

## Briefing Paper 2

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# Localising the SDGs: Building a Robust Methodology for Newham and Tower Hamlets Communities.

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### Mapping the Experiences of Local Organisations

The Sustainable Development Goals (SDGs) represent a global agenda for promoting sustainable development, ending poverty, protecting the planet, and ensuring that all people enjoy peace and prosperity (2016). Achieving these goals necessitates a combined effort at the macro and micro levels to fully realise their transformative potential and meet the "leave no one behind" aspirations of the SDGs. Unfortunately, progress towards the SDGs in the UK has been limited, particularly in the London boroughs of Newham and Tower Hamlets (NWTH) and concerning SDG 3 (Good health and wellbeing), SDG 10 (Reduced inequalities), and SDG 12 (Responsible production and consumption), which the COVID-19 pandemic has further exacerbated (The Guardian, 2021; LB Newham, 2020; LB Tower Hamlets, 2020, UKSSD, 2019).

The Capability Approach (CA) lens proposed by Sen (2004) provides a valuable framework for understanding micro-actors' role in shaping individual and collective development (Biggeri et al., 2018). This research project, funded by UEL-ELISA, sought to build upon previous research (Lennox et al., 2020; Tiwari, 2021) to explore the relevance of the SDG tracking mechanisms for local community organisations in NWTH and the various ways in which local organisations are achieving the SDGs at the grassroots level.

The study involved a team of two academics, two research assistants, and eight students, with the following objectives:

- To investigate the relevance of the SDG tracking mechanisms for local organisations in NWTH.
- To map the critical progress, gaps, and challenges in achieving the SDGs at the grassroots level.
- To explore how the SDG framework can enable the SDGs to be implemented and monitored locally.



### Why Newham and Tower Hamlets Communities?

NWTH were chosen for this research project due to their diverse population and significant wealth and inequality disparities. Despite their strengths, both boroughs face challenges such as poor living conditions, high unemployment, economic exclusion, and inequalities in education, health, and opportunities.

Newham, the home borough of UEL, has a young population contributing to its dynamic culture and

economy. Similarly, Tower Hamlets has a rich history as a former dock and manufacturing area that has developed rapidly. However, both boroughs have high poverty rates and low-paid employees, with Newham being one of the most deprived boroughs in London and Tower Hamlets having the city's worst unemployment and child poverty rates.

The SDGs provide a globally recognised framework for sustainable and inclusive development that can help address these challenges. By using the SDGs as a universal yardstick for global development, this research project aims to identify gaps, opportunities, and challenges NWTW communities face in achieving the SDGs by 2030.



## Methodology

The study adopted a mixed methods approach to gain insights into the engagement of local organisations in NWTW with the SDGs. To achieve this, six local organisations' work and experiences were mapped against SDGs 3, 10, and 12. Data was collected through fifteen semi-structured interviews and one focus group session held between July 2022 and October 2022.

To identify key themes and patterns in the data, researchers plotted the findings within a contextualised SDGs mapping framework, which was developed earlier in the overarching research project. This provided a visual representation of each organisation's level of engagement with the SDGs, revealing areas of progress and any gaps or discrepancies.

In addition, statistical analysis was used to analyse the findings further and determine the extent to which the SDGs are implemented and achieved at the borough level. By using qualitative and quantitative methods, the study provided a comprehensive understanding of the engagement of local community organisations with the SDGs in NWTW. This approach yielded a rich dataset that can inform policymaking and community development in the region.

## The SDGs Framework

In the previous phase of this overarching research project (Lennox et al., 2020; Tiwari, 2021), the SDGs were contextualised, and a framework was created for the sub-national level application. The framework was developed into an Excel spreadsheet, enabling statistical data analysis. Indicators unsuitable for the borough level were identified and modified to align with the goals and targets to ensure accurate measurement.

The framework uses a Red, Amber, or Green (RAG) system to rate the data, identifying negative, progress, and positive trends. This approach effectively identifies areas that require targeted interventions, enabling local actors and policymakers to focus their efforts on specific areas. Additionally, the toolkit highlights where further work is necessary to customise the SDG framework, making it more applicable to cities and their boroughs.

