Creating spaces for community and patient wellbeing

A project for NHS Property Services from The Health Creation Alliance, the leaders in Health Creation

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Acknowledgements

1.0   About The Health Creation Alliance

The Health Creation Alliance is the only national cross-sector network addressing health inequalities through Health Creation.

Our mission is to increase the number of years people live in good health in every community. We are community leaders, people with lived experience of poverty and discrimination and professionals from many sectors. We are working together to transform systems from the bottom up so that Health Creation becomes business as usual and is recognised as being equally important as treating illness and preventing ill health.

We achieve this by:
- connecting the voice of lived experience to people setting the policies and designing systems and services
- drawing on our members' extensive connections to identify the best Health Creation practices
- bringing together movements and collaborations that energise and empower professionals and local people to take action
- helping places to establish 'Health Creation communities of learning', bringing together professionals from diverse backgrounds, community members and people with lived experience to learn from each other
- raising the profile and status of Health Creation with national policy makers, systems leaders and practitioners as an essential part of reducing health inequalities

You can join THCA for free and become part of the movement addressing health inequalities through Health Creation here.

2.0   Foreword

The NHS is in the midst of a significant period of change now that England's 42 Integrated Care Systems (ICSs) have become legal entities to provide more joined up health and care services for people who live in their area. The opportunity this provides for serving patients in different ways is immense, but so is the disparity in health outcomes across those communities: while the spectre of COVID-19 may be receding, it is becoming clear that the inequalities it revealed will be harder to shift.

What we do know is that our patients and communities have huge knowledge and insight into what lies behind poor health outcomes, and what will help them to become healthy and well. If the NHS can find better ways to relate to those communities, understand what matters to them, and establish the conditions for them to play their part in creating health on their own terms, we will be doing a great thing. Communities need access to suitable spaces to do this, and that's where we come in.

As owners of 10% of the NHS estate, NHS Property Services is creating community spaces for patient wellbeing through our Social Prescribing programme. I am proud of the progress we are making; over the last three years, we have redeveloped over 60 indoor and outdoor sites, making them available for communities to use in a wide variety of ways that will support improvements in their health and wellbeing. We are now listening to those communities, using local data and responding to what we hear to drive our property development activity, create health and tackle inequalities.

We have an ambition to make this new way of working business as usual. Like many others, we are on a learning journey; learning about what makes people well and how to create the conditions so that we can be part of shifting the dial from a NHS system designed to treat illness, to a system that promotes health and wellbeing.

It is this desire to learn that prompted us to commission THCA to undertake this project. We wanted to understand more about the needs of a range of different communities, including those with poorer health outcomes, as it relates to how they use spaces, so that our colleagues can be better equipped to respond appropriately.

What we found is that what matters to the communities we engaged with is more similar than we'd expected, and that diversity is widely welcomed. We also found that the differences in what matters – and why – between these communities are often nuanced, and that these nuances are important to understand. This has given us confidence that, by working more closely with communities, we may be able to get this right for more of the customers and patients we serve, more of the time.

We are grateful to THCA for the care they have taken to engage with less well-heard communities and to dig deep into what people told them. The depth and breadth of insight this report provides will help inform our Social Prescribing programme and decision-making across our business. We hope that it will be widely appreciated and used as a reference, not only to the ten communities it features, but also as a guide to create spaces for health and wellbeing that work for everyone.

Rhea Horlock*, Head of Corporate Social Responsibility, NHS Property Services*

Contents

3.0   Executive Summary

NHS Property Services wants to enable more patients and communities to have the opportunity to use NHS spaces to create health in ways that work for them.

The Health Creation Alliance was commissioned to undertake research to expand and enhance the knowledge and insight available to NHS Property Services, and to other NHS property owners, developers and managers, of what matters and why to different types of community, including those that often have the poorest health outcomes. This is the report of the findings from that research.

NHS Property Service's intention is for its own workforce, and others across the NHS, to draw on the findings from this research to inform their approach to transforming premises and outdoor spaces for community use. It is directly relevant to two NHS Property Services programmes: *Transforming Space for Social Prescribing* and *Tackling Health Inequalities*. However, it is hoped that the findings will be widely used and built upon for many years to come as Integrated Care Systems find new ways of working with communities to create health.

The aims of this project were to:

- uncover what it is about spaces, and the processes involved in making the spaces available, that helps or hinders communities to create health

- identify some of the common factors that many different communities value about spaces as well as some of the different factors that matter to particular types of communities

This project has gone some way to achieving these aims. While it is small in scale, it nevertheless provides a wealth of information about the nuances and drivers behind what works for different types of communities. It is, however, no substitute for the rich insights to be gained through local conversations.

Ten 'communities' participated in the project: Carers, people with, – and recovering from – drug and alcohol dependency, 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 Asian origin or heritage, disabled people and people from the Roma community. The Focus Group Section (pages 16-32) summarises our conversations with each of them.

While there are some differences between the different communities, many of the groups we spoke to want similar things from their community spaces. This reflects the fact that intersectionality – the interconnected nature of social categorisations – emerged throughout the project as an implicit and positive aspect of the reality of people's experiences. While we were talking to them about the realities of life for them as members of a particular section of the population, as individuals they self-identify in many ways. Most want buildings to be multi-purpose and used by many different community groups. While they want to be able to provide appropriate services for their community and to express things that are culturally important to them, they also want to share the spaces and mix with others who are different to them. An important message was not to pigeon-hole people, but rather to provide spaces that both cater for their needs and enable them to participate in many different activities and aspects of community life and meet many different people.

There are, however, nuanced differences and drivers of these common factors between the different groups. By digging deeper into these nuances it is possible to learn much more about what really matters to different groups; the 'why' behind the request. The 'Big Themes' Section on pages 33-42 helps to draw attention to the nuances to drive a deeper understanding of what matters to these communities and why.

NHS Property Services is in the process of changing the way it engages with local communities and this report has helped to inform how that might develop going forward (page 6-7). Our hope is that the findings are useful to many others as they seek more trustful ways of approaching, talking to and working with a wide-range of communities to create spaces that each kind of community wants to use to create vibrant, healthy and thriving communities.

4.0   The Health Creation Alliance recommendations to NHS Property Services

1. **THCA recommends** that NHS Property Services takes further steps to get closer to the full range of communities when developing premises for community wellbeing in a locality. The resources on pages 10-12 of a THCA publication entitled: *Learning from the community response to COVID-19; how the NHS can support communities to keep people well*, offers a list of the different types of community and VCSE organisations that exists in a locality, the typical features of them and ways in which NHS organisations might connect with them. In addition, there are a range of well-known organisations that have significant local knowledge and insight into the many grass-roots community groups that exist in a place. We recommend that NHS Property Services looks to them to connect with the range of groups in the localities where they're looking to develop. They include: local Citizens Advice Bureaux, National Council for Voluntary Organisations and local authorities.

