What this involves

‘Working with the whole community’ means involving not just patients or service users, but the wider range of people within a given community – both those affected by the service or intervention and those in the periphery of them.

A community, for example, might be:

- people living within a specific geographical location;
- an online community, such as mumsnet.com; or
- racial, sexual or religious communities.

What are the benefits of working with the whole community?

Working with the whole community can:

- identify nuances not readily apparent to researchers, preventing problems in later implementation;
- bring in a community specific understanding of the issue/s being examined, making a new service more useful to that community;
- help to address concerns about an intervention in that community;
- ensure that the people not directly affected but secondarily affected are considered;
- highlight any inconsistencies in health provision in an area
- build trusting relationships between the university and the community
- help to get input from people not previously involved in research
- give members of the community useful new skills
- ensure that community leaders will take a more active role in disseminating your research

When this might be a useful/appropriate approach:

This approach is ideally suited to:

- the improvement of the services which that community relies on or is affected by;
- when you want those with lived experience to identify distinct dimensions and nuances that would not be apparent to researchers; or
- when you genuinely want to understand what research would benefit the
How can you work with the whole community/try this method?

A number of approaches can be used to engage with members of a community, including:

- identifying and contacting community leaders or key figures (to spread the word);
- advertising in the spaces these communities inhabit (e.g. local papers, notice boards, online forum posts, etc.); or
- offering an enticing activity to attract people (a meal or games for children whilst you speak to parents etc.).

What are the drawbacks of this approach?

- Can be expensive (if, for example, running multiple focus groups, hiring public venues, providing refreshments and activities)
- Communities with low educational attainment, poor employment levels and large ethnic populations may lead to little engagement.
- Will take more time both in planning and enacting.

Further reading:

You can find more information/background on this at Authentic Engagement Of Patients And Communities Can Transform Research, Practice, And Policy

This research engaged a wide cross-section of a local community in North Virginia, USA, to understand how they make decisions about cancer care and how they want to improve their health more generally.

Case study:

An example of this sort of approach is happening in Oxford (OX4 to be exact). Details about who to contact at Oxford Institute for Nursing, Midwifery and Allied Health Research: www.oxinahr.com/get-involved/patient-and-public-involvement