



PEOPLE, PLACES, HEALTH SPACES





“THE WHOLE SYSTEM HAS TO BE MORE WELL-ROUNDED...WE HAVE TO BE MORE UNIFIED”

- RAYMOND (NOT THEIR REAL NAME)
COMMUNITY HEALTH WORKER

“يجب أن يكون
النظام بأكمله
أكثر شمولاً
علينا أن نكون
أكثر توحيداً”

Diverse, growing and home to strong grassroots organisations, Brent is a place of possibility and resilient community. Yet, it is also a place where poverty and inequality persist. This is especially evident in health and well-being. 10% of Brent residents suffer from diabetes and high blood pressure - conditions that are disproportionately experienced by less affluent people and people of South Asian, African, African-Caribbean and Middle Eastern descent.

TODO O SIS-
TEMA TEM
QUE SER MAIS
ENVOLVENTE...
TEMOS QUE
SER MAIS
SOLIDÁRIOS

Hoping to narrow these inequalities, Brent Council, Brent Health Matters, and UCL’s Centre for Humanitarianism and Social Inclusion have partnered together to think creatively about leveraging community assets and participation to address systemic health inequalities. Funded by the UK Research and Innovation (UKRI)’s “Mobilising Community Assets to Tackle Health Inequalities” Grant, the project- **Tackling health disparities through social innovation: a multi-stakeholder coalition for inclusive health in Brent, London**- ultimately aims to build an enduring partnership network between stakeholders from local government, academia, and the community, that will collaboratively work towards long-term health equity.

“AS A BRITISH TAIWANESE PERSON MYSELF... I COULD ALSO MAKE SURE THAT RESEARCH WAS DONE FOR AND BY US, NOT JUST ABOUT US.”

**- SEAN CHOU
COMMUNITY RESEARCHER**

”باعتباري مواطنًا
بريطانيًا تايوانيًا يمكنني
أيضًا التأكد من إجراء
البحث من أجلنا وبواسطتنا
وليس فقط عنا”
- شون تشو، باحث
مجتمعي

Reflecting this aim to work with diverse stakeholders and hold space for typically under-represented communities in research and decision-making, the project team includes researchers and representatives from Brent Council, Brent Health Matters, UCL, as well as Brent community researchers Sean Chou and Sarah Al-Hafi.

As part of the project, Sean and Sarah mapped the assets in their community, attended events organised by Brent Health Matters, talked to residents, and explored community spaces, all the while tracing the various barriers and enablers of health in Harlesden and Stonebridge. Harlesden and Stonebridge were chosen because of the cultural diversity and strong community spirit present in the area amidst pockets of deprivation.

This zine presents knowledge gathered from multiple interviews, focus groups, and observational studies conducted by the team, offering a look into the people and places that shape health and well-being, as well as the challenges to equitable health and social care access.

Prin proiect, Sean și Sarah au identificat resursele din comunitate, au participat la evenimentele de la Sănătatea Contează în Brent, au discutat cu localnicii, au bătut străzile principale, identificând barierele dar și posibilitățile de îmbunătățire a sănătății în Harlesden și Stonebridge.

PEOPLE, PLACES,

When community researchers Sean and Sarah started identifying the assets in Harlesden and Stonebridge, and when the research team began talking to community workers and members, they soon realised that community assets take many shapes and forms. People, parks, places of worship, and even the local food hall! Spaces like food banks, libraries and community hubs serve as key access points for a multitude of resources, advice, and social connections. Other spaces like parks, public art exhibitions, and gyms offer respite, enjoyment and beauty, and can often act as a springboard to other community assets - a poster to an event in a park, a leaflet for a community group at an exhibition, a chance encounter.

People are assets too! Community groups provide refuge, belonging and support to diverse demographic groups. Local connectors like community champions, befrienders and social care workers also help link people to resources and knit communities together.

