Breathing Life into Theory

Illustrations of community-based research: Hallmarks, functions and phases

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The last three decades have seen a significant change in the research relationships between researchers and communities, and between universities and communities, around the emergence of community-based research (CBR). CBR in Canada can draw on its long tradition in participatory action research and Indigenous research from the late 1960s and early 1970s (Hall 2005). This research found new life with the creation in 1998 of the Community University Research Alliance (CURA) grant by the Social Sciences and Humanities Research Council (SSHRC), the Canadian Institute for Health Research (CIHR) partnership grants and similar grant models by other funders. Social science research is quickly moving toward community-based research models of engagement.

There are compelling reasons for this shift. Increasingly, community-based research (CBR) is being seen as a catalyst for social innovation, for public policy improvements, for solving complex community issues, and for promoting democracy in which local knowledge is valued in building local solutions. From a practical perspective, a community-based research approach recognises the community as knowledge-rich partners and does not portray knowledge as the sole domain of academic institutions. Rather, community engagement co-creates knowledge to maximise research utilisation (Small & Uttal 2005; Wallerstein & Duran 2003). CBR also brings theoretical advantage by delivering insider knowledge to the shaping of the research purpose and questions, and by collaboratively refining theories (Cargo & Mercer 2008; Fitzgerald, Burack & Seifer 2010). Finally, this approach responds to fundamental issues of fairness and equity. CBR advances 'knowledge democracy' by recognising knowledge creation as a matter of cognitive justice – of finding ways for community groups, government and academics to equitably work together in solving complex social issues (de Sousa Santos 2006; Gaventa 1993; Hall 2011).

Despite the fact that more and more researchers are conducting research that engages communities, there are few clearly defined guiding principles, ethical considerations and

national standards that should be followed. The intention of this article is to bring more conceptual clarity to CBR by reflecting on theory through practice and practice through theory.

The Centre for Community Based Research (CCBR) has been grappling with what CBR means, both through a conceptual lens (drawing on the theoretical discussions of others) and through its own practice (over 350 projects in 30 years). With a commitment to social change and innovation, it is well positioned as a bridge between academia and community. This neutral stance has enabled us to create space for melding theory and practice. Reflecting on theory through practice and implementing practice through theory enriches the understanding of how to carry out community-university research collaborations such that people gain the collective capacity to imagine how the circumstances of their lives could be improved. At CCBR we promote community-based research in both academic and community settings. We connect people who conduct CBR (through Community Based Research Canada and CUExpo conferences), and encourage CBR quality by housing the Community Research Ethics Office.

This article begins with theory. It very briefly reviews the definition of CBR and its hallmarks (what it is), functions (why to do it) and phases (how to do it). Next, three CBR case studies are presented to illustrate the practical implementation of CBR theory. The article ends with brief conclusions related to four insights revealed through the case studies. We believe that combining theory with practical illustrations enlivens CBR discourse, bringing greater contextual insight to the nature of CBR.

COMMUNITY-BASED RESEARCH: HALLMARKS, FUNCTIONS AND PHASES

There is a growing literature on collaborative research that intends to bridge the gap between diverse stakeholders for the common goal of addressing and resolving complex societal issues (Stoecker 2005). Three **hallmarks**, or guiding principles, have emerged from this literature that help to define CBR. *Community relevance* refers to the practical significance of the research to communities. Research is relevant when community members, especially those most affected by the issue under study, gain voice and choice through the research process (Smith 2012; Wilson 2008) and when researchers draw on the ways of knowing that people agree are valuable to them (Kemmis & McTaggart 2005). As such, community relevance honours the Indigenous research tradition that stresses self-determination (Kovach 2009). *Equitable participation* emphasises that community members and researchers equitably share control of the research agenda through active and reciprocal involvement in the research design, implementation and dissemination (Hall 1975; Nelson et al. 1998). Drawing on the 'southern' participatory research tradition, this domain acknowledges that, when people are conscious of their situation and the power that oppresses them, they can collectively work

towards a better future (Freire 1970). *Action and change* honours the 'northern' utilisation-focused action research tradition that is frequently associated with Kurt Lewin. This domain has an emphasis on social change through successive reflective *action* cycles (Lewin 1948, 1951). It stresses that the process and results of research should be useful to community members in making positive social change and in promoting social equity (Nelson et al. 1998).

