Trust for
Developing
Communities

Community Voices: Barriers, Strengths & Actions

Insights into Accessibility, Belonging, Advocacy & Wellbeing

Research Report 2025

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1. Executive Summary

This Community Participatory Action Research (CPAR) cohort 3 project 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. Through community-led, relationship-based inquiry, the research explored how residents from these backgrounds navigate health, social care, and community systems.

Over 12 months, the research team engaged more than 110 participants through interviews, focus groups, surveys, and extensive participatory observation in community activity spaces. Findings reveal hidden barriers including language and communication challenges, digital exclusion, discrimination, fragmented systems, and insufficient outreach that restrict people's ability to access services, understand their rights, and thrive.

The research highlights the protective role of community connection, peer support, advocacy, and culturally responsive, neighbourhood-based provision. Local groups act as lifelines for belonging, confidence, and improved wellbeing. Community-led actions emerging from the research have already resulted in new multicultural women's groups, enhanced accessible walking programmes, and voluntary digital support services.

Key recommendations were made across six thematic areas, for statutory and voluntary sector partners to hear what the community voices were saying and act.

Accessibility:

- Improve accessibility and communication
- Reduce jargon and simplify written materials.
- Provide clear, printed information in multiple languages.
- Increase alternatives to digital-only access.
- Expand digital inclusion support
- Provide ongoing digital skills training and assisted access points in community settings.

Community Connection

- Strengthen localised provision
- Invest in long-term funding for neighbourhood-based community groups and health support.

Rights and Advocacy

- Increase advocacy and rights awareness

- Resource peer support and advocacy services for marginalised groups.
- Co-produce rights education materials tailored to different communities.
- Embed culturally appropriate women's health workers in community settings.

Racism and Discrimination

- Strengthen anti-racism infrastructure
- Develop accessible reporting pathways and ensure transparent follow-up.
- Support campaigns addressing racism on public transport and in public spaces.

Empathy

- Provide mandatory cultural awareness, trauma-informed practice, and empathy training.
- Embed community voice in service design
- Create systematic feedback mechanisms.

Representation and Cultural Awareness

- Invest in diversity and cultural competence
- Improve representation across services.
- Involve community researchers and residents in co-design and evaluation.

Click below to watch the video

2. The Research Team

This research was undertaken by three Community Researchers at the Trust for Developing Communities (TDC):

Fatima Aliyu

Maha Mustafa

Sara Fernee

Collectively, they brought extensive lived experience and long-standing engagement with residents facing social, health, and structural inequalities. Their established trust and presence in communities enabled meaningful access to voices often excluded from research and service design.

They took part in the CPAR Cohort 3 training and mentoring programme delivered by the University of Reading, Scottish Community Development Centre (SCDC), and Institute for Voluntary Action Research (IVAR) and funded by the Workforce Training & Education Directorate, NHS England Southeast.

3. Introduction

Brighton & Hove is home to vibrant and diverse communities, yet residents from marginalised groups, including racially minoritised communities, migrants, refugees, LGBTQ+ residents, neurodiverse people, disabled residents, and those with low incomes, continue to face substantial barriers to health equity. These barriers include inaccessible or fragmented services, discrimination, digital exclusion, limited representation in public-facing roles, and a lack of long-term, neighbourhood-based support.

This research sought to centre community voice and document lived realities and amplify perspectives that remain underrepresented in decision-making and service development. The participatory nature of the project aligns with CPAR principles, emphasising co-production, empowerment, reciprocity, and the generation of actionable insights through relationship-based inquiry. The project builds on TDC's commitment to inclusion, equality, and community empowerment, and forms part of NHS England South East's programme to strengthen community-led research and equitable health outcomes.

4. Aims and Objectives

4.1 Aim:

To understand hidden barriers experienced by marginalised communities in accessing services and support, and to identify community-led actions that can strengthen wellbeing, belonging, and equity.

4.2 Objectives:

To explore and document the everyday challenges residents face when navigating health, social care, and public services.
To identify community strengths and informal support systems that contribute to wellbeing.

