



Blossom Group working with Healthwatch Redbridge

The Togetherness Café: Amplifying Ignored Voices in Redbridge

The Togetherness Café is a groundbreaking community engagement initiative led by Blossom Group ASA CIC, designed to capture the authentic views of South Asian and Arab communities in Redbridge regarding health and social care services. This 10-week programme created a culturally safe environment where participants could speak honestly without fear, revealing deep-seated issues of mistrust, disconnection, and systemic barriers.

With attendance growing from just 4 participants in week one to 41 by the final session, the initiative demonstrated the power of culturally competent, community-rooted approaches to engagement. The project not only gathered crucial feedback but also empowered participants through giving them a genuine voice in shaping the services they receive.



Comprehensive Engagement Methods



Focus Groups & Workshops

Regular focus groups and interactive workshops at Mildmay Community Centre and Ilford Library, facilitated by culturally competent team members who speak community languages.



Surveys & Interviews

Structured questionnaires distributed in both paper and digital formats, complemented by private one-on-one interviews for those uncomfortable in group settings.



Informal Conversations

Casual conversations during café meetings documented to capture spontaneous insights that structured methods might miss.

Participant Demographics & Growth

Attendance Growth

The programme demonstrated remarkable growth over its 10-week duration:

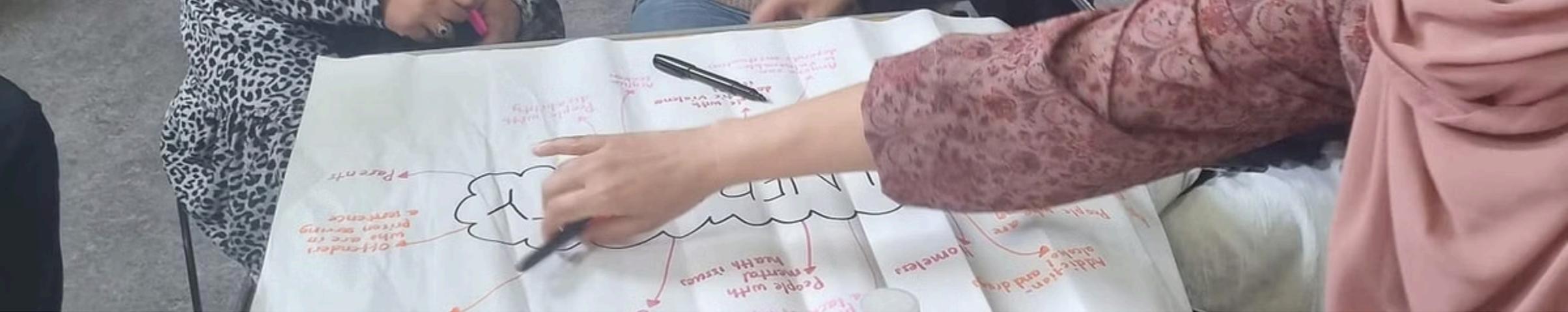
- Week 1: 4 participants
- Week 2: 10 participants
- Week 5: 21 participants
- Week 10: 41 participants
- Total of 81 residents

This growth coincided with the launch of the Community Box Advice Service, highlighting how practical support builds trust.

Participant Profile

The initiative successfully reached a diverse cross-section of the community:

- Gender: 67% women, 33% Men
- Age: 56% aged 45-70+, 29% aged 30-45, 15% aged 18-30
- Disability: 42% identified as disabled
- Ethnicity: Pakistani (32%), Black African (10%), Indian (13%), Bengali (11%), Eastern European (10%), Arab (7%), White English (5%), Black Afro Caribbean (12%)



Economic & Housing Challenges

88%

Rented in Poor Conditions

The vast majority of participants lived in substandard rental accommodation

61%

On Welfare Benefits

More than half relied on benefits for financial support

43%

In Serious Debt

Financial hardship was widespread among participants

91%

No Home Ownership Prospects

Believed they would never own property

These stark statistics reveal the economic vulnerability of participants, with 13% living in temporary or hotel accommodation (4% for over four years) and 11% having No Recourse to Public Funds. Additionally, 41% were unpaid carers, adding further financial and emotional strain to their situations.

