

RedbridgeCVS



Peer researching inequality and fairness in the London Borough of Redbridge

Report to the Redbridge Fairness Commission

INTRODUCTION

This report presents the findings of the Redbridge Fairness Commission peer research project. Conducted between May – July 2015, the peer research project involved 15 community representatives, facilitated by the RedbridgeCVS, identifying and interviewing 60 people in Redbridge about their experiences of poverty, inequality and public services in the borough. The peer researchers also asked questions about people’s social networks and the kinds of community assets that they value and make use of in the borough.

About the London Borough of Redbridge

The London Borough of Redbridge is home to a fast growing, diverse, culturally rich, and, on the whole, well-educated community of 288,300 people. At the same time, there are also areas of deprivation where residents are struggling to manage the rising cost of living.

- **Redbridge is super-diverse:** Redbridge has the fourth most diverse community in England and Wales, according to the 2011 Census: 65.5 per cent of residents are from black and minority ethnic (BME) communities and just over one third (36.9 per cent) of our residents were born outside the UK. Nearly a quarter (24.6 per cent) of residents aged three and over speak a first language that is not English, while nearly one in twenty (4.6 per cent) could not speak English well or at all.
- **Redbridge has pockets of severe deprivation:** The Index of Multiple Deprivation (IMD) is an overall measure of deprivation experienced by people living in an area. It was last updated in 2010, when Redbridge was ranked 134th most deprived out of 326 local authorities in England. Seven of the 21 wards in Redbridge had areas ranked within the 20 per cent most deprived in England, and all areas of Clementswood and Loxford were ranked within the 40 per cent most deprived. In contrast, Barkingside, Church End, Clayhall and Monkams did not have any areas within the 40 per cent most deprived in England.
- **Redbridge is a fast growing borough:** The population of Redbridge has grown significantly since 2001 and is projected to continue to grow at a faster rate than the rest of London. The population increased by 40,000 people between 2001 and 2011. The latest projections suggest that by 2037, the population will increase by a further 123,000 people (with the older population predicted to grow at the fastest rate).
- **Redbridge’s population is simultaneously young and elderly:** In June 2013, the estimated population of 288,300 included a higher than the London average proportion of both children and older people. The 2011 Census revealed that just over one in seven residents had a long term illness, health problem or disability which limited their daily activities or the work they could do. This ranged from over 20 per cent in Hainault, to just over 12 per cent in Church End.

This make-up presents a series of unique challenges at the best of times, and these are not the best of times. Redbridge Council is facing unprecedented budget cuts. By 2018 it will need to make savings of £70m. Previous rounds of cuts to council budgets, between 2010 and 2015, have largely been absorbed through service efficiencies. However, with the level of savings

needed over the next 2 years service efficiencies alone will be inadequate. A more wholesale transformation of services is now needed if people's needs are to be met within expected budget allocations.

Redbridge Fairness Commission

In 2015 Redbridge Council established the UK's 25th "Fairness Commission". The Redbridge Fairness Commission has been set up to investigate poverty and inequality in Redbridge and look at how the Council and its partners are taking action to address it. The Commission will seek to understand how austerity has affected the lives of local people and engage with a wide range of local community groups to identify priorities for making Redbridge fairer. In its final report, due to be published in November 2015, the Commission will make recommendations to be taken forward by the Council and its partners to make Redbridge a fairer and more equitable place to live.

If Redbridge is going to meaningfully respond to the urgent economic, social and ecological challenges it faces, it will need to create organisational structures which are nimble and responsive to the needs and behaviours of local communities. It is no longer possible to maintain the universal services that have previously been protected. In making changes to how services are delivered it is essential that Redbridge understands the complex needs of the communities it serves in order to inform how services are changed or commissioning is undertaken.

The new Corporate Strategy places fairness at the heart of its work; the first corporate priority is to "Increase fairness and respond to the aspirations of the Borough". The Fairness Commission is needed to inform the work that sits underneath this to ensure that equality and fairness run through all the services that the Council delivers.

The Fairness Commissioners meet in public in themed meetings with invited speakers from academia, local services providers, including senior Council officers, elected local Councillors and "community witnesses". In addition, Council officers have been meeting a range of community organisations, the Council's website offers an online "call for evidence", and 3 public meetings and a schools conference to gather views of local young people have been held.

In order to get a deeper understanding of some of the issues facing those people most likely to be affected by inequality and least likely to engage with the Fairness Commission, RedbridgeCVS was commissioned to deliver a programme of Peer Interviews.

Peer Research and the Fairness Commission

The aim of the Redbridge Fairness Commission Peer Research project was to gather local insight into how different communities in the borough experience poverty, inequality, and local services. The peer researchers also sought to gain an understanding of the sorts of social networks and community assets people draw upon to get by during challenging times.

The research was guided by the following research questions:

- How do people in Redbridge experience poverty and inequality?
- What challenges do people face in their daily lives?
- How do people cope with these challenges?
- How could local services be improved to better meet the needs of people in Redbridge?

Over a period of six weeks 15 ‘community representatives’ (see appendix) were trained in social research methods as peer researchers. Together, they devised an interview schedule and then interviewed 60 local people (see appendix). The interviews they undertook captured a range of the challenges facing people and gathered important qualitative insight into how people cope with these challenges.

Summary of findings

In the conversations that we had with people in Redbridge three findings stood out:

- *Challenges accessing services in Redbridge:* We found that there are a number of barriers preventing people from accessing the full range of services available to them in Redbridge. These include a lack of awareness, social isolation, and cultural and linguistic barriers.
- *GP waiting times:* Almost all of the people we spoke with raised the issue of GP waiting times. The length of time that people have to wait before seeing a GP is pushing people into A&E, or away from the NHS altogether.
- *Mental health services:* A large proportion of the people we spoke with during the research were struggling, or had struggled, with mental health issues, such as anxiety and depression. We heard evidence that low-level preventative services for people with mental health issues are lacking in Redbridge. People felt that in the long-term this situation would lead to poorer well-being and more complex sociopsychological issues developing.

In what follows, after explaining the project’s methodology in more depth, the three main challenges that people faced will be detailed. These are: issues accessing local public services; GP waiting times; and mental ill-health. These three issues were the most prominent across all of the interviews and animated the reflection and analysis sessions led by the peer researchers following the interviews.

Following the discussions of each of the three main issues featured in this report, recommendations are made to the Fairness Commission for how these issues might, at least in part, be addressed. These recommendations have been drawn primarily from the peer research and peer researcher discussions, although some examples of relevant good practice unknown to the peer researchers have been suggested where it was felt that they were particularly relevant.

METHODOLOGY

In order to answer the research questions stated above the Redbridge Fairness Commission decided to adopt a 'Peer Research' approach. Developed from bottom-up participatory forms of research practice, peer research is a form of qualitative social research which empowers people to co-design and deliver research into the lived experiences of their 'peers' (family, friends, colleagues etc.).

Unlike conventional approaches to social research, where an expert researcher controls the research process, with little input from the people she is researching, peer research is about people from a local community learning how to conduct research into issues that interest them in their area. As such, local people are valued as experts in their own right, with the ability to conduct research and gather valuable insight.

There are a number of intrinsic and instrumental benefits to adopting a peer research methodology:

- Peer research can help with the recruitment of research participants and can help overcome issues of gatekeeping, especially when peer researchers are also users of services¹. In this study we were able to interview 60 people in just over four weeks. This would not have been possible with conventional research approaches, led by one or two 'expert' researchers.
- As well as having access to potential interviewees, peer researchers also have a wealth of experience that can improve the research design and delivery. Peer researchers are experts by experience, and as such have much to contribute in terms of developing meaningful research questions, conducting sensitive and reflexive interviews, and suggesting appropriate responses to the issues that have emerged.
- Peer researchers can gain valuable knowledge and skills through the research process. Some of the people we hired as peer researchers had previous research experience, and so were able to further develop and practice what they know. Others were new to formal research and gained much from the process.

"I enjoyed very much this experience because it was very diverse from different community groups. I am new resident in UK which means for me it was lot of new information. I learnt how to conduct an interview and to summarize the most important points. I found it very interesting describing the well being of a person, it was very diverse. Reaching people on the ground it was nice experience. Generally it was impressive the purpose of project". Peer researcher.

"I enjoyed learning about different communities issues and struggles and connecting with people representing various communities". Peer Researcher.



Peer researchers defining fairness during the induction workshop.

There are also challenges associated with peer research, which we faced and sought to overcome. These included: difficulties in engaging peer researchers throughout the process – three of the peer researchers dropped out of the process for a variety of reasons; challenges ensuring research rigour, especially in the depth of information gathered during interviews – we addressed this to some extent through feedback and reflection sessions; and, issues faced due to the time consuming nature of peer research and the relatively short amount of time given to train the peer researchers, conduct and analyse the interviews and then write this report – we sought to overcome this issue through relatively intense and regular sessions with the peer researchers.

