disadvantages and advantages, will be included in a comprehensive Community Engagement Workbook that will serve as a FSH staff reference for planning individual engagement activities.

Table 2. FSH Community Engagement Methods

Level and Type of Engagement	Methods of Engagement
<p style="text-align: center;">1 Sharing Information</p>	<ul style="list-style-type: none"> • Brochures or newsletters • Posters or displays in public places • Letters, flyers or mail-outs Press releases for local radio and television • Advertisements, notifications or articles in local newspaper or electronic media • Website • Face to face meetings
<p style="text-align: center;">2 Consultation</p>	<ul style="list-style-type: none"> • Interviews • Feedback forms or questionnaires • Structured one to one interviews (face to face / telephone) • Surveys • Focus groups • Documents / vision papers • Stakeholder meetings • Public meetings or forums • Roundtables • e-engagement and satellite technologies
<p style="text-align: center;">3 and 4 Planning Together and Acting Together</p>	<ul style="list-style-type: none"> • Stakeholder meetings • Seminars or workshops • In-depth interviews and discussions • Advisory committees, area councils, or steering committees • Taskforces or planning groups • Strategic alliances or formal agreements • Visioning • e-engagement and satellite technologies
<p style="text-align: center;">5 Community Directed</p>	<ul style="list-style-type: none"> • Community development e.g., 'Local Area Development' • Public authorities • Devolution

3.3.3 Linkages to FSH Goals

Tailoring engagement level (including respective methods) to engagement purpose as highlighted above is a fundamental principle for community engagement. It also is the basis for understanding how the FSH conceptual model is linked to the achievement of FSH goals. It is proposed that all FSH community engagement-related goals and objectives can be achieved when matched to the appropriate levels and methods in this community engagement model. Examples of linkages between the model and key FSH goals and objectives are offered below. Specifically, examples focus on:

- linkages to ISD objectives;
- linkages to WIS objectives; and
- linkages to the FSH goal of increasing community capacity.

Linkages to ISD

As indicated earlier in this document, community engagement as part of ISD requires ‘departmental staff work(ing) *collaboratively* with groups of citizens... to address issues affecting the well-being of those citizens’, and features ‘citizens, families, communities and populations (that) are *active and empowered participants in the design and delivery of services* to meet their needs’, and ‘people (that) are supported to become *actively and genuinely involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing and delivering services and in taking action to achieve a change*’. To fulfill these commitments for collaboration in planning, making and implementing decisions, or taking action to achieve a change, it is necessary to go beyond the level of ‘Consultation’ as defined in the conceptual model and employ methods of engagement that require a more active and empowered community. Thus, the objectives of Engagement Levels 3, 4 and 5 match ISD community engagement requirements. Further determination of the appropriate level and method for each ISD-related community engagement initiative will be determined by factors such as whether FSH: retains decision-making responsibility regarding an integrated service delivery issue (Level 3); shares such decision-making with community (Level 4), or; enables the community to either plan and deliver some services or take action to address an issue (Level 5) within the larger context of integrated service delivery.

Linkages to WIS

Similarly, WIS-specific objectives can be best achieved through engagement levels and methods that involve more active and empowered communities. For example, the WIS objective of ‘involve clients, families and the community in service and program planning’ can be achieved through engagement Level 3 – “Planning Together”, and another objective ‘provide opportunities for citizens to participate in the design, delivery and evaluation of services’ can be achieved through Level 4 – “Acting Together”.

Further, the objective of ‘support and build community activity and development’ may be best achieved through methods that support high levels of capacity building and community development, reflecting engagement Level 4 – “Acting Together” and Level

5 – “Community Directed”. These high levels of engagement are especially relevant for WIS given its population health approach, which is based in part on the premise that involved and empowered communities result in healthier communities. Vancouver Coastal Health Authority (2003) encapsulates this concept well, indicating that the overall health of the population can only be improved with more active levels of community engagement where citizens become involved to address health issues, and that the sustainability of the system is dependant on this more active form of community engagement.

Linkages to Increasing Community Capacity

Earlier in this document the interdependent, reciprocal relationship between community capacity and community engagement was explained i.e., that capacity and community capacity building are required for effective community engagement and that community engagement builds community capacity. It was proposed, therefore, that each successive engagement level in the FSH Community Engagement model *requires* greater capacity (e.g., time, commitment, skills) for participation and each successive engagement level *builds* community capacity. Some specific ways in which this occurs is explained below.

