

# DIRECTORY OF

# THEMES

APPENDIX B



THIS APPENDIX PROVIDES THE STATE OF URBAN HEALTH'S DIRECTORY OF THEMES — A DIRECTORY OF QUOTES FROM PEOPLE IN LAMBETH AND SOUTHWARK WHO TOOK PART IN THE QUALITATIVE COMPONENT OF THIS RESEARCH. IT PROVIDES USERS WITH ADDITIONAL DATA AND INSIGHTS; GROUPED IN LINE WITH THE RELEVANT SECTIONS OF OUR ANALYSIS AND FINDINGS WITHIN THE MAIN REPORT.

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# HOW LIVING IN AN URBAN AREA AFFECTS HEALTH AND LIVING CONDITIONS





MANY INSIGHTS IN THIS SECTION OF THE STATE OF URBAN HEALTH REPORT COME FROM QUANTITATIVE DATA. MORE QUOTES RELATING TO THESE THEMES ARE FOUND IN OTHER SECTIONS.

### Health differences

QUOTE	ATTRIBUTION
“People that struggled most with their health were ones that have been like, typically ‘quote unquote’, failed by the system. So [...] it tended to be groups like low-income families, [...] people that had disabilities, people that lived in overcrowded or poor- quality housing, and people of colour in particular.”	Funded partner, Impact on Urban Health, Policy

### Poverty

QUOTE	ATTRIBUTION
“Ultimately, people haven’t got money to buy food. They can’t cover the cost of living. You know, we thought COVID was bad, but the state of it now with [...] it’s worse — insecure work , and people just not being able to make their money stretch.”	Funded partner, Impact on Urban Health, Children’s Health and Food Programme
“I think of Maslow’s hierarchy of needs, and if our physiological needs are not met, then we can’t progress. If we don’t have food, we can’t survive to progress to any other needs. But on [my priority list] I have food, exercise, and sleep as the top three.”	45-49; Female; Asian Caribbean
“Those who are being affected the most by [poor] health are those from low economic backgrounds, those who are being affected the most by discrimination. So I feel like if we are actually tackling those things [and] trying to create more equity in society as a whole - when we’re thinking about systems change, and those are the things that really help have that kind of ripple effect on all of the other areas. Because, you know, if people have, yeah, if there’s equity, then you can get the right jobs, you can get the right housing. There’s so many layers to it.”	Funded partner, Impact on Urban Health, Financial foundations for adult health programme
“Lack of money also contributes therefore to [the] ability to afford a healthy diet, which therefore also impacts on their physical health.”	Funded partner, Impact on Urban Health, Children’s mental health programme
“So people are struggling and not being able to look after health or anything else. All the money is going into rent to unscrupulous people.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
“There are also a lot of mental health issues, due to the usual range of issues, not least the lack of enough money to cover day-to-day needs.”	Funded partner, Impact on Urban Health, Children’s mental health programme
“This particular individual reported [...] that they found filling in forms that describe their financial situation as just too depressing. So it’s the level of depression itself which actually prevents people from even getting the assistance which is being put on the table for them.”	Funded partner, Impact on Urban Health, Financial foundations for adult health programme



<p>“I tried to think about [it] from a systemic perspective, rather than from an individualised perspective. [It’s] the means testing that’s present in the system which is the problem. You could look at it [from an individualised perspective], you know, the individual who’s depressed and needs somebody to help them navigate the system. That’s certainly true but it’s the system itself which is the problem, being so hard to navigate.”</p>	<p>Funded partner, Impact on Urban Health, Financial foundations for adult health programme</p>
<p>“The reality is, we all know that we’re talking about the distribution of resources in a society which is so completely unequal and unjust.”</p>	<p>Funded partner, Impact on Urban Health, Financial foundations for adult health programme</p>
<p>“I would love to see much more success in Black-owned businesses, so that they can build equity and community wealth for themselves.”</p>	<p>Funded partner, Impact on Urban Health, Innovation programme</p>

## Employment

See the systems that affect health in urban areas, better environments, work for more quotes relating to this theme.

QUOTE	ATTRIBUTION
<p>“I guess, if you’re in a more secure job, you have, like, rights, including the right to sick pay.”</p>	<p>Funded partner, Impact on Urban Health, Health effects of air pollution programme</p>

## Housing and neighbourhoods

See the systems that affect health in urban areas, better environments for more quotes relating to housing, homelessness and temporary accommodation, food environments, air pollution, green spaces, and infrastructure and regeneration.

Also see what people told us would make a difference, connection and community spaces.

QUOTE	ATTRIBUTION
<p>“If your rent is constantly going up and you can’t afford other things because it’s such a high proportion of people’s income, it just seems to kind of have this, like, terrible knock-on effect on all of the other areas.”</p>	<p>Funded partner, Impact on Urban Health, Financial foundations for adult health programme</p>



# STRUCTURAL DRIVERS OF HEALTH INEQUITY

Many insights in this section of the State of Urban Health report come from quantitative data and therefore fewer quotes are listed under these sections. However, quotes relating to these themes are found in other sections.

## Deprivation

See the systems that affect health in urban areas, better environments for quotes relating to this theme, for example under housing, homelessness and temporary accommodation, food environments, and work.

## Racism

QUOTE	ATTRIBUTION
“A word or phrase for change I’d like [to] see for me and my family: diversity, inclusion.”	30-34; Female; Black, Black British, Caribbean or African
“It got so bad that we were so worried. We said, you have to go back because you can’t even walk. When she did go back, she was told that her son - so she was 38 weeks - his heartbeat had stopped and she had to deliver. She had to wait, so she went into natural labour and had to deliver a stillborn son.”	45-49; Non-binary; Mixed or multiple ethnic groups
“You know, we hear about it, and I’ve heard about this MBRRACE report, but then when it happens so close to home, we think, well, so it really is true. I’ve looked into the pre-eclampsia, if it isn’t picked up, it can have serious implications for mother and the child and she unfortunately lost, had to give birth to a fully - [her] son, but yeah.”	30-34; Female; Black, Black British, Caribbean or African
“My son’s got a white wife, and when they were giving birth, she automatically said ‘I’ll have a caesarean, no problem.’ You wouldn’t get a Black woman say that, because your chances of coming out of it, well, it’s limited.”	Funded partner, Impact on Urban Health, Children’s health and food programme
“...a lot of Black women saying they’re not listened to and they’re not respected when they discuss their children’s housing needs, as simple as that.”	Funded partner, Impact on Urban Health, Children’s mental health programme
“I think precarious labour in London is extremely racialised, and it’s actually, [...] it was shocking to me. How is there this like colonial element to London, where all the terrible jobs are done by racialised people. And I remember I used to do these studies in universities, [...]. And you know, the directly employed, well paid workforce was 80% white. And then when you looked at who were doing the precarious roles that were outsourced or badly paid, then it was extremely racialised. Now, in London, precarity is racialised.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
“I would just love to see that there was a real kind of stronger focus on building more equity, not just in health, because I think that is just a root cause of the systemic change, the systemic issues that exist and the change that’s required to ensure that there’s more equity for Black and Brown families in the boroughs.”	Funded partner, Impact on Urban Health, Innovation team
“I don’t see nothing going to change as a Black woman, like in terms of the disparities in regards to healthcare and across the board, because you’re living on an intersection. So you’re fighting, you know, gender imbalances and race imbalances.”	35-39; Female; Black, Black British, Caribbean or African

## Discrimination

QUOTE	ATTRIBUTION
“She spent all her life suffering because [...] she was a deaf person. She’s not part of the norm. How does that thought process damage us as a society?”	Funded partner, Impact on Urban Health, Children’s Health and Food Programme

“I get the idea that in terms of healthcare, older people are treated as less important than other people, and that annoys me. But it also annoys me that older people accept that. I’m wondering, do they treat us as less important because they think, ‘Oh, well, end of life, about to pop their clogs’. It just makes me angry.”

65-69; Female; white British



Impact on Urban Health



# THE SYSTEMS THAT AFFECT HEALTH IN URBAN AREAS

# BETTER ENVIRONMENTS

QUOTE	ATTRIBUTION
<b>HOUSING</b>	
“How are you supposed to look after yourself if you’re not, like, safe and secure in where you live? Or if your housing is covered in mould, air pollution, pests. How are you supposed to look after yourself if you’ve got all of those drains on your mental and physical health? And yeah, I guess I think just the state of housing is just shocking in London. I just think that should be a really big priority.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
“The people I work with [ ...] can’t be healthy if they’re living in bad situations. [...] they’re still going home to a damp and mouldy flat, and they can’t do anything about that.”	35-39; Male; white British
“It’s providing that sort of baseline, that place where you build your whole life from. If you have housing stability, if you have good quality housing, it means that you are better able to access everything else that comes with a healthy life. It’s that shelter that we all need.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
“My home has to be comfortable. It has to because, you know, I’m going to spend 8 to 12 hours a day in my house to eat, sleep and just be comfortable for me.”	55-59; Male; Black, Black British, Caribbean or African
“The right to a warm and ‘cheap to heat’ home.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
“The right to feel at home.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
“If your rent is constantly going up and you can’t afford other things because it’s such a high proportion of people’s income, it just seems to kind of have this, like terrible knock-on effect on all of the other areas.”	Funded partner, Impact on Urban Health, Financial foundations for adult health programme
“We need to address the real problems that we’ve got with the lack of affordability for housing. On the basis that rent is basically the biggest outgoing that most people have in terms of their budget.”	Funded partner, Impact on Urban Health, Financial foundations for adult health programme
“If you have to move every year or every six months, or you don’t know when you’re next having to move, then you don’t know how to get your GP. You might lose your job. You might lose your access to your school. You might lose your access to like, where you buy your food, like the types of food that you like to eat, any of those things.”	Funded partner, Impact on Urban Health, Financial foundations for adult health programme
“The migration is so fluid, it’s like people moving because of the same housing issue. [...] I have a situation when children are being displaced, parents are being displaced, and so therefore there’s no stability. So it’d be good to see that kind of stability for families as well.”	Funded partner, Impact on Urban Health, Children’s mental health programme
“I had a family come in few months ago, and she was telling me that she’d been spending a lot of time in hospital with, I think it was her youngest [...], who had a horrible, hacking cough. And she was telling me about the state of her flat, and the damp in her flat and the mould and the fact that she, her baby, has got this awful cough and chest situation. [...] Obviously, that chest situation. It’s not going to alleviate, really, as long as they’re in a damp and mouldy flat.”	Funded partner, Impact on Urban Health, Children’s health and food programme

“The stories we hear of people’s living conditions, and, you know, like, whether it’s pest infested, and they’ve had to, like, move out, we’ve donated them boxes so that it can keep the food safe. And you know, the whole house is covered in whatever pest it was, or, you know, sewage coming up the drainage pipes.”	Funded partner, Impact on Urban Health, Children’s health and food programme
“I would like to see... more targeted interventions for vulnerable populations regarding the indoor environment.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
“I frequently have parents complaining to me about how their baby / child has a cough / asthma, etc., and how their home is full of damp and mould, despite constantly reporting / complaining to the council.”	Funded partner, Impact on Urban Health, Children’s mental health programme
“So, migration comes with challenges to big cities like London, irrespective of how they migrated, they’re here. So challenges in terms of understanding how the system works, finding affordable, secure accommodation. We hear of stories that of people that are living in horrible overcrowding, of people who are house owners abusing the situation, as in they’ll transform any bit of the house that they have into a living space, irrespective whether they can stand up or not. So I’ve heard of people converting their roofs to rooms, and people using the space and not being able to stand up because there’s no affordable housing.”	Funded partner, Impact on Urban Health, Financial foundations of adult health programme
“Justice and enforcement. So currently, there are just no meaningful penalties to, you know, to housing providers, local authorities, health authorities. I know all of these entities are underfunded. But you know, some, some of the energy suppliers, you know, some, some of the fault here results in loss and loss of not just severe sort of loss of quality of life, but actual sort of loss of life. [...] And I do think that housing associations, you know, have chief executives who are pretty much slum lords and on huge salaries, and that’s a disgrace. But, you know, I went to an All-Party Parliamentary Group, you know about air quality, about indoor air quality, specifically, the risks of carbon monoxide poisoning [...] And the first person to speak after we’d all heard the presentation [...] just stood up and said, What’s the point of any of this? If there’s no enforcement. That’s certainly true regarding my area of expertise, the energy sector [...] yeah, access, like straight into access, as in legal aid, so real access to justice, real advocacy and real penalty, real penalties for bad actors.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
<b>HOMELESSNESS AND TEMPORARY ACCOMMODATION</b>	
“It’s a Black woman with two children, living on an estate that’s been earmarked for demolition, which is now being used to quite a large extent for temporary accommodation, which isn’t being maintained. One of the lady’s children is neurodiverse by the way. And [...] the fact that the accommodation is rat infested, and not on the ground floor, makes it sort of doubly unsafe and unsuitable in ways that it would be for any household. She’s been given therapeutic activities to do with her child, which she can’t do in the space.”	Funded partner, Impact on Urban Health, Children’s mental health programme
“Many [people stuck in temporary accommodation] are domestic abuse survivors. Many have accrued debt or fallen into rent arrears of no fault of their own, often through coerced debt, or simply through, as we know, the absolutely ridiculous state of the private rented sector and the difficulty there of paying rent.”	Funded partner, Impact on Urban Health, Children’s mental health programme