To recruit the peer researchers RedbridgeCVS advertised the project through a range of different channels, including targeted contacts with community groups that work with the Polish, Romanian, Somali, Albanian, Turkish speaking and LGBT communities; as well as more general calls via their staff and volunteers, and through the RedbridgeCVS website and e-news from 21st April. We received 20 applications for the roles and recruited 15 Peer Researchers. Of the 15 Peer Researchers, seven were women and eight were men. The Peer Researchers do not all live in Redbridge, but they do all have links with local communities in Redbridge. They belong to the Somali, Turkish, Albanian, Greek, Serbian, Croatian, Romanian, Polish, LGBT+, and Mental health communities. One Peer Researcher also works for Citizens Advice Bureau (CAB), and has sought to interview people who use CAB for advice and support.

Following recruitment the peer researchers were invited to an induction day, where they were introduced to the project, to peer research as an approach, and to what was expected of them

should they choose to take part. Those who were still interested were hired as sessional workers and paid the London Living Wage. Following the induction session, two full days of peer research training were delivered. In these training days the peer researchers were introduced to qualitative research methodologies and methods – including wellbeing, assets-based approaches, and social mapping – and research ethics and safety. They also designed the interview schedule, including the phrasing and ordering of the questions that would be asked.

After two weeks of identifying potential interviewees and conducting one or two preliminary interviews, the peer researchers convened for the first of three reflection sessions. In these sessions we discussed how the interviews were going and addressed any issues that people were facing. We also had in-depth discussions about the kinds of issues that people spoke about during the interviews, and began to analyse these as a group. The experiences of the peer researchers were drawn out in this way and brought to bear on the experiences of the people they spoke with. This on-going and interactive process formed the basis of the analysis of key issues raised through this research, to which we will now turn.

THE CHALLENGES PEOPLE & COMMUNITIES FACE

During this research we uncovered qualitative evidence on a range of issues facing people and communities in Redbridge. Social isolation, mental ill-health, housing overcrowding, difficulties navigating the benefits system, trouble finding, securing and staying in work, difficulties accessing local services, including GP services, debt and low incomes were all concerns raised by the people the peer researchers interviewed. Whilst not wishing to downplay the importance of any of these issues, three in particular were raised by the majority of the people we spoke with and most animated the discussions of the peer researchers. These were: difficulties accessing services in Redbridge; GP waiting times; and, mental ill-health. Given their prominence in this research we focus exclusively on these three issues in what follows.

Accessing services in Redbridge

Our research suggests that there are persistent barriers preventing certain groups from accessing services in Redbridge; reinforcing the point that while service provision may be notionally equally available to all, people are not all equally able to access and make the most of the services available in the borough. Our research found that there were particular issues around communication for minority groups, newly arrived immigrants and those who are socially isolated.

It has long since been recognised that access to services for a diverse population requires much more than simply providing a service, even if during a time of austerity this in itself is becoming an increasing challenge. In order for people to benefit from available services, they need to be aware of the full range of services available, and beyond this they need to feel confident in themselves and comfortable with the way in which the service is being provided. Our research suggests that whilst much has been done in Redbridge to ensure equal access to services, some barriers persist.

What is the point in having so many services if people do not know about them? Peer Researcher.

There seems to be a persistent issue concerning effective information and communication in the borough. The majority of people we spoke with did not know about the range of services currently on offer. It was felt that people have to search hard to find out about services and that a growing emphasis is being placed on providing information online, requiring access to a computer and competency using a computer. One of the people we spoke with works as an LGBT adviser and advocate, yet even he found it hard to find services for LGBT people when he first moved to the borough a year ago. He felt that LGBT issues are not prominently represented in the borough, and this could be putting people off accessing services or from telling people about their concerns. He stressed that services could be more sensitive to LGBT needs, and that public agencies could do more to present LGBT people in a more positive light.

This research showed that more could be done to proactively engage minority groups and isolated individuals with services. Providing information in the form of leaflets, newspapers or online, while helpful for some, is not enough to reach everyone, including those who may benefit most from accessing services. A range of social, cultural, and psychological barriers exist, preventing full take up of existing services.

Certain communities, such as the Albanian and Romanian communities, are tight-knit; people socialise regularly in community spaces and provide mutual support for one another. This was seen as a real strength by the peer researchers and those they interviewed in these communities. These communities were recognised as being especially important for newly arriving people. At the same time, however, such communities can become insular and isolated from the full range of services available to them. There are cultural and linguistic barriers that prevent people from minority communities from accessing services.

The peer researchers stated that engagement with these groups works well when it is delivered through community representatives, for example through health buddies and champions, and when it is delivered at community events in community spaces. The RedbridgeCVS Health Buddy scheme (see below) is a successful model that could be broadened out to include services beyond the NHS and public health – such as benefit maximisation, financial literacy, and housing and employment services.

For those who are more socially isolated, and who are not part of a community, the approach may need to be different. We spoke with people who are socially isolated and outside of the public service system altogether; often suffering in silence, meaning preventable issues become increasingly complex and costly to address downstream. These people do not just lack an awareness of what is available, they also lack the confidence and experience of accessing public services and resources. Socially isolated people may require more support and encouragement to access support

Door knocking engagement might be an effective way of reaching people who are socially isolated. The Help on Your Doorstepⁱⁱ model, pioneered in Islington, demonstrates what can be achieved by volunteers going door to door to identify and support socially isolated people. This approach is effective at identifying the most socially isolated and vulnerable people, and at connecting them with services that can address their immediate needs and prevent issues associated with social isolation – notably mental ill-health and depression – from worsening.

One service which was universally known and accessed by the great majority of the people we spoke with was the local GP. Although people experience issues accessing the GP (see below) local practices are doubtless promising sites for engaging people and providing them with

information about a range of other public services available to them. GPs should, for example, be encouraged to explore social prescribing approaches for certain patients. Staff could also be trained as health and wellbeing navigators. At the Earl's Court Health and Wellbeing Centreⁱⁱⁱ, run by Turning Point in West London, the first people you will meet as a patient are staff who are trained to listen and support people, helping them access services even if they are not provided at the centre.

GP waiting times

The majority of the people we spoke with raised concerns about accessing their GP. People were frustrated that they had to wait up to two or three weeks before they could get an appointment, and that they had to wait even longer to see a specialist.

“The GP is always busy. I try and book an appointment and they say two or three weeks later. So I just avoid it non” Redbridge Resident.

“The earliest appointment I can get is two or three weeks away. It is too long to wait” Redbridge Resident.

It is well known that there are GP shortages in Redbridge. A recent report by the *Royal College of General Practitioners* (RCGP) estimates that 106 new full-time equivalent GPs will be needed in Redbridge by 2020 to meet growing demand. That is an uplift of 85% on current GP numbers in the borough^{iv}. The RCGP has also predicted that across England the number of occasions where people will have to wait more than a week to get an appointment with their local GP is set to increase by four million between 2014 and 2015. Whilst long GP waiting times are not unique to Redbridge, the scale of the challenge in the borough is considerable and is expected to become more so as demographic pressures increase over the next five years at least.

Given the current strain on GPs in Redbridge, it is perhaps unsurprising that people's experiences of GP care were not always positive. During the course of this research we regularly heard concerns from people about the quality of the care they received whilst at their GP surgery. People were frustrated with the hurried and impersonal nature of the care they received. A number of the people we spoke with complained that they were being dealt with too quickly, and that it felt as though their GP was trying to 'get rid' of them as quickly as possible. As a result people rarely felt that they were in control of, or well informed about, their or their family's health conditions.

“I go to the GP a lot because my children most of the time needs to see the doctor. My communication with a doctor always finishes with a lack of support and explanation. The doctor is doing things fast to get rid of the patient, and doesn't listen to me when I want to ask something. I have heard from the doctor comments like: If you not happy change your doctor” Redbridge Resident.

The peer researchers reflected that GPs are often people's first point of contact with public services. A bad experience with your GP can put you off accessing NHS services, and other public services, in the future as trust between individuals and public services is broken. Long waiting times have put some of the people we spoke with off trying to make future appointments; they are turning instead to A&E. Others mentioned returning to their home countries for support, and two interviewees have accessed private health services, despite the costs associated with this.

“I have to go to my country to get the support from the doctor and to get all the tests done on time. In UK, this is not possible. They are sending you appointment within a few weeks or months to see the doctor in hospital or surgery” Redbridge Resident.

