

Community Participatory Action Research Training & Mentoring Programme

Cohort 3 : October 2024 to September 2025



Showcase Programme and Summaries of Research

Contents

	Page
About the CPAR Programme	3
Showcase September 2025	5
Showcase Schedule	6
Speaker Biographies	7
Host Organisations of Community Researchers	10
Summaries of Research Projects	15
Jargon Buster	26
Poem: Hello Human by Ros Barber	28



About the CPAR Programme

Introduction

Community Participatory Action Research (CPAR) is an approach in which community members engage in all parts of the research related to their communities as equal partners with system stakeholders, with the aim to put their research outcomes into action.

This CPAR programme trained and mentored 24 community researchers from 10 voluntary sector organisations working with communities adversely affected by health inequalities on participatory research methods.

This programme was developed by the Workforce Training and Education Directorate of NHS England and its partners to build a skilled workforce in the south east, which enables people and communities to have an equal voice in how health and care priorities and services are informed. This programme responds to NHS England's statutory guidance [Working in Partnership with People and Communities](#) by developing a workforce who can address health inequalities.

This programme is run by the South East School of Public Health which is part of Workforce, Training & Education (WT&E), NHS England South East, in partnership with the Office for Health Improvement & Disparities (OHID South East), Department of Health & Social Care (DHSC).

Governance

The CPAR training & mentoring programme was guided by the below structures to ensure that community voices were heard through appropriate governance structures.

- **The Host Leads Forum** met monthly to provide opportunities for host organisations to share progress, give researcher feedback and receive updates. This was a learning opportunity for all parties to work collaboratively to lead the content for the Showcase event. This group also had a sub-group for developing the Showcase event.

- **The Operational Group** met monthly where training providers and NHS England worked together to ensure the delivery and implementation of the CPAR programme met the needs of the researchers, the commissioner and the training providers.
- **The Oversight Group** met quarterly to provide leadership, guidance, and expertise to implement and share the outcomes of the CPAR research. Members included a community researcher from cohort 2, a public health professional representing local authorities, representatives from Integrated Care Boards, an academic institution and health professionals from the south east regional NHS England and DHSC teams. This group was chaired by the Deputy Director of Health Improvement and Workforce for the South East Region of England, DHSC.

Training Providers

Scottish Community Development Centre (SCDC)

SCDC is the lead body for community development in Scotland, and works directly with community groups, practitioners, policy makers and wider partners to promote and support strong, equitable and sustainable communities. SCDC's work covers a diverse range of areas, including inequality, community empowerment, community engagement, co-production of services, health, sustainability, participatory democracy, policy and research. Although their office is in Glasgow, SCDC has a team of 15 staff based around Scotland.

[scdc.org.uk](https://www.scdc.org.uk)

University of Reading

The University of Reading has an excellent track record in using community-led and participatory action research to tackle problems and evidence needs through inclusive, innovative and co-created methods. The University empowers local communities to lead research that inform changes in thinking, policy and practice across Reading and beyond. The University of Reading works with diverse partners to play a positive role in the social, cultural, environmental and economic life of communities, locally, nationally and internationally.

[reading.ac.uk/research-services/participatory-action-research](https://www.reading.ac.uk/research-services/participatory-action-research)

Institute for Voluntary Action Research (IVAR)

IVAR is an independent charity that works closely with people and organisations striving for positive social change. It works with charities, foundations and public agencies to strengthen communities across the UK through action research. IVAR's mission is to strengthen communities through action research – using research to develop practical responses to the challenges and opportunities being faced across the sector, and creates spaces for people to come together and learn.

www.ivar.org.uk

Showcase

25 September 2025

The Foundry, The Oval, London, SE11 5RR

The South East Regional Showcase Event celebrates the research work of 24 Community Researchers. The CPAR Showcase event brings together community researchers, community members, CPAR host organisations and strategic partners.

The event provides an opportunity for community researchers to promote the insights from their research projects and share the learning from the implementation of the projects.



Showcase Schedule

Time	Programme	Room
10:00	Networking breakfast	Reception area
10:30	Welcome and Introduction - Professor Julie Parkes, Head of South East School of Public Health, NHS England Key Note speaker - Alexis Keir, Public Participation Manager, People and Communities Division, NHS England	Conference Room
11:00	Research Highlights - Community researchers deliver highlights of their research and experience	Conference Room
12:00	Posters & Networking	Reception area
12:45	Lunch	Reception area

