

Communities Driving Change

COVID-19 Response to Recovery

December 2020



FUTUREGOV



Communities Driving Change (CDC) & Covid-19

The [Tower Hamlets Communities Driving Change](#) (CDC) programme takes a radical approach to public health. We move away from 'top down' models which tell people how to be healthy, and work alongside local people to take action for improved health and wellbeing. We support resident-led initiatives from the bottom up, and help local services to be more responsive to local health needs. This is more important than ever as the nation responds to a pandemic.

With the fact that Black Asian and Minority Ethnic (BAME) people are disproportionately impacted by Covid-19, as highlighted by July 2020's [Public Health England report](#), there is understandable concern amongst the communities that CDC works alongside. 86% of CDC's participants in the North West of Tower Hamlets are Bangladeshi, one of the groups hardest hit by Covid-19. To truly work to improve the social determinants of health, we must begin by recognising and then challenging the structural inequalities which disproportionately impact some communities more than others. Only then can we work to action health and wellbeing as prioritised by local people.

In the summer of 2020, the CDC team at [The Young Foundation](#) (YF) came together with [FutureGov](#) (FG) to understand how communities as part of CDC have responded to the public health challenge of Covid-19 to date. We wanted to explore how we can work together as a programme to ensure we continue to support communities to drive change in unpredictable and unprecedented times. We have been inspired by the incredible resilience and community spirit residents in Tower Hamlets have shown coming together to support one another this year - creating activities for kids under lockdown, emergency food distribution centres and much more.

This report shares our journey and all that we have learnt so far.



CDC COVID-19 Response to Recovery: Overview

Summary

The move from a period of immediate response, into one of recovery and renewal, won't be a linear process. It will require communities, local partners and the council, to work in adaptive ways to navigate out of the crisis in a way that builds healthier and more resilient communities for the longer term.

This will be an ongoing process of acting, learning and reflecting. To support this response, YF and FG have been working across the CDC programme and with partners, to take a step back and reflect on the covid response so far. This will help us all to understand how we can play our best role as part of the recovery process, and continue to learn and respond going forward, in a way which is most appropriate to the needs of the communities we work alongside.

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What we've done

Background and approach

Background

What we wanted to achieve

We wanted to develop and support an approach to learning across the Communities Driving Change (CDC) programme and beyond.

We want to create a space to reflect on the first few months of the pandemic - how local residents, organisations and ourselves as a programme responded, but also use this to get a broader look at what we do with fresh eyes.

We aimed to kickstart a collaborative approach - to become a model - for how we can learn and act going forward into recovery.

We also wanted to focus on changing practice in CDC - developing clear takeaways, which can be taken forward and may apply to similar community development programmes

Guiding principles

As part of a series of interviews, workshops and co-design sessions, we wanted CDC's covid-19 recovery project to be:

Inclusive

Collaborative and an opportunity to share information and not extract it

Focused on taking action and changing practice and not just gaining knowledge for the sake of it