2. **THCA recommends** that NHS Property Services uses this publication as a vehicle to continue the conversation with a much broader range of communities and stakeholders to further deepen the insight and learning. This report provides limited insight into the many perspectives on community spaces; further dialogue with communities would help to develop and enrich this knowledge.

3. **THCA recommends** NHS Property Services colleagues 'dig deep' to understand the nuances of the reasons and drivers for different communities wanting different, or similar things, from community buildings and processes. The vast majority of the differences are not conflicting and in many instances a broad range of desires can be met through negotiation.

4. **THCA recommends** that NHS Property Services renames its Social Prescribing programme and makes it explicit that the programme is intended to support communities to create health and wellbeing whether or not this is through formal Social Prescribing. Calling the programme *Creating Spaces for Community Wellbeing,* or something similar, is more accurate and it will resonate well with communities as it places a value on their efforts which are often informal and largely go unrecognised. It would signal that the spaces are for them and not just for formal Social Prescribing activity.

5. **THCA recommends** that NHS Property Services undertakes research with communities into what community spaces are already available in a locality, how they are used and what the gaps are. This will help to ensure that development of a building complements what's already available.

6. **THCA recommends** that NHS Property Services always undertakes a transport audit – including bus timetables and costs, parking arrangements and consultation with people who run community transport schemes – to be sure they know what form of transport is already in place to support people to get to a building. Where the transport is inadequate, NHS Property Services could bring transport groups and other local stakeholders together to work up a plan to enable access to venues.

7. **THCA recommends** that NHS Property Services reviews and simplifies its room-booking processes making it easier for community groups to book rooms. In some instances, it might also be appropriate to install key code access and arrangements for granting autonomous access to certain groups.

8. **THCA recommends** that NHS Property Services requires an Access Statement to be drawn up and regularly updated by an 'accessibility group' that advises on improvements to access and that this is published on its website for all of the premises it makes available for communities to use.

The Health Creation Alliance recommendations to NHS Property Services continued…

9. **THCA recommends** that NHS Property Services enables a range of 'inclusivity training' for facilities managers, offered by a range of groups including people with lived experience. This should include how to manage premises and create welcoming environments used by diverse communities and how to create the conditions for people to come together and take action themselves.

10. **THCA recommends** that NHS Property Services commits to developing people using their spaces, in particular people with lived experience of poverty, trauma and discrimination, to become facilities managers.

11. **THCA recommends** that NHS Property Services commits to the principle of handing control over access to the property to the community, finding appropriate ways that work for local communities. Where appropriate and a suitable model can be found, ownership by the community should also be considered.

12. **THCA recommends** that NHS Property Services undertakes further work to explore different existing models of ownership and control. Many collective leasing and community ownership models already exist and it is important to learn from them about what works best and what outcomes can be achieved in which circumstances.

5.0   Introduction to NHS Property Services programmes

5.1   Social prescribing programme

NHS Property Services wants to enable more patients and communities to have the opportunity to use NHS spaces to create health in ways that work for them. It is exploring how it might adopt a Corporate Social Responsibility approach that supports this ambition.

Through its *Social Prescribing Programme*, NHS Property Services is developing new approaches to supporting community wellbeing and tackling health inequalities by making more efficient and effective use of NHS estate across England having developed over 50 spaces for social prescribing. It wants to *'shift the dial from a system designed to treat illness system that works in partnership with communities to promote health and wellbeing'[1]* including through supporting social prescribing. This requires engagement with communities and support for community strengthening and wellbeing. As owner and manager of 10% of the total NHS estate and 30% of its primary care estate, it is a significant player in NHS property and facilities management and has the potential to influence other NHS property holders across England too.

"We strive to work as one joined-up team, collaborating with our colleagues from different parts of the NHS and creating strong local voluntary sector partnerships to transform vacant space into indoor and outdoor social prescribing spaces. We involved local communities in the design and work closely with Clinical Commissioning Groups (CCGs) to ensure the spaces really do help address local health and social needs." NHS Property Services website

5.2   Getting closer to communities

Historically, NHS Property Services has liaised with CCGs on development, redevelopment and ongoing use and management of vacant premises it owns. The buildings tended to be used to support NHS services rather than supporting communities directly. COVID-19 led to disruption of many of these services and the NHS' reliance on communities to support the vaccination roll-out and the growth of social prescribing started new thinking about how best to use vacant buildings to support communities' wellbeing. Within the last year, NHS Property Services has been developing their programme to enhance community use of vacant premises to create health.

A new data-driven charity-partnership approach is emerging; the data guides NHS Property Services to localities that would benefit the most from new community premises while a local charity that is connected to, and capable of building positive relationships with, the local community is identified as the main tenant of vacant NHS premises. This approach is still in development and has not yet been adopted across NHS Property Services. It is, however, showing promise as a way of getting closer to communities, understanding their needs and ambitions and redeveloping buildings so that they more closely match what communities want and need to support enhanced health outcomes.

5.3   Health inequalities programme

NHS Property Services is creating health in local communities through various initiatives including spending 70% of their investment in areas with high-medium deprivation, creating social prescribing hubs and green spaces to ensure people have access to a range of non-clinical services to improve their overall wellbeing and colleagues volunteering with charities and community groups that are directly helping to tackle health and social issues. They support their own colleagues by providing high-quality working conditions, offering training in key skills, supporting their wellbeing and encouraging opportunities to move up the ladder. Their aim is that these initiatives will help to develop healthy and sustainable places across England and reduce health inequalities.

THCA recommends that NHS Property Services takes further steps to get closer to the full range of communities when developing premises for community wellbeing in a locality. The resources on pages 10-12 of a THCA publication entitled: *Learning from the community response to COVID-19; how the NHS can support communities to keep people well* offers a list of the different types of community and VCSE organisation that exists in a locality, the typical features of them and ways in which NHS organisations might connect with them.

In addition, there are a range of well-known organisations that have local knowledge and insight into the many grass-roots community groups that exist in a place. We recommend that NHS Property Services looks to them to connect with the range of groups in the localities where they're looking to develop. They include: local Citizens Advice Bureaux, National Council for Voluntary Organisations and local authorities.

6.0 The importance of space in community Health Creation

It is well known that 'space' is an important building block in community Health Creation. A key finding of THCA's report: *Digging deeper, going further: creating health in communities – What works in community development,* was that people need physical spaces to connect with others, emotional space to reflect and 'systems space' that enables people to participate in creating health for and within their communities. Having access to the right sort of physical spaces also enables people greater opportunity to employ and enjoy their skills and passions and this helps to build their confidence to take control. Having control over our lives and environments enhances people's health and wellbeing.