Engagement Level 1 - Sharing Information - assists the community in understanding the issues, alternatives, and/or solutions and this ‘knowledge transfer’ builds community capacity. As the primary form of community engagement that underpins and is necessary for all other levels of engagement, sharing information prepares communities for more meaningful participation in successive levels of engagement. In turn, community participation in successive engagement levels can further improve community’s understanding of Department processes and build knowledge, skills, motivations, confidence, and attitudes e.g., to communicate effectively and solve problems together. The higher levels of engagement (Levels 3, 4 and 5) often involve generating networks and partnerships, all of which enhance community capacity to support better planning and delivery of services, or to address issues in support of developing local communities.

Further, the community development strategies of Engagement Level 5 -“Community Directed” include grassroots community capacity building methods specifically designed to strengthen knowledge, skills, confidence, commitments, and resources required for achieving specific community engagement objectives. This employment of methods that are designed to build community capacity may be of particular relevance to the vulnerable populations with whom FSH engages. Finally, given the interdependent nature of community capacity, empowerment and community participation and that more active communities are healthier with fewer social problems (as explained earlier), it can be surmised that the FSH principle ‘community capacity exists to sustain and build upon achievements’ can be best realized through the higher levels of the FSH Community Engagement Model.

4.0 APPLICATION OF THE CONCEPTUAL FRAMEWORK

Health Canada (2000) indicates that citizen engagement is not a panacea, but requires a clear purpose and objectives and understanding of when, where and how to best use citizen engagement. In other words, the fundamental nature of community engagement is flexible, non-prescriptive, and context dependent in that the engagement levels and methods utilized for individual engagement activities will vary not only according to the objectives for each of those activities, but also according to contextual factors such as available resources and community capacities.

Consequently, in order for FSH to know when, where and how to best use community engagement, a process to apply the conceptual framework for community engagement in the Department is required. This community engagement must be implemented in the context of challenges that are unique to FSH and through strategies that respond to these challenges and serve as the key building blocks to support the community engagement process. Accordingly, this section of the framework document presents a community engagement process for FSH, key challenges that influence implementation of this process, and key strategies to support implementation of this process in the context of the identified challenges.

