

# Communities Driving Change



How the Tower Hamlets  
Communities Driving Change  
programme is shifting local systems



**FUTUREGOV**



# The Communities Driving Change programme

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. We see 'health' as it is experienced by people in their communities and seek to improve the conditions that most affect this, such as social, economic and environmental factors (also known as the [social determinants of health](#)).

CDC is a 4-year programme, commissioned by the [Public Health Department at Tower Hamlets Council](#). It is being piloted in 12 neighbourhoods across Tower Hamlets, led by local organisations including [The Young Foundation](#) and [FutureGov](#), [Bromley-by-Bow Centre](#) and [Poplar and Limehouse Health and Wellbeing Network](#). CDC's impact is being measured by the [University of East London](#).

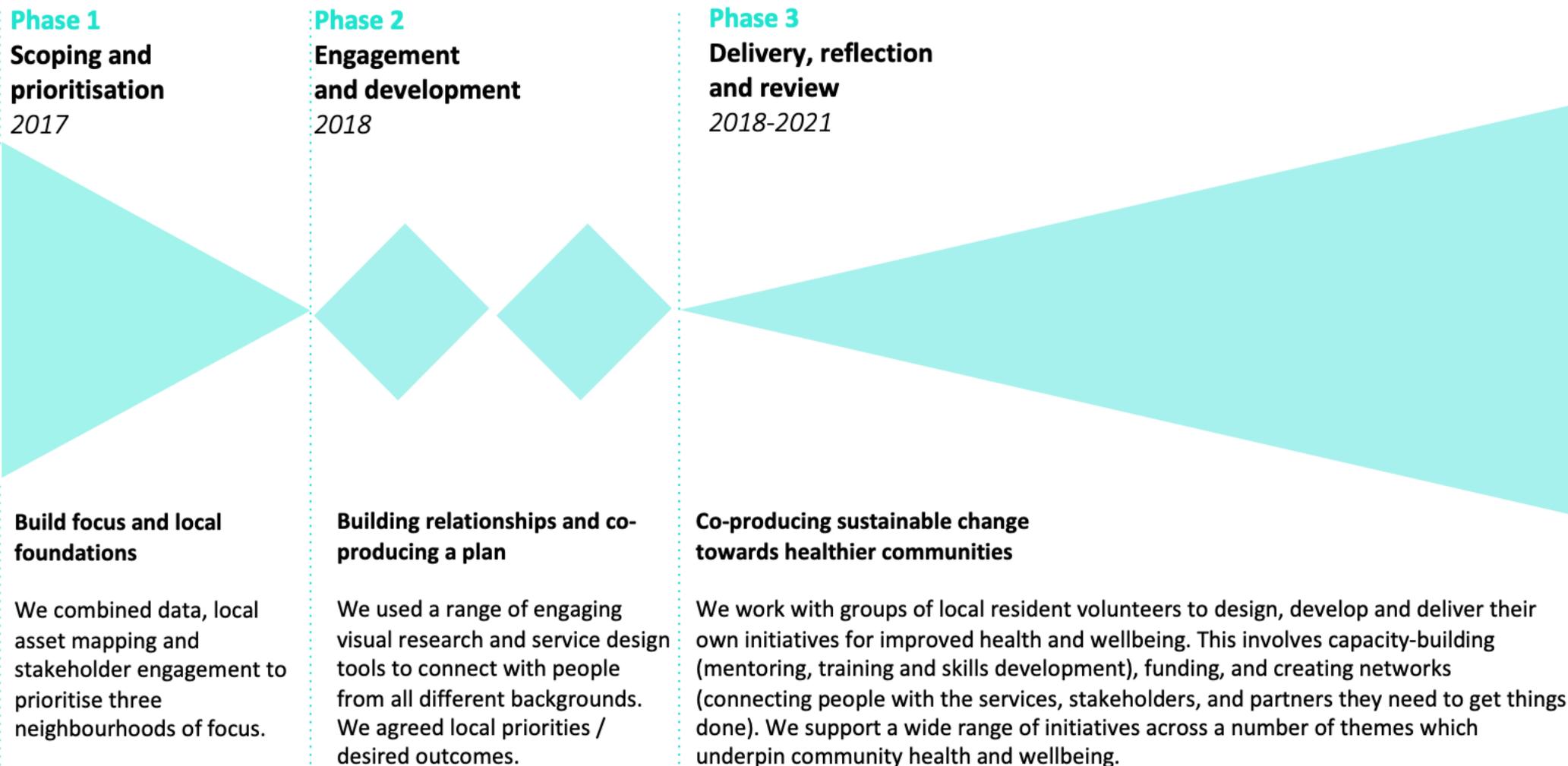
In the North West of Tower Hamlets, The Young Foundation is drawing on our expertise working with communities through research, innovation and supporting grassroots change-making. We have been working with [Real](#) to promote disability-inclusion, and our partners at FutureGov to support the use of design and systems thinking approaches as part of our work on CDC.