“They were just illegally evicted one day, and we’re not exactly sure why. I think it’s because the landlord just wanted to put the rent up and didn’t want to go through the legal process of evicting them through the courts, and they were just a single man, so they weren’t really entitled to much assistance from the local authority. They weren’t considered vulnerable. So they were street homeless for a long time. At the beginning, they had a job, they had no mental health or physical health issues that they were aware of, and they were living alongside people they knew in the community. By the end of it, they’d lost their job as a result of not having a home and not even having like things places to charge their phone, and they’d lost most of their possessions.”	Funded partner, Impact on Urban Health, Financial foundations for adult health programme
<b>FOOD ENVIRONMENTS</b>	
“More options in terms of, like, consumables, in terms of options of food. Just because I feel like growing up, we kind of like, sort of had one route, like, for example, you’d get your pocket money, maybe like five or ten pound for the week. And the only options you could [...] go down is the unhealthy route, because that would be the cheaper route. So I’d just say more, like accessible, healthy options.”	25-29; Male; Mixed or multiple ethnic groups
“It’s just basic survival. So for me, it’s that. Again, what do you call it? Is it poverty? It is quite endemic. Sometimes we sit around tables and we talk about, I don’t think people realise how it really is. For some people, it’s not a choice of what I buy, it’s what can this pound I have buy for the day, because that’s all I’ve got. So how do we change that?”	Funded partner, Impact on Urban Health, Children’s health and food programme
“I know that there was something that I saw around Southwark having one of the highest rates of childhood obesity in London. I’m not sure if that’s still the case, and that obviously, of course, wasn’t because families, like don’t care about their children’s health or anything like that, but it was because the most affordable food options are often like unhealthy, ultra processed and cheap takeaways, as I’m sure, like everyone here is obviously aware.”	Funded partner, Impact on Urban Health, Policy team
<b>AIR POLLUTION AND TRAFFIC</b>	
“In Lambeth and Southwark, the cars, the traffic, all these things are making us like ill in the area, [...] traffic around schools is terrible. When you’ve got all the cars dropping off, and traffic, and kids with asthma at school and things like that. I think that’s really damaging, and it’s taken up a lot of people’s time protesting for - I don’t have children, I but I hear a lot about the issues with traffic by schools in Lambeth and Southwark.”	35-39; Male; white British
“I think it’s worth mentioning [...] environmental factors, kind of the pollution in it’s the road restrictions, the diversions and the increased pollution in heavily populated areas. [...] Road closures are just pushing traffic onto more heavily populated roads.”	50-54; Female; Black, Black British, Caribbean or African
“That’s what bugs me the most about London. I spent an awful lot of time now in Elephant and Castle and it’s so dominated by traffic, and I would really love to see some way of reducing that. And I’m on my bike a lot. I know it’s not for everybody, but just the amount of space we give to cars, and particularly the big heavy trucks, bringing pollution right into our homes. I’d love to see a change.”	45-49; Female; white British
“I would say because of micro mobility and these bikes: cheaper, greener, more suitable public transport. I’d say free public transport. But that’s a whole other conversation.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme

<b>GREEN SPACES</b>	
“And then a green space [...] I don’t have a pet at the moment, but access to seeing other people’s dogs makes me happy. So that’s kind of my health map for where I am. Those are the things that I think help us, help me.”	55-59; Male; Black, Black British, Caribbean or African
“I realised that the park, Ruskin Park, is actually about the green therapy.”	55-59; Female; white Other
“I’ve highlighted the green spaces. So we have a lot of green spaces[...] And in the summertime, I hear all the children playing [in] the playground. There’s children outside, and I like to hear that because I know that they’re outside. They’re doing something healthy, they’re running around, they’re taking in sun. [...] For me, the main thing with health in my area is the green space. So, we have a lot of green space around the area. There’s even a football pitch down the road. There’s a nearby playground. I’ve got a playground at the back of my estate.”	40-44; Female; South American
“A lot more just really active. Drawing in the park, a flower, a tree, whatever. I think that would really help with a lot of the mental health [issues] people are experiencing.”	45-49; Female; white Other
“Having an environment where you have, like, free spaces to be with other people, where you can, like, get around sustainably as well, is really important, but maybe not as much as these.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
<b>INFRASTRUCTURE AND REGENERATION</b>	
“What irks me a lot is how inaccessible physically the landscape of London is for those with a disability. It’s easily overlooked when you can walk and do all the things that you usually do. But I really want to live in a society that’s inclusive and doesn’t make someone feel like, ‘Oh, they’re a burden’ just for having a disability. My auntie [...] is in a wheelchair [...]. When we’re walking on a pavement, if they’re like tiled kind of pavements, them being uneven is inaccessible for anyone in a wheelchair, whether motorised or with your hands. And obviously families with buggies, when you have an indent in a pavement, they’re never flush into the ground. So when I’m pushing my auntie, there’s been times where she’s nearly fallen out, and we’re just trying to do fun things. I’m just trying to go get a posh ice cream down in Clapham old town and trying to do the simple things. It being really difficult affects my auntie’s mental health and how she feels about herself, so she doesn’t leave the house often enough. Everything is a little bit too difficult, and I think that [is] because of simple things that could be fixed.”	35-39; Female; Black, Black British, Caribbean or African
“Public ownership, that’s what we should be driving for. Why is Lime and Uber allowed in? And the good thing about the Santander thing is they have docks, so you have to put them in the docks. So then for disabled people and people with mobilities or prams, they don’t block up the pavement like these Lime bikes and the Uber bikes. So how can the council or Mayor’s office or whatever let these commercial companies come in and steal a march on what were the Boris bikes? So yeah, public ownership.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
“There’s been a whole load of redevelopment. I’d love to see a redevelopment like this given to people who really need it, and properly housed, and not being moved out, you know, being brought back in borough to where their communities are, back from Croydon and North London and wherever they’ve been in East London and schlepping into their schools here.”	Funded partner, Impact on Urban Health, Children’s health and food programme

“You’re being displaced. You’re being uprooted from your house, from the community, from your neighbourhoods, from your doctors, from your schools, from your friends, from your families, having access to food.”	Funded partner, Impact on Urban Health, Financial foundations for adult health programme
“[...] So you’re having all these flats being built. The local people are priced out of these accommodation. But when they’re building these accommodation, they’re not building the infrastructure like schools, medical centres and stuff like that. So the community become over-saturated with multiple flats and homes, but the infrastructure and resource ain’t there.”	55-59; Male; Black, Black British, Caribbean or African
<b>WORK</b>	
“I mean, surely the people [who] struggle the most are the people who have to work multiple jobs and don’t have time to go and access healthcare. And then the other thing is they can’t, they feel pressurised to not take time off.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
“And then just like flexible work, but also like job security as well. I guess, if you’re in a more secure job, you have, like, rights, including the right to sick pay.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
“So many people in Lambeth, many residents in Lambeth are on low wages or have insecure work, meaning that they can’t afford nutritious food, or things like gym memberships or even time off work when they’re sick.”	Funded partner, Impact on Urban Health, Policy team
“The intersection between, like, your work, and then the conditions that allow you to have the choice of, you know, whether you can take that time to look after your physical and mental health, but if you’re in a job that doesn’t allow you to do that, and you know, you don’t have that kind of, maybe the same kind of choices.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
“I put economic equality there because I thought, like, if there was better economic equality and job security, then you would get, naturally, more access to food.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
“I was trying to think of something around, like, constantly pushing yourself - and then I thought ‘race to the bottom’, because it’s like, racing, but also just the big companies are racing to the bottom in terms of their ways of working and, like, how they treat people.”	Funded partner, Impact on Urban Health, financial foundations of adult health programme
“The informal economy and gig economy, and health impacts of, say, platform drivers, and the way they often just get forgotten, forgotten within these kind of health risks. Yeah. So that that is definitely one around kind of workers in in London boroughs.”	Funded partner, Impact on Urban Health, Children’s mental health programme
“Often the workers that I represented would go from, you know, jobs where they were facing overwork, health and safety issues, bullying, harassment, to then go to a home that, you know, they rented that took away, like, you know, 60% of their income that they could be evicted from at any point. And it was, I think, that combination of, you know, precarity and housing issues that really meant that they had multiple kinds of health conditions, high levels of stress. And you know, there’s evidence that, you know, high levels of stress will lead, in the long term, to like health conditions.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme

“You’ve got poor work. You work long hours, challenging your body. I remember when COVID came, and initially it says oh, the BAME community will automatically look after themselves. No, it’s not. It’s this other impact going on for your health where you’re working many hours, because you get the lowest paid jobs. So you’ve got to have multiple jobs. And people should sleep eight hours but you’re sleeping six hours because you’ve got to be up early to go further to do the job. So that the inequalities create really poor health. So I expect that they would be one of the biggest groups with the lowest outcomes in health.”	Funded partner, Impact on Urban Health, Children’s health and food programme
“So many people may be involved in in jobs that may not offer them any form of protection whatsoever. Maybe paying less than, not the London living wage, maybe paying less than the national wage, a lot of exploitation. A lot of conditions are not ideal as well. So there are some vulnerabilities as well, in, I think, in the new migrants that have migrated more recently as well.”	Funded partner, Impact on Urban Health, Financial foundations for adult health programme
<b>SAFETY</b>	
“And I guess public safety and violence. [...] I also feel like that’s one of those fundamental topics that we need everyone to feel safe and not discriminated against, so that we can even start to have some of these other conversations.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
“So I think the only thing I’d add is about public safety and violence and this is a London housing panel thing where it’s come through really strongly from everybody, but including young people, about the importance of feeling safe as well as being safe to their mental health and wellbeing. So it’s not enough for somebody to say your property is safe, that they actually need to feel safe within and around and around the property where they’re being accommodated or staying or living.”	Funded partner, Impact on Urban Health, Children’s mental health programme
“I went to the cinema, little matinee screening. Come out. There’s a geezer on his iPad, minding his own business, on his bicycle. And then I saw a bully van, um drive up the road, stop in the middle of the road, two police officers, [...] and they stopped him. Accused him of just being existing. They tried to use the excuse that of the young man that got murdered in Stockwell the week before that, he’s a prime or not a prime suspect, but reason for suspicion, and he’s just a geezer on his bike, on his iPad, and they cuffed him. And I watched these two police officers search him like, very intensely. It was more or less like, you know, a physical assault, you know, sexual assault. It was, it was quite gross. And then they uncuffed him, you know, within the 10,15, minutes afterwards, and I had to check if he was okay, and he is clearly a vulnerable man. He was a black man, and he’s older than me, but he was vulnerable, and you can see that in his persona. And the idea that a man on his fixie bike can’t look on his iPad in peace outside of cinema really hurt me. And if we’re talking about health, these are the things that impact your mental health, how you walk through society, because you’re constantly being victimised. And I’m saying it also because it was in Lambeth and they have any excuse to just violate - and watching it upset me. Talking about it right now upsets me, but I think it’s important to share that.”	35-39; Female; Black, Black British, Caribbean or African

<b>SOCIAL MEDIA AND MEDIA</b>	
“I think the like, wider effects of that in the news, like in the media and everything actually really changes people’s mental health, [...]. I just think that young people are stressed and worried about the future. And I think some of it is like really immediate stuff, and then some of it is like wider stuff in the news as well. And I think that can, it can feel really kind of hard to talk about.”	Funded partner, Impact on Urban Health, health effects of air pollution programme
“I am a bit concerned about knife crime, but also identify what are the roots of knife crime? Maybe working with the younger communities, younger demographics, because I mean, from what I’m seeing, it’s just increasing. I don’t know if more work needs to be done with schools, with youth around the normalisation of it, going around with Ninja knives and zombie knives, and the impact that it has in terms of the productivity yes, but also the communities that are affected, and it hasn’t been an issue before, and now it’s becoming an issue. And I do wonder as well that whether this is linked to exposure to social media and technology, I don’t know what’s the link between the two as well, whether it’s a problem that’s going to get worse and more preventative work needs to be done around the impact of social media?”	Funded partner, Impact on Urban Health, Financial foundations for adult health programme
“But I do think like, look at like, guess an example from our work is like, climate anxiety. People are really scared about the future. People are like you [...] And scared about, like, what’s happening politically. So I guess there’s that.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
“I think there’s so much distress for people like everything that comes out, everything that is publicised, this the stressful [...] there’s so much going on. And lots of our communities in Lambeth and Southwark, especially that I work with, they also have families in other countries that are going through terrible stuff, and they have to deal with that as well when they’re wanting to be over there and supporting them, and they’re still having to be here and go through this stuff in this country and knowing that even don’t want to be political, but maybe the country is, you know, exacerbating some of those conditions. So, yeah, less distress, less stress.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme

