



Final report guidelines and template for the UKRI Enhancing Place-Based Partnerships in Public Engagement Programme

Purpose of this template

This template should be used by project leads to fulfil the reporting requirements for the Enhancing Place-Based Partnerships in Public Engagement programme.

Once completed, you should return your report to publicengagement@ukri.org within two months of your project's end date. Once submitted, we will conduct a quality assurance review and provide sign-off of the report, for publication if applicable.

If you have any questions about the template, please contact publicengagement@ukri.org.

Guidance for writing your final report for UKRI

Your report should be around 5 pages in length in total. You can use charts, tables, photos and anonymised quotes to bring your report to life. Please ensure you have appropriate permission to share any photos that include identifiable individuals.

How to use the template

You should use the headings 1-7 below to structure your report. All sections are mandatory. Word limits are advisory only.

Main report

1. Overview of project (600 words)
2. Overview of the evaluation approach (350 words)
3. Process (500 words)
4. Outcomes and impact (500 words)
5. Implications for policy and practice (650 words)
6. What's next? (400 words)
7. Financial reporting

Appendices

- i. Coronavirus outbreak impact (max. one page of A4)
- ii. Participant perspectives (max. one page of A4)

Each section in the template contains a list of the points you should discuss when writing this section: these are labelled (a), (b) etc. Please use the declaration below on the cover page of your final report.

University of Leicester confirms that it has made every effort to adhere to UKRI's reporting guidelines and to provide an accurate interpretation of the evidence available.

Grantee Name: Professor Jason Hughes Grantee Signature: Date: 18/02/21

1. Overview of project (600 words)

a) What were your original aims and objectives and did these change during the project?

The purpose of the project was to engage with four targeted areas of Leicester that experience multiple deprivations working with community representatives from each area. Our aim was to use two contrasting approaches to community engagement to facilitate the identification of a set of priorities for supporting health in these areas, which could then inform future research and subsequent engagement strategies for University of Leicester (UoL) and University Hospitals Leicester (UHL). Through employing a combination of participatory/engagement methodologies, the project sought to achieve three inter-related objectives:

1. Identify how UoL/UHL can better engage citizens from different backgrounds and places in the coproduction of knowledge in ways attuned to the power dynamics involved in this engagement.
2. Building on the above, co-develop place-based priorities for research into health and wellbeing in key disadvantaged areas in Leicester.
3. Lay the foundations for a longer-term programme of meaningful and enduring UoL/UHL engagement with local communities in health/inequalities research and targeted policy development.

We were able to achieve these three objectives, though as we explain below, our methods, approach, and orientation developed dramatically throughout the project.

b) What informed the project team's approach? (e.g. literature, partners, previous experience?)

A key influence on our study and modes of engagement was the 'figurational' (processual/relational) sociology of Norbert Elias who undertook an early Leicester-based study of intra-community relations in the region of South Wigston entitled *The Established and the Outsiders* (Elias and Scotson 1965). Elias identified axial tensions and divisions in the area between groups of the same demographic composition, elucidating a complex interplay of power, family, and length of association in generating intra- and inter-group tensions. This fundamentally challenged previously dominant understandings of communities as characteristically harmonious and cohesive; it demonstrated the central role of the 'othering' of one group in fostering the cohesiveness of another. The study served as something of a paradigmatic model, widely adopted in social research, that has since been applied to a range of other communities where divisions pivot on ethnicity, social class age, etc. While a great success intellectually, some community members felt side-lined with regard to their involvement in shaping the depictions of place and the findings the original study reached.

Our project sought to redress such shortcomings of this and other earlier UoL studies through developing a greater congruence between our theoretical and intellectual starting points and the approach we employed. Our original aim, in this connection, was to compare the different approaches to community engagement employed in the workshops of our project partners to identify

which was the most optimal to meeting our project aims. Working with UHL and the Akash Odedra Dance Company, we drew upon existing models of participative, co-productive engagement using creative and arts-based dance workshops as sites for hosting open conversations with community members. Working with Citizens UK, we employed community organising and engagement methods which drew centrally on a hybrid of action learning models (e.g. Revans, Kolb) and critical pedagogy (Friere).