Poverty Status of Participants

All participants involved in the Togetherness Café project were living in poverty, **below nationally recognised deprivation thresholds**. Every individual we engaged faced multiple, overlapping forms of socioeconomic hardship.

Key indicators included:

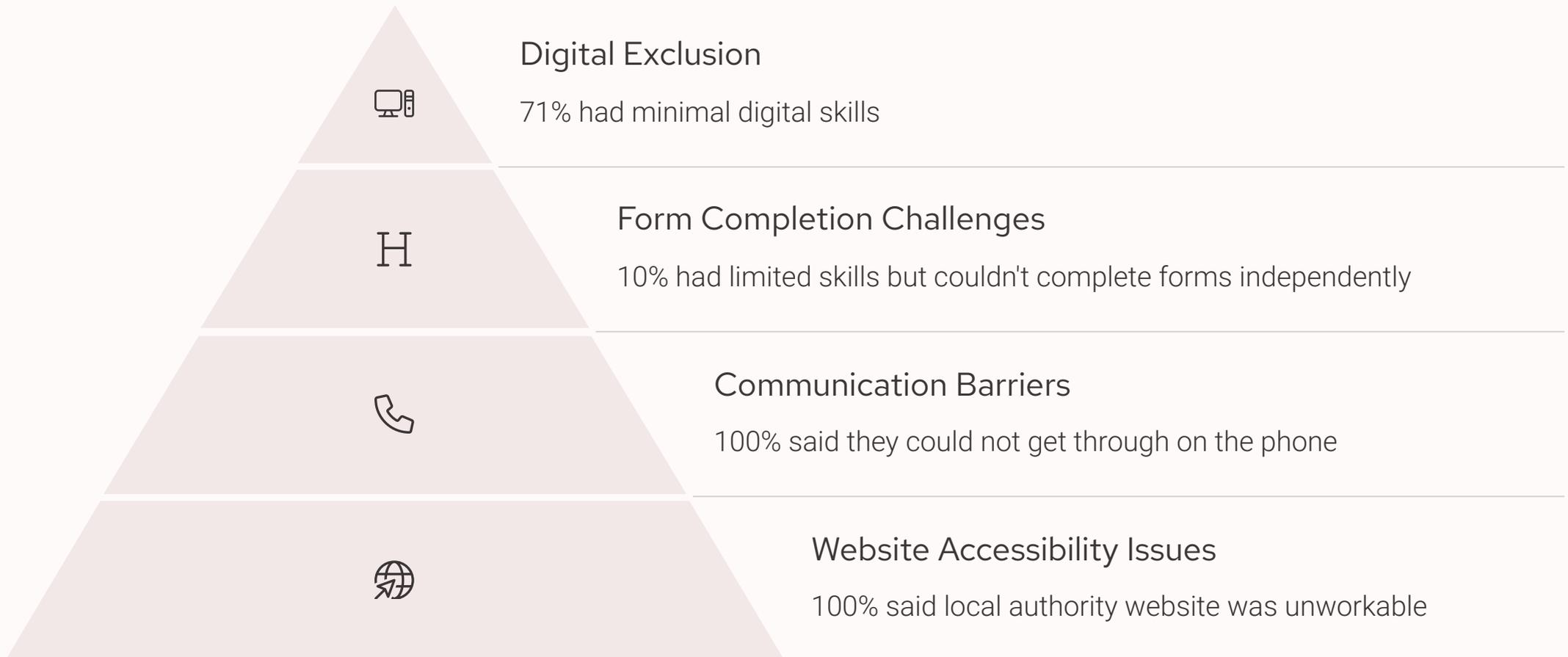
- **Insecure or substandard housing**
- **Low or unstable income from gig economy or cash-in-hand jobs**
- **Dependence on welfare or with no access to public funds**
- **Debt, food insecurity, and lack of access to digital infrastructure**
- **Unpaid care responsibilities and health issues linked to deprivation**

This confirms that the Togetherness Café served those most affected by structural inequality – not hypothetically, but in lived, daily reality.