CPAR project presentations – parallel sessions

Time	Organisations in Buckinghamshire, Oxfordshire, Berkshire ICB	Organisations in Hampshire & Isle of Wight ICB	Organisations in Hampshire & Isle of Wight ICB	Organisations in Sussex Health and Care ICB and Kent & Medway ICB
13:30	<ul style="list-style-type: none"> Oxford Community Action Caribbean Community Lunch Club Utulivu 	<ul style="list-style-type: none"> Hampshire County Council & Community First Spark Community Space 	<ul style="list-style-type: none"> Portsmouth Mediation Service Work Better Innovations 	<ul style="list-style-type: none"> Citizens Advice West Sussex Trust for Developing Communities Folkstone Nepalese Community
13:30 - 14:20	Conference Room	Room 1	Room 2	Room 3
14:25 - 15:10	Conference Room	Room 1	Room 2	Room 3
15:10 - 15:30	Break & refreshments			
15:30	CPAR Graduation presented by Natalia Clifford, Deputy Director for Health Improvement & Workforce – South East Region, Department of Health and Social Care Surprise Event			Conference Room
16:15 - 16:30	Close - Professor Julie Parkes, Head of South East School of Public Health, NHS England			Conference Room

Note: there will be a quiet room for prayer available

Speaker Biographies

Professor Julie Parkes

Professor Julie Parkes is the Head of School for the South East School of Public Health in the Workforce Training and Education Directorate of NHS England.

Under Julie's leadership the South East School of Public Health has established a comprehensive training and development programme which encompasses all levels of the public health workforce. Julie originally trained as a GP at Northwick Park GP Training Scheme and following 10 years as a principal in General Practice, she followed her passion of Public Health to join the Wessex Public Health Training Programme where she became interested in Academic Public Health and in 2003 was awarded an MRC Clinical Fellowship in Health of the Public and Health Services Research. Her doctoral thesis was in Biomarkers in Chronic Liver Disease and the PhD was awarded in 2007. Julie is also Professor of Public Health in the Primary Care Population Sciences and Medical Education department in Faculty of Medicine, University of Southampton. She has had a sustained focus on biomarkers in chronic liver disease and chronic liver disease epidemiology. Julie also has a main research interest focusing on Health and Justice.

She is Director of the NIHR Public Health Research Support Service. Julie is passionate about addressing health inequalities, recognising the key role that training, education and evidence plays in informing a healthier society.



Speaker Biographies

Alexis Keir

I am a Participation Manager in the NHS England People and Communities Division which leads on ensuring that patients and the public are listened to and their perspectives understood in the development of strategy, commissioning and the delivery of care and support. The Insight and Voice team I work within focuses on using qualitative and quantitative methods to gather and understand feedback about the quality of care. This takes place both through large scale approaches such as surveys and through more personalised engagement such as research, complaints and my own area supporting direct involvement and forums of lived experience and public voice partners.

Away from work I am a writer of creative non-fiction. What links my day-to-day job and my writing is my passion for uncovering and sharing people's stories or supporting them to do so themselves. In personal stories we demonstrate our strength and resilience and the experiences which services should learn from to make the support they deliver better and more effective. My writing path, my work in NHS England and my previous roles in the voluntary sector, have shown me how targeted support and attention can unlock and give a platform to voices which are marginalised and least heard. Voices which are rich, evocative and powerful in their depth. The thing about the NHS I am most proud of is that it aspires to be there for everyone in all our communities – for that to happen we need to make sure that every story really does matter.



Speaker Biographies

Natalia Clifford

Natalia is the Deputy Director of Health Improvement and Workforce for the South East Region of England, DHSC. In this role, she works closely with Directors of Public Health and Integrated Care Systems to deliver impactful behaviour change and quality improvement programmes. Her current portfolio spans a range of priorities including workforce development, women's health, work and health, healthy weight, physical activity and tobacco control.



Previously, she served as Deputy Director of Public Health, leading the COVID-19 pandemic response, managing strategic direction and outbreak control. She played a key role in the Grenfell public health response, working alongside community leaders and NHS partners to provide assurance to Ministry of Housing, Communities and Local Government (MHCLG). As Assistant Director at the Royal Free Hospital Foundation Trust, she developed hospital-based public health programmes to reduce inequalities, such as A&E screening and incentivised smoking cessation. At Tower Hamlets, she led the Healthy Communities programme, embedding co-production and asset-based approaches in integrated care. With over 20 years of experience across national and international public health programmes (including in Ghana and Chile), she brings expertise in local government, the NHS, and non-profit sectors. A Winston Churchill Travel Fellow (2018), she explored the impact of screen time on child health in the US, Denmark, and Sweden. She is a UKPHR-registered Defined Specialist, an MPH graduate from LSHTM, yoga teacher, and mindfulness facilitator based in North London.

Host Organisations of Community Researchers

Hampshire

Portsmouth Mediation Service (PMS)

Portsmouth Mediation Service is dedicated to making Portsmouth a Restorative City — a place where strong relationships are built, and conflicts are handled with respect, understanding, and care.

Since adopting a restorative approach in 2015, PMS has embedded these principles into every part of its work — with clients, partners, and within the team itself. This philosophy isn't just a method, it's a way of being, fostering respect, compassion, and unity, even under pressure.

