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1 **Full title: A mixed methods PAR study investigating social capital as a resource for Black and**

2 **other racially minoritised communities in the UK: A study protocol**

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4 **Short title: Social capital as a resource for Black and other racially minoritised communities in**

5 **the UK**

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Abstract

27   Understanding how different Black and other racially minoritised communities thrive is an

28   emerging priority area in mental health promotion. Literature demonstrates health benefits of social

29   capital (social resources embedded within social networks). However, its effects are not always

30   positive, particularly for certain subpopulations who are already disadvantaged.

31   The CONtributions of social NEtworks to Community Thriving (CONNECT) study will use

32   Participatory Action Research (PAR) to investigate social capital as a resource that benefits (or

33   hinders) racially minoritised communities and their mental health. The CONNECT study was

34   designed within a partnership with community organisations and responds to local policy in two

35   South-East London Boroughs, thereby providing potential channels for the action component of PAR.

36   Taking an anti-racism lens, we acknowledge the underpinning role of racism in creating health

37   inequities. We apply an intersectional framework to be considerate of overlapping forms of

38   oppression such as age, gender, socioeconomic status, and sexual orientation as an essential part of

39   developing effective strategies to tackle health inequities. Key components of this mixed methods

40   PAR study include (1) involving racialised minority community members as peer researchers in the

41   team (2) collecting and analysing primary qualitative data via interviews, photovoice, and community

42   mapping workshops, (3) developing relevant research questions guided by peer researchers and

43   collaborating organisations and analysing secondary quantitative data accordingly, (4) integrating

44   qualitative and quantitative phases, and (5) working closely with community and policy partners to act

45   on our findings and use our research for social change.

46   The PAR approach will allow us to engage community (voluntary sector and government)

47   and academic partners in decision making and help address imbalances in power and resource

48   allocation. Knowledge generated through this collaborative approach will contribute to existing

49 community initiatives, policies, and council strategies. This will ensure the views and experiences of

50 racially minoritised communities drive the changes we are collaboratively committed to achieving.

51

52 # Introduction

53   Understanding how different Black and other racially minoritised communities thrive is an

54 emerging priority area in mental health promotion [1]. Moreover, we need to better understand how

55 experiences of thriving are connected to and influenced by social networks and resources, and

56 subsequent "social capital". We use the term "racially minoritised", to acknowledge that

57 "minoritisation" is a social process shaped by power and systemic disadvantage, in which dominant

58 groups have and continue to contribute to the structural oppression of Black and other racially

59 minoritised groups [2,3]. We consider "thriving" to be a living concept, rather than a static or internal

60 construct [4] and to mean realising one's potential, living a happy and healthy life, having meaning

61 and purpose, and having fulfilling relationships [5,6].

62   The CONtributions of social NEtworks to Community Thriving (CONNECT) study aims to

63 learn about how Black and other racially minoritised communities thrive through improving

64 understanding of "social capital" [7]; the nature and influence of social networks and the resources

65 embedded within (such as social support, information channels, social credentials) [8] and how they

66 contribute to social inequities and subsequent mental health. Understanding how social capital and

67 networks operate around issues such as (1) community safety, (2) violence against women and girls,

68 (3) skills and employment, and (4) food security, can teach us about what makes communities thrive,

69 the resources they need, and how this can be collectively supported, nurtured, and sustained in the

70 future. We recognise that people's ability to "thrive" will depend to a significant extent on the

71 structural, material, political, economic, social, environmental and ideological environments they

72 inhabit [4,6]. Therefore, we put questions of structure, power, context, access to resources and

73 injustice front and centre. We will use a Participatory Action Research (PAR) approach, which will

74 allow for us to (1) investigate the benefits of social relationships in context, (2) help build trusting,

75   sustainable relationships, which are likely to increase the novelty and impact of the research findings

76   [3,9] and (3) support research focused on change and improvement rather than describing the status

77   quo [10].