Another way of thinking about CBR relates to the **functions** of research: why people pursue research. CBR can be seen to have three main functions: *knowledge production*, *knowledge mobilisation* and *community mobilisation*. CBR produces knowledge through critical reflection of personal and collective experiences, whether these experiences are recent (Clare 2006) or historical (Fals Borda 1987). It values experiential and practical knowledge assuming that people can create a new understanding that is grounded in their social involvements, which in turn creates a better informed practice that is guided by new-found insights (Israel et al. 1998). CBR knowledge production is done in collaborative, participatory and action-oriented ways. Research participants are engaged in designing, carrying out and using research while they contribute to the pool of knowledge.
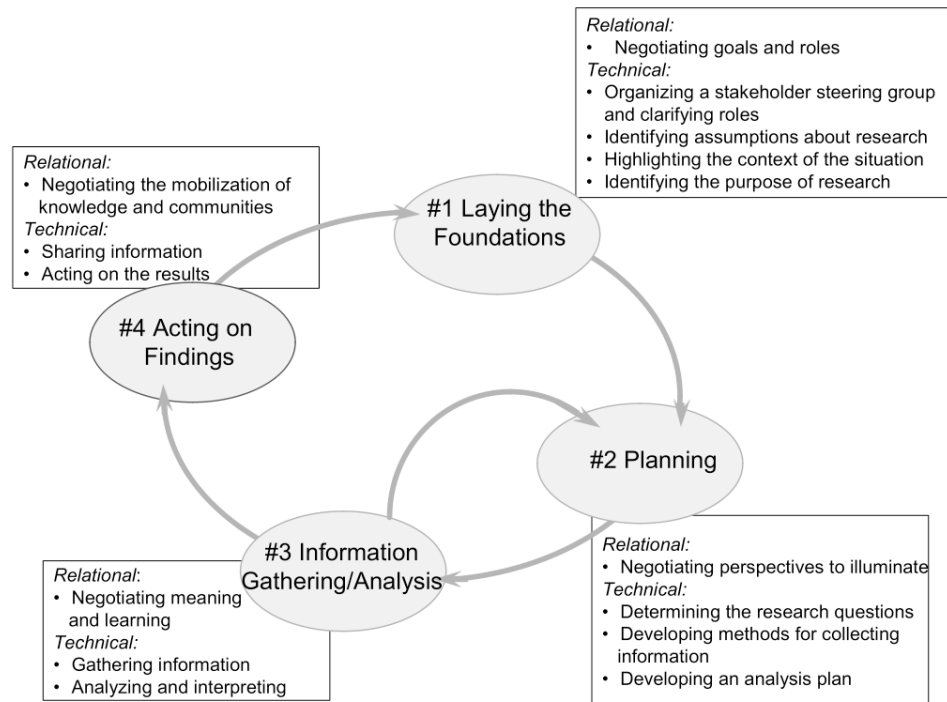
In addition to knowledge production, CBR also mobilises knowledge. Research findings are shared in ways that speak to various audiences and that enable people to use this knowledge to transform society within their respective spheres of influence. Creative means of mobilising knowledge might be required to fully engage partners in the sharing of research findings (Denis et al. 2003; Golden-Biddle et al. 2003; Jansson et al. 2009) and to develop innovative ways of mobilising findings to stimulate new social interventions (Nelson et al. 2005; Ochocka, Moorlag & Janzen 2010). For example, the Centre for Community Based Research uses creative communication strategies (e.g. theatre productions, videos, etc.) to motivate stakeholders to develop new evidence-based practice.

CBR also functions to mobilise people and communities for action. Knowledge production and social action are combined to improve health and social welfare (Cargo & Mercer 2008; Graham & Tetroe 2009). People can be motivated to act through research because the research connects with their experience and with their understanding of the world. Research can also bring people together in such a way that their reciprocal collaboration leads to innovative solutions. Such solutions require input from multiple perspectives, otherwise they may never emerge (Ochocka & Janzen 2007).