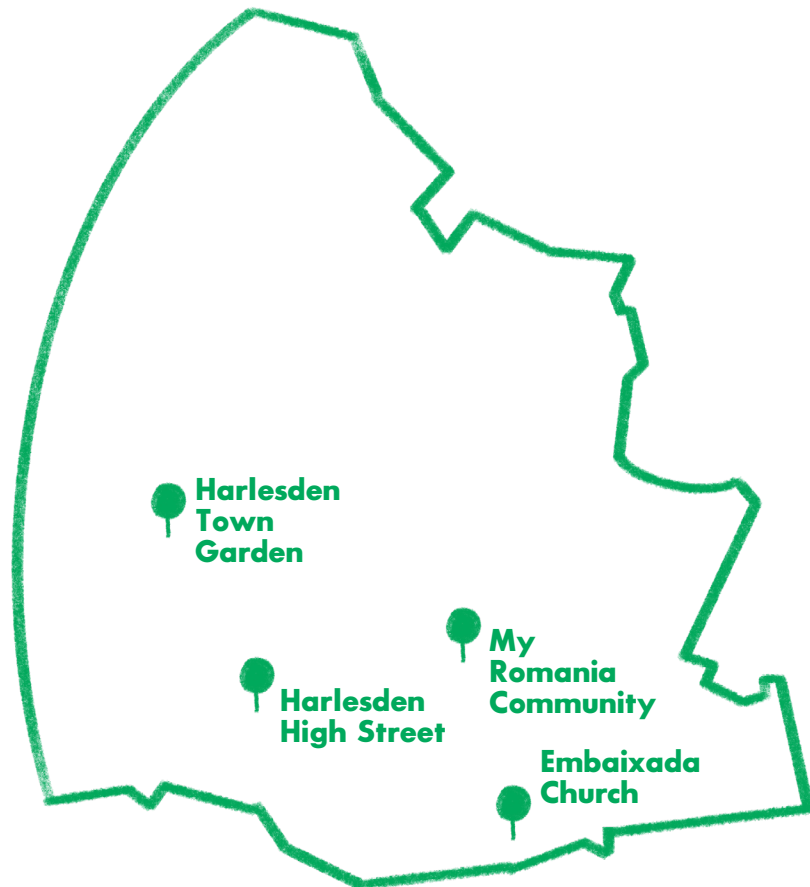
In Brent, people and places crisscross and sometimes connect. In the next four pages, we highlight some of these key assets in Stonebridge and Harlesden, tracing their connections and impacts on health and well-being.

Os bens comunitários tem diversas formas. Pessoas, Parques, Locais de Culto e até o Refeitório Local! As pessoas também são ativos! A comunidade proporciona refúgio, pertença e apoio a diversos grupos demográficos.

تتخذ الأصول المجتمعية أشكالاً وأشكالاً عديدة الناس والحدائق وأماكن العبادة وحتى قاعة الطعام المحلية الناس أيضًا أصول توفر المجموعات المجتمعية الملاذ والانتماء والدعم للمجموعات الديموغرافية المتنوعة

HARLESDEN

The map below presents a snapshot of key assets in the Brent Connect areas of Harlesden, Kensal Green and Roundwood. Beyond supportive community groups and rare green spaces, Sean and Sarah found zones of concentrated assets like Harlesden High Street, where people congregate and mingle in shops, community centres, and along the street. This has been leveraged by initiatives including the Brent Health Matters' Health and Well-being Bus, which stops at locations around Brent, including Harlesden high street, to offer check-ups, support, and advice. This map is part of an ongoing initiative to map community assets in Brent and will be expanded as the project progresses.



HARLSEDEN TOWN GARDEN

Run by volunteers and funded by donations, the community garden is a "hidden gem" offering peace away from the bustle of busy roads. Sarah describes the birds, flowering trees and fresh air as a soothing green oasis within Harlesden. The garden also holds a Green Club and allotments.

"The tree of life as I like to call it, growing the white flowers, and the art work on the wall just made me feel like I was elsewhere" (in Arabic)

- Sarah



ADAB EMBAIXADA CHURCH UK

The church serves London's Brazilian and Portuguese communities, offering spiritual and psychosocial support through events, programmes and pastoral care. The church is also an important meeting point for the Latin American community, hosting well-being events with Brent Health Matters that bring together community organisations offering a wide range of support services from migrant and refugee advice to mental health and Salsa dancing programmes.



MY ROMANIA COMMUNITY

Founded in 2015, the association provides support for Romanians in the United Kingdom who face social problems and supports their integration into the job market and British society.