Learning about **what is working** and not just what isn't

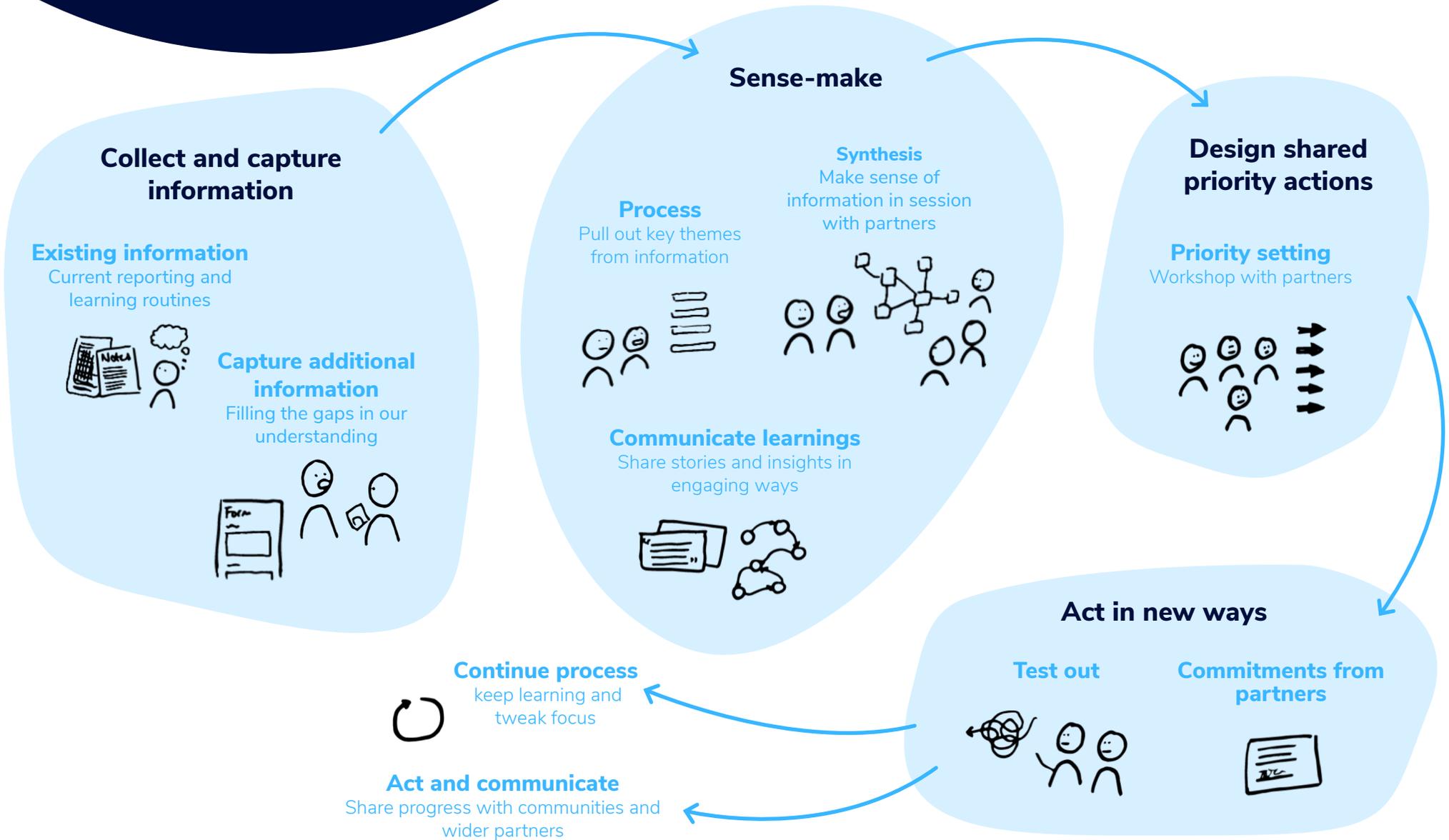
Partners

This part of the work is led by FutureGov and the Young Foundation, but was developed with partners across the CDC and beyond. Extensive resident engagement during lockdown felt insensitive, but will be our focus going forward. We'd like to thank the local CVS, Mayflower Primary School, UEL, Tower Hamlets Homes, Island Health and all those who took part. A massive thank you to the following partners in particular for their participation:



Our approach

Main phases and activities



Guiding questions

To develop shared priority actions, we shaped our approach around these core questions:

We delved deeper by asking those we spoke to the following questions:

Community
resilience

How do we best enable a community-led recovery?

How do we best support communities to meet their own needs and build resilience in the wake of COVID-19?

How do we ensure local recovery plans are co-produced with communities? How should we engage with communities in different ways?

How do we bring multi perspectives into our decision-making going forward?

Partner
response

How can we, as partners, work together differently moving forward into recovery?

How can Tower Hamlets council and Communities Driving Change (CDC) play their best roles in supporting the local COVID-19 response?

How do we need to work together in new ways to mutually reinforce each others activities during the process of recovery and renewal?

How is intelligence from different partners acted on through the our different leverage points?

How have CDC's communities been affected by COVID-19?

What gaps in local support have been opened up or exacerbated by COVID-19?

Where have we seen communities addressing their own challenges? Where can the council support with this?

How has COVID-19 affected community ability and motivation to engage with CDC? How might this change their role in recovery?

How have priorities of the programme shifted? How might this change the focus of our work?

How have partners been working differently as part of the emergency response?

How has CDC and the wider council been working differently with communities? What are the aspirations to build on this?

What partnership collaborations have worked well? What could be improved?

What are the blockers of greater collaboration? What further and ongoing changes can support these new ways of working?

Learning and insights

The image features a circular graphic on the left side with a dark blue background. The text "Learning and insights" is written in a bold, white, sans-serif font across the center of the circle. To the right of the circle, a photograph shows a large, leafy green tree in the foreground, with a multi-story brick building in the background. A string of colorful triangular flags (orange, white, green, yellow, blue, and yellow) is strung across the scene, partially obscuring the tree and building. The sky is a clear, bright blue.

Stories of impact

Coordinating food delivery to over 500 families with no recourse to public funds

Investing in community capacity has created more resilience in the face of a crisis.

Individuals with No Recourse To Public Funds (NRPF) have been left particularly vulnerable to the pandemic. Often in precarious work, which has ended due to the crisis, they aren't able to access government benefits due to their immigration status.

Many families have been without food, some made homeless. Fear of authorities and the risk of being detained means those with NRPF often feel unable to seek support.

However, one local resident, along with a network of volunteers has been sourcing and delivering food packages to over 500 people with NRPF locally. Their initiative uses cash donations to buy food in bulk, which is supplemented by donations from local businesses. Volunteers on motorbikes then deliver the food packages.

This incredible response has been made possible - in part - from support from Communities Driving Change. A Food Safety Certificate a number of the volunteers completed in August 2020, meant they could access food supplies from local organisations and grocery stores and then prepare it.

As well as directly contributing to the initiative – towards food, hand sanitisers and masks - CDC also provided the volunteers with a laptop, meaning they could coordinate deliveries, keep inventories, and store personal information securely.

The focus is now on ensuring the initiative can become sustainable. CDC are now supporting the organisers to access further funding and become a registered charity so that they can continue their work long term.

“When we first started, some people were close to starving... some people didn't even have the money to travel to get the food from us. Now a number of those people that we helped have become volunteers themselves.”



