

# Outputs from engagement with communities



- Carers
- People with, and recovering from, drug and alcohol dependency
- People from rural communities
- People with a learning disability
- People of Somali origin or heritage
- People with experience of mental ill-health
- People from the LGBTQ+ community
- Women from South Asian origin or heritage
- Disabled people
- People from the Roma community



## 10.0 Carers

**Human spaces at the heart of the community:** *“Please create breakout rooms, so you can take people out there if necessary. Airports can do it – why can’t hospitals and general practices?”*

### 10.1 What we heard about carers

Many of the carers lost their status and place in their community when they started caring for their loved one. Some had a good job, an active life; whatever their role, it became subsumed within their responsibilities. For some, this meant an increasingly isolating experience because going out can be a challenge. Balancing their identity with the commitment to and expertise in that caring role is reflected in how they approached the form and function of the needs of a community space.

The carers also reported having had quite traumatic experiences with medical professionals, which is all there under the surface. They have experienced parent-blaming and feelings of being dismissed, and even threatened, both inside and outside NHS buildings, including through official correspondence. Nevertheless, there is a desire to engage and a recognition of the value that the prospect of a shared community space can bring.

### 10.2 What matters to Carers?

Carers pointed to a building that can offer some recognition of them as people, close to other facilities, with a variety of atmospheres and sensory environments for them and the person they care for to enjoy.

#### Summary of what matters to Carers?

- Calming, sensory environment with breakout spaces
- Multi-purpose, shared spaces they want to go to
- Central location
- A humanising experience
- Ownership of the space

#### 10.2.1 Calming, sensory environment with breakout spaces

The carers spoke about the importance of a good atmosphere and calming environment. In many venues, waiting areas can be troublesome; difficult situations can arise with those they care for through feelings of boredom and claustrophobia. A quiet area close by would help with this – somewhere that is a little secluded and has a calming atmosphere to reduce the feeling of being disruptive.

Breakout rooms with a good sensory and calming experience which are close to reception areas were mentioned. The example of an inner ‘courtyard’ to run around in and let off steam, while being contained within the building, was offered. Alongside the areas for activities, spaces where people can find refuge would be ideal.

#### 10.2.2 Multi-purpose, shared spaces they want to go to

To address some of the variety of issues and situations they faced day-to-day, the carers highlighted the need for a multi-purpose space that reflects the variety of their needs. It needs to be more than functional, with an opportunity to do more than access services or support activities; it needs to be somewhere they want to go.

A venue with a combination of activities, events and an affordable café could go some way to meet this ambition, especially where there are things for siblings, companions and carers to do, as well as those being cared for. An effective community space should look to balance all these requirements while supporting, understanding and creating something of an experience. Commercial environments, like airports, were used as an example of places that offer an experience and a variety of environments while also being functional.

Carers often get ‘stuck’ at home caring. They were interested in how spaces might connect with and engage carers who are tied to their homes, perhaps offering hybrid online meeting options through screens in some meeting rooms.

The combination of creating a venue-type experience with a variety of spaces, both open and enclosed, communal and more private with sensitivity to the sensory environment would go some way to meet the needs of carers.

#### 10.2.3 Central location

Location is important; what facilities are nearby and how can their visit to the venue be combined with other things they might want to do. For a carer, an appointment might be the only activity of the week, something they look forward to. Being near to other places such as an affordable local café and local shops means they combine it with other things and have a nice day out.

## 11.0 People with, and recovering from, drug and alcohol dependency

### 10.2.4 A humanising experience

Carers don't want to be pigeonholed as carers, they want to be treated as the people they are. They want to feel well integrated and go to places other people go to.

A multi-purpose, shared space helps with this and when it comes to facilities management, language and attitudes need to be in keeping with the ethos of a place that is welcoming, supportive and understanding.

### 10.2.5 Ownership of the space

The carers we spoke to are keen to explore how they might take on collective ownership of spaces. Community members having a stake in running a building would take on the responsibility and be advocates for these approaches towards inclusion. There are community ownership models that already exist, they suggested, which could offer pointers to that shared responsibility. And there's an army of volunteers in the community that already provide management of community spaces and who could be asked to help develop the conversation around the use of spaces. Such as organisation is the National Rural Touring Forum.



**A space with many uses.** *“Creating a multi-use space that offers more than just services, provides a positive reason for the community to engage with the building, and through this, its services and support”.*

### 11.1 What we heard about people with, and recovering from, drug and alcohol dependency

Many people experience difficulties with alcohol and drugs, and over a quarter of a million are in touch with services where they can receive treatment. Over half (51%) of the adults in treatment were there for problems with opiates, and this remains the largest substance group, while people in treatment for alcohol alone make up the next largest group (28%).<sup>5</sup>

Many adult problem drug users have long histories of substance misuse which often starts before the age of 18. Research suggests that those most susceptible to developing problematic substance misuse problems are from 'vulnerable groups' such as children in care, homeless people and children affected by parental substance misuse.<sup>6</sup> So, providing a breadth of accessible support and services to this community at all stages of their dependency journey is vital.