78   A large body of empirical work suggests that deep and meaningful close relationships play a

79   vital role in promoting thriving [11–13]. This research shows that people who are more socially

80   integrated and experience more supportive and rewarding relationships with others have better mental

81   health, higher levels of subjective well-being, and lower rates of morbidity and mortality. Our social

82   relationships also provide resources that may create economic, and other, opportunities through the

83   generation and accrual of "capital", for example including skills and credentials facilitated by one's

84   relationships [14]. Bourdieu framed social capital as accumulated actual or virtual resources acquired

85   by individuals and maintained that social capital resides in the individual and is linked to social

86   connections that a person can utilise for advancement [15]. Bourdieu's work emphasises structural

87   constraints and unequal access to institutional resources based on class, gender, and race.

88   Although there is a wealth of literature demonstrating the health benefits of social capital, it is

89   also acknowledged to be a "double-edged" phenomenon, as its effects on health are not always

90   positive [16]. This is particularly so in certain subpopulations [9], with some groups benefitting from

91   the systemic exclusion of other groups, often based on race, class and geography [17]. For example,

92   the same strong ties that bring benefits to members of one group (e.g., white people using social

93   capital for economic advantage), can inhibit others, such as those from racially minoritised

94   backgrounds, from accessing it [18]. This results in the inequitable pattern of health outcomes through

95   limited connections with people in power, fostering group intolerance, excluding some groups from

96   resources, or even causing division and strife within minoritised communities over scarce resources

97   [17]. Furthermore, racism and discrimination profoundly shape people's environments and

98   opportunities, affecting healthcare access and experiences, formal education, informal networks, jobs,

99   and careers, increasing the likelihood of facing poor quality housing, neighbourhood deprivation and

100   violence, and food insecurity [19–22]. Social capital has been related to racial disparities in health at

101   the individual and at the group level [23]. Therefore, social capital needs to be taken seriously as a

102   determinant of health disparities [17] and there is a need for improved understanding about how such

103   social networks and resources, and subsequent social capital, may play a role in different Black and

104   racially minoritised communities. Research has emphasised the need to look at population subgroups,

105   with an intersectional focus, to better disentangle the relationship between social capital and health

106   [9].

107   There is little consensus on how to build or strengthen social capital [24]. However, Brune

108   and Bossert [25] describe general principles on how to foster social capital, such as building on

109   existing organisation in communities and developing participation mechanisms (e.g., developing

110   management and leadership skills of community members with the goal of strengthening community

111   organisation and self-management). The simultaneously positive and negative roles that social

112   networks play within and between systematically disadvantaged groups, and how these are embedded

113   in communities, can be harnessed using co-production approaches (e.g., PAR). Previous research has

114   also highlighted the importance of community-based participatory research approaches for authentic

115   voices in fostering and sustaining transformational change in policies and practices that are driving

116   the social determinants of health and wellbeing [26]. These approaches aspire to benefit and centre the

117   voices of marginalised groups [27].

Project development

119   This study builds on over a decade of our research and engagement work that has focused on

120   identifying ways to reduce health inequities. The South-East London Community Health study

121   (SELCoH), the UK's largest community epidemiological cohort study, highlighted the need to

122   examine local data to get a clearer picture of health outcomes and inequalities particularly in urban

123   communities, rather than relying on national figures, to better plan local services[28,29]. [30].

124   The prevalence of common mental disorders (CMD) in the SELCoH sample was 24.2%, and

125   the study showed significantly poorer health outcomes in the Black Caribbean group compared to the

126   Black African group, for almost all health indicators except hazardous alcohol use [28]. Phase 2 of

127   SELCoH showed effects of discrimination on CMD was worse among recent migrants and Black and

128   Mixed ethnic groups, with discrimination experiences generally most prevalent among the Black

129   Carribean group [29]. SELCoH highlighted the importance of avoiding commonly made comparisons

130   between wide ethnic groups, such as White versus Black [28]. Instead, SELCoH emphasised how

131   intersecting identities of varying privilege and disadvantage (e.g., socioeconomic status, migration

132   status, ethnicity etc.) show specific differences in odds for CMD, and highlight health inequalities

133   [31]. A study of social networks and social support using SELCoH data showed differences across

134   socio-demographic factors in types of social support and social networks [32]. The study found

135   protective factors for CMD included perceptions of emotional and instrumental support, alongside the

136   size of family and friend networks [32].

