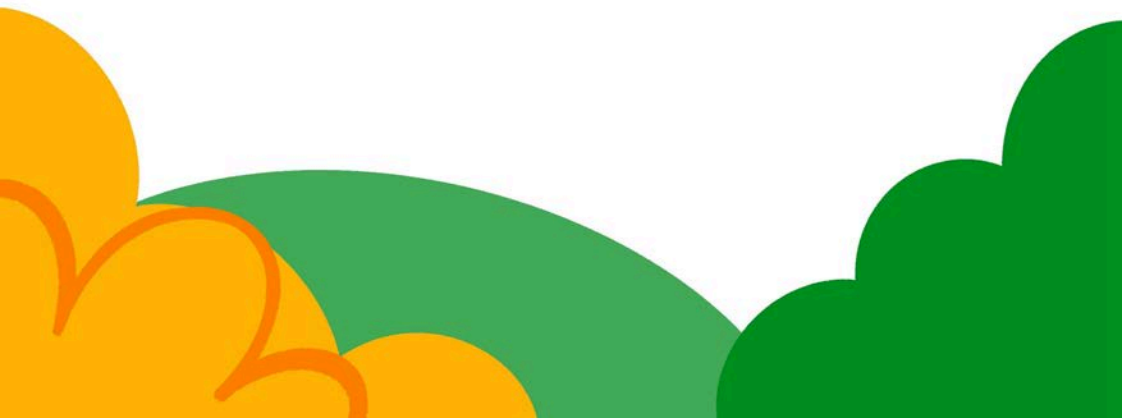




| **HCT**

Healthy Communities Together

**Learning from
Adaptive Actions**



hctleeds.co.uk







HCT

Healthy Communities Together

Healthy Communities Together (HCT) is a collaborative initiative dedicated to transforming healthcare systems and reducing health inequalities for some of the most marginalised communities in Leeds; Refugees and Asylum seekers, Gypsies and Travellers, Sex Workers, and Trans and Non-Binary people. HCT believes in the power of collaboration between healthcare professionals and our communities. By placing people with lived experience at the heart of service design and decision-making, HCT ensures that healthcare services are tailored to meet the needs of our communities.

Healthy Communities Together (HCT) works in partnership with Leeds Asylum Seeker Support Network (LASSN), Leeds Gypsy and Traveller Exchange, Basis Yorkshire, and Yorkshire MESMAC, and collaborates with Leeds City Council Public Health, the NHS, and other key stakeholders to drive systemic change.

HCT is supported by The King's Fund and funded by The National Lottery Community Fund, the largest community funder in the UK.



The King's Fund



What is Adaptive Action?

A key strand of HCT work is through the use of Adaptive Action—a workshop methodology that offers a structured yet flexible approach to understanding and addressing complex issues. It encourages participants to analyse challenges, explore possible solutions, and take actionable steps.

Through these Adaptive Action workshops we can deal with complex problems by reflecting and adapting as we go.

Adaptive Action involves asking three simple but important questions:

1. What? – Understand the current situation and people's experiences of it.

2. So What? – Make sense of what you've learned and why it's important.

3. Now What? – Decide what to do next and how we could make it better.



Adaptive Action helps create a collaborative space where everyone, from community members to decision-makers, can contribute equally to identifying and addressing persistent barriers in the health system.

OUR COMMUNITIES

SEX WORKERS

**GYPSIES &
TRAVELLERS**

**REFUGEES &
ASYLUM SEEKERS**

**TRANS & NON
BINARY PEOPLE**



We ran 7 Adaptive Actions, working with our community members and healthcare professionals to explore experiences of healthcare services.

The learning from the Adaptive Actions that we share in this booklet does not seek to highlight all barriers experienced by our communities. It is just a little insight into what our Adaptive Actions uncovered and what participants have shared with us.

While some insights and quotes are from specific communities, these learnings may reflect the barriers and challenges experienced by all our marginalised communities.



Welcoming, Compassionate & Inclusive Care

Welcoming, compassionate, and inclusive care is about making every patient feel seen, heard, and valued. Yet, for many—especially those from marginalised communities including Trans and Non-Binary people, Refugees and Asylum Seekers, Gypsies and Travellers, and Sex Workers—accessing healthcare can feel like an uphill battle. Misgendering, discrimination, stigma, rigid consultation practices, fear of judgment, and a lack of cultural awareness create barriers that leave patients feeling unsafe, unheard, and unwelcome.

By leading with kindness, respect, and open communication, healthcare providers can break down these barriers, rebuild trust, and create a system where everyone feels safe, supported, and empowered to seek the care they deserve.

During our Primary Care Adaptive Action session, a participant shared a reflection on the role of compassion and kindness in healthcare.

They spoke about how these qualities are 'often missing' in healthcare interactions, yet they are crucial for building trust and supporting patients.

“Compassion and kindness are often missing from those [patient-doctor] interactions. And if we're thinking about people [who] have had hard lives and trauma, [then] compassion and kindness just need to be our absolute starting point if we want to provide effective care to people.”

