Community Participatory Action Research -CPAR 3

Community Voices: Barriers, Strengths & Actions

Insights into Accessibility, Belonging, Advocacy & Wellbeing

HEALTH INEQUALITIES IN MARGINALISED COMMUNITIES
BRIGHTON & HOVE

Research Report 2025

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‘Funded by the Workforce Training & Education Directorate, NHS England Southeast’

Community Participatory Action Research -CPAR 3

Contents

Many residents in Brighton & Hove — particularly racially minoritised communities, migrants, refugees, LGBTQ+, neurodiverse, disabled and low-income communities — face barriers to health equality.

CPAR Community researchers at TDC

Our different roles and established relationships enabled us to reach a broad range of different communities in Brighton and Hove.

Fatima – TDC Equalities team as a Senior Engagement Worker, supporting projects such as UOK social prescribing.

Maha – TDC Equalities team as a Senior Engagement Worker, supporting projects such as UOK social prescribing and Act on Cancer.

Sara – TDC Neighbourhoods team as a Community Development Worker in East Brighton (Whitehawk)

TDC Values

Trust for Developing Communities

Community: Together we are stronger

Empowerment: Building community brings social justice

Inclusion: There is no them and us, only us

Equality: None of us can truly thrive whilst some of us are in poverty

We have lived experience relevant to this research as well as professional experience of supporting people who face inequalities in the city and have witnessed the challenges and barriers people can face in accessing support and living well.

We consulted with our communities and decided to focus on

- **Unheard voices**
- **Hidden barriers to appropriate services and support**
- **Community wellbeing and ability to thrive.**

1) Flyer designed to share with communities

2) We adapted different versions of this, including an easy read version and translated versions

3) We talked through the research using the flyer with people that we thought would be interested in taking part.

Trust for Developing Communities

Community
Participatory
Action
Research
2024-2025

Community researchers at TDC

Maha **Fatima** **Sara**

- As community researchers, we identify issues and challenges faced by our communities and advocate for community led solutions.
- We have lived experience and trusted relationships that allow us to understand how our communities are impacted
- We help our communities to share their experiences and involve people in discussing opportunities for positive action
- The research is practical and focused on creating change in response to community needs

What is the research about?

Health inequalities in our communities

- Unheard voices
- Hidden barriers to appropriate services and support
- Community wellbeing and ability to thrive

Everyone has a right to live well and to be able to access good statutory services and support

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There are health inequalities in our city, which means that people don't always have what they need to live happy and healthy lives, let alone thrive.

Sometimes lack of information, inaccessibility and discrimination gets in the way. Sometimes the systems don't work as well as they could and it is hard to know how to get the right help. People have very different experiences.
The communities impacted by these challenges have great insight into how to improve things.

Interested in this research? Want to help?
We would love to hear from you!

Trust for Developing Communities

Community
Participatory
Action
Research **2024- 2025**

TDC supports a diverse range of people in Brighton and Hove. This research is relevant to the communities we work with.

- People living in areas of high deprivation in Brighton and Hove
- People from racially minoritised backgrounds
- Migrant communities and refugees
- LGBTQ+ communities
- Neuro-diverse people
- Older people
- People with learning disabilities
- People with long term health conditions
- People with disabilities
- Carers
- Groups experiencing discrimination and social exclusion
- Those affected by food poverty, inadequate housing, unemployment, or lack of access to education
- People facing intersectional challenges

How will we do this research?

Maha, Fatima and Sara will be talking to people in their communities and asking them to share experiences and ideas through life-story interviews, focus groups, walks and using creative methods to initiate conversations about what matters most.

What difference will it make?

We will highlight the unique challenges people face and share our learning and insights from communities.
We will identify actions that will improve people's lives. We will invite communities to take action with us.

Community-led action

Are you willing to share your experiences?

more info

We take your safety and privacy seriously.
Any information that you choose to share will be stored securely according to TDC's privacy policy and will be **annonymised**.
You can choose to remove your data at any time.
We will share our findings in September 2025

Research funded by: NHS England South East

in partnership with scdc scottish community development centre

University of Reading

Get in touch to find out more - see contact details overleaf
www.trustdevcom.org.uk/research

We understood that it was important to give people choices about what they shared with us and how they could participate.

Methodology:

17 interviews (age range 25-82)
4 focus groups (connected to food projects, peer support group, women's group, adults with learning disabilities health advocacy group)
24 Surveys (paper)
7 months of participatory observations in different local groups
Creative & inclusive approaches including walk and talk interviews, conversation cards, group mind mapping, pop up engagement in different community settings

Where appropriate, we used the 5 Ways to Wellbeing to ask participants about whether they were already doing any of the 5 actions and to help us facilitate conversations about their wellbeing.