This report outlines our approach and early signs of impact as part of CDC, covering the period October 2017 – February 2020. To see how the programme has been responding to Covid-19, check out our report 'Communities Driving Change. COVID-19: Response to Recovery'.



# Programme process

CDC is made up of three programme phases:



# How we are approaching change

We work to improve how communities experience the [social determinants of health](#). This involves the following approaches:

## Strength-based

People are the most important resource in creating change. We focus on putting ideas into action and building on what's positive

## Relationships-focused

Everything we do is founded on strong relationships. This is where we invest our time, energy and care.

## Resident-led

The direction and drive of CDC comes exclusively from residents in the neighbourhoods we are working in.

## Continuously evolving

There is no neat programme for how to create change. We always test things out, reflect and improve what we are doing.

## Collaborative

All work and activities are co-produced between residents and local partnerships and couldn't happen without collaboration.

## Systemic

We explore the many different influences that affect people's health and well-being, working together to create real, sustainable change.

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# Our approach in practice

A photograph of two men in an outdoor setting, possibly a sports field or a fenced-in area. The man in the foreground is wearing a dark blue cap and a green and blue long-sleeved shirt with white patterns on the sleeves. He is looking towards the right. The man behind him is wearing a red and black plaid shirt and is pointing his right hand towards the camera. The background features a green metal fence and a brick building under a blue sky with clouds. The text "Our approach in practice" is overlaid in white on the left side of the image.

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## Strengths-based

It's vital people feel like they can act on the issues they identify.

On one estate, residents cited a lack of cohesion and interaction with local spaces, as one of the main issues they face as a community.

CDC supported these residents to see themselves as part of the solution. We explored what a positive alternative might look like - culminating in 8 community-led events, in collaboration with 21 local services, reaching more than 1350 local people in the space of 18 months.



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## Relationships

People make up communities, and so our relationships are fundamental.

We nurture relationships through the good and the bad. We support volunteers when things get tough and mediate conflicts between residents by encouraging warm and open dialogue, focused on reaching solutions which benefit and honour their collective goals.

Our interactions are social and people-centred. We share ideas over food, in local spaces, with people of all ages and backgrounds and their families. That's community.



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## Resident-led

We want to move away from the traditional delivery model which keeps residents as recipients and services as providers. CDC offers a platform to redress power imbalances and positions residents as the ones in charge.

We encourage services and businesses to play supporting roles in community activity. Rather than recruiting or signposting, they can show support through the offer of free products or services, or by teaming up to co-design and deliver local projects initiated by the residents.



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## Continuously evolving

We take an 'agile' approach. This means taking into account that things are always changing and ensuring we adapt as we go.

At the start, residents told us that young people needed employment opportunities. When we spoke to young people, they told us they'd been let down by such offers in the past. Instead, they wanted a space to come together, get fit and be exposed to different experiences. Working together, using tools like '[prototyping](#)', we supported them to develop a youth-led football project which promotes fitness and builds aspiration.



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## Collaborative

We work to connect as many people across the community as possible. We facilitate local steering group meetings quarterly in each neighbourhood which are attended by 10-15 local people and organisations.

52 local services are actively involved in CDC. We ensure that stakeholders - ranging from community centres to businesses - are supported to see residents as equal players, and encourage a creative space for potential partnerships. These meetings are fruitful - encouraging successful joint-funding bids, a greater uptake of local activities, and space to innovate and try new things.



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## Systemic

'Systems-thinking' involves always thinking about the bigger picture, appreciating how things are interconnected and where we can act with others to have a bigger impact.

We achieve this using activities like '[systems-mapping](#)' to understand how community issues - like crime and housing - might be linked. Tools like '[prototyping](#)', allow us to continuously test, reflect and improve what we do. By exploring what blocks or enables resident-led initiatives for change, we are best placed to respond to the complex links in the system. Find out more in our Systemic Journey report.