Community leaders report that having access to suitable spaces, a say in the development of the space and some control over how they use those spaces, can support the diverse aspirations of their communities. Spaces that meet people's and communities' needs and where they feel comfortable can become thriving informal places to meet and the focus of a wide range of community-led activities. They can also be useful places for meetings to take place between community members and formal services and agencies because people often feel more relaxed in these familiar spaces than in traditional 'service spaces'. Being in a familiar, congenial setting can be a factor in people's recovery, health and wellbeing; it can help to change the dynamic between individuals

seeking support and professionals helping them to find solutions, helping them to build wider connections including with informal peer supporters and to gain confidence and control over their lives.

6.1 Health Creation and the features of health creating practices

Enabling people to increase their levels of control and confidence, through meaningful and constructive contact with others, helps to build protective factors and keeps people as healthy and productive as possible. **Contact, Confidence** and **Control** are the 3Cs of Health Creation The importance of control is reinforced by Professor Sir Michael Marmot who says:[3]

"To tackle inequality, society needs to enable all children, young people and adults to maximise their capabilities and have control over their lives."

Professionals can help to create the conditions for people, communities and populations to be well by adopting and embedding the six features of health creating practices within everyday practices and through health systems. These six – Listening and Responding, Truth-telling, Strengths-focus, Self-organising, Power-shifting and Reciprocity – are the things that communities consistently say makes the biggest difference to them. These are the 'active ingredients' of Health Creation.

Health Creation
Creating the conditions for people to be well

The Health Creation Alliance

Health Creation is the process through which individuals and communities gain a sense of purpose, hope, mastery and control over their own lives and immediate environment. When this happens their health and wellbeing is enhanced

Professionals can create the conditions for Health Creation by working as equal partners with local people and focusing on what matters to them and their communities.

People need

Control
Contact
Confidence

... to be well

The six features of health creating practices:
- Listening and responding
- Truth-telling
- Strengths-focus
- Self-organising
- Power-shifting
- Reciprocity

7.0   About the project

NHS Property Services wants to enhance and expand its understanding of what matters most to a range of different communities in terms of spaces that support wellbeing and the processes involved in making them available. It wants to arm its colleagues with better insight to help them engage in constructive conversations with communities, local providers and commissioners so that they can be more closely engaged in shaping those buildings, including with communities with some of the poorest health outcomes, as it strives to help tackle health inequalities.

To this end, it commissioned THCA to undertake this project to support that expansion in knowledge and to make this insight widely available to others.

7.1   Project aims

The aims of this project were to:

- Uncover what it is about spaces, and the processes involved in making the spaces available, that helps or hinders communities to create health

- Identify some of the common factors that many different communities value about spaces as well as some of the different factors that matter to particular types of communities

This project has gone some way to achieving these aims through in-depth interviews, case studies and surveys with ten different community groups. It is, however, limited in scale and should only be taken as offering a degree of insight into the different factors that matter to these ten different communities. There is even more insight to be gained through local conversations.

As well as offering insights into the specific factors that the ten groups felt were important (set out in the 'Focus Group' section), we have also focused on several of the 'Big Themes' that came up again and again in the conversations with the different groups. These are, on the face of it, common factors that many different communities said they value about spaces. For example, a desire for ownership of, or control over use of, spaces was a common theme for many of the groups suggesting there are some common frustrations with venues that are owned and managed by third parties.

On deeper analysis, we did find some differences in the reasons why the different groups feel these common themes are important and in what they would like the spaces of offer.

These differences are important to explore. They represent nuances which, if attention is paid to them, can make all the difference to communities.

While offering significant insight, this research is no substitute for listening to local communities about their own experiences, ambitions and needs and working with them to create spaces that work for them.

7.2   Project methodology

1) Choosing the communities to engage in the project

The Health Creation Alliance convened two workshops at which we sought members' input into the project and which communities they recommended we engage with. This created a 'long-list' that was used to guide discussion with NHS Property Services. Following this, the list was used to outreach to the communities with an initial introduction from one or more of THCA's trusted members and partners. The ability to engage with the identified communities through this approach, defined the final ten that were chosen.

2) Building a relationship with those communities

The Health Creation Alliance approached all ten of the communities through 'anchors' within those communities that were approached via our trusted members and partners. We made clear what we were asking for and why, and also what our offer was to anchors and participants. On pages 12-14, we go into more detail on how we built the relationship with the community groups.

3) Structured conversations with the communities

We held a series of structured conversations with each of the communities through online focus groups (and one face-to-face meeting), interviews and surveys. We offered flexibility in how and when the conversation took place, making sure that the way we engaged worked for that particular group. For example, in one instance we 'piggy-backed' an existing meeting so that this was not an additional request. The conversations are presented within the section titled 'Focus Groups' (pages 15-31).

4) Writing up the findings

This report contains the findings from the conversations and recommendations for NHS Property Services.

THCA recommends that NHS Property Services uses this publication as a vehicle to continue the conversation with a much broader range of communities and stakeholders to further deepen the insight and learning. This report provides limited insight into the many perspectives on community spaces; further dialogue with communities would help to develop and enrich this knowledge.

8.0   The communities and intersectionality

The following communities participated in the project:*

- Carers
- Disabled people (Disability)
- People with a learning disability (Learning disability)
- People from the LGBTQ+ community (LGBTQ+)
- People with experience of mental ill-health (Mental health)
- People with, and recovering from, drug and alcohol dependency (Drug and alcohol)
- People from the Roma community (Roma)
- People from rural communities (Rural)
- Women from South Asian origin or heritage (S Asian women)
- People of Somali origin or heritage (Somali)

One of the challenges of undertaking a project that seeks to understand specific communities better is that it risks overlooking the important matter of intersectionality.

Intersectionality is the interconnected nature of social categorisations such as race, class and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.**

"Through an awareness of intersectionality we can better acknowledge and ground the differences among us."4

Intersectionality has emerged throughout this project, not usually as an explicit matter for debate, but as an implicit aspect of the reality of people's experiences. It has significantly shaped the research findings often in a positive way, since we were focused on 'what works' more than on the multiple injustices some people can face through being at the intersection of several categorisations.

Individuals identify in many ways and often not principally within the categories we used. Some examples of intersectionality include:

- Someone with experience of drug and alcohol dependency also being gay and having a disability
- Carers living in rural communities
- Someone with experience of mental ill-health also being black

While we wanted to understand the relationship they hold with spaces through the specific lens of a particular community, and they were keen to speak on behalf of that community, they were also keen for that categorisation not to define them.

One significant example of this is that most communities preferred the idea of spaces being multi-functional and open to many different types of communities. One reason given is to avoid them being pigeon-holed; another is to reduce the stigma they face; and another is to enable them to meet other people who are different to them. This shows that people want to bridge to and bond with people from other communities in ways that feel natural to them. It is also one way that people can more easily live as themselves, wearing several identities or none.