Key Themes from our initial conversations with communities

- Accessibility of services
- Community connection & resilience
- Rights, advocacy and representation
- Empathy & trust
- Impacts of racism & discrimination
- Culturally appropriate services

Research Approach and Methods

Methods Developed

- **Conversation Cards**: Designed word cards to prompt open conversations and enable participants to share experiences in their own way.
- **1:1 Interviews**: Participants selected three cards and shared reflections; interviews built on trust and existing relationships.
- **Focus Groups**: Held within existing community activities (peer support, affordable food, creative/social groups). Used word prompts to create mind maps/spiral diagrams; responses scribed, sometimes in multiple languages.
- **Observation & Reflection**: Researchers recorded recurring themes and relevant individual experiences.

Guiding Principles

- Built on trust within communities.
- Allowed choice in what participants shared, avoiding restrictive questions.
- Topics were chosen through initial consultation with communities.
- Always explored what actions participants would like to see.

Collaborative Process

- Researchers met regularly to:
  - Reflect on community observations.
  - Review and adapt methods.
  - Identify emerging themes.
  - Consider potential actions.

Outcomes

- Identified common themes and desired actions across different community groups.
- Generated rich, qualitative insights through both participant input and researcher reflections.
- Strengthened understanding of community experiences over the course of the research.

Community Voices

"I've never had such a strong sense of community before I lived where I am now and it's just the neighbours all know each other, asking how each other is, being neighbourly really, having cups of tea round at each other's houses and having a chat. Also being there when people are in need as well. I remember seeing one guy down the ally way – he couldn't walk, hanging on to the fence – I had to call an ambulance for him and sit and wait with him, I just saw him from the top of my balcony and thought I can't ignore him, because he's someone who lives round here so I just went down and asked if he was alright."

It changed their life.. they could see where they would be, if they hadn't gone to that one (community group), they ould still be stuck at home. I el the same, I was lost.

"Having workers from the same background who speak the same language helps build confidence and makes it easier.. as it fosters mutual understanding and smooth communication."

"I got treated badly on the bus, people saw it, but no one helped me"

We don't have any support groups locally for neurodiversity or LGBTQIA+ e.g. peer support .And Mental health support.
Theres nothing like that in my community.

"I feel stronger because I know I'm not alone"

It's very important to me to feel that I belong.. it is nice feeling needed and useful

"My midwife didn't guide me , my GP failed to acknowledge my trauma"

Community Voices

It’s definitely made me feel included. It’s when people don’t have any family and they’ve got nobody else to talk to on just a daily basis, then their community is the only place they're going to feel part of a small family.

“I feel I struggle to be who I am, I am a Muslim woman and wearing a hijab, when I take the bus people look at me as a stranger, it takes my confidence and self- esteem away“

(some people) are nervous to go to the GP. For ADHD and autism diagnosis it’s the first port of call and some things that you think are so small and insignificant you don’t want to trouble the GP or embarrassed to go, but if (there's) something like the health hub where you can just drop in and talk about any concern, this helps.

Boys and Men don’t talk about this stuff (mental health) it affects their masculinity”

(In my childhood), we never came across any mixed-race kids ever… so we were a target. 'Unless people like me are listened to about our experience, those kids will have a hard time’

Empathy helps people to be kind to people. There is a lack of empathy going on. It shows itself in how people move into right wing politics.

"I felt isolated for one year — this group gave me hope.

Getting out of the house and not being a hermit and not being stuck in your own head all day is very good for your mental health, it’s definitely brought me back nearer to myself than I was and getting help -things like food and conversation

Case study 1

Case Study: Gaps in health services and follow up support for elderly woman, community-based support and advocacy was a lifeline
C is in her eighties and is generally very active, independent and sociable. She has a strong character and likes to live life to the full. She sometimes finds family relationships difficult and uses walking in the local countryside to be grounded and to destress.

C is likely neurodivergent (although undiagnosed, she identifies with many of the challenges and impacts of ADHD), she has lived a full and eventful life, is well educated and well spoken. She lives as a council tenant in an areas of high deprivation in Brighton. Her flat is up four flights of stairs – she says they keep her healthy and fit. She really values where she lives 'I love it here!', especially with the access to the Downs, the city and the sea as well as the sense of community.

During the winter, C had an accident in town and fractured her ankle. She went to A&E and was x-rayed and treated for it – it was a serious injury that she couldn't walk on without support of a crutch and was given a supportive boot. She was advised to rest and elevate her foot as much as possible for the next 2 months and that full healing would take 6-12 months.

C did not have a discharge assessment, nor in person follow up after she left A&E. She lives alone and was made very vulnerable by her new lack of mobility. She had intermittent support from a family member, but they were overstretched. C did not have digital skills to be able to access online shopping for food and essentials, nor anyone in place providing care/ shopping or home help.

