CPAR Impact Report 2021–2025

CPAR Community Participatory Action Research

This report has been produced
by University of Reading
May 2026

University of Reading

CPAR has been delivered in partnership with NHS England, Scottish Community Development Centre (SCDC), and The Institute for Voluntary Action Research (IVAR)

NHS England South East

scdc scottish community development centre

IVAR 25 YEARS

FOREWORD

Community Participatory Action Research (CPAR) is an approach in which community members design and lead research projects related to health inequalities in their communities, acting as equal partners with system stakeholders, with a core objective of *turning research outcomes into action*. It aims to empower communities to lead research that informs changes in thinking, policy and practice in health delivery, and seeks to build a skilled and relevant workforce. Crucially, it links inquiry and investigation with action to achieve positive social change in communities on the issues that are most important to them. A core aspect of this is that CPAR should be led by communities themselves and this is the fundamental premise of how we train, support and facilitate researchers.

The CPAR programme has been funded and led by South-East School of Public Health, which is part of Workforce, Training & Education (WT&E), NHS England South-East, in partnership with the University of Reading's Participatory Action Research (PAR) team, the Scottish Community Development Centre (SCDC), and the Institute for Voluntary Action Research (IVAR). In addition to supporting communities to evidence their lived experiences, and co-create solutions, for what has been described as a public health emergency arising from the COVID-19 pandemic and the cost-of-living crisis, a central aim of the initiative is to build a skilled workforce which empowers people and communities *to have an equal voice in how health and care priorities and services are informed and designed*. This remit responds to NHS England's statutory guidance around working in partnership with people and communities by developing a workforce that can better address place-based health inequalities, and also speaks to ongoing neighbourhood-focused agendas, including Neighbourhood Health and the Independent Commission on Neighbourhoods.

Working collaboratively and using principles of co-production, our partnership team led on different strands of the programme: NHS England managed the governance and led the delivery of the programme, with training in participatory research methods and peer mentoring delivered by the University of Reading over a 12-month cycle, using the PAR Toolkit. Mentoring and project support was provided by SCDC, and IVAR facilitated workshops and learning spaces to help maximise the potential of community research to inform priorities and service development. Community researchers were employed and supported by a diverse range of voluntary and community sector organisations (VCSOs) based in Buckinghamshire, Oxfordshire, and Berkshire (BOB), Hampshire & the Isle of Wight, Kent & Medway, Surrey, and Sussex.

Since 2021, 85 community researchers from over 30 VCSOs working with communities adversely affected by the impacts of COVID-19 (2021–22), the cost-of-living crisis (2023–24), and health inequalities (2024–25) have been trained, mentored and supported in action-based facilitation to develop research and findings into outcomes. Although their formal research journeys finished with a CPAR Celebration Showcase event in London, our partnership team remains committed to supporting the community researchers to develop new ventures that continue to tackle the health inequalities facing many communities today. A recent initiative has been the launch of the CPAR Alumni Network (established in 2025), led by community researchers from the Thames Valley, in partnership with University of Reading and Community Impact Bucks, and further supported by funding from the Research Engagement Network (REN).

In January 2026, the University of Reading PAR team were commissioned by NHS England South-East, Workforce, Training & Education (WT&E) to deliver this impact report, examining the career pathways of CPAR trained community researchers, with a particular focus on demonstrating how the programme contributes to developing a new and future workforce across health, care, and public health settings.

Primary aim: We wanted to know if engaging in CPAR had resulted in new voluntary and paid employment opportunities, particularly in fields related to health, care, public health, research, or community engagement, and understand whether CPAR supported researchers to progress into further education, training, or professional development.

Secondary aim: A secondary aim was to identify wider personal, professional, or community impacts around tackling health inequalities as a result of CPAR.

Using a semi-structured questionnaire and in-depth interviews with community researchers, project delivery partners, and host organisations, this report captures rich stories and experiences from across the programme, and highlights how CPAR can enable trusted relationships, social connectivity, and culturally safe and responsive networks. This results in the voices of communities with lived experiences being heard in policy, service provision, and delivery settings and contributes to the building of more equitable healthcare systems across South-East England.

Equitable collaboration and partnerships have been central to CPAR. In practice, we are working "with" communities rather than communities being the subjects or recipients of the research. All partners have highlighted that the CPAR model has been exemplary, the process smooth and empowering to everyone involved, with flexibility and shared learnings a valuable aspect of the programme. The creative, face-to-face opportunities at showcase events have been successful and impactful, co-designed to celebrate the researchers and share findings, and inviting research participants to share feedback. These events have provided an opportunity to foreground seldom heard voices and have inspired researchers to host their own showcase events independently within their communities. It should also be noted that community researchers have been remunerated for their time, knowledge, social capital, and expertise in equitable, ethical ways, which is a significant achievement that shows a way forward for community-led research.

Last but not least, the CPAR programme has led to positive action with community researchers, host organisations, and delivery partners, as presented in this report.

Collaboration is key to action, and creating sustainable, ethical social change.

Dr Sally Lloyd-Evans
Public Engagement with Community Research Fellow and Associate Professor in Human Geography

Dr Esther Kerubo Oenga
Community Participatory Action Research (CPAR) Fellow

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EXECUTIVE SUMMARY

The Community Participatory Action Research (CPAR) programme is a community-centred training and research programme which is designed to investigate and address health inequalities, particularly in seldom heard, minoritised communities across the South-East of England. CPAR has been delivered in partnership by the University of Reading, NHS England South-East – Workforce, Training & Education (WT&E), Scottish Community Development Centre (SCDC), the Institute for Voluntary Action Research (IVAR), and communities across the South-East, delivering significant impact and engagement across multiple dimensions.

The programme trained and developed 85 community researchers across Buckinghamshire, Oxfordshire, Berkshire (BOB), Hampshire & the Isle of Wight, Kent & Medway, Surrey, and Sussex, who designed and delivered over 40 culturally and socially responsive research projects focused on health inequalities. It has led to extensive development of reports (see Appendices), publications, and resources, including the PAR Toolkit, which is recognised nationally for guidance and good practice.

CPAR is a research approach which empowers and enables communities to identify and better understand their needs through their lived experience. It equalises power relationships in research by placing control of the research topic and delivery in the hands of those who are experiencing the issues being explored. Crucially, it links inquiry with action to achieve positive change in communities on relevant issues. By situating knowledge generation at the local level, the approach aims to break down barriers between communities and services providers to inform changes in thinking, policy and practice in health delivery while simultaneously building a skilled workforce that enables the public to have an equal voice in how health and care priorities and services are created and delivered.

Each delivery partner held distinct roles and responsibilities across the programme, designed to align with specific strengths of organisations and individuals. NHS England managed the governance and led the delivery of the programme, with the University of Reading delivering training in participatory methods and peer researcher mentoring over a 12-month cycle. Mentoring and project support was provided by SCDC and IVAR facilitated workshops and learning spaces to help maximise the potential for CPAR research to inform priorities and service development. Community researchers were employed and supported by a diverse range of voluntary and community sector organisations (VCSOs) across South-East England.

To date, there have been three community researcher cohorts:

- **Cohort 1** worked with communities adversely affected by the impacts of COVID-19 (2021–22)
- **Cohort 2** investigated the cost-of-living crisis (2023–24)
- **Cohort 3** explored health inequalities (2024–25)

In 2026, the University of Reading PAR team were commissioned by NHS England South East, Workforce Training & Education (WT&E) to deliver an impact report examining the career pathways of CPAR trained community researchers, with a core focus on demonstrating how the programme contributes to developing a new and future workforce across health, care, and public health settings. We wanted to know if engaging in CPAR had resulted in new voluntary and paid employment opportunities, further education, training, or professional development, particularly in fields related to health, care, public health, research, or community engagement. A secondary aim was to identify wider personal, professional, or community impacts around tackling health inequalities as a result of CPAR.

For this reporting, we aim to share stories and metrics of impact and engagement achieved by CPAR across all three cohorts, from 2021–2025. To establish the impact and influence of the programme on the community researchers, community partner organisations, and delivery partners, the team at University of Reading – Dr Esther Oenga, Dr Sally Lloyd-Evans, and Matt Burrows – adopted the following methodologies:

- Surveyed 38 community researchers via an online form with both qualitative and quantitative questions
- Surveyed 9 research leads from community partners organisations via an online form with both qualitative and quantitative questions
- One-to-one interviews with nine community researchers that had exemplar projects or significant post-project development
- One-to-one interviews with each of the four delivery partners

The data acquired from the community researcher survey demonstrates that CPAR engages and develops a workforce which is already embedded in, or moves into, community-centred health, care, and research settings. As shown in the table below, over a third of community researchers (37%) are currently working in roles directly related to health, care, or public health, including in roles such as Mental Health Practitioners, Community Coordinators at healthcare CICs, Community Engagement Officer at Healthwatch, and Managers of community health groups. Additionally, of the 38 community researchers who responded to the survey, 12 secured new voluntary or paid employment, self-employment, internships, or enrolled in further or higher education as a direct result of CPAR skills development and networks.

A consistent finding across the survey responses is the scope and sustainability of transferable skills that community researchers gain through CPAR. Researchers do not only apply these skills within the programme itself – they carry them forward into subsequent employment, voluntary work, and ongoing community engagement. These skills have also helped community researchers progress into higher or further education, including two that have enrolled in PhD studies, one starting a new undergraduate degree, one completing an MSc, and several other researchers clearly stating aspirations to complete a Masters or PhD. This demonstrates CPAR's value and contribution to developing a skilled, versatile, community-centred workforce that continues to address health and social inequalities beyond the programme.

CPAR RESEARCHERS – PROFESSIONAL SECTORS

Sector	Number of researchers (n=38)	% of respondents
Health, care & public health	14	37%
Voluntary & Community Sector (VCS) / community engagement	19	50%
Community research	4	11%
Public sector / local authority	2	5%

KEY TRANSFERABLE SKILLS CITED BY COMMUNITY RESEARCHERS INCLUDE:

- Research methods, data collection and analysis – including qualitative methods (interviews, focus groups), survey design, data presentation.
- Confidence and self-belief – the most frequently cited benefit across all three cohorts, enabling researchers to engage at all levels from grassroots communities to NHS committees and academic publishers.
- Community engagement and relationship-building – creating trusted, culturally safe spaces enabling engagement with seldom heard groups.
- Advocacy and leadership – challenging systems, engaging stakeholders, championing health equity.
- Bid writing and funding applications – using evidence gathered through CPAR to secure further resources for community programmes.
- Cultural competency – understanding diverse communities and navigating cultural nuances in research and engagement settings.
- Networking – building last professional connections across sectors, bolstered by the CPAR Alumni Network, including with the NHS, local authorities, and academic institutions.

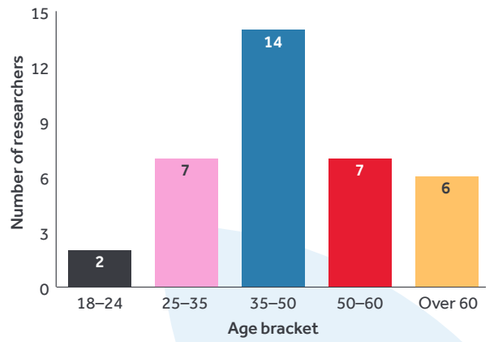
From numeric responses provided by community researchers to questions on engagement, it is estimated that over 4,500 participants have been directly engaged through their projects, reaching an estimated audience of over 10,000 people through associated dissemination activities. This dissemination has continued most recently at the CPAR Alumni Conference, held at the University of Reading in April 2026, where community researchers shared and celebrated their work with various stakeholders, and at the NCCPE Engage Summit, where researchers presented their work and delivered an exhibition session on reflections and lessons from CPAR.