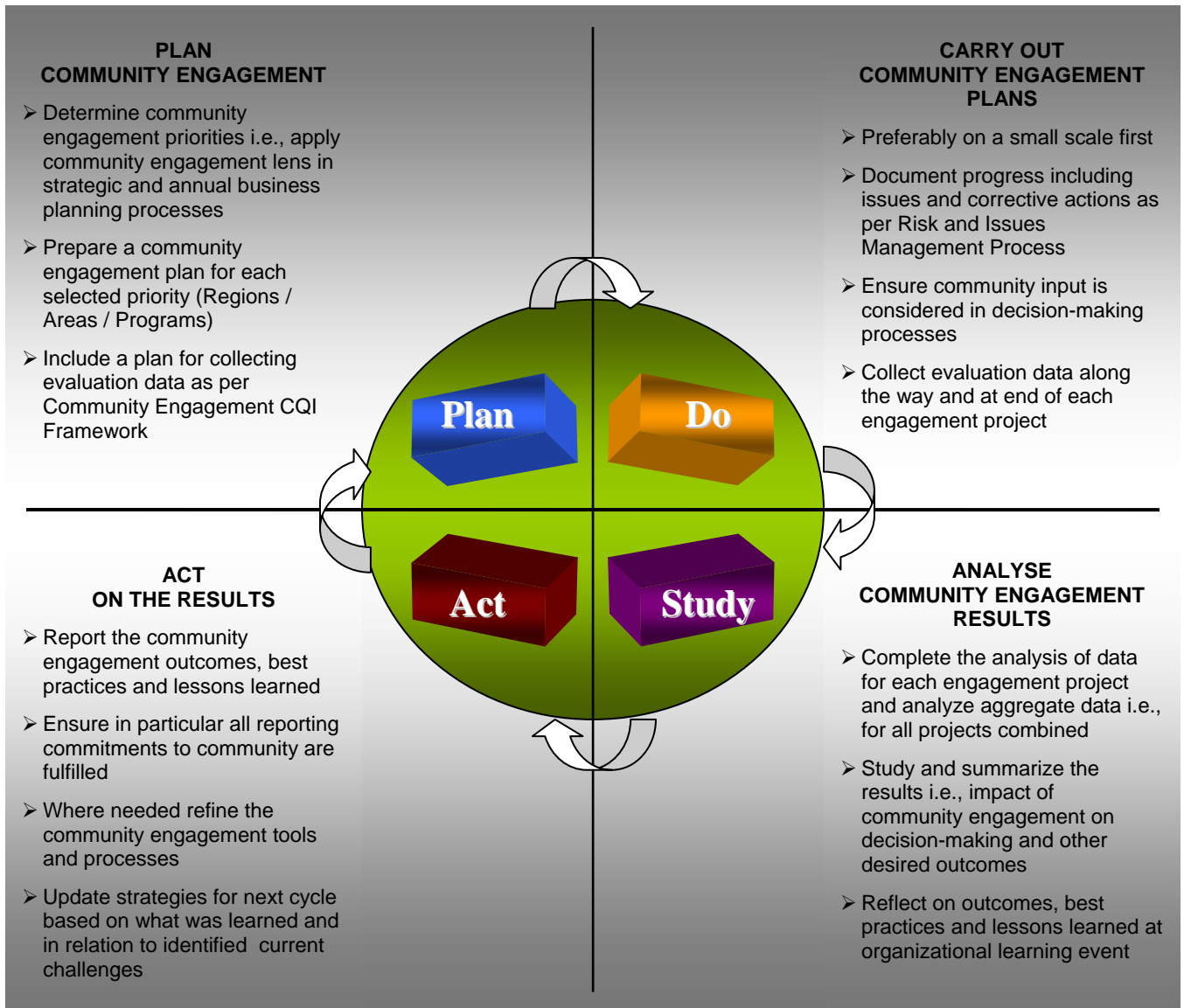
4.1 FSH Community Engagement Process

As highlighted above, in order for FSH to know when, where and how to best use community engagement, a process to apply the conceptual framework for community engagement in the Department is required. This process should:

- guide FSH decisions related to planning, implementing, and monitoring performance of each individual community engagement opportunity (micro level);
- ensure this micro level planning, implementation and performance monitoring is embedded in the Department's strategic planning and annual business planning processes, risk and issues management processes, communications processes, and decision-making processes;
- include a macro level community engagement monitoring and reporting component, and;
- allow for the initiation of changes for improvements over time.

Figure 2 on the following page presents the FSH Community Engagement Process that incorporates the needs bulleted above, using the Plan-Do-Study-Act (PDSA) cycle for process improvement. This four-stage cycle is often used to test change in real work settings and, according to Skeats (2006), can be used to describe a continuous quality improvement approach for planning, implementing strategies, monitoring the effectiveness of these strategies, and reflecting to see what further improvements can be made.

Figure 2. FSH Community Engagement Process



4.2 Implementation of the FSH Community Engagement Process

Described below are challenges that influence implementation of the FSH Community Engagement Process and strategies that respond to these challenges and serve as the key building blocks to support implementation of this process. They are presented within three broad areas of consideration: i) Organizational Capacity; ii) Collaboration with Health Authorities; and, iii) Additional Opportunities for Community Engagement. Table 3 offers an abbreviated overview of these three areas and their respective challenges and strategies.

4.2.1 Organizational Capacity

Although FSH is committed to implementing a formalized approach to community engagement as part of integrated service delivery, it must build its own capacities to support this commitment. According to WRHA (2007), the capacity of organizations is determined both by the knowledge, skills, and commitments of the individuals who compose them and as described by McLean (1999), by elements of organizational culture and structure (e.g. leadership and communication practices, systems for participation and learning), policies (e.g. making [community engagement] a priority, empowering employees to act), and resources (e.g. funding and human resources in support of [community engagement] initiatives). The key FSH challenges and strategies related to organizational capacity for community engagement are presented according to three categories: i) Funding and Human Resources; ii) Staff Knowledge, Skills and Commitments; and, iii) Organizational Systems.

Funding and Human Resources

Challenges:

1. Engagement processes require dedicated resources. In particular, investments are required for Departmental human resources who will provide central support and for those who will undertake community engagement. Also, since different communities have varying levels of capacity (in part due to an imbalance of human and financial resources) investments are required to support communities in preparing for and participating in effective engagement with the Department. This includes reasonable accommodation for transportation, child care, disability supports, and also where appropriate, for community capacity building methods. To start, a limited amount of new resources has been dedicated for community engagement as part of integrated service delivery. Consequently, the manner in which community engagement can be implemented will be influenced by these resource constraints.
2. FSH regions, community areas, and program/policy areas have varied capacities for community engagement. The degree to which each region, area and program/policy area can implement the FSH Community Engagement Process will therefore vary according to their respective capacities at any given time.