137   The CONNECT study builds on this previous research as well as on prior and ongoing trust

138   and relationship building through the HERON network (https://heronnetwork.com), which was set up

139   alongside SELCoH as a mechanism to support reciprocity and sustainable engagement. The study was

140   designed within a partnership with community organisations and responds to local policy in two

141   South-East London Boroughs, thereby providing potential channels for the action site of PAR.

142   Collaborators for our study include leadership from local council, mental health charities and

143   community organisations, who are key partners working in strategies to (1) promote community

144   safety, (2) prevent violence against women and girls, (3) promote employment and skills and (4)

145   improve food security. Fig 1 shows the CONNECT theoretical model which illustrates that systemic

146   racism affects access and opportunities, which can affect the four key areas our partners work in, and

147   in turn impact on community thriving.

148

149   **Fig 1. CONNECT theoretical model.** This model illustrates that systemic racism affects access and

150   opportunities, which can affect social capital and the four key areas our partners work in (promoting

151   community safety, preventing violence against women and girls, promoting employment and skills

152   and improving food security), and in turn impact on community thriving. This model has been

153   adapted from Gilbert et al's model [17] for Black social capital and social mobility in Black

154   communities.

155

156   Our study was driven by community engagement work carried out by above-mentioned

157 partners who co-created the research proposal and protocol with the study team and identified specific

158 areas that can inform their strategies and policies. For example, this research will be used to support

159 improvements in the local authority's children's social care and services. As much of the domestic

160 abuse seen in South-East London takes place within the context of children and families, the attention

161 to prevent and build social capital should be focused here. As our study is closely aligned with our

162 partners' workstreams and strategies, this partnership will enable the voice of local people to be heard

163 and will ensure the views and experiences of communities drive the changes they are committed to

164 achieving.

165 ## Study aims and objectives

166   The overall aim of this research is to investigate and understand how social networks and social

167 capital act as resources that promote community thriving and identify ways to amplify social

168 connections and improve mental health, focusing on the intersectional experiences of racially and

169 ethnically minoritised communities. In our study, we will focus on four priority areas:

170   (a) community safety

171   (b) preventing violence against women and girls

172   (c) developing skills and employment

173   (d) food security

174 The objectives are:

175   1. To explore the role that social networks and social capital play in promoting thriving. We will

176   investigate what the social networks are that people rely on in their day to day lives, what

177   purpose these networks serve, including what resources (e.g., social, psychosocial, material,

178   opportunistic) they offer, and what factors shape, constrain, and support them.

179   2. To understand how social relationships, networks, and their associated social capital

180   generated by individuals and groups relate to mental health and place. We will map existing

181   social capital embedded within social networks and how they are utilised at the community

182   level (e.g., organisations, places), how individuals and groups utilise them, and how this

183   relates to mental health.

184   3.   To examine how both protective factors and adversities cluster, and how they are associated

185   with cross-sectional and longitudinal trajectories of mental health using local and national

186   quantitative data.

A Participatory Action Research approach

188   We believe communities know best what they need to thrive and be healthy [33,34], and that

189 they should be involved in shaping how health and care support is provided [35]. However,

190 researchers' and even community organisations' engagement with people from minoritised

191 communities is often extractive and transactional, with resources being taken out of communities or

192 organisations, rather than being put in [36]. Without reciprocity, a give and take approach, in which

193 both parties are satisfied, power and resource imbalances are exacerbated, perpetuating inequality

194 [37].

195   The CONNECT study will help overcome this gap by using a participatory approach [38] to

196 knowledge generation and incorporating peer researchers from the local communities to optimise

197 benefit for these communities and minimise power-based inequities in more traditional and

198 university-led approaches to research [27,39]. PAR is based on a cycle of reflection, data collection,

199 and action that aims to reduce health inequities through involving people from communities affected

200 by the phenomenon under study who in turn take actions to improve health and wellbeing in their

201 communities [40]. PAR emphasises (1) engagement with local perspectives and priorities [38]; (2)

202 does research with/supports research by local communities (rather than doing research to, or about

203 them); and (3) identifies ways to create change led by those most affected by the phenomenon being

204 studied.

205   We will employ an anti-racism praxis to develop a successful community–institutional

206 partnership, by acknowledging racism as a social construct and naming structural and institutional

207 racism, increasing inclusivity and representation and strategising to dismantle power structures within

208 our team [41,42]. We will do this by holding space for racially minoritised groups by including

209 members of these communities as peer researchers in all stages of the study and engaging and

210 financially recompensing organisations that are embedded or connected with populations we are

211 working with.