In order to understand the approaches and methodologies of both project partners, the Project Officer and Co-Investigator engaged in their workshops not as project leads, but as ‘trainees’ and ‘newcomers’ occupying parallel subject positionings to those of the community members who were the focus of our study. This engendered a common set of experiences and a ‘levelling out’ of certain of the power differentials between University team members and community members which, most significantly, *itself proved a highly effective route towards engagement, and played a decisive role in securing community partnerships in ways we had not originally anticipated.*

Following discussions, reflections and mutual working deriving from our common experiences as newcomer trainees in the workshops of our project partners, together with community participants we iteratively developed an approach to ‘citizen research’ that was partly unplanned, and which had far-reaching implications. The starting point for this approach was to shift from referring to key community representatives as ‘representatives’, and instead to include them as equal partners in the project who would play the most central role in identifying the health priorities within their communities. Accordingly, we reoriented our study to working with ‘Community Researchers’ (CRs) who were to be employed by the University as part of the project team, fostering something of a reconfiguration of the relationships between these members, UOL and UHL. Accordingly, this organic ‘citizen research’ emerged not simply as set of methods, research techniques, or practices for successful ‘engagement’ and collaborative working, but a far more wide-reaching and wide-ranging set of processes and shifts developed via the mutual working through of sincerely foregrounding the principle of treating communities as *constituent partners not simply ‘target’ participants.*

Where we had originally approached engagement as centrally an ‘inside to out’ processes (of ‘reaching out’ to communities), we soon found it was equally a process of ‘outside to in’ (of renegotiating institutional structures and practices, and partly forcing a review of these). Accordingly, the approach we developed became far more encompassing than we originally anticipated: forcing a shift, for instance, in the standard operating procedures of how CRs could be vetted and paid by the university; prompting the development of new ethical safeguards — scalable, multi-level, multi-stage devolved consent and information processes — and more generally changing the character and form of the intended ‘outputs’ from the study.

c) What were the main activities you delivered and why?

Our original plan was to identify and develop community representatives employing the methods and approaches of Citizens UK and, simultaneously, to host focus groups with community members after events held by UHL such as dance classes, family activity days, townhall meetings, coffee mornings, etc. However, as a result of how the project developed, we transitioned towards a CR-centric model of project activity, which, in turn, became affected by the constraints imposed by the COVID-19 related lockdown. Accordingly, in its later stages, the project activities centred on CR-organised engagements with other community members, which culminated in their conducting a series of interviews using digital media (e.g. video conferencing) and ‘conventional’ media, such as telephone calls to collate data on health priorities in their communities.

- d) Who were your participants? Please share any information you have on the number and demographics of your project's participants.

Our project engaged three CRs, all of whom were women of colour, and via these key individuals, more than 50 community members drawn from a broad social distribution within CRs' respective communities.

2. Overview of the evaluation approach (350 words)

1. What were the evaluation questions for your project and how did these align with the programme evaluation questions?

Our original evaluation questions were as follows:

1. Can a place-based approach to public engagement research through partner organisations allow UoL and UHL to develop an institutional model that links local grass-roots communities with research?
2. Does this model create an opportunity for health and wellbeing priorities to emerge from communities that could be future research?
3. Does this model create an opportunity for sustained and equitable partnerships between research institutions, partner organisations and grass-roots communities (in Leicester)?

These questions sought to capture new modes of engagement, which could inform future place-based health research in Leicester communities, and also inform policy in UoL.

2. What methods of evaluation did you use, and why?

Our approach to evaluation was to integrate it into the project from the outset, rather than simply leaving it to the end to be undertaken retrospectively. From the earliest stages of the project onwards, we undertook continuous evaluation, with specific, structured and recorded reflections at key phases of the project. In addition to the three evaluation questions outlined above, we developed a further set of questions to inform ongoing reflections:

1. What have I/we learned from experiences of the project thus far?
2. How might we draw upon this learning, these experiences, in subsequent phases of the project?
3. How might we develop, amend our future plans accordingly?

Evaluations took the form of individual video-based reflections, recorded to camera, uploaded to a secure server, and shared across the project team. Typically, such reflections would last 15–20 minutes, but some were of a considerably longer duration.

Community researchers additionally provided project reflections and ongoing evaluations through regular debrief sessions (again recorded to video) with the Project Officer.

A total of approximately 8 hours of video-reflections were collected throughout the span of project.

Additionally, three full (circa 90 minute) project team meetings (again complete with CRs) were conducted via Zoom, and with permissions secured, video recorded and securely repositied. These meetings each contained ongoing evaluations of the project, in particular the modes of engagement it was serving to develop, and the collective learning it was facilitating.