The responses to the surveys and interviews with community researchers and delivery partners provided the foundation for this report. We are grateful to all those that contributed.

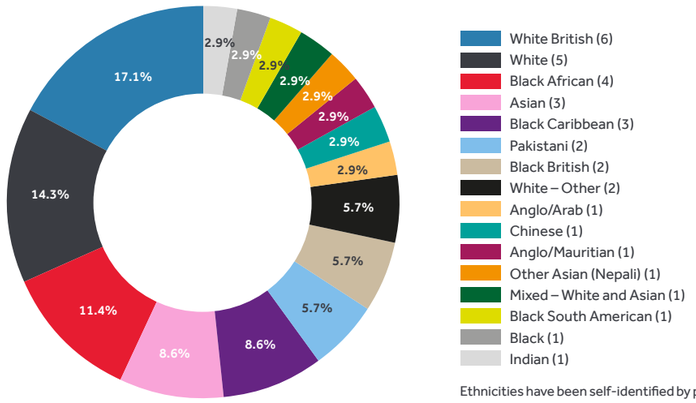
DIVERSIFYING THE HEALTHCARE WORKFORCE

CPAR engaged a diverse cohort of community researchers representing multiple age groups, genders, ethnicities, and nationalities, enabling authentic and representative community-led research. We had 8 responses to our questionnaire from CPAR Cohort 1 researchers, 12 responses from Cohort 2 researchers, and 18 responses from Cohort 3 researchers.

Community researcher age distribution (n=36)

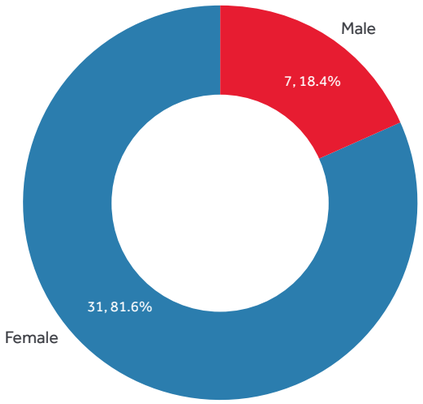


Community researcher ethnicity distribution (n=35)

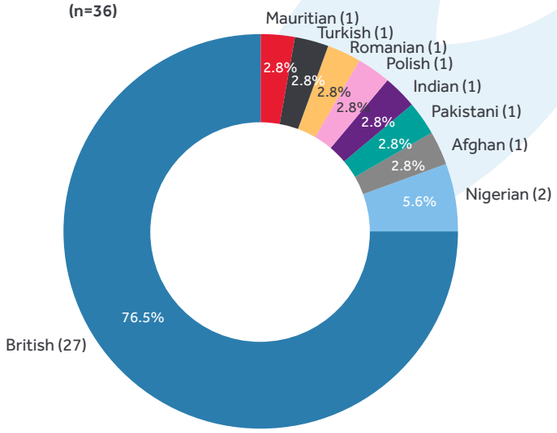


Ethnicities have been self-identified by participants

Community researcher gender distribution (n=38)



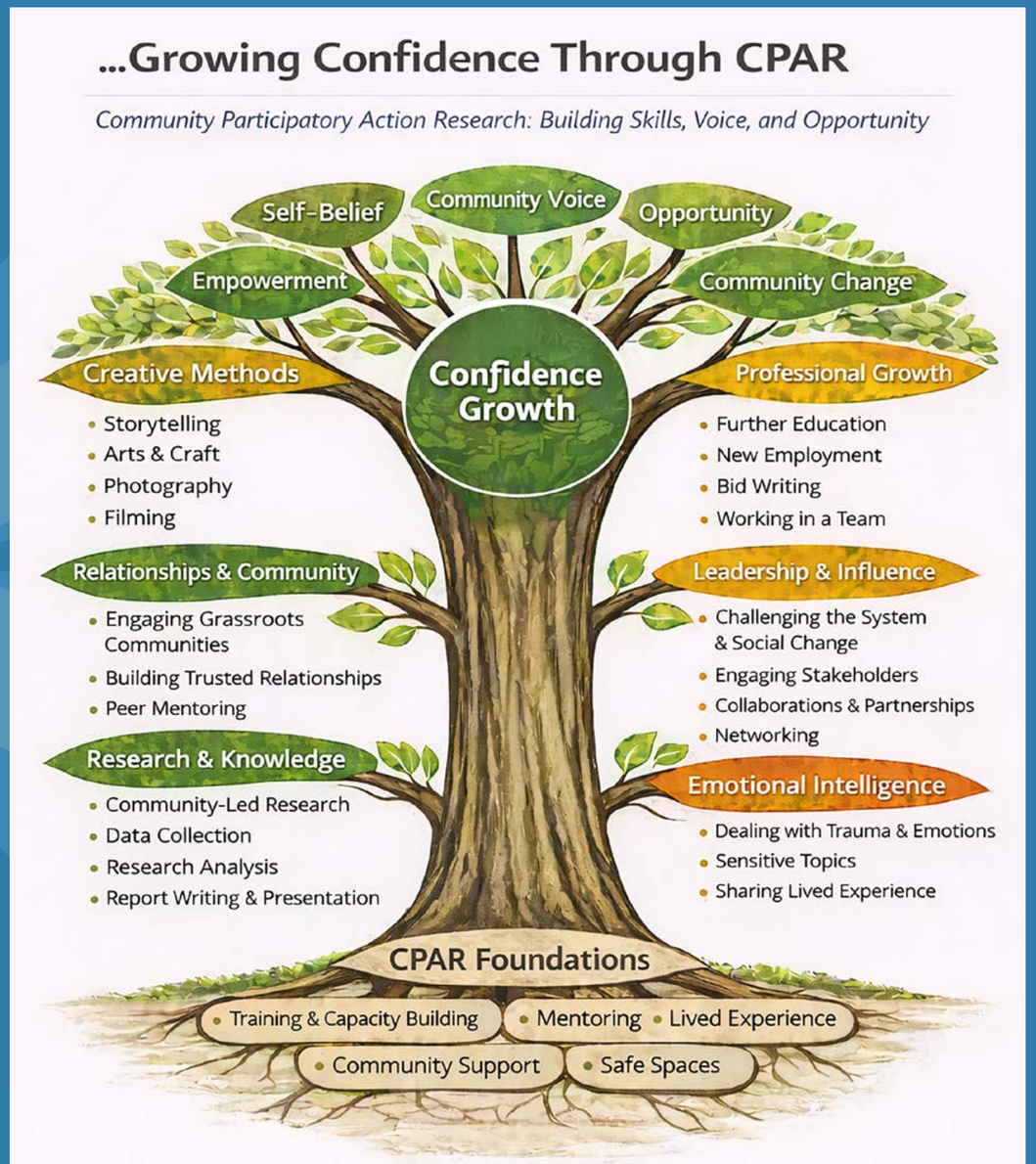
Community researcher nationality distribution (n=36)



CPAR CONFIDENCE TREE

One of the key challenges of community-centred research is how to measure social impact – there are many intangible benefits to this approach which are not easy to quantify. Through the qualitative approaches in our reporting, we have aimed to capture some of this, with one of the main areas community researchers repeatedly cite positive impact being increased confidence.

Working with one of our community researchers, Patriece McKinley, we have produced the CPAR Confidence Tree, to illustrate how from several foundational principles and practices in CPAR, confidence for community researchers grows in a number of areas.



Co-designed by Patriece McKinley & Dr Esther Oenga

THE IMPACT OF CPAR

BUILDING CAPACITY & CREATING OPPORTUNITY FOR COMMUNITY RESEARCHERS

The CPAR programme has demonstrated profound and multi-layered impact, beginning with the community researchers themselves and rippling outwards to influence organisations, services, and entire communities. This impact reflects a simple but powerful principle – when communities lead research into their own experiences, the insights generated are both more authentic and more actionable than traditional top-down approaches.

For the community researchers who participated in CPAR, the programme represents far more than skills training. Every single researcher that responded to the surveys which have informed this report shared that they had developed a better understanding of their community's needs, challenges, and solutions through their CPAR engagement. The programme was not focused on abstract learning; it translated into capabilities that researchers could apply immediately in their communities and workplaces.

The programme's impact on employability was particularly striking. Of the 38 respondents, 12 researchers secured new employment, self-employment, internships or enrolled in further or higher education as a direct result of CPAR skills development and networks. The programme was influential in terms of next steps and aspirations, with 19 researchers wanting to engage more with communities and contribute to impact locally, regionally and nationally, and a further 18 researchers expressing a desire to continue to engage in creative research on the issues communities face.

Two researchers progressed to postgraduate study, citing CPAR research experience as key to their acceptance. Beyond formal employment outcomes, researchers consistently reported strengthened research capabilities (41% of respondents), increased confidence (29%), and enhanced communication skills. These developments manifested themselves in researchers' ability to engage effectively with stakeholders at all levels, from local community members to NHS committees, local government, and academic publishers.

12 researchers secured new employment, self-employment, internships or enrolled in further or higher education

19 researchers wanted to engage more with communities and contribute to impact locally, regionally and nationally

18 researchers expressed a desire to continue to engage in creative research on the issues communities face

2 researchers progressed to postgraduate study

41% of respondents reported strengthened research capabilities

Nearly 2 in 5 researchers secured further funding to continue their community engagement work

Perhaps most significantly, nearly two in five researchers secured further funding to continue their community engagement work, demonstrating CPAR's role as a launchpad rather than an endpoint. As one researcher working on health and accessibility needs of the Chagossian community reflected: *"This research provided a platform for the community to share their experiences. Our report has been shared widely with the local authority and county council, partners, and local services, which has helped to inform service design. We also received funding to better support the community through our advice service."*

The research process itself proved deeply meaningful for participants. A researcher examining domestic violence and hormonal health impacts described their experience, saying: *"The most rewarding aspect of the project was creating safe, trusted spaces where women felt seen, heard, and validated. Witnessing participants move from silence to confidence, and recognising the power of shared stories to support healing and collective action, was deeply rewarding."*

These personal transformations were underpinned by widened connections, partnerships, and trust that supported researchers' ability to engage with diverse stakeholders and decision-makers. The relationships built through CPAR – both between researchers and their communities, and between researchers and institutional partners – is a model to create a lasting, community-based infrastructure for ongoing engagement and impact.

STRENGTHENING AND DIVERSIFYING THE HEALTHCARE WORKFORCE

CPAR's impact on workforce development extends far beyond individual career progression. The programme's model of training, mentoring, and capacity building ensures that transferable skills are developed and, crucially, remain within communities through the community researchers themselves. This represents a fundamentally different approach to workforce development, aligned with the NHS Long Term Workforce Plan (2023) – rather than extracting talent from communities to fill institutional gaps, CPAR builds community capacity while simultaneously diversifying the healthcare and research workforce.

One researcher working on barriers facing ethnically diverse women accessing menopause support articulated this skill transfer clearly: *"CPAR helped me develop transferable skills that I now apply in my work as a community development worker, including building trust with diverse communities, facilitating safe spaces for sharing experiences, and translating community insights in actionable recommendations. It also strengthened my abilities in advocacy, collaboration, and communicating sensitive issues effectively."*

"... rather than extracting talent from communities to fill institutional gaps, CPAR builds community capacity while simultaneously diversifying the healthcare and research workforce."

Through mentoring and peer support networks embedded in the programme, community researchers develop leadership and mentorship capabilities that transfer directly into workplace environments. The CPAR Alumni Network in the BOB region, led by two alumni Co-Chairs, further empowers researchers' career progression beyond the programme itself, supporting ongoing professional development, exemplifying sustained engagement, which is illustrated in the stories shared later in this report.