A third quality of CBR relates to the way the research is carried out. The **phases** of research involve a high degree of collaboration among stakeholders and researchers with constant feedback loops. The CBR process can be envisioned as four non-linear and repeated phases which are ever attuned and adaptive to emerging contexts and ongoing learning (CCBR 1998, 2004;

Janzen et al. 2012). The four phases include: (1) laying the foundations; (2) research planning; (3) information gathering and analysis; and (4) acting on findings. Each phase involves a number of steps that are not necessarily implemented in linear order. These steps happen rapidly and iteratively but sometimes can involve a longer term process (see Figure 1).

Figure 1: The four phases of community based research. Adapted from CCBR 1998, 2004.

Relational:
• Negotiating goals and roles
Technical:
• Organizing a stakeholder steering group and clarifying roles
• Identifying assumptions about research
• Highlighting the context of the situation
• Identifying the purpose of research

Relational:
• Negotiating the mobilization of knowledge and communities
Technical:
• Sharing information
• Acting on the results

#1 Laying the Foundations

#4 Acting on Findings

#2 Planning

#3 Information Gathering/Analysis

Relational:
• Negotiating meaning and learning
Technical:
• Gathering information
• Analyzing and interpreting

Relational:
• Negotiating perspectives to illuminate
Technical:
• Determining the research questions
• Developing methods for collecting information
• Developing an analysis plan

The four phases emphasise not only traditional technical elements associated with research rigour, but also foreground the relational aspects of collaborative research. They do so because of a belief that a collaborative process of inquiry, the engagement of all involved, is as important as the outcomes or findings of the research (Janzen et al. 2012; Reason 2006). This relational component is critical to all four phases of the research (see Figure 1).

CASE EXAMPLES

Below we describe three research projects conducted at CCBR as case examples which emphasise the three hallmarks of CBR (i.e. community relevance, equitable participation, and action and change). Each of the case studies also demonstrate the three functions of CBR and the collaborative process of conducting research that is both technical and relational. We believe that combining practical illustrations with theory brings fuller life and conceptual clarity to understanding CBR.

Diversity and Mental Health: Pursuing Research that is Community Relevant

The *Taking Culture Seriously in Community Mental Health* research study began with a research topic of practical relevance to the community. A number of ethno-cultural groups, with whom CCBR had conducted research previously, expressed to us their concerns about mental health struggles experienced within their

communities. The research literature also provided evidence that Western-trained service providers and program planners often do not understand the culturally specific meanings and customs attached to mental health and mental illness (James & Prilleltensky 2003). As a result, many cultural groups lack access to appropriate mental health services (Beiser 2003) or receive inadequate diagnosis and treatment (Al-Krenawi & Graham 2003). No previous studies had comprehensively examined culturally diverse meanings, early identification of mental health issues in marginalised cultural groups and the best practices for culturally inclusive services and supports within the mental health field.

The purpose of the study was to explore, develop, pilot and evaluate how best to provide more effective community-based mental health services for Canada's culturally diverse population. The project, a five-year SSHRC-funded Community University Research Alliance (CURA), was housed and directed at the Centre for Community Based Research. It was a collaboration among 45 partners from the Waterloo and Toronto Regions in Ontario, including interdisciplinary academics, ethno-cultural community groups and leading practitioners (from mental health and settlement sectors).

From 2005 to 2010, the project was carried out in three phases: (1) exploring diverse conceptualisations of mental health problems and practices through primary data collection; (2) developing culturally effective demonstration projects through collaborative proposal development with partners and community members; and (3) evaluating demonstration project development and implementation. Within the first phase, five methods were used (international literature review, key informant interviews, focus groups, service provider surveys and case studies) to gather data from over 300 individuals in multiple languages. Analysis of this data resulted in the development of a theoretical framework for improving mental health services for cultural communities. In the second phase, this framework was the basis for developing innovative demonstration project ideas intended to address many of the challenges and issues identified by participating communities and practitioners. In total, 12 demonstration project proposals were submitted to funders, with 6 successful in securing external funding beyond the study. Some projects were initiated by cultural communities, while others by settlement and mental health service organisations. All projects needed to demonstrate the reciprocal collaboration of cultural communities, practitioners and/or policy-makers. The third and final phase included a second round of data collection, focusing on evaluating the planning and implementation of these demonstration projects.