This approach ensures that the SDGs are effectively implemented and monitored locally, facilitating progress towards achieving sustainable development goals. The toolkit provides a comprehensive means of measuring progress, enabling local actors to make informed decisions and take action to address areas that require improvement.

## Initial Findings

The initial findings of this research project highlighted several ways local organisations in NWTW are working within the various domains of the SDGs. However, the results also revealed that many workers face similar challenges and inequality barriers as the individuals they support following the COVID-19 pandemic and the ongoing cost-of-living crisis.

### 3.4. By 2030, promote mental health and wellbeing.

*"Mental health issues are presenting themselves, and that is not just the people coming for help. But anxiety and stress in the workforce. With volunteers and staff often living in the same world, same stresses and poverty... In the pandemic, residents were dramatically impacted... The biggest thing we try to do is encourage organisations to work together to make the most of time, space and equipment. (Participant 16).*

### 10. 2. Empower and promote the social, economic, and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion, economic or other status.

*"We are very keen to recruit more volunteers from within the community services we provide... For example, we had one lady in the ESOL classes who has never volunteered, never worked, and so felt really discouraged... She started volunteering with us and now she has gained confidence, has a job and continues to happily volunteer" (Participant 11).*

### 12.3. By 2030, halve per capita global food waste at the retail and consumer levels and reduce food losses along production and supply chains, including post-harvest loss.

*"We ensure no food is wasted. No wastage. We will ensure that even the food that is left over is then shared with other communities doing similar work to us. We have a WhatsApp group to share food on that group and other organisations will collect it" (Participant 13).*

## Challenges in Tracking the SDGs

Tracking progress towards the SDGs also presented some challenges, as our research revealed:

- Firstly, at the initial stages of the research, the team attempted to engage with twelve local organisations in NWTW. However, many organisations faced capacity limitations that prevented them from fully committing to the study, despite expressing interest in participating.
- Secondly, for the organisations that partook in the study, it was identified that they were working within the SDG domains. However, their ability to practically track their progress was hindered by the limited resources they had access to or a lack of understanding of the SDGs' relevance.
- Finally, many SDG tracking mechanisms are not applicable at the grassroots level, raising questions about how the SDGs can be effectively implemented in different contexts. This can contribute to persistent poverty, inequality, and environmental degradation.

These challenges highlight the need for more comprehensive and localised approaches to SDG tracking that consider each community's unique context and conditions and provide tailored support to organisations to implement and monitor progress towards the SDGs effectively.



