



# **Guiding Principles for Community Development Practice**

**Coalition of Community Health and Resource Centres  
Community Developers Network**

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COALITION DES CENTRES  
DE RESSOURCES ET DE SANTÉ  
COMMUNAUTAIRES D'OTTAWA



COALITION OF  
COMMUNITY HEALTH AND  
RESOURCE CENTRES OF OTTAWA

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## Executive Summary

The Coalition of Community Health and Resource Centres (CHRC) is a network of multi-service community-based health and resource centres. CHRC Community Developers<sup>1</sup> (CDer's) are the key staff facilitating social change and capacity building.

The Community Developers Network (CDN), with funding support from Community Development Framework (CDF), embarked on a process to develop 'Guiding Principles for Community Development (CD) Practice' that clearly articulates what is involved in the broad spectrum of CD work.

The intention of this document is to describe community development practice within the Ottawa coalition of community health and resource centres. The work supports the Alliance for Healthy Communities and the World Health Organizations model of health and well-being as: "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." With a goal to achieve better health for all, championing transformative change for people and communities facing barriers to health.

The development of guiding principles was informed by a review of relevant literature and a half-day focus group involving CHRC CD staff.

The framework highlights four core principles that define the work of CD. The report provides additional detail for each area.

- Challenging Systemic Inequity & Power Dynamics & Supporting Empowerment
- Responsive to Community
- Transformational Practice
- Partnership & Collaboration

This report provides a summary of the thinking to date regarding Guiding Principles for Community Development Practice.

Community Development has immense potential to improve the lives of those living in our community (especially the most marginalized and vulnerable) by building on strengths/assets, increasing community to address challenges, and advocating for system level change. However, CD practice is not well understood by many.

This document provides a starting point to create a shared understanding of CD practice. As CDN continues to refine and articulate the Guiding Principles for CD Practice, it will become a valuable tool to create a clear understanding of this important role.

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<sup>1</sup> References to "Community Developers (CDer's) refer to all CHRC staff who do community development work regardless of job title.

## I. Introduction/Approach

### Background

The Coalition of Community Health and Resource Centres (CHRC) is a network of multi-service community-based health and resource centres. The Coalition recognizes the importance of responding to the diversity of needs within local communities and pays attention to those members of the community who are most vulnerable<sup>2</sup> and face barriers to health and social services. One area of focus for the CHRC Coalition is the coordination of the Community Development Framework (CDF).

CHRC Community Developers (CD'ers) are the key staff facilitating social change and capacity building. CD'ers work with a broad range of communities including place-based communities (e.g. CDF activities in various settings including neighbourhood and rural community work) and communities defined by common interests/needs (e.g. youth, seniors, cultural groups), and communities of practice (e.g. internal inter-disciplinary teams and external cross-sectoral initiatives).

The Community Developers Network (CDN), with funding support from CDF, embarked on a process to develop 'Guiding Principles for Community Development (CD) Practice' that clearly articulates what is involved in the broad spectrum of CD work.

CHRC's have a varied approach to CD work based on funding structures and communities served (e.g. urban, suburban, rural, specific vulnerable populations). As a result, each centre defines the CD role(s) differently (e.g. job descriptions and titles). It is intended that the Guiding Principles for Community Development (CD) Practice' will apply to any staff person with a community development function regardless of title/job description.



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<sup>2</sup> The CDN Terms of Reference notes that: "The CD Network recognizes the power of language and works to use words that reflect the spirit and principles of Community Development work. An example where reflection might be needed is with the expression "people at risk" used in this document. This common expression in social service spaces serves to make invisible the systems at play (such as colonialism, classism, transphobia, etc.) and reduces people to simple disempowered identities."

## Methodology

Representatives from CDN served as an advisory group (see Appendix 1) working with the consultant.

Background documents and literature review provided baseline information regarding current trends defining CD (see Appendix 2).

Building on this information, 21 CHRC staff who do community development work participated in a half-day focus group to identify key principles that currently guide their practice. Engaging input of CD'ers from across Ottawa ensured that the full range of CD work (urban, rural, sub-urban, place-based, systemic change) was considered in creating the guiding principles.