Photographs copyright © Sarah Ainslie
Image source and more information can be found [here](#)

The role of Communities Driving Change during the COVID-19 response

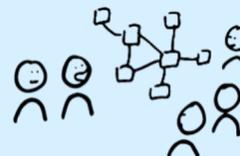
Below are some of the different roles that Communities Driving Change has been playing as part of the emergency response.



Signposting and sharing information with residents to the right support services



Listening and learning about the changing local situation and feeding back where relevant



Connecting partners and resources together so that they can have the biggest impact.



Operationalising and giving more structure to resident-led efforts so they can be sustainable.



Directly delivering support as part of the emergency response



Explaining the changing lockdown restrictions, policies and the support that's available



Identifying and finding residents who may need support through proactive outreach



Warming things up by slowly building residents and volunteers confidence to re engage with their community

CDC COVID-19 Response

Collecting and capturing information

We started by pulling together information from existing documents which are used to collect learning. Mainly situational reports, which have been collected by all lots since lockdown.

We also created a [simple tool](#) to capture additional information to help fill in any gaps. This was a google form where anyone could add in their reflections directly, or used when having conversations with others.

All this information was then analysed to pull out any consistent themes, insights and stories. This was then looked at and discussed in our [group synthesis session](#). Here we made sense of these learnings and discussed them in more detail.

Insights

These are grouped into the following themes →

01 - Working with residents

02 - Working across the Communities Driving Change programme

03 - Working with other community organisations or services

04 - Working with the wider council

01 - Working with residents

The groups of residents that we have been working with are changing.

- **Some relationships with residents have been lost** through the crisis. Some core volunteering groups have stayed home during lock down. Many residents are anxious or are not able to engage with anything other than their immediate families.
- In some places these people started to **reconnect and re-engage** as restrictions eased over the summer
- Through new activities and partnerships during the immediate response, **we've been reaching new residents.**
- There are still **pockets of people who could benefit from (and contribute) the programme** - we must consider how we reach them.

There's been an increase in some resident-led activities during the COVID-19 crisis

- We've seen residents proactively **identifying gaps in support and coordinating responses.**
- There's been an **increase in other activities** from cooking groups to homework support.
- In places, there is **more structure around these activities.** Self-organised residents groups have become more formalised and engaged with CDC.

COVID-19 has exposed or exacerbated inequalities that were there before. CDC teams have been working with residents to address these.

- **Covid-19 has disproportionately impacted BAME communities in Tower Hamlets.** 86% of CDC's participants are BAME. There is fear, anger and concern around the lack of information and support available given the disproportionate impact. We have been working to share residents' concerns with the council and work collectively to take action.
- Some residents are experiencing **personal trauma** and there is obvious **anxiety about being part of at-risk groups**, particularly following the findings of the [Public Health England COVID-19 report](#).
- The **digital divide has become more stark**, this is creating a barrier to participation in community activities and use services.
- **Food insecurity remains a big issue**, particularly for those with fewer financial resources and precarious employment.
- The crisis has had a **significant negative impact on mental health and isolation**, putting pressure on services and highlighting additional gaps in support. CDC activities are addressing some of these impacts and are well placed to continue doing this.
- Lower literacy levels and language barriers are creating a significant challenge. This is preventing people from accessing support services and causing confusion and fear around messaging.

02 - Working across the Communities Driving Change (CDC) programme

We've been finding new ways to connect with and support residents digitally

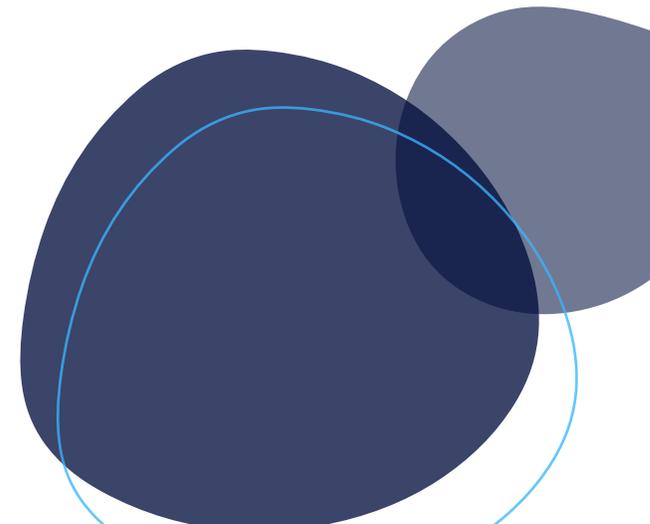
- We've been supporting residents adjust to socially distanced life. This includes **moving activities online and communicating through new channels**.
- We've been **giving residents access to technology** to better enable their activities.
- There are still **barriers to getting online** for many residents and many activities aren't working the same online.

We've had to focus on emergency needs and the most vulnerable.

- Through necessity, **some priorities have shifted to very essential, immediate issues** - for example we have been supporting with issues of food, medicine or immediate mental health challenges.
- This has felt like a move away from a focus on the wider social determinants of health in some areas, and **more like service delivery**.
- This has also meant **more intensive relationships** for CDC staff supporting residents and volunteers. We must consider how we can continue to ensure we are building capacity and activities are resident-led going forward.