An integrated knowledge translation approach

213   To directly impact and lead to more equitable local policy and practice, our study will also

214 adopt an Integrated Knowledge Translation (IKT) approach which is defined as "a model of

215 collaborative research, where researchers work with knowledge users who identify a problem and

216 have the authority to implement the research recommendations" [43]. IKT involves developing

217 partnerships between researchers and "knowledge users", or stakeholders, who utilise the research

218 throughout the research process and apply the research into practice [44]. This means being inclusive

219 not just by those who are affected by the research (e.g., peer or community researchers, community

220 members, service users, health professionals), but also decision makers who have the power to enact

221 the specific change researchers are hoping to achieve. These decision makers are included at all stages

222 of the research process [45]. The relationships with knowledge users are created to enhance the

223 relevance and uptake of research findings [9]. "Knowledge users" for our study include leadership

224 from local council, mental health charities and community organisations mentioned above, who were

225 involved with this study from its inception.

Materials and Methods

Study Design

228   PAR research will be conducted using a sequential mixed methods approach involving both

229 primary qualitative research and secondary quantitative data phases. Research will be carried out in

230 multiple locations in the UK, however this protocol describes the procedure for the first geographical

231 area only (two Boroughs in South-East London). We plan to expand the study to another urban area

232 and an additional rural or coastal area in the UK, using our learnings from South-East London to

233 shape how the study will be adapted and implemented in other locations. Fig 2 shows a flowchart of

234 the approach and steps needed to complete the study.

235

236 **Fig 2. Flowchart of CONNECT study approach**

237

238 # Implementation of PAR approach and collaborative research

239 # model

240 Our PAR approach [38] will involve recruiting up to ten peer researchers who (1) identify as

241 being from Black or other racially minoritised groups, (2) are over the age of 16 years, and (3) reside

242 in the study area. Selection criteria will also include (1) having a deep knowledge of the study area,

243 (2) being active members of the community, (3) being passionate about health equity and supporting

244 all members of the community, and (4) having some experience in, or knowledge of, community

245 engagement, volunteering with local organisations or qualitative research methods. Peer researchers

246 will be recruited through local community organisations and snowball sampling at the beginning of

247 the project. All peer researchers will undergo appropriate training, through a free online research

248 methods course (Research Methods: A practical guide to peer and community research) developed by

249 members of our research team (CW and AE) and additional bespoke training sessions dedicated to

250 conducting semi-structured interviews and community mapping workshops. This training will include

251 1:1 follow up and evaluation with experienced researchers from the wider research team to ensure

252 competency. The research team will collectively engage in reflective practices on their own

253 positionality in the research process. Finally, all members of the research team, including peer

254 researchers, are required to undergo the same General Data Protection regulation (GDPR) and

255 safeguarding policy training. In the event of peer researchers leaving the study team, they will be

256 replaced using the same recruitment techniques. New peer researchers will have access to video

257 recordings and detailed notes of all training sessions and will be supported through one to one

258 guidance from an existing research team member.

259 A priority and moral responsibility of PAR is "a duty of care", to focus on the safety and

260 support of peer researchers throughout the research process. The online research methods course used

261 for training includes a module about why it is important to stay safe and how to protect oneself as a

262 researcher. There will be additional team discussion and reflection sessions around safety and support,

263 and we will co-produce a safety and support protocol. Additional wellbeing support in the form of

264 group debrief sessions, monthly one-to-one support and weekly optional drop-in sessions will be

265 offered. Peer researchers will also have access to speak to a clinical psychologist who is part of the

266 wider research team.

267 Through the training process, and following this, peer researchers will be involved in

268 developing research questions, co-learning opportunities such as delivering training based around

269 their own expertise, collecting primary qualitative data, transcribing interviews, supporting analysis of

270 primary data, refining topic guides and contributing to research outputs.

271 Peer researchers will be paid at an hourly rate of £25, subject to any relevant tax and national

272 insurance contributions, for up to 5 hours per week, for 12 months. We will also work with individual

273 researchers to identify goals relevant to their personal development and identify appropriate

274 opportunities to help them achieve their goals. This approach will help build community research

275 capacity and enable researchers to participate as valued partners in the research process [46,47].