Strategies:

1. Phase-in Community Engagement - FSH will implement a strategy that phases in community engagement as part of integrated service delivery, according to identified priorities. Efforts will focus on exploring, obtaining and allocating resources for these engagement priorities as supported by FSH executive and senior management.
2. Proactively Plan for Community Engagement - To facilitate strategic application of limited resources, the plans for phasing in community engagement as part of as part of integrated service delivery will be intentional and framed within the context of FSH strategic and annual business planning processes. These planning processes will identify priority engagement opportunities through the application of

a FSH Community Engagement Lens (described later), and deliberate choices will be made on which community engagement activities to invest in relation to these identified priorities. Although this process of proactively planning for community engagement reflects Department-initiated engagement, it will be important to ensure that community needs and views will be gathered through various means in advance of the FSH strategic and business planning sessions and then considered during these sessions to inform their planning outcomes. In other words, the Department should be aware of and consider community needs and priorities as one important source of input when developing their strategic and annual business plans. Also, once the Department identifies its engagement priorities and then frames the overall goal (purpose) of each selected engagement project, there can be opportunity to involve the community in further planning and design of projects, particularly in projects requiring higher levels of engagement and where government policies require early involvement of francophone and Aboriginal communities in planning.

3. **Strategically Use and Resource Community Capacity** - The Department will assess and use existing community assets to support engagement, and will make efforts to resource community capacity building strategies within service delivery regions and areas as identified in the plans of community engagement projects that will be phased in over time as part of integrated service delivery i.e., on a project-by-project basis and according to funding that will be available for each community engagement project. In Winnipeg's community areas, FSH will include and build on the grassroots capacity building work already being done by the WIS Community Facilitators.
4. **Build on Existing Structures and Models** - There are existing community structures e.g, committees, coalitions, area councils, networks, and agencies that already engage with FSH and others that may relate mostly to other sectors but are of interest to FSH. Many of these communities are well established and have effectively responded to community needs. Thus, before establishing and resourcing new community engagement structures, FSH will explore options to:
 - achieve its goals through existing structures;
 - 'piggy-back' or dovetail new engagement priorities into these existing engagement structures; and,
 - reconfigure to improve existing engagement structures or models. This is particularly relevant when engagement structures or models used with one community do not necessarily work well with other communities e.g., rural versus urban communities. Rather than using a cookie-cutter engagement approach across communities, FSH will build on and apply the strengths of existing structures or models to develop engagement activities that suit the specific needs of other communities.

To facilitate engagement with francophone communities, particularly as it relates to accessing quality French language services (FLS) in the areas of health and social services, FSH has an obligation to work with the various rural and urban structures of the Conseil communauté en santé du Manitoba (CCS). The

Government of Manitoba has granted to the CCS the status of official representative of the francophone community in the areas of health and social services. This relationship is considered a partnership model. FSH will work with the variety of effective CCS engagement structures that already have been established which will result in a more efficient and effective use of resources.

5. Build on Existing Knowledge - FSH staff at many levels already engage with community, and regional/area direct service workers, in particular, interact with community on a daily basis. Community often relays to these staff important feedback and suggestions regarding integrated service delivery, programs, policies, and issues. FSH will invite its staff to share this information so it can be compiled, analyzed, and used as an additional source of community input in FSH planning and decision-making processes. It especially will be important to review such existing knowledge when considering new community engagement opportunities so that resources available are strategically applied to engagement activities that will address gaps in information needed for decision-making.
6. Provide Central Coordination and Support - One FTE recently has been established to assist the Department to phase in and undertake community engagement. Roles and responsibilities include:
 - developing and coordinating review and updates to the FSH Community Engagement Framework;
 - development of community engagement tools and systems;
 - coordination and/or delivery of staff training and orientation regarding community engagement;
 - the provision of advice, guidance, and assistance regarding community engagement processes and practices;
 - collaborating with WRHA and RHAs to coordinate community engagement functions, where feasible;
 - assistance in researching, mapping/identifying, and securing opportunities and resources to support FSH community engagement needs; and
 - participating in various FSH and WIS management forums and working groups to continually assess community engagement challenges and strategies.

FSH also will develop a Community Engagement Steering Committee to assist in and advise on the provision of central coordination and support for implementation of the FSH Community Engagement Process.

Staff Knowledge, Skills, and Commitments

Challenges:

1. FSH employees have varied knowledge, skills and commitments/attitudes toward community engagement. For example, some have asked “what exactly is community engagement?” and “how do we do community engagement?”, and some have expressed concerns related to raising community expectations. According to the

Vancouver Coastal Health (2003), it is not surprising that knowledge and skills required to effectively involve the public are not widely held or even understood by many organizations. Health Canada (2000) indicates that ensuring meaningful public involvement in policy development and service delivery is one of the key challenges of governance, and it cites government's need to improve its ability to engage the public on issues, which requires strengthened capacity to inform, educate and involve the public as well as to get feedback on how it is doing. It is clear, therefore, that FSH will need to build its staff knowledge, skills, and commitments for community engagement to help implement the FSH Community Engagement Process.