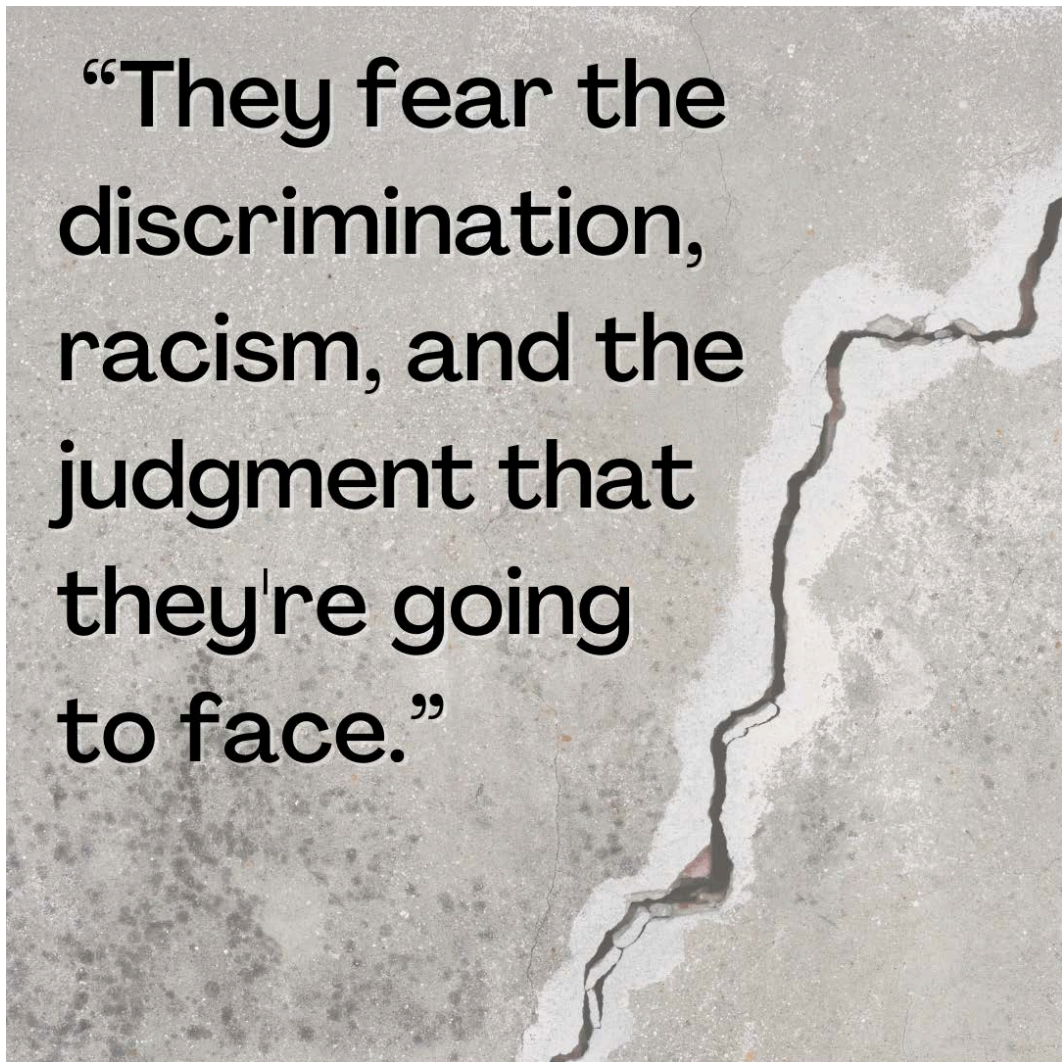


"We find a lot of the community are struggling to reach out for any mental health support until it comes to crisis point, and then when they have a negative experience, this shuts them down from accessing any mental health services again.

So certainly language needs to be dealt with, accessibility, and being more culturally aware."

- a Gypsy and Traveller during our
Mental Health Crisis Adaptive Action

**“They fear the
discrimination,
racism, and the
judgment that
they're going
to face.”**



“I see a lot of people getting help late, and the later they present, the higher the need.”

– a participant in our Adaptive Action
exploring Mental Health Crisis

Accessing healthcare can feel impossible for many. Marginalised communities often seek help only at the last moment, when their needs are most urgent.

This delay often stems from fear of being dismissed. A Sex Worker participant shared, *“Doctors will ask what’s wrong, then say, ‘Pick one thing to talk about,’”* leaving patients unable to address complex issues that have built up over time.



We heard from Gypsies and Travellers during our Primary Care Adaptive Action about how their *"ethnicity often means that they get a different service or a worse service. Sometimes you are refused registration [at a GP] because of where you live. So if you live in a caravan and you're moving around, you might not be able to to register because you can't prove your address."*

**“Sometimes you are
refused registration
because of where you live”**



It's hard to trust a
system that can't get
the basics right: like
pronouns.



"We're often misgendered from the outset. I still get the wrong name and title written on letters from my doctor sent to my home address... It makes you less likely to want or feel able to reach out for support."

A Trans person in our Adaptive Action shared that something as simple as using the right pronouns and title can be the difference between feeling supported or dismissed by healthcare providers.

**“I’d like to
change my
name and
pronouns”**



**“I got married
and need to
change my
name”**



Recently, a GP practice turned away a Trans individual requesting a name change while readily accommodating someone else who had just gotten married.

It's unacceptable that many Trans patients are told they need a Gender Recognition Certificate to update their details or are misinformed about their rights. Making patients jump through hoops to change their name or gender marker, often taking 6-12 months when it should only take two weeks, is a clear barrier to care.

- Integration of Care for Trans Adults: ICTA – A Mixed-Methods Study, National Institute for Health and Care Research Journal. This study echoes sentiments shared by Trans community members within our Adaptive Action workshops.

