South East London Integrated Care System

NHS South East London

Community organising guide

October 2025

South East London Integrated Care System

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Introduction

Introduction: purpose

This document is for both engagement practitioners and programme leads who may commission engagement activity. It includes:

- outline of what community organising is and its principles
- how to build relationships and develop trust
- how to address power issues
- how to apply trauma informed approaches
- community organising approaches
- understanding when this approach is best used
- examples of projects and programmes using a community organising approach across south east London
- a list of further resources and references

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Introduction: using community organising approaches

Community organising is an umbrella term for deep-rooted listening and creating actionable solutions. The goal is to create sustainable, community-led solutions by empowering people to influence decision-makers and improve their communities through meaningful relationships and sharing power. The approach takes time and needs commitment as there is a risk that not following through leads to further damaged relationships and distrust with the system.

Therefore, these approaches can only be used where:

- there is commitment through funding and resources for longer term projects – at least **18 months**
- there is a genuine desire to listen to people about what matters to them
- there is time for relationships and trust to develop
- where there is opportunity for local people to develop sustainable actionable solutions
- where there is collaboration and buy-in from system partners to this approach

Community organising approaches are best applied:

- to develop local community solutions to deep-rooted issues such as addressing health inequalities and the wider social determinants of health and improving well being
- at neighbourhood level and
- in work with specific communities

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Introduction: principles and approaches

Community organising is a term which is used to describe bringing people together to make positive change. Community organising approaches are collaborative equal partnerships where people and communities are developing solutions together. It is about **listening** to local people and understanding what they are saying, identifying and implementing solutions together. It is not about transactional and extractive engagement activity. It is not about asking for views on experiences of services or system proposals.

- Key principles:
  - Reaching into communities and connecting with people to build relationships and develop trust
  - Listening to and understanding what people are saying and not starting with a predetermined agenda
  - Addressing power dynamics: doing with, collaborating and recognising assets that exist within communities and recognising that people and communities know what they need
  - Planning together
  - Acting together to make change
- Different approaches which are not mutually exclusive and which you are likely to need to use a mixture of:
  - **Asset–based:** identifying and leveraging existing community resources, assets and strengths (people, opportunities, skills, networks) to build **community led solutions** to issues and problems.
  - **Community development**: identifying need, outreach, seeking solutions, identifying support or resource needed to provide solutions

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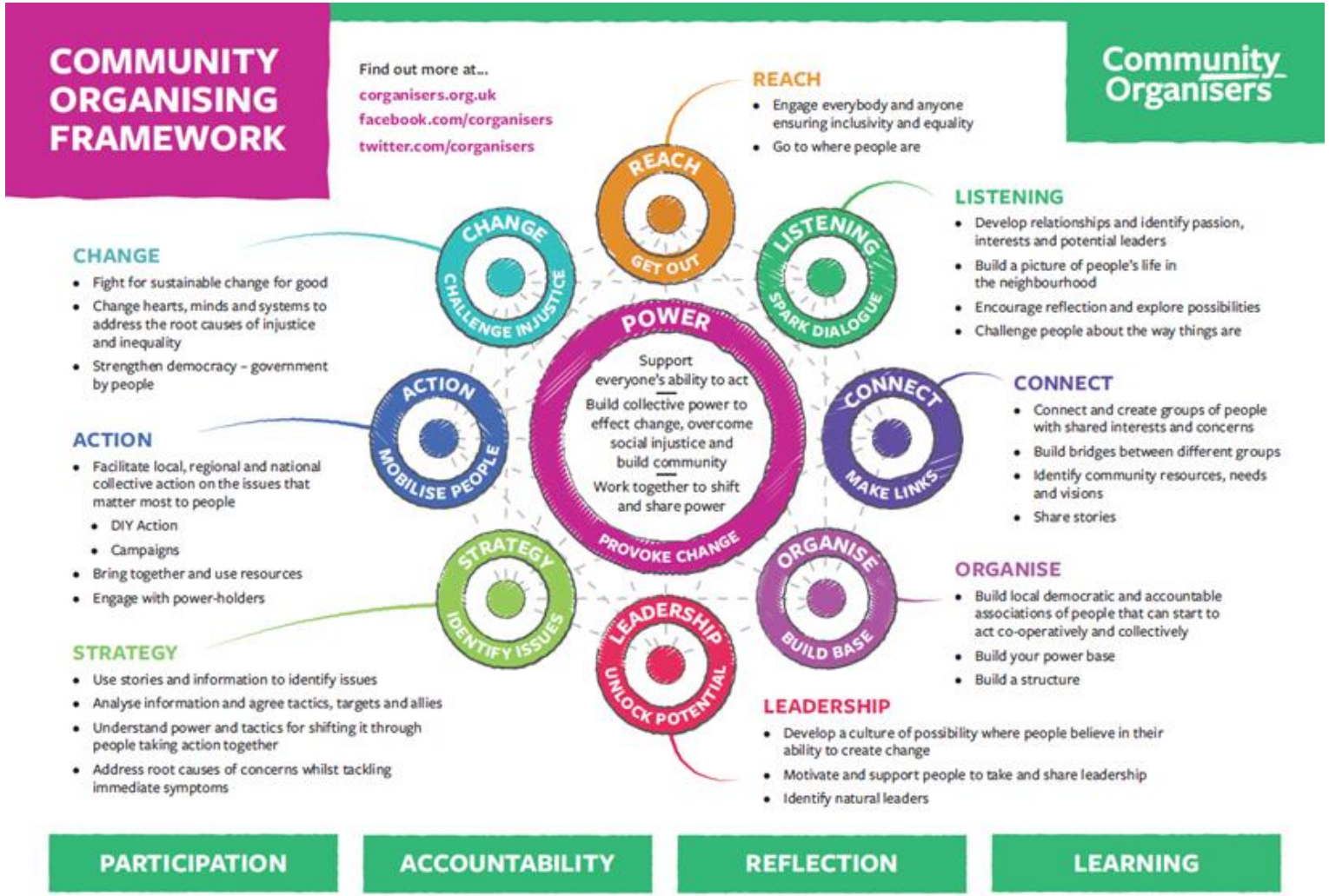
Community organising framework



The framework on the left has been developed by Community Organisers Ltd. It provides an overview of their community organising process which starts with listening and aims to build power.