This is the reason why this project sought, from the start, to identify some of the common factors that many different communities value about spaces as well as the different factors that matter to particular communities. We found much commonality across the groups and these are summarised in table one below. It was only when we dug deeper that we were able to understand the nuanced differences between the desires and ambitions of different communities. We have sought to bring out these nuances within the 'Big Themes' section.

THCA recommends NHS Property Services employees 'dig deep' to understand the nuances of the reasons and drivers for different communities wanting different or similar things from community buildings and processes. The vast majority of the differences are not conflicting and in many instances a broad range of desires can be met through negotiation.

* The shorthand we have used in table one on page 11.
**A useful video that helps to explain intersectionality.

Table one. Summary of the communities and intersectionality

	Carers	Drug & alcohol	Rural	Learning disability	Somali	Mental health	LBTQ+	S Asian Women	Disabled people	Roma
Sense of ownership of space	√		√		√	√		√	√	
Flexibility over times they can use the space		√			√		√	√		√
Trust building outreach	√					√	√			√
Trained, culturally sensitive, inclusive facilities management	√			√		√	√		√	
Affordable Cafe	√	√		√		√			√	
Welcoming spaces to connect with others outside their 'group'	√		√						√	
Suitable spaces to connect with others within their (cultural) community					√		√	√		√
Transport access	√	√	√	√		√	√	√		√
Importance of being multi-purpose (to mix with others and escape stigma)	√			√		√			√	
A range of support services / social activities at venue	√	√	√	√	√	√	√	√	√	√
Affordable childcare facilities / creche								√		√

9.0   Building the relationship – our experiences

Building the relationship with specific groups is a task in itself and there are a number of reasons for this, including:

- some 'seldom heard' groups have lost trust in services
- some are too busy trying to live their lives in difficult circumstances
- some groups expressed they would be more interested if the discussions related to a specific building in their locality
- since COVID-19, some groups are finding themselves in demand and suffering consultation burn-out

One of the reasons why THCA was commissioned to undertake this project is because we can provide a bridging role between the NHS and other service providers, grass-roots community groups and VCSE. We are an independent, highly connected and established membership organisation, grounded in communities and offering rich and dynamic knowledge and perspectives from many different communities and other local partners. We dig deep through careful listening, value the insight of communities and are experienced and well respected in trust-building, including through our members.

We have offered up our experiences into building the relationships with the different groups to inform how NHS Property Services might do this, going forward.

We made it clear at the start of this project that we would only aim to engage with groups where there was an existing trusted connection. This is because trust is an incredibly important element of engagement for communities. We worked with our trusted members and partners to connect with and engage people who could contribute from the perspective of one of the ten communities.

Our method was to approach potential 'anchors' in those communities to help to bring a group of people together for a Zoom call or physical meeting. These can be found in table two below.

Table two. The ´Anchor Organisations´ THCA connected with

Characteristics of the group	Name of the group(s)
Carers	Documental Carers Plus Yorkshire
People with, and recovering from, drug and alcohol dependency	The Oasis Partnership Turning Point
People from rural communities	Revival North Yorkshire North Yorkshire Health Creation Network
People with a learning disability	Advance Housing Home Group
People of Somali origin or heritage	Bristol Somali Resource Centre
People with experience of mental ill-health	Justice Network Birmingham
People from the LGBTQ+ community	LGBT Foundation
Women from South Asian origin or heritage	Integrate Todmorden
Disabled People	Greater Manchester Coalition of Disabled People
People from the Roma community	Roma Support Group

9.1   Reciprocity

Reciprocity is a critical aspect of building trust with communities; they need to know they are getting something in return for giving their time and insight. We therefore set out our ask and our offer to anchors and attendees. These are considered in table three below.

Table three. The ask and offer to anchors and attendees

Our ask of anchors	Our offer to anchors and attendees
• Convene one or more Zoom or in person meetings of five to 10 people • Advise on the best method for holding the conversation and help to deliver that (in some instances surveys were suggested) • Work with THCA to adapt a 'guide' to help steer the conversation • Communicate with your group ahead, so people know what they're coming to and what they'll get out of it • Organise a 'thank you' payment for attendees	• We will provide an opportunity to influence how NHS Property Services works to create spaces for wellbeing • We promise to listen to you, to dig deep to get to the truth of what you're saying, and to reflect what you say within the documents we produce • We will feed back the findings and show how the information is written up and presented to NHS Property Services. • We will invite you to the launch events • We will offer you a financial 'thank you' • We will invite you to join the THCA Movement for Health Creation and build an ongoing relationship with you

The following insights drawn from our experience of engaging these groups may be useful to NHS Property Services and other NHS partners. It should, however, be recognised that these insights are limited; we sensed that most community groups would be much keener to engage in a conversation about the development and use of a specific building close to them than they are in a national project exploring a hypothetical situation.

Table four. Insights from THCA experience of engagement

The Community	Insights from THCA experience of engagement
Insights common to all groups	Investment in the participants, in terms of giving plenty of time to listen, hear and understand, is very important to all the groups.
Carers	THCA was aware that theatre group Documental had created pieces of work drawing on the lived experience of people who care for people. THCA also reached out to our members and other organisations. Interest in taking part was strong, but time constraints and illness were issues in arranging opportunities for consultation. Barriers with other membership organisations included issues around GDPR. However, Documental brought a diverse group together from different parts of the UK, and in addition, a carer who works for Carers Plus Yorkshire attended..