Our mission is simple but ambitious: to help create a city ready and equipped to repair harm, strengthen partnerships, and restore trust whenever conflict arises. We believe change starts close to home — with you, with us, and with every conversation that builds peace.

portsmouthmediationservice.org.uk

Work Better Innovations

Work Better Innovations (WBI) is a community interest company founded in 2021 by minority women with lived experience of migration in Portsmouth, UK. We believe transformative change begins at the community level. Our mission is to deliver community-based solutions to global challenges affecting vulnerable populations. We focus on two interconnected areas: migrant integration and responsible supply chains in the context of an inclusive and sustainable economy. Our work supports displaced individuals and addresses human rights and labour risks linked to economic disparity, conflict and climate change.

Co-founded by Dr. Bonny Ling, a human rights advocate and researcher, with Ms. Anita David, a community development worker, WBI began with a weekly online conversation club for migrant women during the Covid-19 pandemic. This initiative inspired our new model of community engagement. Our UK-based community service is led by migrant women, tackling health and employment inequalities, and we also work internationally to deliver our specialist services in research, advisory and training to build responsible supply chains that deliver positive social impact.

WBI is a proud recipient of the Portsmouth Innovation Award in 2022 and holds three consecutive Community Inclusion Grants from Portsmouth City Council from 2022 to 2025. We have also received international grants for our work to counter labour exploitation and human trafficking.

wbi.org.uk

Spark Community Space

Spark Community Space is a Portsmouth based charity tackling loneliness and isolation. Started in 2020 as online coffee mornings during Covid-19, we scaled up to our first physical location in a local bar, next to the library, before we found our forever home in an old community centre building in 2023. We have a charity shop, craft area and donation-based cafe, supporting not only the community but all our volunteers to 'get their spark back.'

Our Founder, Becki, created Spark after having brain surgery that left her unable to work and feeling overlooked by society. Many of our team and community are facing illness, bereavement, redundancy, disability and many other circumstances that leave them feeling pushed aside or overlooked. Spark is here to help change that.

Our goal is for Spark to be 'A place for anybody who feels like a nobody to be somebody.'

sparkcommunityspace.co.uk

Hampshire County Council

The Public Health Team at Hampshire County Council works to support everyone in Hampshire to stay healthy throughout their life, leaving no one behind. We use proven ways to create healthy places to live and work and help Hampshire people stay active and protect themselves from becoming ill. We also support their mental wellbeing and make it easy to find the services they need.

The team works on a range of public health priorities, delivered through the Public Health Strategy, which include mental health and wellbeing, healthy lifestyles, drug and alcohol use, domestic abuse, sexual health, and health protection with the aim to reduce health inequalities and promote healthier lives for all. The team works in partnership with the NHS, local authorities, education, voluntary organisations, and community groups to deliver targeted interventions, improve access to services and promote health across all life stages. This work also includes commissioning services, supporting public health communications campaigns, and advising on the health impact of local policies and planning decisions.

hants.gov.uk

Community First

Community First is working in partnership with Hampshire County Council to host two community researchers from the Afghan community in Hampshire. Community First is a registered Charity operating in Hampshire which enables individuals and local groups to be the difference they want to see in their local communities.

The charity achieves this through connecting and engaging with the community, identifying where essential services could make a difference to peoples' lives and facilitating this change through the actions of dedicated individuals and organisations.

Working to values of creativity, inclusion, collaboration, integrity and being evidence-based, Community First is committed to championing the voluntary and community sector through empowering individuals and creating enduring connections that make life better for everyone.

cfirst.org.uk

Kent

Folkestone Nepalese Community UK

Folkestone Nepalese Community (FNC) is a registered charity and community-led organisation dedicated to supporting the wellbeing, integration, and cultural identity of the Nepalese community in Folkestone and across Kent. Founded to meet the needs of British Gurkha veterans, their families, and the wider Nepalese diaspora, FNC provides a welcoming hub for education, health, cultural, and social activities.

Our mission is to empower the Nepalese community to thrive in the UK by addressing barriers to inclusion and access to services. We work to promote health and wellbeing, reduce social isolation, and create opportunities for lifelong learning and cultural exchange.

FNC offers a wide range of programmes, including ESOL and maths classes, digital skills training, health and wellbeing workshops, cultural celebrations, and advice and advocacy services. We also provide vital signposting and partnership work with local authorities, NHS providers, and voluntary sector organisations to ensure the community's voices are represented.