We highlight in this document how to:

- build trust and relationships
- address power dynamics
- apply trauma informed approaches
  - create safety
  - addressing choice and peer support
  - acknowledge cultural, historical and gender issues
- reach people
- listen
- plan and act together to develop actionable solutions

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Key considerations before you start

Key considerations

- **Building trust and relationships:** community organising should build trust and develop relationships through the process of working together including on-going dialogue, sharing power, developing and implementing solutions together. It is about relational ways of working and not about transactional / extractive engagement activities.
- **Power dynamics**: community organising should actively address power dynamics through sharing and building power with people and communities, recognising the power and assets which already exist within communities and further empowering people to enable the development of leaders and resilient communities.
- **Trauma-informed practice:** trauma informed practice should underpin community organising approaches to ensure that we are not triggering or retraumatising people, as we are likely to be working with people who have experienced trauma.
- **Listening:** community organising is about listening to what local people are saying and what their issues are. It is not about having a predetermined agenda or asking people for their views on a particular subject.
- **Change:** community organising presupposes that action and change will happen and, therefore, you need to consider how to facilitate that change.
- **Community:** community means a group of people that have something in common and this can include community of place, community of interest or a community of shared culture, so individuals may identify with various communities and, in any one place, there will be multiple communities.
- **Time:** listening, building trust, developing relationships and solutions requires time and, therefore, longer term resourcing and funding.

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Building trust and relationships (1/2)

- **Building trust:** there is lack of trust and distrust between some communities and people and statutory services including the NHS due to both individual experiences of discrimination leading to poorer access, experiences and outcomes as well as wider societal issues around social justice, discrimination and previous traumatic experiences. There is a need to acknowledge lack of trust, distrust and reasons for it at the beginning of the process of working together.

The following definitions outline the different levels:

- **Trust**: an expectation that an organisation will consistently act reliably, honour its commitments and make decisions aligned with people's interests.
- **Lack of trust / mistrust:** an expectation that an organisation cannot be relied upon to act consistently, to keep its commitments or make decisions aligned with people's interests.
- **Active distrust**: an active expectation of harm: i.e. an expectation that an organisation will deliberately take advantage of and harm people in the future, either openly or covertly, if given the opportunity.

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Building trust and relationships (2/2)

- The NHS Race and Health Observatory regard the lack of trust as a social determinant of health, so it is important that community organising actively works to build trust and does not perpetuate distrust or trauma.
- Building trust requires commitment, takes time and cannot be rushed, is based on **relationships**, respect, empathy and recognition of different experiences and viewpoints. Therefore, projects need to build in enough time for people to get to know one another, develop relationships and for participants to understand each other's views, motivations, skills, knowledge and interests.
- Listening is critical to (re-)building trust.
- It is important to openly acknowledge lack of trust without being defensive.
- Developing and building shared values and objectives takes time but is key to developing trust.
- You need to do what you say you are going to do and do not make 'false promises'.
- Participants need to see change happen as a result of taking part and developing solutions. Where change cannot be made, partners need to be honest about the reasons why and share at the earliest opportunity.
- Trust is based on peoples' feelings and emotions as well as what they think.
- Remember it takes time to build trust yet can quickly be lost, further damaging relationships.
- Working with trusted embedded voluntary or community organisations may help build trust with appropriate resourcing.

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Addressing power dynamics (1/2)

- Community organising is about **doing with** local people rather than doing to or doing for people. It is about **power with** others to make change and enabling people to have **power to** be agents of change.
- Power exists within structures, hierarchies, decision making, finance and funding and between individuals.
- People in statutory agencies will often be seen as having more power due to the structures and organisations they work in and the resources those organisations have. It is important to recognise power imbalances and address power dynamics openly and honestly as part of community organising and enable power sharing across participants as part of the approach:
    - People working in statutory organisations need to learn how to be comfortable with uncertainty and not always being in control (even when they as individuals may not be in powerful positions within their organisations).
    - Funding often reflects power imbalances and hierarchies whether this is between statutory agencies and community organisations or larger VCSE organisations who may hold the funds and smaller community organisations or organisations competing for the same pot of money.
    - Therefore, it is important that any funding criteria is developed in an inclusive and collaborative manner. Funding decisions need to be inclusive and transparent whilst ensuring no-one has unfair disadvantage.

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Addressing power dynamics (2/2)

Sharing power: community organising means working collaboratively to address power imbalances and established ways of working, including:

- honestly acknowledging who has more power, who the decision makers are, how and where decisions are made and where accountability sits and how people and communities are part of this
- addressing how work is being shared across different people, communities and partners
- addressing the costs for individuals and small community groups to take part
- considering how and when meetings are organised and run including: time of day, using comfortable, safe and accessible venues, use of everyday language, how people introduce themselves (roles, organisations or as individuals and interests), ease of papers for reading, who leads meetings, use of story telling at meetings, having participants provide feedback from another participant's point of view
- recognising that some people may have low self-confidence and, therefore, be less able to take part equally and enabling peer support and training so people become more confident and develop skills and agency
- how themes and issues from listening exercises are identified and analysed and how community members are part of this work
- being open and clear about how funding is allocated and who makes the decisions ensuring no one organisation is the sole decision maker or has an unfair advantage in bidding or applying for any funds.