### 11.2 What matters to people with, and recovering from, drug and alcohol dependency

#### Summary of what matters

- Encouraging use of a community venue
- Support reciprocity
- Let a building grow organically
- Technology, private spaces and hybrid meetings

#### 11.2.1 Encouraging use of a community venue

Some people with drug and alcohol dependency feel that they are outside society, and that society isn't listening to them and their needs. As the NHS is considered to be part of society, they may therefore be reticent to access what is perceived as an NHS service. Alternatively, some people don't feel a need to be part of a community, are too proud to seek and accept support, or they don't want to be seen accessing a community venue where it is clear to others that they might be seeking support for their dependency.

*To be attractive to this group community venues:*

- must not be too 'NHS-like' and clinical in both design and function
- need to offer a range of non-service specific activities to give people who may not engage directly with services a reason to attend. For example, a cafe serving subsidised food, or hosting social events or a gig night will draw people in to visit the centre while providing an opportunity to connect them to the relevant services on offer
- should support reciprocity as considered further below
- would benefit from offering an alternative entrance that is not in full view of the public

From those that had been involved in providing community space for people with drug and alcohol dependency, we heard that the NHS should avoid imposing strict guidance, policies and procedures that would normally be associated with a patient-serving premises. Examples given included restricted opening times, overly prescriptive cleaning procedures, not being able to put anything such as pictures and posters on the walls and the need to record unnecessary user personal information.

### 11.2.2 Support reciprocity

People in recovery from drug and alcohol dependency often want to help others on their recovery journey and a community venue can provide a space to support this.



Examples given included providing a safe space for peer-to-peer support or for people to connect with others who are following a similar journey, or by providing opportunities to volunteer such as staffing reception or working within a community cafe. These opportunities can be steps along their route back into employment.

### 11.2.3 Let a building grow organically

When planning for the conversion of a building, ensure that there is scope to allow the building and its operations to grow organically over time to better respond to the evolving needs of the community. Learn from what similar community buildings used by those with drug and alcohol dependency offer, how they are configured, and by engaging with the community from the outset to help anticipate future needs.

### 11.2.4 Technology, private spaces and hybrid meetings

Private spaces to access the internet, free wi-fi and a safe and welcoming place that can be used to engage people in other onsite services would be popular. While COVID-19 presented challenges to accessing services, it also demonstrated the huge value of digital meetings as an approach to connecting people. In the new era of Zoom and Teams, community venues should offer the ability to hold hybrid meetings and events as this will benefit a much wider group of people who cannot meet in person.



Pictures courtesy of [The Oasis Partnership](#)

## 12.0 People from rural communities

**Overcoming isolation: “Rural areas seem forgotten – they matter too.”**

### 12.1 What we heard about people living in rural communities

Rural social isolation is different to urban social isolation; the geographic isolation can be difficult to overcome, especially for people living in poverty.

While rural communities can be quite self-sufficient with lots going on and people being supportive of each other, it can be difficult for people without their own transport to take an active role. Activity tends to be in market towns which are mainly accessible by car. Infrequent buses can mean that a whole day can be taken up just to pop into town. This can be frustrating, as community activity can be happening just a few miles away, but there is no transport to get to it.

### 12.2 What matters to people from rural communities

Being physically, socially and economically isolated in rural locations puts barriers in the way of engagement. By connecting and using the community, community organisations and partners as resources, some of those can be overcome.

#### Summary of what matters

- Transport is frustrating
- Physical meetings are preferable to digital
- Become problem solvers
- Create an environment of comfort and warmth
- Open and welcoming
- Harness the whole community for longevity
- Working with partners for a sense of shared ownership

#### 12.2.1 Transport is frustrating

Transport is a key issue. It's not only the infrequency of public transport that can be a problem, but also timetables often don't work to get to places at the times the activities are taking place. The cost of transport, either through running a car or public transport, is part of the issue around rural poverty and reinforces isolation. Car parking costs add to this. Lift-sharing or community transport can help and in some places travel 'hubs' could be created involving community leaders, churches, village halls and parish councils.

#### 12.2.2 Physical meetings are preferable to digital

Community action around citizens helping each other out is a key feature in isolated villages.

That can be a great asset of rural locations, and by plugging into that local knowledge, there's an opportunity to connect and engage. However, poor or patchy internet connectivity can limit digital conversations making face-to-face communications often the best way to reach out to people.

#### 12.2.3 Property owners could become problem solvers

Some people living in rural areas are trying to self-organise and would gladly use buildings given the right circumstance. However, bureaucracy or 'red tape' associated with booking rooms or the change of use of NHS rooms can sometimes obstruct them.

Making rooms easily accessible and room booking simple – and generally positioning NHS Property Services as a problem solver rather than gate-keeper – would better serve people of rural communities. It would create many more opportunities for the buildings to be actively used and for the communities, and their initiatives, to thrive.

#### 12.2.4 Create an environment of comfort and warmth

People in rural areas attend community venues for many reasons. Exercise-based classes, meditation, craft fairs, art classes, WI meetings are just a flavour and there is an appetite for more. The need for good access was cited, with examples of manoeuvrability, wide enough toilet facilities and the ability to move around old buildings. A variety of access issues were also highlighted: “Don't assume or presume what is needed, ask the individuals concerned,” we were told. Although the fabric of the building may have fundamental problems, things like a lack of wi-fi access or ineffective heating seem solvable and increasingly necessary.

