



# Tackling Health Inequalities

Reflecting on the work of Sevenfields Community Health Champions working in Downham, Grove Park and South Catford, Lewisham

NOVEMBER 2024







'Skate Jam' event in June 2024



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# 1 About the project

The Sevenfields Community Health Champions project started in June 2023, initially running to April 2024 but extended to September that year. It has been a partnership between Lewisham Council's Public Health Team, Sevenfields PCN, the Sevenfields Health Equity Fellow, Downham Dividend Society Community Land Trust (CLT) and Social Life

Downham CLT is led by a resident Community Health Champion, and four more residents of the Sevenfields area were recruited as Community Health Champions in summer 2023. Our five Community Health Champions brought different skills and experiences, they come from a range of backgrounds and are involved in many different activities in employment and as local activists.

## Why

The central aim of the project was to develop plans and projects to reduce health inequalities.

The project aimed to bring the local community together to raise awareness of health and wellbeing. We aimed to engage the diverse local population to have a voice, and support them to access health options they could relate to and that were culturally relevant. Our aspiration was to enable residents to better manage and improve their own health and wellbeing, and in doing to reduce health inequalities.

We know that people who live in poverty, in poor housing, with low paid and insecure jobs or facing discrimination have shorter lives. People in are dying too young because of where they live or who they are. However we believe these disparities are preventable and we want to make health equal for all. This is called "Health Equity" and achieving this is the overall aim of our work.

To do this we have taken both an **asset-based** and a **trauma-informed** approach. An asset-based approach recognises the strengths and resources within a community. A trauma-informed approach recognises that the impacts and triggers of generational trauma, of discrimination and racism in the everyday experience of living on low incomes can damage individuals and communities.

The project's asset based approach had been

successfully used in the [Sevenfields Health research pilot](#) and included:

- valuing the expertise of lived experience by paying community health champions for their participation in this project
- recognising the role that social capital plays in moving towards health equity
- building on the existing network of voluntary community health champions
- strengthening the capacity of community to be active participants in the decisions around priorities for achieving health equity
- strengthening the capacity of the community to engage with health professionals
- piloting a trauma informed approach to health and well being for the project participants.

An important element of being **asset-based** was that we have paid local residents for their time. We used local partners and suppliers where possible, including for video making, design and for events. Too often the human assets of local under-served communities go unrecognised, and residents are not seen as having the knowledge and experience needed to shape local plans and decisions in the way that professional and institutional voices are.





### Project stand at 'Downham Celebrates' 2024

Being **trauma-informed** meant that we needed to recognise the long legacy of disadvantage that many local communities have faced; and the discrimination, racism and, at times, violence that Black and ethnically minoritised communities have experienced over past decades within this area

Memories become embedded and shape the way that individuals and communities react to everyday life and to services and institutions. We began to address this by engaging the Deborah Ubee Trust, a local provider of counselling and mental health services, to support the project team and to run an event to talk about how stress affects our lives. A wider more systemic approach to trauma will be needed in the future as this work is taken forward.

Our approach mirrored the agenda laid out in the [BLACHIR](#) report, published in 2021 This detailed an action-based review of African and Caribbean Health Inequalities in Birmingham and Lewisham. Birmingham is home to eight percent of the Black African and Black Caribbean populations in England and 23% of Lewisham's population is Black African or Black Caribbean".

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**“We recognised the need to think and act differently, looking at not just published**

**data and evidence but also listening to professional and lived experiences to better understand health inequalities, the reasons why they exist and identify opportunities for action to address them.” – BLACHIR**

The brief for this work was set out by Lewisham's Public Health team in early 2023. They launched a call for proposals from organisations to recruit, support and develop local Community Health Champions programme and partner with Lewisham Primary Care Networks (PCNs) and Health Equity Fellows to work together to address health inequalities and achieve health equity in Lewisham. The Health Equity Fellows are GPs embedded in the seven Lewisham PCNs with a specific role to tackle health inequalities.

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**“The organisations will advocate for Lewisham's under-represented communities and act as an anchor within the community with the aim of increasing understanding of the needs and designing services to cater for Lewisham's diverse populations.” – Lewisham Public Health team project brief**



## Who we are

The starting point for this project was developed by Downham CLT and Social Life, drawing on the Trust's long-standing work within its local community and work with Social Life over the last three years. The partnership between Downham CLT, Social Life, Lewisham Council's Public Health team and Sevenfields PCN brought together different types of expertise and varied experiences: of working with community assets and asset-based approaches to health and wellbeing; of co-design and community engagement; of place-based action research and of delivery of health and wellbeing services and supports.

Downham CLT played a key role in bringing together different groups, allowing the team to provide locally rooted and community-sensitive support. The Trust's asset based approach is rooted in the history of community self-build in the area.

Social Life contributed experience of understanding how relational factors influence local public health systems, of working with local communities to develop ideas that are embedded in lived experience, our insights into local data and our project management and coordination skills.

**Downham Dividend Society Community Land Trust** was founded to continue the wider regeneration work of Fusions Jameen's Black-led community self-build schemes. Fusions Jameen is Europe's largest Black-led co-produced self-build housing initiative. It considers the Downham community as an asset and its social bonds to be of economic value. It promotes a community wealth building approach to maximise community-led regeneration strategies to tackle the intergenerational poverty and health inequalities which impact Downham.

**Social Life** was set up in 2012 by The Young Foundation as a specialist centre of research and innovation about the social life of communities. Our work explores the dynamics of communities, and how perceptions of place - our wellbeing, belonging, fear of crime and sense of inclusion - sit alongside the way we experience tangible problems like inequality, poor health, and poor-quality work.

**Sevenfields PCN** is one of the largest Primary Care Networks in the London Borough of Lewisham. It aims to work in partnership with the community it serves, to transform primary care in a sustainable way that positively impacts on the health and wellbeing of the local population. There are eight GP practices in the PCN. The PCN works through expanded neighbourhood teams which are made up of GPs, pharmacists, district nurses, social prescribers, health & wellbeing coaches and care navigators.

**The Health Equity Fellow** was funded by Lewisham's Public Health team to develop a programme of actions to tackle health inequalities. One Fellow was attached to each PCN.

**The Community Health Champions** are a team of four local residents, recruited to work on this project in August 2024. They have all been paid the London Living Wage for their time spent on the project.

## Earlier work

The Community Health Champion project built on the project partners' previous work together. Between March and June 2022, Downham CLT and Social Life worked with Downham residents to understand what is supporting and undermining health and wellbeing in Downham. The work was commissioned by Sevenfields PCN to inform its social prescribing work. The lived experience of the residents who were trained as researchers allowed us to connect with communities and helped the team identify local health issues that matter to people living in and around the area.

One of the recommendations of this report was for more investment in community approaches that build on the expertise of people living in Downham. Our community research pilot showed us that working in partnership with residents to capture local needs takes time, care and substantial effort.



# The Sevenfields Community Health Champions project

JUNE 2023

DEVELOP PLANS and PROJECTS to REDUCE HEALTH INEQUALITIES



HEALTH EQUITY FOR ALL

FIVE RESIDENTS OF THE SEVENFIELDS AREA RECRUITED AS COMMUNITY CHAMPIONS



ASSET BASED and TRAUMA INFORMED APPROACH

LEWISHAM COUNCIL PUBLIC HEALTH TEAM

SEVENFIELDS PRIMARY CARE NETWORK

DOWNHAM DIVIDEND SOCIETY COMMUNITY LAND TRUST

SOCIAL LIFE

SEPTEMBER 2024

We want to dramatically improve health equity in Sevenfields, so people stop dying too young because of where they live.

NICOLA Social Life

JASMINE CHC

VAIBHAVI CHC

BARBARA CHC

TIM DOWNHAM CLT

DIANE Health Equity Fellow

AARON CHC

SIMEON Social Life

"THE SOCIAL DETERMINANTS OF HEALTH ARE THE NON-MEDICAL FACTORS THAT INFLUENCE HEALTH OUTCOMES. THEY ARE THE CONDITIONS IN WHICH PEOPLE ARE BORN, GROW, WORK, LIVE, AND AGE, AND THE WIDER SET OF FORCES AND SYSTEMS SHAPING THE CONDITIONS OF DAILY LIFE." (The Marmot Review, 2010)





**Barbara Gray**

Barbara is a south Catford resident, she has been active within her community for many years. As a Community Health Champion she focused on the health of the Caribbean community and longevity.



**Aaron**

Aaron lives between Catford and Downham, he is a holistic health practitioner. His focus in this programme was on stress and how we can manage it in different ways.



**Jasmine**

Jasmine is a founder of EmPowr CIC - her focus was on rollerskating and holistic health within the community.



**Vaibhavi**

Vaibhavi is a local community activist, she was interested in community-based gardening and the health of the Sri Lankan and Tamil community.



**Diane**

Diane was the Sevenfields PCN Health Equity Fellow and a practicing GP. Her particular focus was on healthy eating.



**Tim**

Tim is the founder of the Downham CLT and active in many local groups. His interest as a Community Health Champion was in housing and trauma.



## This research

The relationship built over time between Sevenfields Primary Care Network and Downham CLT ensured the success of our 2022 research and has been critical in supporting the work of the Sevenfields Community Health Champions.

This project is part of a larger body of work that the PCN has commissioned the Downham CLT to deliver to tackle the social determinants of health inequalities. This includes:

- an options appraisal on maximising the health equity and community wealth building potential of Sevenfields’ outstanding green and blue assets
- developing the Downham Health through Sport, Leisure and Nature strategy
- funding a series of healthy living centres in green spaces pilot studies
- seeking to integrate race and health equity into the Lewisham Local Plan.

Downham CLT sees this research as part of their work to create a Public Health Parks Trust. The intention of this is to tackle health inequalities, empower local communities and leverage the assets of the local area.

The Parks Trust will bring together the community, Lewisham Council and other stakeholders, to act as an investment vehicle to maximise the community wealth building impact of the area’s green and blue spaces. This will maximise the participation of Downham’s diverse communities.

The Downham CLT intends to work in partnership with the Sevenfields PCN to secure funding for an action research project to explore the potential of a Public Health Parks Trust to maximise the health equity impact the PCN’s green and blue assets through a trauma informed spatial use strategy.



Project team at the Corbett Community Library, December 2023

## About the Sevenfields area

In the UK health system, Primary Care Networks (PCNs) are groups of GPs that work together along with other healthcare providers to provide coordinated and proactive healthcare to local populations. PCNs are designed to serve communities of around 30,000 to 50,000 people (though some like Sevenfields are larger).