During our Adaptive Action workshop exploring Trans Inclusion Training, a Trans participant said,

“I’ve often had to do a lot of explaining to people about what it means to be non-binary”

In the same workshop, a healthcare professional acknowledged the need for healthcare staff to *“build trust and ensure you’re creating a safe [place] for someone to bring their whole self and feel comfortable doing that without also having to do a load of education in the process”*.



“I had one person who misgendered me and I corrected them and they went, oh, you know what I mean? Like, there was no need for that.”

A participant in our Adaptive Action exploring Trans mental health spoke about how healthcare professionals need to remember that the patient is the expert in their own identity.

“Being Trans is such an individual thing per person.

So there's going to be something you [healthcare professionals] don't know.”

–A participant in our
Adaptive Action exploring
Trans Mental Health





**See us
as the
individuals
we are.**

“People are not looked at as individuals. There is a prejudgement of what they are going to be like, do, or say. I’ve seen it happen; where there’s been something like the tone of voice and you see that person withdraw”.

A participant at our Primary Care Adaptive Action spoke about how prejudgment and biased attitudes in healthcare create feelings of discrimination, causing patients to withdraw and reducing trust and effective communication.

Another participant also shared, *“When someone comes to a reception to book an appointment, people have already predetermined what they think that person is about; as if they’re not going to go out of the way to try to understand or be empathetic to provide that support”.*



A number of interviewees relayed accounts that GPs had attempted to refer Trans people to the GIC for health issues that were not connected with a medical transition; with the GIC not functioning, some GPs had taken to referring people to third-sector LGBTQI+ or trans organisations, sometimes with physical health problems. Third-sector staff felt placed in an impossible position by such referrals.

- Integration of Care for Trans Adults: ICTA – A Mixed-Methods Study, National Institute for Health and Care Research Journal. This study echoes sentiments shared by Trans community members within our Adaptive Action workshops.

We need healthcare systems to take a more holistic approach to support Gypsies and Travellers well-being.

“[Healthcare services] need to consider people’s educational backgrounds or housing issues or whether they’re digitally included, access to benefits, etc. All these issues massively impact people’s wellbeing”

- a Gypsy and Traveller during our
Mental Health Crisis Adaptive Action

Healthcare isn't just
about physical health—
it's about education, housing, digital
access, and much more!



The language we use is important.



They
didn't reply

They didn't
show up

They didn't
answer
the phone

I'll keep
reaching out

I'm going to
check on them

Maybe they
don't have the
same number

“Would you say that to your friend? Or are you more likely to say that about people from marginalised communities?”

A participant in our Mental Health Crisis Adaptive Action spoke about how important it is to remove judgment and stigma when speaking to and about sex workers.

For sex workers in Leeds, positive experiences with services can build trust and encourage others to seek support. Every act of care has the power to create ripples of change, showing that safe, respectful help is out there.

Within healthcare, *"the one contact you have, if that's poor, [patients] aren't going to come back again..."* a participant in our Mental Health Crisis Adaptive Action shared. *"... and vice versa, if you have a really good experience, word gets around, and that's brilliant."*



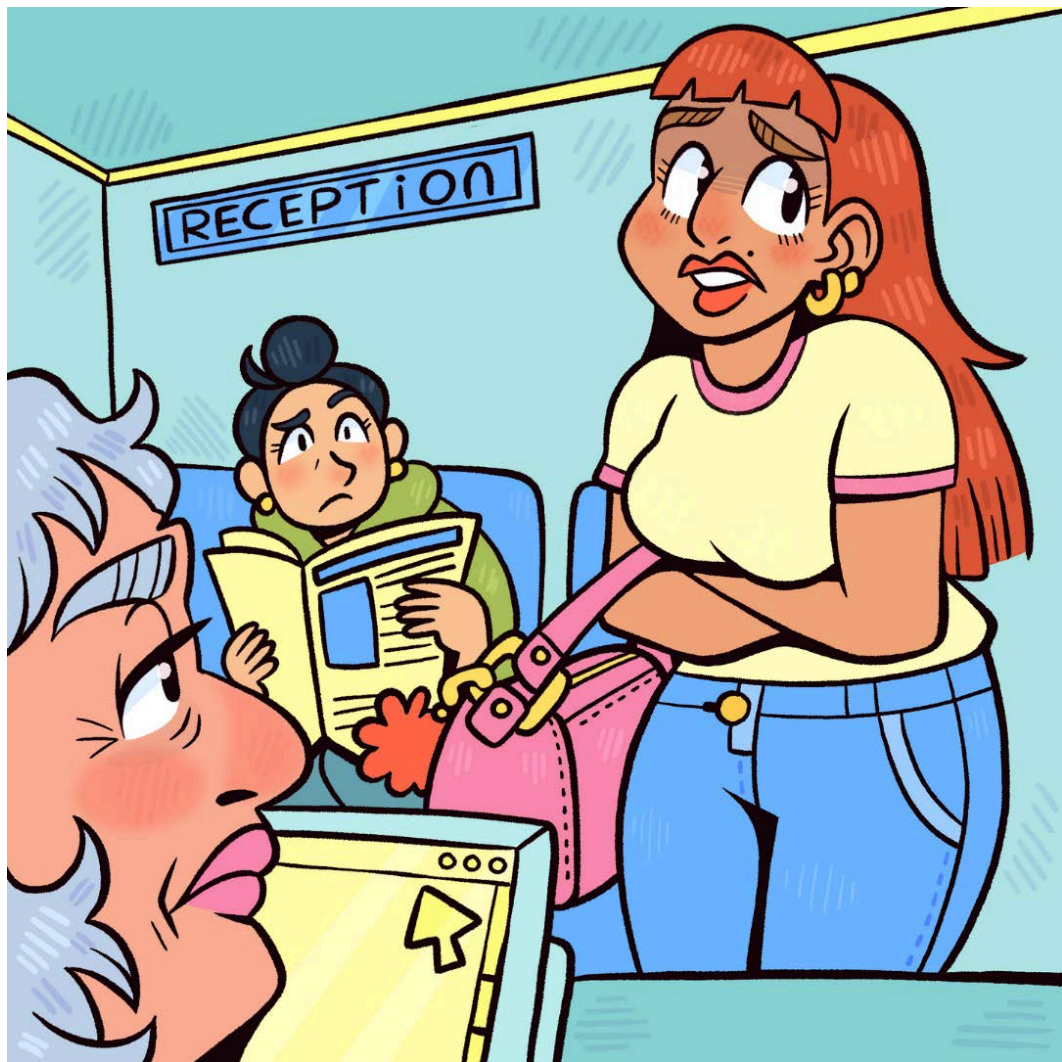
**One experience shapes
trust—or breaks it.**

