Rebuilding Trust through Community Engagement and Empowerment

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Foreword

Genesis of the Rebuilding Trust Project

We often hear about this word “trust”: how we can build, rebuild and strengthen it. Always in our minds is a focus on relationships first but what can we really do to make that a reality and does rebuilding trust really make for better services? These are key questions that brought together two compassionate and value-led organisations, Social Finance and Centric, to answer with Southwark’s health and care partners and communities.

We learned through the COVID-19 Impact Survey, conducted by Southwark Council, that those from minority ethnic groups were more likely to report negative impacts across employment, mental health, physical health and other areas when compared with white respondents. Centric’s own research alongside The Social Innovation Partnership (TSIP),a consultancy based in South London, showed that there is a lack of trust within communities regarding health institutions which pre-existed prior to COVID-19; however became even more stark during the pandemic. It was hypothesised that distrust that exists within communities with statutory organisations was prevalent which in turn exacerbates health inequities. Moreover, we heard that the diverse communities in South London do not feel there are appropriate opportunities for engagement with statutory services and hence feel unable to participate in decision-making processes or the design of services which they use.

Between both of our organisations, we were determined to learn more about the how the communities of Southwark could work alongside Southwark’s health and care partners to rethink services and those all-important relationships. When lockdowns ended, we decided with Southwark’s Public Health team that we would trial a new way of listening and learning and, through an experimental and iterative approach to listening and co-design, we would co-develop a shared action plan for more community-led health and care services. At the same time, we committed to helping support those within ‘the system’ make a change in how they engage communities meaningfully in the decision making process to create equitable relationships and create health and care outcomes.

Centric believes in the community owning its own research and conversations about services. Centric therefore became responsible for leading the engagement approach, including community researcher recruitment and upskilling, interviewing and focus groups that had empathy and compassion at their core. Social Finance provided strategic and infrastructural support, joint capacity building, value proposition, consultation with people working within health and care organisations and scaling the sense-making and engagement approach. This was never a journey with a clear end point, or solution to test, such is the challenge of 'systems change' programmes like this. This work instead goes to the heart of how we think, work and make decisions on daily basis and makes us all question purpose too.

We are pleased that the commitment to include and value communities remains a cornerstone for the health and care organisations in Southwark. Through this continued collaborative work and being able to be that critical friend, we now have a more holistic view of the cultural, institutional and policy levers we can all pull to ensure a "nothing about me, without me" approach becomes business as usual for health and care services in Southwark. Far from being "hard to reach", communities are ready and willing to play their part in the future of health and care services in their borough. We hope, therefore, to see more upskilling of Southwark's communities to own their stories, share their stories and help plan their futures with a better understanding of one another and with power reimagined.

Dr Shaun Danquah, *Founder / Director of Innovation, Centric*
Nadine Smith, *Director of Government and Enterprise Team, Social Finance*

Acknowledgements

To start with, we would like to thank the Community Researchers and Southwark residents for their honesty, bravery and commitment throughout the project. We asked them to share personal experiences and opinions on some sensitive topics and this project would not have been possible without their input and willingness to take part. Residents of all ages took the time out of their busy lives to attend, with a few young children eagerly contributing to some of the conversations. Many came without knowing what to expect from the sessions, without knowing other people, but the sincerity and courage with which everyone approached sensitive topics, enabled rich and meaningful conversations.

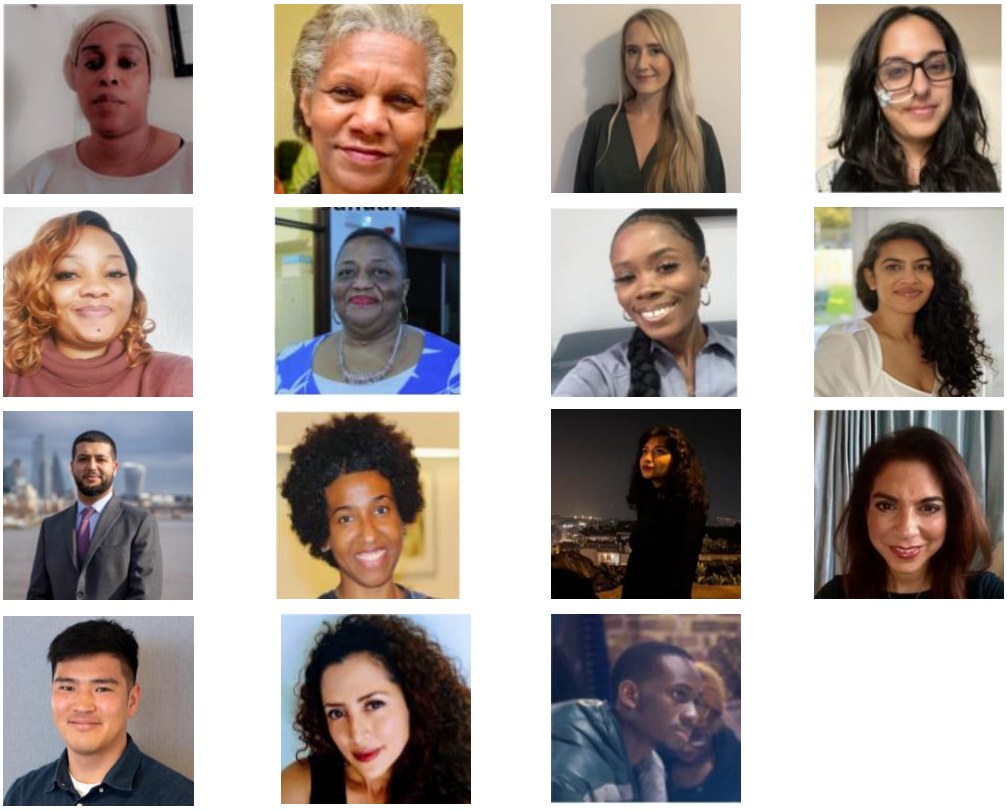
We would also like to thank Inspire at St Peter's in Southwark for allowing us to use their facilities for the two workshops, who made us feel so welcomed in the heart of Southwark. In addition to this, a big thank you to Karis Theophane from JFB Jerk Grill and En Root caterers for providing delicious food, fuelling mind and body alike.

We would also like to thank our videographer Mohamed Khennaf from MK Shots, who developed the film which was disseminated to Southwark residents in December.

A special mention must go to Social Finance and Centric founders, Toby and Shaun who spent many of their daily walk allowance during the Covid-19 lockdown, talking through the inception of this project and imagining what this project could be and has become.

And finally, we would like to thank Southwark Council's Public Health team and Partnership Southwark for their commitment and receptiveness throughout this project.

Please see below for the Social Finance and Centric team, who worked together for the duration of this project.



