



# Working with communities to create solutions to addressing inequity in systems

## Introduction to the Flourishing Communities partnership

Flourishing Communities is a National Lottery funded partnership between Tower Hamlets CVS, Women's Inclusive Team, Limehouse Project and Praxis. It aims to address the inequity experienced by global majority women around their sexual and reproductive health. It is led by a steering group of women from Bangladeshi, Somali and refugee and asylum seeker communities to identify the gaps in services and develop community-led responses to address the inequalities.

[www.wit.org.uk](http://www.wit.org.uk)

[www.limehouseproject.org.uk](http://www.limehouseproject.org.uk)

[www.praxis.org.uk](http://www.praxis.org.uk)

[www.thcvs.org.uk](http://www.thcvs.org.uk)



As part of the Flourishing Communities project we have used the learning from the project activities to develop resources that can be used to support creating culturally sensitive environments for patients and service users in different settings.

We used this set of resources to identify what the communities saw as the issues, to open up a discussion with General Practitioners and practice staff to unpick some of the access issues for women from the global majority communities in Tower Hamlets.

**The resources included are:**

- Developing a persona.
- Bridges and gates.
- Menu of conversation sheet.

## What we did.

The resources were developed initially as tools to support the Flourishing Communities partners to better understand how women from the different communities were experiencing accessing a GP and how that impacts on women's sexual and reproductive health choices.

The partnership started by working with groups of women from their communities to gather insights into the experiences that the women had. The focus was on sexual and reproductive health, but we hope they can be useful for other areas as they create a safe way to focus the discussions.

The findings from the initial insights gathered show how difficult the women found it to access services and how this compounded their sense that the services were not sensitive to their needs. They did not reflect this when they saw a healthcare worker.

In order to facilitate a constructive conversation with the GP practices and the women, we started by creating a long list of the issues which were grouped into themes.

We then asked the women in a focus group to create personas so that they were depersonalised. We used the personas that the women had created to discuss their experience of trying to access the support they need.

[Click here](#) for the persona templates.



We created a [visual road map](#) so that everyone could contribute to the discussion.

The women then used the images of gates and bridges to explore obstacles and solutions.

The gates symbolised the obstacles that were in the systems in the GP practices such as telephone access when your first language is not English and the need for translation and advocacy services. Another example was the receptionist asking what they wanted to discuss with their GP.

The bridges symbolised opportunities that could overcome the obstacles such as having a receptionist who spoke the community language and who could arrange the appointment and book the translation service. Another example was the receptionist explaining that the reason they were asking questions was to make sure they got the right service.

The session empowered the women to feel more confident to discuss their concerns and create solutions with the GP practices. It was also an opportunity to explain how the GP systems worked and why the systems were designed to streamline access for patients. It also highlighted the need to develop health literacy resources for women that were accessible and easily to understand.



As the project progressed we became more aware of how complicated it was for the women involved to understand, for example, the cervical screening invitation letter and how important it was for them to have regular screens.



Using the themes from the initial insights long list we created a menu of conversation cards in order to support a safe discussion format for the women and the practice staff to create solutions to the problems. [Click here](#) for the menu of conversation template.