#### 12.2.5 Open and welcoming

Getting into a building is one thing, feeling you belong there is another. Part of that welcome is the building being open on arrival; waiting for somewhere to open can be alienating or disheartening. Allowing community members permission to be keyholders can overcome this problem and it can be empowering to take responsibility for opening.

It would be ideal if transport links were close by, if parking wasn't too far away or there was a pathway to the building. If these can't be overcome, drop-off or pick-up points could be arranged.

### 12.2.6 Invite the whole community for longevity

Consulting with all members of rural communities – users and non-users alike – on the development of buildings ensures everyone feels welcome and everyone's needs are met.

Be aware of communities' multi-generational needs, using hearing loops for example, and make sure low-income families/citizens can participate. Many low-paid workers are on zero-hour contracts so consultation needs to cater for shift workers too.

### 12.2.7 Support community leaders to develop vibrant community spaces

Fully support the workers and volunteers involved in the set-up phases of any implementation to ensure local people are supported to hold positions of responsibility. The more volunteers can progress into paid roles, through good volunteer pathways, the more the community space can develop and expand.

### 12.2.8 Working with partners for a sense of shared ownership

Encouraging other services, such as local authorities, citizens advice, police etc to come on board with the development of the premises would also be useful and tying into the region's community organisations could garner insights and resources. GPs that have useful spaces could make them available to communities and both they and NHS providers could provide access to clinical services closer to the community by offering surgeries in spaces where communities congregate.

Sharing involvement can increase a building's relevance and usefulness and lead to a sense of shared ownership that will help determine the long-term success of the building.



## 13.0 People with a learning disability

**Building relationships and understanding:**  
*“People who manage the building need good training and should foster good relationships.”*

### 13.1 What we heard about people in the learning disability community

The people we spoke to talked about where they lived, how fortunate they were and how important it was to have a communal space. It was somewhere they could connect and be social. They also mentioned that they appreciated being able to go back to their room and into their own space. This echoed their approach to community buildings. They described spaces that need communal areas alongside quieter, more personal spaces.

### 13.2 What matters to people with a learning disability?

As with many groups, lockdown was hard for the learning disability community we spoke to. For them, it highlighted their need to be able to get out and be sociable. The people we spoke to like to be active, attend courses and meetings, do a range of social activities with friends – dancing, football, cycling, craft making – and especially enjoy the outdoors. These were reflected in how they approached the discussion around community buildings.

#### Summary of what matters

- Communal spaces plus quieter and confidential areas
- Accommodate virtual and 'in real life' attendance
- A community cafe, supporting inclusion
- Share and understand the learning disability community
- Awareness and understanding makes spaces accessible

#### 13.2.1 Communal spaces plus quieter and confidential areas

Making connections, being with people and sharing experiences is one of the functions of community buildings. But sometimes you need somewhere you can go to have a confidential conversation, somewhere you can close the door.

Members of the learning disability community highlighted that there's a need for a private room to talk where you can share your problems and nobody can listen in to the conversation. They also talked about the need for a quiet area, where you can go and sit to create some personal space. For some this was an area within the building; others have a preference for outdoor spaces, either within the grounds of the building or adjacent or close to larger green spaces or parks providing an opportunity for fresh air. This could be for some time-out, for wellbeing or for contemplation.

### 13.2.2 Accommodate virtual and 'in real life' attendance

Their experience of lockdown made them aware of the need to be with people, but that isn't always possible. They suggested a modern, tech-enabled community space with the ability to dial-in with technologies like Zoom for people to take part in different activities and catch up when they can't physically attend. This could also overcome other issues that would hamper attendance, such as travel difficulties, either on public transport or lack of car parking spaces, both of which were signalled as difficulties. Taking public transport can come with difficulties that sometimes inhibits attendance to a community building. Anxiety can be high for some of the people we spoke to.

### 13.2.3 A community cafe supporting inclusion

A community cafe was suggested. One group was in two minds as to whether a cafe exclusively for people with a learning disability would be best, so that they could be around like-minded people, or whether a cafe for everyone might help to foster conversations that could help to address stigma they face.

The other group, that did a lot of socialising as a group, liked the idea of having a community space and cafe nearby that they could pop into and meet other people from the local community.

### 13.2.4 Talk to and understand the learning disability community

Some suggestions for how to engage and talk to people with a learning disability were offered: using flash cards and images to show people what they expect to happen; ample time for discussion and feedback; openness about what funding is available and what it can and can't be used for, and to understand that people with a learning disability can sometimes be impatient.

*"If someone says something, I want it now, but in the real world it can't be that quick."*

### 13.2.5 Awareness and understanding makes spaces accessible

All spaces should be inclusive and accessible to everyone. That means they need to be managed in the right way to get and maintain a non-discriminatory and inclusive culture. Managers and other staff should be aware of learning difficulties and be sensitive to them so that people feel welcomed and understood.