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Trauma informed approaches (1/3)

- Trauma can happen as a result of violence, abuse, neglect, loss, discrimination, disaster, wars and can affect anyone regardless of age, gender, ethnicity, disability or sexuality.
- The government Office for Health Improvement and Disparities (OHID) outlines that:

  "Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening. While unique to the individual, generally the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual well-being."
- It is an on-going response to experiencing or witnessing something traumatic or deeply distressing. This may be from a one-off experience or ongoing and repeated experiences.
- The harm experienced or witnessed can be physical, emotional, cultural or systemic.
- Trauma can exist and endure over generations.
- Trauma can impact how people think, feel and behave.
- Experience of trauma can make people feel unsafe and distrustful.

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Trauma informed approaches (2/3)

Within community organising, trauma can resurface when something in the setting or space feels similar to a past harm, even if no harm is intended.

This may show itself as:

- Withdrawal – people go quiet, leave early or avoid joining
- Heightened emotion – strong reactions (anger, fear or sadness) or change in tone in response to topic
- Mistrust – not wanting to share or engage
- Conflict – tension between participants triggered by perceived disrespect or injustice
- Physical – sweating, shaking or changes in breathing

It is particularly important that we take trauma informed approaches when we work with people, particularly when we are asking people to re-tell their stories or experiences, so that we do not trigger, re-traumatise or exploit people.

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Trauma informed approaches (3/3)

- The government Office for Health Improvement and Disparities outlines that:

  "Trauma-informed practice is an approach to health and care interventions which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development. [It] aims to increase practitioners' awareness of how trauma can negatively impact on individuals and communities, and their ability to feel safe or develop trusting relationships with health and care services and their staff."

- OHID also outline 6 principles of trauma-informed practice which include the following and which are further expanded in slides 17 – 20 (in addition to building trust and relationships and empowerment / addressing power dynamics which have been outlined in previous slides):

  1. Creating safety
  2. Enabling choice
  3. Peer support
  4. Recognising and acknowledging cultural, historical and gender issues

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Trauma informed approaches: creating safety (1/2)

Psychological safety:

- Creating space where people feel safe will take dedicated time and you will need to:
  - be open and clear about purpose of meeting / discussion so people know before hand and are not surprised
  - actively listen and ask open questions
  - be non judgemental and don't make assumptions
  - acknowledge historical discrimination and injustices
  - acknowledge and recognise emotions and emotional contributions
  - bring your authentic self to the space and be open and show empathy and compassion
  - ask people what they need to feel safe to participate and how they would like to participate

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Trauma informed approaches: creating safety: (2/2)

Physical space:

- Use comfortable, calm and accessible spaces in neutral locations.
- Ensure there is private space for conversations as well as group space.
- Think about seating arrangements.
- Clarify purpose of meeting and how you will use information.
- Ensure time and space for breaks and time out.
- Look out for both verbal and non-verbal signs of unease or distress such as restlessness, change in tone and plan how to respond such as bringing a break forward, having individual support on hand, time-out and space for one to one conversations.

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Trauma informed approaches: choice and peer support

- **Choice:**
  - Give people the choice about how they take part and contribute to the project by asking them.
  - Provide different opportunities to take part – on-line, face to face, group work, arts-based etc.
  - Provide time-out space as part of group space.
- **Peer support:**
  - Enable people to come together and network by providing space for members of the community to come together to support each other and enable the building of relationships and developing community strength.
  - Recognise the skills that people bring to the conversation / project.
  - Consider the offer of skills training in for example, peer research, participatory creative arts so participants can support listening and gathering of stories directly.

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Trauma informed approaches: cultural, historical and gender issues

- Recognise and acknowledge diverse cultural backgrounds, gender identities and historical experiences as trauma disproportionately affects marginalised communities.
- Acknowledge the differing impact trauma can have on people's lives.
- Recognise the knowledge, expertise and experience that people bring to the conversation.
- Recognise that people may have experienced trauma due to individual discriminatory experiences of healthcare or in wider systemic and societal experiences.
- Consider training in cultural competence / humility, allyship, trauma informed practice for everyone involved in the project.

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How to organise

Reaching people

- Identify the geographical area and or people and communities you want to reach
  - Use a range of data to help identify communities you want to reach remembering that no one part of the system has a complete data set.
- Identify key influencers / movers and shakers in the community:
  - Community leaders / community champions / members of community organisations
  - Leaders of faith-based organisations
  - People who are active in the community e.g. volunteers at food banks, small business owners, people organising community activity such as walks in local park, people who regularly attend community events.
- People with strong networks e.g. parents /carers at school gates, people working in coffee shops, hair dressers, nail bars or barber shops. Walk round the local areas together to know it and 'get a feel' for it and the people living and working there.
- Consider the use of digital platforms such as Nextdoor and whether the above influencers and community leaders have WhatsApp groups you can use and link into to reach and engage local people.
- Reach out to above people, visit and go to them in their trusted spaces, spend time to demonstrate commitment and 'shadow' them to start to build relationships with local people and understand issues.

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Listening to people

Listening to people and hearing what they are saying is a fundamental principles of community organising: to understand what is important to people, their aspirations, motivations, challenges and solutions.