Through collaboration, respect, and inclusivity, we aim to strengthen community cohesion while celebrating Nepalese heritage and the contributions of British Gurkha veterans.

fncuk.org

Oxfordshire

Oxford Community Action (OCA)

OCA was formed in 2019/2020 as a Black and racially minoritised led grass-roots community organisation which works with diverse new and emerging multi-ethnic and Migrant worker communities in Oxford. OCA's primary aim is to support new and emerging Black and racially minoritised communities, alongside more established multi-ethnic communities in Oxford, to address and overcome barriers created by structural inequalities, such as labour market and ethnic health disparities. These barriers prevent individuals and communities from realising their full potential and from achieving equal representation and participation as active citizens within UK institutions and wider civil society. OCA promotes community development, social inclusion, and social justice for diverse, multiethnic communities. Some examples of projects that we have done to support the local community include:

- Food Redistribution service reaching out to 350 families each week
- Connecting communities with nature through OCA's monthly hikes
- Equipping communities with skills and resources to enable active travel
- Community-led action orientated research projects for meaningful change
- Support capacity building and skills development within marginalised communities.

oxfordcommunityaction.org

Buckinghamshire

Caribbean Community Lunch Club

The Caribbean Community Lunch Club (CCLC) in Aylesbury, Buckinghamshire, is a key group that helps address issues in the African and Caribbean communities. It focuses on Unity, Healthy Living, and Community Engagement by providing a weekly nutritious meal, space for discussions, and activities.

The club plays a vital role in building community bonds, welcoming people from all backgrounds, and promoting racial harmony. It encourages healthy lifestyle choices and empowers members to improve well-being for themselves and the community.

caribbeancommunitylunchclub.com

Berkshire

Utulivu Women's Group

Utulivu Women's Group is a specialist frontline organisation dedicated to supporting women, girls, and their families from diverse communities across Reading and the surrounding areas. Our mission is to ensure that women within our communities are safe, healthy, and able to access equal opportunities and resources that enable them to thrive.

We recognise that many women face unique barriers, including cultural and language challenges, social isolation, and difficulties in navigating mainstream services. Utulivu provides a safe and supportive space where women can find understanding, advocacy, and practical assistance tailored to their needs. Our work includes supporting survivors of Female Genital Mutilation (FGM), raising awareness of harmful practices, and ensuring women and girls have access to the care and protection they deserve.

Collaboration is at the heart of what we do. Utulivu is proud to work in partnership with organisations such as Project Salama, Berkshire Women's Aid, Reading Community Learning Centre, ACRE, and Get Berkshire Active. Together, we create a stronger safety net for women and girls, combining expertise to address issues such as domestic abuse, FGM, health inequalities, education, and access to opportunities. By working collectively, we amplify our impact and ensure that no woman is left behind.

We are passionate about supporting women to build confidence, independence, and brighter futures for themselves and their families. Utulivu Women's Group stands as a beacon of hope and solidarity, empowering women to not only overcome challenges but also to lead change within their communities.

utulivu.co.uk

Trust for Developing Communities

The Trust for Developing Communities brings people together to tackle poverty and inequality in Brighton & Hove. We work with over 25,000 people and 300 community groups a year to build a healthy, thriving and inclusive city where no one is left out.

We take an asset-based community development approach - supporting people to make the change they want to see:

- **Neighbourhoods** - supporting people to take action by setting up and running their own community-led groups - enabling this network of community groups to lead the response to local need on issues such as mental health and wellbeing, employability, tackling climate change and community learning.
- **Tackling Health Inequalities** – making health services more accessible, raising awareness of specific conditions and the support available and bringing communities together with NHS, GP practices and the council to influence health systems.
- **Insight & Action** – delivering community led research to generate fresh insight on the needs and issues faced by communities.
- **Inspiring Young People** – supporting young people to connect and thrive - running vibrant youth clubs, reaching out through our 'Brighton Streets' youth bus and offering coaching to young people facing challenges.

trustdevcom.org.uk

Citizens Advice in West Sussex (North, South, East)

Citizens Advice in West Sussex (North, East, South) is an independent local charity and member of the network of Citizens Advice charities. We believe in the power of unbiased advice and advocacy to help individuals and communities thrive. Our mission is to provide accessible and reliable information that empowers people to make informed decisions and achieve their goals.

Our team is made up of passionate and knowledgeable individuals who are committed to making a positive impact on the lives of others. We are a learning organisation with a twin priority to use our insights to address the root cause and influence the policies and systems that affect our residents. We champion community voice to help shape the solution, building a fairer, more compassionate world for all.

advicewestsussex.org.uk

Summaries of Research Projects

In this section you will find the following research project summaries:

High Blood Pressure Among Afro-Caribbean People

Caribbean Community Lunch Club

Health and Accessibility Needs of the Chagossian Community: Improving Local Services and Health Outcomes Following Demographic Change

Citizen Advice Bureau West Sussex

Cultural, linguistic and systemic barriers to healthcare access for minority ethnic communities with multiple health conditions

Folkestone Nepalese Community

Health Inequalities Among Afghan Women in Hampshire

Hampshire County Council with Community First

The Impact of Poor Housing on Racially Minoritised Families with Low Incomes in Oxford

Oxford Community Action

Is Conflict a Health Inequality?