They spoke about places that had been successful for them, with areas that are spacious, with good lighting. Some people can become claustrophobic or have other conditions that can limit the sorts of places they can enjoy. Building designers should be aware of these and accommodate them, and make sure venues aren't too intimidating.



## 14.0 People of Somali origin or heritage

**Having control of a community space brings people together:** *“If the NHS has buildings and opens them to the people they serve, it would be a wonderful thing... It would save resources for the NHS.”*

### 14.1 What we heard about the Somali community

In the Somali community, people support and help each other. They have a positive attitude towards medical services, but they depend more on each other than on the system. There are a lot of challenges for the community; they see the rich becoming richer and the poor becoming poorer. Inclusion and equity are important.

### 14.2 What matters to people of Somali origin and heritage?

The Bristol Somali community needs spaces where they can ‘be’ a community; places to meet and hold many different types of activities and events. Importantly, they need to have flexibility and some control over how and when they use the premises so that they can schedule meetings to suit the needs of the different groups within the community.

#### Summary of what matters

- Community-led social prescribing
- Lack of suitable spaces for people to gather
- Flexibility and control over premises would make a big difference
- Other features that would work for the Bristol Somali community

#### 14.2.1 Community-led social prescribing

The Bristol Somali Resource Centre (BSRC) is located within a large community of people of Somali origin and heritage. Members of that community will often go to BSRC in preference to accessing services directly for support with a wide range of issues; getting hospital appointments, debt advice, issues with their housing and much more. They run training courses to help people gain new skills, they help older people to keep in touch via Zoom.

They are, in essence, offering an informal social prescribing service on behalf of their communities; formal social prescribers often refer people to BSRC for assistance. They see a lot of problems that impact on people’s emotional health.

#### 14.2.2 Lack of suitable spaces for people to gather

The Bristol Somali Resource Centre has their own office space where individuals come for support, but they do not have access to suitable event space where people can gather. It’s important to them to host social meetings and activities; for older people so that they can meet other older people rather than being isolated in their homes; for young people to come together in the evenings to talk about issues affecting the community and provide an alternative to gathering on the streets; for women and single mothers who only have time between the morning and afternoon school runs.

*“It’s not like a 9-5 job – a lot of people in the Somali community are doing small jobs, there are childcare issues.”*

Currently, BSRC rents spaces around the city to hold events but the restrictions on use – such as closing times – limit what they can do. If they cannot find a suitable venue for an event on a specific day when people are available, they quite often have to cancel.

#### 14.2.3 Flexibility and control over premises would make a big difference

The Bristol Somali Resource Centre ambition is to have their own large room. That would enable them to run everything from the one space. They wouldn’t have to own it, and they would be happy to share the space with other groups, but they would need flexibility and to have some control over its use. Having a set of keys and the ability to access to the property out of hours would make it possible to hold meetings according to their own schedule.

*“Co-ownership or ‘collective control’ could work. It’s not about owning it, but about maximising the opportunities for the community.”*

#### 14.2.4 Other features that would work for the Bristol Somali community

An accessible venue in the locality where many people of Somali origin and heritage live is the most important thing.

Ideally, there would be both inside and outside space e.g. a garden, where people can grow vegetables. A cafe would offer a sociable place where people can catch up. Most important is a space for community events alongside the work they’re doing with individual clients.

## 15.0 People with experience of mental ill-health?

**Local knowledge and lived experience are powerful combinations:** *“You don’t have a proper community group until you’ve barbecued together.”*

### 15.1 What we heard about people with experience of mental ill-health

Everybody is on a different journey. For some, the journey into mental health issues has been through trauma, for others the route has been more varied. And the issues around mental health have manifested themselves in a variety of ways. We spoke to people who have had dealings with the criminal justice system and their collective experience may have led to them have similar views of community buildings. But their route to those opinions have been as individual and varied as any other member of society.

Don’t hide us away, we were told. People talked about the physical position of places where they had accessed support and services ‘tucked away’ down alleys and often in areas that have been neglected. They gave the nickname Mamba Alley to one such place, saying it felt as if the authorities allowed that part of the city to become ghettoised.

### 15.2 What matters to people with experience of mental ill-health?

People who have endured mental health issues offered insights into using on-the-ground knowledge about an area as well as making the most of people’s lived experience to provide an informed and supportive environment.

#### Summary of what matters

- Local knowledge offers deeper insight
- Co-create pleasant surroundings
- A multi-purpose building has multiple attractions
- Shape the vision with lived experience
- Familiarity and good relationships
- Create events as a draw and to connect

#### 15.2.1 Local knowledge offers deeper insight

The group pointed to local knowledge that can help inform where to locate new buildings or to inform positive uses for buildings that already exist.

Local knowledge can also help explain why some buildings aren’t well attended. In one instance, a venue was not being used because it was at the intersection of different neighbourhoods and caught between two warring gang factions. Some external factors are beyond the control of the building owners; but solutions can often be found through conversations and this helps to make best use of resources.