2. In building staff capacities as above, FSH also will be challenged by the impacts of these additional activities on existing staff workloads. The manner in which staff will be engaged to advance community engagement in the Department, therefore, will require an approach that is sensitive to this impact.

Strategies:

1. Develop Staff Training Opportunities - Orientation and training opportunities will be developed for FSH staff e.g. to inform them of the FSH Community Engagement Process, to orient them to community engagement tools and systems, and where needed to help staff develop the skills needed to facilitate effective engagement. In addition, organizational learning events will be developed to enable reflection on and sharing of best practices and lessons learned.
2. Phase in Staff Training - Orientation and training for community engagement will be phased in according to FSH community engagement priorities. FSH managers and their staff whose existing workloads may be impacted by such training will be invited to contribute to the development of a feasible plan for the delivery of this training.
3. Develop a FSH Community Engagement Inventory - This inventory will serve as a FSH reference when exploring existing engagement structures and opportunities as part of planning for community engagement. It will identify community engagement initiatives and activities in which the Department is involved, or that are in areas of interest to the Department, at the following levels:
 - Department level (e.g., Area Councils, Child Day Care Regulatory Review Committee, Corporate Support in terms of other forms of community contact such as letters, phone calls, etc.);
 - Other departments/central government level (e.g., Conseil communauté en santé du Manitoba, Neighbourhoods Alive!, Premier's Roundtable for Youth, CEDC, Community Schools Partnership Initiative, HCM Parent-Child Coalitions, etc.);
 - Inter-governmental and/or federal level (e.g., MCA, other federal activities); and,
 - Non-government groups/communities of interest level (e.g., HCM's Parent-Child Coalitions, WRHA and RHA's, Coalition of Youth Serving Organizations, MFEAT, Coalition of Service Providers, etc.).

4. Develop a FSH Community Engagement Workbook - This workbook will contain practical planning steps, checklists, and reporting templates to assist staff in planning, implementing, and monitoring and reporting on individual community engagement activities. Specifically, it will help to:
 - determine when to engage the community;
 - establish the issue and the purpose for engagement;
 - define and recruit communities;
 - determine the most appropriate engagement levels and methods;
 - apply methods to manage community expectations;
 - identify resources needed to implement the process;
 - implement the process, monitor and report emerging issues/risks, and;
 - monitor and report on the engagement process and outcomes.
5. Adopt the Community Development Handbook developed by HRDC (1999) - This handbook will serve as an additional staff reference in instances when FSH either supports or engages in community development and various community capacity building activities.

Organizational Systems

Challenge:

As mentioned earlier, community engagement processes are more than just the use of an approach or method. What happens before (planning) and after (evaluation, communication of results) is extremely important. Thus, various tools and systems specific to community engagement will be needed to implement to FSH Community Engagement Process and, further, they will need to link to or be embedded within broader practices or systems of the Department.

Strategies:

1. Develop and Implement a FSH Community Engagement Lens - A FSH Community Engagement Lens will be developed to assist FSH to identify engagement opportunities and priorities during strategic and annual business planning processes / to embed community engagement planning in the broader planning processes of the Department.
2. Develop and Implement Processes related to Decision-Making - Decision-making processes will encourage consideration of community views, opinions, and input compiled from community engagement activities and through existing staff knowledge, in instances where FSH retains responsibility for decision-making (Engagement Levels 2 and 3). Use of community input in decision-making processes also will be monitored and reported.
3. Develop and Implement a Communication Plan - This plan will identify key announceable events for the phase-in approach of community engagement e.g., community engagement processes and projects, training and tools available to FSH staff, project outcomes, and will also identify target audiences and

communication methods. In particular, FSH will use its information technology capacity to allow for information about engagement and other activities to flow both internally and to the community in order to help inform people about what FSH is doing at any given time e.g., make available on its website the Community Engagement Framework, Workbook and other community engagement tools and activities.

4. Develop and Implement a Risk and Issues Management Process - This process for community engagement will be linked to the Department's Risk Management System. The protocol will be based on the following rationale:

Risk and issues management is a critical component of any community engagement process. It necessitates being aware of what is happening both internally and externally and being proactive in addressing issues before they become matters of concern. It involves identifying and anticipating emerging issues during various stages of a community engagement initiative, with the aim of avoiding unnecessary conflict and achieving the best possible outcome. Negative issues that arise during the course of community engagement, if identified and addressed early, can be transformed into positives. Positive issues that may arise can be proactively promoted (Department of Emergency Services, 2001).