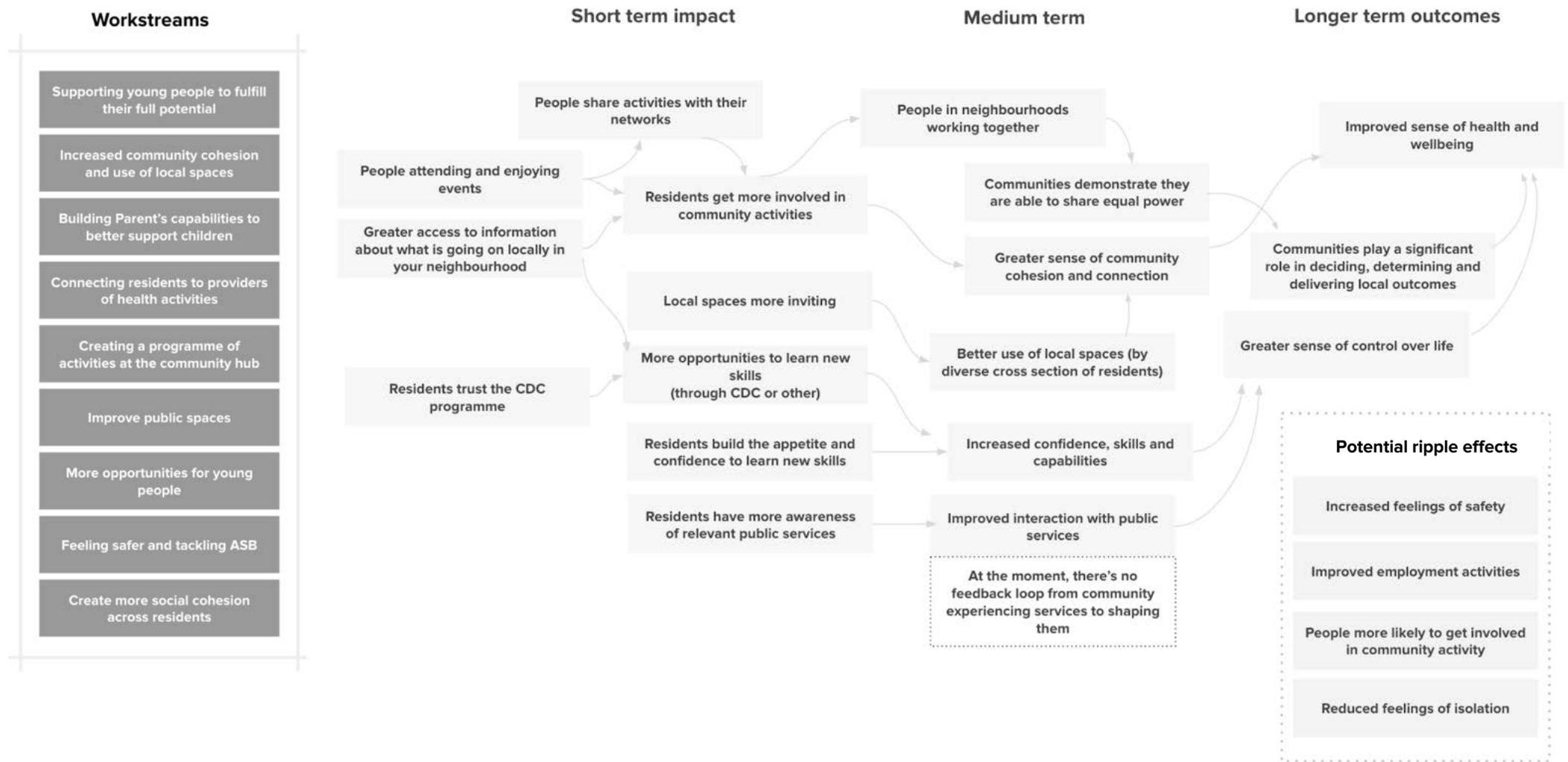


# How we are creating change



# Resident activities and desired outcomes

The workstreams (themed activities) on the left were developed through extensive engagement with residents who also defined what outcomes and impact they wanted CDC to achieve. These informed the loose theory of change below. As the name suggests, this is only a theory and should always be viewed as a work-in-progress. Read on to see how this works in practice.



# Signals of change: **Community-run events**

One of the groups of residents we are supporting are working together with local services to design and deliver quarterly events - touring underused green spaces and community centres around their estate.