#### 15.2.2 Shape the vision with lived experience

To get an understanding of the variety of users of a building; use real people, they say. This approach should be incorporated from the planning stage. And use managers in the building with some form of lived experience. The way it was put to us was:

*“Don’t ask people to join in with your vision, shape that vision together.’ To find those people, go to barber shops, corner shops, bookies, parks, temples and mosques – go to where people are congregating and talk to them. Stop going to the hospitals, job centres and GPs. We’re not going there to kick back. We go to use services and then get away.”*

Those deeper conversations and connections can not only offer insights and knowledge, they can also support the building engage with a wider and larger base of clientele.

#### 15.2.3 Co-create pleasant, low stress surroundings

One of their recommendations was to create a pleasant, low stress atmosphere. Part of that is feeling safe, which could include women-only spaces. Shelter and women’s groups have some experience with this; working with partners and those with lived experience is a way to encourage shared knowledge of what feels safe and inviting for different groups. Another example to draw on is the Birmingham Changing Futures Project, which sees people with lived experience work alongside professionals to highlight and tackle some of the complex situations people face.

A pleasant environment includes the surrounding area as well as inside the building itself. Dog mess and litter around a building creates an atmosphere of neglect. It can be difficult when street cleaning, for example, is the responsibility of the local authority. But that can also be an opportunity for co-creation between the local authority, the building management and the building users. Those cross-service relationships can be valuable in the long term, as well as helping to secure short-term wins by helping to provide a demonstrable commitment to the area and, by implication, to the people who use it.

#### 15.2.4 A multi-purpose building has many attractions

The pleasant surrounds should be welcoming. And although a level of professionalism in the building's staff should go without saying, all too often it is highlighted. Children and families should be welcomed without a sense of stigma attached to their usage of the building. There should be private spaces where people can talk in confidence as well as communal settings and it should be as accessible as possible for everyone; people with a disability were given a special mention. As one attendee said, it's got to be multi-functional so it has a multi-purpose, that would mean incorporating flexibility to accommodate a variety of activities. It helps if a building is known to be more than one thing, because different cultures have different priorities. And within those cultures, views and needs differ depending on the generation.

#### 15.2.5 Familiarity and good relationships

Seeing familiar faces – among people using and people managing community spaces – is important to people with mental health issues especially on their less good days. Making meaningful connections and being able to talk with like-minded people from different walks of life helps them to develop emotional intelligence and helps them to build other constructive relationships e.g. how to be a good father. This is also part of what goes into making a safe space for them to feel good in.

#### 15.2.6 Create events as a draw and to connect

With 'kicking-back' in mind, events can be used to demonstrate the commitment to engage. They can draw people in and create that space for conversation. They suggested having a dance, or a barbecue. Events could be structured to appeal to a variety of the local communities, where their input could be gathered. These events could create the sense of community and be built on to underline the ongoing activities at the building.

It is important to remember that all these things don't have to happen at once. In fact, the focus group said that developing the spaces through different stages would be possible. What was important from the beginning was that sense of ownership for those in the community. Let the community build it, as when they have helped to build it, they are more inclined to get involved.



*“You have the same truth in yourself, seeing goodness in other human beings, this will make the difference. It's the people, the relationships that make the building!”*

## 16.0 People from the LGBTQ+ community?

**Understanding and inclusive.** *“For the LGBTQ+ community it is important that people recognise and are sensitive to our diversity and fluidity of expression.”*

### 16.1 What we heard about the LGBTQ+ community

LGBTQ+ people should not be considered a homogenous group; this community includes people that are lesbian, gay, bisexual, transgender and queer or questioning. These terms are used to describe a person’s sexual orientation or gender identity, while the ‘plus’ represents other sexual and gender identities which can also include other acronym variations such as LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, intersex, asexual, plus other identities). The people we spoke to were very clear that they identify in many ways and did not want to necessarily be seen principally through this lens.

Many members of the LGBTQ+ community face and/or have faced stigma, discrimination, and lack of respect for their identity. When using public services this may take the form of snide remarks made behind a person’s back, calling a transgender person by the name they used prior to transitioning, or by openly criticising the way someone looks or acts. All of this can reinforce and reignite stigma, which can impact on a person’s experience of using a community building and their willingness to do so in the future.

This is not the experience of everyone from the LGBTQ+ community, and for some their experiences have been broadly positive. But this is often dependent on how well these community members ‘pass’ as non-LGBTQ+, which should not be a factor in being met with dignity and respect. This is also complicated further by LGBTQ+ people who have other identities (e.g., LGBTQ+ people of colour, disabled LGBTQ+ people, LGBTQ+ migrants, etc.). Best practice should always strive to make LGBTQ+ people feel included in a way that does not prevent them from fully expressing their sexual orientation or gender identity, and any other relevant identities.

## 16.2 What matters to people from the LGBTQ+ community?

### Summary of what matters

- Inclusiveness
- Welcoming
- Knowledge, awareness and understanding
- Access
- Not looking inwards

### 16.2.1 Inclusiveness

Actively demonstrating that a community space is inclusive for LGBTQ+ people was identified as important for any community building. Whether this acknowledgement is in the form of a simple poster on a notice board stating that a property and its occupants are committed to supporting members of the LGBTQ+ community, or something more substantial such as detailing services provided and signposting people to other services and sources of support, it is highly valued by the community. We heard that the more detailed and thorough the inclusion practices are, the safer community members will feel.