These issues are exacerbated by language barriers and by the more complex issues presented by minority groups, such as the LGBT community. The transsexual and bisexual people we spoke with did not feel comfortable talking openly about their sexuality to GPs, who they did not feel had the right knowledge or understanding to help. They also mentioned that GPs failed to refer them to more specialist LGBT services in the borough; they suspected this was because the GPs were themselves unaware of what LGBT services exist in Redbridge.

Some interviewees also mentioned a lack of interpreting services at GP and hospital appointments, especially for Romanian and Albanian languages. Residents from Eastern European countries found it difficult to navigate the health system in England because of the differences between how the NHS works compared with health care in their home countries. As a result, it was not uncommon to hear of people from these communities avoiding NHS services altogether.

In response to concerns like those raised above, late night and weekend GP services have been opened at three sites in Redbridge – Newbury Group Practice in Newbury Park, Fullwell Cross Medical Centre in Barkingside, and most recently Southdene Surgery in South Woodford. These extended services will go some way towards alleviating pressure on existing practices. The interviews that the peer researchers have conducted, however, suggests that if these services are to benefit all groups they will need to be proactively advertised through community groups, and not just on GP surgery websites.

One way in which this can be achieved is through the Health Buddy model, which is currently delivered in Redbridge by RedbridgeCVS. Commissioned by Public Health Redbridge, the ‘Health Buddy’ model works by recruiting, training and employing multi-lingual residents as Health Buddies to deliver awareness sessions on a range of topics like Tuberculosis, HIV, and Diabetes management to community groups at places of faith, libraries, care homes, colleges, schools and other local centres in Redbridge. RedbridgeCVS developed the Health Buddy model as the traditional methods of disseminating health promotion messages (newsletters, websites, leaflets, posters etc.) were unsuccessful in either reaching their target audiences, or supporting behaviour change. Sessions are offered as and when communities prefer, on weekdays as well as weekends and mornings, afternoons and evenings and in their own venues when possible. They are offered in the preferred language of the community which makes the sessions more interactive and the communication more effective. Flexibility in offering these sessions has brought positive outcomes for these communities.

Models such as these have multiple benefits. They can, in the first instance, improve people’s awareness of the range of services currently on offer, within and beyond the NHS. Beyond raising awareness, community health models can also play an important preventative role by improving public health generally. By involving ‘Buddies’ who share linguistic, cultural and/or faith characteristics with the communities they are engaging with, key public health messages can be much more effectively communicated. Over time we can expect that such interventions will help to reduce pressure on GP surgeries and A&E.

Mental health services

The links between poverty, deprivation and mental health are well known and documented^v. It is unsurprising then that at a time of austerity, life for those living with mental health issues is particularly hard. The campaigning group *Psychologists Against Austerity* argue that as a result of welfare reform and cuts to local services “Mental health problems are being created in the present, and further problems are being stored for the future”^{vi}. Across England mental health budgets are being cut at a time when demand for mental health services is rising^{vii}.

A large proportion of the people we spoke with during the research were struggling, or had struggled, with mental health issues, such as anxiety and depression. This often left people feeling socially isolated and lonely, as getting out of the house regularly and socializing was a challenge. Finding and keeping work also seemed impossible for some:

“I don’t have much energy. I usually stay indoors because of my depression. I don’t sleep very well, my panic attacks are worse at night” Redbridge resident.

“Gill’s¹ mental health condition prevents her from doing most of the things that she would like to do – particularly enjoying outdoor activities and making new friends” Peer Researcher.

“When things get tough I lock myself away” Redbridge resident.

As well as making it hard to socialize and find work, people’s mental health issues were also preventing them from proactively seeking help. For some, especially those who are digitally excluded^{viii}, this was because they were unaware of the kinds of support available to them:

“Gill doesn’t know who to ask for help. She is also completely unaware of the fact that help is available” Peer Researcher.

For others the main barrier was anxiety and a lack of confidence. As the peer researchers reflected, this leads to further social isolation and loneliness, which can exacerbate the underlying issues and make it harder still for people to seek support. It became clear through the research that knowing that services are out there is just the first step; feeling confident enough to leave the house and access the support available is a daunting second step.

Those who have sought support in the past described how they were often deterred by the types of support available, the long waiting times for help, and the medicalised nature of many services available.

“Julia feels very insecure because of mental health difficulties that prevent her from having more friends who could provide more emotional support that she needs. She needs more day-to-day support in the form of a support worker or peer mentor – unfortunately this form of support is not available in Redbridge” Peer Researcher.

The people we spoke with felt that there is a gap in mental health service provision in Redbridge. While they felt that the council and the NHS provide support for those who experience a crisis episode, and who are often hospitalized as a result, the people we spoke with pointed to a lack of

¹ All names have been changed to ensure the anonymity of participants.

low-level preventative support which could stop people from getting to a point of crisis in the first place.

“The council needs to invest in the basics at an early stage; they only seem interested when issues get really bad” Peer Researcher.

There is also a lack of follow up care for those who leave hospitals with mental health issues. This makes it more likely that they will end up in hospital again as the underlying problems are not addressed. LGBT interviewees with mental health issues argued that there is an implicit assumption amongst hospital staff that after being discharged from the hospital people will be looked after by their families. It was noted that this assumption is problematic for a number of people who may not have families or supportive social networks. Those from LGBT communities, it was suggested, could not always rely on support from their families.

There was a strong sense amongst those living with mental health issues that they are not taken seriously by health professionals until their issues escalate and they end up in hospital. Related to this, people do not feel that they have control over the kinds of support they are offered for their mental health issue. Talking therapies were the most popular forms of support amongst the people we spoke with, however waiting lists for talking therapy support were perceived to be too long, and the number of sessions too few.

People feel that they are being let down by mental health services. A number of the people we spoke with had given up on looking for help, preferring to work their issues out on their own:

“I believe I am the only one who can help myself” Redbridge resident.

There is a need for people-oriented forms of support for those with mental health issues. Peer support and mentoring were mentioned as good models by both the people we interviewed and the peer researchers. Instead of being prescribed medication, people want someone with whom they can talk in a friendly and natural setting; they want to talk with people who understand what they are going through, and who are interested in them as people, not just ‘cases’.

“There is a real issue of big services trying to deal with the problem and not the person. If you can relate to the person, you can solve the problem” Peer Researcher.

It is telling that a number of the interviewees mentioned to the peer researchers how much they had enjoyed the interview; it was a rare chance to talk to someone face-to-face.

Timely low-level support can help prevent relatively minor mental health conditions turning into much deeper and more complex issues over time. As Geraldine Strathdee, clinical director for mental health, NHS England, writes:

“With common mental health conditions like depression and anxiety, you get the best outcomes with rapid access to psychological therapy. In some parts of the country, people wait a year, or even two, for that therapy. Without timely access to evidence based services those people are more likely to get more ill and develop secondary problems like eating disorders, alcohol dependency, employment and relationship problems”^{ix}.

The majority of people in the UK with mental health issues, however, are supported in primary care^x. This research suggests that there are opportunities to improve the quality of mental health support in primary health care settings in Redbridge. It also suggests that there are opportunities to develop additional forms of preventative support outside of these formal spaces and institutions, which over time could reduce the strain on GPs and the NHS.

RECOMMENDATIONS

The London Borough of Redbridge and its public and voluntary sector partners face unprecedented challenges, as austerity measures hit budgets at a time when demand for services is rising. The Local Government Association (LGA) predicts that 2016 will be the year when thorough-going transformation of local public services will be required if people's needs are to be met and savings made simultaneously. To date Redbridge Council has delivered savings through service efficiencies. However, with a further £70m of savings required by 2018, the limits of efficiencies is fast being reached and a more fundamental rethink of how services can be designed and delivered is now required. The Redbridge Fairness Commission is a key part of this conversation. What follows here is a contribution from the peer research project. Drawing on the findings from the peer research, the peer researcher discussions and reflections on those findings, and good practice examples from within and beyond Redbridge we propose some recommendations for how service transformation might proceed.

Three approaches: Prevention, Partnerships and Co-production

Broadly speaking there is a need to build on existing models of service provision that are preventative and based on partnership and co-production principles. Where these don't exist, new models may be required.

Prevention is often the first victim of budget cuts and service efficiencies. The requirement to make £70m of savings in three years will put officers and councillors under a lot of pressure to reduce what are often seen as 'nice to have' services and activities in order to protect much needed acute services. In the long-run however this sort of thinking can lead to false efficiencies downstream, as what is cut today can lead to the intensification of minor social issues tomorrow, with greater financial costs a likely result. Timely low-level forms of support should be developed where possible to ensure people stay active, connected and well, and to prevent social isolation and mental ill-health from worsening.