Five ethno-cultural communities were actively involved (Somali, Sikh-Punjabi, Polish, Chinese, Spanish Latin American) in both the Toronto and Waterloo regions. A number of mechanisms were used to implement this community-based research including (a) collaborative entry involving ethno-racial

communities in all phases of the research, including proposal development, data gathering/analysis, knowledge mobilisation and development of demonstration projects; (b) establishment of two steering committees which involved representatives from ethno-racial communities and other stakeholder groups meeting bi-monthly to guide all aspects of the study; (c) hiring, training and co-researching with 10 community researchers who were key ambassadors of the project within the participating communities; (d) a strong knowledge mobilisation component (bi-annual CURA bulletins sent to over 300 researchers/practitioners/policy-makers, two professional theatre productions, a round table for policy-makers, 10 community forums, 2 conferences, 14 peer-reviewed articles and over 40 conference presentations delivered nationally and internationally); and (e) 12 demonstration projects based on research findings (Ochocka 2007; Ochocka & Janzen 2007).

Lessons learned about community relevance. This community-university research initiative attempted to honour the 'Indigenous' self-determination research tradition in being relevant to community members. The people most affected by the issue were facilitated to gain voice and choice that was expressed in their own terms. Efforts were taken to meaningfully involve diverse communities and other stakeholders to produce new knowledge, to mobilise that knowledge, and in the process to collectively develop and implement new practice.

An important lesson that we learned through this project was about the critical role of researchers as 'research instruments'. Community researchers hired in this project were selected by their respective ethno-cultural communities based on their abilities to mobilise communities for action. Their research skills were secondary in the selection criteria, as the project provided them with solid research training and ongoing support both individually and as a group. These 10 people were the true 'ambassadors' of the project, able to quickly mobilise their respective communities during both research and action phases. All were trusted by their community, and all became recognised as mental health leaders within their community. Ensuring relevance of the research was therefore facilitated by these community animators who were themselves active members of the participating communities.

Still, the process of promoting relevant and meaningful research participation was not easy. To begin with, the sensitive nature of the research topic (mental health) posed challenges. Openly discussing mental health issues was not the norm for most participating communities – for some, the research project was their first attempt at broaching something that was described previously as being 'taboo'. This fact made the initial engagement with all 10 ethno-cultural communities challenging. Research entry took time, with a process for securing entry needing to be tailored to each of the participating communities and focused on building trust. The expectations of what the project could accomplish for the various communities varied a great deal. For example, some ethno-cultural communities wanted to have a

safe space to talk about mental health problems, some wanted to see new practice emerging, while others were expecting concrete outcomes such as securing ongoing funding for their own community-led organisations. We were careful not to raise unrealistic expectations. Rather, our approach was to issue an invitation to explore together, with the strength of many, the possibilities of re-creating a more responsive mental health system. (One community did in fact realise their wish and now receive substantial annual funding to run their own mental health organisation).

The complexity of the partnership, with ethno-cultural communities intentionally selected to represent diverse world regions, also made community relevance challenging. For example, research instruments and written materials needed to be translated and focus groups and feedback forums were conducted in different languages and in culturally appropriate ways. And the demonstration projects needed to resonate with a range of culturally and racially appropriate understandings of mental health. In short, the time and resources available to ensure relevant research and meaningful community processes were tight. We took as a key indicator of relevance the desire expressed by community members at the end of the project to continue our collaboration (which posed its own set of challenges related to disengagement).

Beyond ethno-cultural community members, other stakeholders also had expectations of what would make the research relevant. Service providers wanted to gain specific knowledge and skills to be able to better respond to ethno-cultural communities. Academics wanted to develop papers and presentations. Everyone wanted to see influence on mental health public policy. It was in this latter area (of public policy) that the research partnership was the most limited. While the project was able to develop new practice (six demonstration projects), the majority of these were not sustained over time (one did receive annual funding and a few others secured additional patchwork funding for a while). In short, most pilot projects were not integrated into the existing mental health system, despite participants hosting a well-attended policy roundtable and regularly informing a large number of policy-makers, policy analysts, funders and politicians about the study's progress and findings. Clearly, policy engagement was not at the level needed for funders and policy-makers to enact necessary changes within their sphere of influence.