Each PCN covers a specific geographic area, their boundaries align with GP practice boundaries, but can cross other administrative borders, such as local authority areas. They were introduced as part of the NHS Long Term Plan, published in January 2019.

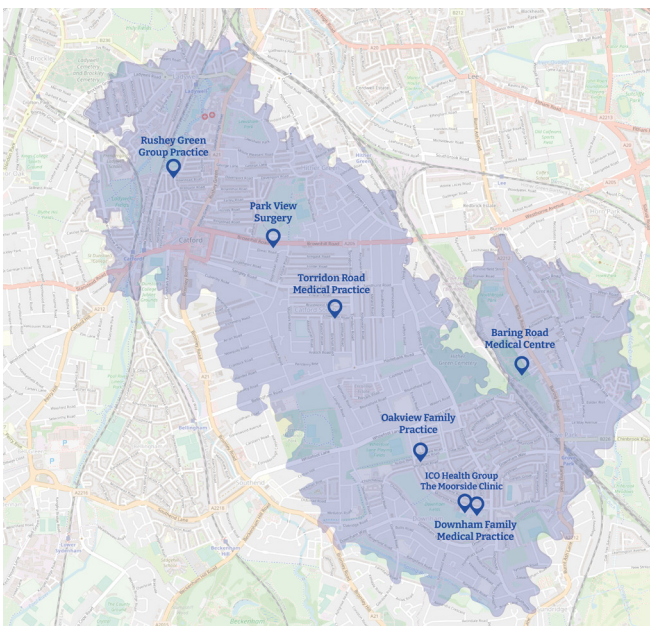
Sevenfields PCN covers parts of the south of the London Borough of Lewisham, including Downham, the south of Catford, Hither Green and Grove Park.

- **Downham** is a residential area, known for its large inter-war housing estates built to accommodate London's growing population in the 1920s and 1930s. The area is characterised by its green spaces, including Downham Fields and Foster Memorial Park. Early residents moved as a result of slum clearance from inner London areas like Rotherhithe.

- **South Catford** is an urban area with a mix of residential and commercial properties, well-connected by road and rail. Historically, it evolved from a rural village into a bustling urban centre following the arrival of the railways in the 19th century. The area is lively, home to a long-standing Caribbean population.
- **Grove Park** is in the southeast of Lewisham and borders Bromley. It is a residential suburb with a more suburban feel than Downham and south Catford. The area has a significant amount of green space, including Grove Park Nature Reserve and Chinbrook Meadows. Historically, Grove Park developed around its railway station, which opened in the 1870s and spurred residential development.

The Sevenfields catchment area extends into the northern parts of Bromley, encompassing urban and suburban settings. The PCN serves a diverse population through its eight GP practices.

Key facilities include the Downham Health and Leisure Centre and Goldsmiths Community Centre. GP practices do not serve precise geographic areas, and for this project we have understood the area of the PCNs as loosely defined by a 15 minutes walk from each GP practice.



Sevenfields PCN GP practice locations with map indicating 15 minutes walking distance from each



London skyline as seen from Downham





'Skate Jam' event in June 2024





'Your Health is Your Wealth' event at Abbottshall Healthy Living Centre May 2024



## 2 Tackling health inequalities: the context

The work of the Sevenfields Community Health Champion is framed by the particular issues within the Sevenfields area, a place including neighbourhoods with very different histories and circumstances. It has developed against increasing interest among policy makers and practitioners in how health inequalities can be tackled in local areas.

### Health inequality

**“The social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.” World Health Organisation<sup>1</sup>**

Our understanding of the social determinants of health in the UK draws on the work of epidemiologist Sir Michael Marmot. The 2010 Marmot Review “Fair Society Healthy Lives” and its 2020 Update, “The Marmot Review, 10 years on” set out the evidence on health inequalities and how these impact on quality of life for people living in different life circumstances. In the 10 years between the two publications, life expectancy in England stalled, years in ill health increased and inequalities in health widened. NHS England cites well-established evidence that clinical care accounts for 20% of health outcomes while social and economic factors and physical environment together make up 50%.<sup>2</sup> In 2024, the Institute of Health Equity published a review on racism’s impact on health inequalities in London.<sup>3</sup>

**“Health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health” Marmot Review<sup>4</sup>**

<sup>1</sup> [https://www.who.int/health-topics/social-determinants-of-health#tab=tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1)

<sup>2</sup> Dame Clare Moriarty blog July 23 “Acting on the wider determinants of health will be key to reduced demand” <https://www.england.nhs.uk/blog/acting-on-the-wider-determinants-of-health-will-be-key-to-reduced-demand/>

<sup>3</sup> <https://www.instituteofhealthequity.org/resources-reports/structural-racism-ethnicity-and-health-inequalities>

<sup>4</sup> Fair Society, Healthy Lives (The Marmot Review) <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

The 2010 Marmot Review focused around six domains which together describe a holistic approach to health which stretches far beyond traditional health service boundaries to consider work, employment, and the nature of places and communities. Social relationships - our relationships with friends, family and others we encounter - are central to these.

#### The six policy areas in the Marmot review

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control of their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention.

The 2022 BLACHIR report drew strongly on Michael Marmot’s understanding of the social determinants of health in its recommendations, focusing on health inequalities within the Black African and Caribbean communities in Birmingham and Lewisham.

**“Effective local delivery requires effective participatory decision-making at local level. This can only happen by empowering individuals and local communities.”  
-BLACHIR**



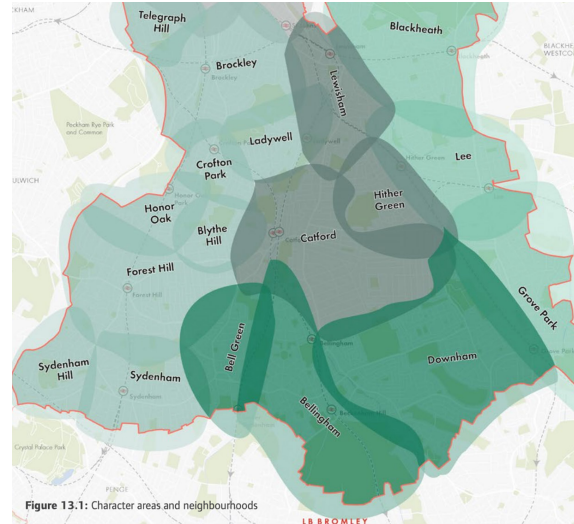
## How this manifests spatially

The importance of place and communities of place is recognised in this analysis. This is because places are where poverty and disadvantage (and wealth) are located, and also because places are the operational unit for many services, including health services, that aim to support individuals and communities. For these two reasons places or neighbourhoods are important building blocks for change.<sup>1</sup>

There is often a mismatch between administrative geographies and “natural neighbourhoods”, the way we all understand and make sense of the areas we are familiar with. How we describe the geographic and social boundaries, between say Downham and south Catford, depends on factors as varied as housing typologies, parks and roads, retail centres and local history and demographics. Administrative geographies, from councils or health services, rarely map onto these commonly used definitions -the “character areas” in Lewisham’s 2024 Local Plan<sup>1</sup>, are an unusual attempt to do this.

Sevenfields PCN covers an area that is home to over 70,000 residents. PCNs have been tasked by government with tackling health inequalities. The size of PCNs theoretically enables local reach and knowledge and gives the ability to implement

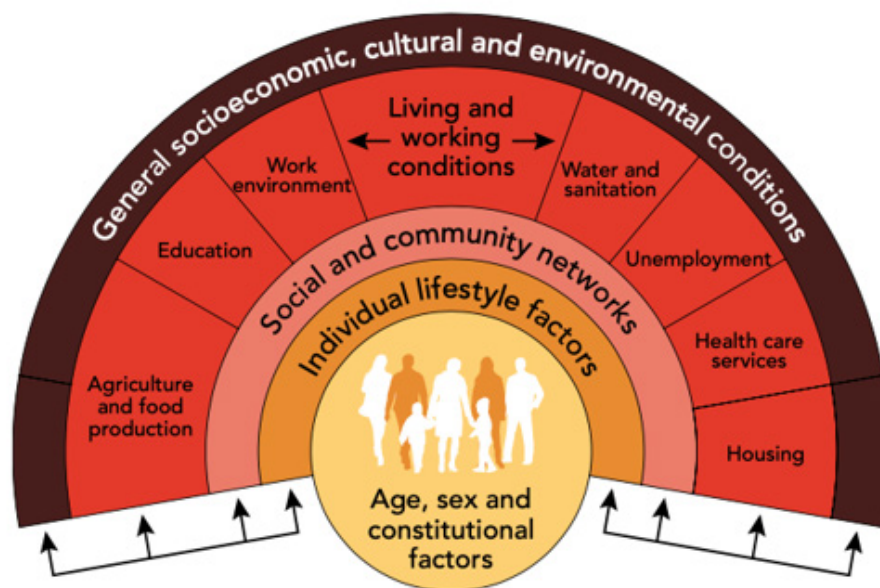
<sup>1</sup> LGA(2024) Empowering healthy places: Unveiling the powers and practices of local councils in fostering healthy neighbourhoods: <https://www.local.gov.uk/publications/empowering-healthy-places-unveiling-powers-and-practices-local-councils-fostering>



**Character Areas from Lewisham Local Plan 2024**  
Available: [https://consultation.lewisham.gov.uk/planning/lewisham-local-plan-regulation-18-public-consultat/supporting\\_documents/LEWISHAM%20LOCAL%20PLAN%20PART%203.pdf](https://consultation.lewisham.gov.uk/planning/lewisham-local-plan-regulation-18-public-consultat/supporting_documents/LEWISHAM%20LOCAL%20PLAN%20PART%203.pdf)

interventions at a local level. However the scale of PCNs also means that they are very unlikely to cover one homogeneous neighbourhood, or that their catchment areas will map with other local boundaries. Sevenfields PCN for example has to meet the very different needs of communities in Catford, Downham and Grove Park.

There is growing interest from different organisations from government to community bodies like Downham CLT in the way that health can be improved through the planning system. The way that land is used and development is planned has a fundamental impact on health and wellbeing, decisions made in the planning system can challenge or re-enforce existing inequalities.