One way of achieving this is by strengthening partnership based ways of working. The interface between the council and GPs is critical in this regard. Service hub models, which bring together a range of local services in one place and support people holistically should be encouraged. As should service navigator and referral models. Plans to integrate Health and Social Care services in four multi-disciplinary hubs in partnership with local voluntary services across the borough by April next year are welcome in this regard.

Additionally, preventative services can be developed by embracing the principles of coproduction – where services are designed and delivered by the people who use services in partnership with professionals. This research has demonstrated that community groups are already working as informal sources of information and welfare support. The Redbridge Fairness Commission can look to build on these networks and engage more people in new forms of mutual support facilitated by local public bodies. Peer support networks in particular should be developed where appropriate, both as a means of ensuring that as many people are informed about local services as possible, and as a way of enhancing the capacity of existing services by drawing on knowledge, talent and capacity of people who use services.

Specific service models

More specifically, these three principles – prevention, partnerships and coproduction – could be developed in Redbridge by:

- Considering a model of systematic door knocking across the Borough to address social isolation and ensure that people are aware of, and supported to access, services early on. The Islington *Help on Your Doorstep* scheme, mentioned above, demonstrates how effective door knocking can be.
- Considering expanding the scope of outreach programmes, such as the Health Buddy programme, to focus on a broad range of social issues and local service responses, including benefit maximisation, financial literacy, and housing and employment services.
- Engaging with GPs and encouraging them to set up health and well-being navigator roles for receptionists in their practices. Turning Point's Health and Wellbeing centre, mentioned above, is a good example of what this might look like in practice.
- Developing forms of peer support to increase people's access to low-level preventative services such as talking therapy. Circles of support, such as the Service User Network (SUN) in Croydon, are one such model. SUN is a peer support group led by people with personality disorders and successfully works to prevent crisis episodes amongst people in the network.
- Developing social prescribing models so that GPs can refer people to people-centred forms of care and support outside of a medical setting. Social prescribing has become increasingly common across the UK in recent years, and is thought to be particularly effective for health conditions caused by socioeconomic disadvantage and/or long-term psychosocial issues.
- Publicising existing low-level preventative therapies such as the IAPT treatments to ensure as many people as possible can benefit, reducing the frequency of crisis episodes and preventing people from being hospitalized over time.

Alone these recommendations are insufficient to address the challenges that the Redbridge Fairness Commission has been set up to tackle. However, as part of a broader strategy to address poverty and inequality, they have their place in improving people's access to, and experience of, much needed and valued local public services.

APPENDIX: 1

The peer research team

- Sevjan Hassan
- Klodjana Bilali
- Ilija Calina
- Iris Radulian
- Daniela Kierpacz
- Ilir Shega
- Denisa Himaj
- Timotei Stoian
- Peter Wilcock
- Raju Sachi Singh
- Sabriye Dilavar
- Anna Martynowska
- Zachary Brewer
- Joe Penny – Independent Researcher
- Swati Vyas – Health Partnerships Manager, RedbridgeCVS

The Peer Researchers were recruited and managed by Swati Vyas, Health Partnerships Manager RedbridgeCVS. The induction of the Peer Researchers was conducted by Ross Diamond, Chief Officer RedbridgeCVS & Swati.

Joe Penny, Independent Researcher conducted the trainings for the Peer researchers and jointly conducted reflection sessions with Swati.

Peer Researchers conducted 60 Redbridge resident interviews and were involved in feeding into the final Peer Research report written by Joe Penny.

APPENDIX: 2

Interview Schedule

Name of Peer Researcher:

Date of Interview:

Interview Number:

Time of Interview: From ____ to ____.

Opening questions

Question 1: to start with could you tell me your name and a little bit about yourself?

Question 2: how long have you lived in the area?

Wellbeing questions

Satisfied with life

Taking all things together how satisfied with your life are you?

(0 = very unsatisfied/ 10 perfectly satisfied)

Follow up questions:

1. Why do you feel so (un)satisfied?
2. How long have you felt this way?/have you always felt this way?
3. What could change to make you more satisfied?

Trust and belonging

I feel close to people in my local area

(0 = not at all close/ 10= yes very much so)

Follow up questions:

1. Do you feel you belong to your local area?
2. Why do you feel this way?
3. Are you happy with this situation?
4. What could change to improve this situation?

Supportive relationships

There are people I can turn to when things get hard in my life

(0 = no one at all/ 10 = yes, lots of people)

Follow up questions:

1. Who are the closest people in your life?
2. How do they help you?
3. Do they give you the support you need?
4. Do you think the support you get can improve?
5. (If the respondent has no one) what do you do when things get tough in your life?

Physical and mental health

How would you describe your physical and mental health in general? (Ask separately about physical and mental health)

(0 = very poor/ 10 = very good)

Follow up questions:

1. Do you have any physical or mental health concerns?
2. Do they prevent you from doing things that you want to do?
3. Do you receive any support for your physical or mental health issues? If so, what support?
4. Is the support you receive adequate?
5. If no, what are the barriers you face to getting the support?

Feeling in control and capable

I feel that I am free to decide how I live my life

(0 = disagree completely i.e. very out of control/ 10= agree completely i.e. very in control)

Follow up questions:

1. What don't you feel in control over? Why?
2. What would make you feel more in control?
3. What challenges do you face in becoming more in control?

Resilience and self-esteem

I am always optimistic about my future

(0 = disagree completely i.e. very unoptimistic/ 10= agree completely i.e. very optimistic)

Follow up questions:

1. (If not optimistic), why don't you feel optimistic?
2. What are the areas in your life you feel optimistic about?
3. What would need to change to make you feel more optimistic?
4. Where do you see yourself in 5 years' time?

Social Mapping

Purpose of this activity: *to find out how socially connected and mobile people are, and what local services they access and what their experiences of these are*

As part of this research we are interested in learning about how different people in Redbridge live their lives – the places they go, the people they see, the services they access on a regular basis and the different challenges that they face. To start doing this we would like you to draw a household map for us (maybe show interviewee an example of a completed household map you have drawn). It is made up of you in

the centre and then the people you live with, the people you see regularly and the places that you go. If you could start by drawing yourself in the middle and then drawing the people that you see on a regular basis. Draw the people that you see often closer to you, and those you less often further away from you.

Prompt: Do you live with anyone? What is your relationship with them?

Prompt: Who helps get things done at home?

Childcare

Caring responsibilities

Domestic work

Managing money

Prompt: Who comes and goes from where you live on a daily basis?

Prompt: Who else do you visit? How often do you visit them? Do they live locally?

Prompt: Where do you regularly go out to?

Work – what do they do? Part/full time? Happy with the job?

Local services – which ones? What experiences of them?

Shops (touch on where they shop and the quality of the shops)

Leisure

Errands

Community groups or services?