## BETTER SERVICES

QUOTE	ATTRIBUTION
<b>DIFFICULTY ACCESSING HEALTHCARE APPOINTMENTS</b>	
“I think a change that I’d like to see from my family, community’s health is just being able to get an appointment, you know, kind of like on the day, if it feels like an emergency or really quickly, rather than it feeling like a baptism of fire.”	55-59; Female; white Other
“You finally get somewhere, then they say they don’t have any appointments for either an adult or a child for like, six months. Well, in six months, what am I supposed to do with my child waking up screaming that I’m going to die in the middle of the night?”	45-49; Female; Black, Black British, Caribbean or African

“I had a lump under my armpit. [...] what was frustrating was when I wanted to make an appointment with the doctor, I had to speak to the receptionist, and she was asking what it is. I didn’t mind just saying, ‘Yes, this is what, it’s a lump under my arm’. And she said, ‘Oh, I’ll book you in for a telephone consultation’. And it was like, this is something that needs to be seen. I’ve shared with you what it is I’d like to see the doctor. Her answer was like, ‘no, no, we have to do the triage. They have to speak to you on the phone.’ And I just said, okay, so that was a week, a week of worrying. Spoke to the doctor on the phone. ‘You need an appointment to come in?’ Yes, of course I do. And then I had to ring back to then make the appointment. And that was another week, and it felt like it was just such a waste of time. [...] And it felt like two weeks were wasted with having to speak with someone over the phone and then make another appointment to be actually seen. And then I did get referred to the hospital.”	45-49; Female; Black, Black British, Caribbean or African
“Also, another story, just for balance because that was a negative one. I needed to make an appointment for my son to have a hearing test. So the appointment to see the doctor was fine. I didn’t have to do the triage bit. And then within a couple of days, they phoned up to say we’d like to make an appointment for his hearing test. I was really surprised. I even said to them, oh, this is really quick. And they were like, yeah, we have to get in contact with you within a certain amount of time. So that process was really quick. Went for the hearing test. It was absolutely fine. And so I just wanted to kind of give two contrasting stories there.”	45-49; Female; Black, Black British, Caribbean or African
<b>NAVIGATING A FRAGMENTED SYSTEM</b>	
“I was looking for some sort of assistance for myself, or maybe even my son with maybe seeking like a counsellor’s help for a bereavement. And I went to the school and they say, ‘call this place’. I go to my GP, they say, ‘call this place’. I call this place. They say, call this place.”	45-49; Female; Black, Black British, Caribbean or African
“[...] services are this kind of static beast that people have to navigate [...] rather than feel like the starting point is [...] someone’s needs, and how the service is going to fall into line around that to support them. Like it feels like this kind of institutions exist, and one of them will say, ‘Well, no, we’re not right for you, because of x, y and z’, and then eventually you might find one that’s right for you, if you can, kind of, like, sustain the energy and resilience to keep turning up for different assessments and appointments, or you might not. So yeah, just, I guess, like the starting point, and the kind of unit of understanding of what’s needed being individuals and their needs, rather than thinking from the perspective of existing services and institutions and how people can have their needs met through some combination of them.”	Funded partner, Impact on Urban Health, Children’s mental health programme
“I had to basically push my GP to be referred there, which I thought, right? Why am I doing this? I’ve given all the information. It brought to a point of like I felt like I’m healing my own self by telling him what I need, [...] So in the end, I got the help that I needed, yeah, but that’s me pushing, pushing or going on my way to do that.”	40-44; Male; Black, Black British, Caribbean or African
“I feel like I have to always chase them down, which I think’s unfair.”	40-44; Female; Black, Black British, Caribbean or African

“[...] For the last two years, I’ve been stressing to the specialist that there’s a lump in my throat. [...] But only recently they like said, ‘Yes, you have a cyst.’ And I’m saying I’ve been saying this for two years [...]. So my voice is struggling, which then impacts on my emotional wellbeing, because where I’m constantly being asked, am I crying? Am I hungover? Am I tired? Am I sick? And I’ve had this issue, voice issue for nearly 10 years [...] So it’s just not being heard for me, and I’ve had that issue regarding other conditions. I’ve also got fibromyalgia, and it was like, ‘you’re too young’. There’s no stipulation on age, on any physical disability, and it’s just how they all correlate and impact on each other. So again, it’s just not being heard and having to basically stamp my feet and stay to get and tell them what care I think I need, what investigations I think will help and finding the right doctor who will then follow that route for me.”	40-44; Male; Black, Black British, Caribbean or African
“It’s going back to what I was saying before, just about that battle about, you know, not being listened to. I don’t know how that would look, just making things more simple for people and families, when you need an assessment or you need a referral you want to be seen by the doctor and not have to do a triage over the phone. So going back to what I said in the beginning, just making processes easier I think.”	45-49; Female; Black, Black British, Caribbean or African
“You’re constantly fighting your corner.”	45-49; Female; white Other
“It’s an unfair, racist system, isn’t it, that we’re all trying to navigate.”	40-44; Male; Asian or Asian British
“The confidence in accessing services, the appropriate and relevant services”	Funded partner, Impact on Urban Health, Children’s mental health programme
“We had a parent that had (in fact, we had about five of them so far as case studies), that had no idea about their children’s behaviour. They got excluded from school because they were presenting, and the parents didn’t understand it themselves, and they didn’t get that support. But as a result of coming on the basic autism programme we put together the parent was able to go back to her GP, even though she was fobbed off by the GP on so many occasions, she was fobbed off by the health visitor saying ‘no, your child will grow out of it’. But because she got some support her confidence started building up and she was able to persist, and last week, she was able to get her name put down for an assessment for her daughter, so that assessment so that they can get a diagnosis, even if they might not get it in the next two years. But at least she feels more confident that at least her name is now down, because it was depressing her. She had language issues, and she just felt that she wasn’t supported enough. Because she felt that, because there’s an issue of authority bias with people coming from Africa believing that the teacher knows best, the doctor knows best, everybody knows best. So if you say, Oh, your child is fine, they just go with that. But now, because of the programmes, they’re being able to push a bit further.”	Funded partner, Impact on Urban Health, Children’s mental health programme
“If a person isn’t [pushing] and then they’re reluctant, they can’t access it in services, yeah? So I think, sometimes it’s down to an individual and what you’re throwing in yourself.”	40-44; Male; Black, Black British, Caribbean or African
“The thing about patient advocacy is it’s impossible, because nobody’s listening. And that could be since that thing where that we want to navigate the system. But some people come out of it better than others, through no fault or no favour of their own, and it shouldn’t be like that. [...] We shouldn’t have to advocate for ourselves all the time, because it’s it can be exhausting, and some people come-. You know, it just favours some people more than others. It’s grossly unfair.”	40-44; Male; Asian or Asian British

“It’s just not being heard and having to basically stamp my feet and stay to tell them what care I think I need, what investigations I think will help and finding the right doctor who will then follow that route for me.”	40-44; Male; Black, Black British, Caribbean or African
“What I’d like to see is better access across services from social services, Lambeth, housing benefits, GP surgery, like the fundamental basic services are not accessible. And the routes to access to fundamental, basic services, especially for people experiencing trauma or distress.”	45-49; Female; white Other
“And we still need more stories of families, young people, parents, being confident, even now, from that holistic point of view - looking at their mental wellbeing for themselves and their children, but also working with the system itself in terms of that competence.”	Funded partner, Impact on Urban Health, Children’s mental health programme
“I noticed that the confidence we need, we still do need stories about confidence, about people telling that ‘this is what we were, this is where we are now’, and that will show the success of what we’re trying to achieve for our families. Support that confidence and that voice, so giving them that voice to be able to speak out.”	Funded partner, Impact on Urban Health, Financial foundations for adult health programme
<b>OUTREACH AND SIGNPOSTING</b>	
“Elderly people, lonely people, people who have got mental health [issues]. You know, there’s a lot of people. Psychosis is a big bracket. There’s a lot of people out there, young, old, there’s all types of people. I help run a group, and that’s the type of people that we try to reach out to. And like the gentleman said, fundings like an issue. It’s hard when you’re spending your own money and you’re still helping people.”	40-44; Female; Black, Black British, Caribbean or African
“And from here, for me, he’s coming back to this idea about what, what support people know about, what support are they accessing? How well known are people to different services? How well connected are they? Yeah, and I just, I just always have the sense that there are a whole bunch of people we don’t really hear much about or hear from but are definitely like facing like huge and complex and multiple barriers.”	Funded partner, Impact on Urban Health, Children’s mental health programme
“And it really highlighted to me, some of the challenges around accessing support, understanding where support is as well [...] there’s so much embedded in culture, and there’s such a lack of awareness around what you can access, but also how sometimes you get treated as well. Because I think she said she tried to reach out to one or two people, and they just kind of fobbed her off as well. So there’s, there’s so many layers to it that really stood out to me as well.”	Funded partner, Impact on Urban Health, Innovation team
“But I think within our community, the Black and Asian community, we don’t tend to know that those things are available. The only time you know something is wrong is if you go to your GP and keep going, they may just mention it. I don’t know if there’s a cost involved, and they don’t want to mention it. I don’t know if it’s free. I don’t know, but I think other things need to be available.”	55-59; Female; Asian or Asian British
“A young woman [...] struggled with anxiety and depression after migrating to the UK. That’s why she’s trying to seek help. She faced barriers like language difficulties, the cultural stigma and then awareness about available services at that point.”	25-29; Female; white British
<b>BARRIERS TO ACCESSING SERVICES</b>	
“Now it’s all automated, and it makes it so complicated just to try and communicate to somebody, and especially if you’re elderly and you can’t hear it’s just nonsense, and it’s time consuming, and it’s time consuming, yeah.”	45-49; Non-binary; Mixed or multiple ethnic groups
“You go through 50 questions before they actually see you [...] I’ve had to read up to help people with their benefits.”	45-49; Non-binary; Mixed or multiple ethnic groups

“People are not online for various reasons. [...] Some people might have a health [problem] or disability that means they can't work the keyboard. Some people they cannot afford broadband, [...] it excludes people. [...] No, I'm not online. No, there's nobody I could ask to do it for me.”	65-69; Female; white British
“Now they've gone online, so anybody who is not online cannot access information. So they are excluding people.”	65-69; Female; white British
“With so much now being internet-based, and the difficulty in being able to find details for, contact and speak to a real person means that people who don't have access to internet struggle to get help and support.”	Funded partner, Impact on Urban Health, Children's mental health programme
“And a lot of the times, even like filling out forms just becomes completely overwhelming because a lot of information that is required, people don't know or is that linked to other things.”	Funded partner, Impact on Urban Health, Financial foundations for adult health programme
“Earlier, focused engagement. And yeah, just being human, is being human ticking boxes?”	Funded partner, Impact on Urban Health, Children's health and food programme
“Not being treated as a human being. It's just a statistic or a number, you know.”	65-69; Female; white British
“I think the thing about being seen but not heard. So you're a number, an NHS ID, you have a name, but you're not really heard. So you're seen but you're not really heard.”	40-44; Male; Asian or Asian British
“Yeah, that was more like in, in trying to engage it with, like a support service. But the process is like, heavily chunky in the data collection and the assessment without actually getting to the therapy.”	Funded partner, Impact on Urban Health, Children's health and food programme
“And people actually being able to access services and like not getting stuck in like loops.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
“They're not responding quickly enough. It just gets lost into another system and put on hold, likely for days, and that has a ripple down effect on their mental health.”	Funded partner, Impact on Urban Health, Children's health and food programme
“There are time limits to the applications, and there's time limits when people are so depressed and have got all these hurdles to get over. I just think lots and lots of people aren't getting the help that's out there.”	Funded partner, Impact on Urban Health, Financial foundations for adult health programme
“The literacy, the lack of it? Because whether we believe it or not, we just assume that people can read and write or they understand the language. [...] They can't even articulate how they feel and what they see, and that does impact on what they can access and what they can receive. So I think I wanted to just throw that in as well.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
<b>LACK OF COMMUNICATION AND FOLLOW UP</b>	
“And you know, again, you just slipped through the system. No one ever contacted me, so you didn't turn up. I tried to change the appointment. They kept it, and they sent me a message saying you didn't turn up to the appointment. And I said I cancelled the appointment, you know, but you just slip through the system.”	45-49; Female; white Other
“I've got a sister, she's disabled, she's severely dyslexic, and I've been trying to reach these people for months. Um, they booked an appointment and came to the wrong address, and I had a next appointment with them, but unfortunately, I ended up in hospital that day. No one has called back to like, you know, chase up to say, well, what's happening with this appointment? Do you want to rearrange? It's like, I feel like I have to be chasing them all the time. It's stressful.”	40-44; Female; Black, Black British, Caribbean or African
“What more do you expect?” [...] ‘we treated you. Now, off you go’, type of thing. So, more follow up, not, not to be neglected.”	55-59; Female; white Other