Evaluation of Ontario's Consumer/Survivor Initiatives: Equitable Participation for Social Justice

CCBR conducted a seven-year study funded by the Ontario Mental Health Foundation and Canadian Institute of Health Research in which we evaluated the processes and outcomes of Consumer/Survivor Initiatives (CSIs). CSIs are organisations for people and run by people who struggle with their mental

health. This evaluation was part of a larger Community Mental Health Evaluation Initiative, the first ever multi-site assessment of community mental health programs in Ontario. In the case of CSIs, the focus was on mutual aid/self-help as one component of the broader mental health system.

The evaluation was longitudinal. We used a quasi-experimental design to examine the impacts of participation in CSIs on individual members and a comparison group of non-members at 9, 18 and 36-month follow-up intervals. In addition to quantitative outcome measures, qualitative data were gathered to provide more in-depth insights into the experiences of CSI members in the context of CSIs. We also collected data on system-level change activities in which the CSIs were engaged through the use of a quantitative tracking tool. The overall design and findings of the study are reported elsewhere (Nelson et al. 2006, 2007).

The study used a number of mechanisms that engaged all participants and participating organisations: (a) the involvement of CSI members in developing the study proposal and in selecting the study sites; (b) the hiring, training and supporting of consumers as co-researchers; (c) the use of a steering committee (including representatives from each of the participating CSIs, the Ontario Peer Development Initiative (OPDI) – the provincial umbrella group of CSIs, and researchers), which met bi-monthly to guide all aspects of the study; and (d) ongoing feedback and dissemination of study findings in both popular (e.g. news bulletins, forums, videos, workshops) and professional formats (e.g. journal articles, chapters in books) (Nelson et al. 2005).

Lessons learned about equitable participation. This research study was an example of the 'southern' participatory research tradition in linking research and education in the collective pursuit of social justice. From inception, the project was explicit in its agenda of advocating for consumer-run, self-help supports to be a recognised part of the mental health system with its fair share of funding. At the project level, consumers/survivors had control of the research agenda in proposal development, in participating and leading the steering committee, and in conducting research. Financial resources went directly to consumers/survivors and their organisations. The project legacy included: (a) qualitative and quantitative data for policy advocacy; (b) a DVD chronicling the CSI movement and evaluation; and (c) CCBR's Helmut Braun Memorial Scholarship for post-secondary students who are pursuing social justice studies and in need of financial assistance (www.communitybasedresearch.ca/Page/View/Yearly_Scholarship_Award.html).

As researchers, we learned a lot about what equitable participation means when researching with consumers/survivors. We had many opportunities to co-learn and co-create knowledge, and co-evolve CBR theory and practice. We became very self-reflective of our privileges, and learned to listen and be humble when consumers/survivors said 'it does not make

sense' and always to have a back-up plan for activities in case people were experiencing struggles. This project had an 'edge', with tough issues on the table both with the steering committee and within the research team. There were differences of opinion and disagreements among partners, which were often related to personal or interpersonal struggles or competing visions of the tactics or strategies that were needed. We often felt the frustrations of our partners when they were confronting barriers and difficulties in making a real change to our mental health system. But we learned that these kinds of challenges should be seen as healthy and forceful motivators for change and advocacy.

Lessons were also learned about the depth of responsibility researchers have when vulnerable populations agree to participate in research. We did manage to earn people's trust to the extent that many consumers/survivors participating in the research believed that we had their best interests in mind. However, once the relationships began to develop, some individuals shared painful experiences that were personally disturbing to us. Some needed considerable support and others had life limitations on performing their research tasks. On the tragic death of one of the community researchers, we needed to take extraordinary measures to ensure continued support among research partners, whether they were co-researchers, steering committee members or participants in the research. This included trips to the hospital, organising the funeral and supporting others (and ourselves) through the grief. As researchers, we needed to dig deep to deliver on creating a supportive environment for all.

We also experienced challenges in mobilising communities beyond the four participating CSIs. The project organised a 'presentation tour' to share research findings with CSIs across Ontario and produced a video featuring many CSIs. Both initiatives were very successful. However, the larger sociopolitical context played a role in limiting true systemic impact. The CSIs had been facing tough times, with limited funding increases from Ontario Mental Health and Long Term Care (OMHLTC). Some CSIs had become subsumed by larger non-consumer-run mental health organisations. Our engagement with these broader policy-makers and community mental health agencies was limited. Perhaps if we had had a subsequent project that focused more intently on knowledge transfer and broader stakeholder engagement, we might have witnessed more lasting impact.