- Once you have started developing relationships with key influencers and leaders in the area identify with them the best way to hear from local people. This is likely to include:
  - attending existing community meetings and events
  - using local newsletters
  - outreach to groups and organisations
  - going to where people come together naturally such as school gates, clubs, faith groups
- Help people link up and connect
- Partner with local groups to run listening events
- Overtime, as you develop local relationships, explore using creative activities (see resources slide 43) to make them fun:
  - Drawing / taking photos
  - Filming / recording stories
  - Drama, song and dance
  - Use games to explore issues
- Record and group what you have heard into key themes

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Planning and acting together

- After reaching out, connecting and listening to people, participants need to come together to plan and act on issues that have been raised and heard. You are likely to need a number of workshops to:
  - agree and prioritise issues raised during the listening phase of the project
  - break down issues into manageable parts, in order to
  - co-design actionable solutions and prioritise the solutions.
- You will need to invite and include a mix of people including people taking part in the listening exercises, key community influencers and people working in the system including key decision makers
- Remember that this is about working up solutions together and there should be no preconceived solutions.
- Be clear on purpose and set clear aims for each workshop so everyone is clear on expectations.

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Running workshops

- Be clear on purpose and set clear aims for each workshop so everyone understands expectations.
- Consider doing introductions differently as this helps address power dynamics so all participants can take part on an equal footing rather than some participants being seen as more powerful due to who they work for.
- Consider using same name labels for all rather than lanyards (for people with paid roles) as this helps address power dynamics.
- Ensure a range of participants lead discussions / introduce part of the agenda / facilitate discussions.
- There are a range of methodologies you can use to identify and prioritise issues and generate and prioritise solutions, including:
    - Appreciative enquiry
    - Deliberative workshops
    - Participatory appraisal
    - Root cause analysis (example in slide 26 and slide 27)
- You may want to consider having expert independent facilitation - talk to the engagement team.

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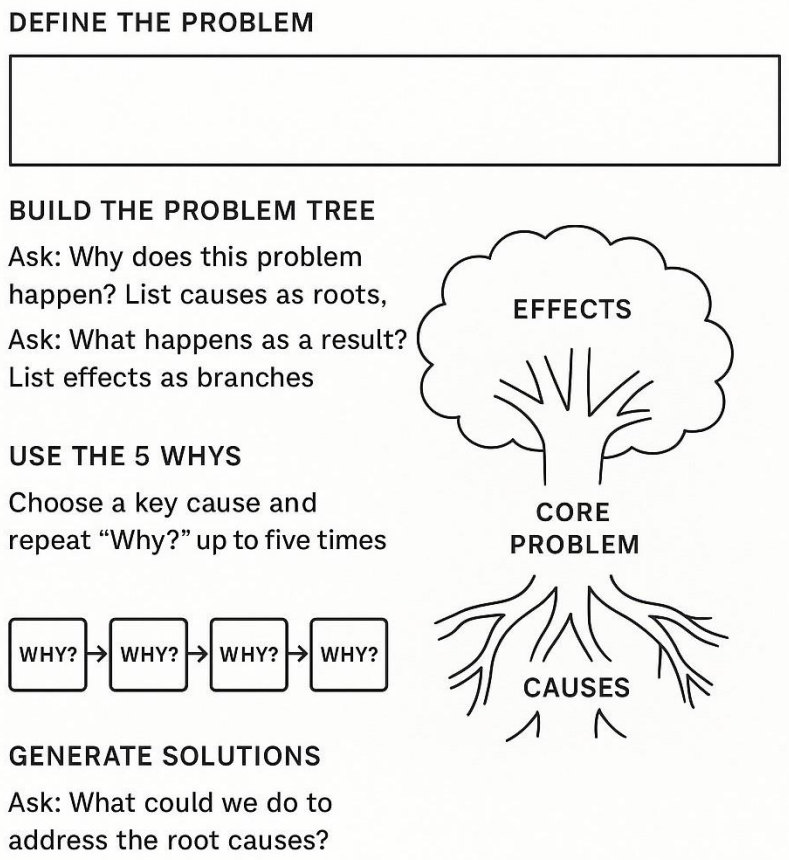
Understanding deep rooted issues from listening exercises

- Share findings from listening exercises so participants can see how what they said has been interpreted and to check if themes / issues seem right
- You could then use simple root cause analysis approaches in a workshop to narrow down issues, such as:
  - problem tree where:
    - the trunk is the core issue / problem you want to address
    - the roots show the causes i.e. why this happens
    - the branches show the effects i.e. what happens because of the issue /problem.
- 5 whys – ask why this is happening, write down the answer and ask why again and repeat until you get to the point that you can address the underlying root cause.
- Use a combination of both by choosing 2 – 3 causes from the roots and asking why until you reach a root cause.



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Generating actionable solutions

- For each root cause identified, ask what could we do to address this? Also consider whether it will have a positive impact on the community.
- Ask people to write their ideas down and group similar ideas together.
- Ask all participants to prioritise top ideas with dot voting or a quick poll.
- Pick the tops ideas to discuss and decide on
  - action(s) or task(s)
  - who is leading on each action and who is supporting
  - when they are doing this by
  - what resources are needed and how are they going to be provided.

- Some of the solutions identified will be more complex and difficult to achieve so you may want to focus on the quick wins in the first place to keep momentum and sense of achievement whilst you continue to work on the more difficult issues together.
- It is important to agree how you share results of the actions amongst one another and you may need a series of meetings with people taking actions forward before sharing outcomes more widely with all participants.