Project Team (from left to right in alphabetical order): Jackie Adekunle, Elaine Brown, Georgina Hammerton, Raquel Caires Januario, Bukola Joel, Grace Okotie, Cheryl Osei, Sabrina Rafael, Muhammed Rauf, Danna M Q Rodrigues, Ankita Saxena, Nadine Smith, Akira Takenaka, Yazmin Vega and Benjamin Wilson

Executive Summary

Health inequalities among Black, Asian and minority ethnic communities in Southwark are persisting, as highlighted by the disproportionate impact of the pandemic on these communities. Social Finance and Centric were commissioned to develop and test approaches to community engagement and co-production to support seldom-heard communities. Social Finance led on engagement with statutory partners, with Centric leading on engagement with communities. We recruited Community Researchers from Southwark to lead one-on-one interviews; co-designed a series of workshops to hold discussions between residents and Southwark's health and care partners, and held "sense-making" sessions to synthesise what we heard from the workshops.

We have trialled new ways of listening and learning in community engagement in the journey to rebuilding trust with Southwark residents. Through an experimental and iterative approach to listening and co-design, we have started to co-develop a shared action plan for how to improve community engagement. This is not an easy task and this project is merely the start of the rebuilding trust process which will require sustained commitment from health and care partners and residents alike.

This project has shown the willingness and commitment from residents when appropriate spaces are set up. We know that we have not heard from everyone within Southwark and there is a lot that we still don't know, but we will continue to listen and learn as we go through an iterative process. The recommendations set out in this report will help to guide those across the Southwark system and Southwark communities in continuing their journeys.

This project has also provided a way in which the system can challenge itself and reflect on its "readiness" for change. Partners within the health and care system need to listen and learn and be open to developing new approaches and changing the way they are working. This includes making space for partnering with the community to assess and understand what works, where they are and what needs to improve.

Below is the overview of recommendations that have emerged from this project:

Recommendation 1: There needs to be a demonstrable and visible commitment from health and care partners to embed continuous engagement with the community at every stage of research, decision-making, design and delivery. Accountability mechanisms must be explicit, with transparency of process and decision-making. It will also be important to continue to further invest in training to understand the causes and consequences of low levels of trust.

Recommendation 2: People working across health and care organisations need to avoid approaching the community on single issue areas, and instead bring together their strands of work around community engagement.

Recommendation 3: Health and care partners need to examine the language and engagement mediums they use with seldom-heard communities. Residents may wish to participate but sometimes lack the terminology to be able to contribute as equal partners. Current communication methods in engagement and delivery of services need to be amended to close the gap with residents.

Recommendation 4: People working across health and care organisations should prioritise visiting community spaces, groups and organisations to engage, listen and build relationships with residents. They need to reimagine different spaces and spot opportunities for residents to come together.

Recommendation 5: The Southwark partnership system needs to invest in community capabilities and training, to drive more self-led research, innovation and entrepreneurial initiatives that uplift and empower communities.

Recommendation 6: The level of funding for VCS organisations, particularly those which are Black, Asian and ethnic minority led, must reflect community needs and the disproportionate inequalities experienced by these communities. Consideration also needs to be given to whether the system as a whole has sufficient capacity as well as culturally appropriate skills to engage with these communities.

1. Introduction

Health inequalities among Black, Asian and minority ethnic communities in Southwark are persisting, as highlighted by the disproportionate impact of the pandemic on these communities. Social Finance and Centric formed a strategic partnership to find ways for Southwark's leadership to develop trusting relationships with these communities and help redress the structural inequalities within the health and care system.

Project Context

- The Southwark State of the Borough Report, which forms part of the Joint Strategic Needs Assessment work programme, showed that those from Black, Asian and minority ethnic communities experience poorer outcomes compared to those from white backgrounds in Southwark. Following this report, the Health & Wellbeing Strategy was put together, focusing on reducing inequalities and targeting communities who need it the most.
- Social Finance and Centric were commissioned to develop and test approaches to community engagement and co-production to support seldom-heard communities. This was to help understand what the Joint Health and Wellbeing Strategy priorities mean to local communities, as well as explore how these communities can continue to work with the Health and Wellbeing Board and Partnership Southwark to take forward actions in improving health outcomes and reducing health inequalities.
- Our work will inform and shape one of the five Joint Health and Wellbeing Strategy Drive ambitions: building "Strong and connected communities". The report makes recommendations to help to embed one of the key Joint Health and Wellbeing Strategy principles which spoke of ambition for "community empowerment and co-production".
- As we began our work, we realised that alongside working with Southwark Council and Health and Wellbeing Board colleagues, it was important to work with Partnership Southwark's leadership, who were exploring the idea of a community forum, a "Lived Experience Assembly". We wanted to make sure the views of communities within Southwark were sought and listened to before any decisions were taken about what this might look like/how this might work. The need for co-design and any ensuing activities to be meaningful was central to this part of the work.
- We subsequently expanded our scope to focus on what was needed to rebuild trust across the system, to include Partnership Southwark and explore how something like a Lived Experience Assembly (which was itself a working title) or other approaches could add value.

What we set out to do

1. Explore the Joint Health and Wellbeing Strategy priorities with local residents, focusing on what these priorities mean for communities, particularly those from Black, Asian and ethnic minority groups. We were particularly interested

in how their previous engagement with Southwark's health and care system has shaped their experience of services and what needs to be different to rebuild trust.

2. Assess Southwark's "system readiness" for change, and in particular the culture of health and care partners and leadership and willingness to embed co-production into regular ways of working.
3. Co-develop recommendations to rebuild trust with communities, testing Partnership Southwark's co-design concept and other solutions emerging from community research, other local work and some examples from other parts of the country.
4. Test recommendations through a process of collaborative sense-making and exploration, involving local communities in Southwark and Southwark leadership.

Our Approach

- This work was delivered by a strategic partnership between **Social Finance**, leading on engagement with statutory partners, and **Centric**, leading on engagement with communities. We brought together a breadth of experience in systems change work across the country with a nuanced approach to working with culturally-diverse communities in South London, to help develop meaningful insights for the Council and Partnership Southwark to learn from.
- Social Finance's systems change approach involves ensuring we take time to *understand* the system through research, partnership building and analysis, and then taking our partners through a journey of *exploring*, *reflecting*, *solution design* and *testing,* putting people and communities at the heart of all we do. Social Finance brings in-depth knowledge of the theories surrounding systems change and inclusive and meaningful co-production, alongside practical examples and case studies of where this has been implemented, in order to inspire and provoke change.
- Centric's approach involves amplifying the voices of seldom-heard communities by inviting, up-skilling and training these communities in research. Centric's model differs from traditional research, which can take advantage of minority ethnic communities through data extraction – meaning that communities feel their ideas, input and opinions can be filtered, ignored and the process over-repeated. Centric recruits residents, provides up-skilling, training and support, offers progression and, finally, research ownership. This model has been a core part of the Rebuilding Trust through Community Engagement and Empowerment Project.