The results of this focus group have been used to create the Guiding Principles for Community Development Practice that follows.





## II. Guiding Principles for Community Development Practice

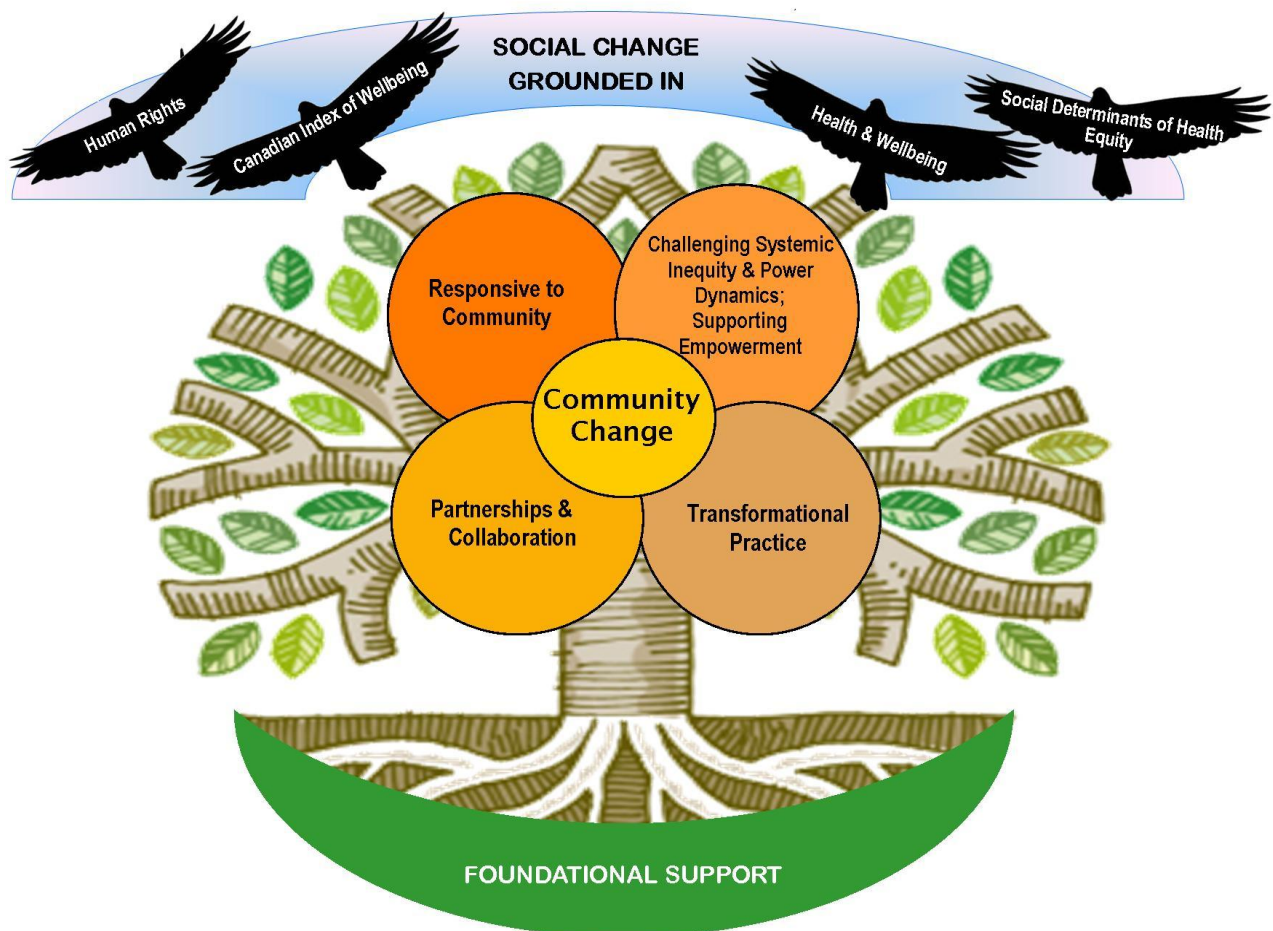
The importance of clarity regarding guiding principles became increasingly evident as this work unfolded. The overall connection is the resulting impact on community change. This work is grounded in over-arching principles of social change and requires foundational supports to provide the infrastructure capacity for CD practice.