STONEBRIDGE

The map below highlights key assets in the Brent Connect area of Stonebridge. As Sean and Sarah found in their research, each asset was often connected to another through various forms of signposting - verbal advice, posters, and leaflets. For instance, Sarah found out about an International Women's Day and Holi Festival at Brent Start Hillside after seeing a poster at Willesden Library (Harlesden Library was at that time still newly opened). Because she attended the festival, she found out about a free art class. These linkages reflect the importance of clear pathways and



ST RAPHAEL'S EDIBLE GARDEN

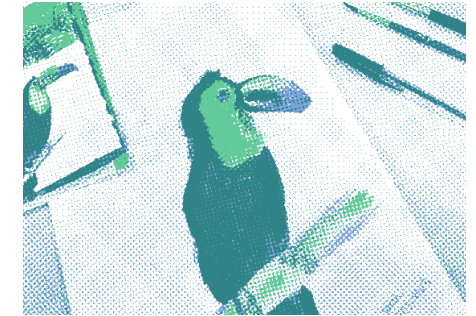
Managed by Sufra NW London, the garden started from a local food-growing campaign. Every weekend, it hosts a pay-as-you-feel garden market where people can pick their own fresh vegetables. The garden also hosts volunteering and children's activities, offering a space for play, nourishment and social life.



BRIDGE PARK LEISURE CENTRE

This local community gym provides free access to exercise equipment. It also houses a creche and "community shop" by Sufra, which gives members access to weekly shopping, snacks, hot meals, triaging, and welfare advice for £3.50/week.

"I did not have any change to put in the charity box, but wanted to donate online. This lovely lady gave me a free bag and a pound to donate so I can carry my vegetables back. Such strong unity and caring community" -Sarah



BRENT START HILLSIDE ADULT & COMMUNITY LEARNING CENTRE

Brent Start offers workshops, programmes and support to help residents develop their skills, gain new qualifications and search for a job. Sarah attended an art class at Brent Start and described it as an opportunity to share one's passion, socialise, and relax (her art piece is pictured above). Sean also interviewed a lady who attended a floristry class, describing how it helped her mental health:

"It helped with her mental health and making friends; if she wasn't here today, she didn't know what she would be doing" - Sean

HEALTH SPACES: CHALLENGES

As the previous section shows, multiple community assets co-exist in Brent. The flow of information and connections between and within services, however, can often be ad-hoc, infrequent or difficult to discover, making it hard to navigate the system. Sarah's experience attending the Brent Start Hillside Art Class is an example of this problem:

"When I arrived for class, I asked the lady at reception where to go, only to be told the class was cancelled. I was annoyed at the fact that there was no contact information or ways to know it was not going on" (Sarah later attended another session)

Researchers found that complicated systems were a persistent barrier to improved healthcare access. Moreover, they found that multiple intersecting factors ranging from language to timing and funding cuts made programmes less accessible. The themes in the following pages highlight these various challenges and explain how they might stand in the way of someone's healthcare journey and the creation of health spaces.

تتعايش الأصول
المجتمعية المتعددة في
برنت ومع ذلك فإن تدفق
المعلومات والاتصالات
بين الخدمات وداخلها يمكن
أن يكون في كثير من
الأحيان مخصصًا أو نادرًا
أو يصعب اكتشافه مما
يجعل من الصعب التنقل
في النظام

Vários bens comunitários coexistem em Brent. Contudo, o fluxo de informação dentro dos serviços pode muitas vezes ser ad hoc, pouco frequente ou difícil de descobrir, dificultando a navegação no sistema.

LANGUAGE & COMMUNICATION

People who do not speak English struggle to find information or access services. The availability of translation services remains patchy and important points of access or connection still require English. Moreover, as one interviewee describes: *"there may be interpreters around but sometimes it really depends on the quality of the translation"*.

The move to virtual services worsens the problem by making interactions more dependent on verbal communication. It also presents a barrier to communities who struggle with digital technology and have hearing impairments. Overall, accessibility for people with disabilities remains poor.

MISTRUST

Related to challenges with communication is the lack of transparency around medical data collection. People often know nothing about how their information will be shared and used. This is especially worrisome for undocumented migrants and communities who have had negative relationships with authorities. In the words of a community worker: *"If we ask who's your GP, they would absolutely freak out - Oh, I don't have a GP and I don't know their address:"*

VARIED BELIEFS AND PRACTICES

Beliefs and practices regarding medical and social care can vary a lot depending on one's gender, age, culture or class. For some, taking medication is viewed with suspicion and for others, accessing sexual healthcare is laden with stigma. Knowing how to tailor one's approach to different groups remains a challenge..

Accesibilitatea serviciilor de traducere rămâne inegală și multe puncte importante de acces sau de conectare încă cer cunoașterea limbii engleze.

Muitas vezes as pessoas desconhecem como a sua informação pessoal será compartilhada e usada. Isto é especialmente preocupante para os emigrantes e migrantes em situação irregular no país, bem como para as comunidades que tiveram relações menos positivas com as autoridades.