5. Develop and Implement an Evaluation Plan - A Continuous Quality Improvement (CQI) Framework will be developed to support both process and outcome performance monitoring i.e, to measure how effectively FSH engages with community, both at a micro and macro level. This framework will be linked to the Department's ISD Continuous Quality Improvement Program.

4.2.2 Collaboration with Health Authorities

Challenges:

1. To support integrated services delivery, FSH needs to conduct community needs assessments in regions/community areas. This activity, however, is a significant undertaking that requires specific expertise and substantial investments in staff time. FSH currently does not have the capacity (dedicated staff time) for this activity. Manitoba's ten Regional Health Authorities and the WRHA, however, conduct Community Health Assessments (CHA) every five years, as mandated by Manitoba Health. The purpose of the CHA is to identify community health assets and issues, set health objectives and monitor progress towards those objectives. CHAs to date include figures about populations, demographics, income levels, educational levels, disease prevalence, and some health services utilization. Community groups and health planners regularly use this information for many purposes, such as identifying priorities and in developing and supporting appropriate action plans. Also, the CHA process involves engagement of community – to help identify community needs and assets. Health authorities have completed two comprehensive CHAs (1999 and 2004) and the next one will be due in 2009. There may be opportunity for FSH to collaborate with health authorities for the 2009 CHA and onward to i) incorporate FSH community needs

assessment questions into these CHAs and ii) undertake community engagement efforts that will support the CHA process. WRHA already has expressed interest in collaborating with FSH.

2. It is important that FSH and WRHA, in their formalized partnership of WIS, present as ‘one’ when engaging communities on issues specific to integrated services delivery in Winnipeg’s community areas. The WRHA, however, already has established a community development framework and strategies for its organization, including for its work within WIS, and FSH has a separate community engagement framework with strategies for its organization. While different frameworks and strategies are necessary to address variances in broader organizational goals and priorities, the organizations also must undertake shared community engagement/development activities that support achievement of WIS objectives.

Strategies:

1. Partner with WRHA to conduct CHAs - Continue working with WRHA’s Research and Evaluation Unit to plan for a collaborative CHA, perhaps for implementation starting 2009.
2. Pursue Partnerships with RHAs to conduct CHAs - Explore interest of Manitoba’s Regional Health Authorities to collaborate with FSH for future CHAs.
3. Participate in Intersectoral Networking - In support of WIS, partner with WRHA and other jurisdictions/sectors in community engagement efforts that support the health and well-being of individuals, communities and populations by addressing the determinants of health. WRHA (2007) refers to this strategy as “Intersectoral Networking” and includes it as one of the three key strategies in their Community Development Framework.
4. Partner with WRHA in Local Area Development - In support of WIS, support and enhance the “Local Area Development (LAD)” work that already is occurring in Winnipeg’s community areas. LAD, one of the three key strategies in WRHA’s Community Development Framework, involves the development of community capacity and citizen involvement in building healthy communities i.e., enabling and supporting citizens in coming together to address issues that impact the health of a community (e.g., supporting a residents association that addresses community safety issues). Community Facilitators implement LAD and currently are available in ten of twelve Winnipeg community areas. They meet quarterly as a Community Development Working Group to plan collectively, develop tools and discuss issues and practices regarding the range of community capacity building activities in which they are engaged. FSH’s community engagement central staff resource will participate in this working group.
5. Partner with WRHA in Evaluation - In support of WIS, partner with WRHA to monitor and measure community engagement / development achievements.

4.2.3 Additional Opportunities for Community Engagement

Challenges:

1. As mentioned earlier in this document, a 2003 report of a FSH Community Engagement Task Group noted the need for a plan to assist in linking and aligning other existing community engagement opportunities and activities e.g., AJI-CWI, Area Councils of WCFS, and various government-wide community economic development initiatives, to a formal approach as part of integrated service delivery. In addition, FSH should be aware of engagement opportunities and activities of other government departments, since the development of relationships with them (intersectoral networking) is not only important within the parameters of WIS as indicated in the section above, but are equally important for engagement efforts in rural and northern regions of the province.
2. Further to the challenge above, particular attention is required to determine a strategy related to the future of the Area Councils of WCFS given the integration of WCFS into FSH community areas.