We also heard that there is a potential downside to over-expressions of support for the LGBTQ+ community, for example by flying the rainbow flag.

*This downside was explained to us in two ways.*

A downside in terms of LGBTQ+ people feeling that they might need discreet places of access so that they are not outed. For example, having a space that they know is internally inclusive but is externally not explicitly LGBTQ+ so that they do not have to out themselves to hostile contacts.

A downside in terms of having flags and symbols that are not backed up by policy. For example, having the new Progress Pride flag on view when a space is not explicitly trans-inclusive, people of colour inclusive or intersex-inclusive.

### 16.2.2 Welcoming

We heard that community spaces need to be welcoming, safe and comfortable. When this type of environment is created, people are more likely to feel relaxed and more able to talk and connect with others.

The welcoming feel needs to be reflected throughout all parts of a building including reception, meeting rooms, shared areas where people can connect and rooms that might be used for consultations and face-to-face meetings. Just having a great reception area will not put the community at ease, limiting the potential health and wellbeing benefits from using the premises.

In terms of shared space, we heard that there may be tension in creating a trans-inclusive space due to the misunderstanding that transgender needs somehow undermine women's needs. Women-only spaces can be effectively trans-inclusive by ensuring proper respect and dignity, discretion for individual users, and awareness training for staff.

### 16.2.3 Knowledge, awareness and understanding

We heard that for many within the LGBTQ+ there is a lack of confidence in service providers understanding all the needs of a diverse community, within a property or otherwise. However, there was also an appreciation of the sheer breadth of needs, and at a minimum, helping a person feel comfortable in what may be a stressful time for them, was identified as an important first step for everyone associated with a building.

In better understanding the needs of the LGBTQ+ community, and given its complexity, adequate time needs to be devoted to listening to those within the locality of a building. Most LGBTQ+ community groups are small, locally based and tend to provide support to specific groups that make up the overall community e.g. a gay men's support group, a bisexual women's social group. By reaching out to these organisations to build trust and respect, they will be able to facilitate introductions to other less visible members of the community, while providing insight based on what they know about their members already.



### 16.2.4 Access

Access to spaces is needed at times that reflect the lived experiences of different parts of the community. One example offered is that the greatest need for post chem sex support is on a Sunday. Encouraging knowledge and awareness of some LGBTQ+ lived experiences through training, engagement and staffing is a good way to inform access decisions, as well as listening to the communities themselves.

### 16.2.5 Looking inwards for insight

One of the respondents questioned why NHS Property Services reached out to external organisations to better understand the needs of the LGBTQ+ community when there are so many NHS staff who are from the community. However, it was also acknowledged that many staff may be fearful of providing constructive criticism, which could be an issue in itself for the NHS. This both highlights the need for NHS Property Services to foster trusting relationships internally where feedback is welcomed and underlines the potential for fresh and honest engagement through an independent, external organisation.



## 17.0 Women of South Asian origin

**The values of the building and its staff need to broadly reflect those of the South Asian community. “Buildings needs to be culturally appropriate, and staff need to be culturally aware.”**

### 17.1 What we heard about women of South Asian origin

There is a need for culturally sensitive support and care for women of South Asian origin. By understanding their core cultural values and integrating this into the provision of health and care services, providers can improve the quality of support they deliver and help women of South Asian origin to extract the maximum benefit from the health and care systems.

### 17.2 What matters to women of South Asian origin?

#### Summary of what matters

- Cultural appropriateness
- Culturally competent
- A place to connect and share
- Different and changing needs
- Location and access
- The importance of community outreach

#### 17.2.1 Cultural appropriateness

All the women we spoke to agreed that a safe and welcoming space was at the heart of a good community building and that this meant a building had to be culturally appropriate. This includes having a multi-faith prayer room, ablution facilities and women-only areas.

Embedding these needs starts at the design process and they all felt that one or more people that could represent their community should be engaged from the outset, including having a seat at the planning table.

#### 17.2.2 Culturally competent

Cultural values shape a person’s experience of their health and wellbeing. In addition to having a culturally appropriate building, the staff and volunteers supporting the management of a building need to be culturally aware and competent. Examples given included not looking South Asian women straight in the eye, respecting women only spaces, and for men, not entering these spaces unless invited. Organisations supporting South Asian communities often offer cultural awareness training that reflects the specific needs of their communities.

#### 17.2.3 A place to connect and share

When we spoke to these members of the South Asian women’s community, they were at a community centre, having joined a women-only exercise class. This community space was felt to offer great value. This led to discussion about community buildings needing a space to meet others, maintain and build connections, and create networks beyond the walls of the building. Attending a session, or accessing a service alone, often means people don’t get the opportunity for social engagement.

A great way to support this connection for women of South Asian origin is facilitating an opportunity for them to cook and eat together. For the South Asian community more broadly, the ability to bring people together, from families and friends to entire communities, enables them to step out of day-to-day life, sit down and communicate, eat and enjoy one another’s company.

The sense of community that can be created through food and eating together is a key element to South Asian cuisine, with many growing up surrounded by food, family and a sense of belonging. This has been passed down from one generation to the next.