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South east London examples of community organising

South London Listens /SEL Anchor Programme

South London Listens is a partnership of both South London ICBs, three mental health trusts, local authorities and community groups across south London – formed as an urgent response to tackle the mental health impacts of Covid-19. Working with strategic partner Citizens UK, the programme utilises a community organising approach to support health creation across south London. Since its inception it has been focused on improving mental health and wellbeing, but the work has also widened to support partnership working with anchor institutions through the SEL Anchor Programme - to build power in tackling the socio-economic determinants of ill-health.

An evaluation framework for South London Listens has been developed with community leaders and the Centre for Society and Mental Health. It centres around five aims:

1. Communities feel listened to, validated, and empowered to improve mental health and wellbeing
2. Stronger relationships and social capital within and between communities
3. More trusting and equitable relationships are built between communities, the NHS, and local authorities
4. We successfully take action together on structural and systemic inequalities and injustices that impact health and wellbeing
5. We create cost-effective model and interventions for strengthening communities and preventing ill-health/mental ill- health

Through SLL we are testing a discreet model for building relationships and trust in communities – with a view to supporting and accelerating existing initiatives at a system and Place level.

First theory of change evaluation report - Published January 2024

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South London Listens partners and priorities

People before Programme

6,000 local co-designers

3.7 million people served

150+ voluntary, community and social enterprise organisations and community leaders

12 local authorities

Three NHS mental health trusts

Two Integrated Care Systems

Priority One

Social isolation, loneliness and digital exclusion

Priority Two

Work & Wages

Priority Three

Children, young people and parental mental health

Priority Four

Access to Mental Health services

Priority Five

Housing

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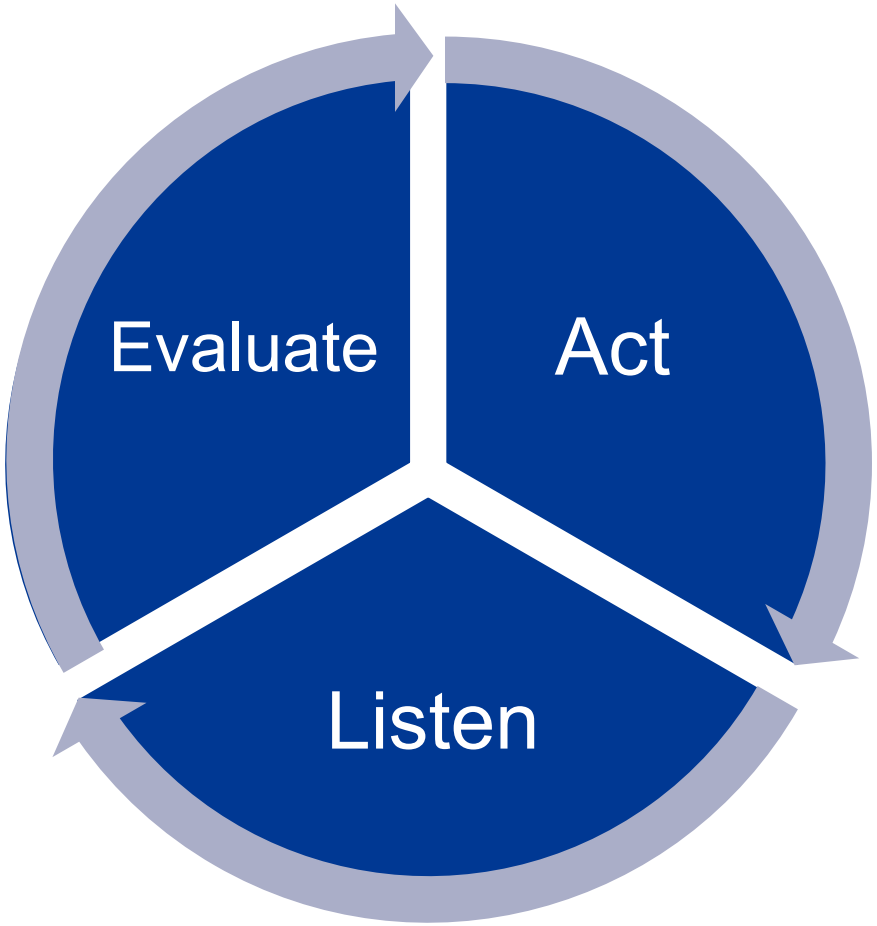
Cycle of action / transformation

- **Programme evaluation delivered over 2-5 years**
- **Development of economic modelling**
- **Annual Impact Reports**



Capacity building

- **Agreed delivery plan – working with ICB and Place teams to oversee implementation of agreed areas – and SLL does not do commissioning of services, but**
- **Supports the co-delivery of solutions with communities**

- **Coordinate SL wide listening campaign – owned at Place**
- **Develop core priorities and agreed 'solutions'**
- **Host accountability assemblies with communities**

Programme Theory of Change

1. Communities feel listened to, validated, and empowered to improve mental health and wellbeing
2. Stronger relationships and social capital within and between communities
3. More trusting and equitable relationships are built between communities, the NHS, and local authorities
4. We successfully take action together on structural and systemic inequalities and injustices that impact mental health
5. We create cost-effective model and interventions for strengthening communities and preventing mental ill- health

Priorities 2021-2025

1) MH and social isolation
2) Work and Wages
3) Children, young people and parental mental health
4) Access to mental health services for migrants and refugee communities
5) Housing

[You can read our action plans and impact reports on our website.]

BE WELL PROGRAMME – working with 79+ organisations to build capacity and take action on mental health. Providing mental health training and mentoring, supporting delivery of wellbeing activity, and rolling out Borough 'networks to connect with local stakeholders and align with local initiatives.