To co-produce insights and actions with community members, highlighting feasible local solutions.

To inform service providers, system leaders, and policymakers about opportunities to strengthen inclusion, accessibility, and equity.

5. Methodology

5.1 Context

This research took place across multiple neighbourhoods in Brighton & Hove, engaging residents connected to food projects, women's groups, peer support spaces, and groups for adults with learning disabilities.

5.2 Research Design and Approach

The study employed a qualitative, community-embedded research design, supported by regular training, mentoring, and reflective practice.

Key methodological features included:

- Co-designed research focus: Themes were selected through preliminary conversations with communities.
- Relationship-based data collection: Researchers used trust built through their roles to create safe spaces for disclosure and honest dialogue.
- Flexible and inclusive methods (to meet participants' needs) including:
    I. 17 in-depth interviews
    II. 1:1 conversations
    III. 4 focus groups
    IV. 24 paper surveys
    V. 7 months of participatory observation
- Conversation cards
- Iterative learning: The team met regularly to reflect, identify emerging patterns, and adapt methods in line with CPAR practice.

5.3 Participants

Participants were aged 25–82 and represented a wide range of cultural, linguistic, social and health backgrounds. Engagement included people with multiple health conditions, neurodiverse residents, migrants and refugees, carers, people facing mental health challenges, and individuals experiencing isolation, discrimination, or complex life transitions.

6. Key Findings

The findings are structured around six interconnected thematic areas identified across communities.

6.1 Accessibility

Service systems were described as complex, inconsistent, and difficult to navigate.
Language used by services was often inaccessible, full of jargon, or assumed prior knowledge.
Digitised systems (apps, online booking, phone queues) excluded people with low digital skills, limited data access, or disabilities.
Caring responsibilities, mobility issues, and public transport barriers constrained people's ability to travel to centralised services.
People valued clear information in simple formats, face-to-face interaction, and neighbourhood-based support.

6.2 Community Connection

Local groups acted as essential lifelines, fostering belonging, strengthening mental health, and reducing isolation.
Mixed-identity groups (e.g., diverse ages, cultures, abilities) enabled integration and trust-building.
Peer support and informal advocacy embedded within community spaces helped residents overcome system barriers and access additional services.

6.3 Rights and Advocacy

Many participants lacked awareness of their rights, including entitlements within health care, housing, education, and complaints processes.
Women from diverse backgrounds frequently struggled to navigate systems independently.
Access to advocacy, social prescribing, and trusted community workers was pivotal for enabling help-seeking and self-advocacy.

6.4 Racism and Discrimination

Participants reported incidents of discrimination in healthcare, public spaces, and on public transport.
Experiences of racism were compounded by a lack of bystander intervention, unclear reporting routes, and inconsistent follow-up.
Discrimination significantly affected confidence, mental health, and willingness to access support.

6.5 Empathy

Many described a lack of empathy in interactions with services, leading to distress, confusion, and avoidance.

Conversely, empathetic encounters in community settings were linked to increased wellbeing, trust, and engagement.

6.6 Representation and Cultural Awareness

Lack of diversity in staff teams led to mistrust, miscommunication, and feelings of exclusion.

Poor cultural awareness contributed to misdiagnosis, inadequate follow-up, and missed opportunities for preventative care.

Culturally appropriate, women-led and language-specific support was valued and often transformative.

7. Reflections and Actions from the Project

Working together as community researchers was a rewarding part of the process. We compared experiences across communities, shared learning, and supported each other. 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. In strengthening our skills and self-esteem, it has also positioned our organisation to grow and advocate for change.

A significant outcome of this research was the deeper insights we gained into the range of experiences of people who live here. 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.

7.1 Actions Already Taken

- Accessible walking groups redesigned to meet mobility needs and reduce isolation; over 200 people participated.
- Formation of a multicultural women's group fostering belonging, skills-building, and local advocacy.
- Voluntary digital support sessions established to help residents navigate online health and public services.
- Increased cross-organisational collaboration, including work with mental health charities and neighbourhood health hub

8. Recommendations

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