The framework below highlights four core principles that define the work of CD.

- Challenging Systemic Inequity & Power Dynamics & Supporting Empowerment
- Responsive to Community
- Transformational Practice
- Partnership & Collaboration

These principles are strongly inter-related and as such are used in all CD activities. Depending on the activity, one principle may have a greater focus, but the other principles are still considered when planning the most appropriate approach.

The following sections of this report elaborate on each of the elements of the guiding principles.



Clarity regarding the principles that define the intention for the intervention and the focus on community are critical.

CD activities may at times look the same as other programs and services offered by CHRC's. In other programs and services, CHRC staff and volunteers "run" the program. In contrast, a community development activity is initiated in response to a need identified by the community, developed with the community, builds community capacity and is linked to broader systemic change.

It could be argued that many of the CD principles identified, also apply to the work of other staff within CHRC's. The key distinction is that the work of other staff focuses primarily on individual change (either 1:1 or in a group setting). In contrast, CD efforts focus on broader community change.

There are times where this distinction can be blurred as demonstrated in the diagram below. CHRC's will need to work with staff to ensure that as work is developed, the intention and focus for the work is clear to all.



While not all CHRC's are recognized as "health" care organizations, the work of CHRC's fits the current understanding of health. The most commonly accepted definition of health comes from the World Health Organization (1948) - "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

In fact, there is a growing body of knowledge that confirms that the factors that most impact people's health are not those addressed by the traditional health care system. Research is showing that the greatest impacts on health are related to factors such as poverty, sense of belonging, social isolation and discrimination.

Social change involves changes to individuals, communities, organizations, systems, and structures that take place over time. Grounding the principles of social change in the social determinants of health, equity, health and well-being, domains form the Canadian Index of well-being and Human Rights; the focus of change is to address the barriers faced by vulnerable populations.

Social Change that improves people's lives requires advocacy for basic rights such as:

- Access to housing
- Food security
- Health and well being
- Democratic process





# Challenging Systemic Inequity & Power Dynamics; Supporting Empowerment

## Definition:

Integrating Anti-Oppression Strategies in all approaches to CD work.

## Why?

CD strives to:

- Challenge the status quo
- Contribute to positive social change/justice
- Identify and address root causes of inequity
- Improve quality of life through health equity

## This means that we will.....

- Engage others by creating a shared understanding regarding systemic inequity
- Create spaces and leverage resources to speak out on concerns that impact vulnerable communities
- Advocate for system change
- Support communities to create, advocate and drive change

## Tangible examples of this principle in action

- Community safety initiatives
- Harm reduction initiatives
- Advocacy for income security
- Advocacy regarding adequate and affordable housing



# Responsive to Community

## Definition:

As noted previously, CD'ers work with a broad range of communities including place-based communities (e.g. CDF activities in various settings including neighbourhood and rural community work) and communities defined by common interests/ needs (e.g. youth, seniors, cultural groups), and communities of practice (e.g. internal inter-disciplinary teams and external cross-sectoral initiatives)

Being responsive to the community means that the work of CDer's is grounded in a comprehensive understanding of the community, including its strengths, challenges, needs and priorities.

## Why?

Being responsive to the community ensures that CD initiatives

- Are led by the community
- Truly meet the needs of the community
- Build on community assets and strengths
- Result in social change that is effective and impactful

## This means that we will.....

- Meet people "where they are at"
- Take time to understand the needs, concerns, solutions, and aspirations of the community
- Create opportunities for sustainable and meaningful engagement of community members in decision-making
- Promote community leadership
- Develop solutions with the community
- Facilitate connections/networks/resources on behalf of the community – act as a broker
- Engage and listen to all community interests and concerns but actively support populations that may not be in positions of power.