A final team-based evaluation of the project as a whole was undertaken drawing upon previous reflections and the stock of video reflections developed through the course of the project.

3. Process (500 words)

- a) Which approaches worked well and which worked less well when delivering your project?

As outlined above, our original plan to compare the workshops of Leicester Citizens with the UHL/Akash Odedra dance workshops in terms of their efficacy as routes to engagement became a secondary concern of the project. We identified the most successful route to recruiting and working with community members was in our *co-participation as novices and newcomers* within those workshops. Through this means, the project recruited originally six CRs, which eventually was reduced to three, with a number unable to continue the full duration of the project due to personal challenges, most of which related to the COVID-19 pandemic. CRs served as our principal route into communities, with each serving as the focus for community organising and the research investigating the health priorities of different communities. Working in tandem with the project team, CRs co-developed a series of topics and questions to serve as the basis of a guide for interviews that they themselves would conduct with other community members — a research technique that they favoured and chose after considerable discussion within the project team.

Again, working with the Project Officer, CRs organised a series of interviews with other community health priorities and related concerns in their respective communities. The COVID-19 pandemic somewhat unsurprisingly came to figure prominently in discussions of health. Nonetheless, how this was expressed and played out across and between communities became a significant area of discussion. Accordingly, together with CRs we developed a process of securing informed consent, meeting ethical standards, and collecting data that involved a complex interplay between negotiating institutional processes and safeguards, meeting project objectives, whilst allowing CRs to have a decisive role in the character and content of the research undertaken. CRs were able to identify key ways of conducting research/engagement optimal to their communities. For instance, they found the approach to interviewing that worked best was when CRs would send questions to community members at least 24 hours before actually conducting the interview, letting people have some time to reflect upon what information they wanted to contribute. CRs reported back to the Project Officer, via 'debrief' reflections, who then used all reflection recordings to identify themes for future health research.

Our recruitment through co-participation proved highly effective route to meeting project aims. We recognise, however, that this mode of engagement involved working with people already involved through engagement via partner organisations. This is an efficient way of getting key community members involved — particularly those who are obtaining and developing experience of community organising — but means we are dependent on them to engage others within these communities who are harder to reach. Nonetheless, this approach differs from conventional 'gatekeeper' models in drawing from within communities to reach further within those same communities: our CRs were experts through experience, and not through institutional positionality.

b) What have all the partners learned about working together?

The partners have all agreed that the greatest lessons learned from this project have been the power in relationships, building horizontal partnerships (as opposed to top-to-bottom), the need for open and honest communication (and the most effective ways to achieve this), and most importantly the need to foreground community voices in shaping (and re-shaping/adapting) the research aims, objectives, and methods in a manner that is iterative and ongoing. That sincere honouring of employing an approach that is genuinely participant-centric has major implications for, amongst other outcomes, the institutional lessons for Leicester in terms of how CRs and other partners within communities can be properly accommodated within standard operating procedures.

We have learnt that there is a need to commit to openness throughout the project, including the final write up for this work, for the relationships to be genuinely equal and collaborative. This report was written in collaboration and shared with all partners to ensure they were happy with the conclusions drawn together and how they are presented.

c) Were there any major changes to the project (*excluding* the Coronavirus outbreak – see section 7) that impacted on its ability to achieve its original aims and objectives?

In addition to those changes to approach documented above, there were further changes that had some impact on the project's development. Key here is the example of a CR who, despite our best efforts to mitigate this, withdrew from the project as a consequence of his involvement in a particular bureaucratic wrangle between a community church and one of our project partners. This example highlights the complexities of community and project partner relationships. The consequences of this particular case were that this CR's withdrawal from the project came at a stage in its development where it was impossible to find a replacement to represent that particular community. As mentioned above, a further two CR's also withdrew, principally for personal reasons that related to the COVID-19 pandemic. The project aims and objectives were still ultimately achieved. However, because of the initial plan to capture place-based experiences (which we ascertained through recruitment of community researchers in specific Leicester postcodes), having community researchers withdraw meant that we missed out on fully capturing experiences of two communities (South Wigston and Highfields) of the four specific Leicester communities/neighbourhoods which we had originally targeted. With the foundation from the first phase of this work, CRs from these (and more) Leicester communities could be recruited for a second phase.

