



INCLUSIVE AND COMMUNITY-CENTRED RESEARCH

---

# Building Inclusive Research Infrastructure for Health Equity

*An introduction to Elysium London, and to research that shifts  
power to the communities it serves.*

AN ELYSIUM LONDON INTRODUCTION • JULY 2026



**FOREWORD**

---

## **As a Pakistani Muslim, I learned early that the system was not built for people like me.**

Growing up in Lambeth, racism, discrimination and inequality were part of my everyday experience. So was the strength that met them: a strength shared with people from my own community and others in the same struggle, rooted in culture and identity.

In 2020, during the COVID-19 pandemic, I became a community researcher and began to see those problems through a new lens. For too long, people like me had been excluded from research: the very work that decides what is done about lives like ours. Our local knowledge was extracted, and we were left hoping for a better tomorrow without the chance to shape it.

Since then I have dedicated my life to shifting the paradigm in research: so that communities lead it, from design to delivery to dissemination, in a way that builds hope, power and change that lasts. Yet even the best intentions across the sector hit a wall. That wall is the systems and processes that govern research: the infrastructure of how the sector operates.

So when I set out to launch Elysium London, it was with one clear vision: to build the infrastructure that works, for the people who need it most. That is what we are building, the infrastructure for inclusive and community-centred research. This document explains why it matters, who we are, and how we plan to do it.



---

## **Muhammed Rauf**

**FOUNDER AND MANAGING DIRECTOR**

## CONTENTS

---

# What is inside.

<b>Foreword</b>	<b>2</b>
<b>Why this matters</b>	<b>4</b>
<b>The problem</b>	<b>5</b>
<b>How we work</b>	<b>7</b>
<b>Our frameworks</b>	<b>8</b>
<b>Founder track record</b>	<b>10</b>
<b>The Inclusive Research Collaborative</b>	<b>11</b>
<b>Vision and mission</b>	<b>13</b>
<b>Further reading</b>	<b>14</b>

---

## WHY THIS MATTERS

# Where you live still shapes how well, and how long, you live.

Health in England follows a steep social gradient. The communities furthest from power carry the most illness, the earliest, with the fewest resources to meet it. These differences are not natural. They are structural, avoidable, and widening.

The cost is human. In the most deprived areas, people develop long-term conditions almost a decade earlier than those in the least. Many meet discrimination in the services meant to care for them. And with each round of consultation that leads nowhere, trust in research and in institutions erodes a little further.

Research helps decide what the country does about all this, and the ground is moving. The NHS is shifting care into neighbourhoods under its 10 Year Plan, and the applied research system around it has just been rebuilt for the next five years. Done with communities, research can shift power and resources towards the people who need them most. Done at a distance, it widens the very gap it set out to close.

## THE SCALE OF IT

## ~20 yrs

The gap in healthy life expectancy between England's most and least deprived areas.

ONS, 2026

## 2.3x

How much more likely Black women are to die in pregnancy or childbirth than White women.

MBRRACE-UK, 2025

## 1 in 5

Children in England now living with a probable mental health condition.

NHS England, 2023

Sources: Marmot, 2010 and 2020 · DHSC, 2025 · NIHR, 2026 · full references on page 14

## THE PROBLEM

# The people most affected hold the least power over the research.

The communities carrying the most illness have the least say in the research that decides what is done about it. Where they are brought in, the power rarely lasts. We see the same four patterns.

**01****Process favours the institution**

Funding, ethics and procurement reward institutional fluency over closeness to the community.

**02****No one holds it**

Responsibility sits in short-term roles, so relationships and learning vanish when people move on.

**03****No shared standard**

Community research spans widely varying quality under one name, with no benchmark to tell partnership from extraction.

**04****A say without power**

Communities are brought in to be seen, not to decide. The same few recur while those closest stay at the edge.

## WHY IT PERSISTS

These are not isolated failures. The functions that would fix them are built project by project, then lost when the funding ends. Dedicated bodies have tried to hold them: INVOLVE, the CLAHRCs, ARC South London. Each was absorbed or restructured before it matured. The need is proven. What is missing is infrastructure built to last.

Sources: Rauf, 2026 · Banks et al., 2019 · NIHR, 2015 · Brett et al., 2014 · Ocloo and Matthews, 2016 · full references on page 14



THE HEART OF IT

**The commitment to share power is everywhere. The infrastructure to hold it is not yet built.**

HOW WE WORK

# Two ways to shift power to communities.

	<p><b>INCLUSIVE RESEARCH</b></p> <p><i>Power shared with communities</i></p>	<p><b>COMMUNITY-CENTRED RESEARCH</b></p> <p><i>Power held by communities</i></p>
<b>DEFINITION</b>	An equity-centred, partnership-based approach that restructures who takes part, how decisions are made, and whose knowledge counts.	Research that starts from community experience and priorities, with people affected shaping the questions, methods and findings.
<b>IN PRACTICE</b>	Institutions open their own research to the people it affects, sharing real power over the questions, methods and decisions.	Communities build and lead research of their own, deciding what is studied and to what end, on the knowledge only they hold.
<b>WORKS WITH</b>	NHS trusts, universities, integrated care systems and research funders.	VCSE organisations, community groups, and the communities themselves.