What we did

- Social Finance brought together steering groups with key stakeholders across the system, including members of Partnership Southwark, the Community Engagement team, and the Multiple Disadvantage team in order to start the process of visioning for a better future and building knowledge and understanding about how the system works today.
- We subsequently designed a co-production workshop in order to build a shared understanding with leaders about the role of co-design, co-production and sharing power. This workshop was run with the Project Steering Group and Partnership Southwark's Executive Delivery Group.
- Centric recruited 6 Community Researchers from Southwark to conduct one-on-one interviews with 30+ residents across Southwark from diverse backgrounds, including

different ages, genders, and ethnicities.

- Centric Community Researchers identified key communities in Southwark that were important to include in this exercise of rebuilding trust, in particular those from frequently excluded and marginalised ethnic minority backgrounds. These individuals were crucially part of the network of Community Researchers – coming into this process based on mutual trust and on-going investment into the development of equitable relationships.
- Once we had *understood* the system and community sentiment better, and *reflected* on potential ways forward, Social Finance and Centric re-grouped to make a plan for *solution design.*
- We co-designed and co-facilitated two workshops to develop solutions for re-building trust in the system, bringing Southwark residents side-by-side with Southwark's health and care leadership.
- These workshops were attended by 40 – 50 people including people from Partnership Southwark, Southwark Council, VCS colleagues, local Councillors and local residents.
- We co-designed the workshops with the Community Researchers to ensure the agenda, locations, timing and formats would be culturally-appropriate and conducive to meaningful conversations.
- We also met with Partnership Southwark and the Council to run through the values we hoped to bring to the workshop, in particular, making sure they were supportive of these workshops being safe spaces, where everyone was treated as an equal, and could be honest about their experiences.
- Following on from the workshops, we held sense-making and exploration sessions to synthesise the key themes, consolidate findings and propose ways forward.

Report Context

- This report summarises some of the key learnings and insights from our research and exploration to date, and makes some core recommendations informed by these learnings.
- We focus on learnings that are actionable, so we can ensure they directly feed into improving outcomes for people experiencing the sharpest ends of health inequalities in Southwark.
- We recognise that the project of rebuilding trust is not something that can be achieved in twelve months. Many of the insights shared here are things which will take much more time, financial commitment and thinking.

2. Key Learnings and Insights

In this section, we focus on the key insights and learnings from our work. We explain some of the learnings from the work, and follow the learnings with some key solutions-focused insights around ways forward. These insights are developed into recommendations in the following sections.

i. Lessons Learnt about the Community

Our conversations surfaced a wide range of reasons for community mistrust, such as:

- Power imbalance between residents and statutory organisations.
- Services not always taking a relational approach, with a prioritisation of policies, times and limitations that can create a distance from residents and service providers, which are not always very transparent.
- Inaccessible feedback systems which reinforce a sense that the statutory sector has poor accountability for shortcomings within services.
- Lack of transparency regarding process and decision-making.
- The disproportionate impact of COVID-19 on these communities has emphasised the sentiment of distrust.
- Strongly held beliefs that black health and mental health is less well-understood, with mis-representation, lack of cultural understanding, inappropriate assessments and care and experiences of racism.

One of the key reasons for mistrust is the lack of feeding back to community mentioned – i.e. residents being consulted for their views, but then not kept in the loop around what actions have been taken in response to their views. Residents voiced concerns about the findings from our project being ignored with no action being taken, and shared stories of previous instances like this:

> "So as much as they're listening to us, there isn't any action behind what they're listening to. And so, from that, I think they're not being listened to" *Community Resident*

These issues were raised as system-wide and not just exclusive to health and care services.

> **Insight 1:** There needs to be demonstrable and visible commitment from health and care partners to embed continuous engagement with the community at every stage of research, decision-making, design and delivery. Accountability mechanisms must be explicit, with transparency of process and decision-making. It will also be important to continue to further invest in training to understand the causes and consequences of low levels of trust.

We also learn that the framing of conversations around singular issues creates a disconnection through the engagement processes, as residents typically want to speak about multiple issues when given the opportunity to have conversations that are important to them. This siloed approach undermines efforts to rebuild trust with Black, Asian and minority ethnic communities.

For example, in our conversations with Southwark residents, we initially framed discussions on "health, care and wellbeing". It became clear, however, that many residents

do not see these things as independent issues, but as intertwined and interdependent with many other issues such as housing, cost of living and employment. Engagement on single issues has less resonance with communities, especially those experiencing multiple disadvantages who have compounding needs. Most participants felt that engagement events should be an opportunity to share their experience of navigating the multiple parts of the system and were constrained by a single issue focus. To be able to understand and respond to the issues faced by groups that have experienced marginalisation and exclusion, it is evident that we need to take a holistic systems lens.

"People are already having a hard time with…work, money and stuff like that. So, imagine if the council is helping to make certain stuff easier for them, that will just help with kids' mental health support and make sure parents spend less time and effort and stressing about things" *Community Resident*

Insight 2: People working across health and care organisations need to avoid approaching the community on single issue areas, and instead bring together their strands of work around community engagement.

Our workshops also reinforced the need to address the role of language within participatory processes and spaces. Many residents do not speak English as their first language, and even those who do may not be able to understand the terminology used by people working in statutory organisations. For our workshops, we prepped all those attending from such organisations to avoid jargon, and also included a glossary which defined key acronyms and terms to help level the playing field.

"If you can speak my language, I will be able to relate much more and be more willing to engage and feel more relaxed." *Community Resident*

Insight 3: Health and care partners need to examine the language and engagement mediums they use with seldom-heard communities. Residents may wish to participate but sometimes lack the terminology to be able to contribute as equal partners. Current communication methods in engagement and delivery of services need to be amended to close the gap with residents.

We learnt through feedback from people attending our workshops that communities value efforts by leaders and people within statutory organisations to be present and visible within community settings. Residents want opportunities to come together in person, to share diverse conversations and speak directly to their local Cabinet Members, council officers and those in decision-taking roles across health and care.

"We want [public officers] to do more listening, be more informed, go to different places where people gather and to hear what the concerns are" *Community Resident*

"We need to have a more social community…so we can relate and understand one another more" *Community Resident*

Insight 4: People working across health and care organisations should prioritise visiting community spaces, groups and organisations to engage, listen and build relationships with residents. They need to reimagine different spaces and spot opportunities for residents to come together and connect.

Residents also reflected on the value of building capabilities within the community in

areas of health and wellbeing, such as mental health training in schools and faith-based organisations.

