



Relational Ethics for Equity in Community Research

A literature review

About the authors

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Introduction

Building relationships with communities are vital when engaging with issues which impact them. In the design of interventions, development of initiatives, and the creation of knowledge, communities impacted must be involved. This has been emphasised by many commentators over the last two decades (Emmanuel et al., 2004; Beauvais, 2006; Buchanan, 2008: 15-21; Kirby et al., 2006; Mohatt and Thomas, 2006: 95; Wallace, 2006; Bermingham and Porter, 2007: 118; Battiste, 2008: 508; Buchanan and Allegrante, 2008: 89; Chambers, 2008: 121; Wilmsen, 2008: 15; Herbertson et al., 2009; Liamputtong, 2010: 17; Blakey et al., 2012: 115; Rhodes et al., 2013: 167; Corntassel and Gaudry, 2014; Heller and Wyman, 2019: 259-260; Alelezam, 2021: 160; Turin et al., 2021; Negrón et al., 2021; Emmons et al., 2022; Mosteanu, 2022; Oetzel et al., 2022; Wood and Zuber-Skeritt, 2022: 16; Mikesell, 2023: 33).

Yet how is this done in reality?



Background:

It is worth discussing relational ethics as providing more texture around building relationship equity with communities when it comes to research and engagement.

In our experiences, we have had around 15 years working at the hard-end of community engagement in young offender's institutions, prisons, forgotten housing estates and with seldom-heard communities across South London and beyond. The unique positionality for us did mean that when we began our journey into community research we had not only a distinct 'inbetweener' positionality (Milligan, 2016), but also what some would regard as credibility to build relationships with communities and be trusted. We became relational ethicists by the very nature of how we were working and seeking to remove power imbalances between communities and researchers and also by liaising with communities on the range of projects in which we have been involved.

In doing so, not only do communities have more agency in research projects but also such an approach helps to minimise disparities in health and wellbeing outcomes.



The Framing of Communities as Targets of Extraction in Conventional Research

The arrival of researchers into communities to conduct research and then take back to institutions with little or no input or follow-up with those communities is what Gaudry (2011) coins as the 'extraction model of research'. Herein, local insights and localised knowledge are taken from communities with neither culturally competent protocol nor establishing any commitment whatsoever to the communities over whom the research is relevant or will impact. In some cases, an over-ambition on the part of junior professional academics and researchers, leads them to merely seek a 'juicy scoop' from communities which they run with back to dominant institutions.

While in other instances, researchers from dominant institutions become sensitive about ownership of the research if communities are involved, largely due to want to reap plaudits for themselves and also to remove the communities from whom the data has been extracted from any agency, role or involvement. Dresser (2008: 234) asserts that academic researchers can become worried about threats to academic freedom and research integrity when community partnerships are involved. Due to this, any agreement seen to "hand over control" of written products of research, could, to an institutional academic researcher's mind, a restriction on academic freedom and authority.

In the 'extraction' model of research, communities are not involved in the development of the scope of the research or in the validity of research findings (Comtassel and Gaudry, 2014). Chambers describes this as "outsiders obtaining information rather than local people gaining and using it" (Chambers, 2008: 121). Moreover, Sanjek (2015: 309) emphasises that anthropology departments for instance are designed to be extractive rather than collaborative or participatory.



Bermingham and Porter (2007: 118) note that research fatigue, and also 'initiative fatigue', develops when communities have grown used to being the subject of research or regeneration activities which ultimately made little difference "except perhaps to confirm the stigmatising label of deprivation". They also note the **parachute model of research** which they describe as

researchers dropped in from outside, gathered their data and disappeared, with no long-term change resulting for the community. This has led to a high degree of scepticism among local residents that acted as an immense barrier, at least in the beginning, to successful engagement between projects and communities.

Wilmsen notes (2008: 15):

Researchers benefit from research by taking the information they extract from communities and publishing it, lecturing about it or otherwise applying it in ways that advance their own careers. The information and research results may be used by other entities external to the community to their own benefit as well. Often the research results are irrelevant to the communities and of little use for solving the problems that they face. In some cases the community may become even worse off as a result of the research.

Communities however should be involved in research processes throughout and not merely for data collection purposes and those early initial research stages, but also research analysis and outcomes. Moreover, action-orientated approaches should be in place so that tangible outcomes can be fed back into communities. People in communities where research is occurring should contribute ideas and that this can be facilitated via community analysis (Blakey et al., 2012: 115).