Portsmouth Mediation Service

Examining the effects of increasing digitalisation on older adults, and the challenges in accessing personalised health care

SPAR Community Space

Health Inequalities in Marginalised Communities in Brighton & Hove

Trust for Developing Communities

Mental Health and Health Inequalities: Understanding the Impact of Domestic Violence and Hormonal Issues

Utulivu Women's Group

Migrant Women's Barriers to Accessing Menopause Care: Insights from Portsmouth

Work Better Innovations CIC

Organisation: **Caribbean Community Lunch Club**

Community Researchers: **Peter Bruce and Eleisa Sampson**

Research Lead: **Peter Bruce**

Contact: **contact@caribbeancommunitylunchclub.com**

Research Project Title:

High Blood Pressure Among Afro-Caribbean People

Research Question

Our Study attempts to address possible reasons why Afro-Caribbean people have higher instances of high blood pressure compared to the white population. Published studies have highlighted the following contributing factors: diet, genetics, lifestyle and socioeconomic factors. Our research looks to either confirm or challenge some of these findings.

How We Researched This

The current study used both quantitative and qualitative research techniques, we created a structured questionnaire which had some opened ended questions and some closed questions to ensure we could compare our findings to government/research published findings.

We also conducted a focus group which included about 30 participants.

Findings

Our findings certainly support established research identifying, diet, lifestyle, physical activity, and socio-economic factors contribute to our abnormal blood pressure rate among our Afro-Caribbean Community.

We did not find any evidence to prove genetics played a part in our high blood pressure rates, what we found is most Afro-Caribbean people make similar life choices in terms of diet, lack of exercise and often struggle financially which increases stress levels.

What we found was a generic lifestyle, therefore one may conclude if you live a similar way you will have similar outcomes.

Conclusions in Brief

There is a large number of people who are frustrated with the processes and procedures followed by healthcare professionals and service providers. Many people lack knowledge or understanding. They are looking for clear consistent advice that is easy to find and follow.

Organisation: **Citizens Advice Bureau West Sussex**

Community Researchers: **Tessa Ramrajsingh, Amy Marshall, Catalina Gheorghe**

Research Lead: **Harriet Elwood, Monica Nguru**

Contact: **Harriet.Elwood@westsussexcab.org.uk**

Research Project Title:

Health and Accessibility Needs of the Chagossian Community: Improving Local Services and Health Outcomes Following Demographic Change

Crawley, West Sussex is home to the UK's largest Chagossian community, following dispersal from the Chagos Islands in the 1960s-70s and has recently grown following immigration rule changes. This community faces significant deprivation, resulting in poor health outcomes.

Our research explored the impact of demographic changes, identifying community needs, opportunities and scalability in improving the system and outcomes.

Chagossian community dynamics are shaped by strong reliance on personal networks and community leaders to navigate language and cultural barriers, though generational differences and internal diversity exist. Over 10 months, we built on our trusted relationships and lived experience to engage with community members including workshops, informal conversations, questionnaires, and interviews.

Key challenges identified include:

- Resettled Chagossians often prioritise urgent needs like housing and food over health in their hierarchy of needs despite a prevalence of complex conditions such as HIV, hepatitis, and diabetes
- Unmet needs are exacerbated by system pressures, such as inconsistent language support, delays, and complex procedures, and can worsen health outcomes
- Stigma and caring responsibilities can strain mental health and further hinder access to support
- Intersectional and immigration-related barriers are prevalent and likely affect other migrant communities

Community members emphasise empowerment as essential to reducing health inequalities. Suggested solutions include language classes, mental health education, and building confidence for self-advocacy and system navigation. A whole-system approach providing holistic support is recommended to address all needs and enable communities to thrive with long term health outcomes and encourage system change.

Organisation: **Folkestone Nepalese Community**

Community Researchers: **Abesh Rai and Swechchha Rai**

Research Lead: **Maha Rai**

Contact: **Maha.raai@fncuk.org; communitycentre@fncuk.org**

Research Project Title:

Cultural, linguistic, and systemic barriers to healthcare access for minority ethnic communities with multiple health conditions

This research explored barriers to health service access for the Nepalese community in Folkestone, focusing on individuals with multiple long-term health conditions (multimorbidity).

A mixed-methods design was used: a survey of 100 participants, one focus group with seven individuals, and three one-to-one interviews. This provided both quantitative data and rich personal accounts.

Survey results highlighted an older population, with 80.9% of multimorbid participants aged over 65. Common conditions included high blood pressure (81%), high cholesterol (49%), diabetes (47%), and arthritis (36%). Barriers most frequently reported were language difficulties (89%), problems understanding medical information (77%), and lack of culturally appropriate services (62%). System-level obstacles included long waiting times (81%), digital-by-default booking systems (73%), and limited clinic hours (65%). Nearly half (48.9%) believed their health had worsened as a result.

The focus group revealed strong preferences for GP letters (to allow translation support) and for face-to-face consultations, which participants felt were culturally familiar and more trustworthy than remote systems. Some had never seen a doctor in person since registering, which they described as a barrier to proper care. One-to-one interviews illustrated the personal impact of these issues: one participant had returned to Nepal for treatment, while another worried language barriers might force them to do the same.