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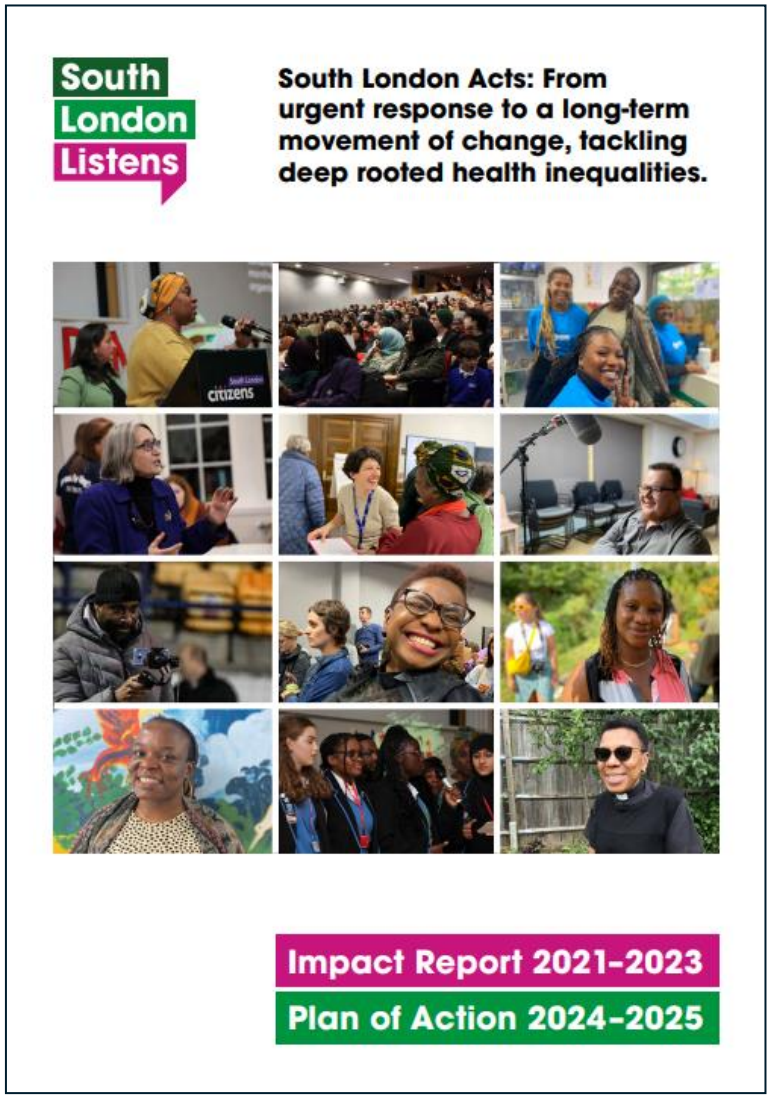
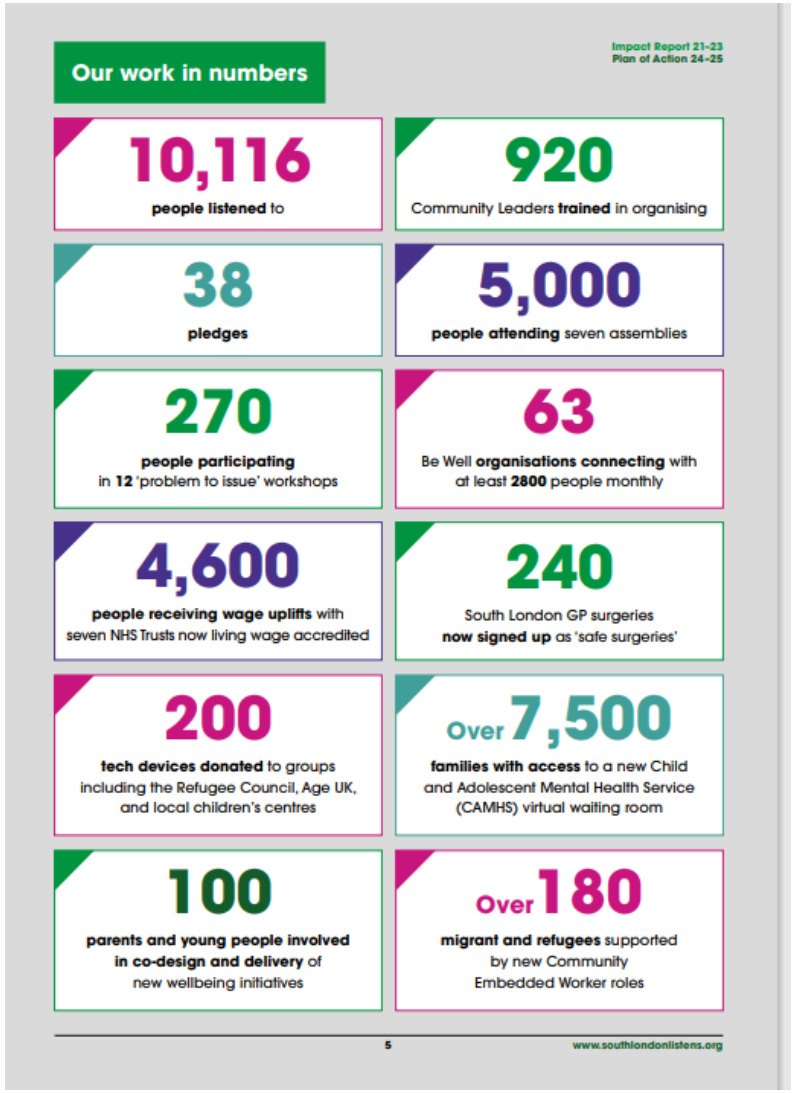
South London Listens in numbers


South London Listens

South London Acts: From urgent response to a long-term movement of change, tackling deep rooted health inequalities.