## The menu is divided into 3 sections:

**Starters** – Understanding the system.  
**Mains** – Complicated problems.  
**Desserts** – More easily resolved.

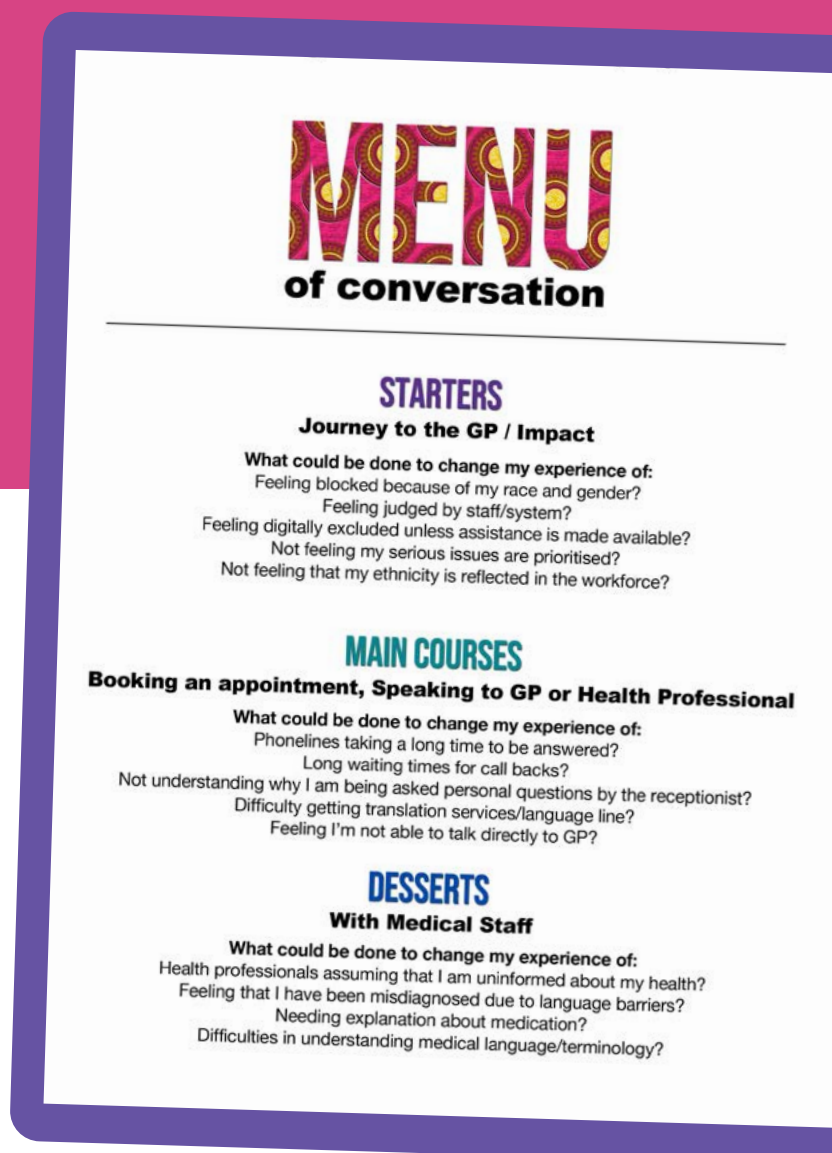
The women then met with practice staff from two separate Primary Care Networks. In small groups they picked an issue from each section and discussed how the women felt and how the practices could change what they did or what needed to be escalated to be discussed by other system partners.

The discussions created some solutions and also raised wider health system issues. For example, the practices do not have the resource to be able to offer appointments immediately for all things but the reception staff would explain why they were asking questions so that the patient understands that their information is being kept confidential and that it was to screen emergencies versus issues that could be booked for a later date. The issue of translation and advocacy services was escalated to the commissioners of the services for further exploration.

There were two very simple solutions that the practices implemented immediately: Posters and signage – the women did a walk around the practices and explained what signage they would need to find their way around the building. They also noted that the posters needed to reflect their communities as there was not enough representation of diversity.

Staffing – the women felt that there was under representation of their communities in the staff teams. After some discussion it was agreed that the job opportunities would be shared with the voluntary sector who could then share it with their residents. This led to 5 women from the Somali community applying for and getting roles in the NHS.

We have co-created these resources in partnership with residents, service users and other key stakeholders. We suggest that you take a moment to decide if and how you will coproduce your approach to reviewing or establishing a new service. Implementing a coproduction approach is a journey that requires commitment, collaboration and continuous improvement. We appreciate that it is time consuming but it does create solutions that are ultimately cost effective and most importantly meet the needs of residents. So, don't just use a survey to say you have coproduced.



We know that there are many talented facilitators working between the voluntary sector and the system partners already making change in addressing inequalities and amplifying resident voice. We hope that our simple solutions to supporting facilitation will be useful and help you to codesign responsive and sensitive services.

For further information contact [alison.robert@thcvs.org.uk](mailto:alison.robert@thcvs.org.uk).

Tower Hamlets CVS supports voluntary and community groups in Tower Hamlets to run their organisations effectively, secure funding to deliver services and to connect and collaborate with each other. We are also an embedded strategic partner in the borough, bridging the space between the voluntary and community sector and statutory and other partners, enabling us to give a voice to the voluntary and community groups, and advocate on their behalf.

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