A community worker had met C previously at a local group, heard about her injury and checked in. After speaking with C, she did referrals to Adult Social Care and to the hospital discharge service, C did not meet the criteria. Adult social care phone and C said she was 'fine', as she didn't know if she could trust who she was speaking to. She was in fact still struggling to access regular food/supplies. The Community Worker did referrals for digital support and supported C to do her first online shops. She also referred her to a social prescriber who would be able to support her 1:1 more holistically.

The Community Worker had met C at a local group and as trust had developed, identified some key support needs: she did referrals for essential equipment (C had a broken cooker and was living off cooking on just one hob). She also accessed a grant for a new bed. She introduced C and the rest of the group to local food support as food insecurity was an issue for C and for some of the others attending. C is very independent and didn't want to cause a fuss or ask too much of anyone. The Community Worker also identified a need by C and others locally around budgeting and money advice and supported access to Citizens' advice and Money advice Plus; C was finding it hard to keep track of incomings and outgoings , although her pension was adequate and finding herself in food poverty because she didn't have skills around budgeting. She had been widowed 10 years previously and her husband had had all financial control. C finds budgeting daunting, but with support is getting more confident about how to keep control of her finances.

The referrals for support took a while to come through, so in the meantime, the community group on her doorstep was an essential source of company and support. The community worker and social prescriber supported her collaboratively to ensure her basic needs were met.

C was very frustrated by the lack of consistency , unclear navigation and digitization of health services she was trying to access for follow up appointments – she was left unclear about how to help herself heal well. She accessed a local drop in health hub and saw a physiotherapist: this brought her relief and helped plug the gaps and delays.

In total, Cs recovery took 6 months for her to be able to move and walk well again.

- Health professionals at hospital assumed C was ok, rather than checking her circumstances with questions around support needs. It is possible that C made things seem ok but simple questions like who do you live with, what type of accommodation do you live in, would have revealed her needs. Services need to be neurodiversity informed and careful not to make assumptions around class/needs.
- Social services checked on her via phone after Community Worker referral– C didn't know who they were (confused by service names and types of support and responsibilities) and whether she could trust them. A home visit would have been much more effective. C slipped through the net as her basic needs – access to food - were not being met consistently. Fortunately, community- based support caught her, but this might not be the case for others.
- Community based provision of health and social opportunities was a lifeline – including tackling isolation (due to suddenly being mostly housebound), supporting mental health, creating opportunities for peer support, being close enough to be able to access with very limited mobility and giving the option of face- to-face health services as well as health advocacy.
- Referrals by the community worker and social prescriber significantly improved C's quality of life; they helped her navigate unclear systems and follow up on things and the collaboration between these services and their advocacy removed hidden barriers and meant she got the help she needed.
- The community worker identified other older residents living close by with similar needs around temporary support for shopping on bad days, food insecurity (and lack of awareness about local food projects), budgeting difficulties with loss of a spouse, digital exclusion/ need for training and functional equipment, isolation, neurodiversity challenges and lack of awareness of ADHD/Autism/OCD and therefore lack of support and strategies that may be relevant/ helpful.

Case study 2

Case Study: Supporting a Survivor of Complex Cancer Surgery and Systemic Barriers

Referred by a local food project, H is a mother of five children under the age of 13, with limited English and no family support network. She was diagnosed with cancer on her cheek, requiring a complex operation involving multiple skin grafts and an excision to her neck, followed by 30 days of intensive radiotherapy.

Post-surgery, she endured severe emotional and physical trauma, including a medical error that fractured her jaw, leaving her in chronic pain without appropriate aftercare or reassurance. She experienced racism as a Muslim woman wearing a Niqab, from hospital staff and delays in receiving an accurate diagnosis because of language barriers (she used the word mouth instead of jaw). As result, she struggled with isolation, mental health issues, navigating hospital aftercare services, accessing children’s school transport, knowing her rights, low confidence, and self-esteem.

As a community engagement worker, we guided her on how to make a formal complaint, empowerment to understand and assert her rights, help connecting with appropriate services, Support in rebuilding her confidence and sense of belonging

Quote:

“Thank you very much for your help. You make me feel as if I am at home and supported by my family, to ask about my right”

Impact:

She is now more confident, informed, and actively advocating for her needs and rights. Engagement support has been a turning point in her recovery, helping her regain control over her life and care.

This case study demonstrates the powerful impact of culturally sensitive, person-centred community engagement in supporting individuals facing complex health and systemic challenges. H's journey—from isolation and marginalisation due to cancer, racism, and language barriers, to becoming confident and self-advocating—shows how targeted support, advocacy, and emotional care can foster empowerment and recovery. It highlights the importance of addressing health inequities through holistic, respectful, and inclusive approaches. Training for health services to be more culturally appropriate is needed and better representation of diverse communities in services would develop trust and understanding, leading to improved health outcomes.