A Waterloo Region Response to Immigrant Employment: An Action-Oriented Series of Projects
Between 2002 and 2011, CCBR undertook a series of five action research projects to address immigrant employment and underemployment within Waterloo, Ontario. Each project engaged many stakeholders to plan, act and reflect together. At the end of each project, the next set of actions was determined collectively by those involved in the previous projects.

In total, 350 people participated from six different stakeholder groups: immigrants, employers/business, government, academic institutions, community-based organisations and non-governmental funders. The projects were funded by over 20 multi-stakeholder groups. CCBR provided leadership and project coordination for the first three projects (Janzen, Hatzipantelis & Hogarth 2005). The fourth and fifth projects were led by the Greater Kitchener-Waterloo Chamber of Commerce and the Regional Government, while research played a background role in conducting evaluation and community facilitation (Dildar & Janzen 2009; Janzen & Dildar 2008).

The first project, entitled 'Voices for Change', involved consciousness-raising action research. This project highlighted the underutilisation of immigrant skills as a community-wide concern (not simply an immigrant special interest concern) by stimulating broad-based engagement. Evidence of immigrants' lack of employment and underemployment received media attention, with local dignitaries signing 'calls for change' directed at senior levels of government, employers and regulatory bodies. The second project focused on collaboratively determining the local response to immigrant employment through an Immigrant Skills Summit. A series of cross-stakeholder pre-summit focus groups identified actions for local stakeholders. This needs assessment/community action planning project concluded with the Summit (attended by over 100 key community leaders) that called for establishment of WRIEN (Waterloo Region Immigrant Employment Network). The third project focused on a detailed vision for WRIEN and on negotiations regarding its new collaborative structure. The fourth project was led by the local Chamber of Commerce and was designed to implement WRIEN's initial three-year mandate, with evaluation research ensuring that stakeholders continued to have a say in directing this comprehensive community initiative (see Janzen et al. 2012). The fifth and final project, 'Immigration Partnership: Settling, Working, Belonging', expanded the focus beyond employment to address other issues of settlement and belonging. This project also involved a number of community consultations facilitated by CCBR, under the leadership of the local regional government and a cross-stakeholder steering group (CCBR 2010; Janzen, Walton-Roberts & Ochocka 2012).

Lessons learned about action and change. This series of projects honoured the 'northern' action research tradition with a loop of ongoing cycles of planning, acting and reflecting (each project represented a complete cycle of all four CBR phases outlined in Figure 1). There was no master plan for these five projects. Rather, at the end of each project, stakeholders reflected on the project and planned what should happen next, creating and pursuing a new future together through research. The result was the development and maintenance of a new comprehensive community initiative (WRIEN and the Immigration Partnership), which at the time had no model to draw on within mid-sized Canadian cities (Janzen, Walton-Roberts, Ochocka 2012).

This lack of long-term 'strategic planning' proved to be a strength. The establishment of WRIEN and the Immigration Partnership as a concrete new structure occurred because its development was staged in a way that maximised stakeholder engagement one step at a time. Each step built on the previous step's successes and accomplishments. True, the context was important in creating conditions favourable to innovation (Waterloo Region prides itself on being a community that embraces innovation and collaborative 'barn raising', and by the fifth phase the Federal Government had provided a significant amount of funding). Yet equally important was that this series of CBR projects stimulated reflective action amongst diverse people and inspired creative solutions incrementally and in a sustained way.

Another lesson related to the changing leadership of the reflective action. Across the progressive project cycles, the primary leadership moved from a non-profit research organisation (CCBR) to an organisation representing the private sector (a local Chamber of Commerce) to eventual rest within a local regional government. With each change of leadership came a widening set of partners to implement new action and change. Other groups also played leadership roles within their respective sectors. For example, the many funding bodies provided their own type of leadership. Their involvement not only provided much needed financial resources (particularly in cycles one to three when no resources were available from senior levels of government), but also proved invaluable in engaging their respective constituents to join the collective action.

And where were the researchers in terms of leadership? 'It depends' is the answer. The role of researcher came to the foreground when it was needed and requested. This happened early on in cycles one and two when research stimulated the initial engagement. Researchers then receded to the background when other leadership made the desired action and change more likely. While the nature of the successive projects was not scripted but negotiated overtime, so too was the leadership. The rationale for leadership rested on which party was deemed most likely to move research into action at a particular time.