The diversity of CPAR's three cohorts – reflected in the wide range of ages, ethnicities, and nationalities among researchers that are illustrated in the previous section of this report – directly contributes to workforce diversification. More fundamentally, CPAR's themes and approaches in addressing health inequalities closely align with resolving barriers to workforce entry, through trusted relationships, increased accessibility, and authentic research, which create pathways for people from underrepresented communities to contribute and enhance their expertise.

Institutional partners have recognised this workforce impact. As Joanne McEwan, Public Health Development Manager for Workforce, Training and Education at NHS England – South-East observed: *"CPAR has had a positive impact in that from our local partners who we work with in public health consultancy, they have been aware of the programme and they have been engaged with it, and this has broadened their understanding of the workforce that's out there."*

ORGANISATIONAL IMPACT: EVIDENCE FOR CHANGE

The ripple effects of CPAR research extended powerfully into partner organisations and service providers. Over a third of organisations that responded to CPAR's impact survey reported securing additional funding using CPAR research as part of their evidence base. The scale of this funding was transformational in some cases – Surrey Minority Ethnic Forum secured £500,000 in further funding from the Community Foundation of Surrey to continue research work directly informed by CPAR findings on maternal health support. You can read more about this in Ambreen Muzaffar's perspective piece on p20–21 of this report.

Beyond funding, CPAR catalysed the creation of new community services that continue to support residents. These include a Menopause Café registered as a Community Interest Company, Women's Trauma Therapy groups, Men's Mental Health support, community hubs, and peer support networks. There is more detail on several of these initiatives and successful follow-on funding in the Case Studies and Community Researcher Voices sections of this report.

For academic institutions, CPAR demonstrated the viability and value of participatory action research at scale. As Professor Adrian Bell, Associate Pro-Vice-Chancellor for Research (Prosperity & Resilience) at the University of Reading noted: *"CPAR has contributed to the work we already do at the University in participatory action research and has helped us talk more broadly about PAR across the institution and local authorities. It is known within the institution and locally, and has fed into the University's Research and Innovation strategy around community-based research."*

This institutional embedding ensures that CPAR's approach – prioritising community voice, lived experience, and co-production – influences how research is conceived and conducted beyond the programme itself.

"Working with CPAR has helped us research illnesses which our community struggle with. We have learnt so much on this journey and have passed this information to the community we serve."

INFLUENCING STRATEGY, POLICY & SERVICE PROVISION

CPAR research has generated tangible change in how services are designed and delivered across the areas in which it operated. NHS services have translated health information into multiple languages for display in GP surgeries, organised community talks and free health checks based on CPAR findings, and redesigned pathways to address barriers identified by community researchers. Local authorities drew on CPAR reports to inform dementia strategies, housing policy, mental health and maternal services commissioning, demonstrating that community-led research provides essential evidence for policy development.

The research also achieved academic and professional recognition, with findings presented at conferences, to local authorities and NHS committees, and published in the British Journal of General Practice Magazine and in the Journal of Immigrant and Minority Health. This dual impact – influencing both practice and scholarship – validates the rigour and innovation of community-led research while ensuring findings reach key decision-makers.

Perhaps most significantly, CPAR recommendations have been embedded in organisational strategy across sectors. As Ana Popa, Health Inequalities Lead at Berkshire NHS Foundation Trust explained: *"CPAR findings have directly informed the way we identify and frame health inequality priorities within Berkshire Healthcare. The research led by community researchers – for example on mental health stigma, access barriers in racialised and minoritised communities, domestic violence and women's hormonal health, and hypertension in Afro-Caribbean communities – has strengthened our understanding of lived experience beyond what routine population data alone can show. This has reinforced the importance of culturally responsive, community-led approaches in both our interim Health Inequalities Strategy and the development of the 2026/27 Health Inequalities work programme."*

The strategic, policy impact has also extended into the community partner organisations, with Maha Rai, Charity and Centre Manager of the Folkestone Nepalese Community (FNC), saying: *"CPAR has influenced FNC to embed evidence-based practice into our strategic planning. We now incorporate community consultation more formally into programme design, we have strengthened safeguarding and ethical considerations in community data collection, align our projects more closely with identified health inequalities, and use research evidence to inform funding applications and partnership discussions. It has positioned FNC not only as a service provider but as a community knowledge partner."*

This embedding of CPAR insights into strategic planning represents a fundamental shift: from communities being the subjects of research to communities shaping and leading how institutions can understand and respond to health inequalities.

COMMUNITY-LEVEL TRANSFORMATION

At the community level, CPAR's impact has been profound. Based on responses from the researchers who took part in the survey, over 4,500 community participants – many from seldom heard, minoritised groups – engaged directly in research activities. This engagement was not extractive; it was built on trust, meaningful relationships, community embeddedness, and ethical, equitable approaches that respected participants' time, knowledge, and dignity.

The research process created culturally sensitive safe spaces where minoritised communities could share experiences and, crucially, be heard and supported by those with power to help create change. These conversations often directly resulted in community-led solutions: food gardens, culturally inclusive food pantries and social supermarkets, advice centres, walking groups, exercise classes, and culturally responsive mental health and maternal health community hubs all emerged from community-identified need rather than institutionally-imposed interventions.

Beyond these services, CPAR has contributed to increased health awareness and behaviour change within communities, and to collaboration across regional community research networks that continue to support knowledge-sharing and collective advocacy. This is crucial for the proposed shift to a Neighbourhood Health Service which is outlined in the 2025 Fit for the Future: 10 Year Health Plan for England.

Citizens Advice West Sussex captured this enduring nature of this community-level impact: *"The connections established through the CPAR project continue to shape our ongoing community engagement efforts in the Crawley area. Our team has grown in confidence and cultural awareness, and these strengthened relationships now underpin sustained, inclusive engagement practices. The learning and skills developed through CPAR remain embedded in our ways of working."*

The sustainability – the embedding of relationships, capabilities, capacity, and approaches developed through CPAR into ongoing practice – may ultimately represent the programme's most significant achievement. CPAR has clearly demonstrated that when communities lead research into their own experiences, the impact extends far beyond any individual project. It is a model to create lasting change in how institutions engage with, listen to, and service the communities they exist to support, in-line with the move to place-based solutions to tackling social inequalities and deprivation, proposed by the Independent Commission on Neighbourhoods (ICON).

CPAR EXEMPLARS – CASE STUDIES FROM ACROSS THE COHORTS

BREAKING THE SILENCE ON MEN'S MENTAL HEALTH

Tariq Gomma, Community Engagement Officer (Healthwatch)
CPAR Cohort 1
Community Partner Organisation/s:
Alliance for Cohesion & Racial Equality (ACRE)

Summary

Tariq Gomma's research into mental health among ethnically diverse men during the COVID-19 pandemic created safe spaces for challenging conversations, reducing stigma around men's mental health in communities experiencing high rates of suicide, and directly informing service provision and community support through men's groups at the Alliance for Cohesion and Racial Equality (ACRE).

Case Study

During the COVID-19 pandemic, Tariq Gomma, a community researcher partnered with ACRE in Reading, conducted participatory action research into men's mental health in ethnically diverse communities, particularly the Sudanese community of which Tariq is a member. The research was born out of Tariq's own lived experience which had led to mental ill health, combined with alarming rates of suicide from men in his Sudanese community, with a significant number of men taking their lives in a two-year period. The project engaged approximately 70 participants through questionnaires and focus groups, creating unprecedented conversations about mental health in a community where discussing such issues is traditionally stigmatised.

Tariq worked with men from diverse backgrounds and, recognising that men in his community are socialised not to show their emotions and mental ill health was often perceived as *"insanity"*, developed an innovative approach to address the stigma attached to sharing and treating these issues. Tariq began by sharing his own story and his struggles, creating an open, family-like atmosphere rather than a formal research setting, which encouraged others to share their own experiences. This led to the creation of a men's mental health support group at ACRE, beginning with eight to nine members, then growing organically over time as participants found a safe space to discuss the challenges they had been *"nursing silently over the years"*.

The research succeeded by treating participants as family rather than research subjects, and in starting conversations with personal disclosure trust is created and stigma is removed, as Tariq says: *"We started as family, not as researchers. We all sit together and talk freely without feeling judged and labelled. I start with talking about myself, and I give them confidence to share. We just talk; we don't have boundaries"*. Tariq's dual role as both a researcher and a community member is also crucial – participants saw someone who understood their cultural context and shared their experiences. The men's group at ACRE became a sustained community hub, meeting regularly in a dedicated space provided by the organisation. Dr Victor Koroma, former CEO of ACRE, championed this work by designating a community room for these gatherings, and the initiative was supported by James Momoh, Service Manager for the Crisis Resolution and Home Treatment team from Berkshire Healthcare Foundation Trust, who facilitated sessions on certain topics, which helped to initiate a healing process. The organic, participant-led nature of the discussions allowed men to realise they were not alone in their struggles, with many discovering that others were experiencing equally or even more challenging situations and, most importantly, that support was available.

The research fundamentally shifted community attitudes toward mental health and means of treatment and prevention. Through CPAR training and his experience within the project, Tariq gained a deep understanding of mental health, suicide, and research methodologies which have since been applied in multiple contexts – both through life-saving interventions in his work as a taxi driver, but primarily in a role he has moved into post-project as an Engagement Officer for Healthwatch. Tariq has also taken the role of CPAR peer mentor across CPAR cohorts 2 and 3, and he is actively engaged in the CPAR Alumni Network.

The men's group continues to thrive, evolving into a sustainable community support network. Tariq's research has informed local service provision and highlighted critical gaps in mental health support for migrant and refugee communities. It has also demonstrated that relatively small actions – listening, creating safe spaces, providing simple and accessible expertise – can prevent tragedy more effectively than expensive crisis interventions. Tariq has become an advocate for proactive, community-embedded mental health support, advocating that *"we need to intervene before something happens, not after"*.

TACKLING INEQUITY IN MATERNITY & NEONATAL HEALTHCARE

Eva Karanja, Group Manager (Utulivu Women's Group)
CPAR Cohort 1
Community Partner Organisation/s:
Alliance for Cohesion & Racial Equality (ACRE), Reading Community Learning Centre (RCLC)

Summary

Eva Karanja partnered with the Alliance for Cohesion and Racial Equality (ACRE) in Reading to conduct research into barriers facing ethnically diverse women in accessing maternal healthcare services, which revealed critical gaps exacerbated by the COVID-19 pandemic and by digitisation. Eva's research directly informed a subsequent Maternity Equity Conversations project, helped secure her current role as Manager of Utulivu Women's Group in Reading, and has enabled further partnerships for maternal health support for ethnically diverse women. Eva was a Research Lead for CPAR, is now Co-Chair of the CPAR Alumni Network, she runs weekly community conversations evidencing CPAR, and has supported other PAR projects at University of Reading post-CPAR.

Case Study

Eva conducted participatory research examining barriers to accessing maternal healthcare services faced by ethnically diverse communities during the COVID-19 pandemic, exacerbating longstanding inequalities in maternal care for minoritised women. The research showed how rapid digitisation of healthcare services during the pandemic disproportionately affected these groups, whilst also highlighting challenges around communication and interpretation, access to information, and ante-and-postnatal care.

Eva engaged participants through qualitative methods including interviews and focus groups, creating culturally sensitive spaces where women felt comfortable to share their lived experiences of childbirth and maternal care. Through CPAR training, Eva mastered qualitative methodologies and data analysis, combining academic rigour with community embeddedness, so the research outcomes which came from these spaces are both methodologically and ethically sound as well as being deeply authentic and reflective of participants' experiences.

Eva's work formed part of a broader Maternity Equity Conversations initiative, which was a co-produced project addressing racial and socioeconomic inequalities in UK maternity care. This collaboration emerged from the recognition of systemic challenges rooted in entrenched bias and structural inequalities affecting minoritised communities, particularly women from Black, Asian and Mixed ethnic groups. Further partnerships have also developed as a result, with Utulivu working closely with the Royal Berkshire Maternity Neonatal Voices Partnership (MNVP), enabling better collaboration between communities and midwives.