This is their response to the wider communities' call for an 'increased sense of connection between themselves and local spaces'. Each event is attended by up to 300 local people. Using a range of engagement methods, we have been able to bring together people from a diversity of backgrounds. These events call on local stakeholders - such as charities, artists, libraries, farms, health practitioners, businesses, youth services, the council, housing associations and more - to support the volunteers to deliver event activities with the community.

In terms of short term effects, we've already seen people attending and enjoying events, residents getting more involved in activities and making local spaces more inviting. Interviews with residents and services signal that this desired change is being achieved - particularly in terms of how people now relate to their local spaces.

8 events have taken place so far, between June '18 and Dec '19. After each one, the group debriefs and reflects on how to improve their initiative. They take on board local feedback, and have brought more stakeholders and local funding in along the way. They have also commissioned two community murals.



## **Direction of travel**

Potential for longer term outcomes

Over time, we think that these events could lead to greater sense of community cohesion and connection and better use of local spaces by diverse cross section of residents.



**“ Events like this bring people together, it empowers communities and engages different ethnic groups ... the main thing is to see people happy, coming together, putting their differences aside and making the most out of what has been organised. ”**

**- Jamie Ali, resident**

# Signals of change: **Women's Exercise Initiative**

We are supporting a group of residents to work together to design and deliver exercise classes for local women at an affordable rate and convenient time and location. Previously, women residents felt that they could not access existing exercise provision in their area due to religious, cultural, gendered and financial barriers.

For the past year, they have been collaborating with their local community hall, sport instructors, school and the council to address the lack of healthy activities provision on their estate. In doing so, they are responding to the wider communities' call for an 'increased connectivity between residents and health providers'. As part of their journey, members of the group were upskilled in bid-writing and secured independent local funding to cover the costs of hiring the hall, paying an instructor and sustaining the project for one more year.

Interviews and feedback from residents and volunteers to date signal that there has greater access to information about what's on, residents getting more involved in activities and more opportunities to learn new things. This is on top of the health improvements for the participants themselves.

The group continuously work to build on and improve their initiative - offering alternative types of exercise and free child care in response to local need. This shows how an approach which promotes reflection, learning and adaptation can be embedded at every level of the CDC programme.



## **Direction of travel**

Potential for longer term outcomes

We think that over time it may lead to an improved sense of health and wellbeing, with people more likely to get involved in community activities and increased confidence, skills and capabilities. As the initiative develops, there may be a number of other ripple effects.



**“ You really want to make a difference to people where they’re at right now, in these blocks ... people are not active, and that’s what you want to change, to engage people to get to know each other ”**

**– Kathy, resident**

# Signals of change: **Community-led English Courses**

We have supported a group of residents to train as conversational English facilitators to deliver a peer-to-peer language course for other parents on their estate. This is in response to the communities' call for opportunities to 'build parent's capabilities to better support themselves and their children'. The sessions were delivered at their local school, just after drop-off time – making it as accessible as possible.

The group achieved this through mentoring, shadowing and developing their own project plan inspired by the needs of their peers (e.g. how to communicate with your GP or child's school). This journey has allowed them to connect with leading ESOL providers, design and deliver 12 sessions and 2 trips to connect participants with the local area, and secure funding to sustain their project.

Interviews with participants and staff at the school to date signal that the desired change is being achieved. Residents are more aware of relevant public services, have more opportunities to learn new things and have greater access to information about what's on.

The school and parents have both experienced a shift; with parents going from being recipients of services, to providers. This intervention was not intended to replace traditional ESOL, but offer a tailored community response to local need. After just one term, all participants reported significantly higher confidence levels and awareness of public services, and half of the participants went on to further formal education.



## **Direction of travel**

### **Potential for longer term outcomes**

With current facilitators now preparing to train their peers to continue the project, we anticipate this initiative may lead to communities demonstrating they are able to share equal power, improved interaction with local services and greater sense of control over their lives. There will also likely be ripple effects which we are not able to anticipate.



**“This is the first time in this school’s history that something like this has happened. It’s a massive achievement”**

**– M. Begum, School Governor at Thomas Buxton Primary School**

# Personal Journeys: Munnie

Munnie first encountered CDC during a pop-up resident engagement session outside her children's primary school.

She went on to join the programme as a volunteer, working with fellow residents and stakeholders on her estate to deliver quarterly events aimed at promoting community connectivity and better interaction with local spaces.