Hidden Barriers

Our research revealed that barriers to accessing services and support are often **hidden**, affecting individuals and communities in ways that are not immediately visible. These barriers can be experienced differently depending on cultural background, identity, or circumstances. The findings that follow explore:

- Hidden Barriers in - Racially minoritised communities
- Hidden Barriers in – Across all communities
- Hidden Barriers in - Specific community insight and intersectionality

Hidden Barriers: focus on racially minoritized communities

Stigma:

Mental illness: remains highly stigmatized in many cultural groups, often perceived as a personal or family failure. This discourages individuals from seeking help and reinforces their silence around emotional distress.

Expressing illness is stigmatized in many cultural groups and especially for men as it is seen to show weakness and impact their sense of dignity.

Cancer screening: is stigmatized in some cultures – as there are sensitivities around men's and women's privacy and health-training, cultural awareness and understanding by medical professionals is needed.

Learning Disabilities and Neurodiversity are not recognized or the diagnosis unaccepted in some cultures.

Institutional Mistrust:

Historical discrimination and ongoing inequalities in health care have created a deep mistrust of formal mental health system among minoritised communities

Immigration and Mental Health:

Uncertainty around immigration services and legal status can have a profound impact on individuals' mental health. This stress and anxiety often lead to reduced engagement with health services

Lack of youth provision for people from diverse backgrounds:

Parents highlighted a gap in peer support for young people, noting that access to such support could boost confidence, raise aspirations, increase awareness of available resources, and improve their ability to seek help when needed.

Hidden Barriers: across the communities

Language and communication

Even native English speakers expressed that the language used by services is often unclear and hard to understand. This includes assumed knowledge, jargon, acronyms, over complicated information. This is compounded when there is a reliance on digital access to services. Communities called for simple, easy to follow, printed information where possible. Many people shared that they found long telephone options confusing and frustrating. Some people shared experiences of being given the wrong information by receptionists/ gatekeeping behaviour which made them give up on getting the help they needed.

People with communication challenges (e.g. Learning disabilities, neurodiversity) found face to face appointments essential, so they could read body language and/or check information with a professional when they were unsure.

People from a range of different communities talked about GP's facing their computers instead of turning to talk to them and listen. This impacted their trust of health services. Some people expressed that it would be useful to be able to have simple notes provided after an appointment, or an audio recording to help them remember what was said. Others took a trusted buddy to help them interpret/remember afterwards when they could.

Caring responsibilities

People juggling caring responsibilities were more able to access services/ support / opportunities if it was in their neighbourhood and didn't mean they had to travel far, because they were only able to get out for short periods of time to do things for themselves; if at all. This also reduced worry about leaving the person they cared for too long or making it back for school or nursery pickups. It also helped when times were flexible e.g. drop in because of variable health/ needs e.g. 'good days and bad days. Parents expressed the need for childcare support to be factored into some services to make them more able to access them, e.g., ESOL classes, employability support.

Digital exclusion

Access to technology such as smart phones and computers really varied across the groups we spoke to. Some people told us they wanted to learn how to access things like the NHS app but needed support to get started and to practice. Others didn't have the equipment available and felt isolated by 'everything being online'. Some services designed to support digital skills failed to be consistent enough to be helpful or to listen to the needs of the people seeking training. Others really helped.

Mental health

Some people we spoke to had periods of struggling to get out of the house due to anxiety or poor mental health. They said it helped when they could access drop-in groups/ opportunities or support on their doorstep. Having places to go and familiarity was very useful. Using public transport was a barrier.

Multiple health conditions

Many people we spoke to were managing multiple health conditions which meant the need for different appointments, specialists and medications. Keeping on top of these things was a struggle, especially with delays and the increased need to chase up. People felt that services could improve appointment systems and make things more joined up as well as give choice around point of access and how they received information.

Hidden Barriers: specific community insights and intersectionality

LGBTQ+

Some people reported uncertainty about whether local services and opportunities were LGBTQIA+ friendly, with services varying in how clearly, they communicated available support. Trust in health services among LGBTQIA+ residents was mixed, influenced by gender norms in public spaces, while peer support—particularly intergenerational opportunities—was highly valued. There were calls from both residents and professionals for more focused LGBTQIA+ health support.

Neurodiversity

Regarding neurodiversity, participants highlighted the need for clearer information and easier access to support, noting confusion around diagnosis pathways and medication. Charities and community groups face challenges in outreach due to limited capacity, funding, and volunteer training, despite clear demand. Informal peer support exists in several settings, offering opportunities for expansion through buddying, experience sharing, and professional input.

Some local groups are already taking an intersectional approach, supporting people who are neurodiverse, LGBTQIA+, and living with complex health needs.