School

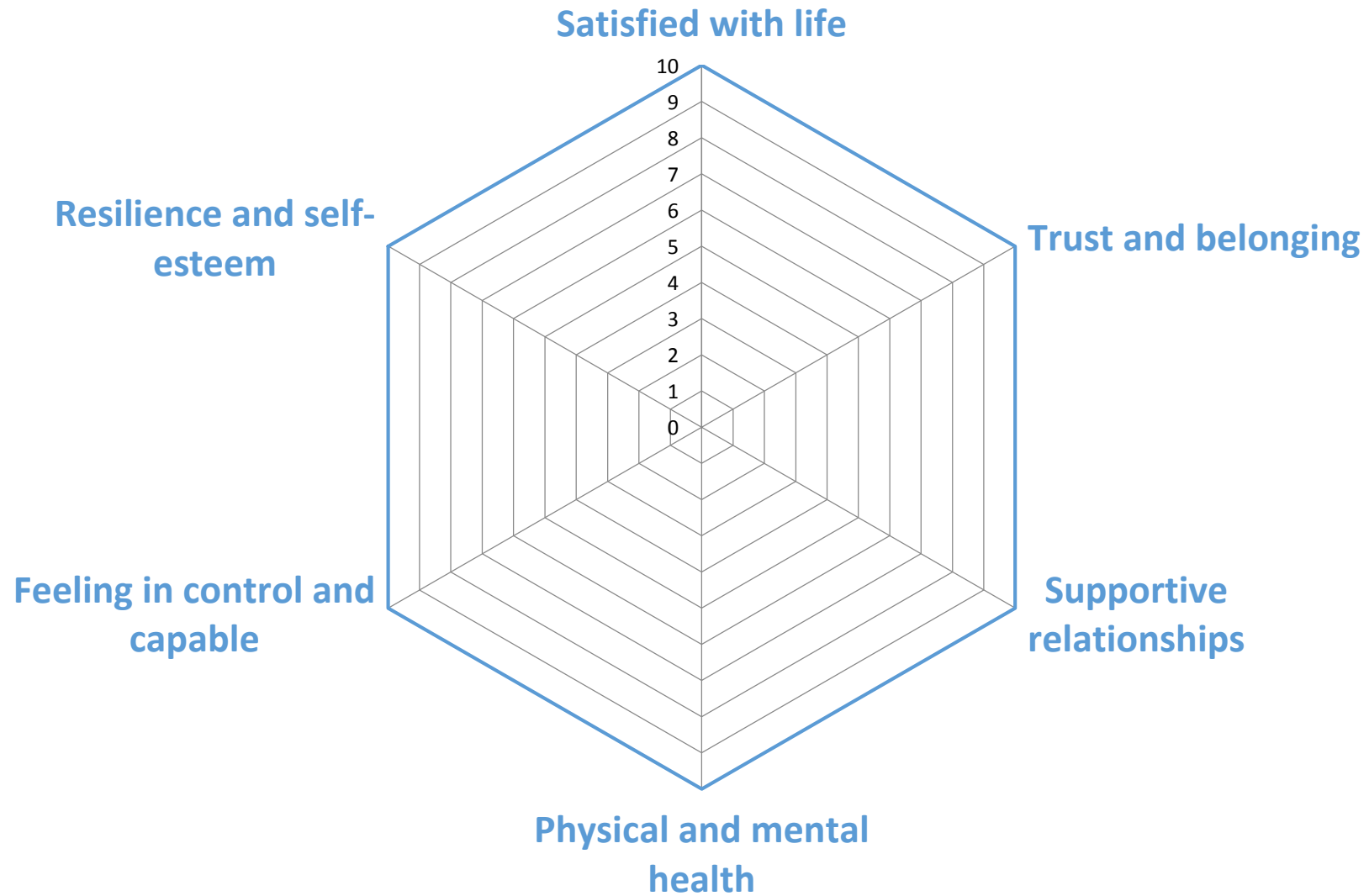
Prompt: where would people like to go, where they don't currently, and what prevents them from doing so?

Prompt: How far away are these places? How do you usually get there?

Prompt: What do you think of... local services, the school, GP, JCP, leisure facilities etc

Prompt: how could local services be improved?

Prompt: have you noticed any changes to recent services that you access?



Demographic Questionnaire

- **Age** (groups by 10 year age brackets except for the first age bracket)
 - 1) 18 – 25 years
 - 2) 26-35 years
 - 3) 36- 45 years
 - 4) 46-55 years
 - 5) 56-65 years
 - 6) 66+ years

- **Gender:**
 - 1) Male
 - 2) Female
 - 3) Transgender
 - 4) Prefer not to say

- **Employment:**
 - 1) Employed
 - 2) Unemployed
 - 3) Volunteering
 - 4) Student
 - 5) Other please state - _____

- **Ethnicity:** (Open ended – note what the interviewee says as their ethnicity) _____

- **Do you consider yourself having a disability?** –
 - 1) Yes
 - 2) No
 - 3) Prefer not to say

- **Religion:** (Open ended – note what the interviewee says as their Religion)
 - 1) _____
 - 2) Prefer not to say

- **Marital Status:** (Open ended – note what the interviewee says as their ethnicity)
 - 1) _____
 - 2) Prefer not to say

APPENDIX: 3

CONSENT FORM for interviewees

Redbridge Fairness Commission Peer Research Project

Name of Researcher:

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary, that I am free to withdraw at any time, without giving any reason, and that I am free to refuse to be recorded by a tape or video recording device.

3. I understand that any anonymised information given by me may be used in future reports, articles or presentations by the research team relating to the Redbridge Fairness Commission.

4. I understand that my name will not appear in any reports, articles or presentations.

5. I agree to take part in the above study.

Name of Participant Date Signature

Researcher Date Signature

APPENDIX: 4

Redbridge Fairness Commission

Peer research project

Information for participants

What is the research about? This research project is about finding out how people live their lives in Redbridge, what the different challenges they face are and how they cope with these challenges. It is also about looking into what people can do together in their area to make things better for people in Redbridge.

Why is it being conducted? We are conducting this research project for the Redbridge Fairness Commission. The Redbridge Fairness Commission has been set up to investigate poverty and inequality in Redbridge and look at how the Council and its partners are taking action to address it. The Commission includes local Councillors and a range of independent people from charities, schools, trade unions, business etc. We believe that it is important to understand and highlight the different challenges people are facing and how they are getting by despite them. The Redbridge Fairness Commission is committed to helping communities find ways of making life better, in spite of difficult times. This research will help inform the commission and its aims to improve services.

Who is it being conducted by and for? The research is being conducted by independent peer researchers, working with RedbridgeCVS (an independent local charity). We are conducting the research on behalf of the Redbridge Fairness Commission.

What will happen to the results? The research results will be published in a report. Anyone who is interested in the project will have access to the findings and they will be made available online to download or browse free of charge.

What do we expect of you if you agree to take part? We ask that you take part in one interview with us, lasting for up to 90 minutes. We would like you to be honest with us, but we do not expect you to answer any questions which you do not feel comfortable answering. *You are free to end the conversation at any time without explanation.* We will ensure that your name will never appear in the research findings and that you will always be anonymous, any personal details you give to us will be held in strict confidence. *However we may use things that you say to back up our work.*

If you agree to take part in this project please take a moment to fill out our short consent form.

Thank you for your time and for helping us with this project.

APPENDIX: 5

Agenda for Peer Researcher Induction

Venue: Training Rooms 1&2, Redbridge CVS, 5th floor, Forest House, 16-20 Clements Road Ilford, IG1 1BA

Time: 10.00 – 12.30 pm

Date: Tuesday 12th May, 2015

Agenda	Name	Time
1.0 Welcome and Introductions	Swati Vyas, Health Partnerships Manager, RedbridgeCVS	10 am to 10.10 am
2.0 Background – RedbridgeCVS, Fairness Commission	Ross Diamond, Chief Officer RedbridgeCVS and Commissioner, Fairness Commission	10.10 am to 10.30 am 10.30 am to 10.45am Q&A
3.0 Introduction to role of Peer Researcher	Swati Vyas	10.45 am to 11am
Comfort break		11 am to 11.20am
4.0. Group Discussion on Themes of Fairness Commission	All Participants	11.20 am to 11.50 am
5.0. Key points from Group discussion	All Participants	11.50 am to 12.10am
6.0. Peer Researcher paper work	All Participants	12.10 to 12.30 pm
6.0. Close		
Peer Researcher Training date & time	Tuesday, 19th May, 10 am to 4.30 pm	

APPENDIX: 6

Induction Presentation

Slide 1




Redbridge Fairness Commission

Ross Diamond – Chief Officer, RedbridgeCVS

Swati Vyas – Health Partnerships Manager, RedbridgeCVS

Slide 2



Corporate Strategy

Links to the first priority of the Council's Corporate Strategy.

- 1** **FAIRNESS**
Increase fairness and respond to the aspirations of the Borough
- 2** **EMPOWER**
Commitment to help shape our Borough and the services we deliver
- 3** **IMPROVE**
Quality of life and civic pride amongst our communities
- 4** **TRANSFORM**
Our Council in tough times to be dynamic and responsive to the challenges of the future

London Borough of
Redbridge 


What is a Fairness Commission?

- The Commission is a group with representatives from the community and voluntary sector, business, councillors, academia etc. They will look at ways of making Redbridge fairer for everyone.
- The Commission aims to identify and make recommendations for addressing different types of inequality in Redbridge.
- The Commission will be running throughout 2015. Each time they meet they will discuss fairness in relation to a different theme.

RedbridgeCVS 

In essence a fair society is where people have an **equal chance to realise their full potential** and have an **equal chance to have their voices heard and impact on decision making**.

This decision making may result in unequal distribution – targeting those who are most disadvantaged by circumstances beyond their control – but it is often more acceptable to agree to unequal treatment if people have been fairly treated. In summary although inequalities exist it is hoped that we can still take fair decisions.


London Borough of
Redbridge 


What is Fairness?

Everyone being treated the same?

Everyone getting the same thing?

Meeting people's needs so everyone has the opportunity to live a fulfilled life? This takes into account that people have different health needs, earn less than others etc.

RedbridgeCVS 


London Borough of
Redbridge 

Who are the Fairness Commissioners?