### **Tangible examples of this principle in action**

- Needs assessments/environmental scans/consulting/engaging/evaluation/big picture strategy (e.g. information gathering, knowing the community history)
- Conversations with key community members to build trust/relationships
- Providing the supports/favorable conditions for engagement (i.e. space, childcare, fun food, etc.)
- Connecting people to each other and to the issues
- Having community at planning tables in a meaningful way



# Transformational Practice

## Definition:

Transformational practice is a multi-faceted approach that creates dynamic relationships and shared learning and growth.

Transformational practice is grounded in:

- Approaches to popular education
- Education that challenges power
- Fostering knowledge
- Learning processes (to learn or unlearn)
- Challenging systems and ideologist dominant culture
- Nurturing critical consciousness
- Championing existing knowledge
- Knowledge humility
- Co-education with users

In Community Development, transformational practice applies to:

- The continuous development of the CD practitioner including:
  - reflective/learning practice
  - willingness/eagerness to grow and learn
  - an approach that is flexible and accepting
- The approach to working with others





## Why?

Transformational practice results in:

- Shifting sources of power and influence
- Congruence to decolonization work (unlearning what is best for someone else)
- Praxis (bringing theory to practice)

## This means that we will.....

- Value/celebrate experience, implement reflective practice
- Build noticing skills and a stance of curiosity
- Commit to learning and unlearning
- Leverage all voices (including those unheard/non-powerful) ensuring that they are speaking their truth
- Be mindful of where energy is
- Think intersection-ally
- Acknowledge the power of language in any context
- Embrace uncomfortable conversations and conflict

## Tangible examples of this principle in action:

- Investment in building relationships, dialogue and trust
- Building time and processes for critical reflection and evaluation for example, Creating the Change We Want workshops
- Integration of arts and culture into CD practice



# Partnerships & Collaboration

## Definition:

Partnerships and collaboration offer the opportunity to work together to build capacity and develop social capital.

## Successful partnerships require:

- Commitment by all parties involved
- Respect for and interest in understanding differing mandates, roles and perspectives
- Uncovering opportunities to work together with shared vision, mission, goals, outcomes, understanding, measurement – often defined in a formal agreements
- Respect for capacity and limitations of engagement
- Sharing of knowledge
- Focus on co-creation
- Regular and effective communication



## Why?

A commitment to partnerships and collaboration recognizes that we cannot work effectively in silos because the problems we are addressing are multi-faceted/multi-dimensional. This approach to CD work results in many benefits including:

- Leveraging resources and support
- Increased collective capacity - each partner brings a unique asset
- Multi-disciplinary partnerships offer a diversity of knowledge and expertise

### **This means that we will.....**

- Be fluid, flexible and adaptable in our approach to CD work
- Facilitate and develop relationships
- Create networks and identify connections
- Build strategic partnerships with all levels including inter-disciplinary initiatives at CHRCs and alongside community, agencies, government, etc.
- Transparently connect and engage with community members
- Foster internal / external opportunities emphasizing innovative collaboration

### **Tangible examples of this principle in action**

- Purposefully engaging in partnerships that offer strategic influence (Community Development Framework, City for All Women Initiative, Making Voices Count)
- Fostering collaboration and co-creation alongside residents, organizations, governments, and other stakeholders in response to local needs (e.g. developing rural service hubs in West Carleton, collaborative safety responses such as United Neighbours Levers of Change or the Post Incident Neighbourhood Support Network)





# Foundational Support

## Definition:

Partnerships and collaboration offer the opportunity to work together to build capacity and develop social capital and forms the necessary basis for sustainable CD practice in CHRC's as the premise upon which all CD practice is supported and facilitated. Basic resources (staff, funding, administrative infrastructure, backbone organizations) that need to exist to create space for change, which could include access to common space, social connection, access to knowledge.

Foundational support is required for CD work to be most effective. Three priority areas were identified through this process.

1. Organizational commitment to dedicated staff time and the flexibility to carry out the CD role. Recognizing that each CHRC has different levels of funding for CD work, how much can be committed is a decision that each organization must make.
2. Investment in the “backbone” infrastructure to support CD work. This includes infrastructures within organizations, and external structures such as CDN, CDF.
3. Efforts to support evidence-based best/promising practice and evaluation.