Table four. The ask and offer to anchors and attendees continued…

The Community	Insights from THCA experience of engagement
People with and recovering from drug and alcohol dependency	Given the lack of access to basic health care services, as a result of COVID-19, it proved challenging to meaningfully engage with people with, and recovering from, drug and alcohol dependency. While often accessing community spaces for services and support, the anchor from one organisation felt that the feedback would focus on access to basic services only. However, by connecting with an established support group that met on a weekly basis through a second anchor organisation, we were able to engage with a broader range of participants.
Rural communities	The dispersed nature of rural communities makes it inherently harder for people living there to meet together, while slow and often erratic mobile and broadband coverage can also make online meetings difficult. For this reason, we undertook a survey. We also held an online focus group with a mix of residents, VCSE and professionals from rural North Yorkshire to gain further insights.
People with a learning disability	The team approached two housing associations it has connections with – a specialist provider of housing for people with a learning disability and a generalist provider of housing that has some schemes for people with a learning disability. Both associations convened a focus group reaching 12 people in total. This proved to be a good way to approach this group. Mencap provides another potential route, although this was not necessary on this occasion.
People of Somali origin or heritage	THCA learned, through a conversation with the Race Equality Foundation, that people of Somali origin and heritage tend to be a more hidden group in the UK compared to some other Black Asian and Minority Ethnic groups. We were put in touch with the Bristol Somali Resource Centre who provide significant assistance to the local Somali community. They agreed to offer their insights into the project.
People with experience of mental ill-health	Despite being in touch with several 'mental health' groups through our membership, it took several approaches to engage one to participate in the project. There was plenty of interest but time was limited and other priorities took precedence. The group that did eventually offer to bring a focus group together was very keen and a total of eight individuals attended. Many organisations are now seeking conversations with people with lived experience and fatigue is starting to set in. The group that did engage has changed its regular 'network' meetings into engagement or coproduction meetings so that it can accommodate them.
People from the LGBTQ+ community	There are only a few national LGBTQ+ organisations, with most support groups being locally based. As a result, the teams working for the national organisations are extremely busy and it took a while to engage with them. However, persistence paid off, as did getting to the right person who could make things happen.
Women from South Asian origin or heritage	An established contact and community networker was approached to support setting up the meeting. He in turn tapped into an established activity attended by members of the South Asian female community, following which they participated in the focus group. Their contribution was facilitated by and translated by our contact and a colleague.
Disabled people	Two of THCA's active members helped us to connect with six people who identify as having a disability. This group came together relatively easily and people were very used to being consulted about issues relating to access of and mobility around buildings.
People from the Roma community	THCA recontacted a Roma support group we had been in contact with regarding support for the Core20PLUS5 Community Connectors programme. Following a great conversation with their CEO, we were introduced to five contacts, of which we spoke to one. All contacts were people with lived experience providing support and services to their community, which understandably impacted on their ability to commit time to inputting into the research.

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 cafe and local shops means they combine it with other things and have a nice day out.
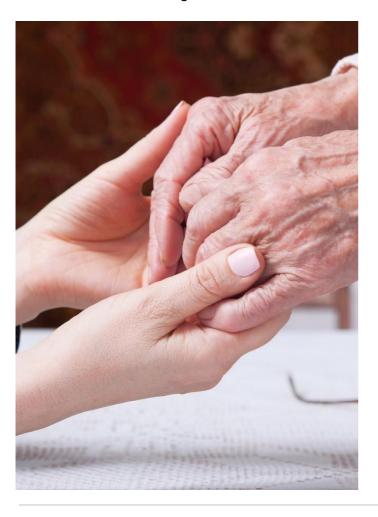
10.2.4 A humanising experience

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.

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

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%).[5]

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.[6] 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.
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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 be 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.

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

Eight big themes

1. Understanding and overcoming the trust deficit
2. Greater recognition of community-led and peer-led activity
3. What and why; multi-purpose spaces
4. Location of the premises
5. Transport, parking, access and accessibility
6. Welcoming environments
7. Quality and inclusive culture in facilities management
8. Ownership of, or control over, the premises and processes

1: Understanding and overcoming the trust deficit

Through this project we sought to gain some insight into how previous encounters with statutory services, including but not limited to the NHS, have shaped people's relationship with and expectations of services. This is important background because:

- Some of the groups we spoke to have significant health and care issues and therefore have a significant need for NHS services

- Some of the groups have significant experience of the negative impacts of stigma because of their condition, or who they are

- This programme relates to NHS-owned buildings so community use of the buildings involves navigating a well-established power-dynamic

We found significant levels of wariness, scepticism and distrust of NHS and other statutory services across many groups. At the same time, we found a desire to have more positive relationships and a willingness to engage, as long as services are listening.

"A lot of communities have had such a lot taken away. The trust is gone... people think it's a fad."

"It takes time, allowing people to heal… it takes time and trust!"

There were significant differences in the experiences of the different communities we spoke to and many nuances to the background to the trust deficit. This is summarised in table five below These different experiences need to be understood, acknowledged and addressed if the NHS is to build trust.

Table five. Perspectives on trust and the trust deficit

Group	Perspectives on trust, and the trust deficit, from those we spoke to
Carers	Carers say they are frequently faced with judgement. Parents who care for children said they experience 'parent blaming', either for the condition or for elements of their child's behaviour. They have received draconian threats by letter for changes to appointments despite having made a significant effort to communicate well. Children who care for a parent are often treated dismissively.
People with, and recovering from, drug and alcohol dependency	There were trust issues raised, although there was frustration in the ability to access GP consultations.
Rural communities	There were no trust issues raised.
People with a learning disability	The only trust issue that came up was in relation to confidentiality: They asked for somewhere to go to shut the door and have a confidential conversation.
People of Somali origin or heritage	There were no trust issues raised. *"Somali people have a positive attitude towards medical services."*
People with experience of mental ill-health	The people we spoke to with experience of, and recovery from, mental ill-health pointed to significant trust issues with the NHS. They felt doctors' agendas for their mental health are predominantly medical. While younger doctors are now learning about Health Creation and how to help people in newer, fresher ways, many doctors remain 'stuck in their ways'. *"The medication never helped. It just kept me in the status quo. I saw nine different GPs before I got referred to somewhere where I started to get a solution."* Medical environments are not welcoming. And it feels to them as though the mental health agenda is the medic´s agenda, that they're being asked to join in with.
People from the LGBTQ+ community	There were no trust issues raised.

Community	Perspectives on trust, and the trust deficit, from those we spoke to
Women from South Asian origin or heritage	There were no trust issues raised.
Disabled people	By highlighting problems with access and the environment disabled people often feel, they can be branded as troublemakers. We were told about a parent advocating for their child being labelled as 'mad' – it was written in the patient's notes.
People from the Roma community	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 results in healthcare inequalities. These factors will impact on their belief in, or willingness to access, a community venue.

Although the focus groups and interviews we undertook did not go into great detail about how to build trust, a few insights were offered. These centred around making the effort to talk to people on their own turf:

"Go to the barber shops, parks, temples, mosques – the places where people reason with each other. Stop going to the hospital, job centres, GPs [to find out what people think]."

"To engage with the people who are most vulnerable… you have to go into the 'hard to engage' spaces."

The Health Creation Framework offers significant insight and approaches for trust building. In particular the six features of health creating practices – Listening and responding, Truth-telling, Strengths-focus, Self-organising, Power-shifting and reciprocity – are hugely important for creating constructive relationships at the frontline.

2:   Greater recognition of community-led and peer-led activity

NHS Property Services' main focus in the Social Prescribing Programme is to support social prescribing activity. Through the conversations, this project drew out some important insights relating to the breadth of community activity that happens outside of formal social prescribing activity that could be supported by this programme, by NHS Property Services and by the NHS more generally.

Beyond social prescribing

Not all the groups we spoke to had heard of social prescribing, although where they had, they were generally positive about it.

"Social prescribing; I've been begging for it! For autistic people, sensory experiences help a lot."

Some community groups described what they are doing as 'social prescribers' for their communities. Bristol Somali Resource Centre described everything they do as 'social prescribing' for people from their community and while formal social prescribers frequently make referrals to them, their activity is not supported financially by the NHS.