276 In addition to working with community members, we will take an IKT [43] approach,

277 whereby the study team will collaborate closely with leadership from local council and local

278 community organisations throughout. Close collaboration will be achieved through regular advisory

279 and update meetings as well as written updates and feedback. The frequency of updates and meetings

280 will vary from biweekly to quarterly with different partners and collaborators, guided by stakeholder

281 mapping. Our model of collaborative research is outlined in Fig 3. The collaborators' feedback was

282 used to identify priority research questions for the project to address. Additionally, the collaborators

283   were asked to provide feedback on draft interview questions, with particular attention given to the

284   value of the information that would be gathered. Further improvements will be made to the interview

285   questions based on collaborator's responses and feedback throughout. Our research team, including

286   peer researchers, will work collaboratively to create a framework that establishes a 'way of working'

287   as part of the PAR and IKT process. This will ensure that roles and responsibilities are explicitly

288   discussed and recorded. Every effort will be made to foster democratic, dynamic, and iterative

289   processes in the co-creation of knowledge [48], however ultimate leadership of, and responsibility for,

290   the project lies with the university researchers. This responsibility includes coordination of

291   recruitment and data collection, analysis, and outputs, as well as planning and facilitating consistent

292   meetings with collaborators to enable regular reflection and feedback throughout, as well as action on,

293   and implementation of, findings. Data ownership will be shared with collaborating organisations as

294   per existing data sharing agreements.

295

296   **Fig 3. Collaboration and co-production model**

297

Mixed methods approach

299   Research using mixed methods combines qualitative and quantitative approaches to integrate

300   numerous perspectives, to amplify the strengths and reduce the limitations of each approach, and to

301   gain a fuller understanding of the data [49]. Through a sequential mixed methods approach we aim to

302   triangulate a deeper understanding of findings across qualitative and quantitative research phases,

303   particularly knowledge generated through the lived experiences and expertise of peer researchers

304   using PAR. The study's sequential mixed methods approach is detailed in Fig 2.

305   The qualitative phase and quantitative phase of the mixed methods approach are described

306   below. Findings stemming from the qualitative interview phase (objective 1) and reflexive learning

307   through the PAR process will guide the quantitative analyses, and the focus of other sequential

308   qualitative methods, such as Photovoice and community mapping workshops (objectives 2 and 3). For

309 example, interview findings may guide which quantitative variables are potential mediators or

310 moderators linked to social capital, in the associations between food security and mental health. Key

311 results from each method and research phase, including PAR insights, will be triangulated for

312 commonalities and inconsistencies between the results to produce thematic maps [50]. Meta-themes

313 will be identified from cyclical discussions of findings and thematic maps with peer researchers and

314 will be presented as integrated results. The cyclical process within PAR enables critical reflexivity, an

315 opportunity to use findings through the process to tailor our study's focus and analysis, e.g., within

316 Photovoice, community mapping and quantitative analysis, and determine which actions ultimately

317 become priorities. Incorporating a PAR approach across the mixed methods allows us to generate

318 richer collaborative and integrated knowledge to inspire decision making, offer actionable insights,

319 and challenge imbalances of power and resources across council strategies, local policies, and

320 community enterprises.

321 Qualitative phase (Objectives 1 and 2)

322 Participants

323 The inclusion and exclusions criteria for study participants are listed in Table 1.

324

325 **Table 1. Eligibility criteria**

	Number	**Inclusion criteria**	**Exclusion criteria**
Semi-structured interviews	Up to 70	• Aged 16 and over • Residing in study area within the past 3 years	• Aged 15 or under • Does not reside in study area now or has not within the past 3 years
Photovoice	Up to 15 participants, 2 groups		
Community Mapping Workshops	Up to 20 participants per workshop, 3 workshops =60 total	• Identifies as being Black or a member of another racially minoritised group	• Does not identify as being Black or a member of another racially minoritized group

326

327

Sampling

329   We will conduct up to 70 semi-structured interviews (to address objective 1). We are aiming

330 for this sample size to ensure data are collected to allow for detailed analysis of the four key topic

331 areas (community safety; preventing violence against women and girls; developing skills and

332 employment; food security). This is important as we will use findings to inform recommendations and

333 actionable insights for local council and community organisations. Saturation is planned to be

334 achieved at the group level (i.e., saturation in each of the four key topic areas).