THE LINE WE HOLD

*In both, communities are authors of the research, not a source of data for it. A seat in the room is not a hand on the decision. It is why our work runs across the whole project, not a single moment of consultation, and why we answer to communities and institutions alike.*

Sources: Rauf, 2025; 2026 · full references on page 14

## OUR FRAMEWORKS

# The models behind the work.

Five years of practice between institutions and communities gave us four working models. Each turns something hard-won into a tool a research team can use.

## 01

### The Interspace Framework

WORKING IN THE SPACE BETWEEN

Our stance. Working between institution and community, where credibility has to be earned on both sides at once.

**GIVES** Legitimacy with both

## 02

### The RCA Model

RELATIONSHIPS. CREDIBILITY. ACCESS.

How trust is built, in order. Relationships first, then credibility, then access to the insight most research never reaches.

**GIVES** Access earned, not assumed

## 03

### The Continuum Model

POWER ACROSS THE LIFECYCLE

Community power shared across the whole research lifecycle: co-design, co-delivery, co-analysis and co-dissemination.

**GIVES** A say at every stage

## 04

### Pracademic Translation

BRIDGING THREE WORLDS

Aligning the timelines, language and goals of research, practice and community, so the work holds together.

**GIVES** Insight that travels



WHERE IT COMES FROM

**None of this was learned  
at a distance.**

## FOUNDER TRACK RECORD

## Built on five years in the field.

Elysium London is new. The practice behind it is not. Our founder spent five years doing this work on the ground before starting the organisation, advising universities on inclusive research design, training community and practitioner researchers, facilitating national workshops, and partnering on studies across the NHS, integrated care systems, local authorities and the voluntary sector.

One lesson holds across all of it. Research is strongest, most trusted, and most useful when the people closest to an issue help lead it, and when someone holds the standards and relationships steady between projects. Where that is missing, even good work is lost when the funding ends.

That experience is what Elysium is built to carry further. We set standards, build capability, and grow the pilot collaborations that, piece by piece, become the infrastructure the sector lacks.

## THE WORK SO FAR

# 20+

Research and evaluation projects across the NHS, ICSs, universities and national funders.

# 190+

Community and practitioner researchers trained.

# 5 yrs

Building inclusive and community-centred research, in south London and beyond.

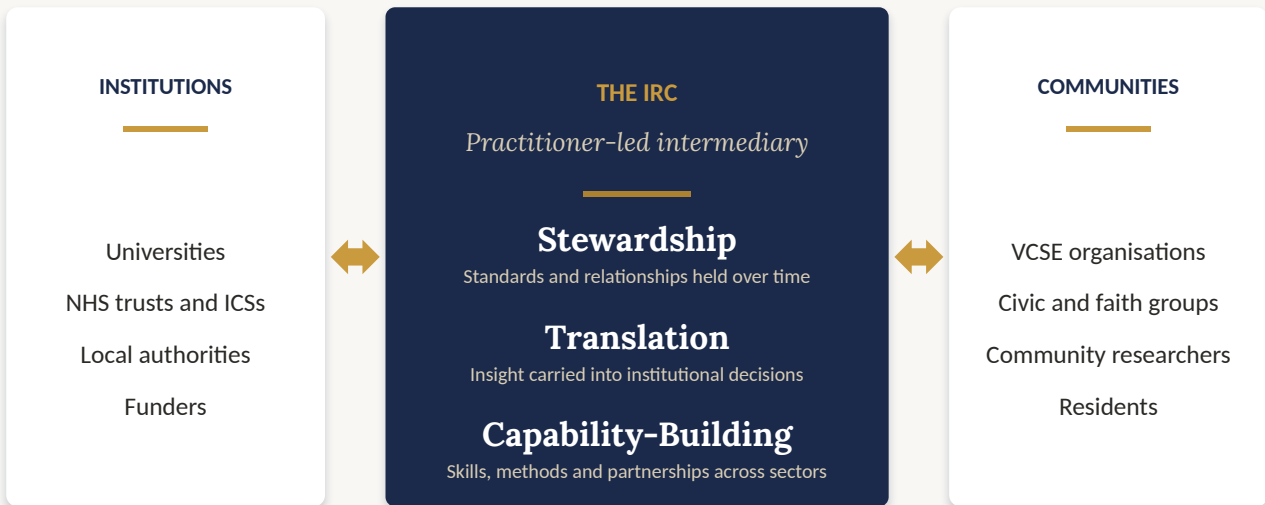
## FOUR PRACTITIONER FRAMEWORKS · TWO PUBLISHED WHITE PAPERS

Sources: Rauf, 2025; 2026 · full references on page 14

## THE INCLUSIVE RESEARCH COLLABORATIVE

## This is the infrastructure we are building.

The Inclusive Research Collaborative is the infrastructure Elysium London was founded to build: a practitioner-led intermediary that belongs to neither institutions nor communities, holding inclusive research as a permanent function of the system. It does not replace what already exists. It connects it. The foundations are going in now, through commissioned training, advisory work and early research collaborations, and every engagement builds the model.