The findings underline the urgent need for translation services, culturally sensitive in-person care, and stronger community outreach to reduce inequalities and improve health outcomes.

Organisation: **Hampshire County Council with Community First**

Community Researchers: **Rehana Mirzada and Noorullah Sidiqi**

Research Lead: **Amana Baig**

Contact: **noorsediqi43@gmail.com; rehana.mirzada274@gmail.com;
amana.baig@hants.gov.uk; afghanresearch@cfirst.org.uk**

Research Project Title:

Health Inequalities Among Afghan Women in Hampshire

This project explored the health inequalities faced by Afghan women in Hampshire, with a particular focus on gender inequality.

Using a mixed-methods approach including questionnaires (data collection), interviews, telephone conversations, awareness sessions and focus groups (FGDs) we engaged 25 Afghan women across Winchester, Fareham, Portsmouth, Andover, and Southampton.

Findings highlighted two major barriers: language and employment. Limited English restricts women's ability to access healthcare, education, and services, while financial dependency on men contributes to poor mental health, isolation, and loss of confidence. Additional barriers include cultural and religious expectations, childcare responsibilities, and male dominance in household decisions.

Despite these challenges, Afghan women expressed a strong desire for education, employment, and independence. Many emphasised the need for more ESOL provision, childcare support, and culturally sensitive programmes that encourage both women's participation and men's understanding of gender equality.

Our recommendations call for expanded ESOL access, pathways into employment, stronger awareness of women's rights, and improved healthcare access, particularly through interpreters and female professionals. Empowering Afghan women is vital for improving their health, confidence, and overall contribution to community life.

Organisation: **Oxford Community Action (PMS)**

Community Researchers: **Ridwan Morohunranti, Huda Albatash and Imade Edosomwan**

Research Lead: **Nigel Carter**

Contact: **info@oxfordcommunityaction.org**

Research Project Title:

The Impact of Poor Housing on Racially Minoritised Families with Low Incomes in Oxford

This community-led research project examined how poor housing affects the lives of racially minoritised families with low incomes, particularly in the OX4 postcode areas of Oxford.

A mixed-methods approach was adopted, combining questionnaire surveys, one-to-one interviews, and community engagement to capture lived experiences and collective perspectives.

The research found that poor-quality housing is a widespread reality for many families, with damp, mould, overcrowding, and poor insulation contributing to disrupted sleep, respiratory illnesses, and stress. Financial difficulties and limited access to affordable housing further compounded these challenges, leaving families feeling trapped and disempowered.

Recommendations for practical change include more affordable housing, stronger landlord regulation, and community-led initiatives. The report emphasises that addressing poor housing is not only an economic issue but also a matter of racial justice, public health, and dignity.

The researchers plan to take forward their research findings by translating housing advice materials, holding local workshops on tenants' rights and organising an online stakeholder workshop. They also plan to reach out to key contacts at Oxford City Council, local health services, housing providers, and Peabody (a leading construction company) to try and influence future planning and policy in relation to their research.

In the longer term they would like to see local tenants more involved in housing planning, more effective and efficient repair and cleaning of housing with a prominent community-led dimension to this and the establishment of permanent community-led roles for housing advice and support. The researchers believe their findings can help to work towards these changes.

Organisation: **Portsmouth Mediation Service**

Community Researchers: **Laura Rook, Nadiyah Al Samerai**

Research Lead: **Steve Rolls**

Contact: **laura@portsmouthmediationservice.org.uk**;

Nadiya@portsmouthmediationservice.org.uk; **Steve@portsmouthmediationservice.org.uk**

Research Project Title: **Is Conflict a Health Inequality?**

Research Approach

- Survey: 231 responses from the general public
- Interviews: 4 PMS service users
- Writing Group: 15 participants shared written accounts of their conflict experiences and related health impacts
- Focus Groups:
 - 5 individuals discussed the effects of ongoing conflict on their wellbeing
 - PMS team shared observations on health issues linked to conflict through their mediation work
- Impact on Health and Life:
 - Emotional health: 20%
 - Physical health: 19%
 - Daily life disruption: 27%
 - Difficulty accessing health services: 12%
 - No impact reported: 22%
- Postcode Trends:
 - PO6: 38% seek outside help first
 - PO1–PO5: 40–55% prefer to speak directly to the person involved
- What People Want:
 - 51% would like training on positive conflict resolution
 - 32% want information on local conflict support services

Participant Quote:

"If I see the neighbour I don't sleep. I feel sick and tearful for a couple of days."