Impact on Ethnic Minorities and Non-English Speakers

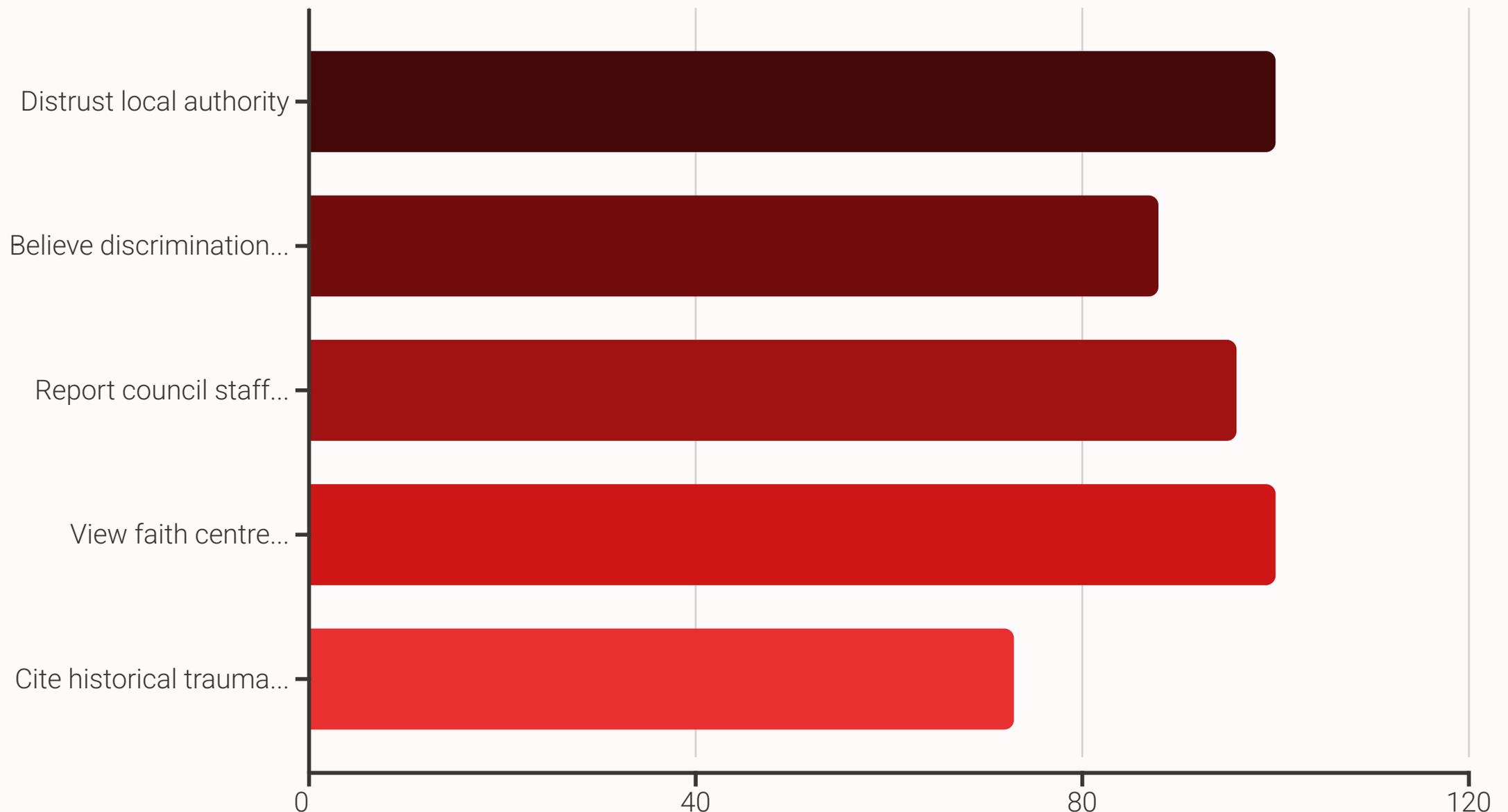
Poverty is not distributed equally – it is **amplified for ethnic minority communities**, especially those with limited English proficiency. The Togetherness Café findings show how **language, race, immigration status, and class intersect** to deepen exclusion.

Digital & Systemic Access Barriers



All participants reported being upset by being told to complete forms despite known barriers. They unanimously agreed that no tailored support exists for marginalised users, and all felt that labels like 'seldom heard' or 'hard to reach' were demeaning and disempowering rather than helpful.