Dahlgren and Whitehead model of health determinants, cited in the BLACHIR report



## The Sevenfields area

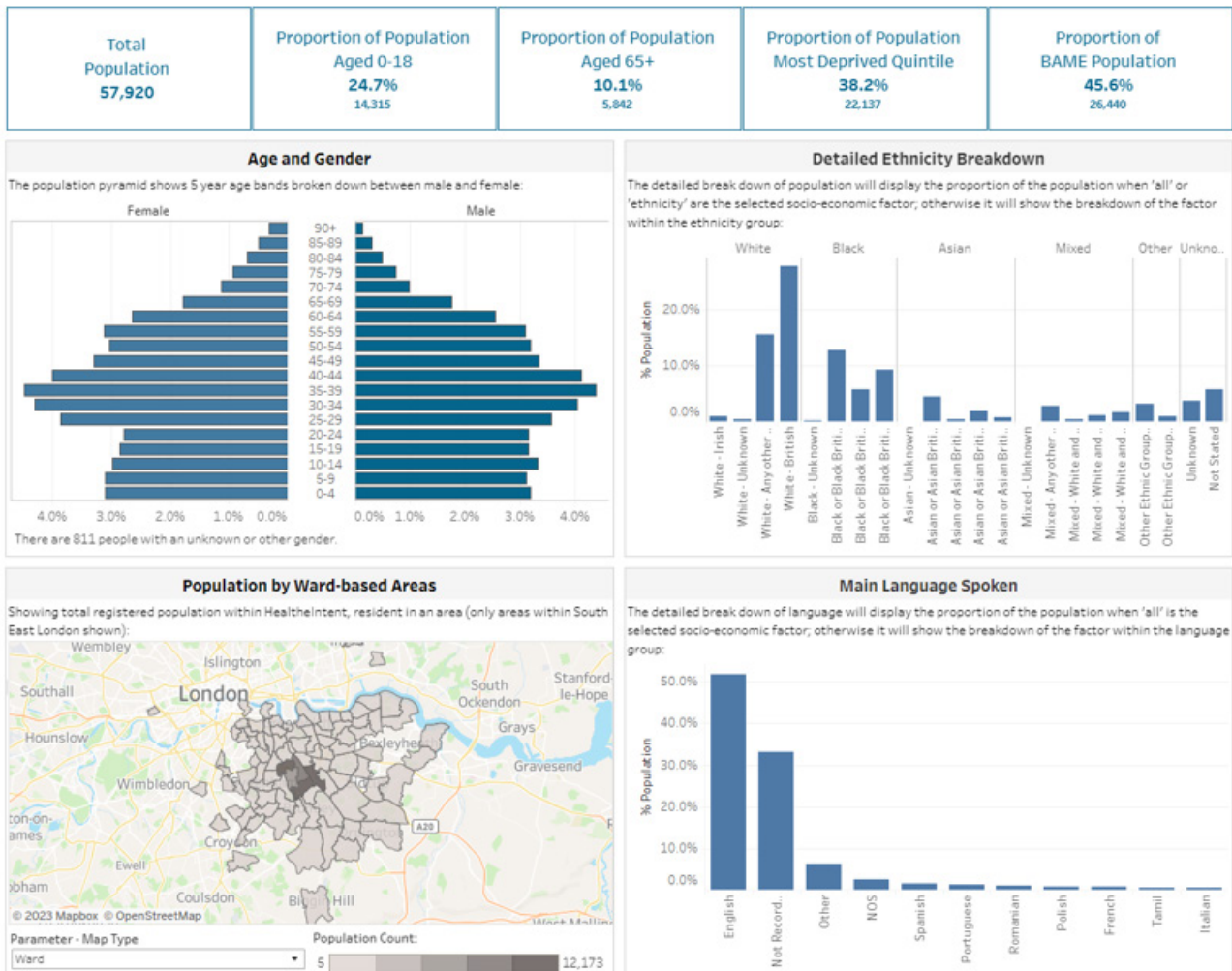
The differences in administrative geographies matters when it comes to finding data to describe the needs and experiences of people using Sevenfields services. This is further complicated by the lack of data at very small geographies describing local health issues.

One of the early tasks of this project was to review data for the area and decide whether it is good enough to steer the work of the Community Health Champions.

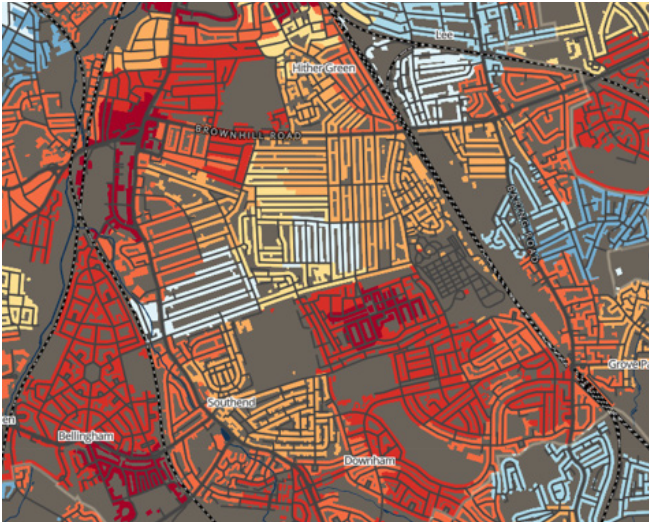
- **Census data shows** how overcrowding is high in south Catford’s private rented sector and in the southeast of Downham towards Grove Park (an area with a high proportion of social housing). People who are “economically inactive” are also most likely to live in these areas. Deprivation is concentrated in the middle of the area.
- **Public Health England data shows** that headline indicators of health outcomes

are as expected. However more detailed indicators reveal concerns about vaccination coverage, cancer screening, support for people with mental health problems and road casualties.

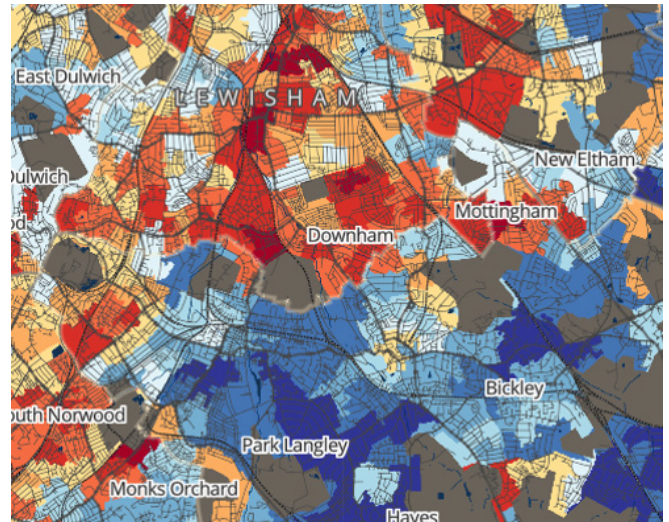
- **The Sevenfields PCN data dashboard** shows that hypertension, depression, asthma, osteoarthritis and diabetes are the most common long term conditions in the area; and that obesity and lack of physical activity are key behavioural risks. Diabetes is most prevalent in people with Asian or Black heritage. Hypertension is most common in the Black community.
- **Social Life’s Community Dynamics data** suggests that belonging, links with neighbours and sense of influence are likely to be lower in the south of Lewisham and the north, and that views become more negative to the south of the area (this data predicts how people are likely to feel rather than describing actual perceptions).



Excerpt of ward profile from Sevenfields Data Dashboard

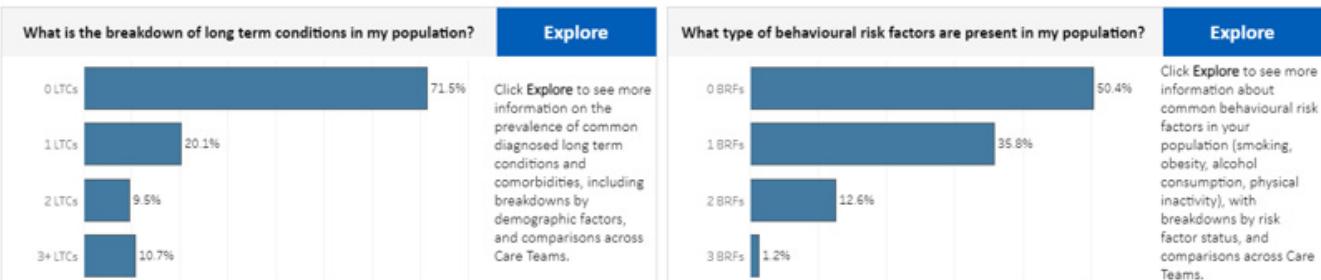
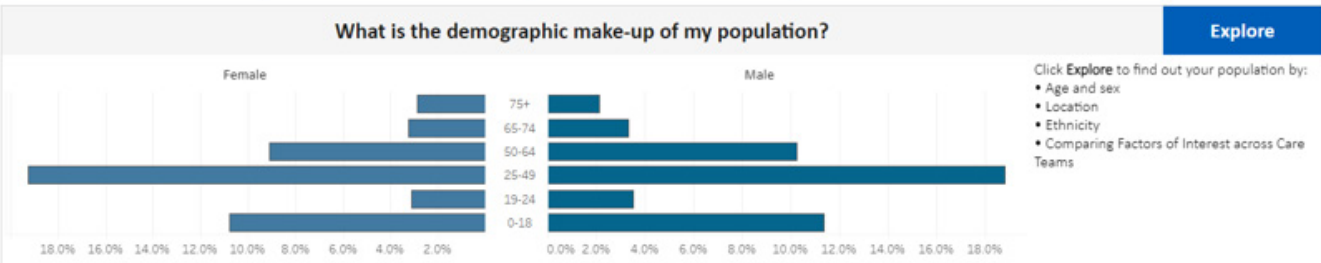