Self-sufficient communities

A number of the community cohorts we spoke to are quite self-sufficient. They will go to other members of their community before they seek help from the NHS.

The Roma community relies heavily on informal networks and often don´t see a need to access other support. The women of South Asian origin we spoke to explained they will often turn to their community for support. They consider primary care and hospitals as the supporters of their health and wellbeing and are not familiar with community services and support as part of this.

Some groups suggested that communities could organise and run facilities being offered in these spaces such as cafes and creches. Some suggested communities manage the whole facility, and some wanted an ownership stake.

All communities wanted the NHS to value their strengths and to help them support each other within their communities.

Support for peer-support

Several people also talked about the success of peer-support in creating health.

Peer-support is where someone who has had the same or similar experiences comes alongside a person and helps them to find their own way to a better life and better health, drawing on their own experiences to help guide them. It can be a very successful way to help someone reconnect with others and with themselves, build their confidence and take control of their lives in ways that work for them. A number of people suggested that NHS Property Services' Social Prescribing programme could actively and officially support peer-supporters, including DIY peer-supporters, by making spaces available for them to meet and learn together and with the people they're supporting.

Being aware of and support broader community Health Creation

Communities create health within their own communities often without recourse to medical help or to formal social prescribing. This happens in many informal ways. While communities are interested to explore the potential for new community premises, it's important that they complement the spaces that are already available and being used by communities.

Greater recognition of the many ways communities create health, and support for them to do so through the Social Prescribing programme, would be beneficial. It is important that NHS Property Services doesn't limit itself to only supporting paid, formal social prescribers but sees the programme offer as more broadly supporting communities to create health.

THCA recommends that NHS Property Services renames its Social Prescribing programme and makes it explicit that the programme is intended to support communities to create health and wellbeing whether or not this is through formal Social Prescribing.

Calling the programme ***Creating Spaces for Community Wellbeing*** or something similar is more accurate, and it will resonate well with communities, as it places a value on their efforts which are often informal and largely go unrecognised. It would signal that the spaces are for them and not just for formal social prescribing activity.

THCA also recommends that NHS Property Services undertakes research with communities into what community spaces are already available in a locality, how they are used and what the gaps are. This will help to ensure that development of a building complements what's already available.

3:   What and why: multi-purpose spaces

Many groups favoured multi-purpose, rather than single purpose, spaces.

Multi-purpose can mean several things

'Multi-purpose' can mean the same spaces being used by multiple communities for many different purposes. It can also mean integrating a range of specific services within buildings so people can access several services through a single visit, often referred to as a 'one-stop-shop'. It can also mean a hybrid model where some services are located in buildings that are used for a variety of other purposes by several communities.

"Multi-purpose buildings are better, we don't want to be singled out."

The benefits of multi-purpose spaces; being part of something bigger

The people we spoke to offered a range of reasons including:

- the potential to mix with people who aren´t the same as them, offering them the possibility of connecting with different aspects of themselves

"It helps not to be known as just one thing."

- reducing stigma as people don't have to know the specific reason people are going there

- creating spaces for a range of non-service specific activities/events will help to engage people who would benefit from the services, but are unaware or reluctant to do so

- the potential for multi-purpose spaces used by many groups to help build strong communities (increasing the social ties between people is proven to improve people's and communities' health)

- it can bring different cultures and generations together. One example given was of immigration advice being the draw for one individual, while a sport activity might be the draw for their son

- the intersectionality between the groups and the tendency of system processes to categorise and split people up too much

- multi-purpose places for activities, with screens for watching videos and to use online communication

- adequate space, facilities and equipment to cater for diverse, multi-generational needs with a focus upon low income families/citizens and supporting cross-sector working between various agencies workers

Multi-purpose buildings benefit from 'connecting activities' that serve many different groups. Examples of this include an affordable cafe a gig night, Wi-Fi and private spaces for using the Wi-Fi.

These things will encourage people to visit the centre and connect with others; they provide a platform to raise awareness and engage people in the services on offer.
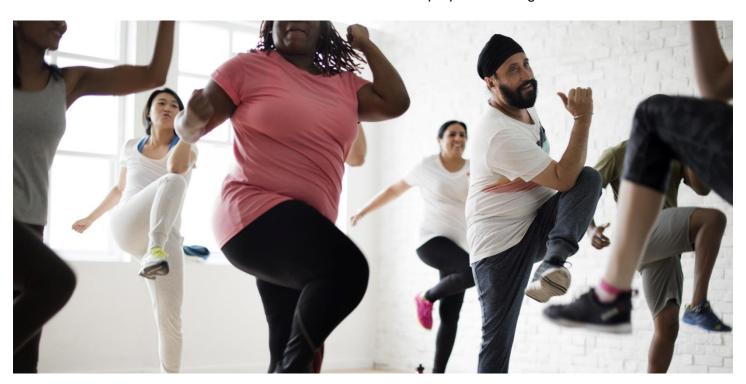
"Structure events where a variety of local communities come in… 'structured events' could be going to others' events… a structured set of conversations, a little BBQ, a dance."

"It's about linking people to where they might find the wellbeing… rather than the prescription note."

Flexibility to accommodate diverse needs

Some communities have more specific culturally sensitive needs, so where multi-purpose spaces are being created this needs to be done in a culturally sensitive way. For example, women of South Asian origin request women-only spaces, and cooking facilities because preparing and eating food together is a bonding experience. Also, cafes don't typically provide culturally reflective food. Both of these could be negotiated within a multi-purpose building, for example, through making Thursdays the day when women of South Asian origin take over the cafe, potentially cooking for other members of the community too, and when suitable spaces are dedicated as women-only spaces.

Several groups said that private rooms to talk in confidence with others where important so a mix of small rooms and larger spaces would work well in multi-purpose buildings.

4:   Location of the premises

Where the buildings are located is very important to many groups. Again, there were a range of perspectives on what constitutes a 'good location' and also what to avoid. Individuals from at least two groups expressed some suspicion as to why some NHS buildings were empty in the first place with a concern that a poor location would make it less useful to both the NHS and to communities. Geographically remote locations don't work well.

Diverse perspectives on 'a good location'

Different groups offered many other insights into what makes a good location (and what to avoid):

- The carers we spoke to wanted community buildings to be located close to other facilities…

"…so that many people will be tempted to use these spaces too."

This was tied up with their desire not to be pigeon-holed or isolated, but to be in spaces where they can connect with others and feel more integrated into their community.

- A criminal justice perspective was offered from one group with a plea not to develop community spaces on the borderline between warring factions or gangs. Where this has happened in the past, the venues are not used

"They make these huge beautiful buildings and rip up the small little places… and they put it on the borderlines."