A true democratisation of knowledge can be exemplified where both community members, institutions and 'professional researchers' are equals around the table wherein both contribute insights in the true sense of dialogue and thematic investigation as Freire (1970) envisioned. People should contribute ideas and analysis should be facilitated via community reflection, without communities feeling that knowledge has been extracted from them (Blakey and Kilburn, 2012: 115). In this way local knowledge, in the Geertzian sense, is neither overlooked nor rejected.

Hence, Cochran-Smith and Lytle (2009: 131) expand upon the Geertzian framework to formulate a "local knowledge of practice" which describes the knowledge practitioners generate through inquiry. In doing so, they note a break with the 'formal and practical knowledge' distinction to facilitate collaborative knowledge building between both practitioners and communities.

The archetypal extraction model of research, as articulated by Gaudry (2011), is where research is seen as to "generate knowledge" yet with little in the way of policy implications or tangible improvements in practice for communities after the data has been gathered. This can sometimes be a difficult balancing act as Light and Kleiber (1981) argue that for objectivity to be maintained in research there should be some distancing between the researcher and the community in which research is being undertaken. Yet in this way there is sometimes an approach from university-based researchers to transform practitioner, and community, knowledge into "professional knowledge" via scientific methods, which serves to render communities as outsiders to that knowledge although their insider knowledge had initially been the springboard (Cochran-Smith and Lytle, 2009: 130).

Nevertheless, it has been suggested that counter-models of research which tip the scales more towards communities offer romantic notions of communities and of change and agency,

in ways which can in fact be detrimental. Bénéit-Gbaffou (2019: 21) argues that community-orientated research involves self-blinding, optimism and hope, although a researcher is better when one possesses a deeper understanding of socio-political dynamics at different levels of society. This is alongside a:

...constant awareness that the challenges of urban change cannot be seen only through the lens of heroic (individual or collective) action; and with an explicit engagement with the complex modalities of community organising in various contexts.

However, this presupposes, we opine inaccurately, that community research cannot 'deeply' understand complex socio-political factors as it is more focused on viewing research from a hero perspective. This is a caricature of community research in our view and a depiction which is not our experience. Bermingham and Porter over a decade ago indicated how researchers were largely oblivious to the fact of how they were exploiting communities for their own research interests (2007: 119):

Community rejections of research are underreported in the literature: negative views may be unknown to senior academic practitioners, as fieldwork is normally the responsibility of research assistants (Boutilier et al, 1997). At local level, therefore, conventional research may have a 'bad press' and the potential for action has, beyond any doubt, been the main stimulus for the broader community involvement achieved by these projects.

Wilmsen also states (2008: 16):

Addressing power relations is often put into practice through building the capacity of community members to more actively determine their own futures. In PR, the research process is as important as the research findings because it is through that process that capacity-building is thought to occur. The goal is for community members to develop research skills as well as the competency to use those skills to address their own problems. As they identify the research questions and carry out research activities, community members learn to analyze information they have collected and decide how to use this information. Most important, communities 'own' their research. That is to say, they have intimate knowledge of the research procedures and findings, and feel comfortable using or disseminating those findings themselves. Depending upon the specifics of the project, as well as local circumstances, the research process is thus intended to contribute to enhancing the capacity of community members to do better any or all of the following: mediate their own conflicts, represent their interests in wider social and political arenas, manage the resource sustainably, participate as informed actors in markets, build community assets with benefits from managing the resource (Menzies, 2003) and sustain their own cultures.

Diane Lewis (1973) in her paper "Anthropology and Colonialism" in the journal *Current Anthropology*, noted countering extractive means via "a sense of commitment" to fieldwork subjects and "their needs". Along with a willingness to engage "activism stemming from explicit involvement". Yet even this Lewis highlights is a positionality that is "inappropriate for the anthropologist in his professional role". Hence, Lewis advocated an 'insider' approach (Sanjek, 2015: 286-7), although we have found that Liz Milligan's (2016) inbetween approach has been the most effective means of a rapprochement for the insider/outsider dichotomy.