IMD 2019 for the Sevenfields area, CDRC



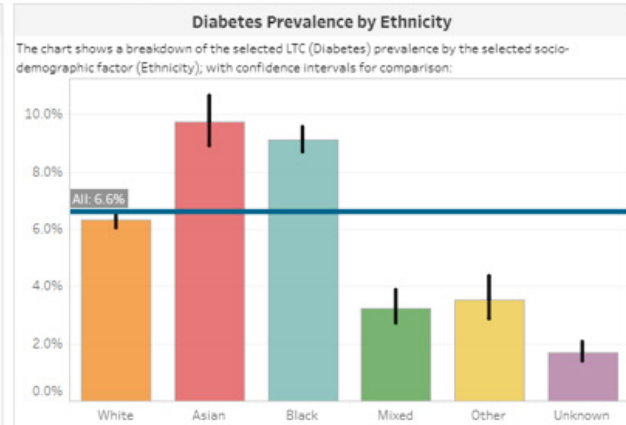
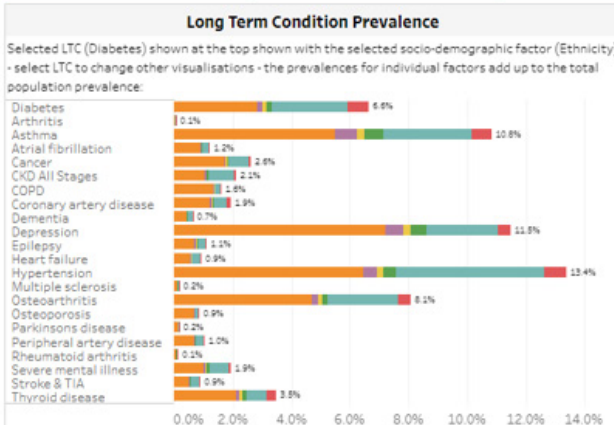
IMD 2019 for the wider south-east London, CDRC

<b>Total Population</b> 57,920	<b>Proportion of Population Aged 0-18</b> 24.7% 14,315	<b>Proportion of Population Aged 65+</b> 10.1% 5,842	<b>Proportion of Population Most Deprived Quintile</b> 38.2% 22,137	<b>Proportion of BAME Population</b> 45.6% 26,440
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Excerpt from Sevenfields' Data Dashboard focusing on population breakdown

<b>Total Prevalence</b> Diabetes 6.6% 3,840	<b>Prevalence of 2 or more LTCs including:</b> Diabetes 32.3% 2,166	<b>Aged 65+ Prevalence</b> Diabetes 27.5% 1,608	<b>Most Deprived Quintile Prevalence</b> Diabetes 7.2% 1,602	<b>BAME Population Prevalence</b> Diabetes 8.0% 2,102
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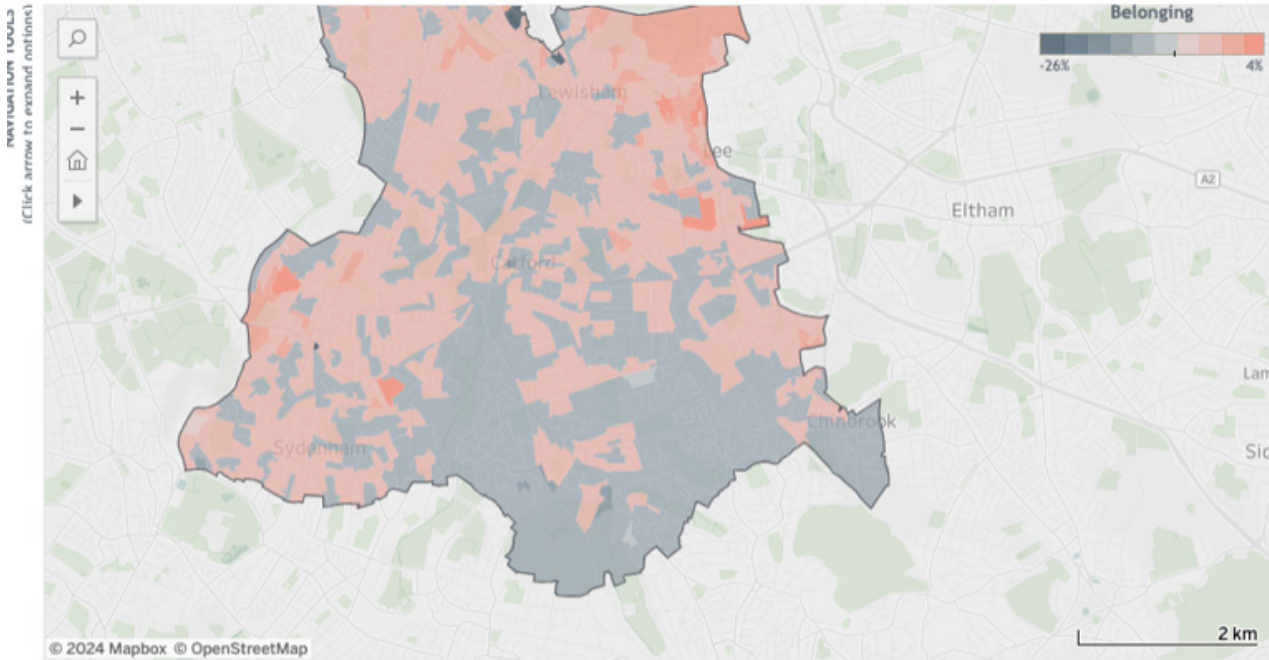


Excerpt from Sevenfields' Data Dashboard focusing on diabetes in the population



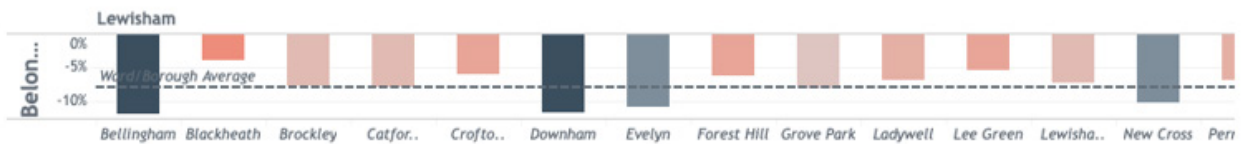
## BELONGING COMMUNITY DYNAMIC MAP

Borough  Ward



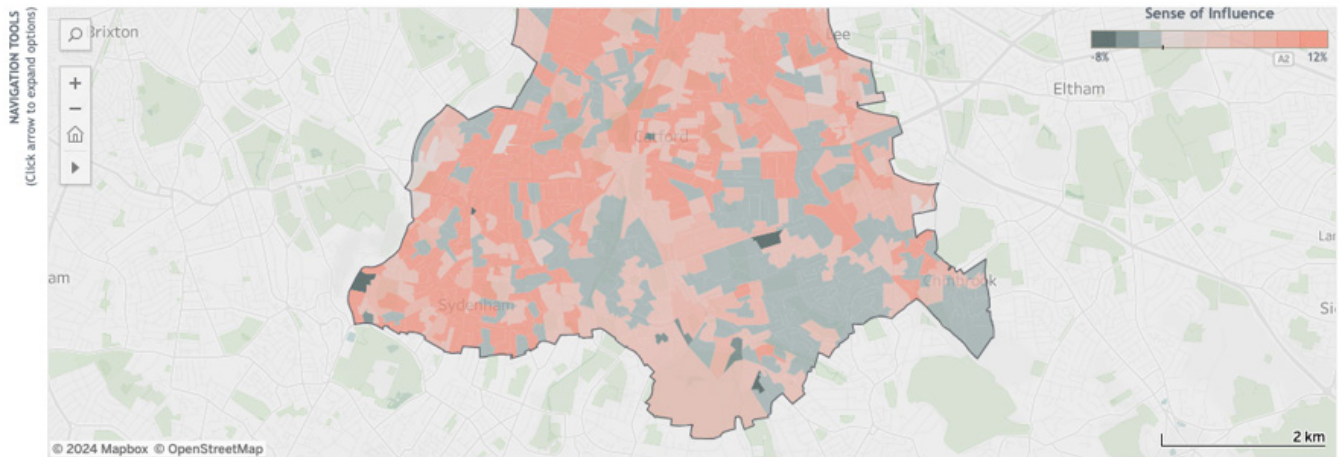
### BOROUGH AND WARD AVERAGE GRAPH

(check on area name to highlight in map)



## SENSE OF INFLUENCE COMMUNITY DYNAMIC MAP

Borough  Ward



### Borough and Ward Average Graph

(check on area name to highlight in map)



### Predicted levels of belonging and sense of influence.

Social Life has developed a way of predicting how people feel about the places they live, by mapping data from national surveys to small local areas. We use this approach as our starting point for understanding neighbourhoods: [https://www.social-life.co/project/community\\_dynamics\\_prototype/](https://www.social-life.co/project/community_dynamics_prototype/)



### 3 What did we do?

The activities of the Community Health Champions fell into four phases: recruitment; early research; developing ideas and reflection.

#### Our process

Our initial plan was to complete the work by March 2024, but the Public Health team extended the project in early 2024 to September that year.

- Setting up the project and recruitment lasted from June to September 2023.
- From September to December 2023 we developed ideas and developed skills in research, community listening and facilitation.

- From January to April 2024 we consolidated our ideas.
- Our events in the Summer Festival of Health took place from May to September 2024.

More detail of the project journey is at the end of the report.



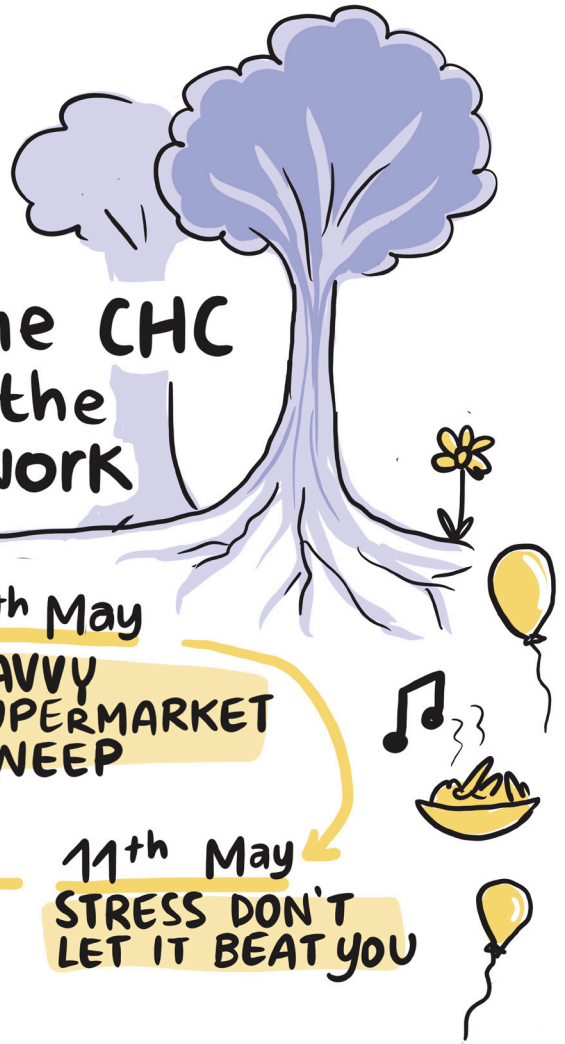
'Savvy Supermarket Sweep' in Goldsmiths Community Centre, May 2024



# Our Process



In 2023 we built the CHC team and the wider network



**INTERACTIVE EVENTS** →

8th May  
CATFORD  
CHARIOT  
FESTIVAL

9th May  
SAVVY  
SUPERMARKET  
SWEEP

13th June  
DOWNHAM  
CELEBRATES

26th May  
YOUR HEALTH IS  
YOUR WEALTH

11th May  
STRESS DON'T  
LET IT BEAT YOU

20th June  
STRESS and  
ANXIETY

22nd June  
SKATE JAM!