Strategies:

1. Include Additional Opportunities in FSH Community Engagement Inventory - FSH will include these existing community engagement opportunities and activities in the FSH Community Engagement Inventory that was described earlier.
2. Build on Existing Knowledge and Structures - When planning individual community engagement projects as part of integrated service delivery, FSH will review existing relevant information from a variety of sources including FSH staff, AJI-CWI, WCFS Area Councils, relevant activities in other departments and sectors, etc., and will also review and consider building on existing structures including those from other government departments, as described earlier. In this way, other existing community engagement opportunities and activities will help inform planning for community engagement.
3. Involve Staff from other areas e.g., AJI-CWI, WCFS in the Community Engagement Steering Committee - This committee will help assess opportunities to align community engagement activities and to facilitate collective implementation of the FSH Community Engagement Process. They also may help to explore and make recommendations regarding the future role and structure of the WCFS Area Councils.

Table 3. FSH Implementation Challenges and Strategies

Area of Consideration	Challenges	Strategies
Organizational Capacity	<p>Funding and Human Resources</p> <ol style="list-style-type: none"> 1. Resource constraints exist and will influence the manner in which community engagement as part of ISD can be implemented 2. FSH regions, community areas, and program/policy areas have varied capacities, which will influence the degree to which they can implement the FSH Community Engagement Process 	<ol style="list-style-type: none"> 1. Phase in Community Engagement 2. Proactively Plan for Community Engagement 3. Strategically Use and Resource Community Capacity 4. Build on Existing Structures and Models 5. Build on Existing Knowledge 6. Provide Central Coordination and Support, including a Community Engagement Steering Committee
	<p>Staff Knowledge, Skills, and Commitments</p> <ol style="list-style-type: none"> 1. FSH employees have varied knowledge, skills and commitments/attitudes toward community engagement 2. FSH will be challenged by the impacts of staff training on existing staff workloads 	<ol style="list-style-type: none"> 1. Develop Staff Training Opportunities 2. Phase in Staff Training 3. Develop a FSH Community Engagement Inventory 4. Develop a FSH Community Engagement Workbook 5. Adopt the Community Development Handbook developed by HRDC (1999)
	<p>Organizational Systems</p> <ol style="list-style-type: none"> 1. Various tools and systems specific to community engagement are needed to implement the FSH Community Engagement Process 	<ol style="list-style-type: none"> 1. Develop and Implement a FSH Community Engagement Lens 2. Develop and Implement Processes for Decision-making 3. Develop and Implement a Communication Plan 4. Develop and implement a Risk and Issues Management Process 5. Develop and Implement an Evaluation Plan (CQI)

Area of Consideration	Challenges	Strategies
<p>Collaboration with Health Authorities</p>	<ol style="list-style-type: none"> 1. FSH needs to conduct community needs assessments in regions/community areas, but currently does not have the capacity for this activity. 2. FSH and WRHA, in their partnership of WIS, must present as 'one' when engaging communities on issues specific to integrated services delivery in Winnipeg's community areas. 	<ol style="list-style-type: none"> 1. Partner with WRHA to conduct CHAs 2. Pursue Partnerships with RHAs to conduct CHAs 3. Participate in Intersectoral Networking re WIS 4. Partner with WRHA in Locality Area Development 5. Partner with WRHA in Evaluation of Community Engagement / Community Development re WIS
<p>Additional Opportunities for Community Engagement</p>	<ol style="list-style-type: none"> 1. Need to link and align other existing community engagement opportunities and activities e.g., AJI-CWI, Area Councils of WCFS, and various government-wide community economic development initiatives, to a formal approach as part of ISD 2. Must determine a strategy related to the future of the Area Councils of WCFS, given the integration of WCFS into FSH community areas 	<ol style="list-style-type: none"> 1. Include Other Existing Community Engagement Opportunities / Activities in the FSH Community Engagement Inventory 2. Build on Existing Knowledge and Structures to inform Community Engagement Planning as part of ISD 3. Involve Staff from AJI-CWI, WCFS and other Activities in the Community Engagement Steering Committee

GLOSSARY OF TERMS / LIST OF ACRONYMS

Terms¹

Capacity: often refers to skills, knowledge and ability but can also include things such as access, leadership, infrastructure, time, commitment and resources and all that is brought to bear on a process to make it successful (Frank & Smith, 1999).

