

Greening up¹ your Building or Group

There are sometimes barriers to opening up a building for community use. For example, under 18s are banned from entering one Council-run learning disability day centre, for 'safeguarding reasons'. However, staff may support people to go to a private organisation which offers archery!

A mental health fishing club in Aberdeenshire successfully opened up to the local community and elsewhere, a mental health quiz night was so popular that the group now run quizzes in pubs far and wide. See the NDTi handout 10Q on 'exclusion-proofing red and amber services'.

Sometimes a community can be revitalised through a new multi-purpose facility. For example, the Bunny Hill centre in Sunderland contains adult learning, a library, primary care, meeting room, children's centre, nursery, housing office, gym, minor surgery unit, retail pharmacy, and a cafe - in total, it employs 160 staff and served 270,000 users in its first year.

The community can be a model of how to arrange services within your building, with shops instead of free services in the dementia care home, for example².

John McKnight³ has suggested that a health or social care building, such as a health centre, can help with community building through:

- 1. Advocacy Joining a coalition of neighbourhood groups, medical leaders can lend their weight to local community development efforts.
- Convening a local health centre convened leaders of forty neighbourhood groups to create a coalition to focus on improving the condition of housing in the area. Because local medical groups deal with so many diverse local interests and leaders, are often are in a unique position to call these groups together to focus on local issues.
- 3. Economic power often, local medical systems have economic credibility that other local institutions and organisations do not. Recognised as good stewards of public funds, they can receive and use funds to benefit the community.
- 4. Personnel people working in local health centres have many skills in addition to those related to providing health care. The president of one local hospital reports that, 'the intelligence or our staff, as accountants, architects, as spokespeople, was put at the community's disposal. We helped the neighbourhood organise politically so that it was in a

¹ This is a reference to the Inclusion Traffic Lights – see Bates, P.; Gee, H.; Klingel, U. & Lippmann, W. (2006) Moving to inclusion *Mental Health Today* April, pp16-18

² https://www.theguardian.com/social-care-network/2017/jul/31/care-homes-future-paulburstow?CMP=share_btn_tw

³ Adapted from McKnight J (1995) *The Careless Society: Community and its counterfeits* New York: Basic Books pp73-4.

With thanks to all the people who contributed ideas during NDTi training sessions

position to bargain for government resources on its own. We haven't got any money of our own, but we're smart and ambitious and we can be a catalyst.'

5. Space – often, medical facilities have space unused during various times of the day. In overcrowded urban neighbourhood, this space can be a valuable asset.

We have noticed that some day centres for people with learning disabilities or mental health needs are being converted into community venues, open to the general public. Here are some reflections on this, gleaned from people we have talked to.

- Sometimes the service decides to give the centre to the community without checking whether the community has a need. They might not want it, or there might already be enough venues like this, and adding yours could threaten the viability of the other venues. Your building may not be in a good place for community use and it may carry a stigma which might be hard to overcome – just think of those places that are still known as workhouses, generations after they converted into hospitals.
- Running a community centre is a skilled undertaking that may be better done by experts rather than people who have transferred over from social care. They operate in a different policy and cultural environment and your staff may not know how to make it work.
- Opening up the building to the public may be just a cowardly way to avoid the challenge of supporting people who need the most inventive and creative solutions to achieve a life beyond services.
- The community may need to prepare with disability and inclusion training. The disabled community may need to prepare by learning about equalities and how to welcome people who are different from themselves. Plan the process of engagement so that everyone has a good time, grows in understanding and is not scared off.
- It is crucial to avoid segregation within your building, so instead, demand that groups who hire room space from you offer opportunities for service users to engage with their activities. Rigorously identify and challenge any signs that a new kind of apartheid is forming. See everyone as gifted and find ways in which people can build reciprocal relationships that will knit the different groups together within the building. Utilise timebanks and credit unions, perhaps rather more than asking members of the public in to serve as volunteers, and so ensure that relationships are reciprocal rather than one-way. Collaborate on running community exhibitions and festivals.
- Policies will need rethinking for the new arrangements, especially in relation to achieving safety whilst supporting included lives. Find a way for mums and small children to engage, as they are good at making community and challenge us to blend safeguarding and inclusion properly. Blend long term and single visit involvement so that people can find their own level of engagement.
- Change the name, staff the building at evenings and weekends, create shared dropin spaces like a bar, cafe and garden, provide quiet chill-out spaces and open individual classes, groups and activities to all. Offer the use of a changing places toilet to the whole community. Use the walls to provide information to everyone about everything that happens in the building and beyond it.