Maternity Equity Conversations involved diverse stakeholders including The Jen Group senior partners, and health system staff and community members with both professional and personal experiences of maternity inequity. All contributors were appropriately remunerated for offering their time and expertise, decision-making power was democratised, and participants were treated with respect throughout. The group employed deep engagement with complex topics and a commitment to creating psychologically safe spaces for difficult conversations, informed by Eva's CPAR project. This led to the development of training materials and facilitated dialogues with health staff to address inequity in maternal services and sensitise those working in maternal health services to key issues. Over 100 participants engaged with this training, including physicians, clinicians, and midwives, reporting improved understanding of equity issues, enhanced knowledge of inequity impacts, strengthened skills in championing equity, and greater ability to counter inequitable practices. Participants experienced personal growth through discomfort – initially confronting their own biases, before developing confidence and skills to engage with and help overcome key issues in maternity equity.

Eva's research also illustrated that seemingly small but incremental changes are an effective route to helping solve complex, systemic problems – for example, improving access to services or information to help bypass long waiting lists at GP surgeries, or health professionals implementing name pronunciation initiatives to honour cultural identity. The scope for these incremental changes are captured in the first CPAR report from University of Reading which recommends: information and communication should be streamlined for better understanding; there should be follow-up of antenatal and postnatal class attendance; improved digital literacy and prioritisation of face-to-face services; better interpretation services and availability; prioritisation of pregnant women's health; greater diversity across senior management.

The value of Eva's research and other CPAR projects focusing on health inequalities amongst specific communities is illustrated in Eva saying: *"When you are trying to tackle small health inequalities related to a certain demographic and create solutions, it ends up helping everybody else. I believe that care should be given to everybody and care should be equal"*. The legacy of this work is ongoing, with Eva delivering a health inequalities conference in March 2026 at Reading Borough Council in partnership with other organisations, as well as co-designing and delivering the CPAR Alumni Conference at University of Reading in April 2026.

UNDERSTANDING THE COST-OF-LIVING CRISIS IN BRIGHTON

Lucy Mitchell, Community Coordinator (Wellsbourne Health CIC)
Keith Turner, Community Researcher (Wellsbourne Health CIC)
CPAR Cohort 2
Community Partner Organisation/s:
Wellsbourne Health CIC

Summary

Lucy Mitchell and Keith Turner's research into the cost-of-living crisis in East Brighton engaged over 200 residents, revealing critical impacts on the 18–29 age group. Their findings have directly influenced Primary Care Network planning, leading to the establishment of a weekly health hub, informed discussions related to £20 million community investment by the government in the region, and methodologies and outcomes have been published by the British Journal of General Practice.

Case Study

Working through Wellsbourne Healthcare CIC, with support from the organisation's GP Liza Bowen, community researchers Lucy Mitchell and Keith Turner conducted comprehensive research into the impact of the cost-of-living crisis on health and opportunity in the communities of Manor Farm, Bristol Estate, and Whitehawk, in East Brighton. The research engaged over 200 participants through mixed methods, including questionnaires, focus groups, and creative approaches. While the researchers already understood from personal perspectives and community relationships that the crisis was having severe impacts, the research provided crucial evidence, particularly revealing the profound effects on young adults aged 18–29.

Lucy and Keith leveraged their existing connections with the local community to create meaningful and purposeful engagement with participants – Lucy through running a health and wellbeing café and co-ordinating volunteers for a community garden, and Keith through his long-term community engagement work. This pre-existing trust and relationships were essential in enabling open and honest conversations about financial hardship, whilst the project also utilised existing community assets such as the café, garden spaces and drop-in groups, which had already demonstrated the importance of community connection, networks, and mutual support.

In addition to meaningful, trusted relationships and safe spaces, the use of innovative mixed methods through the research process was crucial: traditional questionnaires were combined with focus groups and creative activities, including storytelling, poetry, and using a 'chatter box' to record responses in the focus groups in a visual way. This creative approach continued through the data presentation and dissemination processes – there was an emphasis on the accessibility of the data, in part due to Keith being blind, so the findings were presented using data sonification, as well as creating tactile bar charts and weighted bags to represent quantities. This innovation was recognised through being published in the British Journal of General Practice magazine.

The combination of trust, accessibility, and creativity, proved hugely successful in delivering this research project and its ongoing legacy. Lucy and Keith were not extractive researchers, but embedded community members who had earned respect through being consistently present and providing practical support. The use of innovative, creative methods made participation accessible and engaging, and the combination of qualitative insights and quantitative data provided both lived experience and statistical weight. The research was especially effective in highlighting the challenges faced by an often-overlooked population – 18–29-year-olds – who have fallen through support gaps, have been unable to access services designed for older residents, and felt undervalued by systems offering them little opportunity.

The findings resonated because they reflected lived realities that community members already knew but that required evidence-based research and documentation to influence policy and service provision. Keith commented on the importance of the research approaches in investigating root causes of inequalities, saying: *"One of the biggest things for me is understanding where and why opportunity lacks. If you don't get opportunity, how are you expected to fulfil your potential? How do you move forward in a world where you need money to have a future but there is an ongoing cost-of-living crisis? Why is there still such a gap between those that have and those that have not? These are really important things to come out of our consultation with communities."*

Following presentation of findings to the Primary Care Network, a weekly drop-in health hub was established at Robert Lodge, Brighton & Hove, providing integrated healthcare support in one accessible location – addressing the research finding that multiple appointments at different locations created significant barriers to access. The café network which Lucy co-ordinates has grown to over 20 participants, creating sustained spaces for connection, information sharing, and mutual support. Research findings have been presented to the National Institute of Health and Care Research's public engagement board, and are informing ongoing discussions regarding the allocation of £20 million in government funding over a 10-year period to the area.

Perhaps most significantly, the research has clearly demonstrated how rebuilding community spaces and human connection – eroded over decades of disinvestment and then further impacted by the COVID-19 pandemic – is essential infrastructure for addressing health inequalities and the impacts of economic crises. As Keith says, *"We lost our connection to those spaces, and it is very clear that human connection is absolutely important for us to get organised and to support each other and help each other"*.

THE BODY KEEPS SCORE – ECHOES OF CONFLICT & HEALTH INEQUALITIES

Nadiya Al-Samerai,
Mediator & Researcher
(Portsmouth Mediation Services)
Laura Rook, Mediator & Researcher
(Portsmouth Mediation Services)
CPAR Cohort 3
Community Partner Organisation/s:
Portsmouth Mediation Services

Summary

Nadiya Al-Semerai and Laura Rook's research, *'The Body Keeps Score',* explored how conflict and disputes can impact health and wellbeing. Their research is in the process of being published, and has led to further funding from Wessex Integrated Care Board, as well as informing and expanding mediation services in Portsmouth, demonstrating sustained research-to-impact pathways.

Case Study

Working in partnership with Portsmouth Mediation Services, community researchers Nadiya Al-Semerai and Laura Rook conducted a year-long participatory research project examining the hidden connections between community conflict, neighbourhood disputes, and health inequalities. Titled *'The Body Keeps Score'* – echoing the understanding that unresolved conflict manifests in physical and mental health problems – the research engaged over 250 participants through a comprehensive mixed methods approach. The project emerged from Nadiya's mediation work and Laura's community engagement, recognising that residents in Portsmouth experiencing ongoing disputes also experienced disproportionate health challenges, but that these connections have been poorly understood by health professionals. The research revealed geographic patterns in conflict type, resolution rates, and health impacts, demonstrating how different communities experience and respond to conflict in distinct ways.

Nadiya and Laura's approaches included: one-to-one interviews, creative writing workshops, general public health surveys, focus groups with people experiencing ongoing disputes, and case studies from successful mediations. These methods emerged organically as a result of audience appropriateness and resonance. Participants included mediation clients, general Portsmouth residents, residents in ongoing disputes, and communities experiencing various forms of conflict. The research revealed that 30% of surveyed individuals reported conflict had impacted their lives, with effects across physical, intellectual, emotional and social dimensions – if this ratio is applied to Portsmouth's total adult population, over 50,000 people are potentially experiencing conflict-related health impacts. The researchers drew on Portsmouth Mediation Service's relationships and credibility, whilst also building new connections through collaborative partnerships with organisations including with Anita David and Fatma Tuylu at Work Better Innovations and Roshni Barrass and Emily Burt at Spark Community Space, broadening the scope and significance of the project and maximising the connections created through CPAR, with both organisations also working on separate CPAR projects. These collaborations have resulted in opportunities to share their work at local showcase events, to local authorities, and at conferences.

The project was successful due to these adaptive methodologies, meaningful partnerships, and authentic community engagement. Nadiya and Laura applied their own 'don't procrastinate' principle – immediately writing up and analysing each research activity once it concluded, rather than letting data accumulate – which maintained momentum and clarity. The research was particularly powerful in revealing how conflict impacts daily life: 24% of respondents reported work/study impacts, 24% family/friend impacts, 16% eating impacts, and 14% exercise impacts. Geographic analysis revealed distinct patterns, with certain areas showing high levels of being emotionally overwhelmed or experiencing physical difficulties, and other areas demonstrating mixed barriers including feeling unsafe or loss of motivation. Importantly, the research captured powerful qualitative data showing the embodied nature of conflict – participants described how stress manifests itself physically (*"my face would puff up"*), emotionally (panic attacks, suicidal thoughts), and socially (withdrawal, relationship breakdown). The combination of statistical evidence and human stories created multi-layered findings, resonating with diverse stakeholders.

Impact has been achieved through this project in a number of different areas. Further funding was allocated by Wessex Integrated Care Board for a period of 17 weeks to enable follow-up research implementing the recommendations coming out of the project. This enabled Nadiya and Laura to continue to work as a team and with a weekly allocation of hours to specifically focus on community learning circles and conflict resolution toolkits, conducting focus groups with diverse communities, residents in high-dispute areas, older people facing digital age barriers, and young parents learning day-to-day conflict resolution. This builds on four core recommendations from the research which have been adopted by stakeholders:

(1) Community Restorative Learning to equip residents with conflict skills;

(2) Raise Awareness of Local Services so people know where to seek help;

(3) Community Circles creating safe spaces for shared experiences;

(4) Sustainable Funding for accessible conflict support.

The work also demonstrated to health professionals that conflict has hidden impacts previously underappreciated, with geographic data better enabling targeted interventions. Significantly, the research progressed from documentation to action – implementing community-designed solutions rather than data gathering which does not lead to real-world impact.

COMMUNITY PARTICIPATORY ACTION RESEARCH (CPAR)

DELIVERED in PARTNERSHIP by the UNIVERSITY of READING, the NHS, SCOTTISH COMMUNITY DEVELOPMENT CENTRE (SCDC), the INSTITUTE for VOLUNTARY ACTION RESEARCH (IVAR) and COMMUNITIES across the SOUTH EAST of ENGLAND

We want to understand health inequalities & co-design community-led solutions

85 Community researchers trained

Over **40** culturally & socially responsive projects

PAR TOOLKIT

The 8 Stages of PAR

Building capacity AND Amplifying Community voices

3 COHORTS, addressing:

- The IMPACT of COVID-19 → 2021-22
- COST of LIVING CRISIS → 2023-24
- HEALTH INEQUALITIES → 2024-25

Creating trusted relationships

Improving UNDERSTANDING of community needs

WORKING across REGIONS

- Surrey
- Kent & Medway
- Berkshire
- Hampshire & the Isle of Wight
- West Sussex
- Oxfordshire & Buckinghamshire

Diversifying & strengthening the healthcare workforce

RESEARCHERS gained...