KEY FINDINGS

Accessibility

- Very different communities face similar challenges in navigating services, requiring the same adjustments.
- Communities called for clearer language and more accessible systems, as well as face to face options to help them to get the support they need

Community Connection

Local groups foster belonging, purpose and wellbeing. Our findings show that people connected to local groups were more resilient, better able to access services, and experienced improved health and wellbeing. Localised peer support and advocacy were especially vital for overcoming barriers to accessing opportunities and services.

Rights and Advocacy

Information is difficult to access, and systems are complex. For many of the communities we work with, knowing their rights and feeling heard is a struggle. The vital roles of peer support, social prescribing, advocacy services and community workers have been highlighted.

Empathy

Our community members frequently talked about the impacts of empathy in community settings and a lack of it when experiencing discrimination in their neighbourhoods and from services. Communities seek more understanding from services.

Racism

Experiences of discrimination are common across public spaces, workplaces, and healthcare. These experiences were made worse by lack of intervention or support from others.
Some people we spoke to, didn’t know how to report incidents of racism; others did, and felt nothing changed. Action is needed to build people’s confidence around reporting racism and to support greater cultural understanding.

Cultural awareness

in services would be vastly improved with better representation and consultation of the communities who access them. Some communities we spoke to experienced services that did not understand their needs .

Representation

Lack of diversity in services reduces trust and confidence.

Accessibility

Key Challenges:

- Complex systems and lack of clear information make services and support difficult to access.
- Language and communication should be straightforward and user friendly – it often isn't.
- People with English as an additional language, learning disabilities and low levels of literacy can struggle to understand lots of written information, especially if there is jargon or implied knowledge.
- Communities can feel services are not for them if they haven’t been considered in terms of accessibility
- Some services and charities have cut outreach due to lack of funding – making things reliant on people travelling to access them. This can mean that people already facing multiple barriers (e.g. financial insecurity, mental health challenges, ill health, caring responsibilities etc) are less likely to access the services they need. It can also mean they don’t know what services are available.
- Digitised systems for services eg making appointments online or via apps can exclude people who haven’t got access to technology or haven't got the digital skills to navigate them.
- People value having information upfront, about what to expect and what accessibility measures are available.

Accessibility continued

Community Voice:

> "Why is everything so complicated? I went to the service that sent me a letter, and they didn't even understand it.“
> “sometimes people look at me like an alien when I say I don't have a smart phone”.

Researcher insight:

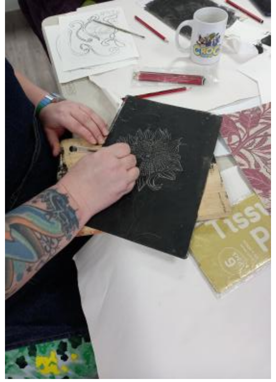
Through this research, we have developed a deeper understanding of how very different communities can face the same challenges/ need the same adjustments to make things more accessible:

Calls to Action:

- Use clearer, simpler language
- Provide face-to-face support
- Design services with accessibility in mind
- Support localised access to services and support for marginalised communities
- Increase capacity for outreach

Impact:
Improved user experiences, confidence and wellbeing

Community Connection



Impact

- Increased wellbeing
- Reduced isolation
- Greater resilience
- Improved health outcomes

Key Insights:

- Local groups foster belonging, purpose & wellbeing
- People connected to local groups were more resilien
- Localised peer support and advocacy were vital for overcoming barriers to accessing opportunities and services
- Being connected to local groups improves health outcomes and effectively tackles isolation

Community Voices:

"I live alone but that doesn't mean I'm lonely."

"By coming to this local community space, I was finally able to get the help I need."

"Just because I'm disabled doesn't mean I always want to be around disabled people!"

Researcher Insight:

Local groups can act as a vital lifeline for connection and as a stepping stone to accessing to support and other opportunities. Trust and community is built. People thrive where they feel valued and accepted. Some of the best examples we have observed are mixed groups where very different people come together for a shared interest or purpose. Informal buddying and being active together helps people to feel safe, build confidence, and strengthen their sense of belonging and integration.

Calls to Action:

- Statutory and third sector services to recognise the value of local groups in meeting communities where they are
- Consistent funding and support for localised community groups
- Services to work collaboratively with community groups to reach isolated and vulnerable people effectively and share best practice around inclusion

Rights and Advocacy

Impact:

- Improving Navigation of Services
- Increasing Individuals' confidence and autonomy

Key Challenges:

- Difficulty accessing information
- Complexity of systems and confusion about rights
- Women from diverse backgrounds can struggle to understand and access their rights

Community Voices:

"What is my rights?"

"They treat people fairly if they feel those people are aware of their rights."

Researcher Insight:

For many of the communities we work with, knowing their rights and feeling heard is a struggle. The vital roles of peer support, social prescribing, advocacy services and community workers have been highlighted in empowering people to access their rights and appropriate support, feel understood, navigate services and give constructive feedback.