- A large number of Bristol's Somali Community live in one part of the city, Barton Hill. If they could get access to an accessible NHS venue where they could hold events to their own schedule, close to where their community lives, it would make a big difference

- Location of venues is a perennial problem for rural communities due to the dispersed nature of residents and infrequent public transport. Towns and villages are usually the most sensible places for venues; however, survey respondents also pointed out that flexibility of access to unused NHS buildings would help.

"One rural project had a village hall venue for activity and wanted to use a vacant room in GP surgery across the road – the red tape required to hire the room was very tricky as VCSE aren't allowed to do so."

- Developing community venues close to addiction services, such as substance misuse services, was not seen to be a good idea by the focus group for people with experience of mental ill-health; they didn't want the two to be associated with each other in the public's mind. However, some of the people from the focus groups of people with, and recovering from, drug and alcohol dependency wanted services they use to be located within a venue that is used for other purposes

Listen to invest wisely

A plea to listen to different groups about where, and where not, to invest resources was made by a number of groups. Also they suggested that NHS Property Services considers how the investment can help to improve the building's surroundings too, with input from the local community.

This was borne of experience of their advice having not been heeded in the past, and buildings having to be reworked or not being used at all.

"One of the buildings has gone back for refurb."

5: Transport, parking, access and accessibility

While accessibility of buildings themselves was the main theme for the group of disabled people, it was also raised as important by other groups who have older or disabled members and who want to create an accessible environment. The broader issues of being able to get to the venues and timely access to them were also shared by several groups.

Transport and parking

People want to be able to get to venues without too much cost and stress. Having a venue close to where they live is very convenient but not always possible. For many groups, including women of South Asian origin, people from rural areas, people from the Roma community and disabled people, affordable public transport was highlighted as being very important. In rural areas in particular, concerns over infrequency of buses were an additional concern making community transport schemes more important to engage.

Parking arrangements are important to get right, even if this is about developing agreements with other venues close by to use their parking spaces at certain times of the day or providing a 'drop-off' area. Some disabled people and carers need dedicated parking close to the venue at the times they want to use the facilities.

> **THCA recommends** that NHS Property Services always undertakes a transport audit – including bus timetables and costs, consultation with people who run community transport schemes and parking arrangements – to be sure they know what form of transport is already in place to support people to get to the building. Where the transport is inadequate, NHS Property Services could bring transport groups and other local stakeholders together to work up a plan to enable access to venues.

Access to the buildings

Being able to book venues easily is important in rural areas in particular where the location can be a big factor in what makes a venue useful to a community.

However, it would also be appreciated by other groups. The current system for room-booking is seen as bureaucratic and awkward and sometimes prohibitive for community groups.

Several groups asked for keys to access the buildings. This is tied up with wanting more control over use – see Big Theme 8. An additional driver for rural groups is so they don't have to wait for the official key-holder to turn up. If they don't, it could involve a significant wasted journey.

> **THCA recommends** NHS Property services reviews and simplifies its room-booking processes making it easier for community groups to book rooms. In some instances it might also be appropriate to install key code access and arrangements for granting autonomous access to certain groups.

Accessibility and communications

The disabled group asked for an Access Statement, informed by disabled people and updated regularly, to be made available on websites for every building. However, they also wanted a shared commitment to, and responsibility for, 'inclusive design' and for fixing problems proactively on the grounds that accessible spaces offer broad benefits to many people, not just disabled people. Cultivating this shared approach helps to build support for and broad appreciation of truly inclusive environments; it can help to bring diverse communities together and support community cohesion.

> **THCA recommends** that NHS Property Services requires an Access Statement to be drawn up and regularly updated by an 'accessibility group' that advises on improvements to access and published on its website for all of the premises it makes available for communities to use.

6:   Welcoming environments

Almost all the groups said that a good, welcoming environment that is safe and comfortable is very important. When this type of environment is created, people are more likely to feel relaxed and more able to talk and connect with others. While some pointed to the need for buildings to be 'not too NHS-like' in design and function, many positive reasons for the community to engage with the space were offered.

Having a welcoming, inclusive and culturally sensitive reception from people managing the facilities is a big part of this and is picked up in Big Theme 7. There were some common elements to what a welcoming and attractive physical environment looks and feels like.

An effective community space should look to balance all these requirements while supporting, understanding and creating something of an experience.

Inclusive design and balancing different needs

Building inclusive design into spaces early on – making communal venues accessible for disabled people – benefits everyone and all groups. It would enhance the draw for many groups and support long-term sustainability and use of facilities. Involving many different groups in this process would help to meet the specific needs of particular groups and find solutions to any tensions that arise over use of communal spaces.

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.

"Getting into a building is one thing, feeling you belong there is another."

An affirming environment

Community buildings need validating, affirming spaces that recognise people as human beings and offer them the 'space' to express themselves.

For some, such as people from the LGBTQ+ community, this means actively communicating they are welcome there. For others this means feeling safe in the space, for example, by having women-only spaces or times.

And for many people, this means not placing unnecessary restrictions on use of the space, for example, through strict policies and procedures that would limit use, such as not being able to put posters on notice boards.

An affordable cafe, with a range of things for people of all ages to do, was seen as very welcoming and sociable.

Large and smaller spaces

Alongside spacious communal areas where people can meet and activities take place, there was an appetite for smaller, 'private' spaces where people can find refuge and talk in confidence.

Calming, sensory environments

Low stress, calming and 'sensory' environments were mentioned often as an antidote to feelings of anxiety, boredom and disruptiveness which can prevent 'difficult situations' arising. Good lighting was also mentioned as part of this.

Hybrid meeting technology

The potential to host hybrid online/face-to-face meetings through screens in some meeting rooms was seen as welcoming to those who couldn't access the buildings physically.

Welcoming outside areas

Having a welcome approach to a building and the surrounding area is important. This means keeping the area clean and making sure it is attractive, somewhere people feel good being seen going into.

Outside areas more generally, with gardens, perhaps where people can grow vegetables, was seen as attractive. And for others, being able to get out easily to overcome feelings of restlessness or claustrophobia are part of the positive sensory environment mentioned previously.

7: Quality and inclusive culture in facilities management

The quality of facilities management came up frequently in the conversations.

Supporting emotional as well as physical accessibility

This went some way beyond managers' competency managing the premises, although that is important, into how they interact with people, how they respond to feedback and how they create the conditions for diverse communities to use the premises in a way that fosters relationships, trust and is inclusive. When seen in this way, 'accessibility' might be seen in terms of both physical accessibility and emotional accessibility – whether or not people feel they 'fit' and have a place in the community.

Disabled people came at this mainly through a physical accessibility lens. They spoke about the need for proactive maintenance – such as lifts, evacuation chairs – responsive repairs and good communications to provide timely and regular updates. Staff need to be properly trained in how to use equipment and also in how to provide information about access on their website. They need to be able to bring an 'access group' together and listen and respond to their feedback in a constructive manner.