## PREVENTATIVE CARE

Pre-emptive kind of stuff to help people stop getting to a point where they're in a crisis. I think that it's all really important.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
“[...] more, like, access to services. And like, really basing services around, like, people being able to get help, like, as soon as they need it.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
Prevention rather than the cure? There's a lot there. [...] if the support was provided to you earlier and in different forms, it wouldn't have been so difficult for you. And similarly [name], if you can get the support and get the test you asked for earlier, things would be looking a lot brighter.	35-39; Male; white British
“Everyone being treated well, not everyone being treated the same as [that's] not equity, but, you know, equity to ensure that everyone's receiving what they should receive. Then other stuff might fall into place behind that, because there's a belief in that kind of ethos. Then that's kind of my thinking of putting that top.”	Funded partner, Impact on Urban Health, Children's health and food programme
“So, you know, we're calling for an approach that takes into account health holistically. Mostly, you know, because health has such an impact, either causing a lot of those problems or exacerbating, like, physical and mental problems.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
“For me, speaking for myself, part of the issue around debt and temporary accommodation is that it's preventable and systemically things aren't done to address that.”	Funded partner, Impact on Urban Health, Children's mental health programme
“Support to address food poverty. Although we have resources in the borough, food poverty remains a real challenge. However, the biggest issue is to ensure we also have wraparound support to address the underlying issues.”	Funded partner, Impact on Urban Health, Children's health and food programme

## TRAUMA-INFORMED AND RESPONSIVE CARE

“Experience of trauma, abuse, poverty, insecure housing, and unmet mental health need, which can result in substance use, criminalisation, and the removal of children.”	Funded partner, Impact on Urban Health, Children's mental health programme
“There's something so offensive when you've been through such a highly traumatic event to then find yourself in a service that can't respond to you. Or sends you a telephone number that doesn't work, or doesn't reply to an email, or maybe even lies and says ‘we did refer you to an agency, we did send you that email’. When you've been through that sort of trauma, you can't accept an email. You need one-to-one, face-to-face support and nourishment and holding.”	65-69; Female; white Other
“In 2015 I was stabbed in a nightclub in the neck. Obviously, that created a lot of stress, of anger and whatnot. So I remember being in the hospital. I lost a few pints of blood. I remember being in the hospital and that, family, there's a lot of stress going on, embarrassment, there was so many different emotions and feelings that I had at the time. This is about support. So I remember in terms of support that it wasn't any personal touch, I received a letter, a victim support letter, a few weeks later, after I was released from hospital, and it was the same letter that you get when you lose your mobile phone. It was just a really generic letter that really, it didn't make me want to even respond to that, to get that support.”	40-44; Male; Black, Black British, Caribbean or African

“So my sort of phrase, rather than a word in terms of the health of our community would be a trauma-informed approach. I was scribbling other words down, like compassion and things, but I suppose trauma-informed approach is a good catch all for this shift that we would like to see.”	Funded partner, Impact on Urban Health, Children’s mental health programme
<b>CULTURALLY SENSITIVE AND EQUITABLE CARE</b>	
“There is something about wanting more of a holistic approach around health for Black and Brown communities, in terms of the types of inequalities that exist, and understanding how they are linked together more.”	Funded partner, Impact on Urban Health, Innovation team
“In Lambeth, there’s lots of diversities of people, and I don’t think there’s enough to help those people. [...] For a lot of like Spanish people, Colombian people, African people, there’s a language barrier. I’ve seen it for myself, like people who’ve got learning difficulties and people are getting frustrated with them on the phone because they don’t understand. Yeah, like they should learn how to talk to people better, especially people with learning difficulties who just can’t understand.”	40-44; Female; Black, Black British, Caribbean or African
“And then inclusive was the last thing that I thought of just hoping that all of these things together can be inclusive, similar to what [other participant] was saying, all the different people, the different ethnicities and languages, the special needs, that everything can be inclusive.”	45-49; Female; Black, Black British, Caribbean or African
“Not easy due to lack of accessible information in community languages [...] Lack of awareness of existing healthcare service and support is very common amongst community.”	Funded partner, Impact on Urban Health, Children’s mental health programme
“People can’t advocate for themselves [...] they can’t translate or speak English.”	40-44; Female; South American
“My community needs a Spanish speaker translator [...] I do my best, because that’s what my community needs. [...] There are some GPs that do have translators on board, but sometimes I think it’s on a day-to-day or last minute things, but they can’t afford or they can’t access the translator on the phone, maybe, or and that’s when I step in. I think that that’s a gap in in the healthcare service that needs to be addressed, in my view.”	40-44; Female; South American
“I work with a lot of migrant families. [...] Now, because we run holiday programs and we put in a column to say, if you have SEND...’ [but] we realised that, because of the language barrier and the issue of the system, a lot of our families have no idea what SEND means. So even if their children are presenting with issues like autism, they have no understanding.”	Funded partner, Impact on Urban Health, Children’s mental health programme
“Because she felt that, because there’s an issue of authority bias with people coming from Africa believing that the teacher knows best, the doctor knows best, everybody knows best. So if you say, ‘Oh, your child is fine’, they just go with that. But now, because of the programmes, they’re being able to push a bit further.”	Funded partner, Impact on Urban Health, Children’s mental health programme
“Because there’s a bit of a stigma if you’ve got a young person, maybe 16 to 21, who’s going through something. Parents may say, ‘Well, let’s go to church’ or ‘Stay at the London Mosque to pray about it’, as opposed to going to hospital, going to your GP as a first point of call and saying ‘this is what my daughter’s going through. This is what my son’s going through’. They see some kind of stigma, and I’ve come across it quite a lot in the community, with my own family member, my nephew.”	55-59; Female; Asian or Asian British

“I think across the board, it’s just really challenging. Race and discrimination really plays a part. You know, they’ve changed laws that result in so if you’re trying to claim asylum, you now have to get your papers signed by someone of a particular level of job. So this has to be like a pilot. And I don’t know about you guys. I don’t know pilots casually, so if I’m thinking about a refugee who English isn’t their first language? How are you now going to get your papers signed by a pilot to then get citizenship, to then get a job to then get housing and the rest of it?”	35-39; Female; Black, Black British, Caribbean or African
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## CRUCIAL SERVICE GAPS

QUOTE	ATTRIBUTION
<b>DOMESTIC ABUSE SUPPORT</b>	
“I work with a lot of women and children who’ve been victims of rape, domestic violence and sexual abuse, and there is absolutely no refuge, no sanctuary, no support groups. I mean, yes, there are – [but they’re] completely inaccessible. You phone Rape Crisis now and say ‘So I’ve got a young woman who’s been raped. She’s in a terrible state. She’s a minor. I need counselling.’ and they say ‘We’ve got a six-month waiting list’. Like, we could lose her. Yes, there’s Gaia [a centre for anyone impacted by gender-based violence in Lambeth]. You know, you refer everything to Gaia. Gaia can’t cope. It’s no point in referring them to Gaia anymore, because they just can’t cope.”	65-69; Female; white Other
“The domestic violence support within social services in Lambeth, specifically, is horrendous, and the social workers are terribly overworked, and people are dying as a result. - including people’s children, and it’s disgusting, and that goes back to central Government, really, and the cutting of funding repeatedly.”	45-49; Female; white Other
“No accountability, no support, no refuge, and therefore no repair.”	65-69; Female; white Other
“So I need a service provision in my borough, which is Lambeth, that genuinely helps women and children fleeing domestic violence, sexual abuse. And that’s, that’s a very, you know, that’s an expansion of an organisation that already exists, that’s falling apart, yeah, historically, it was doing its role, yeah.”	65-69; Female; white Other
“Sanctuaries. I’d want mental health sanctuaries that were open 24 hours, and women’s sanctuaries the safe houses and, I guess, homeless sanctuaries as well, so nobody is ever sleeping on the street.”	65-69; Female; white Other
<b>MENTAL HEALTH SUPPORT</b>	
“I remember thinking, all right, cool, I wouldn’t mind getting some therapy, but there wasn’t really any access to therapy. It was something I had to do myself, and if I wanted to get therapy [through the NHS], the actual wait list - I felt like I really felt suicidal. I would have probably killed myself by the time they would have seen me.”	40-44; Male; Black, Black British, Caribbean or African
“I think prevention in that area. I’d say we need to do more there.”	40-44; Male; Asian or Asian British
“I believe, growing up in Lambeth, there’s not been a lot of services for people suffering with psychosis and people with dyslexia. I find it despicable that there’s no support for people with dyslexia, and I feel like people don’t understand how badly it can affect somebody. It eventually gives them mental health and other issues.”	40-44; Female; Black, Black British, Caribbean or African

<p>“I don’t know what’s happening with our youth. And I think you know, if we look at the next 10 years and next 50 years, what, what’s going to happen in mental health and when the youth get older, for the same gang crime, knife crime, man crime, what is out there to assist them with, what is ever going on with their mind, and if we look at them further down the line, what’s going to happen in mental health.”</p>	<p>65-69; Female; white Other</p>
<p>“They shouldn’t be at the park, and I’m listening to a conversation with fourth graders, or year four children, like giving each other advice. Oh, well, you know, if you go to sleep at night and you do this first, and blah blah blah, maybe blah blah blah, you won’t have a nightmare. You know, they shouldn’t - they should be supporting each other, but they should have other support too.”</p>	<p>45-49; Female; Black, Black British, Caribbean or African</p>
<p>“I feel like there’s quite a few groups for, like, single mothers and like, more like the womanly side. But then I think in terms of fathers, not really, there’s not really a lot of groups to sort of speak about their mental health and the things that they go through, being single dads and just sort of things like that. So that was one that I’ve been going to which I found quite helpful. And it’s privately funded.”</p>	<p>25-29; Male; Mixed or multiple ethnic groups</p>
<p>“One of my really close mates, he’s got mental and physical disability, so he hears voices and has schizophrenia, and also was born with Bell’s palsy, and so he’d been put on medication. And those who were meant to support him weren’t following up on that medication. So, on one day, he’s having a cigarette out of his window, and then, because of the medication he was on that wasn’t checked, that he was taking consistently for eight months, resulting in him having a seizure, falling out of the window.”</p>	<p>35-39; Female; Black, Black British, Caribbean or African</p>
<p>“It involves my older brother who was under the adult mental health team for a long time. I think his care fell through the cracks because they didn’t follow through with him. And it got to a point where none of the family could get in contact with him. Would go and knock on his door, he wouldn’t open the door. So, it got to the point that we were so worried that we had to call like emergency services to check on him to make sure that he was okay. It was only after that, once we managed to find him in the flat, he was fine. But it’s that kind of the follow through of mental health. I know they are overwhelmed with a lot of patients, but that was my experience.”</p>	<p>40-44; Female; South American</p>
<p>“I think once a patient is taken into mental health [services], especially with mental health, I think the follow through should be more consistent and more in-depth [...] it’s really difficult to keep them in the loop, especially if they’re not engaging as well. And it’s that balance. How do you help someone when they’re not engaging, they don’t want to attend appointments, they don’t answer the phone? But then, obviously you need to be on top of them to make sure that they’re doing okay.”</p>	<p>40-44; Female; South American</p>
<p><b>SEND SUPPORT</b></p>	
<p>“What I’d like to see, like, less of is hearing about the battles, the battles that people have to go through. I’ve had that with trying to get, you know, assessments for my children. It’s an ongoing battle, especially with special needs. Every special needs parent I come across, battle is the word that is said.”</p>	<p>45-49; Female; Black, Black British, Caribbean or African</p>
<p>“Special needs combined with homelessness pose additional challenges, and participants viewed this as an absolute disaster zone that is SEND and child homelessness and special educational needs.”</p>	<p>Funded partner, Impact on Urban Health, Children’s mental health programme</p>