Impact Report 2021-2023

Plan of Action 2024-2025


Our work in numbers

Impact Report 21-23
Plan of Action 24-25

10,116 **people listened** to

920 Community Leaders **trained** in organising

38 **pledges**

5,000 **people attending** seven assemblies

270 **people participating** in **12** 'problem to issue' workshops

63 Be Well **organisations connecting** with at least **2800** people monthly

4,600 **people receiving wage uplifts** with seven NHS Trusts now living wage accredited

240 South London GP surgeries **now signed up** as 'safe surgeries'

200 **tech devices donated** to groups including the Refugee Council, Age UK, and local children's centres

Over 7,500 **families with access** to a new Child and Adolescent Mental Health Service (CAMHS) virtual waiting room

100 **parents and young people involved in co-design and delivery** of new wellbeing initiatives

Over 180 **migrant and refugees** supported by new Community Embedded Worker roles

5 www.southlondonlistens.org

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SEL ICB-Impact on Urban Health Equity Partnership

- Partnership established in the wake of medical mistrust and health inequities highlighted and exacerbated by the COVID-19 pandemic.
- Joint funding pot created to focus on a new approach to sharing power with communities that can effectively re-build trust where it is currently absent or fragile. Working hypothesis is that sharing power leads to better design and delivery of healthcare, which in turn improves uptake and experience of services, ultimately reducing health inequities
- Focused on sustainable systems change, which puts communities at the centre of all stages of planning, designing, funding and delivering projects, aiming to create a new model/s for working with communities that are replicable in other parts of the system.
- Following extensive community insights gathering with Black communities in Lambeth and Southwark delivered by Centric Community Research, the decision was made to focus on Black Maternal Health and Black Mental Health as application areas to develop and test the new approach.
- Commitment to co-production means the model is being developed with communities in the course of delivery, framed by some guiding principles agreed by executives from the two funding organisations.
- Having kicked-off in 2025, it is anticipated that the Partnership will initially fund projects for up to 3-years, reflecting feedback around the need to build trusted relationships with community-embedded providers and supporting new models of care well beyond the typical 1-year pilot cycle
- Black Maternal Health programme currently wrapping-up design phase and moving into funding autumn 2025. Find out more here: Reducing Black maternal health inequalities: building health, wellbeing and real solutions together | Let's Talk Health and Care South East London. Black Mental Health programme design phase kicks-off autumn 2025.

SEL ICB-Impact on Urban Health
Equity Partnership Community Organising x Delivery Phase

Planning

> Participatory governance
> Strategic decision making devolved to Programme Board and thematic Expert Reference Groups (ERGs) bringing together system and community leaders with lived experience
>Accountability Groups centre and support people with lived experience
> Equitable compensation mechanisms agreed

Design

> PPI forums convened to co-create solutions and priorities

> ERGs score and prioritise solutions to launch for funding based on co-designed scoring rubric centring community and system needs

> Co-create evaluation approach blending what matters to communities and what will attract ongoing support from the system

Funding

> Create accessible funding opportunities incorporating feedback from VCSEs

> Develop a sustainability plan to support work including financial and capacity building elements

>Ensure funding is structured to help delivery orgs to plan and develop their organisations effectively

Delivery

> Develop a delivery oversight regime that is light touch and proportional – oversight is led through ERGs and Accountability Groups
> Create trusted spaces and mechanisms for delivery orgs to identify and escalate challenges and iterate challenges without fear of funding being withdrawn

SEL Voluntary, Community and Social Enterprise Strategic Alliance

South East London Integrated Care System

Trust and Health Creation Partnership

Strategic Collaborative Partnership

Purpose and approach

- Equitable partnering bringing together the Integrated Care Board (ICB), King's Health Partners (KHP) and 'By and For' grassroots voluntary, community and social enterprise sector organisations (VCSEs) and the communities they are embedded within.
- Co-creating models for how our healthcare systems can work in genuine partnership with communities and VCSEs to create & sustain health—creating the conditions for trust, equity, and lifelong wellbeing.
- Centred on power-shifting, shared accountability and community-led health creation approaches, recognising that health is shaped by communities themselves, not by clinical care.
- At the heart of this collaboration is a commitment to building and strengthening trust with communities

Long-term partnership, without pressures to 'deliver' - work at the pace of trust!

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Our guiding principles

long-term partnering for long-term impact, learning together as we go

Power shifting full equity in decision making throughout (and right from the start!)