Calls to Action:

- Consistent funding for peer support & advocacy for marginalised groups
- Resource creation and education for greater rights awareness, specifically for migrants, refugees and asylum seekers, adults with learning disabilities, people with low levels of education
- Community worker involvement in supporting groups to navigate services
- More representation and diversity across services
- Localised women's specific services around health – e.g. culturally trained women's health worker available at local health hubs and buddying

Racism

Impact:

- Isolation and negative impact on mental health
- Prevents integration in communities
- Restricts people's ability to thrive

Key Challenges:

- Discrimination in public spaces, healthcare, and workspaces
- Lack of support or action when incidents occur

Community Voices:

"I want to be part of the community, but I didn't feel welcome."

"Just being met with empathy instead of suspicion can be the difference between isolation and hope."

Researcher insight:

These experiences were made worse by lack of intervention or support from others. Some people we spoke to didn't know how to report incidents of racism, others did report it and felt nothing changed. The complexity of reporting incidents combined with lack of immediate action made people feel it wasn't worth doing.

Calls to Action:

- Build people's confidence around reporting racism
- Improve systems for reporting
- Increase training around racism and its impacts, give people tools and education around how to respond and how be an ally to victims of racism.
- Support greater cultural awareness in schools and workplaces, services etc
- Improve and strengthen action on racism in public spaces, including on public transport
- Campaign for an effective strategy and protocols to challenge racism on buses

Empathy

Key Challenges:

- Some service providers show a lack of empathy to the people accessing them, leading to poor support outcomes.
- Community spaces and volunteers vary in their empathy which can make people hesitant to access vital local support e.g. foodbanks

Community Voice:

> "Empathy does not make you have to have lived the same experience—it only asks that you care enough to try to understand."

Researcher insight:

Our community members frequently talked about empathy as a powerful part of community connection and lack of empathy as a source of isolation. People want to feel understood and accepted. In community spaces, helping and caring for each other is empowering and supports empathy and integration in neighbourhoods. Training around empathy would be beneficial in many settings.

Calls to action:

- Embed empathy and trauma informed practice in service design and delivery
- Training for community spaces, groups and volunteers around empathy

Impact:

- Empathy supports improved mental health and wellbeing in communities.
- Lack of empathy from some services is deeply felt
- Empathy improves service experience and reduces isolation

Representation and Cultural Awareness

Key Challenges:

- Lack of diversity reduces trust and confidence by service users
- Lack of diversity and training in some settings reduces empathy and understanding of the challenges people face
- Poor cultural awareness, understanding and lack of training in services leads to poor health outcomes for marginalised communities.

Community Voices:

"I feel safer if I see someone like me there."

"When some women cover their face, this is part of our identity."

Researcher Insight:

Some of the communities we spoke to experienced services that did not understand their needs. This led to people not receiving the support they had a right to, or otherwise not being able to access the support at all. Cultural awareness in services would be vastly improved with better representation, training, and active consultation of the communities who access them.

Calls to action:

- More diversity at all levels within services
- Cultural competency training
- Inclusive consultation

Diverse representation empowers communities to access better support.
Services with diverse staff teams are likely to be proactive around inclusion and advocacy.

Research Outcomes and Action

Collaboration

Having the opportunity to work together internally and learn from each other about the different communities we support has been a significant outcome of this research. We have been able to gain deeper insights into the range of experiences of people who live here.

Next steps: we would like to develop some training and physical toolkits based on our research findings to share with communities and service providers

We've already been able to support action around some of our key findings

"Working as a community researcher has helped me learn more about other communities such families living in Whitehawk and Adults with Learning Disabilities. I discovered that, just like ours, they face similar challenges and barriers. This shared experience has deepened my understanding and connection with them." Maha

Actions

Walking projects

> “For me, getting out and meeting other people is the best thing about these walks”

During this research, Sara has been working with local green space groups to test a walking project with the aim of encouraging people to explore their local area together and to make walking as accessible as possible, to support health and wellbeing. Through consulting and using participatory observation, Sara has gained deeper insight into what stops people accessing nature (and the connected health benefits) and what makes the walks truly accessible. Over 200 local people have now participated in the 7 walks over 7 months. Many of these people hadn’t walked in the local green spaces due to a range of barriers including lack of confidence, not knowing where to go, being unsure of the terrain/ that they could manage the distance. Sara also used walks to conduct some of her interviews.