By providing access to cooking facilities within a building, women can cook and share their own culturally appropriate food, something that is rarely reflected in the food provided by established on site catering facilities.

#### 17.2.4 Different and changing needs

Within the South Asian community, there are people with distinct needs. First-generation needs will differ from those of the third or fourth-generation; men’s requirements will be different to those of women, which will vary from those of young people. As such, there will need to be flexibility within the culturally appropriate context of the building.

To help meet the needs of women of South Asian origin it was proposed that there should ‘protected use’ within a building. This was described as allocating certain days and times for women only activities.

People’s changing needs over time were also reflected upon and having childcare facilities was highlighted as a key need. In addition to increasing use of a community space and its services, this would allow women to immerse themselves in their chosen activity at a low cost, if any, while knowing that their children are safe and looked after.

### 17.2.5 Location and access

Location and ease of access are important to the community, as they are for everyone who wishes to use a community building. In terms of location, while having a venue within, or near, the community is preferable, it is not essential as long as it is easy to access by cheap public transport. Where car parking facilities are available, these should ideally be free of charge, and where a small charge is payable, this should avoid being too time limited.

In relation to access, the focus of the feedback was on the need for access beyond normal working hours to include the evenings and weekends. In addition to helping meet the needs of those that may be working, these opening times would also support women with childcare and family commitments.

### 17.2.6 The importance of community outreach

We heard that many women of South Asian origin are not familiar with community services and only consider primary care and hospitals as providers for their health. Although they will often turn to their community for support, outreach and education needs to be undertaken if the community is to gain greatest benefit from a community building. This is best achieved through engaging with local community organisations to use their influence and connections to initiate opportunities for women to make use of the community facilities, with support and services facilitated by females from their community.



## 18.0 Disabled people

*Going beyond the ramp. “A lot of this stuff is in the law. The basics of it are already there. Maintenance is an example of a grey area that doesn’t get pushed hard enough.”*

### 18.1 What we heard about disabled people

Disabled people face access challenges every day. The bare minimum is often done badly and there are grey areas in the legislation that are often neglected. The barriers they face can feel belittling and battles can arise when they raise access issues. They are used to devising a ‘Plan B’ but shouldn’t have to. Sometimes their lack of confidence that environments will work for them stop them from going out at all.

There’s a legacy of mistrust, disappointment and alienation in their relationships with NHS institutions that has led to a reluctance to use NHS services. But the disabled people we spoke to were highly knowledgeable, adept at finding solutions, creative in their responses and willing to share their experience of good examples to help inform better practice.

### 18.2 What matters to disabled people?

For disabled people, getting to, into and around, and using a community building in comfort are the fundamental issues and every day people experience barriers and difficulties. Their reasons for wanting to go, and the things they want to do when they are there, are much the same as everyone else but without access, all other experiences are closed off.

#### Summary of what matters

- Unseen impairments and access issues
- Access statements and Advisors
- Grey areas – including repairs and maintenance
- High standards for facilities managers
- Shared responsibility for accessible, community spaces – everyone benefits
- An opportunity for excellence in inclusive NHS community spaces

#### 18.2.1 Unseen impairments and access issues

Access issues include the general environment, the type of lighting, ambient noise, ventilation, the type of flooring and the type of lock used in buildings. All these were highlighted as barriers to using, or continuing to use, a building both by physically disabled people and neurodiverse people.

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We did not speak to people with sensory impairments as part of this research but the principle of unseen impairments and access issues applies to them too.

These unseen issues have been documented and participants pointed to academic studies and their own experiences in overcoming them. These could be included in facilities management training programmes and as reference texts.

### **18.2.2 Access Statements and Advisors**

Some facilities have detailed Access Statements available on their website. This means disabled people can check out exactly what the physical environment is like, what is and isn't in place, before they visit. The best Access Statements are informed by disabled people. NHS buildings should have an Access Statement that is created, updated and promoted by a disabled advisor or board of advisors.

### **18.2.3 Grey areas including repairs and maintenance**

There are often issues with facilities that don't work, such as lifts, or that are fitted with the wrong components such as an accessible toilet floor with the wrong 'slippy' vinyl. Disabled people sometimes end up troubleshooting for the facilities. Instead, a pro-active approach to repairs, a simple process to report things that aren't right and good communications on actions being taken, would be appreciated.

### **18.2.4 High standards for facilities managers**

Knowledge and awareness should be backed up with training so facilities managers are equipped with the skills to do this. For example, Evac chairs are not much use if managers aren't trained to use them properly.

Having the right knowledge and understanding of issues relating to disability, coupled with, and expectation of, high standards and the support of an advisory group, can help to build staff confidence and develop positive attitudes.

### **18.2.5 Shared responsibility for accessible, communal spaces – everyone benefits**

We are an increasingly 'disabled' society as people generally live longer than a few decades ago. But it is society that disables people.

The NHS prioritises privacy in many settings and in how they design their buildings which translates into a lack of communal space and a lot of isolated people. Also, it tries to be too specific about 'uses' whereas the main purpose of community spaces is that it will be used by many different people for many purposes.