- Julia Slay, Senior Researcher, New Economics Foundation (Co-Chair)
- Cllr Mark Santos, Labour Member for Hainault Ward, (Co-Chair)
- Redbridge Youth Council
- Sue Snowdon CBE, CEO of Beal Multi-Academy Trust
- Dr Syed Raza, Clinical Director, Redbridge Clinical Commissioning Group
- Cllr Farah Hussain, Labour Member for Valentines Ward
- Jason Tetley, Director, Liberty Credit Union

In essence a fair society is where people have an **equal chance to realise their full potential** and have an **equal chance to have their voices heard and impact on decision making**.

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London Borough of
Redbridge 

Who are the Fairness Commissioners?


- Cllr Ian Bond, Liberal Democrat Member for Roding Ward
- Cllr Paul Canal, Conservative Member for Bridge Ward
- Ross Diamond, Chief Officer of RedbridgeCVS
- John Gray, UNISON
- Jacquie Grieve, Chair of Redbridge Faith Forum
- Vanessa Guthrie, CEO of Redbridge Citizens Advice Bureau
- Geoff Hill, Chair of Redbridge Chamber of Commerce

In essence a fair society is where people have an **equal chance to realise their full potential** and have an **equal chance to have their voices heard and impact on decision making**.


This decision making may result in unequal distribution – targeting those who are most disadvantaged by circumstances beyond their control – but it is often more acceptable to agree to unequal treatment if people have been fairly treated. In summary although inequalities exist it is hoped that we can still take fair decisions.

Slide 7

How will Redbridge Fairness Commission work?


London Borough of Redbridge 

- Themed meetings (-evidence packs, witnesses etc)
- Online surveys
- Interviews with community groups and other stakeholders
- Peer Research
- Public Meetings


RedbridgeCVS 


Slide 8

How will Redbridge Fairness Commission work?

London Borough of Redbridge 


- Once all evidence and feedback have been reviewed and discussed a report will be drafted. The report will give recommendation on how we can create a fairer Redbridge, making sure the limited money and resources we have are used to tackle inequality.


RedbridgeCVS 

London Borough of
Redbridge 

Themes


- **Healthy Lives** – Making sure that everyone in Redbridge can live a happy and fulfilled life.
- **Living in Redbridge** – Making sure everyone has access to decent, affordable housing and lives in a clean and well looked after area.
- **Living Well and Getting Older** – Ensuring older people and their carers are supported to live independently.

 RedbridgeCVS

London Borough of
Redbridge 


Themes

- **Young people** – Inspiring young people to reach their potential.
- **Working and Learning** – Ensuring everyone can access high quality local training, education and employment.
- **Building Strong Communities** – Making Redbridge feel safer and creating a sense of belonging.
- **Serving Redbridge** – Making sure the Council impacts positively on Redbridge as a local employer.

London Borough of
Redbridge 

Key objectives

- Evaluating and scrutinising the Council's role in reducing inequalities in Redbridge
- Identifying a number of priorities for the Borough to help shape the way the Council's resources are used
- Influencing key partners (health organisations, schools, resident groups, private sector etc.) to act on reducing local inequalities

RedbridgeCVS 

London Borough of
Redbridge 

It's not fair



IT'S
NOT
FAIR !!

There are not enough NHS dentists.





IT'S
NOT
FAIR !!

Fees are so high many young people just can't afford to go to University.



RedbridgeCVS 

London Borough of
Redbridge

It's not fair



IT'S NOT FAIR!!

Childcare is so expensive and there are not enough places.



IT'S NOT FAIR!!

Public transport shops etc. are still not accessible for everyone.




RedbridgeCVS

London Borough of
Redbridge

What is Peer Research


- Peer research is involving people from communities you want to engage rather than professional researchers
- Peer Researchers will have the trust of their community
- Peer Researchers will be aware of the cultural sensitivity and insider perspective


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London Borough of
Redbridge 

Role of a Peer Researcher

- To contribute towards possible research questions on Fairness, barriers faced by communities
- Undergo 2 days training on how to conduct interviews, write notes etc.
- Conduct 4 interviews in the community
- Attend 3 workshops & reflection sessions to share experiences doing interviews
- Produce and submit notes from interviews

 RedbridgeCVS

London Borough of
Redbridge 

Group Discussion

- What does Fairness mean to you?

- What are the main challenges that people you know in Redbridge face?

London Borough of
Redbridge 

Future Dates for your diary

- Peer Researcher Training 1: Date 19th May 10 am to 4.30 pm
- Peer Researcher Training 2: Date 22nd May 10 am to 4.30pm
- 1st Reflection session: Date 2nd June 10am to 4.30 pm
- 2nd Reflection session: Date 12th June 10 am to 4.30 pm
- Final Analysis workshop: Date 23rd June 10 am to 4.30 pm

London Borough of
Redbridge 

Fairness in Redbridge

Ross Diamond, RedbridgeCVS
Tel: 020 85149612
ross@redbridgecvs.net

Swati Vyas, RedbridgeCVS
Tel: 020 85149626
swati@redbridgecvs.net


RedbridgeCVS

APPENDIX: 7

Redbridge Fairness Commission Peer Research Training: Day 1

Venue: Training Rooms 1&2, Redbridge CVS, 5th floor, Forest House, 16-20 Clements Road
Ilford, IG1 1BA

Time: 10.00 – 4.30 pm

Date: Tuesday 19th May, 2015

Time	Content	Facilitator
10.00 – 10.20	Introduction from Redbridge CVS Icebreaker introductions	Ross/Swati
10.20 – 10.50	Aims of the Peer Research What is Peer Research Questions?	Joe
10.50 – 11.00	Comfort break	
11.00 – 12.15	Peer Research Methodology Wellbeing Assets Questions	Joe
12.15 – 13.00	LUNCH	
13.00 – 14.30	Methods Questionnaire Challenges Semi-structured interviews	Joe
14.30 – 14.40	Comfort break	
14.40 – 16.00	Methods Semi-structured interviews cont. Asset mapping	Joe
16.00 – 16.30	Logistics	Swati
16.30	END	

Redbridge Fairness Commission Peer Research Training: Day 1

Aims of today

- Understand what peer research is, how it differs from conventional approaches to social research and how it can contribute to the Redbridge Fairness Commission
- Explore research methodologies that focus on wellbeing and an assets based approach
- Understand and engage with some of the research methods we will use in this research project

Key terms

Peer Research

Peer research is a form of qualitative social research which empowers people to co-design and deliver research into the lived experiences of their 'peers' (family, friends, colleagues etc.). Unlike conventional approaches to social research, where an expert researcher controls the research process, with little input from the people she is researching, peer research is about people from a local community learning how to conduct research into issues that interest them in their area. As such, local people are valued as experts in their own right, with the ability to conduct research and gather valuable insight. In this project, you will, as peer researchers, help to gather information about people's experiences of poverty and inequality in Redbridge for the Redbridge Fairness Commission. The aim is for the research to inform how public and voluntary organisations can make the borough a fairer place in the future.

Qualitative research

Qualitative research is one of the two major approaches to research in the social sciences. It is an approach which focuses on understanding people's subjective experiences, feelings, judgements and behaviours. Qualitative research methods tend to focus on words or visuals, rather than objective numbers or statistics (as quantitative research does). Whereas a quantitative research project might ask how many people in Redbridge live in poverty, or what the level of inequality in Redbridge is (both of which are numerical questions), qualitative research would ask how people experience poverty and inequality, and how they cope with the various social issues related to poverty and inequality.

Methodology

Methodology is about how we approach our research and research questions. For example, we might decide on researching poverty and inequality with a quantitative or qualitative methodology. Similarly, our methodology might focus on people's wellbeing as a way of understanding poverty and inequality, and we might also take an assets based approach to our research as part of our methodology.

Methods

Methods are the specific research tools we use to answer our research questions. There are a variety of research methods, such as: questionnaires, interviews, maps, photography, journals and diaries etc. In our project we will use a mixture of methods – questionnaires, semi-structured interview questions, and participatory exercises.

Wellbeing

Wellbeing can be understood as how people feel and how people function, both as individuals and as a part of communities and society. There are two dimensions to wellbeing in this definition. There is the

'happiness' dimension, which asks how people feel (do they feel happy, sad, relaxed or anxious), and there is the 'functioning' dimension. The functioning dimension of wellbeing asks deeper questions about how 'well' people are by focusing on how well people function as individuals in society. Functioning is made up of three elements: how competent people feel (do they feel they are good at what they do); how in control people feel (do they feel they have control over their own lives and their future); and social relatedness (do they relate well with others – including family, friends, and people they do not know).