“It's important for people accessing health services, to be seen and acknowledged by those supporting them.”

A participant in our Mental Health Crisis Adaptive Action shared a concern that there is minimal representation of marginalised communities within healthcare services.

No one should feel unwelcome when seeking support. We need inclusive services where everyone is met with compassion and respect.

Illustration by Molly Pukes



Too often, healthcare systems assume they know what's best for patients rather than truly listening. As one clinician during our Urgent Care & Same-Day Services Adaptive Action put it,

“We assume that we know what patients should do. But, actually, they're telling us what they want in ways that we're not really listening to.”

True improvement requires listening to what patients are actually expressing.





WHAT IS CULTURAL COMPETENCY?



CULTURAL COMPETENCY

is a set of aligned and transparent skills, attitudes and principles that acknowledge, respect and work together **enabling better interactions between healthcare staff and individuals from diverse communities.**

WHY IS IT IMPORTANT FOR TRANS PEOPLE?



Cultural competency is in severe deficit within healthcare services. During our Adaptive Action, we learned that negative interactions are causing harm and impacting Trans patient's mental health.

AT THE HEART



of cultural competency is **evidence** that healthcare professionals are addressing individuals health needs more effectively.

It can't be a "tick-box" exercise.

Sufficient training and learning needs to be put into action. Building knowledge and confidence in clinical and non clinical staff builds trust with Trans patients.

Cultural competency means having the skills, attitudes, and values to work effectively with diverse communities. For healthcare providers, this translates into compassionate, respectful, and effective care, especially for Trans individuals.

In our Adaptive Action workshop exploring Trans Mental Health, both Trans patients and healthcare professionals voiced concerns about the lack of training and cultural competency.

Participants in our Adaptive Action exploring Mental Health Crisis, expressed the importance of knowing how to respond differently based on different community's needs.

"I feel there are huge issues around cultural competency in workforces. Mental health outcomes are worsening across Leeds. We've had the pandemic, we've got a cost of living crisis and it's stark that they have not been felt equally. The gap is widening. We need to think out of the box and do things differently."



**True care means stepping
outside the norm and meeting
communities where they are.**

**I'm here about my
arm, not my Trans
identity...**



‘Trans broken arm syndrome’

is the phenomenon where a Trans person seeks out medical care for something unrelated to their trans status, and yet their transness is focused on by medical professionals, sometimes to the point where the real cause of the issue is not investigated.

This syndrome is not just experienced by disabled/chronically ill Trans people, but it is prevalent across trans communities. Good medical practice dictates that a patient’s trans identity should not be seen as the only possible cause. In addition to over-focusing on transness being frustrating for patients and potentially stalling or blocking their health care, there are also legal implications if someone’s trans status is shared when it is not medically relevant.

“GPs often redirect Trans people to gender identity clinics for health issues entirely unrelated to their gender identity.”

Gender reassignment' is a protected characteristic and therefore it should only be shared with the patient's consent and where it is necessary for care. For many medical encounters, it is up to the patient to disclose their trans status or not.

"I'm actually quite protective of my trans status in general around medics, they generally don't need to know."

- Integration of Care for Trans Adults: ICTA – A Mixed-Methods Study, National Institute for Health and Care Research Journal. This study echoes sentiments shared by Trans community members within our Adaptive Action workshops.

One Trans participant in our Adaptive Action shared about the transformative power of Trans Inclusion Training,

“I think people are often frightened of training because they think they're either going to be lectured, they're going to be overburdened with demands, or they're just afraid of getting things wrong and upsetting us. But appropriate training wins people over. It's about winning hearts and minds.

Because once a person has seen Trans people and we're not this monster that we're painted as.

[They see that] we're living, breathing human beings, and they don't believe the crap they hear from the media, they'll challenge other people in the workplace.”

Illustration by Molly Pukes



**Healthcare professionals
feel “out of their comfort
zone” when it comes to
Trans health.**



We brought together healthcare professionals and Trans community members to explore Mental Health in an Adaptive Action workshop with CMHT. We learned that professionals felt “*out of their comfort zone*” when it comes to Trans health.