The true value of this is that the conversation happens across many different people. Making communal venues accessible for disabled people benefits everyone and would enhance the pull for all groups. Building 'inclusive design' into spaces early on is both possible and it is key to future sustainability and use of facilities. Good advertising is also important; if you don't know it's accessible you end up not using it.

This is possible by fostering a sense of ownership and responsibility through information, feedback, upkeep and improvement for all groups. Shared ownership / responsibility would not only break the perception of the 'NHS ways of doing things', but also draw people in and connect them to the behaviour, maintenance and workability of a community building. Working together with disabled people to create an Access Statement might be a first step; fostering a culture of raising and taking responsibility for fixing problems proactively would help to consolidate this shared approach.

### **18.2.6 An opportunity for excellence in inclusive NHS community spaces**

There is an opportunity for the NHS to be a beacon on this, drawing on examples from other pioneering organisations (arts organisations tend to be ahead of the game). The challenge was made to engage with people with experience of access issues right at the start of the planning stage and throughout the life-span of the buildings to maintain and develop accessibility at all levels.

#### ***Further reading:***

Academic knowledge and good examples can be built on. The work being done by Home in Manchester and the Royal Exchange Manchester, who have a paid Access Users Group, was highlighted. As was the Disabled People's Access Group, The Quiet Mark and the reading material of 'Good design from the mind' – PAS 6463.

## 19.0 People from the Roma community

**Reaching out and building trust.** *“If people from the Roma community are to benefit from a community space, a lot of effort needs to be made by staff and volunteers to reach out to, and build trust with the community.”*

### 19.1 What we were heard about the Roma community

It is estimated that in the UK, there are more than 200,000 Roma, originating mainly from central and eastern European countries such as Slovakia, Romania, Bulgaria, Czech Republic, Poland or Hungary.

In the UK, the Roma community are frequently associated with the Gypsy and Traveller communities. However, they face a unique set of challenges related to recent migration and previous experience of discrimination.

In common with Gypsy and Traveller communities, Roma face ongoing stigma, mistrust and bias – unconscious or otherwise – wherever they go. They also face many of the barriers that impact on other minority groups including financial constraints, mobility issues, challenges of language and issues with immigration status. In terms of support and service needs, these are the same as for other refugee, asylum seeking and migrant groups and include: employment support, eviction advice, settlement advice, language classes, benefit guidance and housing support.

### 19.2 What matters to people from the Roma community

#### Summary of what matters

- Promotion of services should be sensitive to Roma culture
- Establishing a relationship of mutual respect and understanding
- Culturally sensitive and welcoming staff
- Keep the registration process simple
- Access, location and affordability

#### 19.2.1 Promotion of services should be sensitive to Roma culture

We heard that health is a subject that is not often discussed among the Roma communities, even between close family members.

For a community venue offering support and services explicitly promoting the health benefits of attendance, they should be promoted in a way which is sensitive to Roma culture, e.g. using appropriate graphics and images, language and content. This promotion should be developed in equal partnership with representatives of the Roma community.

#### 19.2.2 Establishing a relationship of mutual respect and understanding

Many Roma have negative experiences of using health services in their countries of origin, and this contributes to a distrust of health and care providers and a reticence to access services in a timely manner. This, coupled to the stigma, bias and mistrust members of the Roma community face on a regular basis is likely to impact on their belief in the benefits of, or willingness to access, a community venue. Therefore, there needs to be a particular emphasis on establishing a relationship of mutual respect and understanding between a community space, its staff, volunteers and the Roma community. Outreach to representatives of the community, who can engage with and inform others, will help raise awareness of the benefits of a community venue.

#### 19.2.3 Culturally sensitive and welcoming staff

We heard that providers of community spaces can often have stereotypical ideas about people from the Roma community, resulting in the community struggling to keep contracts for use of space. Educating staff and volunteers associated with a venue on the Roma community, while addressing conscious, and unconscious bias, head-on, will help to address pre-conceived ideas and pave the way for building trust among the community.

#### 19.2.4 Keep the registration process simple

For many years Roma were subject to immigration and work restrictions, which for some impacted their mental health and for many contributed to distrust towards questionnaires and data collection about themselves. This distrust remains, and the Roma community are often reluctant to share personal information, prove their identity, or provide health related information before accessing services. A willingness to provide a name only should not restrict access to a community venue.

### 19.2.5 Location, access and affordability

An important consideration in encouraging access of Roma people to a community venue is to ensure that it provides a service for all local residents that will also be beneficial for them, e.g., welfare, debt or housing advice sessions, vocational training, English for Speakers of Other Languages (ESOL) support and practical support such as in digital inclusion.

Beyond services, Roma people are very interested in hiring community venues for their family events, religious meetings, music & dance rehearsals, etc. so a venue should ideally be available to access/hire.

beyond office hours, including at weekends. This, coupled to the booking system not being too complicated, will result in an increased interest in people and groups from the Roma community using community venues.

However, as for other communities the location of a community venue is important, and it needs to be accessible by public transport. Affordability of space to hire was another issue and while it was deemed preferable to own their own space, in reality space had to be hired in most instances.



Picture courtesy of Roma Support Group