We want more space to collaborate and learn across the CDC programme

- Some CDC providers have said it would be good to have **more space for learning across lots** and creating opportunities to **shape the programme approach**. The most effective examples of this currently have been informal learning across lots - e.g. through WhatsApp groups.
- We would like to have **more feedback on information that is being collected** (e.g. situation reports and evaluation data), so we can use it shape programme delivery.
- Providers have said they think that we should **spend time to better understand and communicate** our collective impact.

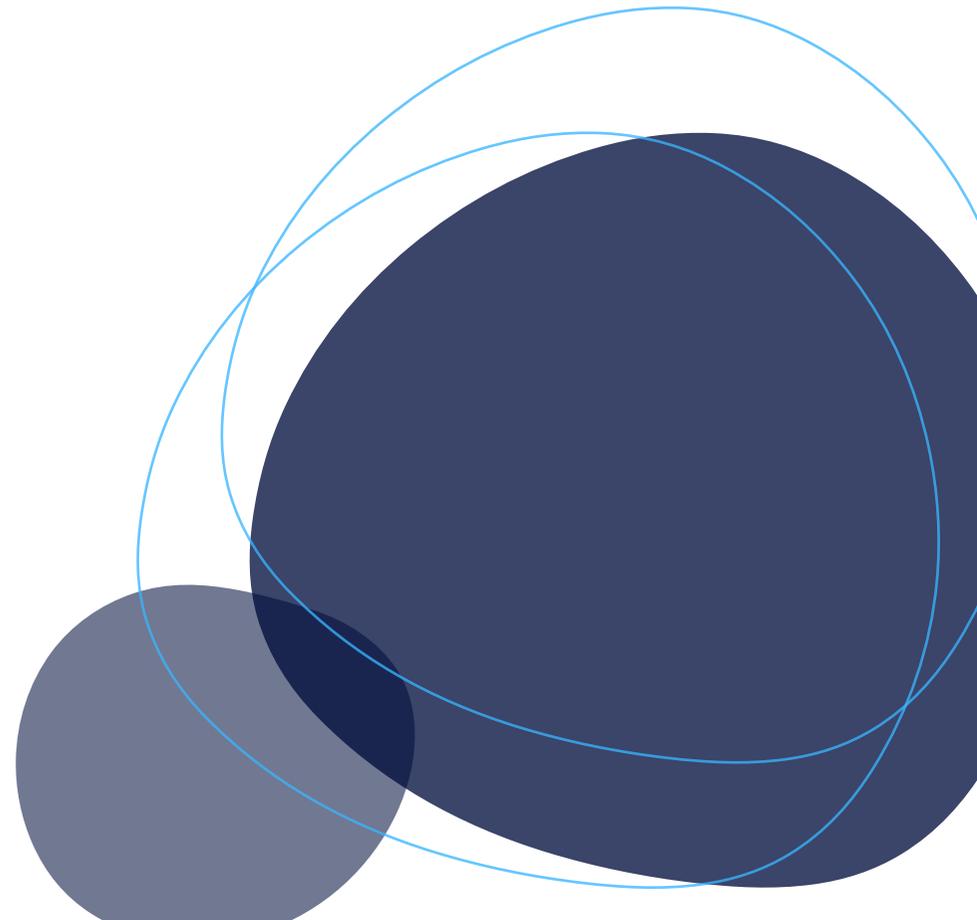


03 - Working with other community organisations or services

The COVID-19 crisis has enabled and required closer working with local partners

- CDC was able to be responsive and adaptive during the crisis, responding to resident and partners' needs and filling in gaps in support.
- We've seen closer working relationships with partners, meaning we can offer a more integrated response. We've been working with partners to identify where CDC can play a most useful role and where more formal support might be needed.
- We think local partners have seen increased value in CDC and seen how they can work with CDC more concretely.
- We've seen better pooling of resources between partners and created more formal check-ins.
- The emergency stripped back bureaucracy between partners and there were feelings of a reduced 'competition over turf' during the immediate crisis.