# SDG Framework

| UNSD Code | UNSD Indicator Code | Target   | Indicator  | Country/Agency                               | Partner Agency                          | Updated Target Classification 2016-17 | UEL Researcher | Measure  | Providence  | Relevance of measure to indicator (R, Y, G) | Rating to progress goal (R, Y, G) | Confidence in estimate (R, Y, G) |
|-----------|---------------------|--|--|--|---|---------------------------------------|----------------|--|---|---|-----------------------------------|----------------------------------|
| 000       | CB00002             | 3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being  | 3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease   | WHO  |   | Target I                              | KK             | In 2011-2013 in Tower Hamlets, the average life expectancy of females of 82.6 years compared to national average of 83.1. Compared to London, Tower Hamlets has the second highest premature death rate from circulatory disease (87 per 100,000), the second highest premature death rate from cancer (128.5 per 100,000) and the second highest premature death rate (167.9 per 100,000) from respiratory disease (these conditions typically constitute 75% of all premature deaths (LRFH NSNA 2015)) | <a href="https://www.towerhamlets.gov.uk/Documents/Planning-and-building-centre/Strategic-Planning/Local-Plan/Submission_2018/Integrated_Impact_Assessment_Appendices.pdf">https://www.towerhamlets.gov.uk/Documents/Planning-and-building-centre/Strategic-Planning/Local-Plan/Submission_2018/Integrated_Impact_Assessment_Appendices.pdf</a> |   |                                   |                                  |
| 000       | CB00402             | 3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being  | 3.4.2 Suicide mortality rate   | WHO  |   | Target I                              | KK             | The suicide rate (10 per 100,000 in Tower Hamlets in 2013-2015 (also 10 was national average) - Additionally, Tower Hamlets has a high prevalence of mental health problems. Fourth highest proportion of people with depression in London. 30,000 adults estimated to have symptoms of a common mental health problem in the borough  | <a href="https://www.towerhamlets.gov.uk/Documents/Planning-and-building-centre/Strategic-Planning/Local-Plan/Submission_2018/Integrated_Impact_Assessment_Appendices.pdf">https://www.towerhamlets.gov.uk/Documents/Planning-and-building-centre/Strategic-Planning/Local-Plan/Submission_2018/Integrated_Impact_Assessment_Appendices.pdf</a> |   |                                   |                                  |
| 000       | CB00501             | 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol   | 3.5.1 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and after-care services) for substance use disorders   | WHO, UNODC                                   |   | Target III                            | KK             | No data available  |   |   |                                   |                                  |
| 000       | CB00502             | 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol   | 3.5.2 Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol   | WHO  |   | Target I                              | KK             | During 2014-15, there were 2,274 adults resident in Tower Hamlets, in specialist drug and alcohol treatment, the highest in London, 562 per 100,000, higher in comparison to the rate of 531 across London   | <a href="https://www.towerhamlets.gov.uk/Documents/Consultation/Substance-Abuse_Summary_2016_17.pdf">https://www.towerhamlets.gov.uk/Documents/Consultation/Substance-Abuse_Summary_2016_17.pdf</a>   |   |                                   |                                  |
| 000       | CB00601             | 3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents  | 3.6.1 Death rate due to road traffic injuries  | WHO, UNESC                                   |   | Target I                              | KK             | In London, each year more than 2,000 people are killed or seriously injured on London's streets, taking a devastating toll on the people involved, their families and communities across the capital. There were 121 incidences of serious injuries and death on roads in Tower Hamlets in 2016-2017. This rate was worse than the English value. There were 230 pedestrians and another 81 cyclist casualties. A majority of 53% were car drivers or passengers, according to TfL                       | <a href="https://www.towerhamlets.gov.uk/Documents/Planning-and-building-centre/Strategic-Planning/Local-Plan/Submission_2018/Integrated_Impact_Assessment_Appendices.pdf">https://www.towerhamlets.gov.uk/Documents/Planning-and-building-centre/Strategic-Planning/Local-Plan/Submission_2018/Integrated_Impact_Assessment_Appendices.pdf</a> |   |                                   |                                  |
| 000       | CB00701             | 3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes | 3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods   | UNFPA, WHO                                   | UNFPA, WHO                              | Target I                              | KK             | No data available  |   |   |                                   |                                  |
| 000       | CB00702             | 3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes | 3.7.2 Adolescent birth rate (aged 10-14 years, aged 15-19 years) per 1,000 women that give birth   | UNFPA, WHO                                   | UNFPA, WHO                              | Target I                              | KK             | Teenage Pregnancy 22,811,000 in November 2017/2018; 74,10000 in Tower Hamlets in 2013  | <a href="http://www.aadofadonline.co.uk/2015/03/unplanned-teenage-pregnancy-rate-in-tower-hamlets-2013-2015-100000-people-are-affected/">http://www.aadofadonline.co.uk/2015/03/unplanned-teenage-pregnancy-rate-in-tower-hamlets-2013-2015-100000-people-are-affected/</a>   |   |                                   |                                  |
| 000       | CB00801             | 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all        | 3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on seven interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, using a panel of 31 essential health service indicators)                                      | WHO, UNICEF, UNFPA, DESA Population Division | UNICEF, UNFPA, DESA Population Division | Target I                              | KK             | No data available  |   |   |                                   |                                  |
| 000       | CB00802             | 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all        | 3.8.2 Proportion of population with basic health services (basic health services, defined as the average coverage of essential services based on seven interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, using a panel of 31 essential health service indicators) | WHO, UNICEF, UNFPA, DESA Population Division | UNICEF, UNFPA, DESA Population Division | Target I                              | KK             | No data available  |   |   |                                   |                                  |
| 000       | CB00901             | 3.9 Reduce global road deaths, injuries and fatalities involving vulnerable road users   | 3.9.1 Mortality rate attributed to household and external air pollution  | WHO, UNEP                                    |   | Target I                              | KK             | Research undertaken at KCL, studied the impacts of pollution in the air on 'at-risk' individuals (vulnerable road users). The research found that people with pre-existing conditions (PM2.5) show an additional 1.5% increase in mortality risk per year in Tower Hamlets   | <a href="https://www.towerhamlets.gov.uk/Documents/Planning-and-building-centre/Strategic-Planning/Local-Plan/Submission_2018/Integrated_Impact_Assessment_Appendices.pdf">https://www.towerhamlets.gov.uk/Documents/Planning-and-building-centre/Strategic-Planning/Local-Plan/Submission_2018/Integrated_Impact_Assessment_Appendices.pdf</a> |   |                                   |                                  |