Key Findings

- Prevalence of Conflict:
 - 77% of respondents have experienced conflict
 - Types of Conflict:
 - Neighbourhood (35%)
 - Family (34%)
 - Workplace (31%)
 - Ongoing Conflict:
 - 30% are currently in unresolved conflict—equivalent to an estimated 51,690 adults in Portsmouth
- Develop restorative community training programmes
 - Increase awareness of conflict resolution services through local organisations, community groups, and social prescribers
 - Create safe community spaces for sharing conflict experiences

Organisation: **SPARK Community Space**

Community Researchers: **Emily Burt and Roshni Barrass**

Research Lead: **Emily Burt**

Contact: **emily@sparkcommunityspace.co.uk; roshni@sparkcommunityspace.co.uk**

Research Project Title:

Examining the effects of increasing digitalisation on older adults, and the challenges in accessing personalised health care

Our project examines the effects of increasing digitalisation in health care on the older population, and the barriers they face in accessing personalised care.

We have compiled a series of interviews into a short film, telling their stories in their own words. Many people we have spoken to describe feelings of isolation, anxiety and stress in regard to their healthcare experiences; notably in relation to GP appointments.

Our aim is to reflect the needs of our community to GP surgeries and across the wider community. This includes the council, the NHS, individuals who work in the health and care sector and anyone who has the power and passion to influence change. We will do a short presentation detailing our recommendations, which we can email out to attendees after the event.

Organisation: **Trust for Developing Communities**

Community Researchers: **Fatima Aliyu, Maha Mustafa and Sara Fernee**

Research Leads: **Onyeka Erobu and Rahila Iyaji**

Contact: **rayiyaji@trustdevcom.org.uk; Kayeduerdoth@trustdevcom.org.uk**

Research Project Title:

Health Inequalities in Marginalised Communities in Brighton & Hove

This project, led by Trust for Developing Communities (TDC) researchers with lived experience, explores health inequalities in Brighton and Hove. Many residents-particularly those from racially minoritised, migrant, refugee, LGBTQ+, neurodiverse, disabled, and low-income backgrounds-face barriers to living healthy lives. These include inaccessible services, discrimination, digital exclusion, under-representation in policy, and inconsistent long-term support.

Over 12 months, the research team engaged communities through 17 interviews, 4 focus groups, as well as surveys and participatory observation sessions. Using creative and accessible methods such as walk-and-talk engagement, interviews, peer support groups, pop up stalls at food space and story cards, the study prioritised community voices. Key themes that emerged were accessibility, community connection, rights and advocacy, empathy, representation, and the persistent impacts of racism and discrimination.

Findings show that people connected to local groups were more resilient, better able to access services, and experienced improved wellbeing. Peer support and advocacy were especially vital for navigating complex systems. The outcomes already include new walking groups, multicultural women's groups, and advocacy initiatives linking residents with local services.

Ultimately, our research reveals both challenges and practical solutions, demonstrating the importance of inclusive, community-led approaches. Its insights can guide policymakers, practitioners and community workers to collaborate for fairer health outcomes.

Organisation: **Utulivu Women's Group**

Community Researchers: **Joan StClair, Jacqueline Mukono and Peris Njeri**

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Research Project Title:

Mental Health and Health Inequalities: Understanding the Impact of Domestic Violence and Hormonal Issues

This community research project was developed in response to the silent struggles faced by women navigating the combined impact of hormonal health challenges, including perimenopause, menopause, polycystic ovary syndrome, and experiences of domestic violence. Many women in Reading, West Berkshire, and the wider Thames Valley region face isolation, stigma, and lack of culturally sensitive support, leaving urgent mental health needs unmet.

Through surveys, focus groups, and interviews, the project engaged women over 14 weeks to gather lived experiences and evidence. Key findings revealed that 80% face cultural and language barriers in accessing care, 72% report urgent unmet mental health needs, and 65% do not know where to turn for domestic abuse recovery. Additionally, 58% struggle with hormonal issues and many express mistrust in existing services.

In response, the team recommends establishing a Women's Wellbeing Support Hub, offering holistic, women-led care: mental and emotional support, hormonal and physical wellbeing programmes, domestic abuse recovery, and peer connection. This hub would reduce pressure on NHS services, align with health inequality strategies, and provide a safe, inclusive space where every woman can heal, connect, and thrive.

Organisation: **Work Better Innovations CIC**

Community Researchers: **Anita David and Fatma Tuylu**

Research lead: **Bonny Ling**

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Research Project Title:

Migrant Women's Barriers to Accessing Menopause Care: Insights from Portsmouth

This community-led study explores barriers migrant women from the ethnic minority background face in accessing menopause support, highlighting cultural taboos, language barriers, limited healthcare access, and low awareness of resources on women's health.

The idea for this research emerged in May 2024 during a community food event hosted by Work Better Innovations in Portsmouth that included an information session on menopause.

Using questionnaires, focus groups, and interviews, findings show menopause is stigmatised, with migrant women experiencing emotional and medical isolation, misinformation, and inconsistent medical guidance.

The research calls for community-based education, culturally sensitive resources, and improved healthcare access, including specialist clinics and digital tools, so that women from underrepresented ethnic groups can receive timely and inclusive support.

