Community engagement in practice in the UK: a systematic mapping review
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Background
The National Institute for Health and Care Excellence (NICE) in the UK commissioned a mapping review of current and emerging UK community engagement practice to inform their updated guidance.

Methods
Given the difficulties of identifying studies via traditional electronic database searches we focused on: Specialised research registers and websites; search results and forwards and backwards citations from recent relevant systematic reviews; website searches of relevant organisations; and direct calls for evidence via networks of contacts with community practitioners and groups. Records were screened independently by more than one reviewer, and included if published after 2000, relevant to the UK and evaluated or described community engagement in public health. Included records were coded for type, level and extent of community engagement, indicators of disadvantage, health issues and outcomes.

Results
316 articles (227 research/evaluation studies) were included. Evidence was dominated by: qualitative and mixed methods studies; initiatives targeting health inequalities via socio-economically deprived areas and groups, and via “hard to reach” groups. Community level outcomes (e.g. improved housing) and wellbeing outcomes (e.g. improved self-esteem) were most commonly addressed, and community mobilisation/ action and community partnerships/ coalitions were the types of community engagement most commonly employed. Community engagement initiatives for “hard to reach” populations were most likely to use targeted and/ or peer or volunteer approaches.

Conclusions
Community engagement initiatives in the UK include a substantial proportion who are at risk of health inequalities but who are not routinely fully represented in health equity profiles/ audits. Consideration should continue to be given to these “marginalised” groups, in terms of both initial engagement and measurement of impact.

Key messages:
- Community engagement initiatives in the UK go beyond targeting the most obvious indicators of inequality and seek to engage some of the most marginalised, disadvantaged or excluded population groups
- Different approaches are used for different health issues and population groups e.g. peer involvement for individual behaviour change; community mobilisation for community level outcomes