4. Outcomes and impact (500 words)

Please consider any outcomes and impacts that have arisen from your project. You might find it useful to consider them under the following categories:

- Understanding (changes in knowledge, mindset, attitudes or motivation)
- Capability (changes in ability or skill)
- Innovation (changes in practice or new ways of working)

Be sure to think about these categories in relation to everyone involved, including participants, partners, community members and those leading the project.

a) What outcomes and impact have you measured or observed?

For all members of the project team, CRs included, a core shift in our understanding relates to how we think about community engagement itself. Our study has highlighted how meaningful engagement necessitates a refiguring of relationships between community members, core institutional stakeholders, and partner organisations. Our repositioning of community representatives as Community Researchers has entailed not just a change of title, but a change in their (and our respective) positionality — as paid, institutionally-recognised and affiliated, researchers — that has major implications for how the university handles and accommodates such project partners via institutional processes and procedures. This implies the need for a correspondence between any university's 'outwards'-facing attempts to engage diverse communities and the 'inwards'-facing means for members of those communities to negotiate existing institutional practices, procedures, safeguards, and assumptions. These are confronted when community members are relationally positioned not just as participants, but as constituents, of institutional project teams. In turn, we have come to view such reconfiguring relations, in particular the degree of institutional embeddedness of relating to community members as project partners, as not so much the 'context' but the very 'stuff' of engagement: both the medium and the outcome of our pursuit of 'meaningful and enduring' engagement in partnership with our CRs, and the cornerstone of 'citizen research'.

More concretely, an institutional innovation deriving from this study has been our collaborative drafting of new Standard Operating Procedures (SOPs) for, as a case in point, the employment of short-term research staff (in this case, our CRs) employed by the university. Further innovations include those led by CRs relating to leading our transition from face-to-face, physically co-present modalities of engagement into online spaces.

In terms of capability, our major outcome is the introduction to a new skillset of community organising based on building relational power that was introduced during the training programmes facilitated by Citizens UK, and which was realised through our very participation alongside community members in such programmes. The obvious outcome here is our understanding that a key route to engagement and community reach is through project teams members assuming parallel relational positioning as 'newcomers' involved in 'legitimate peripheral participation' in a common 'community of practice', and its progressively 'centripetal' development to our becoming more established members together (Lave and Wenger 1992)

Perhaps more important still are the outcomes for our CRs in terms of the understandings and capabilities they have developed through their mutual engagement in these programmes and the project as a whole. One CR has previously been involved in community initiatives, having a history of volunteering for a Diabetes self-help group, and a longstanding interest in Ayurvedic medicine:

Because of this project I am more confident about speaking aloud about [the Ajurvedic] holistic approach, and I feel that there is a hope that people like me can work with GPs in future. Then, we can help more patients achieve health through balance. (Sonal Bhavsar)

Prafulla Modi participated in one the Diabetes and Dance groups and became recruited as a CR, she recounts what she has learned as result of her participation in the project, including most centrally the expertise she has developed about her community,

My motivation was driven by the example of the Diabetes and Dance group, and my own experience with my community where I found many were lacking knowledge about their



medical conditions and had little access to diagnosis and remedies. In this project I've gained awareness of various health issues in my community, and felt that many have had little knowledge due to communication skills and language barriers. I was surprised at the acuteness of the problem and how the health issues adversely affected certain members of the community. (Prafulla Modi)

Similarly, Pamela Campbell-Morris below describes her motivation was for becoming engaged with the project:

My motivation for joining the project was a) wanting to make a difference, and b) I wanted to enable seldom heard voices the opportunity to have a voice. This project has enhanced my listening skills. This project is important because of the concept of the bottom-up approach, using trusted community researchers to get the views of the community.

In addition to the outcomes relating to understandings of engagement, innovations in how institutions can work with CRs, the personal development of CRs and all members of the project team, the project has also delivered on its original aim of identifying the health priorities of diverse communities in Leicester, with a view to these informing subsequent research undertaken by UoL/UHL. Based on the engagements and interviews conducted with members of their broader communities our CRs, with support from the Project Officer, have identified ten healthcare priority areas that Leicester community members would like to see the investigated in the future. These themes are outlined in a poster our team created, which is attached to this submission.

b) To what extent did the project lead to the outcomes you expected?

As a team, our approach evolved significantly over the project: we initially had a plan to gather information from community members in Leicester using traditional methods (questionnaires, focus groups, surveys, and interview guides.) As we began working with CRs, as a team we decided that in alignment with a real horizontal partnership, we would be led by advice from the CRs on how best to approach our community engagement. While we have still ended up gaining valuable information from Leicester community members, the major change that has occurred is that we are now taking lead from our CRs (including on how to transition this work to a second phase).

c) Have there been any unexpected outcomes?