<p>“So, I have a friend from school who throughout like secondary education, throughout college education, they were quite misunderstood, [...]. But fast forward a few years, this friend was actually wrongfully arrested for something, and their family ended up having to sort of privately pay for them to do autism tests, because throughout the whole of secondary education and college education, they went forward for these sort of tests, and was always sort of brushed aside or sort of told ‘oh no, it’s not that sort of thing’. And then when they ended up going down the private route, they ended up being diagnosed with quite, not very severe, but quite a significant level of autism. And then that sort of ended up helping them in their case and stuff. And to me personally, and like to their family [...] it was very hurtful for them because it was like we could all kind of see that there was probably something affecting this person growing up. But then the fact that when they went to the authorities within Lambeth and Southwark, they were sort of brushed away, [...] like not given the time, that was quite disheartening, because it’s like if, maybe, if this was sort of diagnosed a lot sooner, or a lot earlier, they might have had more opportunities, a lot more support, to be able to sort of allow them to have a brighter future.”</p>	25-29; Male; Mixed or multiple ethnic groups
<p>“The stress is on me to help my sister. She’s got a disabled daughter as well, and I feel overwhelmed with it all. I’m thinking, where’s the support? Support for me, for her, there’s nothing. And I’m really tired of it. It’s really mind draining [...] all they do is just send you a message and say, here’s a Carers Card. They don’t - to me - I feel like they don’t care [...] if they cared, they would have reached back out and followed up and... but I think that’s a really bad service.”</p>	40-44; Female; Black, Black British, Caribbean or African
<p>“This one went to the ombudsman and all the way back down again but had a good ending. So, every time that family moved, the property wasn’t safe for them to move into. And so, if you have a disabled or neurodiverse child who is not safe, if they can climb things or pull things furniture can fall on top of them, it’s really challenging. So, they’re constantly moving into very unsafe spaces that are meant to be their safe place, where they can create an emotionally stable and safe home for their children.”</p>	Funded partner, Impact on Urban Health, Children’s mental health programme
<b>SEXUAL HEALTH SERVICES</b>	
<p>“I wanted to talk about access to sexual health services. Recently, in fact in the last year, the sexual health clinic in Streatham was closed, which means that although most people who use sexual health London, which is the delivery service, that you can get your quarterly testing free, through and mailed to your house. So you can access that, but say you have a positive result and you need to book an appointment. There is now one less sexual health clinic available, like a whole like physical space unavailable, which is putting pressure on other clinics. [...] The staff are amazing, and I can’t say good enough things about them, but if you want to book an appointment for any other sexual health things, there’s now an added extra strain to that. And now, when we’re seeing rising levels of Chlamydia and Gonorrhoea all across London, I think it’s a real issue that needs to be addressed”.</p>	45-49; Female; white Other
<b>OTHER SERVICE GAPS</b>	
<p>“All I can say is DENTIST in capital letters.”</p>	45-49; Non-binary; Mixed or multiple ethnic groups
<p>“Due to my personal circumstance at the moment, I would like more access and more signposting to access to menopause, perimenopause information within Southwark.”</p>	45-49; Female; white British

<p>“We recently did a sort of peer-to-peer coaching call with organisational leaders, predominantly Black and Brown-led, and female and within the area. And there was one lady who really wanted to progress with her business, but she was actually looking after her mother, and it was something work that wasn’t really planned. She’s got sort of early stages of dementia, and she found it really challenging, to the point where she wasn’t able to bring in the financial income that she needed, because she had to utilise her home for her mother, and then she also couldn’t sort of do her business as well.”</p>	Funded partner, Impact on Urban Health, Innovation team
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## WORKFORCE

QUOTE	ATTRIBUTION
<b>APPRECIATION</b>	
<p>“My epilepsy nurse is worth her weight in gold, I will drop her an email saying I need to renew my freedom pass. Less than 24 hours later, I have a supporting letter to send to get my freedom pass. That’s just one example. For absolutely anything I email her about, she responds. I barely see the neurologist because there’s no need for the neurologist because the epilepsy nurse does such a fantastic job.”</p>	45-49; Female; Asian Caribbean
<p>“The people at the child maintenance service, and I don’t know who they’re being trained by, but whoever it is, the way they’re dealing with customers is beyond good, even if they can’t give you the answer you want.”</p>	45-49; Female; white Other
<p>“[...] the staff are amazing, and I can’t say good enough things about them.”</p>	45-49; Female; white Other
<p>“I see a phenomenal amount of really good work going on in the NHS. I mean, 80% of what I see is phenomenally good.”</p>	65-69; Female; white Other
<p>“Eventually, this lady’s clinical supervisor regarding her mental health intervened, and despite the fact that she wasn’t paid to do social care. Sorted out the problem with the pension. In the meantime, we basically kept [...] I would physically go to the house and take the top up key in the card, and I would go to the shop and top up and everything.”</p>	Funded partner, Impact on Urban Health, Health effects of air pollution programme
<p>“Then I had the most amazing experience with the food bank, which it took me a long time to navigate to. How the hell to get to a food bank, because the doctors weren’t helping and the benefits people weren’t helping. So when I finally found it in Bermondsey, I couldn’t go by myself. I was full of shame and embarrassment, and when I got there, I met the most amazing people who made me feel human and accepted and that it was okay.”</p>	45-49; Female; white British
<p>“So I’d like to talk about mental health and professional public services versus the voluntary consumer-led services. [...] It appears that volunteers are great at support, but the people who are paid to support us are not able to talk to us correctly.”</p>	45-49; Female; white British
<b>WORKLOAD</b>	
<p>“I think the work that people in health have to do is too much for their capacity, because I actually work in mental health, and we get so many referrals, and we have ladies that are on our waiting list for months, but we’re trying. There’s only so many patients that I can see in a day. But then what about the others?”</p>	30-34; Female; Black, Black British, Caribbean or African

“And for me, I think we’re doing amazing work, and I very rarely meet a colleague who’s doing a crack job, but there’s not enough of us, and we need more resources.”	65-69; Female; white Other
“In theory we [...] are able to support to some degree or, if unable to, we can signpost to the support. That said, the demand for support is so high, it seems that often families do not receive the support they need.”	Funded partner, Impact on Urban Health, Children’s mental health programme
“And a lot of the time I think that are really good people out there in the NHS and in different services, but even they’re feeling strangled and that their arms are kind of bound through this mad paperwork and bureaucracy, and it’s strangling them. It’s taking the soul out of what they can do as people, and they’re absolutely wonderful people trying their best.”	55-59; Female; white Other
<b>TRAINING</b>	
“The benefit system treats you like you’re stupid, because they don’t understand mental health. They believe they just talk to you loudly and like you’re stupid. They don’t want to help you. I met a woman who told me that it made sense to maybe get three working liveable wage jobs.”	45-49; Female; white British
“Culturally appropriate information and frontline staff who are trained on the specific needs/circumstances of vulnerable migrant groups.”	Funded partner, Impact on Urban Health, Children’s mental health programme
“I got sent to a mental health nurse who didn’t look at me and wrote in my notes that she didn’t believe what I was saying, which, when I read them, made me feel absolutely awful. So at the end, and now, after a long, long time, I found a good doctor who is phenomenal and has got me on the right medication via a psychiatrist, and has weekly chats with me to make sure I’m good. And I’m now I’m at a point where I’ve got my life back and I’m driving forward, but it just seems that every professional service hasn’t had training on how to speak to people with mental health[issues].”	50-54; Female; Black, Black British, Caribbean or African
“Primary care staff to be trained on different intersectional needs of vulnerable groups.”	Funded partner, Impact on Urban Health, Children’s mental health programme
“Some of the consultants aren’t very good at using little words. They aren’t very good at explaining what’s going on and what’s going to happen.”	45-49; Female; Asian Caribbean



# WHAT PEOPLE TOLD US WOULD MAKE A DIFFERENCE



## WHAT PEOPLE SAID WOULD MAKE A DIFFERENCE LOCALLY

QUOTE	ATTRIBUTION
<b>CONNECTION AND COMMUNITY SPACES</b>	
“I think it’s being very specific about place-making and how communities are held together, [...] depending on how areas are built and the infrastructures that are in place determines how much they connect as communities and how safe they feel together. [...] Our places decide on how we interact.”	Funded partner, Impact on Urban Health, Financial foundations for adult health programme
“I’d love to see a lot more places, just with art and being creative, because I think that can really help people’s mental state. What I do, which is embroidery and painting, and whatever it does tend to be mainly women. And I certainly think that men could benefit from a lot of that as well.”	45-49; Female; white Other
“What I would like to see more of is community arts. So, I think somebody mentioned intergenerational? That would be also great, getting the different generations involved in different art projects, gardening projects, just to help with mental health and wellbeing.”	45-49; Female; Black, Black British, Caribbean or African
“I am looking for more things to do with art, since I’ve been more dealing with special needs and possibly like putting that with community gardening or something to get everyone involved and focused.”	45-49; Female; Black, Black British, Caribbean or African
“I think in terms of what’s missing, I think spaces. We talk about the importance of the shopping centre, and we talk about the importance of space being created through the pantry, and even if you’re just talking about like the corner, like in the street, where people gather just naturally, like, the gathering on the corner is a cultural thing as well as just what happens naturally.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
“Yeah, and affordable housing and access to community spaces for the community to come together, and the retention of some of the spaces that have been there for many years. Some protection is needed of spaces that have been around, that have been challenged.”	Funded partner, Impact on Urban Health, Financial foundations for adult health programme
“Space to connect and to celebrate, and to provide services as well. They are much needed: advice, mental health support, access to food, to social welfare advice, to some of the services that we’re hearing of today. How do we also relate to the city in terms of more environmentally friendly ways? No? So moving around cycling as well.”	Funded partner, Impact on Urban Health, Financial foundations for adult health programme
“I don’t know if you all had the opportunity to go to the Elephant and Castle shopping centre. So, inside the centre, there was a community space that was used for the community, by the community, for cultural activities, workshops, wide range of interactions. On top of the shopping centre as well, there was a bingo. I think it was one of the biggest Bingos in London, and it - communities in our demographic - would go there on a daily basis, to come together, to socialise, to play bingo and to have a good time. It was a really nice place of social connections and networking, and there was a massive impact when these were lost.”	Funded partner, Impact on Urban Health, Financial foundations for adult health programme

“So, part of our work as well is aspiring to reclaim or access some of that space that has been lost, especially as well as some of the public spaces are now managed privately. So you may have public parks that now are more controlled, or the community can access them like they used to do before. So we’re in a process to understand a little bit more how better to access these spaces for the community, bearing in mind, again, that in London the housing conditions face issues with overcrowding, lack of play space, lack of space to, I don’t know, relax, and that we want to reclaim that space. “So how have we done it? With a smaller activity. So we’ve recently started an embroidery project at local level. It’s a series of eight workshops. We’re trying to access local space for the group to come together and do it. We’ve managed to access that space that’s really good at local level as well. And the project is about, it’s an embroidery project but focusing on the topic of nature, how people connect to nature in London, and how that improves their wellbeing, not only mentally, but also physically. And at the same time, there’s an aspect there of migration as well, because, well, many of the members also are first generation migrant. It’s about the benefit of that space as well and how it promotes collectively their wellbeing.”	Funded partner, Impact on Urban Health, Financial foundations for adult health programme
“At local level, we’ve done some work with Southwark, and they recognise the importance of the community at a local level, which is good that’s celebrated. But at the same time, we want to see more significant support in terms of protecting the spaces that serve not only the Latin Americans, but all Londoners, because all Londoners come to these places, and hopefully the creation of the Latino Barrio, so a bit of a Latin Quarter or and starting this with access to a community space, a cultural space. So, we have a great example at local level, the African centre. So ideally, a space as well that is available, not only for the community, but for wider, wider communities, just reclaiming some of the spaces because the spaces are shrinking and are being closed or are being removed. [...] also public space for the community to use.”	Funded partner, Impact on Urban Health, Financial foundations for adult health programme
“Yes, maybe access to free community spaces to celebrate and nurture the diversity of all communities at a local level, right? And something about celebrating and nurturing diversity and free community spaces, especially now, there’s so much social tension at the moment. And we don’t know where we’re heading in terms of the wider political, geopolitical context, right? It’s a bit tricky. I’m just concerned how this is going to affect the dynamics that we’ve had at local level and at London level, this certainly is bringing out of toxicity and fear.”	Funded partner, Impact on Urban Health, Financial foundations for adult health programme
“I worked very hard as a community advocate to start things like street parties during COVID, we moved our neighbourhood watch into a WhatsApp chat, which has created a huge network from my community.”	45-49; Female; white Other
“And what I’ve actually done is I used to be a community engagement officer in my formal job, so I created a WhatsApp group with all the free events in London and all the things that are happening. And I’m very strict about it, because I don’t want people going back and chatting on all that nonsense. But there’s so many things that you can do within the community.”	55-59; Female; Asian or Asian British
<b>ACCESS AND EMPATHY IN SERVICES</b>	
“Closer collaboration with well-established community spaces (churches, local business, dance groups) and organisations to reach and increase trust in service from community members. Increasing information and access to services.”	Funded partner, Impact on Urban Health, Children’s mental health programme
“Mine is to do with accessing what information is available by the council [...] A lot of people aren’t aware of what is available within the locality. So more information on that would be great.”	40-44; Male; Black, Black British, Caribbean or African