It was identified that *both* patients and professionals all felt like there was a lack of sufficient Trans inclusion training.

This is affecting confidence and creating a lack of cultural competency in healthcare services. As a result this is causing negative interactions with Trans patients which impacts their mental health.



Representation

True representation goes beyond just numbers; it needs to be meaningful at every level, ensuring that decisions are informed by a wide range of perspectives.

From frontline staff to leadership, representation helps break down barriers and create a system that's more responsive, knowledgeable, and empowering.

Healthcare staff should reflect the diversity of the communities they serve.



As one participant at the Adaptive Action exploring Mental Health Crisis put it, *“What I’m not seeing is representation of these communities in the services in which they’re getting access to.”*

But representation isn’t just about frontline workers, it must exist at every level, because when decision-makers come from the communities they serve, decisions become more informed, services become more inclusive, and care becomes more effective.

Another participant shared,
“I think more representation within services (is needed). Representation at staff levels delivering the services, at board level, and senior management levels. So that the people who are making the decisions about the service are also doing that from an informed place.”



Participants from our Infrastructure, Organisations and Representation Adaptive Action echoed that representation isn't just about who's sitting at the table. It's about whether they truly understand the communities they're meant to represent.

“The people sitting around the table do not have that understanding.”

“You shouldn't be sitting around decision-making tables if you're not connected to communities.”

Representation is more than a seat. It's connection, accountability, and the willingness to truly hear and act on what's being said.

“It's not that people don't listen, what's said is not really heard and acted on.”

“If the group is still stigmatised and distrustful, you need to work on building trust, and that is often through [the] third sector, community-based organisations.”

- a participant from our Infrastructure,
Organisations and Representation AA

Without lived experience or connection to the community, policy and practice drift away from reality. In these gaps, the third sector or community-based organisations step up to build trust where institutions often falter. Trust isn’t granted automatically; it’s earned slowly, and it’s often the third sector doing the heavy lifting.

“If we’re talking about Leeds, then what we do have is a really strong third sector network.”

- a participant from our Infrastructure,
Organisations and Representation AA



“I very rarely meet other trans people in leadership spaces.”

– a participant from our Infrastructure, Organisations and Representation AA

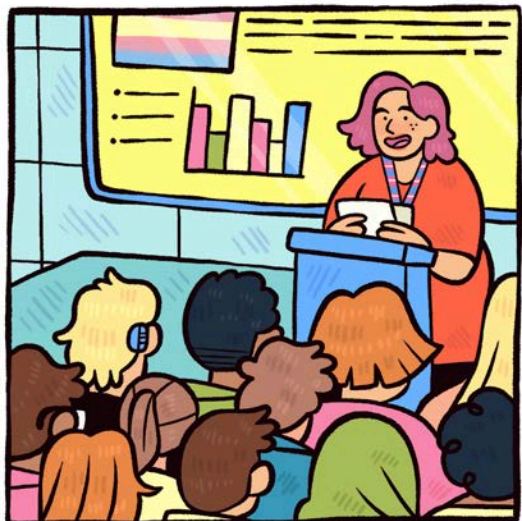
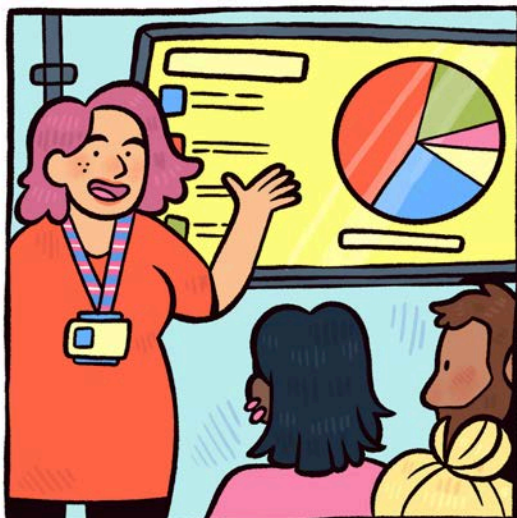
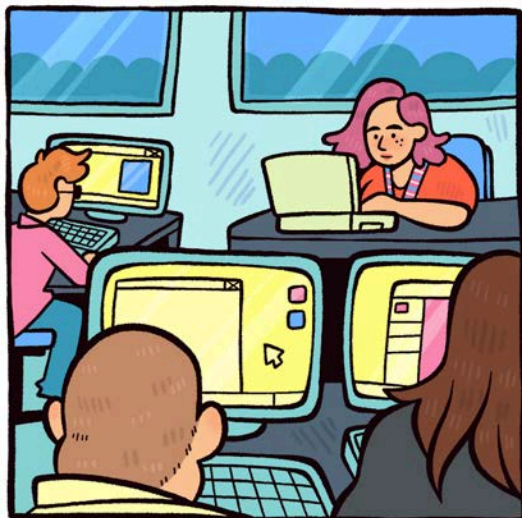
Only by valuing community knowledge at every stage—from design to delivery—can health and care systems become truly inclusive.

We need better representation for marginalised communities, not just in consultation but at every level of an organisation, including senior leadership and board level.

Another participant also criticised the burden placed on underrepresented individuals to educate others or symbolically represent entire groups.

“Constantly expecting the person that represents that community to be the professional representative is really frustrating.”