## SDG 10 – Mapping of Participants' Responses

|   | 11   | 11   | 12   | 12   | 13   | 13   |
|---|--|--|--|--|--|--|
| Title/Role of participant   | General feedback   | Stories or quotes  | General feedback   | Stories or quotes  | General feedback   | Stories or quotes  |
| SDG Goal 10: Reduce Inequality within and among countries   | Volunteer Coordinator  | Focus on recruiting more volunteers from the services in the community, e.g. someone may be attending ESOL, could help by volunteering in the food bank  | Volunteer for the food bank and assessor   | Started in October 2017, after engagement was to make first contact in the borough in which was not you at a disadvantage bank but I think the Renewal programme is strong as trying to support people because of the legal status. But it also comes hand in hand with poverty. Renewal is doing a lot to support and empower people in the mission statement and the base. But I think that is the point that all people in the situation, that despite everything legally, there are ways to support people and to make them feel more comfortable and not having any control in the future can have quite a big impact   | Services Case Worker   | I also coordinate the foodbank and the people, My main interest is casework, I enjoy speaking to people and giving them options and listening to their life journey  |
| 10.1 By 2030, progressively achieve and sustain income growth of the bottom 40 per cent of the population at a rate higher than the national average  | Though they support many in the community, they are often refugees or individuals with no recourse to public funds to them and very limited avenues for them | "The big things is that we have a lot of people that we work with that have very insecure immigration, so we have a refugee and migrant project. We have a migration adviser, who focuses on reducing inequality by helping people access a secure immigration status. Most people attending the food bank but have no access to public funds, or the ability to work. We try to help people to access more secure immigration status. One colleague does this or will signpost to other positions for those that have insecure immigration to create a sustainable way of community. Major financial and economic inequalities" | There is a large focus on attempting to empower individuals, but by having a distinct lack of rights, people are inevitably disadvantaged. For people to be empowered they require agency  | "Research is on mobility and migration but is quite strong in the borough and is one of the most important factors that can disadvantage people. Not having the rights. There are more subtle things that can put you at a disadvantage bank but I think the Renewal programme is strong as trying to support people because of the legal status. But it also comes hand in hand with poverty. Renewal is doing a lot to support and empower people in the mission statement and the base. But I think that is the point that all people in the situation, that despite everything legally, there are ways to support people and to make them feel more comfortable and not having any control in the future can have quite a big impact"  | With the hubs and physical presence of the organisation and its provision, many would be lost and in a more financially difficult situation                | "Immigration advice, our family would have had to pay £15,000 to home office in fees and immigration advice. Also for undocumented migrants they otherwise would have been able to receive that support that would mean their mental health would improve. They would continue to face these challenges and support. If we have not here, we will have significant people living in severe circumstances and I think some rate would increase because people would report to other options just for survival. I think that is very likely it could happen. Mentioned again mental health issues. Survival rates would increase because where there is no hope, people will take these measures because what we do here, is that we are able to give hope to people and to people with faith"   |
| 10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status                        | They have also developed a community space for the food bank to expand the service from just a grab and go to a promote digital inclusion and signposting    | "We also ran a coffee morning on Tuesday with the food bank. We also have a digital hub that individuals can access through online and get support from volunteers. This was also born out of the digital inclusion programme. We provide community support /digital support and signposting to other projects. We also help people to communicate who would otherwise feel slightly uncomfortable. This helps them to feel more connected to support"   | "We have come across personal examples of inequalities in the work that we do. Just took all no recourse to public funding this cohort they are prohibited from