Not surprisingly, the biggest challenge related to working across sectors. The 'culture clash' between the non-profit and private sectors was most pronounced. Each had their own understanding of why this topic was important and what the 'rules of collaboration' should look like. For example, private sector participants generally valued brief early morning meetings that focused on rational decision-making and stressed the economic benefits of immigrant integration. In contrast, non-profit representatives tended to favour longer midday meetings that encouraged people to articulate why a particular topic was important and stressed immigrant integration as a social justice concern. Researchers needed to facilitate diverse stakeholders to develop a common vision for collective action, despite their differences in motivation and process style. The result was that this

series of initiatives mobilised diverse stakeholders to work together to find new ways around a common concern (Janzen et al. 2012; Ochocka et al. 2010).

CONCLUSION

Community-based research can be explained in different ways: what it is (hallmarks), why to do it (functions) and how to do it (phases). Understanding these three qualities is helpful when designing and implementing new studies. CBR can also be understood through the practice of lived experiences of researchers, participants, stakeholders and other groups involved. While theory provides explanations and concepts by which to understand what CBR is all about, practice provides concrete ideas of what it means to implement these theoretical concepts and how to deal with the messiness and challenges that sometimes emerge through CBR.

The three case studies presented demonstrate both the complexity and usefulness of CBR. All three research initiatives used a participatory approach to engage various stakeholders for action. They inspired and equipped people for change and produced innovative practices due to collaborative knowledge production and knowledge mobilisation efforts. However, they also highlighted the challenge of moving beyond engagement to create social change that influences existing systems. In particular, the CBR case examples illuminate four main insights on the nature of CBR. Our hope is that these practice-based insights will breathe additional life into CBR theory.

The first insight relates to the apparent tension between academic excellence (the technical aspects of research) and community relevance (the relational aspects of research). It is tempting to articulate this tension as a zero sum balancing act where the upholding of one is done at the expense of the other. In other words, pursuing the rigour and standards of research quality is done to the detriment of meaningfully engaging people, and vice versa. We found, however, that effective CBR can pursue both excellence and relevance, and aspire to do so with each in full measure (recognising that this ideal is not always achieved). The key to fully embracing both excellence and relevance lay in recognising and utilising the skills and expertise of all research partners. In each of the case studies, the wherewithal to conduct excellent research that was relevant was present in the collective. Shifting leadership to the most knowledgeable partners, whether for the technical or relational aspects of research, brought the required expertise to the fore. In addition, the mutual mentoring and supporting of research partners in the various research tasks also enabled the research partnerships to simultaneously pursue both qualities.

The second insight relates to engagement. Community engagement within research seems to be directly linked to the deeper values and assumptions about the nature of research. Engagement is more likely to happen when community members

and other stakeholders witness that researchers view the research project as supporting a strategic social movement – a movement with the goals of facilitating sociopolitical awareness and systemic change. Creating and maintaining this intellectual and safe 'research space' where people can gather, conduct high-quality research, learn from each other and advocate for social change is an important facilitating factor for successful CBR.

At the heart of CBR is the desire for action and positive social change. Yet CBR projects are conducted within the confines of a broader sociopolitical context. This context plays a critical role in the implementation and ultimate impact of any research study. The case studies demonstrate that it is truly difficult for a single research project (even one that is multi-year and multi-partner) to influence existing socioeconomic systems and to create substantive change. The third insight therefore relates to longevity and reach. Impactful CBR is more likely within a sustained research agenda that exists over time. It is also more likely if knowledge and community mobilisation efforts involve a wide range of stakeholders, as well as policy-makers. Obviously, human and funding resources are needed to build such a prolonged and involved research agenda. But as the WRIEN case example demonstrates, repeated and sustained cycles of CBR are more likely to maximise the potential to facilitate concrete changes in existing systems.

The final insight relates to CBR researchers themselves. CBR researchers are the key to successful CBR projects through their competencies in ethics, through their skills in navigating and facilitating complex partnerships and through having both relational and technical research integrity. While understanding the 'researcher as instrument' is nothing new, what the case studies reveal is that this truism extends beyond data gathering. Indeed, CBR researchers can be seen as the catalysts that link and enliven the three hallmarks, three functions and four phases of community-based research.

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