“Going forward that is 100% the way we should be working“ - Tyrone



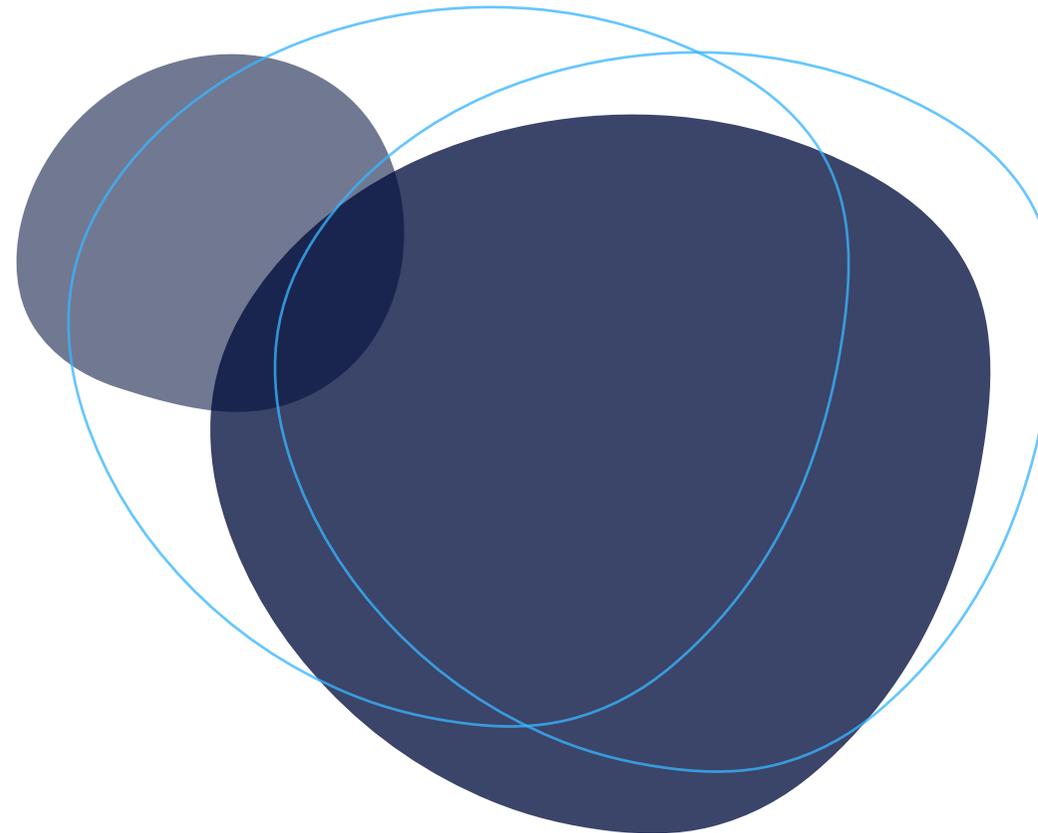
04 - Working with the wider council

We need to strengthen our ties with relevant teams within the council

- Some providers said they would benefit from clear **connections and relationships with relevant parts of the council** - such as adult social care, youth services, housing, volunteering etc. This can obviously be challenging with time and limited resource.
- It can be hard to **understand and identify the different parts of the council** that are relevant to residents.
- CDC is viewed as the bridge between the council and community partners. We must consider how we can collectively make the most of that opportunity as programme.

We need to better communicate the value of CDC within the council

- There is a sense that some parts of the council **do not necessarily know what CDC does** and **appreciate the value** it provides.
- The **wider council is still coming to understand CDC's approach** and how it is talked about. Some aspects of CDC are better understood than others - e.g. offering insight into community needs.



Stories of impact

Coordinating a community response from the local school hub

CDC has played an invaluable role in supporting a local school to reach into the local community and support parents and their families through the pandemic.

"It's been a crazy time, but I am really proud of how the community has come together" says Adam Stock, Head Teacher at Mayflower Primary School.

During the pandemic, the local community has seen anxiety levels shot through the roof and more and more domestic violence coming through. The school's social worker, Inclusion Lead and Adam have been working overtime to respond to these issues, as well as everything ranging from broken fences to rodent infestations and landlords not responding. The school has become the main hub for people during this time and CDC has provided a beneficial resource of support.

"We've been signposting parents to CDC for medical supplies, setting up mental health wellbeing sessions on Zoom and more... We've really seen relationships in the community strengthened with CDC as a result of covid" - Adam Stock, Headteacher

This includes CDC's Home learning packs initiative which provided learning resources to children under lockdown. If any families were unable to come and collect those packs, the CDC team would deliver them. Following a survey, 96% of families said these packs were the most useful thing during lockdown period. This was all made possible because of partnership working through CDC, and has been met with praise by parents and teachers alike.

Moving forward, the school is keen to continue building on the partnerships and opportunities offered through CDC. This includes improving digital access for learnings from home, blending face to face and online sessions, and gradually working towards repurposing the local community hall to offer gardening and cooking, as and when we 'get back to normal'. The vision is to ensure the wider community continued to be reached and supported during Covid and beyond.



Stories of impact

Working with local GP surgery to identify and supporting shielding residents

A coordinated response between CDC and a GP surgery on the Isle of Dogs to support the health of local communities under lockdown

Through support from CDC, a GP surgery on the Isle of Dogs were able to identify additional support needs among patients experiencing increased vulnerability under lockdown and arrange for their medicines to be delivered in collaboration with a local bike social enterprise.

The GP surgery supported with the clinical needs of residents and delegated other much-needed care to the CDC team. CDC used partnership-working to respond to community support needs, such as coordinating food or medicine drop offs or simply having a chat with someone feeling lonely and lending a supportive ear. As part of a coordinated approach, the CDC team worked with a Medical Clinical Lead from the surgery who briefed them regularly on which residents needed to be contacted. This led to the 'pro-formers' role where the CDC team would pick up emails from the GP surgery about a particular resident support need and would action it within 24 hours. The CDC team were also able to support residents to access primary care and navigate clinical support services, as their health and wellbeing concerns emerged. To support the CDC team to share information related to Covid-19 with the

local community, the GP surgery shared up to date clinical knowledge and insight into clinical triage. The CDC team were then able to disseminate accurate information related to Covid-19, quarantining guidelines and protocols, signpost to available help, and assuage concerns and anxiety related to the impact and responses to the pandemic locally.

