Building trust through community engagement

Summary report

Southwark Public Health Division
Children's and Adults' Services

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Southwark
Council
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BUILDING TRUST THROUGH COMMUNITY ENGAGEMENT – SUMMARY REPORT

Introduction

This report provides a summary of a project to explore how the health and care system can strengthen its engagement work with local communities to build trust.

Background

Southwark Stands Together (SST) is the borough wide initiative established in response to the killing of George Floyd, the injustice and racism experienced by Black, Asian and minority ethnic communities, and to the inequalities exposed by COVID-19.

Engagement through SST explored how loss of trust in services can exacerbate existing health inequalities. This was raised in relation to three broad issues:

- Poor experiences of services – One third of ethnic minority respondents to a survey conducted for SST had experienced racial discrimination in health and care services, compared to 9% of white British respondents[i]. Poor experiences of services can lead to loss of trust from individuals and their networks.

- Lack of continuous feedback loops in previous engagement work – The importance of maintaining engagement with the community and keeping an open line of communication was raised through SST.

- The long-term impact of colonialism, institutional racism and racism denial – Communities emphasised the importance of understanding issues of trust in the broader context of colonialism, institutional racism and racism denial shaping the experiences of people from Black, Asian and minority ethnic communities.

Southwark Council commissioned Social Finance and Centric to develop and test approaches to community engagement and co-production with seldom-heard communities. The purpose of this work was to ensure that work by statutory organisations to address health inequalities embeds the priorities and work of local communities. A focus was to explore long-term engagement methods that build trust in services and decision-making.

Social Finance have experience in projects aimed at bridging the gap between statutory bodies and communities. Social Finance led on the project management and system engagement approach for this work. Centric's model of community research trains up local people as community researchers, empowering them to take ownership of research in their own communities. Centric led on the community engagement approach for this work.

Methods

A steering group was established to shape this work, including members of South East London ICB and Southwark Council's Communities and Public Health teams.

The stages of the project were as follows:

1) One-to-one interviews: Six community researchers were recruited from Southwark to conduct one-to-one interviews with 30 residents. These interviews helped to identify

health and wellbeing issues that were important to local people, with a focus on how they would like to work with the health and care system to address these issues.

2) Workshops: Two workshops were then developed, using themes from the interviews to shape the content. Each workshop was attended by 40-50 people, bringing together local residents and representatives from Southwark Council, South East London ICB, South London and Maudsley NHS Foundation Trust and voluntary and community sector organisations. Workshops were co-designed with community researchers to ensure the agenda, timings, format and location would be conducive to meaningful conversations.

3) Sense-making: Two further sense-making workshops were held to analyse emerging findings and co-develop recommendations.

4) Feedback: Recommendations were fed back to the steering group. Residents who had engaged with this work were invited to a meeting to hear the recommendations and a summary of the next steps.

This work was delivered between April – December 2022.

Findings

Trust

A wide range of reasons for mistrust were surfaced during the interviews and workshops. These included power imbalances between residents and statutory organisations, feedback systems being perceived as inaccessible, the disproportionate impact of COVID-19 and strongly held beliefs that the health (including mental health) of Black communities is less well understood. Issues raised included poor cultural understanding, inappropriate care and experiences of racism. A key reason for mistrust was experiences of residents being consulted for their views with limited feedback loops about what actions had been taken in response.

Engagement on singular issues

During the project, residents typically wanted to speak about multiple issues when given the opportunity to have conversations that are important to them. Issues of health and wellbeing were intertwined with related issues such as housing, cost of living, and employment. Engagement on single issues has less resonance with communities, especially those experiencing multiple disadvantage who had 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 felt that a single issue focus was constraining.

Language

The workshops reinforced the need to consider the role of language within participatory processes. Participants highlighted that 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. Using jargon-free language and explaining key terms was seen as important.

Community spaces

Participants shared that they value efforts by leaders and people within statutory organisations to be present and visible within community settings. They valued opportunities to come together in person, to share diverse conversations and speak directly to those in decision-making roles across health and care.

Community capacity

Participants reflected on the value of building capabilities within the community in areas of health and wellbeing, such as work with faith-based organisations. Where there may be mistrust in statutory services, participants highlighted that there is often strong trust for community-led services, groups and approaches.

Vibrant voluntary sector

Southwark's voluntary sector was identified as a valuable asset that communities and the borough are justly proud of. There was a view that the level of funding for voluntary and community sector organisations, particularly those which are Black, Asian and ethnic minority led, must reflect community needs and the disproportionate inequalities experienced by these communities. Barriers to bidding and procurement processes were raised as a particular issue for smaller organisations closely connected to communities.

Recommendations

Six recommendations were developed through this work. These describe principles to prioritise in engagement work and reflect what local communities said was important to rebuild trust:

1) Demonstrable commitment to on-going engagement**:** There should be demonstrable commitment to embed continuous engagement with the community at every stage of research, design and delivery. Accountability mechanisms should be explicit within this process, with transparent decision-making.

2) Connected engagement work: Health and care partners should avoid approaching communities on issues specific to their organisations. Community engagement should be joined-up across organisations, allowing people to engage at a full-system level.

3) Language and terminology: Health and care organisations should examine the language they use when working with seldom-heard communities. Inclusive and accessible language is a key part of promoting a 'no wrong door' approach to meeting needs. Reducing the use of technical terms can help residents engage as equal partners.

4) Outreach: Officers and decision-makers within health and care organisations should prioritise visiting community spaces and groups to engage, listen and build relationships with residents.

5) Investment in community capabilities and training: Upskilling people to participate in engagement confidently can help to empower communities. The community-research

model is one way to do this. Investment in community-led research and innovations are a way to uplift communities.

6) Funding for voluntary and community sector: Measures should be taken to reduce barriers to funding for small organisations that are well-connected to the local community. Involving local communities and the voluntary and community sector in decision-making around funding allocation can help to shift power dynamics.

Next Steps

Community research

Community research forms part of Southwark Council's application for National Institute for Health and Care Research (NIHR) funding to become a research-driven organisation ('Southwark Collaboration for Research and Evaluation'). If the bid is successful, there will be an opportunity to empower communities by further embedding and expanding community research activity within Southwark, and facilitating access to learning opportunities through a wider collaboration with university and community partners.

Sharing learning

This work has been shared with health and care partners through partnership engagement meetings. This should allow individual organisations to consider how the principles can be followed in future engagement work including connecting engagement work across organisations. A summary of this work will be published on South East London Integrated Care System's website.

Lived experience approach

These recommendations have also helped to shape Partnership Southwark's approach to incorporating lived experience into ways of working. This was an explicit focus of the first workshop. Learning from the work is now being tested through the 1,001 days co-production approach. Five voluntary and community sector organisations were recently paid to sit on the decision-making panel for Partnership Southwark's Neighbourhood Grants panel, testing the final recommendation.

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[i] Southwark Stands Together: Findings from listening events, roundtables and an online survey. Southwark Council: London, 2021