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

ELYSIUM LDN

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: a struggle, rooted in race and culture, that makes you question your own identity. That same struggle also builds a particular type of strength and resilience. It connected me to people who shared these experiences and who, in overcoming them, created their own answers to the problems their communities faced, building thriving local economies without institutional investment, support, and recognition. It was where I first experienced what the sector now calls community power.

In 2020, during the COVID-19 pandemic, I became a community researcher and began to see these problems through a new lens. For too long, people like me had been excluded from research: the very process that decides what is done to improve our lives. Our experiences have been extracted to produce knowledge ***about us, without us***. We have been left to hope for a better tomorrow, without the chance to shape what it looks like.

Since then I have dedicated my life to shifting that paradigm in research: so that communities lead it, from design, to delivery, to dissemination, in a way that builds community power into change that lasts. Yet despite the best intentions, I have learnt that there is a ceiling to even the most impactful work. That ceiling is the systems and processes that govern research: the infrastructure of how the sector operates.

Muhammed Rauf

FOUNDER AND MANAGING DIRECTOR

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.

CONTENTS

What is inside.

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. With each round of consultation that fails to create lasting change, trust in research and in institutions erodes 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 15

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

Inclusive and community-centred research spans 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 voices appear in multiple studies 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 15

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.

	INCLUSIVE RESEARCH *Power shared with communities*	COMMUNITY-CENTRED RESEARCH *Power held by communities*
DEFINITION	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.
IN PRACTICE	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.
WORKS WITH	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 15

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 to marginalised voices

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

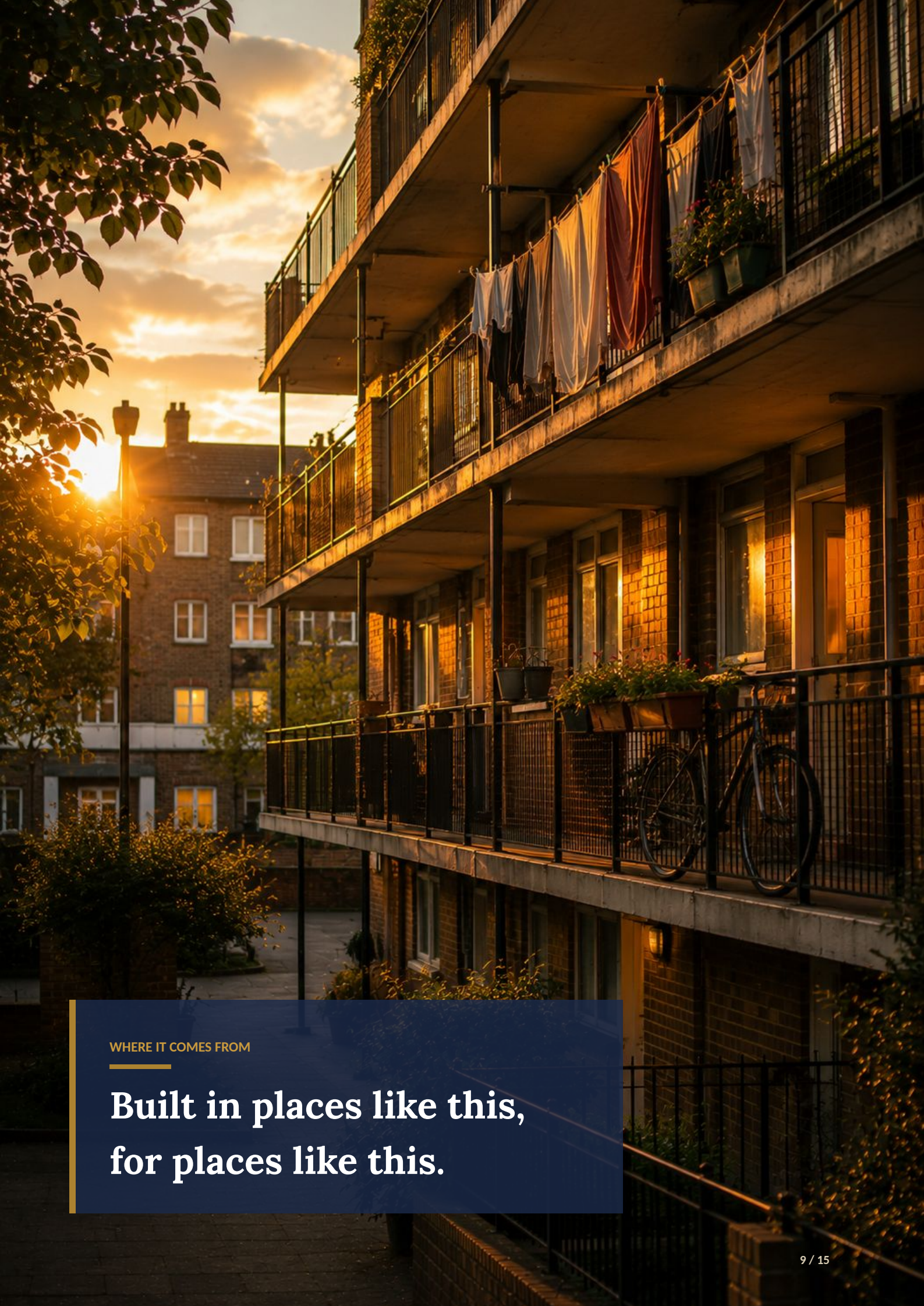
Pracademic Translation

BRIDGING THREE WORLDS

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

GIVES Insight that influences

Sources: Rauf, 2025 · full references on page 15



WHERE IT COMES FROM

Built in places like this, for places like this.

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 15

THE INCLUSIVE RESEARCH COLLABORATIVE

This is the infrastructure we are building.

The Inclusive Research Collaborative is a new type of intermediary infrastructure: one that holds the standards, skills and relationships to connect communities and institutions, and produce more equitable health outcomes. It is practitioner-led, and it belongs to neither institutions nor communities. It does not replace what already exists. It connects it. The model, and how it works in practice, is set out below.

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 15

BUILDING IN THE OPEN

Where we are, and where you come in.

Elysium London is in its first year, and that year has been spent validating two things: the diagnosis of structural barriers set out in our research, and The Inclusive Research Collaborative model's approach to addressing them. We recognise this is ambitious, but we also believe it is necessary. Through early partnerships, we are growing the connective tissue of the full model. Learn more about the model on our website.

PROGRESS WE CAN SHARE NOW

Delivery underway

National training programmes and collaborations are validating our training and advisory approach: supporting communities and institutions to turn the ambition to shift power from what they need to do into how they do it.

Inclusive Research Standards

We are developing our Inclusive Research Standards paper: a starting point for practical standards and guidance on designing and delivering research that produces more equitable outcomes. More on this in the coming months.

BECOME A COMMUNITY RESEARCHER

Community-centred research is core to the model. We are working to secure funding to train and support new community research teams and networks, starting in London. Register here.

CONTACT US FOR COLLABORATIONS

If you see alignment with our vision and a problem we could tackle together, get in touch: whether you are a funder, a community organisation, or someone with a stake in shifting power in research. Contact us here.

We believe the people who live closest to these problems already hold many of the answers. What we exist to build is the power, the resources and the permanence to make those answers real.

OUR VISION

Health equity, built into the nation's infrastructure.

OUR MISSION

We shift power in research by building 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

THE INVITATION

Will you build it with us?

READ MORE

Further reading and references.

Strategic Frameworks for Inclusive Research

2025

The Inclusive Research Collaborative

2026

COMING SOON

Inclusive Research Standards

In development

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