For the GP surgery, CDC created an opportunity to engage with patients differently and build a more grounded understanding of what's going on across the community:

“We’ve had such a positive experience with it. I’m really looking forward to continuing the dialogue and our relationship and continue to change the view around health. We want the community to help itself, so we can focus on clinical need, not dealing as much with loneliness, social isolation, deprivation and things like that. CDC has shown they can help us do this”



Recommendations

Ideas and next steps

Recommendations for recovery

Designing shared priority actions

In the first [synthesis workshop](#), we looked through the insights and outlined clear 'opportunity areas': things we thought we could address in the recovery. We then prioritised these according to where we thought we could have the biggest impact.

In the second, [priority setting workshop](#), we developed a number of ideas and recommendations that respond to the opportunity areas. We will also make plans for how these ideas should be taken forward.

Insights

These are grouped into the following themes →

01 - Evolving how we are working with communities

Changing how we support communities during this crisis and beyond.

02 - Building on continuous learning going forward

Sharing learning and insight across partners and with the council to improve what we do and how we do it.

03 - Communicating our work

Sharing learning and insight across partners and with the council to improve what we do and how we do it.

01 - Evolving how we are working with communities

Why we need to evolve how we are working

The covid crisis has demanded new ways of delivering the programme - this will continue going forward.

We can learn from and keep some of the approaches that the crisis forced upon us. In some places, we need to develop new ways of working as we move into uncharted territory.

In many ways, the communities that CDC works with have been reshaped by covid. Existing inequalities have been exacerbated. Local assets have changed or found themselves a new role. The interest and priorities of individual volunteers have also shifted.

Each local area is different and therefore demands a different response. However, there are some learnings that are applicable across all.

Our shared recommendations

From our working session, we've prioritised focusing on the following things:

- 1. Use this moment to reach new residents.** We should make sure we are reaching groups who have become more vulnerable due to covid - young people, new migrants, refugees and asylum seeker communities or those who are digitally excluded. We don't know the answers and will need to continue test and learn what works, although we have some ideas to get started.
- 2. Adjust our programme themes to take into account changes.** We've seen digital exclusion and mental health emerge as prominent themes that may require a new focus, as well as an overarching theme of building resilience. We need to make a plan for testing these themes back with residents.
- 3. Platforms (digital and face to face).** We've seen how inclusive and exclusive digital platforms such as Zoom can be. We need to ensure we continue to roll out digital inclusion practice and reach more people as part of a new way of working, whilst we also shift to balancing this with face to face activities inline with social distancing protocol.
- 4. Skills and tools.** CDC's focus on capacity-building is more important now than ever, especially coaching and digital skills development.
- 5. Develop the policies and practices to engage during covid.** To enable everyone to participate safely, we need new policies and practices for on the ground delivery. We need to ensure all providers and volunteers are supported with the right training and equipment.

Recommendation

01 - Evolving how we are working with communities

Next steps:

These are the next set of activities that need to take place to take these ideas forward:

- **Use this moment to reach new residents.**

Next step: As part of an existing meeting (or a separate working) bring together delivery teams across the different CDC lots to identify new groups we should be engaging. Share and develop ideas on how best to engage these groups. Over the course of a few months, **prototype** these ideas (try them out in a basic way in practice). Check-in after a few weeks to reflect on what is working and what's not. Keep trying and reflecting.

- **Adjust our programme themes to take into account changes.**

Next step: Agree these new priorities in each area delivering CDC based on what we are hearing from residents. Come together to get consensus that delivery teams across CDC have seen this in their work. Then engage residents/volunteers/steering groups to gain final agreement that any new themes for CDC should be made part of the programme.

- **Develop the policies and practices to engage during covid.**

Next step: Tower Hamlets Council to outline clear policies and practices around resident engagement. This should be done in collaboration with the CDC delivery teams to ensure it works for our individual contexts. This can then be used to support providers and volunteers with the right equipment.



02 - Building on continuous learning going forward

Why learning is important

During the past few months in particular, we have seen that our ability to collectively learn and respond is vital. It allows us to make sure we can quickly understand people's changing needs and adapt and improve what we do and how we do it. We should think about learning as a group endeavour across CDC, working collaboratively to share data, insights and stories where we can. In doing so, we can more easily spot patterns and themes and share our resources to respond to them.

There is an opportunity to build on existing forums and spaces within the programme to continue to embed learning into CDC. Focusing on:

- Identifying and sharing good practice
- Being open to sharing what is and isn't working
- Agreeing how we adapt and respond effectively to what we are learning
- Documenting learning in ways that can be easily understood by others

Our shared recommendations

From our working session, we think we should do the following things:

1. **Making sure that our approach to learning and insight gathering is appropriate for a COVID-19 context.** When engaging with communities across the partnership, the questions we ask and the methods we use to collect learning and insight should be sensitive, context appropriate and have a clear way of feeding back to people and communities.
2. **Forums to allow partners to come together and share learning and insight are important, but should be clear on structure, purpose and output.** Partners have said how valuable they find the opportunity to come together and share new learnings, challenges and themes from CDC. We would suggest that these meetings focus on action where partners can generate a set of learnings that can prioritised into short, medium and longer term recommendations.
3. This also includes **more clear 'feedback loops' between evaluation and delivery** - finding opportunities to more regularly share back insight and information captured across the programme evaluation so it can be used to directly improve the delivery of the programme.