> Faith allows people to manage their mental health better, and many religious organisations have sound support systems to help people." *Community Resident*

Where residents frequently *mistrust* statutory services, there is often strong *trust* for community-led services, groups and approaches. This project has reviewed and identified some examples, for example, Sisters Uncut, the Community Research model being piloted by Centric, as well as other projects in Camden and Hackney. One Community Researcher reflected:

> "[I enjoyed] seeing the desire of ordinary people of all ages to get involved in local matters in meaningful ways that may bring changes to service delivery…using their own networks to investigate and expand thoughts, knowledge and gather insights on what might be usefully improved on and feed that up to influence changes for local council consideration." *Community Researcher*

Another reflected:

> "As a Researcher, a key learning for me is that communities are more actionable when provided with resources. There also must be a shared living experience for many people to want to get involved in directly addressing an issue. There will always be strength in numbers so it's pivotal that a space is created to make action within communities possible." *Community Researcher*

Insight 5: The Southwark partnership system needs to invest in community capabilities and training, to drive more self-led research, innovation and entrepreneurial initiatives that uplift and empower communities.

ii. Lessons learnt about Southwark's system readiness for change

The ambition to rebuild trust with seldom-heard voices is not one that can be realised quickly and without on-going senior leadership and resourcing. The community distrust, explicitly un-earthed during the pandemic, has built up over generations involving experiences and shared histories spanning continents and country boundaries.

We also recognised that throughout the pandemic, much work had begun in this area to start to tackle these issues. However, it is clear that to be effective and to achieve change, the work needs to be sustained and not be a "flash in the pan" response to the inequalities spotlighted by COVID-19. For example, the continuing challenges of achieving good take-up of vaccinations, emphasises how important it is to have a sustained approach and to make use of all lessons being learnt and the leverage points to enable acceleration and to remove blocks.

In terms of opportunities, we have learnt that there is intention for change and a good understanding around co-production. This is reflected in the willingness of Cabinet Members, council officers and Partnership Southwark leaders to engage in community work and in our workshops. However, to take this further, there has to be strong support embedded right across the system, including the board level. This is to ensure that community engagement and empowerment becomes the norm and mainstreamed as part of the way statutory organisations do things across all parts of the system.

Southwark has a vibrant voluntary sector and this is a valuable asset that communities and the borough are justly proud of. There are many excellent examples of community engagement already taking place, e.g. with It Takes a Village, and SCHWeP. Without a clear visible mapping of the existing groups and initiatives, however, the system can be difficult to navigate, especially for seldom-heard voices. With any complex system, work is not always joined-up, leading to communities experiencing fragmentation, duplication and inefficiency on the ground. The workshops highlighted the opportunities offered by the formation of the ICS (Integrated Care System) and Partnership Southwark to develop, test and pilot different approaches to working with communities. The workshops also demonstrated the system's willingness to do this. Alongside this, there was a sense that the "time is now" and that as a system, we have to "put our money on the table" to enable action – procrastination will only lead to greater mis-trust.

During a lesson learnt and reflections session we held, an official reflected:

> "One thing which was clear from the workshops was the experience of fragmented services as experienced by users, be it of NHS or council (services)." *Southwark Council Official*

There is also a sense from some communities of a history of under-funding and dis-connect with Black, Asian and ethnic minority VCS organisations in particular. These organisations often do not have the capacity to be successful in bidding and procurement processes, which traditionally favour more well-established organisations that are not as closely connected with communities. The wider system needs to look at their own capacity and experience to engage with these groups and communities.

> **Insight 6:** The level of funding for VCS organisations, particularly those which are Black, Asian and ethnic minority led must reflect community needs and the disproportionate inequalities experienced by these communities. Consideration also needs to be given to whether the system as a whole has sufficient capacity as well as culturally appropriate skills to engage with these communities.

Systems change is a slow and complex process. While it is promising to see the commitment to meet the needs of diverse communities in Southwark, much more is needed – particularly in terms of coordination and sustainability of approach.

iii. Lessons learnt about working together in partnership

When we began this work, we started to embark on a more traditional route of wanting Health and Well-being Board members and council officers to be "ready" for co-production. We soon realised there was no template or standard way of working on a topic as complex and multi-layered as this. Instead, we had to be comfortable with a high degree of project agility, evolving the project methodology to bring in communities as well as employees of statutory organisations.

We found it helpful to have two organisations, Social Finance and Centric, come together with experience of the theories of co-production and systems change, and practical expertise of working in Southwark. This ensured that we were in a position to broker the complex relationships and to make use of community networks in order to have a better reach into seldom-heard communities.

We learnt that a high level of preparation before each workshop was key to its success. The focus of this preparation was to minimise

the power imbalance between residents and statutory organisations. This included creating a set of values for all attendees to adhere to, having a non-formal dress code, having the workshop in a location and at a time which suited residents, and ensuring tables were mixed up on the seating plan, so there was no table that was overly “employee” or “resident” heavy.

We also learnt the value of co-designing these workshops with Southwark Community Researchers, understanding how best to facilitate these conversations and what would work best for the community. This ensured that the workshops were culturally informed and were taking an inter-sectional approach to community engagement.

A deep-dive on the Community Researcher Model is included below.

Centric's Community Research Model for this Project

We've worked with our community to design the Community Researcher model. This innovation sought to establish a unique and disruptive approach with four main components:

1. The recruitment and training of members of target communities that can utilise accessibility, credibility and positionality to shape and lead research within their areas.
2. Collaboration with the health and care partners planning research to embed community-led principles and roles.
3. Creative research and production methods that can gather and share richer layers of cultural nuance whilst meeting the highest academic standards.
4. Ongoing investment in Community Researchers to both foster ongoing involvement of the community in projects and to support community-led innovation and entrepreneurship.

This has delivered three layers of impact:

1. Opportunities: a stream of new training, employment and entrepreneurial opportunities within communities affected by exclusion and inequality.
2. Knowledge: deeper and richer research data and insights that reflect critical cultural nuance, improving academic validity and increasing the relevance and impact of policy and services.
3. Engagement and trust: improving trust and engagement amongst excluded communities.

This Project

Phase 1: Centric recruited Community Researchers from within Southwark. This was done based upon the utilisation of the following:

- Current team's informal networks
- Enquiries submitted directly through our website
- Public job ad posted online that was then distributed across our own networks

Phase 2: Training is continuous and is designed to be culturally relevant to the community, ensuring that cultural nuances, which are observed within localities, are made explicit in engagement sessions and activities. They were also provided more formal training on the purposes of research including:

- Research Methods
- Underpinning of Academic Literature
- Different Methods of Engagement
- Engaging

- Training of Semi-Structured Interviews
- Analysis Training
- Report Writing
- Presentation Skills

Phase 3: The Community Researchers once trained, were then briefed on the specifics of the Rebuilding Trust through Community Engagement and Empowerment Project. Mentors (Senior Community Researchers) were assigned to each Community Researcher to provide 1-on-1 support throughout the delivery of the project.