The dynamic model of wellbeing

The dynamic model of wellbeing was developed by the Centre for Wellbeing at the New Economics Foundation. It is a unique approach to understanding people's wellbeing because it brings together the two main approaches to studying wellbeing: the 'Feelings' approach, which looks at how happy people are at a given moment, or through time; and the 'Functionings' approach, which focuses on how well people are functioning in society. Together these two approaches make up our subjective wellbeing. In addition to identifying subjective wellbeing as being an interplay between feelings and functionings, the dynamic model also includes an appreciation of the main drivers of wellbeing. It breaks down these drivers into two groups, external conditions (such as a lack of money, poor quality housing, high crime in your neighbourhood, poor public services etc.) and personal resources (such as a person's health, their optimism and their sense of esteem). The model is dynamic because it recognises the interplay between the different elements of wellbeing. For example, people who have high functionings tend to be happier and more satisfied with life, and people who are happier have been shown to be more adventurous and open to trying new things – which are traits likely to enhance a person's functionings. Additionally, research has shown that people who function well are better able to exert influence on their external conditions – getting things changed in their lives to improve their material circumstances.

Assets based research

Asset based approaches to research recognise that people are very rarely passive victims of their own circumstances. Even when we suffer from poverty and inequality, we are still enterprising in how we cope in our day to day lives, and we still contribute, both to our own circumstances, and to the improvement of our families, communities and society. An assets based approach to research looks at the positive things people bring to situations and communities – their assets – and seeks to learn how projects and services can be better designed to respond to the many positive as well as negative aspects that make up people's lives.

APPENDIX: 8

Training Day 2

Slide 1



Slide 2

Introduction to the training

- On Tuesday we:
 - learned about peer research
 - Learned about wellbeing and assets as methodologies
 - Learned about methods for peer research
- Today we will:
 - Learn about research ethics
 - Decide upon a code of ethics
 - Design our interview schedule
 - Discuss how to collect, analyse and present data

Slide 3

Research ethics

What is ethical research?

Slide 4

Ethical research

- Ethical research is about acceptable and unacceptable behaviour/conduct when researching
- No right and wrong answer
- Ethical research changes depending on the context of the research
- We can decide on our own code of ethics
- But...

Three ethical concerns

- We must keep in mind three ethical concerns when conducting our peer research
- Sensitivity and safety
- Anonymity and confidentiality
- Informed consent

Sensitivity and safety

- An interview environment that is safe for you and for the interviewee
 - All interviews will take place at Redbridge CVS
- Make sure there are as few people around as possible
- Think about how you ask questions and body language
- Participants can leave at any time they wish

Anonymity and Confidentiality

- Anonymity means concealing the identities of people we talk to
- Confidentiality is about who gets to access the data provided by people we talk to
- Everyone has the right to anonymity and confidentiality; its our job to ensure that they know this

Informed Consent

- Consent needs to be:
 - **Informed**
 - **Voluntary**
 - **Competent**
- Every one we talk to has the right to know what they are participating in
- And everyone has the right to decide for themselves if they want to take part or not
- Interviewees must be 18 or over to give consent

Informed Consent

What we must tell every interviewee *before* the interview

- **what** the research is about
- **why** it is being conducted
- **what** the purpose of the study is and **what** will happen to the results
- **where** the results will appear and **who** is likely to have access to them

Informed Consent

- **what** will be expected of them if they agree to participate and **how** long their participation will take
- **what** anonymity and confidentiality mean in practice and an understanding that the participant:
 - they do not *have* to participate; and...
 - having agreed to participate can withdraw any time without detriment to the study

Slide 11

Informed Consent

CONSENT FORM FOR INTERVIEWEES
Redbridge Fairness Commission Peer Research Project

Name of Researcher: _____

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary, that I am free to withdraw at any time, without giving any reason, and that I am free to refuse to be recorded by a tape or video recording device.
3. I understand that any information given by me may be used in future reports, articles or presentations by the research team.
4. I understand that my name will not appear in any reports, articles or presentations.
5. I agree to take part in the above study.

_____ Name of Participant	_____ Date	_____ Signature
_____ Researcher	_____ Date	_____ Signature

Slide 12



Code of Ethics

- A code of ethics is a common agreement about acceptable and unacceptable behaviour in research
- It is a way for us all to agree how we will conduct our research; how we will behave and treat research participants

Code of Ethics

- As peer researchers in the Redbridge Fairness commission we will:

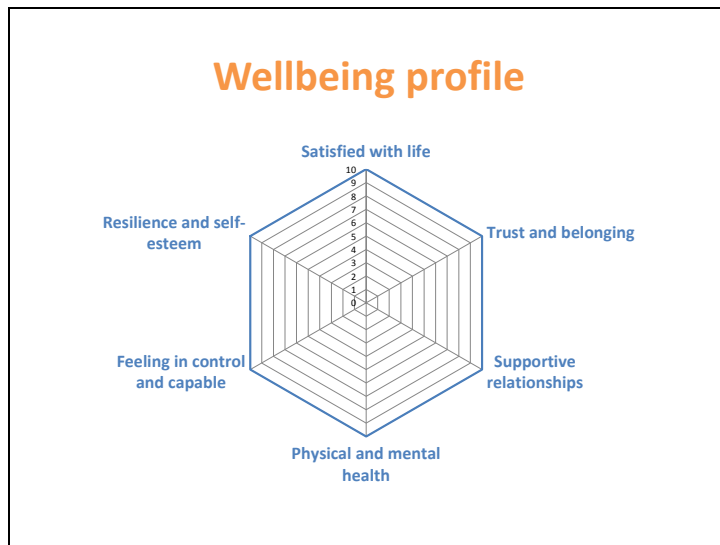
Designing the Interview Schedule

- Basic Structure of the Interview
 - Informed Consent
 - Provide information about the study to participants
 - Sign consent forms
 - Basic Demographic Information
 - Wellbeing Questionnaire
 - Challenges People face
 - How are people managing
 - Social Mapping

Basic Demographic Information

- What do we want to know about people and how should we ask it?
 - Age?
 - Gender?
 - Ethnicity?
 - What they do?
 - What else?

Slide 17



Slide 18

- ### Satisfied with Life
- Taking all things together how satisfied with your life are you?
 - (0 = extremely dissatisfied/10= extremely satisfied)
 - Three follow-up questions?

Slide 19

Trust and Belonging

- I feel close to people in my local area
- (0 = Disagree completely/10= Agree completely)
- Three follow-up questions?

Slide 20

Supportive Relationships

- There are people I can turn to when things get hard in my life
- (0 = Disagree completely/10= Agree completely)
- Three follow-up questions?

Mental and Physical Health

- How would you describe your health in general?
- (0 = Extremely bad/10= Extremely Good)
- Three follow-up questions?

Feeling in control and capable

- In my life I rarely have the time to do the things that I really enjoy
- (0 = Completely disagree/10= Completely agree)
- Three follow-up questions?

Slide 23

Resilience and self-esteem

- I am always optimistic about my future
- (0 = Completely disagree/10= Completely agree)
- Three follow-up questions?

Slide 24



Challenges People Face

- In two groups discuss what questions we can ask to understand the main challenges that people face in their lives
- Think about:
 - The nature of the challenge
 - The cause of the challenge
 - The consequences of the challenge
 - How things have changed/are changing

How are people managing

- In two groups discuss what questions we can ask to understand how well people are managing in their lives
- Think about:
 - Closed questions
 - Open ended questions
 - Prompts and follow-ups

Asset Mapping Exercise

1. Start with a blank piece of paper – ask the interviewee to draw themselves in the middle
2. Ask them to mark down all the places they usually visit, and people they see, in the week
3. Ask them to distinguish between how often they go to places or see people
4. Ask them why they go there and how important it is to them
5. Ask them if the people they see and places they go provide support when times are hard

Collecting, Collating, Analysing and Reporting

- Collecting: how will we record people's responses to the questions we ask them?
- Collating: how will we bring all of the data together?
- Analysing: how will we make sense of the data that we have collected?
- Reporting: how will we report back to the fairness commission?

Collecting data

- Data will be collected during the interview through note taking
- For each interview you will have a data form that you can fill out as you ask questions
- Following each interview (ideally within a few hours) you will need to type up your notes, and provide initial analysis of each interview
- Clearly differentiate notes from analysis

Collating data

- Following each interview you will need to hand over the data to Swati
 - The wellbeing profile
 - The social map
 - The data collection form
- Following this you need to email Swati your analysis of the interview

Analysing the Data

- After each interview you need to fill out a reflection form, giving some immediate analysis of the interview
- On-going analysis and discussion online
- Three reflection sessions will take place
 - One will focus on how interviews are going and some preliminary analysis
 - Second will focus on analysis of emerging themes
 - Third will focus on analysis and presentation of findings

Reporting

- One report by 18th of August
- Joe and Swati primary authors
- How would you like to be involved?
 - Reflections on being a peer researcher?
 - Case studies of the people you have interviewed?
 - Joint definition of 'Fairness'
 - Any other ideas?