As a result of the research, Sara has connected more diverse audiences to these walks and has been able to act on feedback from one event to another – for example, helping to plan walks that were super short and flat, as well as longer ones that were downhill only (with a bus / transport provided to the start at the top), including information about toilets, terrain and rest breaks. This has meant people with significant mobility challenges and acute health conditions have been able to take part. We have also been able to reach people that expressed struggling with mental health and or isolation through targeting information about these walks to local groups and spaces. We hired an all-terrain wheelchair for one participant for the walk after this was suggested, because his wheelchair was unsuitable for grassy slops and uneven ground. We had to hire one from outside of the city as none were available in Brighton and Hove. This highlighted both a need and an opportunity for action by green space groups/ the council. The wheelchair hire meant he could access parts of the Downs close to his home that he had only seen from a distance.

The groups are now also campaigning for benches to be installed at key points, to help people with mobility challenges and chronic fatigue. Sara also worked with a charity to support accessible walks for adults with learning disabilities. Some went on to join the general walks in their community.

Fatima Began to encorage the group she work with to walk and talk together. This simple activity has been powerful in reducing isolation, building confidence, fostering connections and helping people support each other while accessing wider service.

Actions

A new local multicultural women’s group

Sara: Going to Maha and Fatimas peer support group for migrants, refugees and asylum seekers showed me how valuable it was for people from diverse communities to connect and share experiences. It was a real lifeline in terms of being able to navigate tricky systems and access advocacy too. I saw the need to connect people to opportunities local to them.. Maha and Fatima gave me the confidence to reach out to women from diverse backgrounds in Whitehawk about starting a group there. The outcomes from this new group have already been inspiring; women attending have connected more with local opportunities such as events, walks in local green space, volunteering opportunities. Many of them said they felt isolated and were pleased a new group was forming. They have been able to access support that they weren’t previously aware of such as affordable food projects nearby and cycling training for women. They have been able to share experiences as neighbours, living in the same part of the city and advocate for each other around accessibility and service provision. The group is growing and now TDC is going to support them around governance, so that they can constitute and raise funds for activities they would like to be available in their area, including women's only swimming lessons, sewing machine training and cooking together sessions.

> “I’ve made friends with people who can’t speak my language, and I can’t speak theirs, but we connect and speak English together.”

WHITEHAWK MULTICULTURAL WOMEN'S GROUP

Thursdays 11am-1pm

3rd July ~ 17th July ~ 31st July
14th August ~ 28th August,
11th Sept~ 25th Sept

Whitehawk Family Hub

Next to Wellsbourne GP, in front of the library

Free refreshments

Meet new people
Find out what's on in your local area
Celebrate different cultures
Try new activities
All ideas welcome!

Supported by
Trust for Developing Communities
THE NETWORK of INTERNATIONAL WOMEN FOR BRIGHTON & HOVE

Contact Sara for more info:
Trust For Developing Communities
Sarafernee@trustdevcom.org.uk
We have a WhatsApp group! txt: 07307 683 581

Actions

Peer led digital support sessions developed in community spaces

We have developed a **voluntary digital support service** in response to the increasing shift towards online systems within health and public services. This service is designed to assist clients who experience difficulties with:

- Accessing and navigating GP services,
- Completing online forms and applications,
- Using digital tools and platforms more generally.

By providing this support, we aim to reduce barriers to essential services and promote greater digital inclusion. Importantly, the digital support is embedded within our wider **peer support offer**, ensuring that it is delivered in a trusted, person-centred environment where clients feel comfortable seeking help. This integrated approach not only builds digital confidence and skills but also strengthens overall wellbeing by making services more accessible.

Actions

We really listened. Developed relationships and time investment in communities through this research, led to improved outcomes for individuals and groups we were working with.

Belonging
lets
Acceptance
learn
from each other

Our community relationships built on trust, gave us deep insight into how inequalities are experienced and enabled us to amplify voices often excluded from service design.

We are exploring different ways to share our research with different audiences, including more visual ways of using key words and images. We would like to develop a poster campaign around empathy to share on buses, where many people said they has experienced incidents of racism. We would like to share other key messages in community spaces. We have also produced a short video about this research.

Scan the QR code to watch the video

Outcomes with services

We consulted some key partners and services about this research already, to begin to share community voice with them and to understand what the gaps, opportunities and scope for action was, from their perspective - around accessibility and inclusion.

Willingness to collaborate meaningfully – they valued the insight into communities and hearing community voice

UOK and Brighton Mind committed to sharing resources in the toolkits and supported the idea as a practical action

Recognition around the value of local or neighbourhood provision:
Neighbourhood health hub pilot already working and neighbourhood teams are part of wider NHS strategy
Challenges identified by other charities and services around capacity/ systems for communicating effectively when capacity for outreach is limited

Opportunities for sharing resources:
to put into a physical toolkit for community spaces and people working directly with communities.

Some professionals within statutory services recommended compulsory training for all public facing staff around empathy and trauma informed approaches. They suggested that contractors going to people's homes should also be recruited with this as a requirement.