26th June  
SRI LANKAN  
and TAMIL  
HEALTH FAIR

11th September  
HOUSING  
FESTIVAL of  
HEALTH

## Reflections on:

### 1. COMMUNITY ENGAGEMENT

UNDERSTAND  
SPECIFIC NEEDS



VENUES



TIMING



COMMUNICATIONS

PRECARIOUS  
COMMUNITIES



CLEAR  
LANGUAGE

### 2. CHCs RESEARCH

LISTENING to  
RESIDENTS in  
DEPTH

ACCESSIBLE  
RESEARCH  
METHODS

### 3. INSTITUTIONAL RESISTANCE CREATED FRICTION

ACCESS

TIMING





### Would you like to help us reduce health inequalities in Downham, Grove Park and South Catford?

Downham CLT and Social Life are working with Lewisham Council, Sevenfields Primary Care Network, local GPs and residents to understand what would improve health for people living in the area

#### How to get involved?

**Chat with us**  
We are here to listen to what you think about how to improve health for yourself, your family and your neighbours!

**Join our workshops in 2024!**  
We will talk about health issues and team up to develop better ways to help local people be healthy.

**Get in touch if you'd like to get information about what we are doing**

**Come to our community listening sessions between Dec 2023 and Feb 2024.**  
We will work together to develop easy-to-access services that reach all our local communities

To find out more about this work call Social Life on **0207 703 9630** or email **hello@social-life.co**

Downham CLT promotes a community health building approach. Social Life carries out research and community projects that put people at the heart of places.

We value your views, we hope you will get involved in this work!

[www.social-life.co](http://www.social-life.co)

Be part of the conversation and share your thoughts and ideas on how we can improve health in Downham, Grove Park and Catford South.

### Share your views on how to improve the health & well being of our community!

**Fun activities for all ages**  
3-5 pm, Wed 7th February  
Downham Leisure Centre  
Moorside Road, BR1 5EW

**DOUGHNUT ECONOMICS ACTION LAB**

Scan here to learn more!

### LET'S TALK ABOUT HEALTH!

Be part of the conversation and share your thoughts and ideas on how we can improve health in Downham, Grove Park and Catford South.

If you work or volunteer in the area of health, pop by and let us know who you are and what you do.

Also, if you're a Community Health Champion or are interested in becoming one, come to the event so we can tell you more about our plans.

**5th December 2023, 5pm - 7pm**  
Corbett Community Library,  
103 Torrion Rd, London SE6 1RQ

To find more about this work contact Social Life at [hello@social-life.co](mailto:hello@social-life.co)  
Telephone: 0207 703 9630

## A SUMMER FESTIVAL OF HEALTH

By the Sevenfields Community Health Champions

### OUR MAY PROGRAMME

- Savvy supermarket sweep**  
Thursday 9th May, 10 - 11.30am  
Goldsmiths Community Centre, SE6 1PH.
- Stress: don't let it beat you**  
Saturday 11th May, 2 - 5pm  
St Lawrence Church, London SE6 2TS.
- Your health is your wealth**  
Saturday 25th May, 1 - 5pm  
Healthy Lifestyle Centre, London SE6 1SQ.

DOWNHAM . GROVE PARK . CATFORD SOUTH

For more information on all our FREE summer events, follow us @sevenfields\_chcs

Scan this QR Code, and book your FREE tickets today!

## A SUMMER FESTIVAL OF HEALTH

By the Sevenfields Community Health Champions

### OUR JUNE PROGRAMME!

- Stress and Anxiety: How can we deal with it?**  
Thursday 20th June, 4pm - 7pm  
Downham Library, Bromley BR1 5EP.
- Skate Jam! The journey to holistic wellness.**  
Saturday 22nd June, 2pm - 6pm  
Downham Health & Leisure Centre, Bromley BR1 5EW.
- Sri Lankan and Tamil Community Health Fair**  
Wednesday 26th June, 10am - 1pm  
Goldsmiths Community Centre, London SE6 1QD.

ALL OUR EVENTS ARE FREE

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## A SUMMER FESTIVAL OF HEALTH

By the Sevenfields Community Health Champions

### ABOUT THE HEALTH CHAMPIONS

This summer, join us to discuss and explore fun, interactive ways of incorporating health into your lifestyle.

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The Sevenfields Community Health Champions are five local residents, working with Downham Community Land Trust, Sevenfields PCN and Social Life.

We are seeking to find out the communities' health priorities, as well as maximising their participation in the solutions.

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## A SUMMER FESTIVAL OF HEALTH

By the Sevenfields Community Health Champions

### SUMMER COMMUNITY DAY

ABBOTSHAL HEALTHY LIFESTYLE CENTRE SE6 1SQ

Join us to enjoy culture and wellness, perfect for the whole family

- healthy eating with international cuisine
- family-friendly mindfulness
- interactive workshops
- massage
- pick and make your own herbal tea bag

**SATURDAY 25 MAY 1-5PM**

YOUR HOST @abbotshal

Sevenfields Community Health Champions are five local residents, working with Downham Community Land Trust, Sevenfields PCN and Social Life.

<https://bit.ly/seventfieldschcs>

## A SUMMER FESTIVAL OF HEALTH

By the Sevenfields Community Health Champions

### SRI LANKAN & TAMIL COMMUNITY HEALTH FAIR

A morning dedicated to your health and well-being.

**WEDNESDAY, 26th JUNE 10AM - 1PM**

Goldsmiths Community Centre  
London, SE6 1QD

For more information on all our FREE summer events, follow us @sevenfields\_chcs

Scan this QR Code, and book your FREE tickets today!

## A SUMMER FESTIVAL OF HEALTH

By the Sevenfields Community Health Champions

### SKATE JAM!

JOURNEY TO HOLISTIC WELLNESS

It's a FREE, family friendly, roller skate event.

Skate Routines, Roller Disco, Coaches & Refreshments

**SATURDAY 22nd JUNE, 2 - 6PM**

Downham Health & Leisure Centre, Bromley, BR1 5EP.

Come try out a free intro roller skating session and tell us what else you, your family and your neighbours need to make life better.

Bring your own skates! Age: 5+

Spaces are limited! Book your place today to avoid disappointment!

\*limited skate hire will be available.

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Scan this QR Code, and book your FREE tickets today!

Examples of publicity for the Sevenfields Community Health Champions programme



## Trauma informed work

The Deborah Ubee Trust was an important part of the project, we had learnt in earlier projects that emotional support is often needed for people taking part in projects based within local communities. However this support was used sparingly by the team.

There were also different views about how to provide trauma informed support within the team. There were discussions about whether this could best be provided by an organisation operating locally like Deborah Ubee Trust, provided by a GP from outside London with experience of working within the NHS on trauma training or by a specialist organisation like Healing Justice. There were also debates about whether training people within community groups and local organisations to help them improve the way they understand trauma and to improve their practice should be the priority, or providing one to one support to people dealing with trauma.

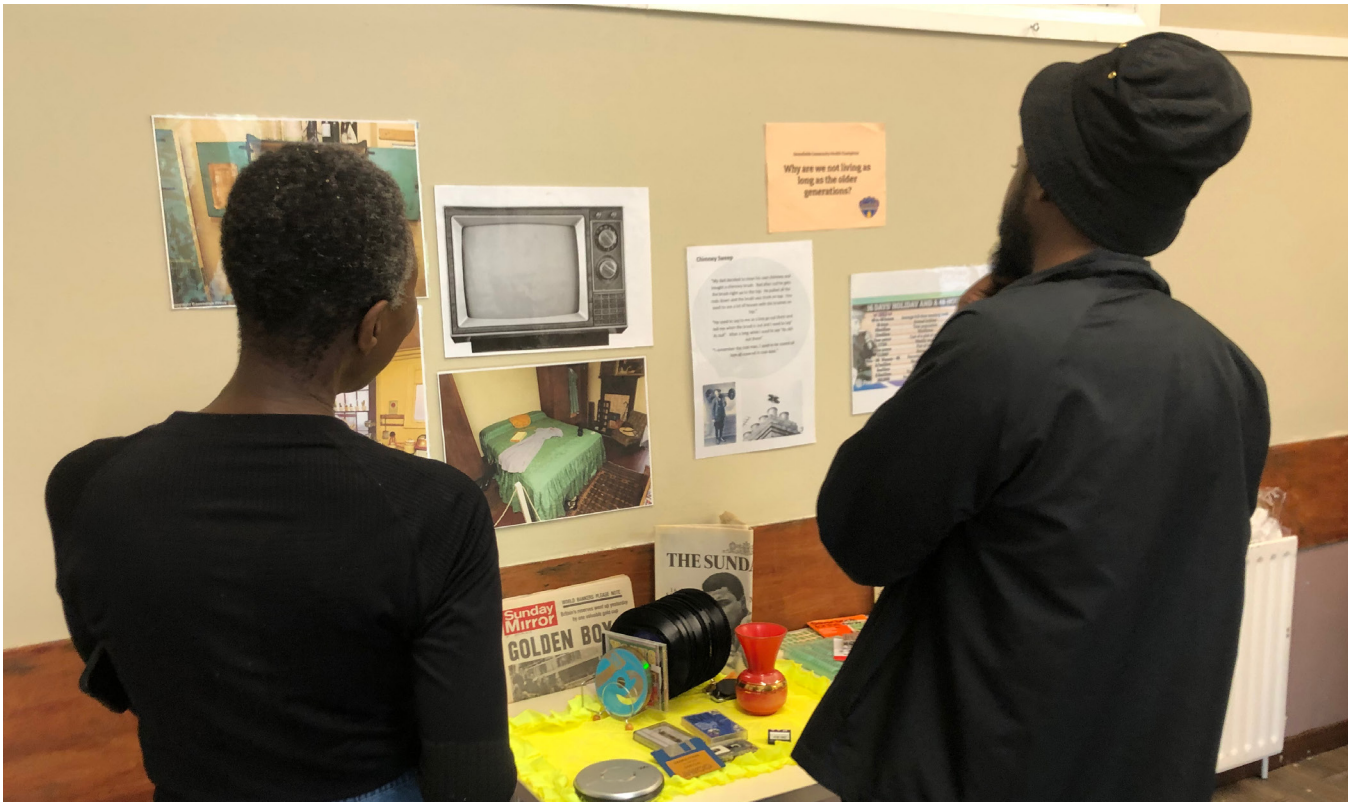
## Deborah Ubee Trust

Deborah Ubee trust offers medium term emotional and wellbeing support to all PCN residents and workers irrespective of the ability to pay.