## HOW IT WORKS

### 01 Practitioner-led core

A practitioner team holds translation, standards and delivery, day to day.

### 02 Distributed delivery

Co-delivering projects with universities, NHS bodies, local authorities and VCSE partners.

### 03 System learning

Learning and local knowledge held across projects, and carried into commissioning and practice.

### 04 Relational continuity

One point of continuity for communities, even as partners and teams change.

Sources: Rauf, 2026 · full references on page 14



THE INVITATION

**Will you build it with us?**

## OUR VISION

---

**Health equity, built into the nation's infrastructure.**

## OUR MISSION

---

**We build the infrastructure between communities and institutions: the standards, skills and relationships that hold when the funding ends.**

*If you are working towards the same thing, we would like to build it with you.*

MUHAMMED RAUF, FOUNDER · MUHAMMED@ELYSIUM.LONDON · ELYSIUM.LONDON

READ MORE

## Further reading and references.



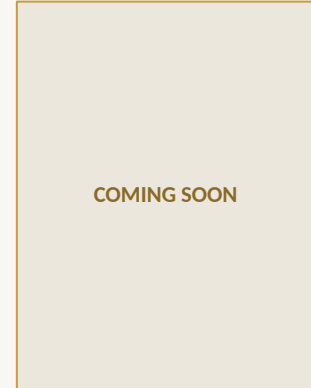
### Strategic Frameworks for Inclusive Research

2025



### The Inclusive Research Collaborative

2026



### Inclusive Research Standards

In development

## REFERENCES

Bambra, C. (2016) *Health Divides: Where You Live Can Kill You*. Bristol: Policy Press.

Banks, S., Hart, A., Pahl, K. and Ward, P. (2019) *Co-producing Research: A Community Development Approach*. Bristol: Policy Press.

Brett, J. et al. (2014) 'Mapping the impact of patient and public involvement on health and social care research', *Health Expectations*, 17(5), pp. 637-650.

Cornwall, A. (2008) 'Unpacking participation: models, meanings and practices', *Community Development Journal*, 43(3), pp. 269-283.

Department of Health and Social Care (2025) *Fit for the Future: 10 Year Health Plan for England*. London: DHSC.

Freire, P. (1970) *Pedagogy of the Oppressed*. New York: Continuum.

Gaventa, J. (2006) 'Finding the spaces for change: a power analysis', *IDS Bulletin*, 37(6), pp. 23-33.

Israel, B. A. et al. (1998) 'Review of community-based research', *Annual Review of Public Health*, 19, pp. 173-202.

Marmot, M. (2010) *Fair Society, Healthy Lives: The Marmot Review*. London: Institute of Health Equity.

Marmot, M. et al. (2020) *Health Equity in England: The Marmot Review 10 Years On*. London: Institute of Health Equity.

MBRRACE-UK (2025) *Saving Lives, Improving Mothers' Care 2021-23*. Oxford: NPEU, University of Oxford.

NHS England (2022) *Core20PLUS5: An Approach to Reducing Healthcare Inequalities*. London: NHS England.

NHS England (2023) *Mental Health of Children and Young People in England, 2023*. London: NHS England.

NIHR (2015) *Going the Extra Mile: Improving the Nation's Health through Public Involvement*. London: NIHR.

NIHR (2026) *Applied Research Collaborations 2026-2031*. London: NIHR.

Ocloo, J. and Matthews, R. (2016) 'From tokenism to empowerment: rethinking patient and public involvement', *BMJ Quality & Safety*, 25(8), pp. 626-632.

Office for National Statistics (2026) *Healthy Life Expectancy by National Area Deprivation, England and Wales: 2013 to 2015 to 2022 to 2024*. London: ONS.

Rauf, M. (2025) *Strategic Frameworks for Inclusive Research*. London: Elysium London.

Rauf, M. (2026) *The Inclusive Research Collaborative*. London: Elysium London.

Wallerstein, N. and Duran, B. (2006) 'Using community-based participatory research to address health disparities', *Health Promotion Practice*, 7(3), pp. 312-323.

Williams, P. (2002) 'The competent boundary spanner', *Public Administration*, 80(1), pp. 103-124.