working because of their immigration status but then you now have policies where other countries are given rights with the same group of people that escaping war and they are given open access to obtain benefits, housing and provision housing schemes that are provided. Yet there are other things that have come into the country and they are penalised for entering the country. Legally all though there are no other options. And there are no other schemes for them to enter the country. There are different systems where provisions are being made to welcome through government schemes and we have restriction on housing on welfare benefits and they are being excluded by their employers and agents coming into the country. Even those that have disability, they cannot access public funding because of the restrictions and being prohibited from accessing the funding" | "New layer in poverty as before people were willing to share but now for survival. You go into shops but what used to cost a £1.12, £2.50, without exaggeration. We are now being asked for paid food. Because people cannot afford it. What updates me is seeing the elderly people, we have over 70 year olds that have nothing left in their fridge because to hear or eat. I don't know how they will survive when they come to Autumn. You say have also heard the schools are considering open for 3 days a week. It is horrendous as to what the governments responsibility. So now they want to pass the buck on to families. So now families will need to stay at home and have the heating on. We have elderly people crying because they don't know what to do. The vulnerable are always hit hardest to becoming ever" |  |  |
| 10.3 Ensure equal opportunity and reduce inequalities of outcomes, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard | They do employ a colleague to address refugee immigration law and access to grants. However language can cause a big barrier                                 | "Language inequality, as for those that cannot speak the language it can be a bit harder. So we support these people by giving them opportunity to volunteer which enables them to opportunities to gain new skills that they can add to their CV. It also improves mental wellbeing, health helps them feel useful when volunteers, as they are on the side of feeling valued and valuable. Addressing their volunteering, then going to work would be an ideal scenario of how we want to work"  | Barriers of immigration status can create intersections of barriers with housing, employment, disability   | "I think they are doing well and it is sometimes necessary to play the game. I don't go on the cost of what we are doing. For me the access is when someone comes to all projects. A lady becoming to all projects, and they know people. But sometimes lose the case study and what is coming down on the ground. Sometimes the CEO comes down to do work in the food bank. But still questions about who the people are. But in the hierarchy, they are conscious on not losing the people"  | External political factors continue to increase the number of mental health issues including anxiety, suicidal ideations that leads to further disruptions | "What I am observing that we are finding more and more people are coming more hopeless for the future and that is affecting the environment so for someone with young children because of how they are feeling it will affect the children and it is really concerning because children will learn these behaviours. People are becoming challenging that is something that I have seen. Witnessed people fighting over a cereal box which I have not seen before. / Biggest shift that we are seeing is that mental health issues are hindering people getting support of other things which is mainly to do with the living costs that is causing so much disruption and no with the energy prices and just now exacerbating the future. I am really concerned of our community and how it is impacting them. We are seeing people with suicidal ideation so people that have come through difficult circumstances, war and terror, they have almost escaped those circumstances but they are still within these predicaments and they are being further penalised by the systems" |
| Other   | There are often a lot of barriers when support those with immigration that has a knock on impact in being able to reduce inequalities.                       | "Immigration issues – they often face barriers to progress as they do not have access to their immigration status, it is a big issue. We want to looking a people's needs but some may say the food bank is not as sustainable. However, I see it as empowering independence and conversation. We would love a world where people have the right to work. But people get stuck and it causes the organisation to become stuck"   |  |  |  |  |



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### Further Information

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