Before the start of the project Downham CLT had been exploring ways to increase take up by PCN residents of wellbeing services by locating Deborah Ubee Trust's emotional support sessions within the Downham area. Deborah Ubee Trust secured funding to provide a free showcase of their services including trauma informed work to the PCN and council senior management. The Sevenfields Clinical Health Director instructed staff to make patients aware of this service and many have chosen to access it, however the PCN could not provide a local base from which DUT could offer residents their services.

Deborah Ubee Trust's approach aligns with the asset based approach of the Community Health Champion project. We agreed to pilot their work within the project. Within the project the Deborah Ubee Trust work has included:

- Emotional and well being support for the paid Community Health Champions.
- Emotional and wellbeing and conflict resolution support for project staff.
- Facilitating a health and wellbeing workshop for the PCN residents on the health impact of stress and how to manage it.



Barbara's display at the 'Stress Don't let it Beat You' event, 11th of May



## 4 What we learnt

Throughout the project we discussed what we learnt and everyone reflected, in writing and verbally, about what they had experienced and taken from the project's work. We have systematised the core learnings.

### 4.1 Challenges we faced

#### We faced some institutional resistance

- **Marginalisation and power dynamics:** The Sevenfields area has been historically under-invested, receiving less funding and public resources than other parts of the Lewisham. This can contribute to a perceived lack of power among residents. This can create tensions between community based organisations and local institutions with power.
- **Conflict and power dynamics:** There were complexities dealing with different institutions and their values. Conflicts emerged because of differing approaches, lack of flexibility and turnover of personnel. Managing conflict was important and not always done effectively within the project.
- **Agency cooperation:** The interactions between agencies and grassroots activism were complex. Navigating these relationships is challenging due to historic and current tensions in the community, particularly around race and class.
- **Resistance:** While there were successes, such as the hiring of a Community Health Champion as a social prescriber, the project faced ongoing challenges, including resistance to certain approaches (for example trauma-informed support) and structural issues like the underpayment of community-based health workers.

#### Working together was not always easy

- **Conflict resolution:** Conflict is inevitable in projects that aim to shift power dynamics. There is a need for strong conflict resolution mechanisms and mechanisms to use them effectively.
- **Memorandum of Understanding:** We developed a Memorandum of Understanding as a result of tensions that surfaced between the institutional partners and community members.
- **Importance of strong community partnerships:** While having a strong community partner was very beneficial, there were communication gaps and difficulties in terminology and understanding of roles that hindered effective engagement with the community.
- **Common cause:** Bringing people together for the same cause worked. We were community based and were trying to understand how to improve the health of people in the community.

**“I really like our team and so delighted that we are working so well with the local GP which is very important for the sustainability of this work and systems change to create health equity in Sevenfields” - Barbara**



## 4.2 Insights about the Sevenfields' community

### We found structural and post-colonial barriers to accessing health

- **Power and knowledge:** In the process of exploring health inequalities structural issues emerged.

*“Society is set up to be unequal - we use certain terms, but no one asks us what it means, for example in education ...” - Aaron*

- **Barriers to health access:** We found out that people from south Asian communities face difficulties in accessing healthcare because of not being registered with the NHS, legal status, and a tendency to self-treat. The Sri Lankan and Tamil community are under-represented in local power structures.
- **Nuanced approach:** Not all communities want to be visible. Some communities might require protection before they accept focused attention from institutions.
- **Disparate community power:** In other areas, such as New Cross, community power is more centralised. Sevenfields' community activism is fragmented. It can be difficult to identify where power truly lies.
- **Impact of local histories:** Local histories and tensions can create a sense of nervousness and caution in approaching the work. This emphasises the need to be careful in building relationships and understanding the community's unique context.

### Social capital matters

- **Value of social connections:** Community and social capital are important. Some people do not know what to do to maintain good health, while others are able to access information and a range of activities.
- **Social isolation and community breakdown:** Loneliness is a growing issue, as people have moved away from family support networks and are more isolated. The sense of care within the community has diminished. Feelings of loneliness were described as a severe form of poverty.

### Spatial inequalities affect social infrastructure

- **Public infrastructure embeds inequalities:** The design and management of community infrastructure impacts who can access it and benefit from it. We found out that there were long-standing tensions between community members and the management of the local leisure centre, often this was perceived as a private finance initiative and not a public asset.



Aaron at the Health Fair in Downham Leisure Centre, February 2024



# Our Learnings

## 1. HEALTH of the COMMUNITY



STRESS  
ISOLATION  
LONELINESS  
LACK OF CONTROL



AARON

PEOPLE ARE MORE RESILIENT THAN WE THINK AND THEIR STORIES AND WISDOM COULD BE SHARED TO HELP AND INSPIRE OTHERS

THE CONTRAST BETWEEN THE IMMEDIACY OF HEALTH CARE IN INDIA AND THE UK SYSTEM, ALONG WITH LANGUAGE BARRIERS, COMPLICATES ACCESS



VAIBHAVI

LANGUAGE BARRIERS



COMFORT LEVEL DEPENDING ON DOCTOR'S ETHNIC BACKGROUND

## 2. UNDERSTANDING the DIVERSITY of SEVENFIELDS

## 3. TRUST in GPs



DIANE

ASK ME ANYTHING



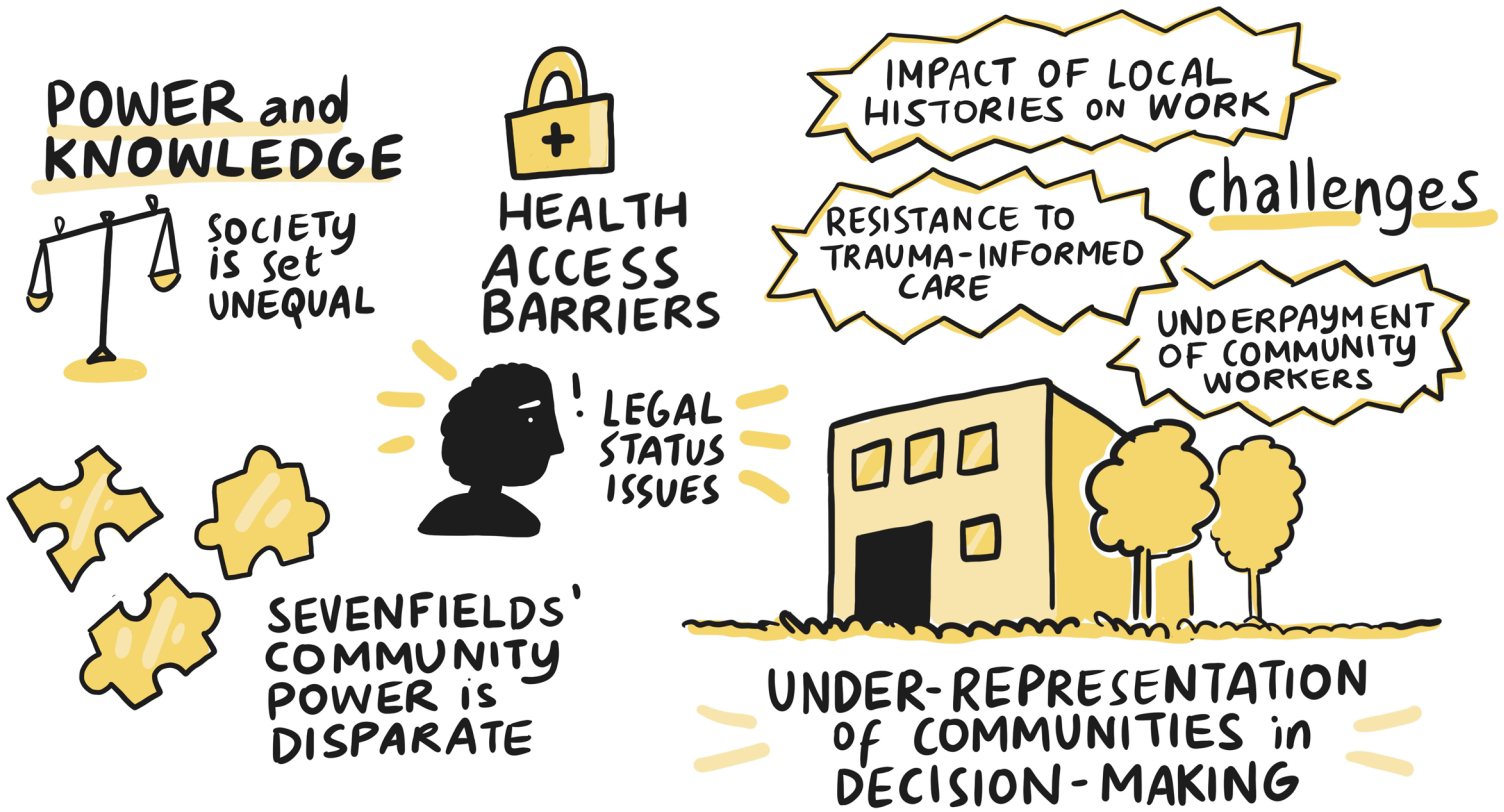
AARON

THE COMMUNITY'S DEPENDENCY ON DOCTORS HIGHLIGHTS THE NEED FOR MORE SELF-RELIANCE and ALTERNATIVE SUPPORT



## 4. FIGHTING AGAINST SOCIAL ISOLATION

# 5. POST-COLONIAL and INSTITUTIONAL BARRIERS to ACCESSING HEALTH



# 6. UNDERSTANDING HEALTH as a HOLISTIC MATTER



# 7. HOUSING CONDITIONS, SPATIAL INEQUALITIES and SOCIAL INFRASTRUCTURES





## Housing is central

- **Housing conditions:** Residents reported their struggle with finding and keeping housing and difficulties accessing support and help. They described how this affects overall health and wellbeing. Housing emerged as a sensitive topic, it was challenging to engage participants in thinking about how to take action to improve this when they are preoccupied with their basic needs.
- **Economic pressures:** Residents described the pressures of modern capitalism. The cost of living, especially housing costs, has escalated. Homes are increasingly seen as investments rather than places to live, adding financial stress to individuals and families.
- **Housing issues** impacting health included lack of space, nothing working at home, the bedroom tax, insecurity of tenure, financial issues, overcrowding, mould, antisocial behaviour, housing in multiple occupations, and extortionate rents.