335   We will carry out two Photovoice workshops with up to 15 participants each to allow for trust

336 building among participants, which will help guide the discussion and reflection following individual

337 photo taking. Having up to 30 participants overall will allow for a range of new insights and

338 perspectives of their communities and create a range of photographic recordings and evidence to raise

339 awareness and motivate change.

340   We will host three community mapping workshops with up to 20 participants each. Having

341 three groups will allow us to stimulate discussions through a variety of different types of community

342 mapping (e.g., mental maps – how people perceive areas; activity maps – where people socialise;

343 hazard maps – safe/risky places; resource maps – where people access different resources). Including

344 up to 20 participants in each group will allow us to have a diverse group, to ensure representation of

345 different characteristics and to give us an idea of the different views and perceptions of their

346 neighbourhoods, as well as the resources that exist within their communities.

Recruitment

348   Recruitment will begin on 1st June 2023. We will use a mix of opportunistic, snowball and

349 purposeful maximum variation sampling to recruit participants from a range of racially minoritised

350 backgrounds, ages and intersecting identities. The project will be publicised via our websites, e-

351 newsletters, and social media channels. We will also recruit participants through our collaborators'

352   social media and e-newsletters, as well as by e-mails to stakeholders and community organisation

353   contacts, through distributing flyers, and by attending events and visiting community spaces to engage

354   with the community in person. In addition, we may contact individuals who have agreed and

355   consented to be re-contacted via other related research projects.

356   People who are interested in taking part will be able to contact the peer researchers by e-mail,

357   study phone, or direct social media message. Peer Researchers can refer to a co-developed (1)

358   interview protocol and a (2) risk and safety protocol, throughout the interview data collection process.

359   All participants will be provided with a participant information sheet which will include full details

360   about the study, what is involved, how we will process and store data, confidentiality and anonymity,

361   information about study/data withdrawal, any potential benefits, or risks of involvement. Participant

362   information sheets will clearly state that participation is voluntary, and participants may withdraw

363   from the project at any time. All participants must provide written consent prior to taking part in the

364   research. We will allow a minimum of 48 hours to follow up participants to ask if they had any

365   questions and resupply a link to a consent form if it has not yet been completed. Up to two further

366   contact attempts (for a total of three attempts maximum) will be made to those indicating an interest

367   to participate.

368   Participants will also be invited to take part in photovoice, which is a qualitative method used

369   for community-based participatory research to document and reflect upon people's reality through

370   photography, to empower minoritised populations and to promote positive social change [51,52].

371   Such a visual and interactive research method enables individuals and communities to show aspects of

372   their lives in more creative ways [53,54]. Photovoice can capture things we struggle to express

373   verbally and can help engage community and decision makers after the research [51].

374   We will invite all participants who took part in semi-structured interviews who provided

375   specific consent to take part in a workshop, and additional stakeholders from community

376   organisations in relevant areas to take part in a participatory community mapping workshop to better

377   define which resources exist and how they are utilised. Information about the mapping workshops will

378 be contained in the original information sheet and provided to any new potential participants

379 (community organisation representatives) who had not taken part in an interview.

380 **Procedure**

381 Depending on participants' and researchers' preferences with regards to accessibility, health,

382 safety, or any other reasons, the interviews will take place online (via Microsoft Teams or Zoom), via

383 telephone, at the University campus, or in person at an appropriate community location. The

384 interviews can take place as walking interviews in communities to gain a sense of how social

385 relationships are linked to different places within the community, and how individuals identify with

386 groups and places in these communities.

387 We will ask questions related to the role that social networks and social capital play in

388 promoting thriving. We will investigate which networks people rely on in their day to day lives, what

389 purpose these networks serve, whether they are threatened, and if so, by what/whom.

390 Participants will be reimbursed for their time to take part in the study interviews and

391 workshops with an e-gift voucher, reflecting the amount of time involved in line with our previous

392 and on-going studies and University guidelines for vouchers. Semi-structured interviews will last up

393 to 1 hour and be reimbursed at £15 voucher per interview.