### III. Recommendations

- Integrate the *Guiding Principles for Community Development Practice* into all aspects of CD work
- Ensure the principles become a living document by sharing widely with partners to identify opportunities for collaboration and learning. Review principles regularly.
- Use the principles as a core document when making decisions
- Fully explore tensions that may arise through the application of the principles, e.g. 'Responsive to Community' and 'Challenging Systemic Inequity and Power'
- Identify gaps requiring additional training while building opportunities for shared learning at CDN
- Develop evaluation metrics that can be tracked and shared to articulate the impact and value of CD practice

### IV. Conclusion

Community Development has immense potential to improve the lives of those living in our community (especially the most marginalized and vulnerable) by building on community strengths/assets, increasing community capacity to address challenges, and advocating for system level change. However, CD practice is not well understood by many.

This document provides a starting point to create a shared understanding of CD practice. As CDN continues to refine and articulate the Guiding Principles for CD Practice, it will become a valuable tool to create a clear understanding of this important role.





## **APPENDIX #1 - GUIDING PRINCIPLES FOR CD PRACTICE**

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## APPENDIX #2 - LITERATURE/BACKGROUND DOCUMENTS REVIEW

### Sent to focus group participants

#### Literature/Background documents review

A broad variety of resources have been reviewed. These resources approach a discussion of CD from a variety of perspectives and as such, refer to principles, values, and strategies.

The chart below attempts to summarize the concepts found in each of these resources and identifies where there are common themes being identified. The numbers on the chart identify the source resource as listed at the end of document.

There is clearly a great deal of consistency in how principles for CD are defined with seven themes identified by eight or more sources.

This summary was reviewed and refined by the project advisory group. The group identified additional themes be added to this summary. They are noted in red.

Please take a few minutes to review these themes in advance of the February 6<sup>th</sup> meeting and consider how they may be reflected in your practice.

|   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |    |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|
| Community led   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |
| Value existing knowledge and lived experience   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |
| Popular Education (building critical dialogue/critical consciousness) includes:<br>Anti-Oppression/<br>Anti-discriminatory practice,<br>Non-Authoritarian |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |
| Inclusion   |   |   | X | X |   | X | X | X | X | X  |    |    | X  | X  | X  | 10 |
| Building and maintaining partnerships/Relationships/connections   | X | X | X |   | X |   |   | X | X |    | X  | X  | X  | X  |    | 10 |
| Equity <sup>3</sup>   | X |   | X | X | X | X | X |   |   |    |    |    | X  | X  | X  | 9  |
| Strength-based/asset-based approach   | X |   | X |   | X | X |   |   | X | X  | X  |    |    | X  | X  | 9  |
| Community Engagement  |   | X | X |   |   |   |   | X | X | X  | X  | X  | X  |    | X  | 9  |
| Empowerment   |   |   |   | X |   | X |   | X | X |    |    | X  | X  | X  | X  | 8  |