- New EMPLOYMENT, EDUCATION & INTERNSHIP opportunities
- RESEARCH capabilities
- CONFIDENCE
- Improved COMMUNICATION skills

Producing EVIDENCE

Influencing POLICY & SERVICE PROVISION

Sustained ENGAGEMENT & NETWORKS

Positive impact on DELIVERY PARTNERS
- Personally
- Organisationally

Greater connection to GRASSROOTS communities & NEIGHBOURHOOD health

COMMUNITY RESEARCHER VOICES

AMBREEN MUZAFFAR
Work Coach

UNDERSTANDING THE REASONS FOR POOR HEALTH OUTCOMES OF ETHNICALLY DIVERSE WOMEN DURING PREGNANCY

Summary

Ambreen Muzaffar was a community researcher in CPAR Cohort 1, partnered with Surrey Minority Ethnic Forum, who conducted research that focused on ethnically diverse women and their health during the first 1,000 days post childbirth – Ambreen identified with this theme from personal experience. Following CPAR 1, Ambreen's skills and knowledge helped inform CPAR 2 and 3, where she was involved in the recruitment of community partner organisations. As a result of the report submitted following the research, the Surrey Minority Ethnic Forum received a grant of £500,000 by the Community Foundation for Surrey to continue this work.

Conducting Research with Grassroots Communities

Ambreen highlights that CPAR was a unique programme which enabled the unheard voices in her research group to be heard. She recalled that the data collection from the women in the grassroots communities she worked with required care and sensitivity due to their past experiences. The data collection was carried out using qualitative methods, mainly comprising of one-to-one or small group interviews.

> *"It was difficult for women to open up because of the sensitivity of their experiences and cultural beliefs. Sharing what they have been through during their delivery time was almost impossible. Despite all that, because of the trusted relationships we developed, the women shared honestly and authentically."*

Transferable Skills & Confidence

Ambreen confirms that the CPAR programme provided extensive transferable skills that she has since applied in different settings. She has continued her work with women from marginalised communities through the Surrey Minority Ethnic Forum.

> *"I continue to use the skills from CPAR in my current role as a Work Coach. On a daily basis, I interact with different clients, and although my organisation values figures, I don't treat people as numbers but as human beings. I value them. Learning these approaches and ethical principles from CPAR has helped me to break down barriers."*

Ambreen engaged with the programme and it empowered and helped her to build confidence and to learn digital skills. She says that it is not necessarily the big things which are important, but small, ongoing developments.

> *"I was encouraged to use my small digital design skills to develop and design my report. It may seem like a small thing, but it made a huge difference. The training gave me the opportunity to learn many skills: research skills, community engagement skills, and the skills of navigating emotional topics."*

Breaking Barriers through Lived Experience

The CPAR model supports and values creative ways of doing research. Ambreen emphasises that her research was a success because it embraced lived experience and storytelling. Her study on perinatal equity required the women she was working with to share their story, so she foregrounded this by sharing her own.

> *"I have been through this stage. I am a mother. I have four children, so I shared with the participants my experiences whilst being pregnant and in the 1,000 days post-delivery. This was a striking moment, as it helped me to engage instantly and helped the women understand that I am not just there to get data – I understand the problem. You need to put yourself in their shoes but also keep boundaries in place."*

Having been in this position herself, Ambreen has navigated the difficult dynamics involved. Her advice to others conducting this type of research is to be honest and authentic. Building of trust breaks down barriers.

Language Fosters Inclusion

In research with diverse communities, language can be a barrier. But Ambreen believes that beyond practical interpretation and translation, a language she learned through CPAR is one that comes through being empathetic and actively listening to participants.

"There is a human language that is much above any spoken language. To not consider the participants a number but to consider them as human and whatever they are doing, in whatever capacity, they are valuable. I strongly believe that language helped me to get the data that I did. I have continued using this and it has proved to be useful when engaged with my clients, enabling me to access information that has been difficult to get from people at other times."

MAHA MUSTAFA

Community Development Worker, Trust for Developing Communities and PhD student at University of Sussex

HEALTH INEQUALITIES IN MARGINALISED COMMUNITIES IN BRIGHTON & HOVE

Summary

Maha Mustafa, together with Fatima Aliyu and Sara Fernee, partnered with their organisation Trust for Developing Communities to conduct research into health inequalities in the Brighton and Hove region, which is an area that has continued to be one of Maha's passions that she has taken into studying for a PhD.

The Importance of Teamwork

Maha evidences that the team worked together successfully doing the research through making it a fun process, learning about each other's projects and experiences, and strengthening their relationships together. Maha confirms that CPAR has been more than a training and development programme.

> *"It was impactful working together – yes, we worked for the same organisation, but on different projects, we had never worked together. I had worked as a social prescriber, but post-CPAR I changed my role to community development worker, which is new to me, and I have also joined a PhD programme."*

Personal Development & Social Connection through CPAR

Maha is originally from Sudan and is a mother of five children. She has lived in the UK for 27 years and studied for a Master's Degree focusing on health inequalities, but struggled with knowing her next steps in life until the CPAR programme.

> *"CPAR helped me to build my confidence. I felt it was the right training at the right time. I learned different research methods and CPAR gave me hope for the next steps. The CPAR team were amazing, giving me huge support which I needed. So, I felt that I was confident enough to start writing my PhD proposal, which got accepted in the department of Sociology at Sussex University – I'm confident now and have already started my PhD."*

Maha worked as a volunteer with communities for many years before CPAR. Later becoming fully employed to work with communities, her experience with CPAR and learning methods and approaches changed her mindset. The approach deepened her understanding of the community – their power, their challenges, and their flexibility. Maha connects with communities in a different way now.

> *"CPAR has given me confidence and as a result, I now connect people with services. My personal experience of facing racism in the community – people damaging my car or my house – has enabled me to connect more with communities that are looking for actions, which is a lesson learned from CPAR. My dream is to be a professional researcher and research more of the issues in the community beyond health inequalities."*

Narrowing Health Inequalities

Maha shares her experiences of supporting women who struggle to access services, are lonely, and are not connected with their communities for one reason or another. Maha explains how she has supported victims of domestic violence to access services by going the extra mile.

> *"I go the extra mile because I don't want to leave women in the middle of the road, I want to complete the journey. One woman fled her home because of domestic violence. She felt disconnected from the community. I accompanied her to the hospital, supported her with essential stuff. I continued to support her for four months and developed a trusted relationship. Finally, I was able to connect her to the community and to the services, using the CPAR model of social change."*

Building Trust & Relationships among the Researchers

The CPAR model encourages an approach that works with communities and develops meaningful relationships. Maha alludes to using that approach to work together with the other researchers and establish relationships that have lasted beyond the CPAR project. She speaks of the importance of establishing relationships not only with communities, but with other community researchers.

> *"I had never worked with Sarah or Fatima – Sarah had little experience of working with marginalised communities and Fatima was new to research. We came together, we connected, we worked together, and we continue to work together. We built a relationship by setting aside one day a week, sometimes in the office, sometimes outside, and we learned together and had lots of fun. We developed very close relationships and have lots of memories, including all the selfie pictures we took all the time!"*

Creative Methods & Inclusion

One achievement Maha is passionate about within CPAR is the use of creative methods, and how creative skills were shared between the community researchers and participants. In their multicultural women's group, through observation and roundtable conversations, they discovered skills that the women started sharing, including arts and crafts.

> *"One woman shared Macrame skills that she learned from her late mum. She has taught the women in the groups and has had connections to teach those skills through the council. It is rewarding to see this change in others."*

Maha adds that in the community, creative methods such as arts, craft, music, and food, are ways to navigate certain barriers that can exacerbate health inequalities.

> *"Creative ways can help women that are struggling to open and to express their feelings. One lady whose husband passed away, struggled emotionally and her issues were very sensitive. She prepared food and shared with everyone, commemorating the anniversary of her husband's death. That was her pathway to connecting to the community."*

Another example came when a community member diagnosed with a terminal illness found it hard to share with her family because of the stigma. She became connected to the group and to Maha, because Maha sat and listened to the person tell her story without any judgement.

Safe Spaces, Lived Experience & Community Voice

During the CPAR programme, the researchers established more multicultural women's groups and helped those with little experience to learn and support the women – a development that Maha was excited about.

> *"It was exciting to see Sarah, who had little experience, sitting on the floor and helping someone complete an application on the phone. Slowly she had developed that relationship with the community members."*

The CPAR programme also shares the power of lived experiences and resonated with Maha's own experience of supporting the women in the group.

"As I listened to them, I felt like they were telling my story. When I listen to them, I connected more with them, and I felt emotional at times. I felt that I would like to do something for the community, empower the women, and that is what I have continued to do using my CPAR experiences."

RONEISH MYERS
Director, MoneyHeave and
Co-Chair, CPAR Alumni Network

EXPLORING THE IMPACT OF THE COST-OF-LIVING CRISIS ON THE BLACK COMMUNITY'S WELLBEING IN BUCKINGHAMSHIRE

Summary

Roneish Myers and Patriece McKinley were CPAR Cohort 2 researchers who partnered with the Caribbean Community Lunch Club to explore the impact of the cost-of-living crisis on the Black community's wellbeing in Buckinghamshire in 2023–24.

Transferable Skills

Post-CPAR, Roneish confirms that after leaving the Caribbean Community Lunch Club, she has continued to use the skills gained from the CPAR programme, working with communities mainly on training and education.

> *"The CPAR experience has enabled me to promote the community's wellbeing through education and training on financial issues. CPAR was good, I enjoyed the programme and it was enriching. The three things that stand out strongly with me were the confidence gained, the mindset shift, and the research data which I have continued to use. Through the research, I learnt so many new skills that I hadn't used in my day-to-day work. So from a skillset point of view, CPAR opened that up, but also from a network point of view, just understanding the language of networking."*

Leadership Skills & Personal Development

The establishment of the BOB CPAR Alumni Network is a direct outcome of the CPAR training. Roneish states that the network is a positive step and a sign of immediate action being achieved through the programme, and she talks passionately in her role as Co-Chair about the network's importance.

> *"It provides continuity of actions, ongoing peer support, strengthened collaborations, and leadership skills. It's great to see change happening and it's encouraging to see our research findings directly inform health services, local authorities, and funding."*

The network has twice received funding from the Research Engagement Network (REN) – first, for its launch in 2025 and subsequently to continue with ongoing research. There is continued collaboration with the University of Reading, and further developments through a partnership with Community Impact Bucks.

"It provides continuity of actions, ongoing peer support, strengthened collaborations, and leadership skills. It's great to see change happening and it's encouraging to see our research findings directly inform health services, local authorities, and funding."

Developing Action through Conferences & Training

CPAR has continued to help develop culturally responsive services. Roneish offers clear evidence as to how she has bridged that gap through delivering culturally tailored workshops on issues that are relevant to diverse local communities.

> *"I worked at Money and Pensions on a 'train the trainer' model specifically for the Black community. This has been informed by my experiences in CPAR. I have also delivered cultural competency workshops for the Black community who don't tend to access services, and the feedback was very positive. People mentioned the value of getting real raw data. I would say that was directly off the back of CPAR research."*

Roneish also highlights further achievements that have been enabled by the funds from REN.

> *"The CPAR alumni conference is a direct benefit from funding we got from REN, to showcase CPAR's work with many stakeholders, including policymakers, community groups, academics, ICBs, and local councils.*

The skills gained from the CPAR programme have also enabled Roneish to diversify the activities and events that she organises in different settings.

> *"I had never been invited to a Black History event. I've lived here for 10 years, but launching and doing a Black History event was a great achievement. I have used the research from CPAR to further support Black initiatives and holding events even though my main focus is always around finance. We continue to run Black-led initiatives."*

Collaborations, Funding & Trust

Roneish has continued to partner with different organisations to address health inequalities and other prevalent issues within communities, which is a source of excitement for her.