"I guess just like, kind of extreme like, joined up ways to join up the bureaucracies together and just like, help with that, form filling, mentoring and advice about what you can do to, like, empower yourself to solve your problems, because I think it's just really overwhelming trying to find solutions."	Funded partner, Impact on Urban Health, Financial foundations for adult health programme
"How many people are in need and how many people do not have the knowledge of services that may be available to them?"	45-49; Female; Asian Caribbean
"But honestly, from the police to the NHS to Lambeth social services to CAFCASS (Children and Family Court Advisory and Support Service) to the whole thing, its utterly shambolic, a complete mess. Including housing for people, that is putting people under an enormous amount of stress, no matter where you're standing in Lambeth. It collectively puts stress on us, because people can't figure out how to access things."	45-49; Female; white Other
"I just think it's easy if you're, you know, educated and you understand how the system works."	45-49; Female; white Other
"How many people are in need and how many people do not have the knowledge of services that may be available to them?"	45-49; Female; Asian Caribbean
<b>FEELING INVISIBLE AND DEHUMANISED</b>	
"I feel so violated by a system that is failing us. I think I feel angry a lot of the time, and I'm always wanting to find somebody, not to blame, but I think [it's] that responsibility, that accountability, you know. Because I do a job every day, and if I get it wrong, there's enough people who immediately jump on me and check my accountability, and I expect that. So that's the word that's big on my mind."	65-69; Female; white Other
"I'm sitting in the hospital waiting room, waiting to see the consultant, and I feel completely invisible."	65-69; Female; white British
"And last year, my twin sister, who's 31, her hands and feet swelled up, and I know that's a sign of preeclampsia. However, because she's young and she's fit, she's healthy, and this is her second pregnancy, and she hasn't had any complications in any of her other pregnancies, they said 'Your blood pressure is fine'. When she did go back, she was told that her son - so she was 38 weeks - his heartbeat had stopped and she had to deliver. She had to wait, so she went into natural labour and to deliver to a stillborn son."	30-34; Female; Black, Black British, Caribbean or African
"Being taken seriously. A lot more value to the words that people are saying from the community."	25-29; Male; Mixed or multiple ethnic groups
"But the thing that has frustrated me is that I've seen him in the year plus that he's been struggling with this new disability, this this new way of being, and nobody's asked me about how I've seen him change, and I'm the one who's might be permanent at home with him and caring for him."	55-59; Female; white Other
"She was fobbed off by the GP on so many occasions, she was fobbed off by the health visitor saying 'no, your child will grow out of it'."	Funded partner, Impact on Urban Health, Children's mental health programme
"So I was run over [in] November 2023 in a hit and run accident, and I just kind of had quite a shocking time, like with ambulance. I phoned them up when I was in the middle of the road, and they were like, you know, it's fine. You know, it's 20 minutes. Can you hold for 20 minutes? No, and but anyway, then even in A and E, I was left in a room without a call bell, like overnight, which was, you know, pretty bad. They didn't offer me anything to eat when they did there. And they brought me a yogurt with a tongue compressor. That was all they had to eat it. So it was just quite shocking."	45-49; Female; white Other

"It's just kind of a story about how someone who wasn't really considered vulnerable by any of these, like traditional metrics [...] They went from like having, like a quite an enjoyable life that they had, like all of those things we were talking about before, to basically losing all of them because they lost their home and they were unable to access any formal support, really, for as a result of that, yeah, and just basically lost everything."	Funded partner, Impact on Urban Health, Financial foundations for adult health programme
"What I'm hearing from every person here, well, majority not everyone, that they're frustrated and that they're not feeling heard and they're not feeling supported. So there is a lack of communication between the patient and the institute. There's been failings that continue for at least, like 10 years."	35-39; Female; Black, Black British, Caribbean or African
"[...] Okay, just I'll be very quick. It's a race equity dimension to all of this. And a lot of Black women saying they're not listened to and they're not respected when they discuss their children's housing needs, as simple as that."	Funded partner, Impact on Urban Health, Children's mental health programme
"So I just feel like that the support of the NHS that I'm paying for three times over with, you know, through work, through my visa, through school and all this other stuff, it's like I shouldn't have to go private to get the assistance that I need?"	45-49; Female; Black, Black British, Caribbean or African
<b>OUTREACH AND SIGNPOSTING</b>	
"When I'm at the grocery store, they have like, a poster board there where you can put up signage of various things that are available or going on in community. And I see people that pay attention to it - like, if I'm walking down the street, I see a big sign for tuition for your child; why can't there be 'mental health needs: call here'? Like signage that's on, like the, you know, on the side of the church. I mean, I see these signs even at the park, its on the railings at the park for children, so the parents are seeing this. It's ways to get stuff out there. And even if you just have a community event at the church or at the local community hall. A lot of these things can be addressed if they have people that can come in to talk to one person [who] can spread the news. It's just gotta be there."	45-49; Female; Black, Black British, Caribbean or African
"I think there's probably needs to be more available spaces where people can go to because sometimes you may just think there's extra things wrong with you, that when there isn't, like a friend of mine says that she does talk therapy, where I think she gets a lot of hours, and she speaks to a counsellor once a week, or she might pop in another day, or she may not want to see anybody, but she'll speak to somebody for an hour one day a week. So things like that, other things were available."	55-59; Female; Asian or Asian British
"[...] let people know about what's going on in the community. And then the welcome in the door is just having that open door policy, just to get rid of that barrier."	45-49; Female; Black, Black British, Caribbean or African
"We go with that holistic approach of supporting them, to promote their economic, their mental, their social and physical wellbeing. But we use social, soft outreach approaches to engage them, particularly because sometimes, because of the lack of trust, they struggle to engage."	Funded partner, Impact on Urban Health, Children's mental health programme
"And I just always think, like a sort of mentoring service that would just help people, like, access services and take over that process of having to, like, fight - would be so good if you could just basically get someone who would help you, like, to go to, like, write letters to all the places you needed to do and just like, help you to use the services that exist already and stop you having to get, like, a degree in every single thing that's happened In order to be able to advocate for yourself."	Funded partner, Impact on Urban Health, Financial foundations for adult health programme

“I think the doctors, the hospitals and there should be something in place, kind of to check on these people, even if it’s a phone call or a message or a letter, because I’ve never received a letter like that. My sister’s never received one. You never know who these people might actually call or go on a website or talk to somebody. You know, there’s ways to reach people, but as an organisation, you can’t just reach people without trying.”	40-44; Female; Black, Black British, Caribbean or African
“Every borough should have a space for people to sort of walk in.”	40-44; Male; Black, Black British, Caribbean or African
“There’s a lot of people in the community that don’t even know that there’s help out there. Reaching out to those people and show them that there are support networks, organisations, support groups where they can go, where there’s friendly people to help them with their recovery, or even help someone be in a better place.”	40-44; Female; Black, Black British, Caribbean or African
“So, I think having, yeah, those connections in terms of not only the family, but also the communities that you belong to, because through family and connections, you have access to information, support, love, care.”	Funded partner, Impact on Urban Health, Financial foundations for adult health programme
“A simple thing I started in January is a board game club, and people just turn up. They play board games for a few hours, they have refreshments, they take some groceries, they go home, and then off the back of that, I have people calling me to say, ‘Oh, I’ve had this problem with a parent in school and I don’t know what to do’. So it’s simply a matter of finding a way to introduce people to each other. So then they’ll feel comfortable to say, ‘this is my challenge, are you able to help?’ And I will simply say, I don’t know how to help you with that problem, but I know someone else who can. So just signposting!”	45-49; Female; Asian Caribbean
“They might not know how to help somebody, but then they will know somebody who knows how to help somebody. So, it’s just sort of having that access and being given that access to information as well to be able to sort of get that help. So yeah, just having the right company could sort of prevent and aid a lot of issues within the community.”	25-29; Male; Mixed or multiple ethnic groups
“These stories kind of highlight the importance of community in addressing [...] helps these parties, and also promoting overall wellbeing”	25-29; Female; white British
“I think, like, for example, I got introduced to the carer’s hub in Brixton through a friend, the idea being that if you care for someone, you need a little bit of respite. So I go and do some art there or talk about things. But if it hadn’t been for a friend who went there because she was looking after her sister, I would have never known anything about it. And what I’m trying to say is that it shouldn’t always be word of mouth, but I’m so grateful to her for introducing me to those wonderful people. There just seems to be a kind of breakdown in that communication, in why wasn’t I told this, for example, at Kings, because we did have kind of pastoral people come to help us.”	55-59; Female; white Other
“So maybe we need to mobilise people so that they can do that, because people are really having a hard time. You know, people’s changing health issues, and it’s just overwhelming [...]. the Government now is changing rules as they go along. So people just need to be updated. So maybe the information is available, but it’s about networking, and we can do that by looking at certain things like social media.”	45-49; Non-binary; Mixed or multiple ethnic groups
“[...] to be able to, I’m not sure how to put this, but to be able to facilitate contact with people who are not online, Being told that, oh, go to this website, there’s the information you need”	65-69; Female; white British

“With my setting at home, you know, I think about, you know, how I can help my child who’s not getting help outside. So unfortunately, he has his game. But with his game, he’s talking to my brother in Guam pain, playing a game with him and interacting with him, and he’s talking to my family in the States, and, you know, I’m keeping him active with his friends that he’s met on vacation. Those are his support. Like, he’ll get on the game like ‘I had a nightmare last night’, you know. And they’ll start talking about it and saying ‘what game it is’, and blah, blah, blah. And then we go outside.”	45-49; Female; Black, Black British, Caribbean or African
“This is the people in the community. Some people get some assistance, but there’s a barrier where they’re not getting no assistance. And there’s, there’s this in the middle what people cannot reach. So a lot of people bounce back from this stage and then go back. I don’t know if that makes sense, but you know that they can’t get to the middle, they can’t support the services what they need. So that’s why I put this jagged edge round. It’s like they can’t break through to get it, and the services they do get don’t help, so they bounce back, back into this group of people.”	40-44; Female; Black, Black British, Caribbean or African
“It’d never happen, because [of the] financial implication, but I think it’d be amazing to kind of almost have a project manager for one person so you know they’re responsible for making sure that all you know when all your appointments are and they’re not coming through in various emails from various different people that you then can’t track, you know, yeah, so to have a key point of contact, yeah, that you can phone up and say, you know, and they can, you know, she may, yeah, situations, you don’t have to explain everything and fight, you know, fight for what you should just be getting, I think.”	45-49; Female; white Other
“Here’s one, one client that is being or one person is seen around, seen by five people, which actually one person could just take them through the journey, make it kind and I think if we don’t, if we need to remove silo working from our system.”	Funded partner, Impact on Urban Health, Financial foundations for adult health programme
<b>TRUST AND REPRESENTATION</b>	
“But, when the voluntary sector is able to build trust and support engagement, this can act as a bridge into other sources of support, including good relationships with statutory services.”	Funded partner, Impact on Urban Health, Children’s mental health programme
“That’s where the level of trust comes in, where families or where communities trust you a bit more. We grassroots organisations are working to do what the system is supposed to be doing, but we don’t have that support to make it happen. And these are where the challenges are and that’s why sometimes we can’t even see the bigger angle, because we’re really busy doing that. We’re running after things, anything, supporting families that are sleeping on the streets, picking them up and getting them to where we hopefully want them to be. And this is where we really need that support, but it’s coming from that lived experience where people can see that, because there is also trauma involved, even for organisations.”	Funded partner, Impact on Urban Health, Children’s mental health programme

“But they chose to hide what was going on with their 21-year-old who was going through uni, and just kind of [having a] complete breakdown. And it was only until [they] started smashing at the house and having episodes for no reason, and they couldn’t take it anymore. They couldn’t hide it anymore. Then they decided to tell me, and then it was too late. It was the dad just said, let’s call the police, call the ambulance, and then they called me at the same time, and I had to say, ‘Please don’t take him in handcuffs. Just calm him down. Let me stay on the phone. You gotta go with these people.’ [He was] getting sectioned. And then he’s doing fine, [with] medication and he’s doing fine. But it just shows you that if they’re medical people in the realm of the NHS and they didn’t feel safe to let their child go through [the system], what about other people who are not in that [world]?”	55-59; Female; Asian or Asian British
“It’s incredibly difficult, not least because many of the women we work with have very low levels of trust in services, and acute fears about disclosing the nature of their needs for fear this will result in social care referrals and the removal of their children, rather than support.”	Funded partner, Impact on Urban Health, Children’s mental health programme
“I think there’s also an element of - when it comes to access to health - an element of trust as well. I think we saw that during COVID, trusting as a big challenge, I don’t know, some in BAME communities. There were some issues of trust in terms of accessing primary health care provision and not accessing it because of fear or because thinking that they’re going to be mistreated or misled, or in case you don’t have eligibility or access to health.”	Funded partner, Impact on Urban Health, Financial foundations of adult health programme
“I guess I was going to go back to the trust thing and offering positive experiences through these systems and services. There’s so much scepticism that ends up being a barrier to really seeing what is available, or people just shutting down and saying I’m not engaging.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
<b>TIME AND LONG-TERM COMMITMENT</b>	
“One thing I’d love to see happen in the next few years, I think I would say is increased investment in community-led health initiatives. I’d like to see more funding and resources allocated to community-led health initiatives, just like developing culturally sensitive means of health support services. That would be very helpful.”	25-29; Female; white British