There have not been any unexpected outcomes simply because most of the questions we were asking were open-ended, and we did not have a fixed hypothesis. The project has been adapted and has also organically evolved in such a way that apart from transitioning to suit lockdown, no outcome has been entirely unexpected in this sense. That said, for those in the project team, the significance of the project for how we view institutional processes and in particular, how universities might integrate and institutionally recognise community members, is an emphasis that we had not originally anticipated:

[This project]..made me think about who are universities for? It's been eye-opening for me... community engagement is not just about consultancy, it's about a long-term process where you say we're colleagues now. It's also not just about listening, it's about what you're going to do with it. (Prof Jason Hughes)

5. Implications for policy and practice (650 words)



- a) What worked well in terms of engaging communities living in areas experiencing deprivation?

Having CRs who are already established as trustworthy members within their communities, and whom have been involved in collaborative community engagement work for years, proved to be successful in our project. Further, we operated a 'three tier' engagement system whereby the community members encompassed one tier, the CRs on another, and the third tier comprised of research partners (UoL, UHL, and Leicester & Leicestershire Citizens). In this way information and feedback was passed across the tiers, also ensuring that adequate support was provided for the CRs. The project employed a project officer responsible for liaising between all collaborators, and who would hold debriefing meetings with community researchers on both grouped and one-to-one basis. The trust that was built between all partners also ensured that sensitive topics raised — such as systemic racism and the disproportionate effect of COVID-19 on 'BAME' communities — were handled with nuance and respect.

- b) What challenges did you experience in engaging communities living in areas of deprivation?

The main challenge faced in engaging communities in this project arose not because of community members, but because of a potential collaborator (which was a community church). A very committed and capable CR attached to this church, keen to work on our project, was recruited. After weeks of prep work on both sides, the community church decided ultimately that they would not be going forward with working on the project despite the CRs desire to continue. Reasons provided were bureaucratic in character, but had to be respected. This case study highlights how various organisations can often assume the role of gate-keeper.

Additionally, the project also faced some administrative hurdles in relation to university processes. The process of setting up community researchers to be paid fixed-term and part-time university employees was convoluted, once more demonstrating how even before engagement activities begin, organisations gate-keep. To ensure that future research groups carrying out similar research do not run into these same problems, a standard operating procedure (SOP) — a copy of which is attached to this submission — was drafted outlining steps to be taken in employing community researchers, and mitigating risks relating to the entire project.

- c) Have there been any negative impacts of your project?

These circumstances have impacted our project in terms of limiting the number of community researchers participating. In terms of challenges faced with the university, administrative hurdles were a principal rate-limiting step to the commencement and smooth running of the project.

- d) What lessons should UKRI learn from your project in designing future phases of this programme (optional)?

The main lesson UKRI can learn from our project is to take lead from community organisers when it comes to shaping research projects. We have found value in establishing our own informal kind of *communiversity* (university + community). It is important to ensure that voices who would ordinarily be inaudible, get amplified in all community engagement calls. In order to do this, UKRI can include strong encouragement towards bringing on board community organisers as research collaborators. Secondly, our project highlights the importance in disaggregating the 'BAME' designation when dealing with racialized communities. In order to target place-based solutions, it is

important that specificity is used. Third, for ease of communication between various EPPE research teams, it might be helpful for UKRI to suggest that every team appoint a project officer whose role it will be to attend UKRI training events, feedback-giving events, and so forth. Last but not least, UKRI can consider how institutional responsibility and liability for research processes can seem at odds with the community-led and owned approaches that are being encouraged through such schemes as EPPE. Ethics and consent procedures, as well as payment for research related roles, for creating work through such funding schemes should come with guidelines for institutions where this style of working is much less developed and creates barriers for progress, especially when awarded funding can only be used for short periods of time.

6. What's next? (400 words)

- a) Do you and/or your partners have any plans to build on your work to date?

It is our intention to extend this project to a second phase. Further, we hope to collaborate with the EPPE research team based in Bradford as both our projects seek to explore future health research priorities. The avenues we envision will include selecting some of the health priority areas identified in this first phase and investigating these deeper in the same communities where they were raised. This will ensure that our community engagement continues, whilst also providing the University of Leicester the opportunity to keep improving our internal policies with regards to how we hold space for non-university-employed community organisers.