Systemic Discrimination & Mistrust



Only 12% of participants trusted health services, and 87% believed health initiatives failed because communities were not included as partners. All participants stated that real change would only come from full partnership with real power—not focus groups or tick-box exercises they perceived as data collection without genuine interest in community needs.

Systemic Discrimination and Mistrust: Key Findings

- **100%** did **not trust** the local authority; only **12%** trusted health services.
- **88%** believed discrimination is **systemic** in health, housing, and access to services.
- **96%** said council staff were **rude and officious**, reflecting a **top-down, faceless culture** – not individual attitudes.
- **100%** viewed local authority visits to faith centres as **performative** and **tokenistic**.
- Officials spoke to **perceived faith leaders**, who represented **mosques, not communities** – ignoring diversity and individuality.
- **76%** said they had **nothing in common** with faith leaders, who were often **imported** to fulfill symbolic roles.
- **87%** said health initiatives **failed** because communities were **excluded as equal partners**.
- **88%** said health professionals lacked **trust-building** and offered **superficial solutions**.
- **73%** cited **historical trauma, colonisation, and vaccine inequity** as root causes of mistrust – all deepened by COVID-19.
- **100%** believed terms like “**vulnerable**” and “**marginalised**” are used to **pacify and disempower** communities.
- **100%** said real change requires **genuine partnerships with real power**, not **focus groups or tick-box exercises**.
- **Tick-box exercises** were condemned as **extractive** – collecting data but **ignoring lived experiences**.
- Officials were criticised for showcasing diversity as a **political performance**, using people as **political footballs and circus animals**.

Mental Health Crisis & Community Response

Poor Mental Health

87% reported very poor mental health, with the remaining 13% reporting low-to-moderate poor mental health

Practical Support

Community Box Advice Service helped 38+ individuals with benefits, housing, and system navigation



Institutional Trauma

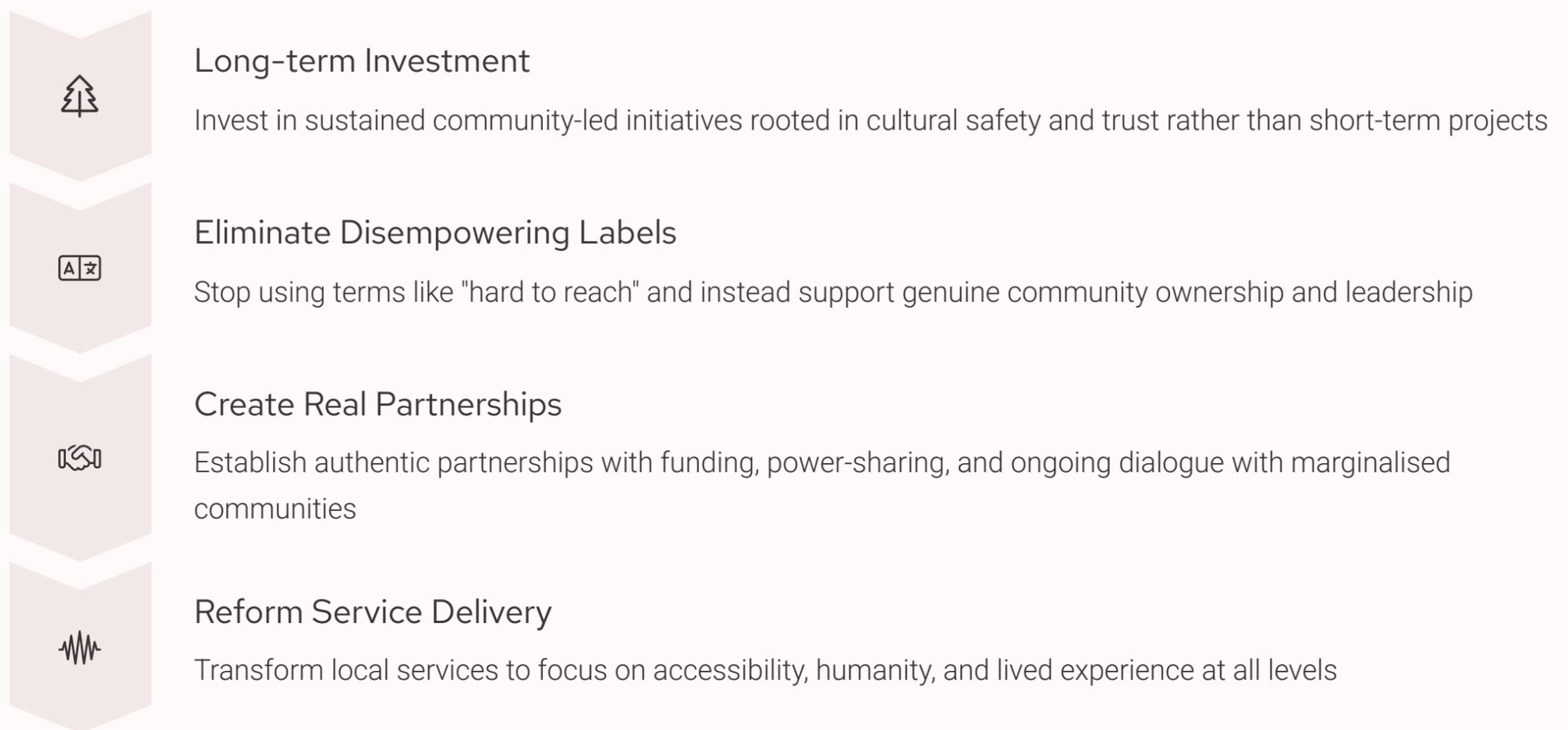
88% linked worsening mental health to interactions with local authority and health services