Vacchelli (2021: 164-165) emphasises that scholars have criticised extractive methods of research, where researchers question the research participant and extract what they need without caring to follow up or make sure participants are satisfied with the way they have been represented in the research. Such research, Vacchelli emphasises, is not concerned about setting up a data collection process where participants can also be engaged in the research process as co-producers of the knowledge that is being created. Hence, more ethical research is becoming more associated with creative participatory approaches and why Centric Community Research emphasises a **continuum model** wherein participants are involved in every stage of the research process.

Vacchelli (2021: 165) also notes that trust is important and must be cultivated before the onset of the data collection process, and that trust relies on the idea of a safe space that has been creatively formulated by researchers to uphold the interests of research participants and where they can share experiences.



Relational Ethics

Centric Community Research has found that trust, reciprocity, transparency, care, equitable flexibility, justice, sharing knowledge, dialogue, responsibility, exchange of information, and cultural humility are all vital when engaging a community for a research project.

This is even more relevant when those communities who are marginalised and minoritized. Shifting the power in this way so that communities play a greater role in research and have greater agency is known as **relational ethics**, and closely related to the 'ethics of care' outlined in the writings of Nel Noddings, is key for any researcher seeking to engage a community in a research project. Relational ethics is "based on a 'mutual and respectful' dialogue between the researchers and the prospective individuals and communities of research" (Liamputtong, 2010: 17).

Via this approach, **participants will learn about how the research can contribute to improving the health and wellbeing of themselves and their communities.** Likewise, researchers will come to know what the communities expect and what are their concerns about the research process. Creative community consultation is key to this, and is what we have utilised in our work over the years via:

- **Community dinners.**
- **Community meetings.**
- **Outreach.**
- **Collaborative solutions which harness informal interactions.**
- **Adaptive operations which value creative communications.**

Such community consultation is vital prior to participant recruitment for a research project as with it one can gauge the concerns, fears, dynamics and benefits of the research process for communities. Consultation in this way also helps to facilitate understanding of the research project for potential participants and to discuss issues around risk and consent. Moreover, this approach has been culturally relevant as among many communities which hail from the Global South making connections via interpersonal relationships and via food and talking is significant. Collaborative research was borne out of relational ethics in the context of working with minority ethnic and indigenous communities. Beauvais (2006) for instance noted that collaborative research is characterised by an equal relationship in planning and managing research. Ellis (2007) described relational ethics as being true to one's character and responsible for one's actions and their consequences on others.



While Battiste (2008: 508) noted that a research process should empower a marginalised community via their own knowledge which should be the final research output. Mohatt and Thomas (2006: 95) highlighted that research which does not stem from collaboration with communities is unlikely to produce any findings of use to those communities, and also exploits their data and input. Hence, beneficial collaborations are more likely to result in research which is “appropriate, relevant and respectful”.

Mikesell (2023: 33) notes that partnerships require the,

cultivation of collaborative and mutually beneficial relationships and invested dialogue, the recognition of self and other, the achievement of intersubjectivity, accountability for past research misconduct, and the understanding of how this work can be reparative.

Consideration of relational ethics centres issues around positionality and power, and it also bolsters the limited and restricted bog-standard institutional ethical processes which govern interactions with communities. In this way, as noted by Kovach (2021: 98), relational ethics are “more expansive” than a liability driven ethical focus common with institutional review boards and ethical committees within universities.

Relational ethics allows for this flux and flexibility as central to it is the fact that patterns of interaction should be adapted for the benefit of participants to ensure the highest level of respect and dignity (Adams et al., 2015).

Wood and Zuber-Skeritt (2022: 16) even go as far as to assert that anyone embarking on research with communities yet does not possess a sincere and genuine desire to improve society at large and the lives of others should refrain from conducting such research as “their lack of authenticity will soon become apparent, and they may do more harm than good.”

Relational ethics also addresses how our relationships with research participants from communities can change over time, and if they become our friends what then becomes of our ethical responsibilities towards them. How can we act in a humane and non-exploitative manner, mindful of our position as researchers? This is noted by Guillemin and Gillam (2004: 264).

Mosteanu (2022) states that,

To start with, ‘professional’ researchers need to see community or peer researcher as genuine partners and to acknowledge the work of community researcher as a legitimate research practice. The professionalisation of community researcher might be a way forward but only if it helps rethink the very idea of what counts as ‘expertise’ and ‘knowledge’. The professionalisation of community researchers could be useful if it helps expand our understanding of who is or who can be a researcher. This would require wider, structural changes that cannot be brought about by individual researchers. Without these changes, we risk reproducing the same gatekeeping practices that define more traditional research models.