لا يزال توفر خدمات الترجمة غير مكتمل ولا تزال نقاط الوصول أو الاتصال المهمة تتطلب اللغة الإنجليزية
٧ في كثير من الأحيان لا يعرف الناس شيئاً عن كيفية مشاركة معلوماتهم واستخدامها وهذا أمر مثير للقلق بشكل خاص بالنسبة للمهاجرين غير الشرعيين والمجتمعات التي كانت لها علاقات سلبية مع السلطات

DIFFERENT IDEAS OF WHAT MATTERS

The tendency for councils and funders to design services targeting particular diseases can also be an issue as they sometimes focus narrowly on the immediate causes or remedies without considering a community's self-assessment, priorities and interests.

MISPLACED FOCUS

Organisations and initiatives sometimes focus on the wrong communities or spaces when designing a service. Often, initiatives focus on reaching specific ethnic groups or administrative zones even though alternative ways of grouping targets might be more relevant - for instance by class, occupation or gender. One community worker describes this:

"The issue of everything based on ethnicity. That's what we're sort of asked to do but it sometimes doesn't make sense...people of a particular age group were more likely to have something in common, for instance"

DIFFERENT PERCEPTIONS OF AN ASSET

Although assets like churches, libraries or temples may be used as a platform to deliver health interventions (e.g. awareness sessions, health check-ups), this may not match what people expect of the place. Communities sometimes find it difficult to think of a church or library as a place to access healthcare or social support, preventing them from discovering or accessing help.

ASSETS CHANGE WITH TIME

Assets like community organisations constantly change over time. Sometimes services are stopped, sometimes new services are added,

- وفي كثير من الأحيان تركز المبادرات على الوصول إلى مجموعات إثنية أو مناطق إدارية محددة على الرغم من أن الطرق البديلة لتجميع الأهداف قد تكون أكثر أهمية على سبيل المثال حسب الطبقة أو المهنة أو نوع الجنس

As comunidades por vezes tem dificuldade em compreender que uma igreja ou biblioteca podem ser locais de acesso a cuidados de saúde ou apoio social, impedindo-as de aceder à ajuda.

Adesea comunitățile nu se gândesc la biserici sau biblioteci ca fiind locuri unde poți primi sprijin pentru probleme de sănătate sau sociale, astfel nefiind capabili să găsească ajutorul necesar.

and sometimes targets may shift. This requires individuals and community workers to constantly tweak their strategies for accessing health and social care. Having centralised, up-to-date information on changing services and assets would help.

FUNDING CUTS & MODELS

Many of the community workers who were interviewed pointed to funding cuts and impact-focused funding models as a key reason for the long-term deterioration of health and social care services. Many community spaces have shut and more struggle to stay afloat. Funding models that require organisations to measure their impact using "Monitoring, Evaluation and Learning" (MEL) standards often slow down interventions, as one interviewee describes: *"a lot of the time it's just us recording it and waiting and seeing if anything can be done"*

Many service providers said there is a disconnect between what MEL standards recognise as good quality and what communities think is good.

Finally, health programmes often do not provide long-term support and end prematurely to align with short-term funding cycles, leaving communities stranded.

OVER-RELIANCE ON KEY PEOPLE

Healthcare interventions often rely on key community leaders to reach vulnerable populations. Although this can be beneficial, it places significant strain on leaders and must be balanced with longer-term capacity-building that can take some of the load off leaders.

تم إغلاق العديد من المساحات المجتمعية ويكافح المزيد من أجل البقاء واقفا على قدميه إن نماذج التمويل التي تتطلب من المنظمات قياس تأثيرها باستخدام معايير الرصد والتقييم والتعلم (MEL) غالبًا ما تؤدي إلى إبطاء التدخلات

Em vez de depender apenas dos líderes comunitários, as intervenções devem desenvolver a capacidade de toda a comunidade.

WHAT NEXT

The research presented in this zine is part of the Arts and Humanities Research Council-funded project 'Tackling health disparities through social innovation: a multi-stakeholder coalition for inclusive health in Brent, London'.

Through the course of the project, strong partnerships have been formed between community organisations in Brent, Brent Council, Brent Health Matters, UCL's Centre for Humanitarianism and Social Inclusion, and UCL's Institute of Epidemiology and Health Care.

We intend to build on these partnerships and take our research findings forward, developing wider community research programmes and improved interventions to tackle health inequality.

To find out more or discuss opportunities to collaborate and get involved, please contact: m.kett@ucl.ac.uk

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