**HOW PEOPLE SEE CHANGE HAPPENING**

QUOTE	ATTRIBUTION
<b>COLLABORATION AND INTEGRATION</b>	
“Effective collaboration between organisations in the community, groups and individuals is like a reoccurring theme in these stories.”	35-39, Female, Black, Black British, Caribbean or African
“[We need] a borough-wide strategy which addresses the root cause of poor health outcomes. We need a joined-up approach.”	Funded partner, Impact on Urban Health, Children’s health and food programme
“We need to embed a universally trauma-informed and public health approach across all services, with coordination across systems able to respond to the complexity of families’ lives.”	Funded partner, Impact on Urban Health, Children’s mental health programme

“But then the current conversation is often about individuals so if it’s housing: landlord centric; if it’s cars: car owner centric. So really individualist things, but I think we need less of that and more of public, communal things, the type of things where you’re doing systemic change.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
“I think it could be a Lambeth and Southwark led thing, because actually, so what I would say is imagine all it needs is you pick, you pick a battle, and then everyone gets behind it[...] And all of this stuff via doing just a bold, simple push. Then everything else can come underneath. And then it’s like, look what? How can this help in a in a multitude of ways.	Funded partner, Impact on Urban Health, Health effects of air pollution programme
“And even if you do access one [service] often, if you have, like, multiple things that are not going well, like you’ve got a horrible landlord, you lost your job, and you’ve got black mould, it just becomes overwhelming to deal with all of the problems. Just because often, a lot of them lead to the other ones, [...], in order to basically solve them, you have to take on like seven different bureaucracies at the same time, and it’s just basically impossible.”	Funded partner, Impact on Urban Health, Financial foundations for adult health programme
“There’s a lack of connection between kind of NHS services and housing services, but specifically enforcement services and enforcement within the council. So, you know, someone will persistently go to report mould and damp, but there wouldn’t be guidance on how to send them to the adequate enforcement team, or they will not be provided with adequate advice on, like, what the rights are. And a lot of the work that we do locally is trying to, like, build those connections and facilitate, you know, an information package can be handed to patients who might be experiencing health problems as a result of housing, but don’t receive any guidance that is adequate for the problems that they experience.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
“So issues in terms of understanding access to housing, understanding access to insurance numbers, understanding employment rights.”	Funded partner, Impact on Urban Health, Financial foundations for adult health programme

**ACCOUNTABILITY**

“Not saying you’d go out and do lawsuits for everywhere. But who’d you complain to? [...] We wouldn’t know that if we’ve got a complaint about A and E or our GP that we should be looking to complain. But if there was something publicly announced that if you’re going to St Thomas’, I don’t know, major hospital, or wherever your local hospital is, and you’re not happy about the services, or you’re not happy about your GP, you could actually complain there’s a law centre in there, or Citizen’s Advice Bureau or something there that you can just bring your complaint to, and you’d get advice, and they’ll tell you, ‘Oh, you can actually do this’. Or they’ll contact you or looking but who’s going to fund that? They can’t fund this.”	55-59; Female; Asian or Asian British
“My wife was in the same situation [...], where we got sent home a few times, [...] So, all they did was kept sending us back to their standard after the birth, we had to write a long letter, and it was back and forth no one wanted to accept, what they had done, which is quite sad.”	40-44; Male; Black, Black British, Caribbean or African
“She [person from Healthwatch] told me she’s got a little badge so she could go in at any time, to just go in. It’s like they’ve got at the police station- certain people’s got a pass you can go in and check that, you know, prisoners have been kept in their cells in the appropriate way. You can just go in at any time. So right? I need to see how many prisoners put in that cell today, and I need to check they’re okay, and they’ve got to let you in.”	55-59; Female; Asian or Asian British

“That’s a very strong, powerful role [Healthwatch] have. I mean, yes, goodness me, you’ve got to, you’ve got to feel confident about the service you provide, to say you can come and snoop on me whenever you want. To say, that’s rather a positive thing.”	65-69; Female; white Other
“Definitely within the sort of home upgrade space, the eligibility criteria can often be a massive barrier. It’s so complex to try and prove you’re eligible, and once you do, you don’t necessarily know who to go to, to get support, and you might not be aware of what your landlord, for example, should be providing. So I think more stories about like what we should be expecting from our homes and you know, raising the baseline for what people expect from their homes is really crucial so that people are aware that, you know, there are some laws already out there. There are some more coming. House laws that will sort of instil rights, but they’re going to be really difficult for people to navigate unless they’re properly enforced. So yeah, more, higher, raising people’s expectations of what they can expect from their homes.”	Funded partner, Impact on Urban Health, Financial foundations for adult health programme
“Interesting that so little is known about the rules, not just the new rules as a result of the prepayment meter scandal, but long standing rules, this lady should never have been using prepayment meters. So we contacted, I contacted EDF, who agreed immediately to exchange the meters. Had it been British Gas, I’d have had a fight on my hands, and I would have had to refer it to the extra help unit. But they also would have capitulated, because these are the rules, not just the new rules, but rules that have been in place for decades. So it was delayed because of COVID restrictions, but we did eventually get this. This lady’s meters change, and like so many people, she’s very suspicious of you, she wouldn’t sign up for a direct debit, so she was able to pay monthly by going to the shop with a, you know, with it, with a pay point card. You know, it’s not sort of direct debit or prepayment.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
“If there was more accountability within the NHS, where maybe you had a Law Centre in there. So, for instance, is probably with the teeth thing you could go and report them to say there are no out-of-hours [services] to get the dentistry done. I think there’d be more accountability.”	55-59; Female; Asian or Asian British
<b>WORKING WITH COMMUNITIES</b>	
<b>COMMUNITIES AND COMMUNITY-LED SERVICES</b>	
“I think the churches could talk about that. They say we’ll go and pray, but no, you got to talk about the other things, people having benefit issues.”	55-59; Female; Asian or Asian British
“And, you know, we have, like, church events where he can they have, like, even just last week at my church, they had like, nurses and mental health people come in. But it shouldn’t be the only place that we can go to get these assistants.”	45-49; Female; Black, Black British, Caribbean or African
“I recently went to a local health fair in Lambeth, where I met this community organiser named [name]. She shared her experience with me setting up a free exercise programme for low-income families in the area, like having yoga classes and healthy cooking workshops. It was more like a huge success. She noticed that many participants were kind of struggling to access the healthy food options in their neighbourhood. So what she did, what was that she collaborated with local businesses and other residents to establish a community garden and a food company in cooperatives. So yeah, it came out like a kind of initiative that helped them improve access to healthy food.”	40-44; Female; white Other

“I think that people need to know where to go and who to speak to. And again, this is probably from some experience of working with them, with communities and with families, through my air pollution work. With some homes, even they have been retrofitted and they live in beautiful spaces, they don’t know how to interact with the technology and with the retrofitting spaces, because the information hasn’t been given to them. So, the help has been provided, the infrastructure has been provided, but they still don’t know how to deal with it or how to manage it. So, I think information and empowering people really to know what/how to how to live in a way that is, you know, healthy is an important consideration.”	Funded partner, Impact on Urban Health, Policy team
“And we create systems to be able to let the Housing Associations know, because we’re already working with them, being like their community. We say ‘look, your residents are in need here’, and they’re not having any idea. They’re not catching them, they’re not coming up on the radar.”	Funded partner, Impact on Urban Health, Children’s health and food programme
“I have two people I can think of, both of them were discharged from hospital, one from cancer surgery, one from brain surgery. They get discharged. They live alone. They have no family, no friends, they have no support, and they are sent home to die. Because you’ve come out of major surgery, you are physically unwell. You’re mentally unwell, you’re completely isolated, and you have no-one to cook for you. You don’t have the strength to cook for yourself. There’s no social services support.”	45-49; Female; Asian Caribbean
“I take them meals, I take board games to their houses. Sometimes I sit in silence, um, sometimes we just switch on the TV. I allow them to vent what whatever they need. But there seems to be a huge gap, I believe, from discharge to going back home.”	45-49; Female; Asian Caribbean
“I don’t know her, so I’ve had to kind of talk to her like a little grandmother and give her my personal number and say, ‘call me the next time you fall out of bed, just call me three o’clock in the morning, whatever time it is, and I’ll call the ambulance’. And I’ll do all this, and I’ll take on the housing, because it’s the housing, it’s the gas, it’s everybody cobbled together that nobody seemed to want to know.”	55-59; Female; Asian or Asian British
“I’ve been a part of a programme which people know about their own health, and they are going about supporting each other in their own health, looking at community, seeing who is in their community that can help them with their health. There are many different professionals and people of experience in our communities. So now there are structures and systems being set up and again, because probably not a lot of people don’t know about these systems. These systems are existing, and they’re doing it for themselves. And you know, historically, you can go to, you know, whether it’s East Street Market, whether it be Brixton Market, you know, you’re going to see the bush man. You know, you’ll see the auntie that has all the remedies for everything, and these things work”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
“In the community loads of people ask me for help all the time. I can only do so much, but I do try my best to help whoever and people need all different types of support.”	40-44; Female; Black, Black British, Caribbean or African
“But like you know, the networks we’ve had to forge in WhatsApp and other community groups were a saviour to me, and are still part of a very important kind of community, which I think is something that I wish more communities could have, but I could see that people who are not as privileged as the people in the community I live in don’t always have the extra time to organise. And I was thinking about how health has to do with the whole network that we live in, and all of the things interact from the air to the people.”	45-49; Female; white Other

<p>“She became a community facilitator. She said that transformed her life entirely. That gave her purpose, that gave her meaning, she got to she got to engage with her local community. It got her out so she was physically able to now be confident enough to go outside and meet people. Yes, she learned skills, and then she was able to as a community facilitator to support other local people that were developing their ideas around social determinants of health, which we focused on, housing, employment and financial health. She then went on to start her own business as well [...] basically, just the end of the story is that she had a very positive outcome. She said we practically saved her life. The community saved her life, and she continues to champion this.”</p>	<p>Funded partner, Impact on Urban Health, Health effects of air pollution programme</p>
<p><b>COMMUNITY INVOLVEMENT IN SERVICE PLANNING AND CO-CREATION OF TARGETED SERVICES</b></p>	
<p>“You know, the community can come with inventive solutions and the community can kind of design solutions. So yeah, I think also, more on our side, is it’s important to kind of bring everything back to how communities actually have a lot of the solutions, all of the knowledge, because they experience it in their own bodies. And yeah, having less of the tragedy and more of the kind of creativity of communities.”</p>	<p>Funded partner, Impact on Urban Health, Health effects of air pollution programme</p>
<p>“Empowering through active participation in research.”</p>	<p>Funded partner, Impact on Urban Health, Health effects of air pollution programme</p>
<p>“And then I’ve put housing, equality, affordability and food access, nutrition together. So the reason why I’ve done it this way because, again, because I’ve worked with communities and they’re the ones creating their own creating their own solutions to much of these issues that that we’re discussing, I find that in my experience working with communities and then defining what it is as a community, bearing in mind that many of these communities have different heritages, and so they come from different places, whereby, when they’re here, even though, you know, we look at, how do we alleviate poverty, how do we alleviate stress, how do we do all these things, these people come from that. So when you talk about being resilient, many people in these communities don’t ever want to hear that word, because they’re beyond resilient. And so they find ways to do these things already.”</p>	<p>Funded partner, Impact on Urban Health, Health effects of air pollution programme</p>
<p>We want greater racial diversity in clean air policy spaces, and we want communities to feel empowered to advocate for themselves in these spaces too, whether that’s in terms of kind of utilising their voices to advocate for themselves and generate more agency in like health care and so on. So I think, yeah, greater racial diversity and spaces that are typically under representative and stories we want less of is obviously like stories of health inequality, etc.”</p>	<p>Funded partner, Impact on Urban Health, Policy team</p>