Phase 4: The Community Research team co-designed the interview guide they would be using to conduct interviews. This approach has been utilised throughout the project to ensure every aspect of our work is either co-designed with or reviewed by them as Southwark residents.

Phase 5: The Community Research team recruited and interviewed 30 residents from Southwark, who were then invited back for the workshops. They were also accompanied by new residents who had not previously engaged with the project via the Centric team's and the Community Researchers' informal networks. There were over 40 residents who engaged in the workshops.

Phase 6: The Community Research team fed into report writing, while being supported by their mentors. They also developed their own blogs, detailing the journey through the project, what they have learnt, and their aspirations for the future.

What worked well?

- The Community Research approach empowers the community through up-skilling Southwark residents to get involved in research. This is advantageous as researchers are able to bring their own lived experience into the work, which leads to more effective activity planning and delivery.
- The Community Researchers are able to utilise their formal and informal networks to engage residents in Southwark, who would traditionally have engaged in research projects.
- The Community Researchers provide the foundation for the development of equitable relationships between statutory organisations, Centric, Social Finance and residents from the seldom-heard communities in Southwark.
- Community Researchers are able to cite nuances in the locality of Southwark. This is extremely important when planning engagement sessions, such as workshops, where we have been able to ensure high attendance due to consulting the researchers around the best time and location for the events and the most appropriate communication style to keep residents who are participating engaged.
- Community Researchers from this project have also been able to build upon their work by joining other Centric projects, such as the Cost of Living project currently being conducted in partnership with Impact on Urban Health. This has provided them with the

opportunity to fuel their own professional development, engage with project partners and build new and stronger relationships with organisations working in Southwark.

What were the key challenges?

- Building the capacity of Community Researchers throughout project delivery requires resource. This had to be carefully managed with support from the project manager and the wider Centric team.
- There continue to be some residents who would not engage in community events due to mistrust in authorities. Rebuilding trust is a long process, and while researchers are able to provide information to residents on the benefits of engaging in research, they will not always break through.

3. Recommendations

Though this is a journey, there are a number of emerging **practical recommendations** for Southwark's health and care partners to rebuild trust with Black, Asian and minority ethnic communities, through co-production and community engagement.

Our work over the last year would suggest that, to date, health and care partners have tended largely to be to the left of the "Co-production Diagram" below i.e. they set the agenda, and choose what and how information is shared with recipients. This work has involved "consultation" with participants bringing their views and perspectives. Our Insights in the previous section, give some pointers that may help the shift of health and care partnership approaches with communities towards stronger forms of engagement, which address power imbalances. These insights sit in the space of "inclusion" and genuine "co-production". We have overlaid our recommendations with culturally-informed nuances which have been a key component throughout this project.

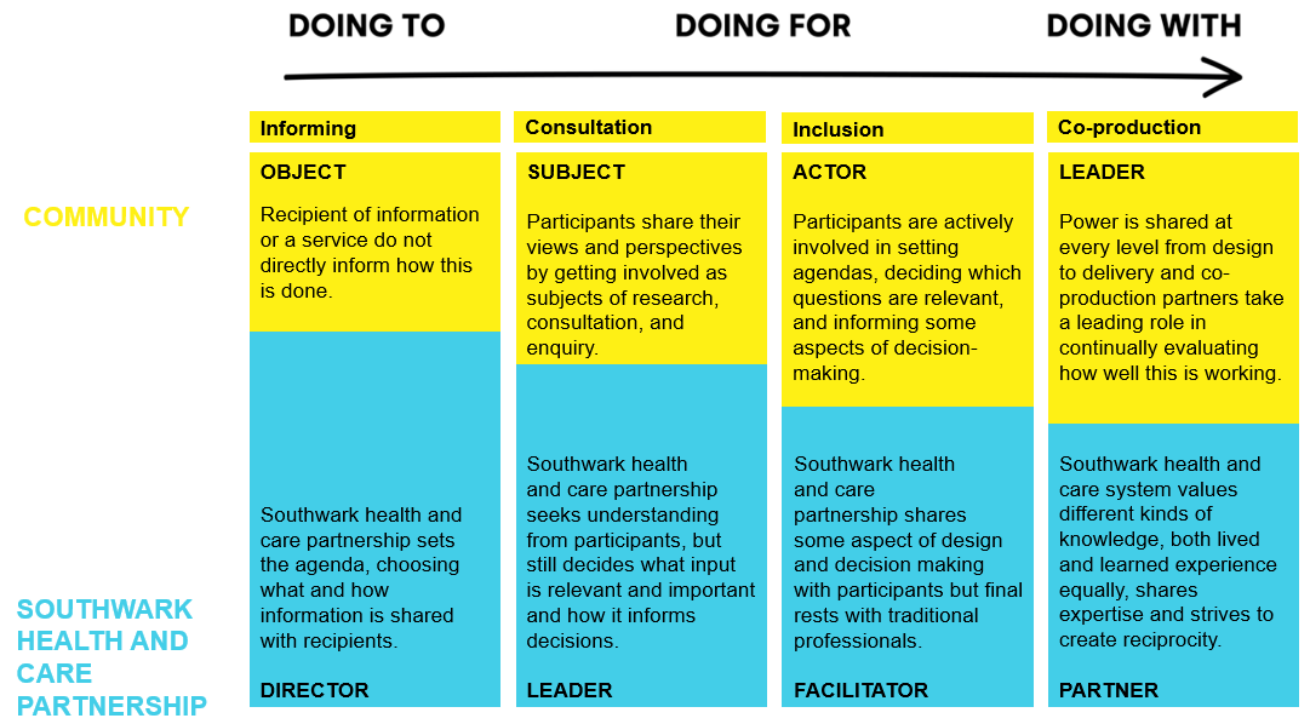


Figure 1: Co-production Diagram

While there are shared ambitions to move towards co-production, we should recognise that the Rebuilding Trust through Community Engagement and Empowerment project has consisted of a combination of consultation and inclusion processes. Residents have been invited to consult on the Health and Wellbeing Board's Joint Health and Wellbeing Strategy and on the concept of

a potential Lived Experience Assembly, or co-design approach. This work has been led by Centric's Community Researchers, which is an inclusive approach with some elements of power sharing within this phase of the process. Some reflections from this journey:

- **Consultation** is only meaningful if the voice of residents is heard and prioritised. The commitment within this project by leaders and decision-makers, to directly hearing and prioritising these views and perspectives is critical. Anything less, undermines the foundations for progress towards meaningful co-production.
- **Inclusion** cannot be a stop/start commitment or restricted to certain stages of the process. Community-led research must be followed by continued investment in the community to be part of discussions around the lessons learnt, recommendations and decision-making. Exclusion from these processes, or a lack of transparency, will confirm the worst fears of the participants and undermine progress. Core to inclusion is designing safe and neutral spaces where power is shared.