> *"Last year, through MoneyHeave, we collaborated with maternity health because Black women have worse outcomes when it comes to giving birth. Sadly, my friend recently died from this, so it's real, it's raw. I've been pushing this agenda and it's making me even more passionate."*

Further research carried out with young people highlighted some services are not trusted, particularly stop and search by the police. Roneish confirms that in order to break down those barriers, working closely with the police is essential.

> *"We have partnered with Thames Valley Police, inviting them to our events. They came along and showing their presence was impactful for our communities."*

Social Capital is Critical

Roneish attributes the success of the work that she does to social capital that she holds within the communities that she works with, which is something that is often undervalued and taken for granted in the research and engagement process.

> *"There's a big piece of goodwill that hasn't been included – my existing relationship with the community. I didn't just come in randomly. The community knew me and trusted me. When I am doing anything, I am mindful not to ruin the relationship. An outsider to the community would not have gotten the raw data that we got, or even been able to navigate through the little arguments.*
>
> *"Understanding the culture is important. There are cultural nuances – there's a way sometimes that we talk which for someone else might feel aggressive, there's facial expressions that can be made, someone might think something is serious but to me it's funny. The relationships and understanding that community researchers have is very valuable, you can't buy it, and it's necessary."*

Creative Ways – Dismantling the 'Hard to Reach Communities' Myth

Roneish finds it difficult to hear that communities are hard to reach. She suggests instead that no one is hard to reach but systems are what make it challenging, and in fact, certain groups are structurally excluded. She highlights that the key is finding relevant places, spaces, and diverse ways of connecting people, and thinking creatively and inclusively – a 'one size fits all' approach does not work.

JOAN STCLAIR
Director, Community Health Champion (CHC) Menopause Café and Volunteer, Utulivu Women's Group

MENTAL HEALTH & HEALTH INEQUALITIES: UNDERSTANDING THE IMPACT OF DOMESTIC VIOLENCE AND HORMONAL ISSUES

Summary

Joan StClair's research was carried out with Utulivu Women's Group, exploring the intersection of domestic violence, hormonal transition (including perimenopause, menopause and post menopause), and mental health inequalities among women, especially from marginalised and underserved communities. Its aim was to amplify lived experiences, reduce stigma, and help shape inclusive, trauma-informed, culturally responsive support services.

Safe Spaces to Navigate Sensitive Issues

As with many CPAR projects, the health inequalities being addressed in Joan's project are sensitive, frequently relating to deeply personal and often traumatic experiences of participants. This requires a distinct approach from community researchers, which Joan highlights can be challenging but also invaluable.

> *"The most challenging aspects of the project were navigating the emotional weight of sensitive lived experiences, whilst ensuring ethical practice, emotional safety, and ongoing support for participants – especially when discussing trauma, abuse, and systemic inequalities. Navigating this by creating safe, trusted spaces, where women felt seen, heard, and validated was very rewarding."*

Joan evidences the impact of creating these spaces through the actions that have been achieved, including: strengthened community awareness of menopause, mental health and domestic abuse; improved signposting to local support services; influence on stakeholders around trauma-informed care; and continued development of safe spaces such as Menopause Cafés and discussion forums.

Community-Centred Approaches

One of the key aspects of CPAR are the ways in which the training provided to community researchers foregrounds the development of projects with innovative approaches and methods, alongside academic rigour. Joan shares how this phase influenced project delivery and her ongoing community development work.

> *"The most valuable aspect of the CPAR training was gaining a deeper understanding of community-led research grounded in lived experience. The programme strengthened my confidence as a community researcher, helped me develop ethical and reflective research practices, and affirmed the importance of centring community voices, especially those often marginalised. The mentoring and peer support created a sense of belonging and collective learning that made the process both empowering and affirming."*

As well as the training and capacity building within the CPAR programme and the projects delivered, one of the key benefits is the legacy, which can be seen in the ongoing application of CPAR skills in different settings.

> *"It has enabled me to design and deliver community-led, ethically grounded research which applies trauma-informed and culturally sensitive approaches to community engagement. I have been able to collect, analyse and present qualitative data with confidence and communicate findings to stakeholders, funders, and community members. It has also supported governance, accountability and impact reporting within the CIC which we set up – all the skills are embedded in my ongoing work."*

CPAR and Career Progression

Joan was already engaged in community and voluntary work prior to her involvement with CPAR, but she highlights how the programme has directly supported the formal development and progression of her work. Not only has the Menopause Café been registered as a CIC, strengthening its sustainability, governance, and impact, but Joan has also applied for the NIHR Public Health Grassroots Research Award, building on the CPAR research.

In addition to organisational progress with Utulivu, Joan cites the personal impact that the skills developed in CPAR have had on her.

> *"I developed a range of highly transferable skills that I apply across my professional and community work. These include active listening and reflective communication, facilitation and group engagement skills, qualitative and quantitative data collection and analysis, critical thinking and problem-solving, project planning and time management, ethical awareness and safeguarding, stakeholder communication and reporting, and building my confidence and leadership skills. All of this continues to strengthen my work across coaching, community development, research, and advocacy."*

The influence of the programme is also illustrated in Joan's aspirations and expectations regarding her future work and research.

"My future aspirations include continuing to develop community-led research that informs policy, improves health equity, and amplifies lived experience, particularly around menopause, andropause (male menopause), mental health, and health inequalities. I aim to secure further funding, expand collaborative research partnerships, and contribute to national conversations around public health and community wellbeing while strengthening grassroots leadership."

DELIVERY PARTNER PERSPECTIVES

PROFESSOR ADRIAN BELL
Associate Pro-Vice-Chancellor for Research (Prosperity & Resilience), University of Reading

The CPAR programme has had an impact at the University of Reading on multiple levels, and a big impact on me personally. It has contributed meaningfully to the work we are already doing in Participatory Action Research, but more importantly, it has helped us articulate what it means to be an engaged university and to advocate more broadly for PAR across the institution.

CPAR has gained real visibility at the University – we have showcased to the Pro-Vice-Chancellor for Research and Innovation and it has been identified as part of a high potential Impact Case Study for REF 2029, which gives it profile and credibility. The programme has also fed into our broader strategy around research and community engagement, alongside other initiatives where scientists are genuinely collaborating with communities using PAR as the delivery mechanism. These are the interdisciplinary collaborations we need more of – not adding PAR as an afterthought but building it into project design from the outset.

We have also developed external partnerships with local government through CPAR, particularly informing our strategic engagement with Wokingham Borough Council (WBC). WBC have become interested in this work and it is now one of three themes of their strategic partnership with the university, with a focus on how PAR methodology can help them engage with residents and inform their strategy. There is a sense that this is the right way to engage with communities.

In terms of its impact on me personally, it has been significant. I have heard from voices I wouldn't normally hear and CPAR has given me a specific opportunity to engage with communities in a more meaningful way through my role at the University. I remember going back to early on in the COVID-19 pandemic – we met the first participants at the Museum of English Rural Life at the London Road campus. They talked about the difficulties they faced communicating their needs during the pandemic, which was hugely enlightening. There was another project where, because of the research carried out, community researchers shared the need for women-only spaces to better support access to medical practitioners. As a result, the health board changed its approach and provided women-only spaces for that community – if that research had not taken place, those specific needs would likely not have been reported as the community would not have raised them in a mixed setting. That, to me, is impact. A project happened, research was carried out, people said what they needed, and there was a response from policy makers and service providers.

This work is not without its barriers. One of the first is scale, as policy makers want to see that outcomes can be replicated. Through the extent of its impact across regions in the South-East of England, an evidence-base for its scalability is building. Secondly, it is expensive, and never fully funded. Institutions tend to have to find extra resources because up to now funders do not seem to fully appreciate how much it costs. I did recently see that UKRI has introduced a category for a 'lived experience specialist' into grant applications, which is a positive development, as it means community researchers can be formally costed into bids. The other major barrier is institutional process – we keep rediscovering what works through navigating the challenges of doing this kind of research within an institution, then losing that knowledge. We need better institutional memory and to share best practice. It's not just about transforming the institutions that we work with, but about institutions like Reading transforming the way that we operate too.

We also get asked at the endpoint of every cohort or closing event: what comes next? We engage communities, we listen to them, and they want to know that there will be a continuation. We need additional focus on deepened impact, to follow through on what has changed, or could change in the future. We need to be able to illustrate that the research is underpinning decision-making, and as a result, lives are changed. This is what is happening through CPAR, but we need clearer, more measurable evidence across the programme.

Overall though, it has made me more appreciative of our role in the wider purpose of what the University of Reading is trying to do as an engaged university. It has reinforced something for me about the direction of higher education. Universities cannot disengage from society. The way universities are funded means that they have to be responsive and engaged, and they have to be delivering things that matter to real people, not just to abstract academic concepts. CPAR is one of the ways we can do that.

JOANNE McEWAN
Public Health Development Manager at Workforce, Training & Education (WT&E), NHS England – South-East

CPAR has had a positive impact on multiple levels within NHS England, Integrated Care Boards (ICBs) and the voluntary and social enterprise organisations, and it is important to recognise the scale of that impact and the challenges that come with embedding innovative workforce programmes in a changing health system.

We have had some good engagement from local authorities. Portsmouth employed and managed five researchers across three projects in CPAR cohort 2, and Reading Borough Council has had practitioners working closely with community researchers and participating in stakeholder groups. We have also had connections with Kent, Hampshire and Oxfordshire County Councils. CPAR has also helped us become more engaged with the voluntary sector organisations across the South-East. We now have a better sight of what is happening, and the connections we can make between those organisations and public health teams with interests in particular issues.

What has made the partnership work so well is that the delivery partners – University of Reading, SCDC, IVAR – all come from a space where they work with communities. That collaborative, inclusive approach is built into how they operate. We focused on the strengths of each partner. We also developed structures, such as a Lead Forum and a Researchers Network, where people could feed in concerns. All the delivery partners, including us as commissioners, were flexible and approachable to the researchers – we put them at the centre.

The principle at the core of CPAR is that communities have the answers. They need to be heard, and actions need to follow. That was always central. Whenever we shared the programme with stakeholders or system leaders, we emphasised this. That said, there is still a minority view that qualitative and community-led research is not scientific enough, but it does not come up as often as I thought it might and I believe that views are changing. Fifteen or twenty years ago, you would struggle to get decision-makers to listen, but things have changed a lot, and I believe CPAR and other similar programmes are part of that shift.

In terms of strategic alignment – CPAR addresses a core public health aim: reducing health inequalities. By training a workforce – especially from marginalised communities most affected by health inequalities – to identify problems and solutions at a grassroots level, we are working at root causes. For example, the researchers in the Folkestone Nepalese Community identified that translation services in GP surgeries were inadequate or that appointments times were too short for non-native speakers. Those are health inequalities. By training this workforce, they can go back to primary care services and propose different commissioning for interpreting services, providing extra time, or introducing social prescribers to help navigate the systems. Those are practical, community-driven solutions that can be acted upon locally.

Ultimately, what I wish for is that the community researchers are working in this field if they want to, that their communities are engaged, and that system leaders are proactively working with them to implement the outcomes of the research. That is what I would really like to see. CPAR has built something valuable. The challenge now is ensuring it becomes embedded, sustainable, and able to weather the organisational changes that are inevitable in the NHS.

DR ANDREW PATERSON

Policy & Research Officer, Scottish Community Development Centre (SCDC)

CPAR has been a valuable piece of work, both for SCDC as an organisation and for me personally. It fits with our ethos and aims as SCDC, promoting and supporting community empowerment, particularly for disadvantaged and marginalised communities. Part of what made it especially valuable was the depth and scale – working outside of Scotland in such an in-depth, well-funded, equal partnership was unusual for us and it has been extremely valuable.