394 The interviews will be complimented with several photovoice groups. These photovoice groups

395 will involve (up to 15) community members and 3 facilitators and will be carried out in a workshop-

396 style format. The participant photographers will undertake a group training session which will focus

397 on both photographic skills and guidelines, as well as ethical issues of informed consent, privacy,

398 confidentiality, and anonymity. The photovoice workshops will be developed using an existing toolkit

399 (South-East London Photography - SELPh) and adapted to the projects' research questions and

400 research objectives. Some of the key components of the photovoice workshops, split across 6 weeks,

401 will include: (1) Recruitment of community members and facilitators to the group. These can include

402 community members that are already involved in the interviews and community mapping workshop

403 components of the study; (2) delivering an initial workshop and introducing photovoice. This will

404 allow the group members to become familiar with the participatory method and understand the aims

405 and objectives. In addition, it is important to highlight the ethical considerations through different

406 scenarios and discussions and establish ground rules with the group; (3) Providing group members

407 with cameras so that they can take photographs based on the initial workshop and related discussions.

408 The group members can then bring their photographs to a dedicated workshop session where they will

409 have the opportunity to discuss their photographs with other members and share the stories and

410 context behind the photos; (4) Organising a public engagement event in the form of a photography

411 exhibition to engage community members and decision makers.

412 Building on preliminary work with our partners (e.g., existing engagement work) and the

413 semi-structured interviews, the research team will host three participatory community mapping

414 workshops to help develop a social and physical map of different communities, that illustrate which

415 resources exist and how they are utilised (to address objective 2). We will invite 20 participants per

416 workshop (60 participants in total). The workshops will be designed in co-production with peer

417 researchers and key partners based on the 'ways of working' framework. Workshops will be co-

418 facilitated by at least one newly trained peer researcher, one more experienced researcher, and one

419 community partner. Community mapping workshops will last 2 hours and participants will be

420 reimbursed at £30 per workshop session.

421 These workshops will help (1) triangulate interview data, (2) identify any gaps, (3) develop a

422 basis to address these gaps and (4) address where additional support is needed to help communities

423 thrive. We will also explore the potential role/utility and feasibility of using other ways to map

424 community social networks, places and assets/resources, using digital apps and visualisation of

425 existing local data.

426 **Data analysis and management**

427 The PAR and IKT approaches used in this study emphasise integrating community members

428 and other relevant stakeholders at each stage of the research process, including data analysis. The

429 analysis will be flexible and iterative to include different perspectives, with findings informing the

430 action research cycle of the PAR process.

431 Semi-structured interviews will be audio-recorded and transcribed verbatim by a researcher or

432 university-approved transcribing service. Community mapping workshop data will be recorded

433 through a mixture of notetaking, audio-recording (e.g., of presentations, Q&As, any breakout group

434 sessions), online collaboration software such as Miro, Jamboard, White board, and screen shots or

435 images of artefacts created by participants (not of people's faces). All primary data sources will be de-

436 identified (retaining a pseudonym) before inputting into NVivo to support analysis using a thematic

437 analysis approach. Authors GG, ZA and SC will have access to information that could identify

438 individual participants during data collection, if these participants have consented to being contacted

439 about further participation in the study. This will be saved in password protected files and deleted

440 once data collection is complete.

441 Reflexive thematic analysis [55,56] will be used to analyse qualitative data sources. The

442 whole research team, including peer researchers, will be involved in the analysis of interview data

443 together with partner organisations. This will involve familiarisation, open/descriptive coding, coding

444 framework development, deductive and inductive identification of thematic patterns within and across

445 datasets using a constant comparative approach. Second raters will help check interpretations against

446 the data. We will examine patterns and relationships between themes.

447 ## Quantitative secondary data analysis phase (Objective 3)

448 Insights gained from participatory workshops and semi-structured interviews will be used to

449 generate research questions that guide our quantitative analysis phase. This will ensure that our

450 examination of associations between indicators of social networks and mental health are appropriate

451 and useful. We can achieve this by analysing the patterns in which financial and other insecurities

452 cluster together across different aspects of social status and their associations with trajectories of

453 mental health both cross-sectionally and over time.