Illustration by Molly Pukes



The voices of marginalised communities like Gypsies and Travellers are often missing from healthcare conversations.

“There [are] many, many meetings I've been involved in, but we don't see that much action. There is also still not enough representation or inclusivity in them.”

*- a Gypsy and Traveller during our
Adaptive Action session*

Change starts with better representation but we need to move beyond meetings and make real action happen.

WANTED:

better
representation

less talk,
more action!





Co-production

Authentic co-production in healthcare means recognising lived experience as a powerful tool for creating services that are truly inclusive, accessible, and equitable. Marginalised communities, including Trans and Non-Binary people, Refugees and Asylum seekers, Gypsies and Travellers, and Sex Workers often face systemic barriers that make accessing care not just difficult, but sometimes unsafe.

When training, policies, and services are co-produced—especially on critical issues like Trans inclusion—these barriers can be broken down. By embedding co-production at every level, we don't just build a healthcare system that serves everyone; we create one that listens, learns, and evolves to ensure every person feels seen, respected, and empowered.

**We have a real
opportunity right
now to do things
differently.**



Authentic co-production means listening to those with lived experience. For our marginalised communities, whose voices are often ignored in healthcare, this approach leads to transformative change.

"When we talk about co-production and lived experience, how do we ensure it's authentic and not tokenistic? We need to involve people inclusively and value their experiences at the same level as others. We have a real opportunity right now to do things differently."

*- a participant in our Mental
Health Crisis Adaptive Action*



Real change comes when systems are
co-designed with our communities.
**Ensuring that care is compassionate,
equitable & inclusive.**

Inclusion is more than just acknowledging the gaps in healthcare—it's about redesigning systems that work for everyone, especially marginalised communities like Trans people.

We need healthcare built on genuine collaboration with Trans voices, where respect and action replace empty promises.

“We make decisions based on data that people are [not] represented in, and then if you don’t have representative people in the room, you can’t interrogate that data.”

Even when community data exists, it's often dismissed or mistrusted by the system, especially when it comes from the third sector:

"I don't think there's a lack of data. I think there's a lack of using what data that we have and not trusting the source of the data."

"The third sector's not really trusted by the system with the quality of the data it has."

- participants at our Infrastructure, Organisations and Representation AA.

Illustration by Molly Pukes



Healthcare systems often rely on data to drive decisions, but this can exclude the very communities that need support most.

“A lot of directional travel is based on data... but if you’re not in that database, how do you mitigate against that?”

“When you look at population health, you're talking about significant numbers. When you're talking about marginalised people, you talk about small numbers.”

“Prioritise the
person over
the **process**”



Every Gypsy and Traveller's story is unique, so their healthcare should be personalised too.

It's time to have a "person over process" approach in healthcare. When we focus too much on rigid systems and checklists, we lose sight of the individual behind the paperwork.

Participants also highlighted that one-size-fits-all engagement doesn't work and that creative approaches must reflect the complexity of communities.

“Are we offering people the best ways of engaging? Or are we saying: here’s your one shot — engage or you’re out?”

We held a Mental Health Crisis Adaptive Action where one participant said, *"We need to build services around lived experience—people have insights on solutions, not just problems."*

Another participant also said, *"If we don't include lived experience authentically, marginalised voices will continue to be ignored."*

Sex Workers know what works for their health and well-being. By centring services around their lived experience, we can create healthcare systems that are accessible, respectful, and effective. Their insights aren't just valuable—they're essential to solving systemic issues and designing equitable care.

“Doing little bits of awareness training is often not sufficient, and deeper learning is needed.”

Basic Trans and Non-Binary awareness training often isn't enough!

“I think, just basic training has been done or not [done] sufficiently... one of the biggest things when it comes to training is whether or not the training should be mandatory, because I think it should be.

I think once it's left to the staff member to decide if they need to do this training or not, it's not a criticism of them, but they may not see it as a priority.

And I think [the training] should be very much co-produced.”

- healthcare professional during our Adaptive Action exploring Trans Inclusion Training

Better training, not basic training





Communication

Clear, accurate, adaptable, and inclusive communication in healthcare ensures patients receive appropriate care. Without these essential aspects, care and support can become ineffective, creating additional obstacles for patients in marginalised communities, including Refugees and Asylum seekers and Gypsies and Travellers, who are already struggling to access the help they require.

Systemic barriers, literacy challenges, inadequate interpreter services, confidentiality risks, and inconsistent translation create confusion, misdiagnoses, and distress, which disproportionately impact patients, often excluding them from support.