Funding capacity, not just delivery

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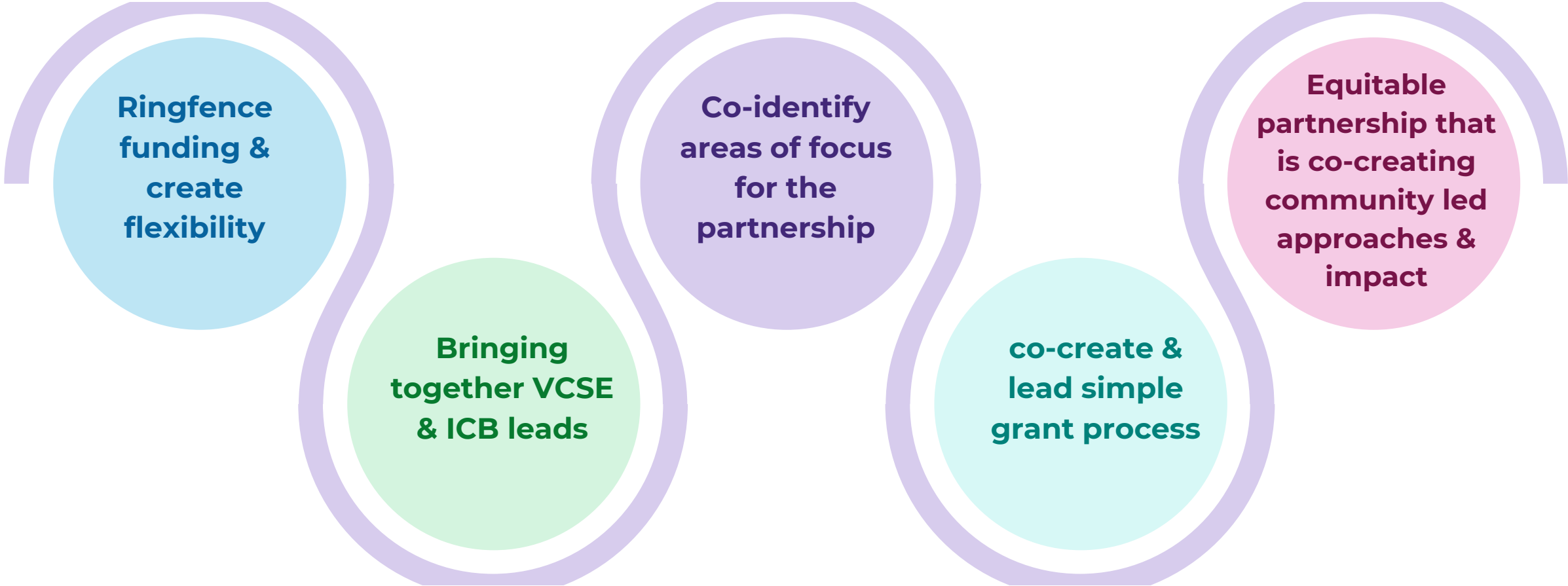
The process at a glance



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The process in more detail

- Ringfenced long-term funding with full flexibility around how funding is used (funding cover VCSE capacity as well as delivery)

- Co-creation right from the start! no pre-dictated direction, approach, outcomes or impact. All co-created by VCSE and system partners.

- Bringing together health-held data & VCSE insight to co-identify communities & areas of focus for the partnership

- VCSE & ICB co-created & co-led a very simple, accessible and proportionate EOI process to recruit ‘By and For’ VCSE partners & award funding. Equity in decision making powers between VCSE & ICB leads throughout the process

- Creating the blueprint for proportionate & equitable procurement processes

Co-creating ‘Trust building’ framework and community-led health creation approaches for SEL

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Process flow diagram

Communities & VCSEs lead

Systems listen, support & adapt

Everyone learns together

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Health inequalities reduce & enhanced sustainable wellness in communities

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SEL Voluntary, Community and Social Enterprise Strategic Alliance

South East London Integrated Care System

Full insight about the partnership, the process and the work to date here

www.selalliance.org.uk

South East London Integrated Care System

NHS South East London

Appendices

Resources

- Engagement toolkit - South East London ICS: The ICS engagement toolkit outlines a range of methods for working with people and communities and when to use them. It also includes a series of how to guides (including facilitating focus groups, recruiting people with lived experience, working with trusted VCSE organisations, having individual conversations and developing effective survey questions) as well as top tips and templates.
- Home - Made by Mortals: Made by Mortals use participatory arts to coproduce stories of people with lived experience using audio, film, music, theatre and interactive workshops.
- PhotoVoice - Projects, Training, Photography for Social Change: PhotoVoice is an organisation that works on participatory photography projects and digital story-telling particularly with under-represented groups so people can tell their story through photography.
- Legislative Theatre: is an organisation that brings people and policy makers together to co-create innovative and effective solutions to complex challenges through dialogue and creativity.
- Thrive London: Trauma-informed practice training: Thrive London with Nicola Lester psychological Trauma Consultancy provide three on-line recorded training sessions on trauma-informed practice: becoming trauma aware (bronze level), developing trauma informed practice (silver level) and committed to trauma informed practice (gold level
- SEL VCSE Strategic Alliance have a range of resources in place on their website at Resources where you can get more information about their work.
- Learning resources | The Health Creation Alliance have a range of learning resources to help transform services to make them more health creating.

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References

- The Community Organising Framework - Community Organisers: reach, listen, connect, organise, power, leadership, strategy, action, change
- What is community organising? - Citizens UK: 5 steps to social change: organise, listen, plan, act (shift power), negotiate
- What is organising?: An introduction based on the work of Marshall Ganz, Commons Social Change Library, Leading Change Network, Marshall Ganz, 2021
- Community Organising Toolkit - High Trees Tulse Hill, Lambeth, South London, SW2: reach, listening, connect, organize, leadership, strategy, action, change, all underpinned by power or with power at the centre
- ECMA: Manual on local community organizing: community mapping and needs analysis, setting goals and objectives, develop strategy and action plans, evaluate
- Derbyshire community insights framework: listening, learning and acting on community led insight based on accurate and deep understanding of community experience needs, ideas and ambitions Insight Framework » Joined Up Care Derbyshire
- Transforming Power Relationships In Partnership Working | The King's Fund, November 2023
- A reflective learning framework for partnering, King's Fund and National Lotteries Community Fund, June 2022
- Patient experience and trust in primary care, NHS Race and Health Observatory, March 2025
- Exploring the potential of community centered public services, Cormac Russell, New Local, May 2025
- Doing With: Reinventing public services in a time of crisis, Kings Fund, July 2025
- Co-design and community engagement must be trauma informed, One Small Thing, November 2024
- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, July 2014
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