Recommendation

02 - Evolving how we are working with communities

Next steps:

These are the next set of activities that need to take place to take these ideas forward:

- **Forums to allow partners to come together and share learning and insight are important, but should be clear on structure, purpose and output.**

Next step: Create a clear 'learning' structure for meetings and forums to make sure insights and learnings can be made actionable.

- **Making sure that our approach to learning and insight gathering is appropriate for a COVID-19 context.**

Next step: Explore opportunities to relook at the evaluation questions and structure based on our COVID-19 lessons and learnings



02 - Building on continuous learning going forward

Practical tips for getting started

Here are some things we've found important to think about in relation to building continuous learning approaches into your work and the programme:

- Try to make insights and learning as 'action focused' as possible
- Make sure you feedback to people you've engaged with through the process so they know what's happened to the information they have shared
- Where possible be as open as possible with other partners across CDC, sharing what you can
- Share little and often with other partners, keeping updates light but frequent
- Create dedicated spaces and time to come together to formally and informally share learning
- Apply active listening skills between partners across CDC, acknowledging that partners may have had different experiences
- Document as you go whilst insight and anecdotes are fresh in your mind
- Analyse your learning together so that you can spot patterns or common themes across the partnership

Practical questions to ask yourself and others

Here is a quick framework and set of questions that you can ask yourself and others regularly to help in capturing regular learning through your work

Learning Questions

What changes in your work have you noticed over the past week?

What things are working and you want to continue doing?

What things aren't working and you should we stop doing?

What's one interesting or powerful interaction or impact that you've seen this week?

How will you make sure this is connected back into the programme?

03 - Communicating our work

Why storytelling is important

The stories we capture and share about the work are incredibly important. Although it can sometimes feel like an additional thing to have to do, it is important that it becomes an integral part of how we work.

Stories influence how decisions are made and enable better collaboration between partners.

We all know and share incredible stories that bring CDC to life, showing how it works and demonstrating its impact. But we also know from this work that we need to better communicate the value of CDC, create better ways to capture stories and share these with people in a more strategic way.

Our shared recommendations

From our working session, we think we should do the following things:

- 1. Develop a plan to for strategically communicate with our main audiences and partners.** We need to identify **who** we need to communicate with, including people across the council, residents and local partners. Then identify **what** type of things they want/need to hear, and **how** we can best communicate with them.
- 2. Create a new way to capture stories on a regular basis.** We all come across incredible stories in our day to day work - **we need to have an easy way to regularly and consistently capture these.** This could be, for example, a WhatsApp group or a channel on teams. But needs to be a place where we can quickly add short stories of impact, great images and quotes.
- 3.** To support this, we need to create some simple **guidance on the types of stories we want to capture.** This should be informed by what we think our main audiences should hear (linking to the council priorities), as well as the strategic aims of the programme and can be used to tag and organise our stories.

Recommendation

03 - Evolving how we are working with communities

Next steps:

These are the next set of activities that need to take place to take these ideas forward:

- **Develop a plan to strategically communicate with our main audiences and partners.**

Next step: run a workshop with a small group from across CDC and the council to identify who the main people or groups are we need to communicate with, what they need or want to hear and the way in which we can best communicate with them. Use this as your starting point for the communication plan which can be evolved over time. In all communication, at every level, we should actively name and respond to the disproportionate impact of Covid on the BAME communities who make up the majority of CDC participants and Tower Hamlets more broadly.

Who should champion: we need a varied perspective to input into this, but could be championed by Local Area Manager Susie Crome and others within the council who have a view of both CDC work and the council's inner workings.

- **Create a new way to capture stories on a regular basis.**

Next step: create a place to capture stories, quotes and photos from our work. Pick somewhere that most people are familiar with and is easy to access. Lead by example and make an effort to share content regularly and celebrate others that do. Reflect on how well it's working in a few months and change where needed (put this session in the diary now!). **Who should champion:** a number of CDC programme managers to set up and champion.

Next step: following the communication plan workshop above, use this to create guidance on what type of stories we want to capture more regularly. This could be some of the important themes that we to demonstrate, or parts of the programme we want to shine lights on. This will help everyone know what to share! **Who should champion:** Susie Crome and others who created communication plan.