Emmons et al. (2022) state:

However, missing from many of these discussions is the creation of an ongoing, bidirectional relationship between researchers and the community that centers equity considerations to inform study development in ways that would potentially increase access to, relevance of, and interest in specific research studies by members of historically disadvantaged communities.

Building equity into research involves much more than successful recruitment of a diverse study sample. A recent qualitative study focused on increasing African-American representation in dementia research noted that participants prioritized a two-way flow of information between researchers and participants that is consistent...



They also note:

Translational researchers often do not invest the time to develop skills and relationships with community partners that would support effective research design for inclusion of historically disadvantaged populations, to understand both the concerns and the rich potential of the community, or to understand the way in which study design features may reinforce structural racism and limit community power. Further, the translational research community has not invested at sufficient levels in building community capacity to more actively engage in research, which would allow for community expertise to be combined with foundational research knowledge in support of providing actionable feedback. Mechanisms are sorely needed to address these gaps and to serve as a bridge between least advantaged communities and researchers. With such mechanisms in place, it would be more likely that research projects are designed with community needs and interests in mind, in ways that will close gaps rather than widen them. We propose that an effort to re-imagine the ways in which we engage communities in research is long overdue.



Oetzel et al. (2022) state:

Community engagement in research is the degree of community partnership involvement in the various research tasks of the project. The study found that community engagement in research influenced partnership functioning, which affected synergy. Further, community engagement in research and synergy had direct positive impacts on outcomes including individual partner benefits, policy changes, and community outcomes.

They continue:

Partnership processes now has two key constructs, one of which is our second new element. Commitment to Collective Empowerment is grounded in CBPR's foundation of Freirean reflection/action cycles and literature on community empowerment. It reflects partner commitment to CBPR principles, the fit to community, people's influence, and their critical reflection to leverage community resilience to improve health outcomes.



The Significance of Relationships with Communities

To champion health equity, address health disparities and find out what is important to local residents in terms of public health, local authorities must engage with communities in a holistic manner. However, due to the history of inequality, disparity and barriers to both healthcare and local authorities, this is not a simple process. Moreover, effective community engagement involves communities in the planning, design, governance and delivery of services.

While public health practice should regularly draw upon community insights and community capacity so that people within communities can be involved in setting local health priorities, developing prevention programmes and delivering health activities. The reality however is that this is seldom the case and remains a lofty goal at best. This is exacerbated by the fact that public health is often organised in a manner which is in tandem with a **deficit model of health and a biomedical paradigm** which thwarts the contributions of communities being involved in promoting health, wellbeing and preventing disease.

There now must be a concerted effort to use community-centred approaches and make the shift to a public health system that works in tandem with community assets (local knowledge, people's skills and commitments), requirements and capabilities (South et al., 2015). Community-centred approaches should be integrated into public health strategies to reduce risk factors and enhance protective factors. In this way, people within communities can take both personal and collective action on things which affect their health. This includes access to services, improving poor housing or a lack of shops which sell healthy food. This also requires local authorities viewing communities as equitable partners and not as a mere resource, setting or target population upon which to implement plans.

Hence, to address the health needs of diverse communities, reduce health inequalities and promote mental wellbeing community action and empowerment must be central to any public health response. **There also must be effective co-production with communities at the hyper local level and linked to wider determinants of health such as housing and poverty** (South et al., 2017). Aversion to engaging communities, disregarding the issues most pertinent to communities or denial of health issues facing communities has served to instil distrust, apathy and marginalisation.



Communication Strategies to Rebuild Trust

It has long been documented that there are suspicions and fears around research particularly for black communities (Wallace, 2006: 73). Hence, Heller and Wyman (2019: 259-260) note that any efforts to promote community change are increased when the beneficiaries and recipients of the project trust and respect the people who are actively involved in promoting any new behaviours. In this way, **community workers who have a rapport with people in communities can facilitate health communication and behaviour change.** Where communication is lacking this is often a cause of community distrust (Beaton, 2006: 54). Alelezam (2021: 160) notes that public health professionals and clinicians should

aim to take responsibility for past actions, make amends, and regain trust within these communities. It is essential that public health professionals work with communities to assess their needs and desires with regard to health. Working closely with communities to understand and right past harms may help to improve relationships with communities in the future. Dismantling systems of oppression in society will go hand in hand with community engagement. Additionally, ensuring that healthcare professionals and public health researchers are trained in inclusive and anti-racist practices will ensure a more appropriate workforce that is attuned to the needs of individual communities.