Vaibhavi at the Corbett Community Library event

## We gained more understanding of the diversity of Sevenfields

- **Cultural and generational differences:** People reflected on how different communities and generations perceive and handle stress, some shared that their communities have in the past lacked understanding of stress and its impact on health.
- **Health systems:** People used to accessing healthcare in other countries contrasted the immediacy of healthcare in other countries, and the high status given to medical professionals. This can make it complicated using UK health services which are free, but involve long waits and which rely on para-professionals.
- **Histories of trauma:** People who have experienced trauma in their home countries may be unwilling to make themselves visible in the community, and can be reluctant to discuss highly sensitive issues. Long-standing systemic trauma associated with active racism and discrimination shapes people's attitudes to institutions, to health and to community activism.
- **Health of the community:** Of the Black residents we spoke to half of them had debilitating health conditions and were under the age of 60. Stress was mentioned by many people as the cause for people not living as long. Isolation and loneliness also came up.
- **Importance of the background of doctors and health staff:** The ethnic background of all health staff and especially primary care practitioners can influence patients relationships and comfort, and the ability of doctors to develop relationships within the community.

## 4.3 The health of the Sevenfields' community

### Understanding health

- **Holistic health:** Doctors don't consider the holistic view of health, which means that they might overlook specific stress factors: *“When you say health people don't think about it holistic way, the way things are set up is designed for inequality” - Aaron*
- **The role of social prescribing in addressing holistic health:** We found out that doctors rely on social prescribing for a lot of patient cases. Mental health problems and housing problems were some of the main issues people are referred to social prescribers to help.
- **Presence of GP:** The presence of a GP at our community events allowed participants to ask key questions and was welcomed.
- **Dependency on doctors:** The community's dependency on doctors might not always be helpful, especially when access is restricted, highlighting the need for more self-reliance or alternative support systems.
- **Support in the community:** We spoke to a woman with multiple sclerosis who highlighted the lack of local support groups. For the CHCs this was a significant and also relevant to wider community health support needs.

### Understanding stress and anxiety

- **Lack of control:** A significant source of stress for the community was a perceived lack of control over their circumstances. This was often exacerbated by a lack of information.
- **Increased stress and pressure:** Heightened levels of stress were linked to concerns about children's education, health, job security, and the cost of living. The pressure to keep up with societal expectations, influenced by TV and social media, also contributes to this stress.
- **Resilience:** *“People are more resilient than we think, and their stories and wisdom could be shared to help and inspire others.” Aaron*



Dance at the drop-in event at Corbett Community Library, December 2023



## 4.4 What the CHCs learnt individually

### Aaron

**Developing his question:** Aaron initially explored the team's views on stress which focused on the negative impacts.

He kept an open mind, adjusting his questions based on community feedback. He shifted from framing questions with a negative connotation to a more neutral approach.



*“People had different and varying views to my initial idea of how stresses might be perceived”.*

### Jasmine

**Wellbeing impact:** Roller skating positively impacts participants' wellbeing, evoking childhood memories and contributing to both physical and mental health.

**Understanding community needs:** As discussions unfolded, it became evident that roller skating held a special place in the hearts of many community members. Memories of childhood skating adventures were recounted with nostalgia. The idea of roller-skating events being organized in Downham resonated deeply with individuals, igniting a collective excitement about the possibility of fostering a vibrant roller-skating community.

**Understanding evidence:** Jasmine came to understand the value of taking note of people's reactions and noting experiences to demonstrate the value of what she was doing.



*“I think for myself personally, before I came in, I just saw myself as someone that's just doing something in the community that I felt was needed, but now I realise I was a community health champion already!”*

## Vaibhavi

**Developing understanding:** Vaibhavi realised her initial approach on health was focusing only on health without considering the broader context.

**Experiential learning:** An encounter with a woman from Sri Lanka highlighted that health issues were secondary to the mental toll of the civil war in her homeland. This reinforced Vaibhavi's understanding of the need for a holistic approach.

**Empowerment:** Vaibhavi felt empowered through her involvement in the project, highlighting the personal growth and voice she gained in the process.



*“Personally, I learned to take stress in a positive way and how to harness stress in work”*

## Barbara

**Developing understanding:** There is community awareness that modern medicine has improved early detection of illnesses, but people still feel that their immune systems are weaker and that they face more health challenges, such as stress-related illnesses.

We observe a generational increase in life expectancy but also noted that people today may not feel as healthy as previous generations, partly due to lifestyle and environmental factors.

**Empowerment:** Barbara made the connection between her work as a community activist within local health systems (sitting on different structures for example) and the rooted work of this programme and its attempts to link the work of community listening and understanding to local GPs.



*“ I really like our team and so delighted that we are working so well with the local GP which is very important for the sustainability of this work and systems change to create health equity in Sevenfields.”*



## 4.5 What we didn't have time for

The project faced limitations which became clearer throughout the process. A key issue was the short time-scale of the initial funding (12 months). When the project was extended there were delays to confirming this which made it difficult to plan and keep momentum.

### Developing strategy and having a clear plan

We wanted to be flexible and evolve our work as we found out what worked and what was needed, however this generated a lack of clarity for team members. Opening up the possibility of flexibility also meant that partners diverged in what they wanted to do. The funding additionally put some constraints around what we could do.

### Understanding and engaging with the community

We did not communicate well as a project team about how to best do this, at times we over relied on online communications. We struggled to work with the CHCs to carry out outreach beyond their networks.

### Links with the PCN

These were not formalised and we missed out on more in depth engagement with the doctors and practices. We also encountered competing community interests and local politics which at times hindered our engagement with the PCN.



Kate Raworth explaining Doughnut Economics at the February 2024 health fair

### Building the network

We wanted to build a wider network of Community Health Champions but we found this difficult to integrate into the project's work.

### Strengthening the network

The asset based approach is an evidenced based approach to build on the good that already exists within a community. There is a wide network of voluntary community health champions across the PCN. At each of our community events we supported voluntary community health champions to showcase the work they were doing. For example our first event in July 2023 there was a demonstration of boxing from Menapaws and African drumming from Waturii.

The events ensured that our work reflected the views of the wider community and deepened residents' belief in their agency to tackle health inequalities. We had success in interacting with many residents however the Trust's vision of creating a network that was strong enough to act as a PCN partner in setting priorities to achieve health equity was not achieved. The HEF and PCN are committed to consulting with residents and were impressed enough with the project's work to employ one of the paid Community Health Champions as a social prescriber after an open recruitment process.

*"I didn't realise it would take up so much energy to organise an event and it was not the priority of the project which was to build the network of existing community based CHCs" - Tim*



Aaron and Nicola at the 'Stress don't let It Beat You' event in May 2024





'Your Health is Your Wealth' event at Abbottshall May 2024



## 5 Recommendations

Our recommendations focus on the issues and barriers encountered by the Community Health Champions; on the role of local health services and on actors within the wider system that impacts health inequalities.

### 5.1 What should a future programme do?

The project was ultimately centred around individuals who acted as the Community Health Champions. In future a similar programme should:

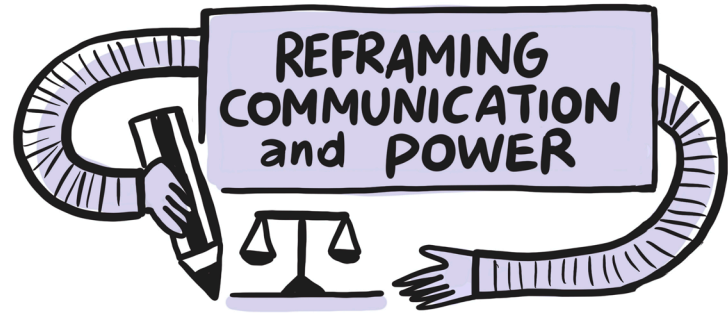
- **Respect the individual experience** of the people recruited to be CHCs. Individuals will come from different communities and hold different values.
- **Create an environment** where creativity and fun can be fostered, and trust and support are built into the programme.
- **Define the support** needed for the CHCs and the core team within the different organisations supporting the work
- **Develop a strong role for community members** who are already doing the work of being community health champions.
- **Agree how to manage conflict** and build the trust needed to do this.
- **Establish clear ways of working.** We created a Memorandum of Understanding which served as guiding principles and a way of holding each other accountable.
- **Use Community Health Champions to find out information and audit community assets.** Community Health Champions could be trained and compensated to investigating key community issues, such as identifying spaces where people come together and what is working well to support social capital.
- **Be asset-based,** compensate local people for their time, knowledge and expertise. Use local suppliers for everything from refreshments to communications materials.
- **Be trauma-informed,** provide training and insight into the impacts of trauma and how behaviours and ways of working can help support people dealing with the long-term consequences of trauma. Provide and signpost one-to-one therapeutic support for individuals.