<sup>3</sup> S'inspirer de l'Optique d'équité de l'IVTF

|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |   |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|---|
| Social Justice/ Human Rights/Social Action <sup>3</sup> /Political Action/Advocacy | X | X |   | X | X | X |   |   |   |    |    |    | X  | X  | X  | 8 |
| Sustainability building  |   |   |   |   | X |   |   |   |   | X  |    | X  |    |    |    | 3 |
| Respect  |   |   |   | X |   |   |   |   |   |    |    | X  |    |    | X  | 3 |
| Builds Social capital  |   |   |   |   | X |   |   |   |   | X  |    |    |    | X  |    | 3 |
| Health & Well-being/social determinants of health                                  | X |   |   |   |   |   |   |   |   |    |    |    |    | X  | X  | 3 |
| Democratic   |   |   |   |   |   | X |   |   |   |    |    | X  |    |    |    | 2 |
| Integrated   |   |   |   |   |   | X | X |   |   |    |    |    |    |    |    | 2 |
| Holistic   |   |   |   |   |   |   |   |   |   |    |    | X  |    |    | X  | 2 |
| Open to full range of action strategies  |   |   |   |   |   |   |   |   |   | X  |    |    |    |    | X  | 2 |
| Improve access to information and services   | X |   | X |   |   |   |   |   |   |    |    |    |    |    |    | 2 |
| Universality   |   |   |   |   |   | X |   |   |   |    |    |    |    |    |    | 1 |
| Upstream   |   |   |   |   |   | X |   |   |   |    |    |    |    |    |    | 1 |
| Clarity of purpose   |   |   |   |   |   |   | X |   |   |    |    |    |    |    |    | 1 |
| Everyone is a stakeholder  |   |   |   |   |   |   | X |   |   |    |    |    |    |    |    | 1 |
| Commitment   |   |   |   |   |   |   | X |   |   |    |    |    |    |    |    | 1 |
| Two-way communication  |   |   |   |   |   |   | X |   |   |    |    |    |    |    |    | 1 |
| Flexible/responsive  |   |   |   |   |   |   | X |   |   |    |    |    |    |    |    | 1 |
| Clear timelines  |   |   |   |   |   |   | X |   |   |    |    |    |    |    |    | 1 |
| Ethical  |   |   |   |   |   |   | X |   |   |    |    |    |    |    |    | 1 |
| Holistic approach  |   |   |   |   |   |   |   |   | X |    |    |    |    |    |    | 1 |
| Reframing problems to find new options   |   |   |   |   |   |   |   |   | X |    |    |    |    |    |    | 1 |
| Diversity of opinion/perspective is welcome  |   |   |   |   |   |   |   |   | X |    |    |    |    |    |    | 1 |
| Success needs to be recognized/celebrated  |   |   |   |   |   |   |   |   | X |    |    |    |    |    |    | 1 |
| Activities should be fun/social  |   |   |   |   |   |   |   |   | X |    |    |    |    |    |    | 1 |
| Not all communities are ready for development activities                           |   |   |   |   |   |   |   |   | X |    |    |    |    |    |    | 1 |

|                             | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |   |
|-----------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|---|
| CD is a process             |   |   |   |   |   |   |   |   |   |    |    | X  |    |    |    | 1 |
| Consider environment issues |   |   |   |   |   |   |   |   |   |    |    | X  |    |    |    | 1 |
| Lifelong learning           |   |   |   |   |   |   |   |   |   |    |    |    | X  |    |    | 1 |
| Self Help                   |   |   |   |   |   |   |   |   |   |    |    |    |    | X  |    | 1 |

<sup>4</sup> "Individual and systemic advocacy are the tools and the means for social action" Thunder Bay - Panel on Social Action, Cathy Crowe, June 2, 2006



## **Sources:**

1. Vancouver Coastal Health (2009) '*Community Development in Action: A Profile of Community Developers in Vancouver Community Health Services*' Vancouver Coastal Health
2. Coalition of Community Health and Resource Centres of Ottawa, Community Developers' Network '*Increasing Civic Participation: Program Logic Model for the Ottawa CRC/CHC Community Developers Coalition Evaluation Project*'
3. Coalition of Community Health and Resource Centres of Ottawa, Community Developers' Network '*Community Developers' Lens on Resident Engagement*' – draft
4. *Values and Principles of Community Development* (2006) – course glossary
5. Hoffman, K. and Dale, J. (2013) '*A Rural Community Development Strategy for Ottawa's Community Resource Centres*'. One World, Ottawa, ON
6. Ontario Healthy Communities Coalition. Website
7. Fraser Health (2009) '*Community Engagement Framework*'
8. Scottish Executive Guidance for Community Learning and Development (2004) '*Working and Learning Together*' Scottish Executive, St. Andrew's House, Scotland
9. Cavaye, J. *Understanding Community Development* (Rural focus) Cavaye Community Development, Vibrant Communities Canada website
10. Community Development Society '*Principles of Good Practice*' website. Rochester, NY. Schmitt, D. (2014) '*Rethinking Community Development*' TEDxUNCAsheville
11. Latopa, A and Saidu, M. (2015) '*Analysis of Values and Principles of Community Development: A Response to the Challenges of Building a New Nigeria*' *Conference Paper, 7<sup>th</sup> Annual National Conference of the College of Administrative Studies and Social Sciences Kaduna Polytechnic, Nigeria.*
12. The Neighbourhood House and Learning Centre (2003) '*Sector Framework*', Association of Neighbourhood Houses & Learning Centre, Melbourne.
13. Coalition of Community Health and Resource Centres of Ottawa, Community Developers' Network *Key points from CD Guiding Principles meeting notes: Oct 17 and Nov 1, 2017*
14. Jackson and Labrecque (2006) '*Appendix: Principles and values of Community Development Work – a very brief summary*' Ottawa CRC/CHC Community developers Coalition Evaluation Project