Alelezam also highlights the significance of forms of community research to better engage communities in productive ways and particularly when it comes to issues around public health. Buchanan (2019: 345) suggested that communities should also play a role in deciding on policies which impact them particularly where there are higher potentials for harm. Indeed, threats to public health, and to climate change for instance, have major adverse effects on the most vulnerable communities. Buchanan has highlighted (2008: 15-21) that increased autonomy for communities results in better health and hence **when communities are empowered to take care of themselves and those around them this a more just process rather than paternalistic dictates issued from distant authorities.**

Hence, there must be a clear communication strategy where affected communities are involved. Saunders et al. (2013: 156) state:

It is not enough to simply make information available for use by the public. When conducting investigations, involving the community must be an integral part of the process and should be planned for.

Local authority officers therefore also need to get out of the office and tour the locales in which they work and around which their work is based. This is even more relevant given the fact that their work is supposed to be all based around serving the very communities in which they work. Officers and officials therefore need to understand some of the realities of daily living and day-to-day life.



For Public Health Strategies, Community Engagement is Key

Community engagement is emergent as a key facet in the implementation and development of public health interventions. Moreover, in emergency situations such as pandemics there is a greater need for local authorities to develop communication in ways which maximise positive behavioural responses from populations (Thompson et al., 2022: 1035). Community members can take on roles including participation in consultation processes, collaboration or leading on the design, delivery, and evaluation of public health strategies. A report in 2009 by Herbertson et al., articulated the following checklist for effective community engagement:

1. Prepare communities before engaging.
2. Determine the level for engagement required.
3. Integrate community engagement in each phase of the project.
4. Include traditionally excluded stakeholders.
5. Gain prior free and informed consent.
6. Resolve community grievances through dialogue.
7. Promote participatory monitoring by local communities.

With engagement it is important to avoid a myriad of pitfalls however which have been highlighted by Birley (2011: 139). Firstly, promises which cannot be kept should not be made. Secondly, care should be taken to avoid biases. Thirdly, all groups should be represented. Fourthly, medical professional should be part of any engagement.



Relevant Approach to Engagement

The right balance, format and energy is also required to retain, excite, and activate communities. Hence, the format pertinent to the community one is trying to engage must be gauged appropriately. Connected to this is the fact that the language used to engage communities is also not graded appropriately or in a manner that is easily accessible to many people within communities, “you need a degree to understand this stuff” is but one of the answers which has been heard from communities by some of the Centric team.

Institutions also do not tap into the mediums which are available when it comes to recruitment and employment, as there unaware of how to engage, hence missing out on engaging a large swath of youth.

Conclusion

The policy concerns, dominant structural issues, macro-level dynamics and grassroots realities for minoritised communities are often overlooked by researchers who are often influenced by rigid academic norms rooted in institutional racism, and colonial approaches. In our community research journey, we realised that research needed to be more equitable and not solely in the hands of dominant, powerful institutions which are often riddled with white fragility, systemic racism and injustice. There was a need to 'take research to the people' where they feel they also have a role and greater agency to shape research which impacts themselves and their communities. This is significant as community researchers can often extrapolate insights from data, which without their analysis, would be identified. Yet these Insights may also not necessarily be comfortable for institutional researchers and why they were unable to identify them in the first instance.

Relational ethics situates relationships as crucial to engaged research which exist far beyond a simple institutional paradigm, and hence must be negotiated, revisited, reflected upon and adapted. It also upholds human elements such as respect, communication, commitment, trust, and cultural humility. In seeking to address the power imbalances which often exist between communities and researchers, it interrogates the assumptions that such relationships are merely rigid, fixed and unchangeable.

Centric Community Research has found that research, its creation and dissemination must be based on collaborative processes which value transparency, respect, dignity, dialogue and shared learning. The development of spaces where these relational exchanges can occur are import to nurture equitable processes, and in the same way can drive research in a manner which reflects the lived experiences of communities rather than of dominant institutions.



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