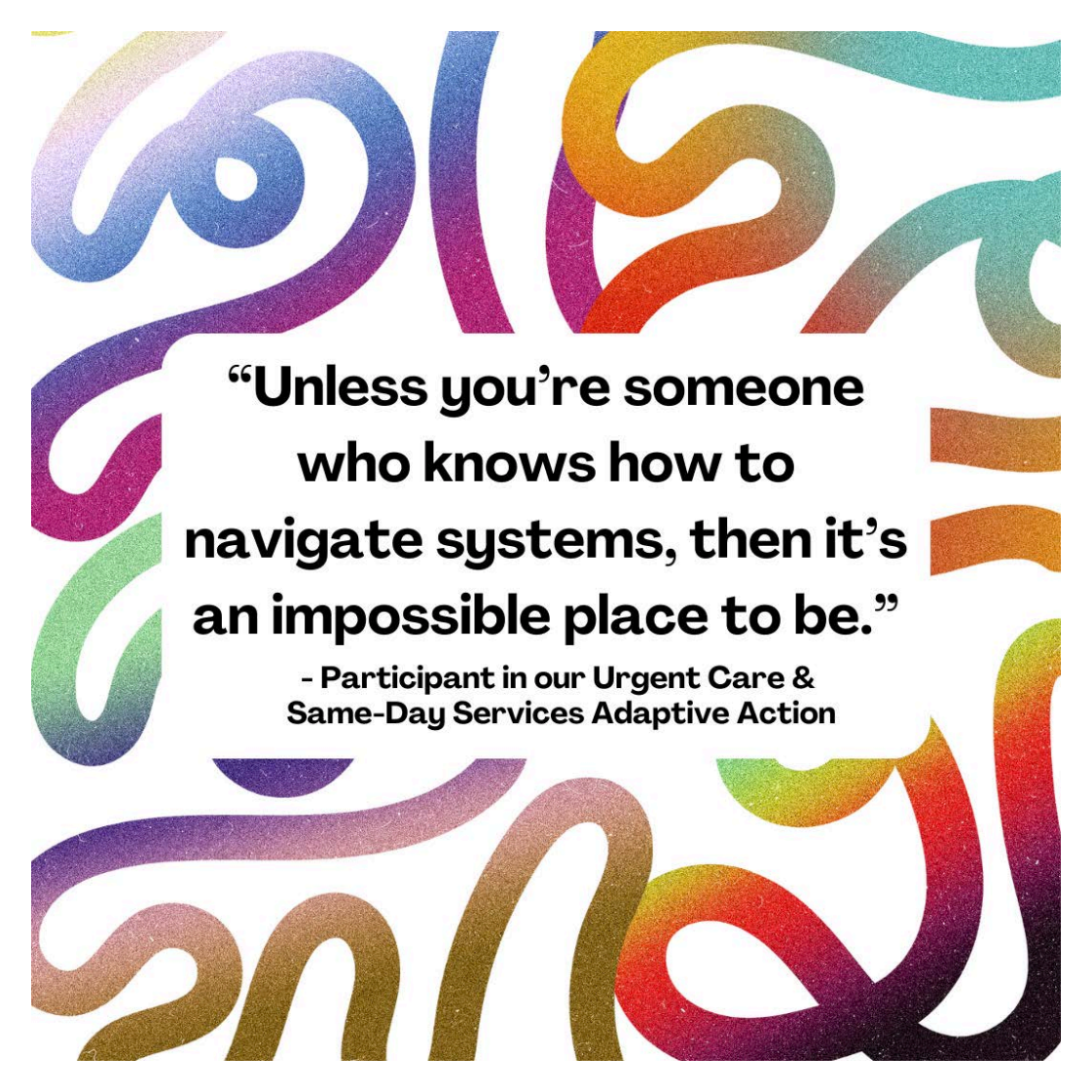
“It gets so difficult having to try and navigate between understanding what services are available to you, and then having to explain yourself to every single one of them. It's exhausting!”

In our Adaptive Action exploring Trans Mental Health, a participant emphasised that services are fragmented and care is not always integrated. Pathways are unclear and signposting often sends people in circles.

This confusion adds to the emotional burden of having to advocate for themselves in order to get the care that they need.

“As a clinician, I know where to go for what. If I tell my friend to go to Same-Day Care, they don't know how to go there, how to make an appointment, or how to reach out.”

A participant in our Urgent Care and Same-Day services Adaptive Action spoke about how these services can be overwhelming and difficult to navigate, making care inaccessible for those unfamiliar with the system.