Recommendations

The lessons learnt above have led to some core insights. They are summarised below and some recommendations are made in the subsequent sections.

The Joint Health and Wellbeing Strategy Drive 4, Strong and Connected Communities, sets a clear commitment to strengthening community approaches and findings from this report should feed into that. There is also an opportunity to embed and explore how strengthened co-production approaches can be taken forward in relation to the Health and Wellbeing Neighbourhood Fund.

To take some of the recommendations forward effectively will require reviewing how statutory organisations work together with the vibrant VCS sector, as well as local communities on specific co-production activities. There is currently work taking place by Southwark Council to refresh Southwark's Voluntary and Community Sector Strategy 2017-22. There is also an "Approach to Community Engagement" set out by Southwark Council. There needs to be careful assessment of how the insights and recommendations shape and inform, as work is done to refresh these strategic frameworks.

- **Insight 1:** There needs to be a demonstrable and visible commitment from health and care partners to embed continuous engagement with the community at every stage of research, decision-making, design and delivery. Accountability mechanisms must be explicit, with transparency of process and decision-making. It will also be important to continue to further invest in training to understand the causes and consequences of low levels of trust.
- **Insight 2:** People working across health and care organisations need to avoid approaching the community on single issue areas, and instead bring together their strands of work around community engagement.
- **Insight 3:** Health and care partners need to examine the language and engagement mediums they use with seldom-heard communities. Residents may wish to participate but

sometimes lack the terminology to be able to contribute as equal partners. Current communication methods in engagement and delivery of services need to be amended to close the gap with residents.

- **Insight 4:** People working across health and care organisations should prioritise visiting community spaces, groups and organisations to engage, listen and build relationships with residents. They need to reimagine different spaces and spot opportunities for residents to come together.
- **Insight 5:** The Southwark partnership system needs to invest in community capabilities and training, to drive more self-led research, innovation and entrepreneurial initiatives that uplift and empower communities.
- **Insight 6:** The level of funding for VCS organisations, particularly those which are Black, Asian and ethnic minority led, must reflect community needs and the disproportionate inequalities experienced by these communities. Consideration also needs to be given to whether the system as a whole has sufficient capacity as well as culturally appropriate skills to engage with these communities.

For each of these insights, some core recommendations for the health and care partners are outlined below.

Recommendation 1

a. There needs to be a demonstrable and visible commitment from health and care partners to embed continuous engagement with the community at every stage of research, decision-making, design and delivery. Accountability mechanisms must be explicit, with transparency of process and decision-making.

We recommend that Southwark's health and care system develop an explicit and visible **co-production approach**, keeping the community at the heart of its development. Partnership Southwark has already agreed to be community-led and work together with residents to scope, design, test and produce together. They have started to implement this approach on the "1001 Days" project, where people from the community are part of the core project team, looking at improving the support given to mothers in the early stages of a child's life. We recommend this approach is embedded across all partner organisations so that it becomes business as usual. Wherever possible, it would be sensible to undertake work together given the inter-dependency of issues affecting the way that people live their lives. This speaks to Centric's "Continuum Model" (see below) that engages with community at each stage of the research process. This is crucial to be able to build long lasting equitable relationships with communities, by taking them on a journey as a project or workstream develops. Continuous community engagement also ensures they have buy-in on any outputs being produced as they have remained involved throughout the process. This also reduces the risk of any outputs or solutions developed not working or not meeting the needs and requirements of Southwark residents. This can be implemented in the development of three key areas:

1. Ongoing Co-design / Co-production space

- Ensuring there is a space that is held on a regular basis (e.g. monthly) for residents in Southwark to work alongside Partnership Southwark, Southwark Council and health and care partners on relevant workstreams relating to health and care related issues that need to be addressed

2. Implementing feedback loops learning from Centric's "Continuum Model"
    - Ensuring residents are involved in each stage of development regarding research and decision making. This would include feedback to and having conversations with boards and relevant individuals responsible for decision making to ensure resources are invested in solutions the community have designed alongside people in organisations and approve of the final outputs before they are delivered.

3. Building inclusive comms learning from Centric's "community looping" approach
    - We need to ensure the language used in communications sent out to the community is jargon free and sent via mediums that the community already engage with. This would include social media, such as Facebook, and Twitter. In addition to this, the development of creative outputs is necessary to engage residents who are not already engaging with comms that is being produced currently. This would include videos, infographics and voxpops. This is crucial to engaging seldom heard communities, ensuring information is disseminated on platforms they are already using.

A holistic, integrated and systems-wide approach to co-production represents a substantial and profound ambition. It will require many forms of strategic, financial and personal commitment from leaders over many years. This commitment starts with hearing, engaging with, and responding to the priorities that residents have brought into the inclusive, community-led spaces. Conversely, if no action is taken (or worse, if leaders do not engage directly with this voice at all), then this will deepen rather than reduce mistrust. We have listed out some core values for this approach, which emerged from our sense-making of workshop feedback with communities:

1. The co-production approach must be resident-led and governed. This means residents need to be able to set agendas to discuss what is important to them and have an equitable position in engagement mediums.
2. The co-production approach must be representative and inclusive of the many seldom-heard communities in Southwark.
3. The co-production approach must span across issue areas, giving people the opportunity to feed into conversations about their health, care and wellbeing, in parallel with conversations around other topics, such as housing.
4. People should be trained and up-skilled in order to contribute meaningfully to service design and development.
5. The co-production approach will bring together experts with lived experience alongside experts from within services, in order to share their knowledge and expertise around issue areas and create change

b. It will also be important to continue to further invest in training to understand the causes and consequences of low levels of trust.

In order to continue the task of understanding historic wrongs, and the reasons for the lack of trust, we recommend that culturally-appropriate engagement training for services must be strengthened so they can reach the diverse populations of Southwark. We recommend that training is offered to frontline workers working with communities across Southwark, including council, healthcare organisations, VCS organisations and educational institutions. While there is current training available, there is room for enhancing the offer and actions to be taken to ensure that changes in practice for people in health and care, are embedded operationally.

This training would consist of Community Engagement training, focusing on how to engage with communities, taking into account the different cultural nuances that exist within different groups and between them. These cultural nuances come in many forms and there needs to be greater focus on the religious quasi that exists in Southwark. How one would engage with one community over another will have different impacts on the communities that you are trying to rebuild trust with, and these considerations would be laid out in the training.