Jargon buster

BOB	Buckinghamshire Oxfordshire Berkshire	BOB refers to a geographic region of the South East covering Buckinghamshire, Oxfordshire and Berkshire West (Reading, Wokingham and West Berkshire). BOB is commonly used when referring to the ICB for this area.
CPAR	Community Participatory Action Research	CPAR is the name of the programme being showcased today. It represents a collaborative approach to research that involves active participation from community members in the research process. In CPAR, researchers work closely with community members to identify research questions, design studies, collect data, analyse findings, and implement solutions based on research outcomes.
HIOW	Hampshire Isle of Wight	HIOW refers to a geographics region of the South East covering the local authority areas of Hampshire, Portsmouth, Southampton and the Isle of Wight.
ICB	Integrated Care Board	An Integrated Care Board (ICB) is a governing body responsible for overseeing the planning, commissioning, and delivery of integrated health and social care services within a specific geographic area. The concept of integrated care aims to improve coordination and collaboration between different health and social care providers to ensure that individuals receive seamless and holistic care that meets their diverse needs.
ICP	Integrated Care Partnership	An Integrated Care Partnership (ICP) is a collaborative framework that brings together various organisations and stakeholders involved in healthcare delivery to work towards integrated care. Integrated care partnerships aim to coordinate services across different sectors, such as health, social care, mental health, and community services, to provide holistic and seamless care to individuals and populations.
ICS	Integrated Care System	An Integrated Care System (ICS) is a strategic approach to healthcare delivery that aims to bring together various organizations and stakeholders across the health and social care system to work collaboratively towards common goals. Integrated Care Systems focus on improving coordination, collaboration, and integration of services to provide more seamless and holistic care to individuals and populations.
IVAR	Institute of Voluntary Action Research	IVAR are one of the delivery partners for CPAR. Their work focuses on helping strengthen communities across the UK through action research, education and training.
OHID	Office for Health Improvement and Disparities	OHID is a key partner for the CPAR programme. They focus on improving the nation's health so that everyone can expect to live more of life in good health, and on levelling up health disparities to break the link between background and prospects for a healthy life.
SCDC	Scottish Community Development Centre	SCDC are one of the delivery partners for CPAR who bring their expertise of working with communities through a participatory action research enabling communities to take action on what is important to them.
WT&E	Workforce Training and Education	A new national Workforce Training and Education Directorate in the new NHS England was formed on 1 April 2023. The remit of the Workforce Training and Education Directorate is to ensure the NHS in England has a sufficient supply of qualified staff. This workforce must also be inclusive and have the knowledge, skills, values and behaviours to deliver compassionate high-quality health and care.

CPAR Partners





Hello Human

by Ros Barber

How do we measure humanity?

Do we weigh up their worth?
Do we ask, how long have you lived here?
What colour is your skin?
Is your body designed to give birth?

Yes, present statistics.
90% need translation.
1 in 4 need a test.
More than half are depressed.



But what is it that connects us?
Pain in the joints.
Another sleepless night as we fret, When
will I get an appointment?

Not yet, not yet.
And the barriers loom up:
the language, the jargon, the system
that never connects us to a human.



How do we measure humanity?

In years of service?
In inches of pain?
In the grams of salt in a Caribbean curry?
In how long they waited for a bus, in the rain?
In whether they prefer a letter to an email?
In whether they have the money for fruit?
In whether they have diabetes, hepatitis, or HIV?
In whether, when faced with a website, they know what to do?

Can we measure their resilience?
Can we measure their art?
Can we measure their patience?
No, but we can measure the regular beats of their heart
and we can say, Hello human.
We can give them our time.
We can listen, and hear them.
We can say— and mean it— “Your life is as valued as mine.”



How do we measure humanity?

We listen to a person's voice
We uncover their story
We peel away the labels we've placed on them—
elderly, migrant, menopausal, black—

and we see, beneath that: human being.
Someone who loves and is loved.
Someone who hurts and yearns,
and wants to be heard.



We tell their stories:
sitting like a statue, not knowing the tongue,
living on a knife edge,
always one wrong move away from no roof.

With their stories, we empower them.
With their stories we connect their voices
to a thousand ears who know the same feelings.
We peel away bias and blindness, we say “hello, human.”



How do we measure humanity?

The question is nonsense.
How is it that society values one more than another?
The one who got broken, sleeping in a doorway.
The teenaged mother.

The showman whose lights and thrills
create teenage kisses and his own depression.
The Afghan woman as devalued by her husband
as she was by the Taliban.



Humanity cannot be measured, or if it can
then its units don't change.
On the scales of humanity
we all weigh the same,



no matter our colour, our gender, our language, our name,
how far we have travelled,
how resilient we are with our pain,
we are on an adventure. We connect, with love.



Hello, human.



Notes



Notes



Notes





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NHS
England
South East