Tim Oshodi talks at the February 2024 health fair to a room full of community members

# Our Recommendations

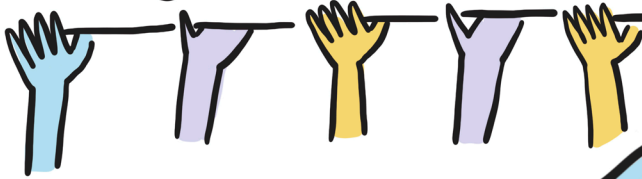
GP'S BEING PRESENT IN THE COMMUNITY



CONNECT with the COMMUNITY

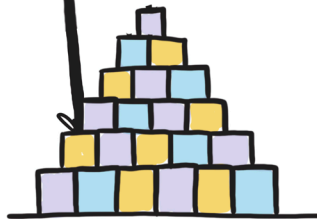
FUNDING and RECOGNISING COMMUNITY CHAMPIONS

ADDRESSING DIVERSITY BY PROACTIVELY UNDERSTANDING THE COMMUNITIES OCCUPYING SEVENFIELDS



CONTINUED FUNDING for GRASSROOTS INITIATIVES

RECOGNISE, BUILD, DEVELOP FURTHER SOCIAL and PHYSICAL ASSETS



BEING HELD ACCOUNTABLE by the COMMUNITY



ADDRESS SOCIAL DETERMINANTS of HEALTH in a STRATEGIC MANNER



## 5.2 What should the local health system and Sevenfields Primary Care Network do?

Doctors and health professionals have been trained within a culture that values professional knowledge and subject expertise and find it difficult to incorporate the experiences and insights of community members with different sorts of health expertise. We can tackle this through:

- **Be present and building trust:** Involving GPs in community activities helps build their insight .
- **Go to the community:** Go to the spaces where people come together in their everyday lives. Make connections by being proactive.
- **Build long-term trust through problem-focused engagement,** working with marginalised communities, and employing people from those communities.
- **Be open and transparent:** Many structural and professional challenges remain unresolved. Openness is needed to address these.
- **Improve GP’s engagement with housing issues:** Better responses are needed from GPs and social prescribers about housing issues, acknowledging the systemic failures of the housing system. A starting point is gathering better data about the number of people presenting to health services whose problems are being created or exacerbated by poor housing.
- **Improve awareness and scrutiny of PCNs:** Communities should be able to audit PCNs, possibly through “mystery shopping” to assess how local services are working.
- **Connect roles to structures:** The Health Equity Fellow role, while effective at times, struggled to connect to health structures.
- **Introduce embedded and permanent roles:** The Health Equity Fellow role should be embedded more firmly within the system, potentially transitioning to a permanent post.
- **Be efficient:** Administrative inefficiencies undermined the program’s value, particularly delays in spending and deploying resources. There needs to be a more efficient use of funding to avoid waste and ensure timely support.
- **Supporting start-ups:** There is a lack of support for early start-ups which support health and tackle inequalities. Targeted support for business development should be provided within the community.



Vaibhavi with the Speaker of Lewisham, Cllr Jacq Paschoud

### 5.3 What should the institutions working on local level do?

- **Strengthen local infrastructure:** Funding should be directed toward very local organisations to build stronger, localised networks that support community health champions working across different organisations and settings
- **Continue funding for grassroots initiatives:** This should focus on identifying and funding local networks and infrastructures that work effectively at the community level.
- **Support social capital:** Organisations working to bring people together to create the networks and support mutual aid are critical and need support and resources.
- **Leverage new development:** Integrate social spaces and facilities within proposed new housing developments.

### 5.4 What are the priorities for strategic agencies?

- **Continue to fund assets based programmes:** This should be a principle for funding health inequality programmes at the local level.
- **Support trauma-informed approaches** to develop with the flexibility to meet needs in different local contexts.
- **Data:** Gather data on the social determinants of health that recognises the needs of different communities and geographies.
- **Stories:** we need to create a way of bringing more qualitative data and stories into our understanding of local health, to do this we need public health professionals and commissioners to understand the value of this and how vital it is to plan community health strategies that improve health equity and support social justice.



Sevenfields PCN team and CHC Vaibhavi at the 'Sri Lankan and Tamil Health Fair', June 2024



## 5.5 Recommendations from each Community Health Champion

### Aaron: Stress

**Framing stress** as having a positive and a negative component can help people have a better understanding of their stress response and how to be proactive in reducing stress in their lives.

**Addressing stress mindsets** requires professional framing and support, particularly from psychologists, to ensure the discussions are effective and meaningful.

**Approach:** Addressing the community's health needs requires a holistic approach, considering factors like stress, safety, and overall wellbeing, not just physical health.



*“Have a better understanding of the political nature of the community. Who has power, who has influence. Sometimes you’re in the area but you don’t understand how someone can affect the way you live, you can walk past them on a daily basis. The more control you have the less stress you’ll feel. Who makes health decisions and how local communities can be involved, acknowledging the lack of individual control and understanding the key players.”*

### Jasmine: Holistic health

**Service provision design:** When you provide a service, you need to build in local people's involvement and participation from the start.

**Volunteer Development:** Involve junior champions and volunteers, these roles help in personal development and community building.

**Appropriate spaces:** There is a lack of appropriate and affordable spaces for community activities.



*“I think what can be improved is the bridge between community health champions and established organisations when it comes to promoting health services and staff.”*

### Vaibhavi: Diversity

**Support diverse communities in the health system:** The ethnic background of doctors can influence the comfort level of patients and the doctor's ability to make relationships within the community.

**Understanding barrier to access:** South Asians face difficulties in accessing healthcare due to not being registered with the NHS, legal status issues, and a tendency to self-treat.

**Better engage immigrants and newcomers,** reflecting multiculturalism of the community in the services and the community.

**An investigation into the health needs of the the Tamil and South Asian community is needed,** similar in scope and focus to BLACHIR.



*“Making the commissioning process more transparent and giving the freedom to the champion to work the way they want it.”*

### Barbara: Institutional support

**Data collection:** Collecting better data is important. Over time community health champions can provide quantitative and qualitative insight that can be analysed, gathering some amazing stories and having lots of fun engaging with people. I prefer this approach instead of questionnaires and like the fact that the question came from community.

**Develop social capital:** Community and social capital is important, some people don't necessarily know what to do to maintain good health, whilst others are able to access a range of activities and be out and about doing what interests them.



*“People have a lot to say when given the freedom to use their voice. I like being with the community health champions team - a feeling of integrated services - that is the desire.”*



## 6 Appendix

This Appendix provides further detail of what we learnt throughout the project with the Sevenfields Community Health Champions.

### 6.1 Carrying out community research and listening

Part of the task of the Community Health Researchers was to develop their individual research questions.

#### Developing a research question

- **Formulating provoking questions:** In the stress event the type of open but provocative questions helped people think about health differently.
- **Opening a question:** People answer the question very easily, it is interesting to all communities and ages, providing differences in opinion, and creating wide-ranging reasons across socio-economic groups. Barbara preferred this approach instead of questionnaires and liked the fact that the question came from community.
- **Evolution of focus:** Vaibhavi initially had a nature-focused approach but shifted to understanding the specific needs of the South Asian community in the area.

#### Taking your time

- **Importance of qualitative conversations:** Community Health Champions appreciated the value of engaging in-depth conversations to truly understand the community's mindset, rather than relying on quantitative measures. Giving time to discuss issues and individual memories in depth is important.
- **In-depth engagement:** When there was low attendance at events, this allowed meaningful discussions about important issues

- **Reflecting:** Our questions made people pause, think and reflect. People seemed to speak with a lot of emotion and wisdom.

#### Accessible research methods

- **Writing down:** Encouraging individuals to write their thoughts down was difficult, particularly when multiple people were sharing their memories.

*“No one wanted to write anything on the post-it notes, so I took notes as they were speaking. Most people can't write as fluently and as fast as they talk, and I believe that bending over to write their thoughts was also inconvenient for them. It maybe would have been good to record them using a microphone”. - Aaron*

- **Simple questions:** Using a tally chart with stickers provided an easy way for the public to participate, with individuals simply placing a sticker on “yes” or “no” options.

## 6.2 Reflections on the process

The focus of the CHCs work was activating and understanding the Sevenfields community through events and activities.

### Event organising

- **Venue importance:** Venues such as Abbotshall provided a lot of space and enabled people to bring their children along and the timing allowed people to stop by on the way home from school.

*“The event focusing on understanding stress had a lovely venue at St Laurence Church which was set up well and the addition of calming music was an excellent addition to complement the theme of the event. - Barbara*

### Content

- **Using Props:** It worked well using the “neighbourhood donut”, having food on show for the healthy eating event. Barbara’s reminiscence display was very effective in evoking people’s memories.
- **Interactivity:** It is easier to talk to people if they are doing some sort of activity which they enjoy.
- **Intergenerational considerations:** At the neighbourhood doughnut event the presentation was clear and talked about big world problems in a way that small children could engage - they were having fun taking part and demonstrating their awareness and understanding of the issues and have ideas and solutions. A demonstration of asset-based work and contributing to building local social capital.



Project launch event in Ten Em Bee centre in summer 2023



## Time of event

Weekends are easier for community members to attend in the area.

- **Pacing:** Allow the events to have enough time for people to eat and enjoy themselves.
- **Event scheduling in advance:** Community Health Champions stressed the need for forward-planning.

## Communications

- **Marketing and engagement:** Emphasising the word “FREE” in promotional materials could make the event more appealing but we noted that people sign up for free events but often don’t attend, so a balance has to be struck.
- **Importance of word of mouth:** Some people forgot about events even though they had been told several times and even reminded the day before. Others showed up because they had been spoken to on many occasions. Calling and ringing up people is often more effective than email. Some people responded well to emails and using Eventbrite, however others found this confusing and off-putting. People have different preferences.
- **Using existing networks of communication:** Messages sent by the GP worked well to attract a good number of people. However, this could create confusion about what the event was, and people often thought it was an opportunity to access health services and to seek health advice.
- **Using personal networks:** Where Community Health Champions had strong personal networks which they could leverage, event attendance was good.
- **A newsletter** celebrating events and advertising the upcoming ones was a great way of capturing experiences.

## Precarious communities

- **Consent and documentation:** We need better documentation of community opinions, it is important to inform participants about filming and photography at events and to get consent.
- **Poor event turnout:** The Health Fair aimed at the Tamil and Sri Lankan community had low attendance. More people would have come at the weekend but health agencies were reluctant to attend on Saturdays. Concerns about document checks, which the health service did not anticipate, also discouraged attendance.
- **Commitment:** It is important to subsidise events to attract participants, but we also learned that maintaining turnout is a challenge, even when events are free.
- **Limited time and resources:** it takes time to organise events well!



Jasmine at the ‘Skate Jam’ event in June 2024

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**Social Life** is an independent research organisation created by the Young Foundation in 2012, to become a specialist centre of research and innovation about the social life of communities. Our work is about understanding how peoples' day-to-day experience of local places is shaped by the built environment - housing, public spaces, parks and local high streets - and how change, through regeneration, new development or small improvements to public spaces, affects the social fabric, opportunities and wellbeing of local areas.

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