Community Media

Weekly Community Hour on NuSound Radio reaching 5,000+ listeners

The Community Box Advice Service, launched in Week 5, marked a turning point in the project, demonstrating that practical, human support builds trust. This service addressed urgent needs including benefits applications, housing issues, NRPf cases, and form completion assistance.

Recommendations & Future Directions



Recommendations for Real Change

1. **Invest in Long-Term, Community-Led Solutions**

Fund initiatives rooted in **cultural safety, local leadership, and long-term trust**, not one-off projects.

2. **Stop Using Labels Like "Hard to Reach"**

Shift the narrative. These communities aren't hard to reach — they've been **ignored**. Support **community ownership** instead of top-down control.

3. **Reform Local Services**

Redesign services around **humanity, accessibility, and lived experience** — not bureaucracy or performative outreach.

4. **Build Real Partnerships**

Go beyond consultations. Commit to **power-sharing, sustainable funding, and continuous dialogue** with communities.

5. **Change the Culture of Leadership**

Address the **rudeness, arrogance, and disconnection** embedded in public institutions. Make respect and humility the norm.

6. **Listen, Validate, and Build Trust from Within**

Trust can't be outsourced. It must be **built with grassroots organisations**, like **Blossom Group**, that already have deep roots. Fund them **sustainably**, not symbolically — communities believe this is the **only real solution**.

The Togetherness Café confirmed that marginalised communities are not unreachable—they are tired of being used and ignored. In just 10 weeks, this project touched on numerous systemic issues affecting Redbridge residents, making it clear that change is possible only through genuine partnership, shared power, and meaningful inclusion.

Community-Led by Design

A core strength of the Blossom Group is that **our volunteers and staff come directly from the communities we serve**. This includes individuals from Pakistani, Indian, Black African, Arab, and Eastern European backgrounds, many of whom:

- Speak the community languages
- Share lived experiences of poverty, migration, and exclusion
- Understand the cultural and social dynamics of participants
- Are trusted by the community because they are **part of it**

This foundation of **cultural competence and lived experience** enabled honest dialogue, built trust, and helped participants open up about deeply personal challenges – many for the first time.

“They talked to us because they saw themselves in us.”

By using **peer-led facilitation**, the project avoided the institutional tone that often shuts people down. Instead, volunteers created safe, welcoming environments rooted in empathy, understanding, and respect.

Ongoing Work in Redbridge:

Opened Community Box and Togetherness Cafe in Gants Hill

- **“Community Hour”** on NuSound Radio, reaching **5,000+ weekly**
- **Book writing project** capturing real stories
- **Plans for mental health advocacy, trauma response, DV support**
- **Advocate** for residents to be given access to complete forms for them
- **Recruit and train** Volunteers