454   To explore these associations, we will use secondary datasets, such as the South East London

455   Community Health study (SELCoH [28], the Adult Psychiatric Morbidity Survey (APMS) [57], and

456   Understanding Society [58]. These datasets have racially and ethnically diverse samples and include

457   indicators of adversity (e.g., discrimination, poor mental health) and socio-demographic measures

458   (migration status, income, geographic information). These datasets are anonymised and either openly

459   accessible via the UK Data Archive (e.g., Understanding Society, Welfare Conditionality) or available

460   via collaboration with the Health Inequalities Research Group (HIRG) at King's College London (RR

461   is lead for the HIRG data advisory and has access to APMS data covering the purposes of this work).

462   All secondary data are available in already anonymised form and will be analysed by

463   appropriately trained members of the research team. Secondary quantitative data will be analysed

464   using Stata, R and MPlus. Descriptive statistics and appropriate regression models will be used to

465   examine relationships between social network related indicators and mental health, accounting for

466   potential confounders. In taking an intersectional approach, latent class analysis will be used to

467   identify groups defined by multiple advantaged or disadvantaged statuses (e.g., Black migrant

468   women). Multilevel modelling will enable examination of between-area variation, where appropriate.

469   Linear mixed effects models and related methods will be used to assess longitudinal associations

470   between financial insecurities and adversity with social and mental health outcomes.

471   Ethical considerations

472   This research was approved by the King's College London Research Ethics Committee for

473   Psychiatry, Nursing and Midwifery on 10th November 2021; approval number: HR/DP – 21/22-

474   26357. Written informed consent will be obtained electronically.

475   Status and timeline of the study

476   At the time of writing, seven peer researchers have been recruited in total and have begun

477   training in research methods. Recruitment of participants will begin on 1st June 2023 and will continue

478 for approximately 7 months. The rest of the timeline will be co-developed as a part of the

479 participatory process.

480   Due to the iterative nature of the study, amendments are likely. Any changes will be made

481 through discussions with members of the community and project stakeholders, who are drawn from a

482 wide range of policy, research, community initiatives and service delivery. This iterative process has

483 guided the project from the beginning and will continue to do so beyond dissemination.

484 # Discussion

485   Due to the innovative methods used, this study will provide an important foundation and

486 precedent for the future development of community research. The processes developed for this study

487 can be used as a tool in other research where the goal is to examine inequities in marginalised

488 communities and engage the community throughout the research process. This is important as genuine

489 social change requires a commitment to these types of research strategies that make apparent,

490 continuously reflect upon, and minimise power imbalances within the research process.

491   Despite the strengths and novelty of the study design, several limitations should be

492 highlighted. Although there are clear principles of PAR (community engagement, partnership, action,

493 and change) there continue to be pitfalls in the implementation of this approach that further perpetuate

494 structural and institutional racism [41]. Although PAR, in its most ethical use, engages community

495 and academic partners in shared decision making, resource allocation, and power distribution, the

496 application of this approach often falls short in addressing the inequitable distribution of power and

497 resources among community - academic partnerships.

498 ## Dissemination and implications for policy, research, and practice

499   The plan for dissemination of findings is substantial to the nature of this co-produced

500 research. Sharing findings with local communities and those directly concerned by the research is our

501 dissemination priority. Through co-production with peer researchers, we will ensure engagement and

502 dissemination is designed in a way that promotes equitable access (i.e., in formats or forums that

503   enable equitable participation and engagement) such as art-based knowledge translation, using various

504   genres, such as visual arts, creative writing, and multimedia including video and photography (such as

505   photovoice), to communicate research [59].

506   Dissemination will also consist of academic peer-reviewed journals, summary reports, and lay

507   summaries, as well as presentations internally, and at conferences. Other outputs will be developed

508   and shared with non-academic policy, professional, and public audiences, including local councils,

509   service users, and community organisations. These will include community forums, panel discussions

510   and podcasts. We will focus on the benefits the research provides for the community and will develop

511   further outreach ideas with the peer researchers. Policy dissemination will be developed using

512   stakeholder mapping exercises, capacity building workshops, engagement of policy makers in

513   structured deliberative dialogues, and collaboration with public media [59]. Our IKT approach, with

514   close partnerships with community organisations and local decision makers who have the authority to

515   implement the research recommendations, will aid in ensuring the views and experiences of racially

516   minoritised communities drive the changes we are collaboratively committed to achieving.

517 Acknowledgements

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