There were several key specific learning points for us. One was the shift to online working, largely because of geography, and we have learned a great deal from this mode of delivery. Another is working with highly diverse communities. England has, arguably, a greater degree of ethnic and cultural diversity than much of Scotland, and CPAR gave us experience of working with communities and languages we have not encountered before. The third area is the deepening of our understanding of community-led participatory action research and related approaches. The learning around methodologies and application through CPAR has been substantial.

Personally, CPAR gave me one of my first real opportunities to take an operational lead role and it has been an excellent environment in which to gain that experience, because of the open, respectful partnership culture. From the NHS as funders through to all the delivery partners, it has always felt collaborative and well-communicated, and it has never felt tricky in the way that some partnerships can be in terms of navigating the different roles and responsibilities of partners across cohorts. I have also gained a great deal from the research itself – the findings, the approaches people used, and the learning the community researchers gained through the process. All of that is something I take back into my own work.

The partnerships have been one of the real strengths of the programme. It is partly about the people – *individual relationships matter* – and partly about the model. It is hard to fully separate the two. The programme has always felt open, transparent and trusting. When there were questions about roles and responsibilities at local sites, they were resolved without drama. The operational group meetings were regular and clear, which might sound like a basic thing, but it makes a big difference, and I have worked on other programmes that feel messier in comparison. Credit goes to NHS England for setting the right tone: they are oversight funders, but they let delivery partners get on with their work, while remaining genuinely interested and contributing – not interfering, but not absent. That partnership with University of Reading has also always been productive, amicable and supportive. That is probably one of the secrets to the success of CPAR.

From a strategic and policy perspective, it worked in multiple directions, which is a positive thing. The programme itself emerged from a policy direction, as there were high-level NHS strategy documents around workforce development that called for lived experience to be brought into service design and planning. That recommendation essentially gave rise to CPAR. Within SCDC, CPAR has influenced how we deliver other programmes – I use it regularly in conversations at conferences and events in Scotland when talking about community-led and participatory research. The university partnership element is something I emphasise particularly as we would like to see more universities collaborate on supporting community participatory research. The fact that this was also funded by health is distinctive, as there is nothing comparable in Scotland that is directly funded through health services. CPAR is a really important piece of evidence for the case for community-led approaches.

That being said, there are challenges. This work tends to be underfunded and undervalued, and community-led programmes are inherently more vulnerable to organisational change and budget constraints. Within the programme itself, supporting participants is one area where we could be better equipped. As a mentor, I would benefit from more specific training around wellbeing and welfare in research, which is knowledge that I could then pass onto the community researchers. Ethics is also relevant here – ethics processes for the community researchers will typically look quite different from the rigorous processes that academic research goes through. This is appropriate to an extent, as I don't there should be highly technical processes to navigate, but I do think more thought needs to go into the resources and training we provide on ethics, because it is a crucial area.

Looking ahead, building evaluation in more formally and prominently from the start – perhaps as a clearly defined element in the programme design and budget – would strengthen it. CPAR has always reflected on each year and built learning into the next, and there have been interim evaluation reports, but developmental evaluation, mapped onto a theory of change and tracking short, medium, and long-term impacts would be valuable.

Ultimately, the value of CPAR is clear and evident. We know the difference that it makes. There are strong examples of community researchers gaining skills and confidence, services that have listened to the research findings, and individuals that have gone onto other roles influencing and impacting services. That is exactly what you hope for.

HOUDA DAVIS

Senior Researcher, Institute for Voluntary Action Research (IVAR)

CPAR complements several other programmes at IVAR, for example, our long running health partnership improvement action research programme, Connecting Health Communities, as well as various programmes involving training and mentoring young peer researchers. At IVAR, we genuinely believe in the power of working alongside people with living and lived experiences, ensuring these voices are heard and recognised – so CPAR aligns strongly with our values.

In terms of our strategy more broadly, IVAR exists to strengthen the voluntary and community sector, and we do this through trying to influence the funding environment, for example through our Open and Trusting and Evaluation Roundtable programmes. We also provide direct support to voluntary and community organisations and CPAR represents the kind of deep, direct work which keeps us connected to what organisations are experiencing on the ground.

Working with people passionate about the communities they serve was the main joy of CPAR for me. Face-to-face encounters with researchers were particular highlights: moments where you could really connect with people and understand where they were at and what they were doing. The in-person showcase celebration event that brought together all the researchers, delivery partners, members of the community, and local organisations in one place was also special – the warmth from the researchers showed that they had genuinely gained a lot from the programme. The stakeholder events were also valuable. Most of them were well-attended and some of the stakeholders that came were genuinely enthusiastic about taking the researchers' recommendations forward.

Personally, it has also been a significant learning experience. I have never had formal mentoring or coaching training, so working as a mentor on CPAR made me think deeply about what good mentoring looks like – how to support and empower effectively, and the self-reflective side of doing that well. It has genuinely developed my practice. Being in a role where others look to you for guidance also made me appreciate the knowledge and experience that I bring, and the strengths of the other delivery partners, which has been valuable.

The main challenges have been around capacity and timescales. Sometimes the completion of tasks for researchers between sessions did not happen, which could either be because tasks may not have resonated, or because people were managing busy workloads in their organisations, or a combination of both. The overall timescale of the projects can be tricky too – there is probably a case here for extending the stakeholder engagement phase, where researchers connect into local systems, which could help and ease pressure on what is a crucial step.

Measuring social impact is also difficult. For individual researchers it is relatively straightforward in terms of assessing increased confidence, skills development, and opportunities post-project in terms of employment or further education. But measuring impact on services and policy is much harder. That takes time. Realistically, you need to come back a year or more after the programme ends to see whether findings have fed into commissioning guidelines or service design, but you cannot expect researchers to keep pushing their findings once they are no longer being paid, especially if it is not aligned with their current role or organisational priorities. This also links to a policy gap, whereby commissioning cycles in health and public services run on three-to-five-year timescales. So, if research findings do not land at the right moment in that cycle, it can be very hard for them to feed into strategy or policy.

CPAR is a workforce improvement programme, and to a great extent, it does what it says on the tin. But it is also a programme about researching health inequalities, so there is a moral obligation to do something with those findings. CPAR certainly sets this ball rolling, connecting community researchers with local systems and giving them tools to get started. But if we want to see widespread progress on health inequalities, then something more is needed – either a longer timeframe or additional support beyond the research phase to allow time for findings and recommendations to be translated into social change. There needs to be genuine alignment between the programme's ambition and the impact it is designed to achieve.

CPAR has been one of my favourite programmes to work on, if not my absolute favourite, because of the quality of the people involved and the genuine care they bring to their work. That is a real asset, and it is worth building on.

RECOMMENDATIONS

Across all those engaged with through this reporting process, CPAR has unanimously been considered an effective approach to addressing health inequalities and narrowing gaps therein. CPAR differs from many workforce training programmes in that it offers an apprenticeship-style model in professional practice that provides hands-on experience, leadership and mentoring development, and enhanced interpersonal capabilities, as well as academic and research skills that are tailored to the needs of community researchers. As a result, the outcomes are multi-layered and wide reaching, as we have seen in this report, and it provides an innovative solution to expanding the NHS and healthcare workforce, in alignment with the NHS Long Term Workforce Plan (2023) and 2025 Fit for the Future: 10 Year Health Plan for England, in ways that build capacity for individuals and the communities in which they are embedded.

Through the data gathering and analysis for this report, a number of key recommendations arose which could further develop and sustain the programme for future cohorts. We thank the community researchers, research leads, and delivery partners, who all offered feedback on areas which could be developed and/or improved for future CPAR cohorts. We have split the recommendations into key themes which came through strongly in the survey responses, interviews, and the learning of the delivery partners.

DEVELOPING THE PROGRAMME

- Additional time in the initial stages to discover, share, and explore more creative tools and methods.
- There could also be more time afforded to the final stages of the project, taking the findings and recommendations and enacting through policy engagement, connections with community organisations, and advocacy from institutions.
- Expanding the training packages to include refresher sessions on impact, funding pathways, or partnership development to sustain momentum, and an enhanced version for those that want to further their research and develop their research skills.
- Address the 'action gap' by implementing a Seed Action Fund – once the research phase is complete and health inequalities have been identified, provide access to small pots of funding to immediately pilot community solutions, rather than having to wait for separate grant cycles.
- To address labour market challenges for young people, CPAR could expand to develop a specific 18–30 future workforce development programme, with a greater focus on the role of technology, artificial intelligence, and digitisation in healthcare, which supports NHS aspirations to move from analogue to digitally accessible healthcare and harness new digital and technological innovations.
- Official accreditation of the CPAR training would enhance employability opportunities for community researchers, as well as valuing, recognising and rewarding their connections, contributions, knowledge, and lived experience.

"I valued the emphasis on community voice and shared decision-making, which shaped how I approached my project and engagement with participants."

SUPPORT & STRUCTURE

- Additional support could be provided at an earlier stage focusing on communications and dissemination, data analysis, and policy engagement. Considering this at the outset would support the overall impact of projects.
- Provision of support, or funding towards dedicated in-house support, for administration and co-ordination would benefit host organisations. Community organisations often absorb significant staff time to support engagement, co-ordination, safeguarding, and administration without dedicated resource.
- Increased opportunities for one-to-one support for community researchers, particularly in the early stages of the programme, can help increase understanding, especially for researchers entering the training at different career or life stages, and better enable project delivery.
- Focus on digital literacy and IT skills is crucial to this work – Excel training was often mentioned by community researchers, as this is a critical elements of data collection and analysis but can be extremely time-consuming with limited knowledge of the platform.
- Offering additional emotional wellbeing and trauma-informed support for researchers working with sensitive subject matter.
- When working with communities, flexibility is required in terms of timelines and scheduling to accommodate the competing priorities of community researchers, which was emphasised by the CPAR delivery team, and is a learning for other future projects.

ONGOING LEGACY & FURTHER OPPORTUNITIES

- A high proportion of community researchers (70%) expressed an interest in joining a CPAR Alumni Network. These could be developed on a regional basis to encourage knowledge exchange and access to local networks.
- These place-based networks could then come together as a national Community of Practice, sharing learning, insights, and opportunities.
- In turn, these regional and national networks can increase connections to governing bodies, healthcare organisations, and associated institutions, providing direct access to decision-makers.
- CPAR's recruitment model for community researchers and community partner organisations is living proof of how to diversify and strengthen the healthcare workforce, empowering the voices of seldom heard and minoritised communities who carry the burden of health inequalities in the UK. Scaling and sustaining this model are a vehicle for change.
- CPAR shapes better and more targeted services – it is a flexible concept that can be embedded in place-based and neighbourhood programmes by local authorities wider than health. This would contribute to building stronger and more resilient community-led initiatives.

ACKNOWLEDGEMENTS

We would like to say a BIG thank you to the dedicated workforce of community researchers across CPAR Cohort 1, 2 & 3 who participated in this programme since 2021. The online and face-to-face training, research, events such as the showcase, would have not been possible without their commitment, hard work, social capital, lived experience, cultural understanding and connected, trusted relationships.

A heartfelt thank you to all the COMMUNITIES across South-East who worked with community researchers on research issues that mattered to them, sharing their stories and lived experiences, as well as attending local, regional and national showcase events.

We extend our deepest gratitude to all our delivery partners: NHS England South-East, Workforce, training and education team, Joanne McEwan, Em Rahman, Branwen Thomas and the governance team for funding the programme, managing the programme, logistics, general finance and timelines. University of Reading's PAR team: Dr Sally Lloyd-Evans, Dr Esther Oenga, Dr Lorna Zischka, Matt Burrows, Tariq Gomma (peer mentor), for delivering the training, analysing data, and generating this impact report. The Scottish Community Development Centre (SCDC) team: Dr Andrew Paterson, Dawn Brown, Andrew Nelis, David Allan, and Kate McHendry for supporting the researchers with mentoring and research invoices. And the Institute for Voluntary Action Research (IVAR) team: Houda Davis, Sonakshi Anand, Katie Turner, Alex Turner team for supporting researchers with communicating their research outcomes.