Inclusivity training

Most groups felt that facilities managers needed to be well trained in how to manage premises in an inclusive fashion. Being skilled in fostering good relationships between the different groups and individuals who use the venues is an important aspect of facilities management as it creates the conditions for wellbeing.

The people we spoke to who have a learning disability felt that facilities managers need to be trained in learning disabilities, preferably by someone, or several people, who have a learning disability.

Equipping managers with better knowledge from a position of experience would help to reduce the potential for unconscious discrimination and it could also help them to take steps towards creating an inclusive culture so that people feel acknowledged, that they belong in the place and can be themselves.

Much of this was echoed by the Roma group we spoke to, who have experienced the negative impacts of stereotypical attitudes both from NHS staff and providers of community spaces in the past. They expect staff to be empathetic and felt there needs to be an emphasis on establishing a relationship of mutual respect and understanding between a community space, its staff and the Roma community. Education and outreach in a culturally appropriate manner would further help their community to be able to make use of the spaces.

Understanding different perspectives is important for facilities managers. While the LGBTQ+ community welcome a well-positioned poster welcoming people from their community, flying rainbow flags from the building might deter some people who might need discreet places of access so they are not outed by a hostile party.

Managers with lived experience

Several groups, but particularly those we spoke to who have experience of mental ill-health, felt that some management roles might be best undertaken by someone who has had some form of 'lived experience' themselves; people will respond well to ´real spaces with real people'.

"Population spaces with people with lived experience; they will have a heart for things".

Some felt that this role could be an opportunity for someone, or several people, with experience of living in an underserved community to gain access to paid employment.

THCA recommends that NHS Property Services enables a range of 'inclusivity training' for facilities manages, offered by a range of groups including people with lived experience. This should include how to manage premises and create welcoming environments used by diverse communities and how to create the conditions for people to come together and take action themselves.

THCA also recommends that NHS Property Services commits to developing people using their spaces, in particular people with lived experience of poverty, trauma and discrimination, to become facilities managers.

Q8: Ownership of, or control over, the premises and processes

Having more control over access to premises and how they are run – including who owns and controls the buildings – emerged spontaneously in some of the focus groups. While the perspectives and reasons varied, the standard model of leasing to a main tenant who then sub-lets the premises to a range of community groups, was felt to be too narrow.

"One day, I'd like to have community shares so I can be an owner and call the shots on maintenance. It's easier – if something is owned by the community, then it's easier for someone to say I'm part of this community too."

Ownership of premises

The groups that unprompted told us they would like to have an ownership stake in the building include: Carers, People with experience of mental ill-health, disabled people and people from rural communities. The group of people with experience of mental ill-health wanted to work with the community to develop it.

"Give it to us, we'll sort it out!"

One group likened community ownership to the example of a community shop.

Reasons offered for wanting to have an ownership stake included:

- Frustration about not being included in discussions as the buildings are established or redeveloped. Too often this is done without talking to the people that are expected to use the buildings

- The potential for individuals and communities to become more empowered through having a stake, and therefore more control, in their community building

- The commitment effect whereby people invest their own time and resources into the design and management of the building

- The increased potential for 'making it right for them'.

- The savings that could be made through either selling or gifting buildings to the community

"It's easier to sell the asset – get a quick buck but then have to pay double/treble… Give the asset to the community – save that… "

"Letting the community build it – when they have helped to build it, they are involved, they are more inclined to get involved in running it. People need to be employed (paid) in this process."

Control over access to and use of premises

Some groups wanted to have access to the building, for example by having keys or key codes, so that they could enter and use the premises out of hours.

When asked, the Bristol Somali group said that they already have their own office space for one-to-one meetings but they wanted control over use of larger events spaces for bigger meetings. Having the keys and/or access to the venue out of regular 9-5 hours, so that they can have meetings according to their community's needs and schedules, was very important to them, especially since many people in their community have small jobs working unsociable hours and juggling childcare. However, owning the premises was not important *per se.*

Reasons given by groups for wanting more control over access and use of premises included:

- Being able to host events at times that suit their community

- Being able to offer an evening 'youth centre' to enable young people to meet together, offering a place for them to talk about issues affecting their communities and keeping them away from 'unhelpful activities'

- In rural areas, delays to get access to buildings, where travel is involved for the keyholders, are a cause for frustration

"We need access in terms of permission to be keyholders."

- Being able to offer women only space and time

- Not being hindered by over onerous NHS guidelines and policies for use of buildings

"If we had a room we would be able to run everything from that one space – it would make a big difference. It's not about owning it, but about maximising the opportunities for the community."

Not all groups were specifically asked about this issue so this does not exclude other groups also being interested in ownership and control over assess and use. However, the matter of ownership and control goes beyond the buildings and is clearly part of a bigger issue about people being unable to get access to the things that would make their lives better.

"Need a whole cultural shift over the people who own/control your access to the resources you need."

Inclusive models of ownership and control favoured

All the groups that raise the issue of ownership and control were mindful of the need to be inclusive and share the space and ownership of it with other groups. This is in line with the strong desire for multi-purpose spaces.

The disabled people we spoke to felt that collective ownership and control could be a route to greater levels of understanding and cohesion between different groups.

"Shared ownership / responsibility would … draw people in and connect them to the behaviour, maintenance and workability of a community building. Working together with disabled people to… [foster] a culture of raising and taking responsibility for fixing problems proactively would help to consolidate this shared approach."

The focus groups did not go into depth about specific models, beyond the headlines of 'community shares', 'co-ownership' or a 'cooperative model of ownership'.

THCA recommends that NHS Property Services commits to the principle of handing control over access to the property to the community, finding appropriate ways that work for local communities. Where appropriate and a suitable model can be found, ownership by the community should also be considered.

THCA also recommends that NHS Property Services undertakes further work to explore different existing models of ownership and control, to deliver on the commitment. Many collective leasing and community ownership models and already exist and it is important to learn from them about what works best and what outcomes can be achieved in which circumstances.

20.0   Contacts

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References
1. From a recent Kings Fund / NHS Property Services event and report 'Social Prescribing and NHS Facilities': NHS Property Services | Creating community spaces for patient wellbeing Last accessed October 2022.
2. Collins B. Social prescribing and NHS facilities. How could the NHS better use its facilities to support social prescribing, holistic care and community resilience? November 2020.
3. Marmot M. Health Equity in England: The Marmot Review 10 years on. February 2020. Last accessed October 22.
4. Crenshaw K. Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. University of Chicago legal forum. Article 8.Issue 1.Volume 1989.
5. Office for health improvement and disparities. Adult substance misuse treatment statistics 2020 to 2021.Last accessed October 2022
6. Local Government Association.Working together Helping to support and transform the lives of people affected by drug and alcohol problems. August 2018. Last accessed October 2022.