- Training for people working within statutory organisations engaging with the community
    - To ensure the efficacy of the engagement approach mentioned above there is a requirement for further training for people representing organisations who are engaging the community directly. This is to ensure they are prepared to manage difficult conversations that may arise, but more importantly, ensure they are able to make residents feel comfortable enough to be open and honest about their opinions. This will ensure that engagement mediums set up the residents to work with organisations are as progressive and productive as possible and build trust.
    - Centric has already delivered a 3 day training program for Southwark Community Health Ambassadors which has received excellent feedback, building their confidence and providing clear guidance on how to approach engaging their own and other seldom heard communities.
- Training for Community
    - The community also require training to ensure they have the knowledge and understanding to be able to effectively engage in mediums set up by organisation for co-production and co-design purposes.

This project has piloted and tested a “Community Researcher” or a “Navigator” model to help “sense check” the formerly draft Joint Heath and Wellbeing Strategy and the concept of a potential Lived Experience Assembly. There is still more work to be done to explore how communities themselves are best placed to articulate their needs and shape actions.

This process could potentially involve recruiting, training, renumerating and continually mentoring residents in Southwark, so they are embedded into existing projects and teams. As mentioned above, Partnership Southwark have already started doing this. Researchers would “loop” conversations that are occurring within the system back to the community whilst also keeping health and care partners accountable for decisions and actions decided. Navigators could ensure proper links in with relevant services. This is especially important for Black, Asian

and ethnic minority communities, who do not currently feel represented in services, and who feel they are not currently understood:

> "As Somalians, we didn't have anyone at that time to speak the language and understand; some of them had been through horrible things but weren't opening up. We had to get someone within the community that could speak a bit of English and tell that person".

Another added:

> "When I walked into someone's house with shoes and my hair wasn't covered, and they pushed me out –we need to retrain people, re-educate people"

Implementing the "Community Researcher" or "Navigator" model, will help address one of the key barriers for achieving "inclusion" and move Southwark's health and care partners closer towards a "Co-production" approach where "lived experience voice" is valued equally to other voices, and cultural differences is respected and understood by all.

Recommendation 2: People working across health and care organisations need to avoid approaching the community on single issue areas, and instead bring together their strands of work around community engagement.

In some cases residents have found it challenging to understand the roles and purpose of these individual organisations. We recommend Partnership Southwark, Southwark Council and other health and care service in Southwark work together to promote community-led innovations. This joined up approach would involve: using the same language in communications with residents; having a common understanding of community needs and developing a culturally appropriate agenda to achieve plans toward community growth and development with a focus on supporting residents and organisations with initiatives and ideas for their community well-being.

We recommend a pooling of resources relating to community-led approaches, including listening, engagement and co-production, by health and care partners to make approaches more streamlined. This includes identifying and drawing in organisations working within Southwark, to ensure that they are linking in with community-led initiatives. Funding currently flows from many different directions and with different priorities, so there is a need for shared purpose across the different actors and commissioners in the system. Co-developing a joint strategy that partners can continually reflect on will ensure reduction in duplication of efforts. There is currently work taking place to refresh Southwark's Voluntary and Community Sector Strategy 2017-22 and potential to take this forward there.

Recommendation 3: Health and care partners need to examine the language and engagement mediums they use with seldom-heard communities. Residents may wish to

participate but sometimes lack the terminology to be able to contribute as equal partners. Current communication methods in engagement and delivery of services need to be amended to close the gap with residents.

The need for reframing language was raised clearly by residents. There are many approaches needed for this. Written language, for instance in strategies, reports and on websites, must be clear and jargon-free. Too often, information is unclear with a lot of "technical" and "professional" terms being used. Language used for signposting must be appropriate, easy to understand and accessible, so there is less need to "translate" language between different stakeholders. When speaking to residents, people working in statutory organisations need to be inclusive and show empathy. This will enable community residents to feel able to speak honestly and authentically without fear of being turned away or ignored. Some principles to follow could be:

- Being "bottom-up" i.e. being led by the communities
- Non-judgemental and inclusive language
- Polite, thoughtful language that isn't patronising
- Giving people the licence to ask
- Giving regular updates to people
- Showing humility and empathy

Health and care partners have long advocated a "no wrong door" approach to dealing with residents; however, in practice, this is complex to implement and will involve not just training but operational, and most importantly, cultural changes. This would require, for example, removing siloed structures/initiatives and services, and instead embed greater integration of services around communities, so communities feel able to speak to anyone in a service and get the help they need. Lessons learnt could be drawn from initiatives such as Fulfilling Lives and Changing Futures, which have tried to establish more person-centred and trauma-informed approaches to service delivery for people with complex needs. In Southwark, there is a strong health and care partnership ambition to develop and implement "neighbourhood working". There have to be explicit plans for how a "no wrong door" approach is implemented as part of this.

Recommendation 4: People working across health and care organisations should prioritise visiting community spaces, groups and organisations to engage, listen and build relationships with residents. They need to reimagine different spaces and spot opportunities for residents to come together.

As part of the "co-production approach" we outlined under Insight 1, we recommend that careful thought goes into *where* co-production takes place. Rather than just inviting community residents into council and Partnership Southwark spaces, it will be important for people working within statutory settings to understand, explore and commit to meeting residents where they are most comfortable. This will represent a commitment to residents to work with them in a way that is new and geared towards building equitable relationships by firstly creating safe spaces for the engagement and co-production to take place.

One step could be a place-based asset mapping, bringing practitioners and residents together to map out the local assets for improved well-being outcomes in the area, resulting in a visual tool representing statutory, voluntary and community provisions. This could include faith-based spaces, youth spaces, community centres and voluntary sector organisations.
With recovery post Pandemic, Southwark's health and care partners are strongly supportive of having greater face-to-face presence in community settings and "outside of the office". This is a principle of working that senior partnership leadership will ensure is implemented visibly in the coming months.

Recommendation 5: The Southwark partnership system needs to invest in community capabilities and training, to drive more self-led research, innovation and entrepreneurial initiatives that uplift and empower communities.

One of the learnings from conversations with residents shows there are number of talents, innovators and ideas that sits within the community including residents who are willing to support others with the initiatives. However, the common barrier for these residents can be the lack of support in the form of training, education and a safe space to engage and develop ideas.

As already mentioned in our recommendation around developing a "co-production approach", community empowerment and training will be very important to enable mutual support. We have learnt that the community wants to be upskilled so they are able to participate in discussions that affect their lives. We recommend adopting or embedding approaches such as a Community Research model or the Navigator model, learning from the process adopted in this project and outlined in the deep-dive above, to upskill and unlock community power that already exists. As the Community Research model shows, by harnessing the existing entrepreneurial spirit that exists within seldom heard communities and empowering them, they will be able to drive change that is conducive to the issues they are facing. By investing in training, the number of individuals who will be able to confidently participate in engagement increases, helping to drive new forms of discussion. It will allow individuals and groups to harness existing networks and relationships in Southwark to drive change. By investing directly in these seldom heard communities' capabilities and capacity in not only research, but their own initiatives purposed towards driving positive change and improving health outcomes, rebuilding of trust will follow. Communities will be able to utilise their own lived experience and entrenchment within communities to create environments that facilitate peer-to-peer knowledge sharing. This can also be fed back into the health and care organisations.