Recommendation

03 - Evolving how we are working with communities

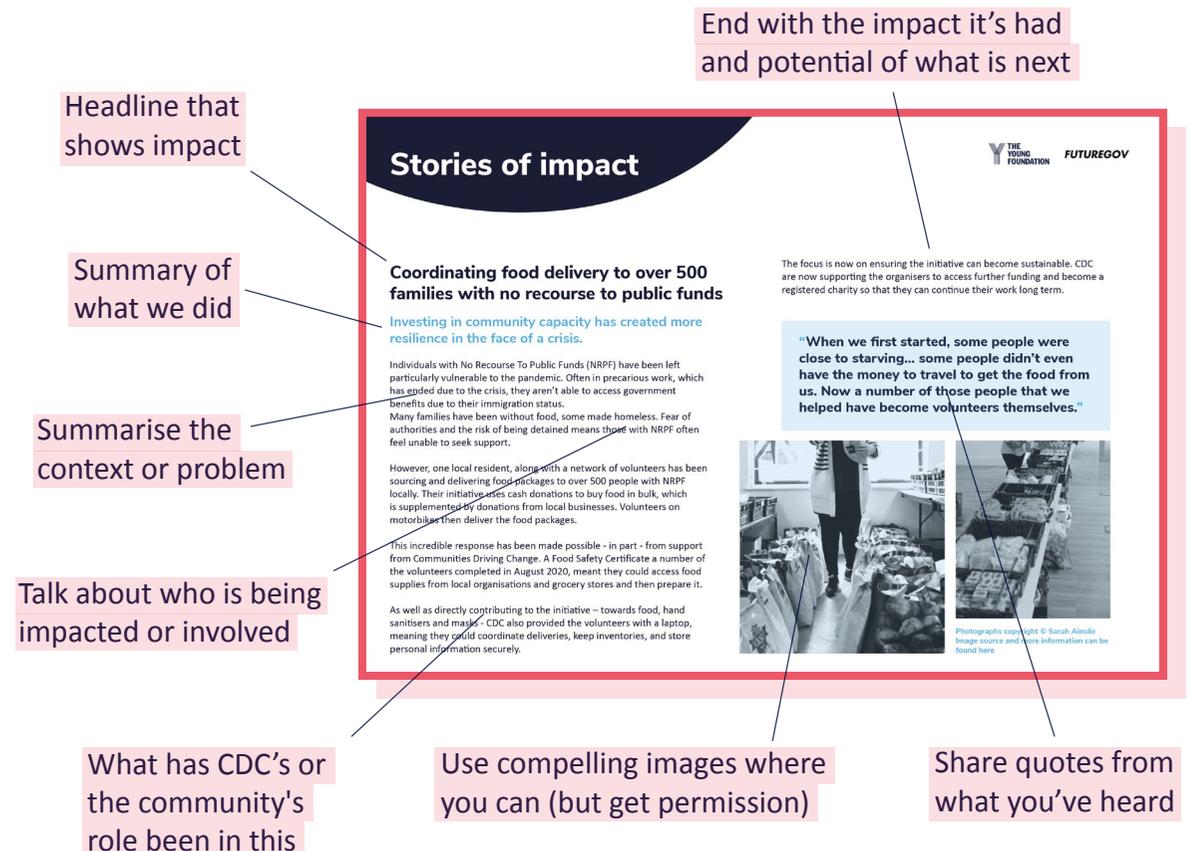
Practical tips for getting started

Here are some things we've found important to think about when telling a good story. These might help when communicating with residents, partners and the council:

- Do the hard work to make it simple and provide clarity
- Capture quotes, images and quick anecdotes as we go - these can help bring it to life
- Think about how the story is shareable and spreadable
- Where possible be emotive and compelling
- Don't just say what and how, but why and what was learnt
- Seek out truth and try to be authentic in tone
- Be creative and capture imagination

Structure for telling a good story

If communicating a story in a written way (particularly if communicating the impact of our work) we've found the following structure helps as a guide.



Conclusion

We are living in unprecedented times. After two lockdowns in 2020, we do not know how Covid-19 will develop and how we may need to respond as a result. What we do know, is that we are best placed to respond if we do so together. This has been showcased every step of the way by Communities Driving Change (CDC) over the past few months - from residents developing projects in direct response to lockdown, to better local partnership working, and increased collaboration between Tower Hamlets Council and CDC providers to support us to move towards recovery.

This report has aimed to show the importance of taking a step back to assess, learn and share so that we may best respond as programme. It has been a true example of co-production, with involvement from a range of partners working on or connected to CDC - from GP surgeries, to schools, to the Council itself. Where we are still lacking is in our response as a programme to the disproportionate impact of Covid-19 on the majority BAME communities we work alongside. We began this report by naming structural inequalities as the main contributor to Bangladeshi and wider BAME communities being hardest hit by the pandemic. Over the last few months, we have heard daily how Covid has impacted the lives, homes, work, mental and physical health of the residents taking part in CDC. To continue to support local people to affect change for improved health and wellbeing from the bottom-up, we must ensure Public Health and the Council continue to listen and respond. As a whole programme, we all must continue to name, challenge and respond to these inequalities. In addition to the Council's internal inquiry into Covid's disproportionate impact on BAME communities, we want to ensure this discussion filters into every recommendation outlined in this report. We want to work with the Council and as a programme to action these recommendations and to build confidence in public health across Tower Hamlets. We begin with intention, next comes action.

In the ethos of CDC - co-production, collaboration and agility - and by continuously learning and adapting, we will be best placed to respond to whatever challenges we may face next. Through collaboration, we can continue to support communities across Tower Hamlets to define and drive change, ensuring the right systems are in place to enable them to do so, in a world forever altered by this public health crisis.



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