Community: is a fluid concept in that it has various dimensions, means different things to different people and the boundaries and membership are constantly. While community is often viewed as an ideal and harmonious unit, it must also be seen as diverse and characterized by degrees of difference and naturally occurring conflict. Definitions of community can be categorized according to sociological, systems, and individual perspectives. Communities may be geographic, non-geographic, the general public, and users of service (compiled from Calgary Health Region, 2002; Centers for Disease Control and Prevention, 1997; Social Planning Council of Winnipeg, 2000; Winnipeg Regional Health Authority, 2007).

Community Building: is about organizing a group of people around a shared goal, and then getting them to work together in ways that will achieve it (Lenihan, D., Barber, T., Fox, G. & Miljoy, J., 2007).

Community Capacity Building: refers to development work that strengthens the ability of community organizations and groups to build their structures, systems, people and skills so that they are better able to define and achieve their objectives and engage in consultation and planning, manage community projects and take part in partnerships and community enterprises. It includes aspects of training, organizational and personal development and resource building. It places the emphasis on existing strengths and abilities, and is based on an assumption that communities which have an active and spirited citizenry will be robust, vibrant, more caring and have fewer social problems (compiled from Frank & Smith, 1999; Murphy & Thomas, 2005; Winnipeg Regional Health Authority, 2007).

Community Engagement: is a process of involving, at various levels of participation, empowerment and capacity, groups of citizens affiliated by geographic proximity and/or special interest and/or similar situations to address issues affecting the well being of those citizens. The process is based on interpersonal communication, respect and trust, and a common understanding and purpose. It strengthens the capacity of communities to take action that produces positive and sustainable changes locally, promotes and facilitates community participation in the formation of policy and delivery of services, and fosters collaboration across government departments and throughout the community in relation to issues affecting quality of life (adapted from Centers for Disease Control and Prevention, 1995; Department of Emergency Services, 2001; Home Office, 2005).

¹*Unless otherwise referenced, definitions are based on those used by Winnipeg Regional Health Authority (2007) and adapted to meet the specific needs of this framework.*

Community Participation: is a term often used synonymously with involvement. People are supported to become actively and genuinely involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing and delivering services and in taking action to achieve a change.

Consultation: refers to a level of engagement where the objective is to actively seek and obtain a community response (views and opinions), before a decision is made, on possible solutions related to policies, programs, services, or issues. Communities' views are one of a variety of sources of input that are taken into consideration in the final decision made by the organization (adapted from Vancouver Coastal Health, 2003; Winnipeg Regional Health Authority, 2007).

Empowerment: is a process whereby individuals or communities gain confidence, self-esteem and power to articulate their concerns and ensure that action is taken to address them.

General Public / Public: the general group of individuals/citizens who, though interested in social services, do not choose to have the same level of involvement in decision-making as service users or consumers, their families, advocates, etc. (adapted from Vancouver Coastal Health, 2003).

Integrated Service Delivery: Integrated Service Delivery is about serving Manitobans better. It is a Department initiative to transform policy development and service delivery towards a more accessible, seamless and responsive service delivery system in support of individuals, children and families (Manitoba Family Services and Housing, 2004).

Intersectoral Networking: refers to forming and building relationships between different jurisdictions or sectors in order to take action on an issue or achieve outcomes in a way that is more effective, efficient or sustainable than could be achieved by one jurisdiction or sector working alone. Actions taken and outcomes achieved support the health and well-being of individuals, communities and populations by addressing the determinants of health.

Involvement: is a term often used synonymously with participation. It implies being included as a necessary part of something.

Local Area Development: involves the development of community capacity and citizen involvement in building healthy communities i.e., enabling and supporting citizens in coming together to address issues that impact the health of a community.

Organizational Capacity Building: is the work that strengthens and enables an organization to build its structures, systems, people and skills so that it is better able to define and achieve objectives while engaging in consultation and planning with the community, and taking part in partnerships. It includes aspects of training, organizational development and resource building.

Public Participation: The process by which public concerns, needs and values are incorporated into governmental decision making. Public participation involves two-way communication with the overall goal of better decisions, supported by the public. Participation processes may be single event or they may be embedded in long-term system activities or partnership processes.

Stakeholders: refers to persons who have a personal stake in the issue at that time. Stakeholders include but are not limited to providers, clients, organizations, communities, expert advisors, other government departments, and politicians. They also include partners who collaborate to reach a mutually accepted goal.

Acronyms

AJI-CWI:	Aboriginal Justice Inquiry – Children’s Welfare Initiative
FSH:	Manitoba Family Services and Housing
ISD:	Integrated Service Delivery
LAD:	Local Area Development
WCFS:	Winnipeg Child and Family Services
WIS:	Winnipeg Integrated Services
WRHA:	Winnipeg Regional Health Authority

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