<p>“[We’re] based in the Elephant and Castle, and we work primarily with not only Latin American but also racialised communities and regionalised business owners, independent traders, independent business owners that are from these communities as well that are affected by processes of urban change. So we’re seeing a lot of regeneration, not only in Southwark, but also in other parts of London. And what we aspire to do is work with the communities that are most affected to get them involved in in this process in terms of planning. Sometimes planning can be the language that planning departments at local level and also up at the Pan-London level, the language they can use is very technical, so people may just accept applications and have maybe decisions imposed or affect their communities. So it’s working with these communities to get them engaged in the planning process. So demystifying a little bit of planning process get them involved in terms of objections or support, and we also, as part our work to do some change we work in terms of public policy.”</p>	<p>Funded partner, Impact on Urban Health, Financial foundations for adult health programme</p>
<p>“One of the areas as well that we look at in terms of our work is thinking about race in the planning system. So all this planning, huge, massive regenerations, the communities who are usually most affected are black and brown communities, minoritized communities, racialized communities who have made the place what it is. And they are the ones are most affected, most impacted, but less likely to engage. I’m thinking about the Latin American community as well, and other communities, they all use the space.”</p>	<p>Funded partner, Impact on Urban Health, Financial foundations for adult health programme</p>
<p><b>CAMPAIGNING AND ADVOCACY AROUND SOLUTIONS, COMMUNITIES TAKING ACTION, AND POSITIVE OUTCOMES</b></p>	
<p>“Well, what I was thinking was, we get a lot of people shouting into the void. They’ve felt a lot of injustices in different ways. And it comes out talking about banana or talking about fresh fruit and vegetables. So I don’t know what the word or phrase is, but I suppose better channelling for resolutions of those things and seeing what projects are actually trying to, you know, do.”</p>	<p>Funded partner, Impact on Urban Health, Children’s health and food programme</p>
<p>“So I think that’s the one thing I believe: you say was we need to get onto the front foot, to bring people’s stories in and to allow other people to then say, oh, that happened to me too. Now I’d like to join this campaign, and now I’d like to share my voice, and now I want to talk about it’.”</p>	<p>Funded partner, Impact on Urban Health, Health effects of air pollution programme</p>
<p>“And I think I’d probably like to see more, I think more, like unity in campaigning, maybe, I think more coming together for the same kind of things, and like more, yeah, more diversity of perspective I think.”</p>	<p>Funded partner, Impact on Urban Health, Health effects of air pollution programme</p>
<p>“More spaces for these types of stories to show up, because I think there’s real importance for communities to see that their voices are heard and to see that there are positive outcomes as well. Because what I didn’t also say is this lady was also a part of a [...] group that were able to get their tenants to abide to some of the legal, legal, contractual conditions that they didn’t meet, and they actually ended up on it, putting them on ITV as well. So you can see the power in community. So I think more people need to see that, because everything that anybody, everybody’s discussing today means that if other community members see that there are positive outcomes, it will only galvanize others.”</p>	<p>Funded partner, Impact on Urban Health, Health effects of air pollution programme</p>
<p>“Sometimes when you sub grant, you give people money to tell their story. So just one of our partners is called [name], and she’s a roller skater, and she had an 18-year-old. Now she got an 18-month-old. So now, being a new mom, her thing is roll and stroll, so especially for Black mothers to be roller skating and with the push chair. So again, that’s pushing the need for clean air outdoor activities without going to a coffee shop where it’s expensive, you have to get a coffee. So exactly, I mean there are creative ways of community, rather than saying, fill in a form, come to the council and tell us what’s wrong with you?”</p>	<p>Funded partner, Impact on Urban Health, Health effects of air pollution programme</p>

USING DATA AND EVIDENCE	
“Also very keen to see positive stories, and that is from feedback that I have gathered from the communities we have been working with, and instead of positive framing, they want to see what the communities have achieved and to be presented in a positive light, you know, in the in the media, or where the reports or stories are shared. So I think this is important as well, just to keep in mind that you know is worth highlighting the good things that are happening and just we need more of that, in a way, and that’s feedback from the communities, not even mine. Yeah, I just wanted to say that.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
“And just to add to that, I think there’s something about kind of like root cause analysis as well, that some of those things it’s like, if this is done, then it results in this, and it’s just trying to work those things out. And I think it’s really hard to differentiate, because all of us are kind of closer to various areas, and we’re passionate about those specific areas, and we might see more of a need because we’re not exposed to all of those other places as well. So I think it’s, it is challenging. I mean, it’s, I understand why it’s there, but it’s, it’s very difficult.”	Funded partner, Impact on Urban Health, Innovation team
“I guess the story about empowering through active participation research, I guess it was you want more of people being like empowered to learn more about the health implications of their like daily routines and like discovering more about their local communities.”	Funded partner, Impact on Urban Health, Financial foundations of adult health programme
“Aspire to inspire.”	40-44; Male; Black, Black British, Caribbean or African
“We need more of these stories that actually point this systemic problem out, rather than just focusing on, perhaps, you know, projects which successfully intervene with people who are depressed and get them across these sort of hurdles. Now and again, we need more stories that actually focus on the systemic issues. Critical though all that work is at the moment, and the difference that that makes hugely for the individuals concerned, I’m not disputing any of that. But we need more stories which actually focus on the systemic nature of the problems and that some of those things could with political will actually be got rid of. So I think, you know, that’s where I certainly look.”	Funded partner, Impact on Urban Health, Financial foundations for adult health programme
“So I think with all of these issues, we have to be just be mindful of the framing. Are we just chasing our tails when someone will come up with a comment and then everyone else we’re jumping in to say, ‘oh, landlords are evil.’ And it’s a whole conversation about landlords being evil, as opposed to some of these health things, equity things and everything else.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
“I think stories are incredibly important. [...] So many don’t know who has been impacted by their own policies.”	Funded partner, Impact on Urban Health, Children’s mental health programme
“Better sharing of patient records from primary and secondary care. So without being asked the same things again, it’s just better sharing of information.”	40-44; Male; Asian or Asian British

“And I think one of the issues, potentially, is maybe a technical one in terms of the data. And like in all the systems that we have, all of the data exists to identify people who are struggling with their health because of their homes, who are eligible for support, but none of the data sets talk to one another, people don’t have access. Obviously, GDPR (General Data Protection Regulation) is a massive issue, but if we can find a data solution to allow GPs to be able to see better when someone comes in from their records, okay, you live in this council tax band and you’re an EPC of this and therefore you’re automatically eligible for some support, maybe that would be helpful, I think Energy Systems Passport have done some interesting research there.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
And in terms of relating to the debt trap, I’ve really found the significance of I think the need to focus a lot more on data advocacy amongst local authorities.	Funded partner, Impact on Urban Health, Children’s mental health programme
“So this is going back to the previous census, 2011 I think, 9.8% of the population were of Latin American heritage. Unfortunately, the Office of National Statistics does not include Latin American as an option when it comes to equalities monitoring, and that has an impact in terms of maybe assessing the needs of the community, responding to the needs of the community, etc.”	Funded partner, Impact on Urban Health, Financial foundations for adult health programme
“I think stories should be heard. and that that people have the space to share those stories, but also the responsibility for response in the places where it needs to be, in government, in policy, in how local authority responds. So it’s stories that has been told, but stories that is having is shaping how housing and how these situations are dealt with operationally in the day to day, to remove the barriers that are facing people and organisations in this space.”	Funded partner, Impact on Urban Health, Financial foundations for adult health programme
“I was thinking maybe we could have had a little bit of a focus on things that are working well, that then you could feedback so that could then be replicated.”	45-49; Female; Black, Black British, Caribbean or African
POLICY, LEADERSHIP AND INFLUENCE	
“I think that would be fantastic to see [...] the new Labour Government enforcing their new race equality strategy and the new race equality legislation across government, and seeing how that trickles down to affect local councils and like local boroughs and like boroughs like Lambeth and Southwark as well. I know that they’re obviously working on this race equality strategy and on the new race equality act, but I want to actually see it kind of happen now and come about in practice, and see how that actually affects local communities on the ground, and how that has like an actual tangible impact upon people of colour. So that’s something that I definitely hope to see within the next few years, and hopefully that actually kind of takes precedent and happens and makes a tangible impact.”	Funded partner, Impact on Urban Health, Innovation team
“But it was also interesting to see that when we would, you know, like work, to bring everyone together and do campaigns, and, you know, we managed to win, you know, something like sick pay or holiday pay, then a lot of the people with chronic health conditions would actually be ill less regularly, because they would probably go on sick leave when they needed to, which meant that in the longer term, the health was better, and it was solely by addressing, like, some of the work problems.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
“I would say stop demolishing social homes and turning them into fancy flats. It would be quite a straightforward thing to do, and we’ve seen other boroughs actually kind of switching the dynamic and building social homes, even with very limited resources. Not in five years, like this year, we could do it tomorrow even.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme

“A more supportive benefits system, including parents / carers not being pushed to return to work when they have young children, as the figures simply don’t balance / make it worthwhile for them to work and put their children in registered childcare.”	Funded partner, Impact on Urban Health, Children’s mental health programme
“So trying to influence public policy, not only at local level, but also more on a London level, and we work with the community on various projects.”	Funded partner, Impact on Urban Health, Financial foundations for adult health programme
“I think taking the Equalities Act more seriously is desperately needed. And so I’d probably want more stories of strategic litigation that forces hands that to create changes in policies that are deeply problematic.”	Funded partner, Impact on Urban Health, Children’s mental health programme
<b>FUNDING AND INVESTMENT</b>	
“It’s been really good to have a funder like Impact on Urban Health in terms of the flexibility and the approach that they have. Some funders in the past have been very heavy on your monitoring reports, your outputs, your key performance indicators, which is... Yes, flexible funding. So flexible funding programmes are amazing.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme
“One thing I’d love to see happen in the next few years, I think I would say is increased investment in community-led health initiatives. I’d like to see more funding and resources allocated to community-led health initiatives, just like developing culturally sensitive means of health support services. That would be very helpful.”	25-29; Female; white British
“I think I would like to see more funding [for] arts as well. Maybe I’ll look at expanding programmes like the Healthy Living centre and also maybe supporting community gardens and green spaces.”	40-44; Female; white Other
There’s lots of really great groups out there doing work that helps support families, young people, anyone you can name, really with health conditions outside of primary, secondary, kind of statutory care. But a lot of them don’t have anywhere they can operate from. So one example that I came across the other day is this group doing really great work with families and children with special educational needs and disabilities. And they are using a space where they have to pack it up and pack down every day, and someone else has to come in and let them in and let them out. And quite often, that person, the key holder, has been late or they haven’t turned up. And so you’ve got families with children with difficult needs who are there for a bit of respite care or to run a session, whatever, not being able to get into a building properly. And it’s just a real nightmare for them. These services are so important for the families involved, but also for helping relieve pressure on statutory services that I feel that needs to be given much more support, more time and resources for these kind of community grassroots groups outside of the traditional healthcare structures. And that’s just one example.”	40-44; Male; Asian or Asian British
“And I heard someone say something earlier that they would like to see more community stuff on the high street. There should be. I think the Councils get enough money like, they could do something like that, but they’re just lacking in a lot of things.”	40-44; Female; Black, Black British, Caribbean or African
“And we need that service provision, and I think our taxes should pay for it, and I’m happy for my taxes to pay for it.”	65-69; Female; white Other
And when you ask about the resources, when they can relate where they can come from. I’m very clear that rich people need to be taxed another 20 to 30% more than they’ve been taxed.”	65-69; Female; white Other

“So I have absolutely no problem myself if I was a richer person, and I’m a poor person, and I’m happy for my current tax to be increased to go towards the welfare of all human beings within this country, regardless of age, race, where they come from. And so therefore I’m passionate about that the most.... So for me, there is a solution.”	65-69; Female; white Other
“So one thing I was going to say was I feel like there’s a few, like, privately funded community groups that I’ve been to, which I’ve been amazing, which I feel like aren’t really accessible through like, publicly funded things. So I feel like, if that was sort of like the council was to sort of fund these sort of things more thoroughly, then there’d be more accessible, there’d be more opportunities so that people can access them. Because I feel like, again, in terms of, like, just having them how they advertise, they’re not really advertised well, like this one, I had to find out through word of mouth or a friend, rather than it being a sort of thing of where I might have gone to church, or I might have walked past the billboard where it might have said something about it. It’s just more, yeah, it’s just not that well spoken about or, like, easily accessible, yeah.”	25-29; Male; Mixed or multiple ethnic groups
“Public ownership, that’s what we should be driving for. Why is Lime and Uber allowed in? And the good thing about the Santander thing is they have docks, so you have to put them in the docks. So then for disabled people and people with mobilities or prams, they don’t block up the pavement like these Lime bikes and the Uber bikes. So how can the council or Mayor’s office or whatever let these commercial companies come in and steal a march on what were the Boris bikes? So yeah, public ownership.”	Funded partner, Impact on Urban Health, Health effects of air pollution programme