Community Anchor Organisation

We recommend that training is delivered by a "Community Anchor Organisation". "Community Anchor Organisations" are independent, grassroots organisations, that are able to effectively bridge the gap between seldom-heard voices, third sector organisations and statutory bodies. Such approaches are being trialled across the UK, such as in Leeds, where Community Anchor Organisations are being established across the 33 wards, and have already made significant steps in connecting a range of groups in their community with the statutory sector.

In Southwark, we envisage Anchor Organisations playing an important role in brokering relationships between health and care partners, VCS organisations, and residents of

Southwark, to provide training for residents and statutory bodies, enact feedback loops and build inclusive engagement and communications approaches and ensure the principles of a Community Research or Navigator Model are adhered to moving forward.

The benefits of this approach are the following:

- Utilisation of a shared language across different organisations and residents
- Providing employment and entrepreneurial opportunities for residents
- Maintenance of relationships that are equitable in nature
- A central entity that will help to form partnerships across the sector
- Facilitation of multi topic engagements that can feed into decision making of most relevant partners
- Increasing social mobility
- Aims to reduce inequality and improve health outcomes for Southwark residents

Recommendation 6: The level of funding for VCS organisations, particularly those which are Black, Asian and ethnic minority led, must reflect community needs and the disproportionate inequalities experienced by these communities. Consideration also needs to be given to whether the system as a whole has sufficient capacity as well as culturally appropriate skills to engage with these communities.

There should be measures taken to reduce barriers to access to funding for small organisations who are already grounded and understand the community needs. The Council and Partnership Southwark should strive to reduce barriers such as reducing use of tedious bidding, tendering processes, specifications that are difficult to achieve by small and self-led organisations as well as the language used in funding adverts which can be unappealing to black-led innovators.

Establishing greater participatory methods within commissioning and grant funding processes may help empower VCS organisations that more closely serve communities. This could involve setting up a panel of community residents from seldom-heard backgrounds, to evaluate funding allocation processes. Other London boroughs have succeeded in creating more equitable relationships with residents when doing this. Barking and Dagenham Giving, for instance, involved over 50 local people in decision making in 2020, distributing over £125,000 in funding to local causes. There are also larger-scale funds that are adopting similar models. City Bridge Trust's Anchor Programme, aims to distribute up to £20m of long-term funding to Anchor Civil Society Organisations, who are deeply rooted within communities and can therefore play a crucial role in connecting communities and supporting Londoners at risk of disadvantage. They hope to transform traditional funding models by bringin grantees into the design and delivery of the process.

Trusting communities and VCS organisations to join in the decision making around funding allocation will radically shift power dynamics in Southwark, and ultimately result in greater equity between communities and statutory organisations.

4. Next Steps

Based on the recommendations above, we suggest the following next steps for Southwark health and care partners to take forward:

Short-term

- Building buy-in and commitment from Southwark's health and care partners (in particular mental health and youth services partners) and leadership to take forward the recommendations from this report, and work hand-in-hand with the community to do so. This could include discussion at Board level both in the Health and Wellbeing Board and Partnership Southwark's Executive Group / Partnership Board
- Exploring the Community Researcher / Navigator model further to understand how and where to deliver this model effectively to rebuild trust and improve health and care outcomes for seldom-heard communities
- Developing a new approach to communications, and language used that is conducive to having meaningful conversations with seldom-heard residents
- Starting the process for co-designing Partnership Southwark's "co-production approach" (which was originally their "Lived Experience Assembly") with community residents

Medium-term

- Embedding the "co-production approach" to ensure seldom-heard communities are involved in taking forward key workstreams around health and care, in particular as identified from our work – around mental health and youth services
- Developing culturally-informed training for people working within health and care organisations, using for instance an anchor organisation
- Investment into community capability building and empowering small, excluded grassroots organisations that are entrenched within the communities they are serving, and making real-world impact

Long-term

- Mainstreaming the "co-production approach" in a way that works towards building trust, in line with the principles and values outlined above. Part of this we have explored in our work, but this needs to continue to be explored further and needs to be agile and flexible in incorporating new ways of working with the community and new forms of engagement
- Incorporation of participatory processes into grant-making and commissioning of VCS organisations within Southwark

5. Appendix

Number of Southwark residents interviewed by Centric's Community Researchers, split by demographics

Ethnicity	Number
Black African	12
Black Latino	3
Asian British	3
Black Other	2
Arab	2
White Eastern European	2
Mixed - Black Caribbean	1
White Other	1
White British	1
White European	1
Other	2
Total	**30**

(N.B. Ethnicities listed above were declared by those interviewed. Some are not within the ethnic group list)

Age	Number
18-24	5
25-34	9
35-44	5
45-54	5
55-64	2
65-74	2
Total	**30**

Gender	Number
Male	7
Female	21
Unknown	2
Total	**30**

Number of one-to-one discussions conducted prior to workshops by Social Finance

Pre-Workshop 1:1 Discussions	Number
Southwark Council	8
Community Engagement Team	2
Public Health Officer	2
Mental Health Services	1
Youth Services	3
Partnership Southwark	4
Councillors	1
Other individuals	2
Total	**15**

Number of people attending workshops, split by workshop and by organisation / team

Workshop 1 - Lived Experience Assembly	Number
Residents	24
Centric (including community Researchers)	9
Social Finance	4
Southwark Council	4
Community Engagement Team	2
Public Health Team	2
Partnership Southwark	3
Councillors	2
Total	**46**

Workshop 2 – Community Solutions	Number
Residents	18
Centric (including community Researchers)	9
Social Finance	4
Southwark Council	5
Community Engagement Team	1
Mental Health Services Team	1
Public Health Team	2
Youth Services Team	1
Partnership Southwark	2
South London and Maudsley Trust	1
Councillors	1
Total	**40**

Workshop 3: Sense-making for LEA	Number
Residents	9
Centric (including community Researchers)	7
Social Finance	3
Southwark Council	3
Community Engagement Team	1
Public Health Team	2
Partnership Southwark	2
Total	**24**

Workshop 4: Internal Exploration around Youth Services	Number
Centric (including community Researchers)	14
Social Finance	3
Total	**17**

Workshop 5: Internal Exploration around Mental Health	Number
Centric (including community Researchers)	14
Social Finance	2
Total	**16**

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