Speak Out: have actively connected with us and are looking to support raising awareness around learning disabilities in diverse communities by attending the peer support group and committed to working collaboratively with TDC equalities team to reach more people with learning disabilities in the city and increase the diversity of their membership

Acknowledgment around need for improved diversity and representation

Opportunities for collaboration around communications:
Shared mental health campaigns using community voice, skills and resourcing around accessible printed materials

Reflections

- The wide scope of the research was both a challenge and a highlight.
- We engaged directly with over **110 participants** through interviews and group work, and indirectly with around **300 more** through participant observation in community activities.
- Every level of involvement was valued, contributing to a strong evidence base and powerful insights into **accessibility and inclusion** in Brighton & Hove.
- The 1:1 interviews were particularly meaningful, giving 17 participants the time and space to share what mattered most to them.
- **Key Learnings**
- We were struck by how communities with very different backgrounds often benefit from the **same types of actions** around accessibility — making a strong case for services to pay attention and act.
- We were also positively surprised by how **willing and passionate** people were to share their experiences, showing the value of trust and safe spaces.
- **Collaboration & Growth**
- Working together as community researchers was a rewarding part of the process. We compared experiences across communities, shared learning, and supported each other.
- Through this journey of **participatory action research**, we deepened our understanding of ourselves, our assumptions, and our collective passion for tackling inequality.
- We grew in confidence as researchers, benefitting from the training and ongoing support provided.
- This project has not only strengthened our skills and self-esteem but also positioned our organisation to grow, **drawing on community voices** and advocating for change.

What We Heard:

- Barriers to accessing services and support are shared across diverse communities
- Empathy, advocacy, and representation are essential
- Community connection is a lifeline

Implications:

- Inequalities in access to services persist.
- Local solutions work well and could be scaled.
- Inconsistent 3rd sector funding threatens support for the most vulnerable.
- Lack of diversity in services reduces community trust.
- Collaboration with lived-experience researchers is key to fairer health outcomes.

Deeper connection between us as colleagues and neighbours, the research together has opened opportunities for sharing each other's cultures, experiences, learning, ideas and challenges. Deeper empathy between us has led to openness, care and kindness.
We have been able to ask more difficult questions of each other as trust developed.
The research experiences have given us more confidence to work with people from cultures different from our own and raised our self-esteem as a result– allaying fears: will people want to talk to me if I look different to them?
We have worked alongside each other and noticed that people are naturally drawn to sameness and that sometimes misunderstandings happen when:
-people don’t know what to say/do
- don’t feel safe to ask questions
- don’t feel that they can trust each other
- feel disconnected/ that there isn’t something that connects them.

People who are minoritised in any context can need support to feel welcome. As CRs we have been able to help each other introduce ourselves and bridge difference; modelling integration. **The rich learning and outcomes from this has been a clear argument for diverse workforces in services.**

Recommendations

- **Recognise the value of local community groups and peer support in improving people's health and wellbeing**
- **Use clearer language, printed information and simpler systems for accessing support**
- **Offer alternatives to digital access, face to face appointments are crucial**
- **Increase community based digital support**
- **Increase outreach and advocacy services**
- **Develop focused health and advocacy support for women**
- **Expand localized health services in community settings**
- **Improve representation of diverse communities in services**
- **Provide training for services and community spaces around cultural awareness and empathy**
- **Improve action on racism and systems for reporting**
- **Listen to communities to improve accessibility of service design**

Research Summary

This project, led by Trust for Developing community's (TDC) researchers with lived experience, explores health inequalities in Brighton and Hove. Many residents-particularly those from racially minoritised, migrant, refugee, LGBTQ+, neurodiverse, disabled, and low-income backgrounds-face barriers to living healthy lives. These include inaccessible services, discrimination, digital exclusion, under-representation in policy, and inconsistent long-term support.

Over 12 months, the research team engaged communities through 17 interviews, 4 focus groups, Plus surveys, and participatory observation sessions. Using creative and accessible methods such as walk-and-talk, interviews, peer support groups, and story cards, the study prioritized community voices. Key themes that emerged were accessibility, community connection, rights and advocacy, empathy, representation, and the persistent impacts of racism and discrimination.

Findings shows that people connected to local groups were more resilient, better able to access services, and experienced improved wellbeing. Peer support and advocacy were especially vital for navigating complex systems. The outcomes already include new walking groups, multicultural women's groups, and advocacy initiatives linking residents with local services.

Ultimately, our research reveals both challenges and practical solutions, demonstrating the importance of inclusive, community-led approaches. Its insights can guide policymakers, practitioners, and communities' workers to collaborate for fairer health outcomes.

Conclusion

In Conclusion

1) Long term funding and support for local groups and service provision in community settings will meet people where they are and improve continuity

2) Recruitment and training will improve community representation and increase cultural understanding

3) Advocate for community engagement around accessibility needs: listen and act on their feedback!

For more information about this research:

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Developing
Communities