She quickly carved out a role for herself as a caterer for the events, and through her involvement with CDC has gone on to get a qualification in Food Hygiene. This has led to her establishing her own small catering enterprise, and she now regularly cooks for community events across Tower Hamlets.

She has recently joined The [Oitiji-jo Collective](#) - as a member of the Tati women's community cafe pop-up on Brick Lane. Munnie has achieved all this in the space of a year. Next, she will be supporting other local women as they begin their journeys with CDC.



*"I feel privileged that we have such facilities that look out for the wellbeing of local communities and give everyone the opportunity to become involved and feel a part".*

*- Munnie*

# Personal Journeys: Sajid

Sajid wanted to change the perception of young people on the estate as troublemakers. He and his friends shared their disillusionment with living in an area where there is nothing for young people to do or aspire to. For him, sport is the thing which keeps him on the straight and narrow, and he wanted to share his passion with others.

Sajid got involved in CDC through a series of street engagement sessions with young people on his estate and has worked alongside local stakeholders to develop a project called 'Get Fit Feel Inspired'. He was supported to successfully apply for [funding from Sport England](#), enabling him to work with Shoreditch Power League and national partners to offer football sessions which also connect young people with inspiring individuals and organisations through pitchside talks. Through CDC, Sajid has been supported into part-time employment and has found a platform to achieve his aspirations for the area.



*"I've said to people on my estate that CDC takes your ambitions for your community and supports you to make them happen...now I feel inspired to do even more". - Sajid*

—  
**What else we  
need to see**



# Our call to action

Long-term change isn't something residents, The Young Foundation, or anyone can do alone. To achieve this change we are working alongside local and national organisations, but a lot more still needs to happen. We've identified specific things as different actors, you can do to enable this work, applicable to Tower Hamlets and beyond.

## Local authorities

**Remove unnecessary barriers to community-led activities.** Often there is a process or unneeded expense that blocks self-initiated activities. For example, it is a big time and financial cost to close local roads for community parties, which is not the case in other boroughs. Please cut the red tape.

**Create the 'feedback loop' between services and residents (and learn from our approach to engagement).** We've been engaging local people in different ways and places - learning new things and building community energy around activities. Residents want to and can play a greater role in shaping local services. You can learn from our approach, roll it out, and ensure community experience is at the centre of all service design and delivery.

## Community stakeholders

**Appreciate your role in supporting these activities and outcomes.** From local businesses to faith groups, none of this work is possible without you. Consider how you could play a role - however large or small - in contributing to the vision and local outcomes described in this report.

**Try things out and experiment with us.** We are learning together and don't know how things are going to turn out. Embrace this and work in equal partnership with residents to test out activities and learn what is and isn't working.