Whilst awaiting further information regarding Phase 2 funding for EPPE, we're sustaining our connections to the communities we have been working with by accessing other funds related to PPIE activity and supporting our CRs to continue having conversations that can contribute to the ongoing development of PPIE strategy for the Biomedical Research Centre jointly hosted by UoL and UHL.

- b) What do you think are the important factors in ensuring sustainable relationships between research organisations and community organisations?

Based on the experiences in this project, the most important factors in building these kinds of equitable relationships include creating horizontal and equitable partnerships where community organisers know they are truly valued, remunerating community organisers for their labour, including all collaborators on decisions made for the project and also in project outputs, and keeping open dialogue between all partners. Ultimately, sustaining a *communiversity* space (university partnering with communities) where all stakeholders and participants are assured of proactive and intentional partnership.

7. Financial reporting

Please detail all spend using the table below. Please explain any variance from your original funding request in the details section.

Cost category	Amount spent	Details
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Travel	£214.00	Travel and accommodation during lockdown.
Meeting costs	£8,000.00	Training costs: Citizens UK
Engagement costs	£8,000.00	Funds were allocated to creative events organised by University Hospitals Leicester (UHL) pre-lockdown.
Project research/feasibility study	Redacted	Wages for Project Officer, 3x Community Researchers, and Research Poster.
Estates and indirect	N/A	N/A

i. Coronavirus outbreak impact (max. 1 page of A4)

Please attach a short appendix to your report detailing the impact that the coronavirus outbreak had on your project and your ability to meet its aims objectives.

Covid-19 and its ensuing lockdown had a significant impact on this project, especially as Leicester entered into a local lockdown. The project was initially planned to comprise interviews and focus groups which would take place after various cultural activities (such as dance classes, family fun days, and so forth). The lockdown meant that all activities from March onwards had to be cancelled. Consequently, for a range of reasons, a number of the community researchers who were part of the project could no longer continue with the project.

While it took some time to achieve an optimal transition, our entire project team worked together to ensure that we were still able to achieve our aims and objectives. We adapted our ethics application and consenting processes, and carried out socially-distanced interviews, and meetings. We also adapted our media output from a video we initially planned to make at the end of the project, to a poster (attached to this submission).

ii. Participant perspectives (max. 1 page of A4)

Please attach a short summary of information you have collected directly from your participants about their experiences of taking part in your project.

We are particularly interested in knowing:

- How they found out about and got involved in your project
- Their motivation(s) for doing so
- What they got out of taking part in the project

Pamela Campbell-Morris

I have delivered community engagement projects in collaboration with the University of Leicester and became aware of the project through Dr. Marie Nugent, and wanted to get involved to utilise my skills. My motivation for joining the project was a) wanting to make a difference, and b) I wanted to enable seldom heard voices the opportunity to have a voice. This project has enhanced my



listening skills. This project is important because of the concept of the bottom-up approach, using trusted community researchers to get the views of the community. I like the style of community engagement that's being adopted, we all know one glove doesn't fit all and institutions often like to do things their way not the community's way. I feel confident I can engage with my community in a way that will benefit the people I serve.

Dr. Sonal Bhavsar

I have volunteered for the Diabetes Self-Help Group since 2012, so have been involved in many projects with the Diabetes Centre at Leicester General Hospital. Rebecca Pritchard (the University Hospitals Leicester collaborator) approached me to see if I was interested in this project. This project's aim and objectives were unique. The ways of working in this research project were more flexible than other projects I worked on in the past. Also, it allowed me to talk about other holistic health approaches such as Ayurvedic Medicine which is a 5000-years old approach that I use in my own practice of helping people to improve their health and well-being. Because of this project I am more confident about speaking aloud about this holistic approach and I feel that there is a hope that people like me can work with GPs in future. Then, we can help more patients achieve health through balance.

Prafulla Modi

I participated in the Diabetes and Dance Group, where I met Rebecca Pritchard. She recommended me to the project. My motivation was driven by the example of the Diabetes and Dance group and my own experience with my community where I found many were lacking knowledge about their medical conditions and had little access to diagnosis and remedies. In this project I've gained awareness of various health issues in my community and felt that many have had little knowledge due to communication skills and language barriers. I was surprised at the acuteness of the problem and how the health issues adversely affected certain members of the community.

Media assets

Finally, please arrange to share any of the media assets you produced as part of your project with the UKRI team. We are particularly interested in photos and videos that could be used to highlight the impact of your project.