Future Dates for your diary

- 1st Reflection session: Date 2nd June half-day – timings tbc
- 2nd Reflection session: Date 12th June half-day - timings tbc
- Final Analysis workshop: Date 23rd June half-day – timings tbc

Good and Bad Listening Handout

1. Good listening is vital at ALL stages of an interview:

Research Ethics:

- good manners & showing respect for interviewee (rather than emphasising status differences, putting people down)

Research practicalities & data quality:

- interviewees will be more relaxed if they see you are interested in what they say
- researcher will ask more appropriate prompts, pick up inconsistencies etc

2. Starting the interview:

- Researcher makes introductions, explains research, seeks informed consent
- Researcher **MUST** also **listen and respond** to interviewee's questions/concerns

3. During the interview:

BAD LISTENING (that may make person stop talking)	GOOD LISTENING (that encourages person to talk)
Interrupting	Giving space for long answers, making encouraging noises
Arguing when you disagree or feel challenged	Not answering back when person is provocative but accepting what they say
Being judgemental (e.g. criticising or expressing disdain for village habits etc)	Not making verbal judgements on what people tell you
Correcting 'wrong' answers	Recording answers even if you think they are incorrect
Giving advice (unless asked for)	Responding to questions and providing advice (if asked) at end of interview
Jumping to conclusions & putting words into people's mouths	Continuing to listen even if you don't understand (ask for clarification during break in conversation)
Repeating questions already answered	Remembering what you have asked AND what people have said
Probing when interviewee is signalling unwillingness to go into detail	Probing that indicates engagement with what person is saying & encourages person to explain in more detail
Putting people down by emphasising social distance between you & interviewee	Downplaying status differences verbally as well as through body language
Body language that exposes your own values/judgements (facial & hand gestures)	Body language that does not appear judgemental, or expose your negative judgement
Body language that signals boredom (yawning, fiddling, eyes wandering, checking your watch)	Body language that signals interest (focus on interviewee, eye contact, nodding, smiling)

3. Ending the interview

- Researcher should not appear in hurry to get away
- Researcher should allow space to answer questions (from interviewees, bystanders, etc.)



Prompts, Probes and Encouragement

1. Prompts: Things you may need to remind the interviewee about.
2. Probes: Getting the interviewee to say more about a particular topic.
3. Verbal & non-verbal cues: encouraging the interviewee to continue

1. Prompts (Ready-prepared things to mention if the interviewee hasn't already done so)

These will be specific to your research design and the particular questions you are asking. You should have the different dimensions of possible answers to your questions in your mind, and if some are not mentioned, be prepared to say something like: 'You haven't mentioned X: what do you feel about that?'

2. Probes (Follow-Up questions)

Examples of Detail-oriented probes:

- *When* did that happen?
- *Who* else was involved?
- *Where* were you during that time?
- *What* was your involvement in that situation?
- *How* did that come about?
- *Where* did it happen?
- *How* did you *feel* about that

Examples of Elaboration probes

- Would you elaborate on that?
- Could you say some more about that?
- That's helpful. I'd appreciate if you could give me more detail.
- I'm beginning to get the picture: but some more examples might help.

Examples of Clarification probes

- You said the program is a "success". What do you mean by "success"?
- What you're saying now is very important, and I want to make sure that I get it down exactly the way you mean it: please explain some more.

3. Verbal and non-verbal cues to continue

These will be specific to different cultures, but could involve, for example, nodding, smiling, maintaining eye-contact, saying 'uh-huh' or 'I see' in an encouraging way.

Questions to avoid in interviews

Long questions

The interviewee may remember only part of the question and respond to that part: it is better to ask a short question and wait to see what the interviewee says, than to start to explain what you mean.

Double barrelled (or even multiple barrelled questions)

e.g., “What do you feel about the current medical facilities in your village compared with that of five years ago?” The solution here is to break it down into smaller questions, such as: “What do you think about the current medical facilities in your village?” “Can you recall the kind of medical facilities that were available in your village five years ago?” “How do you feel they compare?”

Questions involving jargon

Generally avoid questions containing words that are unlikely to be unfamiliar to the target audience. Keep things simple to avoid the need for the interviewee to ask you what you mean by your question.

Leading questions

Try to avoid questions that suggest a particular kind of answer, positive or negative; but if you do need to ask this kind of question, try to do so in three parts. EG don't just ask “What do you like about your school?” Instead, start with the general question “Can you tell me how you feel about your school in general?” Then prompt if necessary with two follow-ups, such as: “What is it that you most like about your school?” “What is it that you most dislike about your school?” It is usually straightforward to modify leading questions, once you have checked to see if they are leading in one particular direction.

Biased questions

Providing you recognise areas of potential bias in your interview, you can easily try to avoid biased questions. What is more difficult, however, is to ensure you do not lead the interview in a particular direction by the manner in which you ask questions and receive responses. Interviewers may even do this unwittingly, and must be conscious of how to avoid this.

APPENDIX: 12

Agenda for Peer Researcher 1st Reflection Session

Venue: Training Rooms 1&2, Redbridge CVS, 5th floor, Forest House, 16-20 Clements Road Ilford, IG1 1BA

Time: 10.00 – 12.30 pm

Date: Tuesday 9th June, 2015

Time	Content	Facilitator
10.00 - 10.30	Group discussion 1 – Sharing Experiences of Interviews – How did you go about doing interviews; Any barriers faced in conducting interviews; What could be changed	Joe & Swati
10.30- 10.45	Presentation to entire group	All
10.45 to 11.15	Group discussion 2 – Emerging themes from interviews; Key challenges people are facing; People’s experiences of services Coping strategies of people	Joe & Swati
11.15 – 11.30	Presentation to entire group	All
11.30 – 11.45	Comfort break	
11.45 – 12.30	One-to-one Handing over paper work	Joe & Swati
12.30	END	

APPENDIX: 13

Agenda for Peer Researcher 2nd Reflection Session

Venue: Meeting Room, Redbridge CVS, 5th floor, Forest House, 16-20 Clements Road Ilford, IG1 1BA

Time: 10.00 – 12.30 pm

Date: Tuesday 16th June, 2015

Time	Content	Facilitator
10.00 - 10.30	Group discussion 1 – Sharing Experiences of Interviews – How did you go about doing interviews; Any barriers faced in conducting interviews; What could be changed	Joe & Swati
10.30- 10.45	Presentation to entire group	All
10.45 to 11.15	Group discussion 2 – Emerging themes from interviews; Key challenges people are facing; People’s experiences of services Coping strategies of people	Joe & Swati
11.15 – 11.30	Presentation to entire group	All
11.30 – 11.45	Comfort break	
11.45 – 12.30	One-to-one Handing over paper work	Joe & Swati
12.30	END	

Second Reflection Session

- Reflection on how the interviews have gone
- Discussion of the challenges people are facing
- Discussion of how peer researchers can get involved in the report (voluntary involvement)

ENDNOTES

- ⁱ Sheffield University (n.d.) Peer Research Methodology (accessed 10/08/15) <https://www.shu.ac.uk/assets/pdf/hccj-ResearchMethodology.pdf>
- ⁱⁱ Help on Your Doorstep <http://www.helponyourdoorstep.com/>
- ⁱⁱⁱ Earls Court Health and Wellbeing Centre <http://www.echwc.nhs.uk/wellbeingandcommunity>
- ^{iv} RCGP (2015) New league table reveals GP shortages across England (accessed 10/08/15) <http://www.rcgp.org.uk/news/2015/february/new-league-table-reveals-gp-shortages-across-england.aspx>
- ^v Marmot, M (2008) Fair Society, Healthy Lives (accessed 10/08/15) <http://www.instituteoftheequity.org/projects/fair-society-healthy-lives-the-marmot-review>
- ^{vi} McGrath, L, Griffin, V and Mundy, E (2015) The Psychological Impact of Austerity: Briefing Paper (accessed 10/08/15) <https://psychagainstausterity.files.wordpress.com/2015/03/paa-briefing-paper.pdf>
- ^{vii} Buchanon, M (2015) Mental Health Service Budgets Cut by 8% <http://www.bbc.co.uk/news/health-31970871>
- ^{viii} Helsper, E (2011) Policy Brief: Emergence of a Digital Underclass (accessed 10/08/15) <http://www.scribd.com/doc/60556197/Policy-Brief-Emergence-of-a-Digital-Underclass>
- ^{ix} Strathdee, G (2014) Improving Prevention is the Key to Treating Mental Health Problems (accessed 10/08/15) <http://www.theguardian.com/healthcare-network/2014/oct/10/prevention-key-treating-mental-health-problems>
- ^x Ibid.