## APPENDIX #3 - OTHER REFERENCES

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Canadian Index of Wellbeing (2016) *'How are Canadians Really Doing? The 2016 CIW National Report'* University of Waterloo, Faculty of Applied Health Services, Waterloo

City for All Women Initiative (2015) *'Equity and Inclusion Lens Handbook: A Resource for Community Agencies'* Ottawa

Coalition of Community Health and Resource Centres of Ottawa, Community Developers' Network (2014) *Terms of Reference*

Crowe, C. (2006) *'Why is advocacy or social action important?'* Presentation, Panel on Social Action, Thunder Bay

McLaughlin, H. (2009) 'What's in a Name: 'Client', 'Patient', 'Customer', 'Consumer', 'Expert by Experience', 'Service User' – What's Next?', *British Journal of Social Work* **39**, 1101-1117.

## APPENDIX #4 – DEFINITIONS

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### **Oppression:**

- Oxford dictionary: Prolonged cruel or unjust treatment or authority. This includes contexts where an individual or group does not have power to change the situation due to various societal barriers.

### **Anti-oppression**

- Working actively to reverse/challenge oppression. This involves building self-awareness, supporting individual and group empowerment, interrupting or subverting oppressive dynamics and creating conditions for equity.

### **Social Change**

- Working in solidarity towards systemic change, social justice and security. Requiring person empowerment, positive action, development of communities, organizations, power relationships, participation and leadership resulting in improvements to the environment (social, cultural, natural and built). (Rod Purcell)

### **Foundational Support**

- Partnerships and collaboration offer the opportunity to work together to build capacity and develop social capital and forms the necessary basis for sustainable CD practice in CHRC's as the premise upon which all CD practice is supported and facilitated. Basic resources (staff, funding, administrative infrastructure, backbone organizations) that need to exist to create space for change, which could include access to common space, social connection, access to knowledge.

### **Critical consciousness**

- Learners engaging in dialogue to question and achieve a better understand of their historical, cultural, political and social context.

### **Popular Education**

- An informal educational approach where people work and learn together in a variety of alternative settings (community, casual conversation, outdoors etc...) to gain knowledge from each other. This approach inherently believes all participants have knowledge to share based on lived experience and alters the traditional 'teacher to student' power dynamic. Participants are active in learning through a sharing environment.

### **Empowerment**

- Process of supporting communities, and their members, to develop their capacity and abilities, and be better able, and more confident, to find their voice and recognize the power of that voice, especially in controlling one's life and claiming one's rights



## **Human Rights**

- All human beings have the right to be treated equitably based on their unique set of circumstances and needs. United Nations Universal Declaration of Human Rights.

## **Transformational Practice**

- Engagement that is fundamentally a transformational learning experience promoting critical analysis to achieve more in-depth understanding of systems, culture and the social determinants of health. Acknowledging and valuing lived experience as existing knowledge in order to bring theory to practice.

## **Social Determinants of Health-World Health Organization definition**

- The social determinants of health (SDH) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.

## **Intersectionality**

- The complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or intersect especially in the experiences of marginalized individuals or groups.

## **Equity**

- Equity is treating everyone fairly by acknowledging their unique situation and addressing systemic barriers. The aim of equity is to ensure that everyone has access to equal results and benefits. (CAWI Equity and Inclusion Lens Handbook- A resource for community agencies)