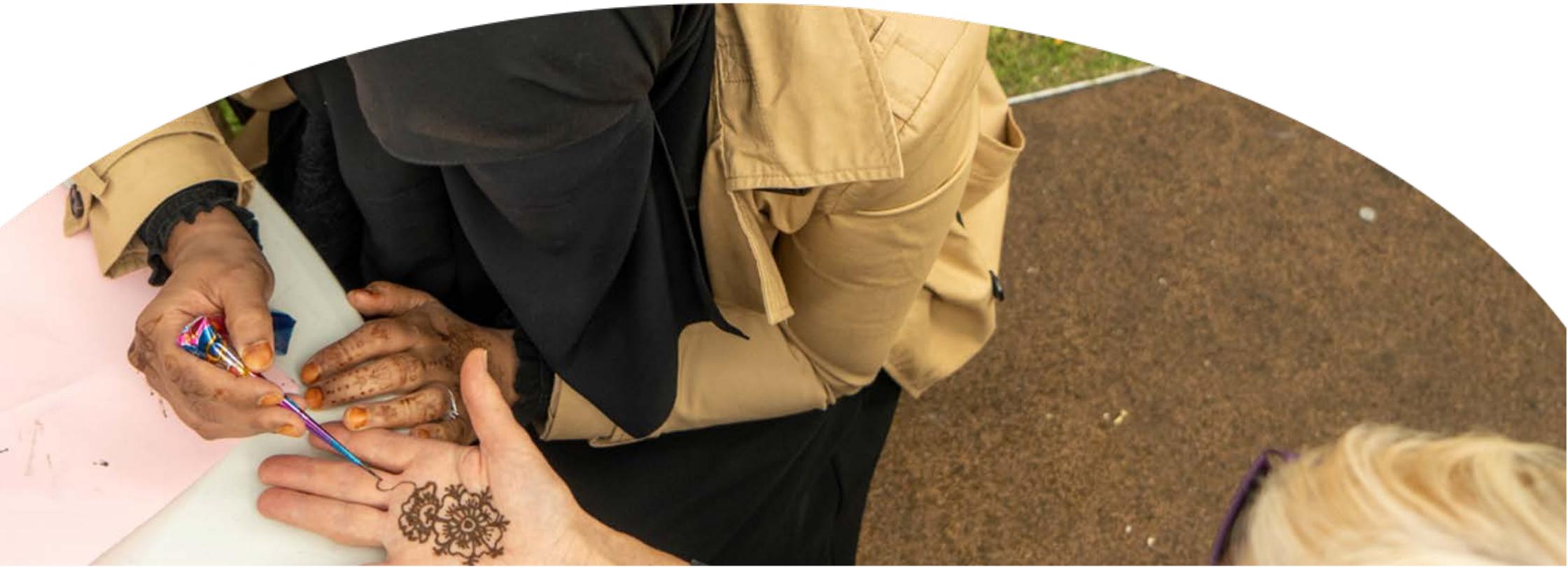


# Our call to action

## Policy makers and funders

**More long-term, sustainable funding to community-led initiatives.** If people are to play a greater role in improving local health outcomes, it will require sustainable funding. To enable resident-led activities to continue, more money needs to be transferred to communities to give them the resource to act on their passions and energy. This needs to be done in a supportive and accessible way, focused on capacity-building.

**Give people more stability to enable them to participate.** There is a huge amount that residents are already doing, and can do, to improve local health and wellbeing outcomes. But there are certain structural issues which are beyond their control - namely financial and housing insecurity. To truly unleash the potential of people to drive change in their local communities, the fundamental basics need to be addressed. Deal with the housing crisis. Offer meaningful employment opportunities. Listen and respond.



# Conclusion

We are still very much on this journey but continue to be ambitious based on all that CDC has achieved so far in promoting improved health and wellbeing, from the bottom-up. This report has intended to share our progress from October 2017 to February 2020 when Covid-19 hit and drastically changed life for communities in Tower Hamlets and across the world. We hope this reports contributes to a wider movement around local community-led, systems change, informed by life before Covid, and adaptable to life during and after it. We have shared our approach, some signals of change and what we need to enhance our work. To find out about how we are working since Covid-19, check out our report 'Communities Driving Change. COVID-19: Response to Recovery'.



# Conclusion

In the spirit of working in the open, and sharing our reflections as we go, here are some of our concluding thoughts we'd like to leave you with:

- **Commit to continuously reflecting on our role.** We aren't here to deliver projects to people, but to facilitate, support and disrupt existing power relationships – including our own! We must keep questioning therefore; what is being done, who is leading it, and for who?
- **Make the space of action bigger.** We need more people, organisations and services to get involved in supporting resident-led activities. This includes local businesses, health providers, and people from a range of different backgrounds. This work is dynamic and collaborative and so those involved should reflect this. It's about creating a shared agenda.
- **Have realistic yet ambitious expectations for change.** 'Systems change' sounds very grand, but when will it happen? Well, the journey itself is a huge part of the change, as are the relationships that are being formed in the process. We have to appreciate that outcomes emerge over time and that 'impact' doesn't happen overnight. Through ongoing reflection and creating a vision together of what 'good' looks like, we are able to see both intended and unintended impacts of our work. First, we see individual change, then change at a community level, followed by services. Big systems change is a slightly further destination.
- **Recognise that change doesn't happen in a linear way.** Community-led change is not an 'A+B leads to C' situation. We've laid out an initial theory for how outcomes might come about, but we continue to test and iterate our thinking over time. This allows us to remain open to new ways and directions of working.
- **Share learnings with everyone.** We are all busy doing, but we must ensure we are continuously reflecting and sharing our learnings with everyone - most importantly, the people in the communities we work with.

For more information on our approach, visit  
[www.youngfoundation.org](http://www.youngfoundation.org) or  
contact [isabel.young@youngfoundation.org](mailto:isabel.young@youngfoundation.org)

Also check out our sister report:  
**‘Our Journey for Systemic Change’**

With special thanks to everyone who is part of CDC  
and to Sylvia Hines for the photography featured in this report.



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