A special thanks to the host organisation leads who attended the monthly leads forum to share their experiences and receive research progress updates. Most importantly for supporting the researchers throughout the process.

We thank the operational group, NHS England and its training providers who met regularly for the running of the programme, to monitor and respond to any issues raised by providers, host organisations or researchers.

We also extend our gratitude to the oversight group with a broad spectrum of members: all five Integrated Care Boards (Hampshire & the Isle of Wight, Sussex Healthcare partnerships, Buckinghamshire, Oxfordshire, and Berkshire [BOB], Kent & Medway and Surrey Heartlands), community researchers, academic representatives working in the South East, public health professionals, an important communication forum held quarterly.

We honour the research peer mentors from Cohort 1 who supported Cohorts 2 & 3.

We also thank Wendy Lewis for the design of this report, Patriece McKinley for the CPAR logo and the co-design of the CPAR Confidence Tree (page 9) with Dr Esther Oenga, and Eddy Phillips, Just Ideas associate, for the design of the CPAR Illustrated graphic (pages 18–19).

Last but not least, we extend our appreciation to all contributors: local authorities, research colleagues, translators, stakeholders.

"Together we are stronger".

"At the beginning we have a lot of fear; how are we going to do the research. The project facilitator was there day and night. We are now very different people."

Together We Are Stronger – "Not a task to get done, but a journey with other people."

APPENDICES

In the following section we provide details of each CPAR project carried out across all three cohorts, sharing the community partner organisation, the ICB area, the core themes, target population group, and research insights.

We have not included all community researchers by name due to privacy and because we were not able to gain responses (and due to that, their consent) from all 85 researchers across the three cohorts. However, we would like to extend special thanks to the 38 researchers, nine research leads who did respond and four delivery partners – your contribution has been extremely valuable.

2024–25 | COHORT 3 | HEALTH INEQUALITIES

Organisation	ICB area	Theme	Population group	Research Insight URL
The Trust for Developing Communities trustdevcom.org.uk	Sussex	Access to healthcare, digital exclusion, marginalisation and role of community spaces	Ethnic Minority Groups	Community Voices: Barriers, Strengths & Actions. Insights into Accessibility, Belonging, Advocacy & Wellbeing
Citizens Advice Bureau West Sussex advicewestsussex.org.uk	Sussex	Access to healthcare, housing	Chagossian Community	Health and Accessibility Needs of the Chagossian Community
Work Better Innovations CIC wbi.org.uk	HIOW	Women's health, menopause	Women's Health	Migrant Women's Barriers to Accessing Menopause Care: Insights from Portsmouth
Portsmouth Mediation Service portsmouthmediationservice.org.uk	HIOW	Conflict, wellbeing, mental health	Communities and Housing	The Hidden Impact of Conflict on Health and Wellbeing in Portsmouth
SPARK Community Space sparkcommunityspace.co.uk	HIOW	Role of digital exclusion for older adults, and barriers to personalised care	Older Adults	Examining the Alienation of Older Adults due to Increasing Digitalisationand the Challenges in Accessing Personalized Healthcare
Community First / Hampshire County Council cfirst.org.uk	HIOW	Womens' health, domestic abuse, Afghan women	Women's Health	Health Inequalities among Afghan Women in Hampshire: a Community-based Participatory Study
Oxford Community Action oxfordcommunityaction.org	BOB	Housing, poverty	Ethnic Minority Groups	The Impact of Poor Housing on Racially Minortised Families with Low Incomes in Oxford
Utulivu Women's Group utulivu.co.uk	BOB	Women's health, menopause, domestic abuse	Women's Health	Mental Health and Health Inequalities: Understanding the Impact of Domestic Violence and Hormonal Issues
Caribbean Community Lunch Club caribbeancommunitylunchclub.com	BOB	Diet, exercise, hypertension, lifestyle	Caribbean/Black African Community	Exploring the reasons behind High Blood Pressure among Afro-Caribbean Community
Folkestone Nepalese Community fncuk.org	Kent and Medway	Access to healthcare, digital exclusion, older adults	Older Adults, Nepalese community	Barriers to Health Service Access

2023–24 | COHORT 2 | COST-OF-LIVING CRISIS

Organisation	ICB area	Theme	Population group	Research Insight URL
Healthwatch Oxfordshire and Oxford Community Action healthwatchoxfordshire.co.uk	BOB	Food access, poverty, culturally appropriate food access	Ethnic Minority Groups	What we heard about food and the cost of living impact on our communities in OX4
St Vincent and the Grenadines 2nd Generation (SV2G) sv2g.org.uk	BOB	Access to healthcare, poverty, exercise, diet and lifestyle	African and Caribbean community	The impact of the cost of living crisis on the African and Caribbean community in High Wycombe, Buckinghamshire: Report
The Caribbean Community Lunch Club	BOB	Access to heathcare, criminal justice, poverty, culturally appropriate food access	African and Caribbean community	Exploring the Impact of the Cost of Living Crisis on the Black Community's Wellbeing in Buckinghamshire: Report
Bognor Regis Foodbank bognorregis.foodbank.org.uk	Sussex	Food insecurity, poverty, mental health	Ethnic Minority Groups	'In an affluent society, how does this happen?': Report
Independent Lives independentlives.org	Sussex	Poverty, access to healthcare, mental health	Disabled People, and their Carers	Experiences of the cost of living on disabled people and carers in Sussex:
Wellsbourne Health CIC wellsbournehealthcare.org.uk	Sussex	Poverty, mental and physical health,	Communities of higher deprivation in a housing area	Impact of the cost-of-living crisis on health and opportunity in the communities of Manor Farm, Bristol Estate and Whitehawk in East Brighton: Full report
Diversity Resource International driorg.com	Sussex	Access to healthcare, mental health, poverty	Refugees, asylum seekers and migrants, in particular men	Cost-of-Living Impacts on the Quality-of-Life for Refugees, Asylum Seekers and Migrants: Report
Recapture Life CIC recapturelife.co.uk	HIOW	Mental health, poverty, access to healthcare, homelessness, isolation	People with Dementia and their Carers	The effect of the Cost of Living Crisis for people with Dementia: Report
Home-start Portsmouth in collaboration with Portsmouth City Council hsportsmouth.org.uk	HIOW	Poverty, dental health, mental health, childhood development, isolation	Parents and Young Children	Is the current cost of living making a difference to the health and happiness of Portsmouth families? Report
Hope Portsmouth in collaboration with Portsmouth City Council hopeportsmouth.church	HIOW	Childhood development, poverty, housing	Parents and Young Children	How the cost of living is affecting educational and social development in children 5-12 years old: Report
Hope Portsmouth in collaboration with Portsmouth City Council	HIOW	Poverty, mental health, isolation	Older Adults	The effect of the cost of living on the over 60s: Report
Fourth Wall Folkestone CIC fourthwallfolkestone.co.uk	Kent and Medway	Mental health, poverty, access to healthcare, primary care	Mental health across demographics	What Cost Folks?
Folkestone Nepalese Community	Kent and Medway	Access to healthcare, poverty	Nepalese community, older adults	The impact of the cost-of-living crisis on the Nepalese community in Folkestone: Report

2021–23 | COHORT 1 | THE IMPACT OF COVID-19

Organisation	ICB area	Theme	Population group	Research Insight URL
Healthwatch Oxfordshire	BOB	Access to healthcare, black women, marginalisation	Women's health	Hearing about from women about black maternity experiences in Oxfordshire
Healthwatch Oxfordshire	BOB	Diet, exercise, lifestyle, access to healthcare	Sudanese community	Food and healthy lifestyles: what we heard from the Sudanese community in Oxfordshire
RCCG Lighthouse rccglighthousefamily.co.uk	BOB	COVID-19 pandemic, health literacy	African communities	The new normal, exploring the impact of COVID-19 on the black population of the Banbury community
Mothers 4 Justice mothers4justiceubuntu.com	BOB	Criminal justice system, mental health, Black men	Men's health	How were families of BAME prisoners effected by the pandemic?
Banbury Mosque banburymadnimasjid.com	BOB	COVID-19 pandemic, poverty, access to healthcare	Black and Asian communities	How has the COVID-19 pandemic affected the BAME community?
Jacquah Foundation rva.org.uk/organisation/jacquahfoundation	BOB	COVID-19 pandemic, health literacy, access to healthcare	Black and Asian communities	Impact of COVID-19 on the BAME population in Berkshire
Reading Community Learning Centre in collaboration with Reading Borough Council rclc.org.uk reading.gov.uk	BOB	COVID-19 impact, health literacy, access to healthcare	Women's health	Impact of Covid on Women and Health Care Services
Alliance for Cohesion and Racial Equality (ACRE) acre-reading.org	BOB	Men's mental health	Men's health	The Impact of Covid 19 on Mental Health of Ethnic Minority Men in Reading
Alliance for Cohesion and Racial Equality (ACRE) in collaboration with Reading Borough Council reading.gov.uk	BOB	Maternity care, black women	Women's health	Barriers to accessing maternal healthcare
Integrated Research and Development Centre in Collaboration with Reading Borough Council and Reading Voluntary Action rva.org.uk reading.gov.uk	BOB	COVID-19, access to healthcare	Nepalese community	Investigating the impacts of COVID-19 among Nepalese community groups at Reading East and South locations, Berkshire
Surrey Minority Ethnic Forum smef.org.uk	Surrey Heartlands	COVID-19, access to healthcare, cultural competancy	Ethnic Minority Groups	Exploring barriers for people from Ethnic Minoritized backgrounds using care and public services in Surrey
Surrey Minority Ethnic Forum	Surrey Heartlands	Cadio-vascular diseases, access to healthcare, health literacy, diet and exercise	Ethnic Minority Groups	Barriers to accessing Cardiovascular services by Surrey's BAME Communities
Surrey Minority Ethnic Forum	Surrey Heartlands	Health literacy, discrimination, pregnancy, poverty	Women's health	Understand the reasons for poorer health outcomes of minority ethnic women during pregnancy
Sussex Interpreting Services sussexinterpreting.org.uk	Sussex	Cancer screening - bowel, breast, cervical, health literacy, barriers	Women's health, Farsi and Kurdish speaking	Understanding the Barriers to uptake of Cervical, Breast and Bowel Cancer for women speaking Farsi and Kurdish Sorani
Sussex Interpreting Services	Sussex	Cancer screening - cervical,health literacy, barriers	Women's health, Chinese background	Cervical cancer screening knowledge and barrier among women with Chinese Background
Sussex Interpreting Services	Sussex	Cancer screening, health literacy, barriers	Women's health, Polish speaking	Attitudes towards Cervical Cancer Screening among Polish women in Sussex
Sussex Interpreting Services	Sussex	Cancer screening, health literacy, barriers	Women's health, Spanish speaking	Attitudes towards Cancer Screening among Spanish speakers in Sussex
Sussex Interpreting Services	Sussex	Cancer screening, health literacy, barriers	Women's health, Womanian speaking	Attitudes towards Cancer Screening among the Romanian Community
Trust for Developing Communities, Hangleton & Knoll Project	Sussex	Cancer screening	Ethnic Minority Groups	Attitudes to Cancer Screening in Brighton and Hove
Citizens Advice Bureau West Sussex	Sussex	Cancer screening	Ethnic Minority Groups	Health Awareness: Barriers to Cancer Screening in Crawley

"The research project explored the depth and breadth of the actual health and wellbeing issues, drawing upon real voices, feeling, or worries of local people. It built confidence and prepared us to carry out future research projects."

CPAR IMPACT REPORT
2021–2025

May 2026

University of Reading

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