**“Unless you’re someone
who knows how to
navigate systems, then it’s
an impossible place to be.”**

**- Participant in our Urgent Care &
Same-Day Services Adaptive Action**



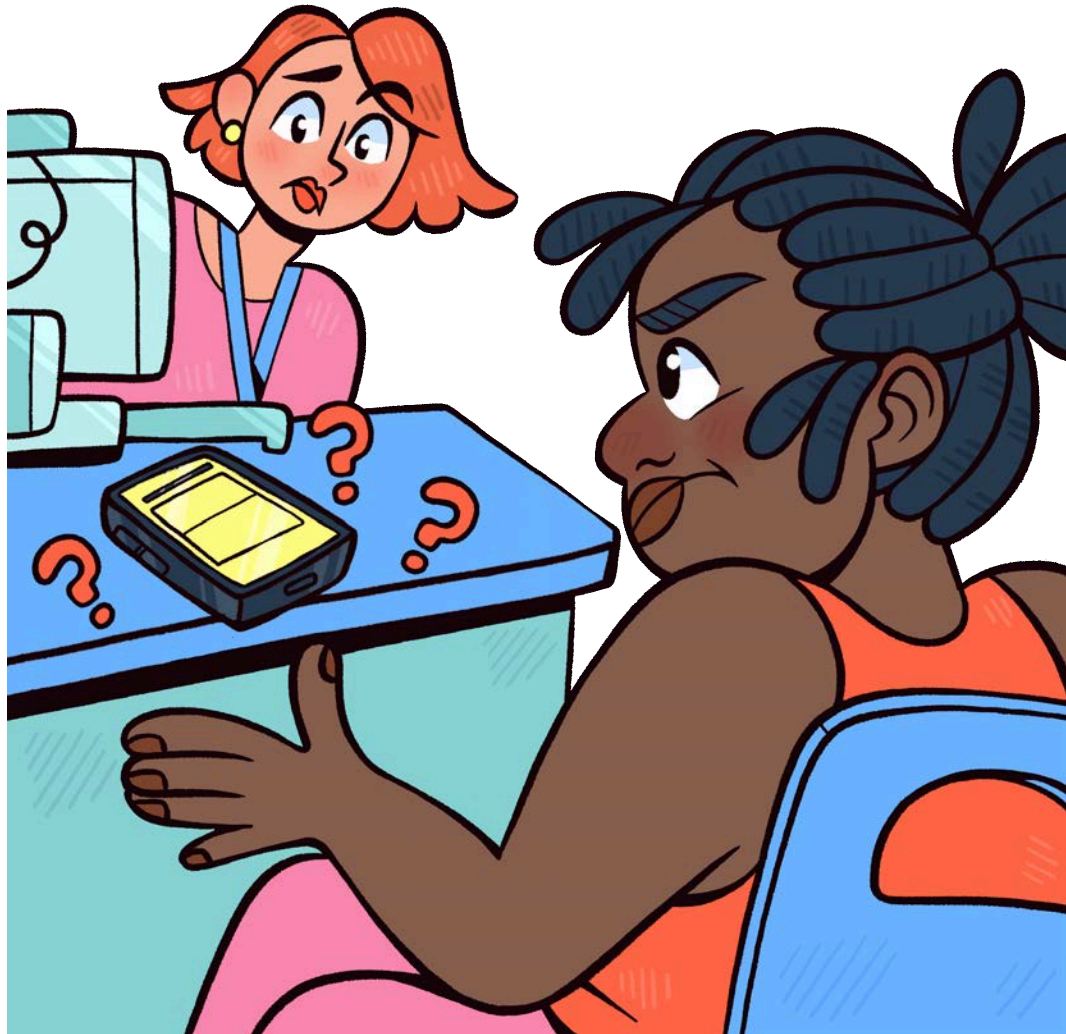
Within our Translation Services Adaptive Action session, it was highlighted that access to interpreters is inconsistent across different areas of Leeds.

“Someone that I am close [to] used friends to [help] interpret, and it (the nature of the diagnosis) spread everywhere. That puts the patient off. So, [they must] use professional interpreters, just to keep that confidentiality and protect the data.”

Some people resort to using friends or family members, including children, to help them speak to receptionists or healthcare providers. This raises confidentiality and safeguarding concerns.

Participants in our Adaptive Action exploring Refugees and Asylum seekers' experiences of Translation Services, expressed the importance of matching interpreters not only by language but also by dialect and cultural understanding.

There are particular challenges with phone and online booking systems, where language barriers hinder effective use.



Booking interpreters is challenging, especially when the receptionist or system doesn't understand the specific needs of the patient. This can lead to incorrect referrals or difficulties in securing appointments.

A personalised approach is necessary to ensure accurate communication and patient comfort.

Sometimes you need a precise person with you to be able to translate correctly.

We have different dialects even within the same country.



When discussing sensitive medical issues, the need for gender specific interpreters was highlighted during our Adaptive Action for Refugees and Asylum seekers focusing on experiences of Translation Services.

**“Sometimes people don’t
feel free to explain what
is happening because of
the interpreter they
receive”**





**How many people have
been asked about their
experiences with their
interpreter?**

Nobody.



We asked how many people in our Adaptive Action had been asked about their experiences using translation services in healthcare settings.

Nobody raised their hands.

There was a strong silence when asked *how* they would complain if needed. Many participants felt they lacked a clear avenue to provide feedback or file complaints about interpreting services.

**There is a significant need
for translating medical
documents and letters into
a patient's native language.**



Translating medical documents and letters into a patient's native language is crucial for ensuring clear communication and effective healthcare for refugees and asylum seekers. This helps prevent misunderstandings and ensures they receive appropriate care.

A Ukrainian participant at our Translation Services Adaptive Action shared,

“When I spoke with the doctor and interpreter, I hear[d] wrong information. This can damage my son.”

Illustration by Molly Pukes

“Gypsies and Travellers often miss appointments because they have low literacy and can't read letters and emails, but that's not their fault. The service isn't changing the way they engage or helping them in the way they need to be helped.”

- a Gypsy and Traveller from our
Primary Care Adaptive Action



**Just use your
smart phone!**

...but what if I
don't have one?



“The significant move to digital creates barriers for marginalised groups who lack access to the latest technology.”

– a participant in our Mental Health Crisis Adaptive Action

For sex workers, these barriers are particularly challenging. Often smartphones or laptops are required to access healthcare services. When technology becomes a prerequisite for support, those unable to afford or access it are excluded from vital care.

As we innovate, healthcare services, must ensure digital solutions are inclusive, accessible, and sensitive to the unique needs of marginalised communities.

"[They] don't flex that based on people's communication needs. So if you don't read and write, you still get the letter. It's not going to work."

- a Gypsy and Traveller from our
Primary Care Adaptive Action

This highlights a critical gap in how healthcare services reach and support Gypsies and Travelers. It's essential that they flex based on people's unique needs, ensuring that no one is left behind due to communication barriers.



**One size
doesn't fit all.**



A central issue is that health services are not physically or structurally accessible to many marginalised communities, which prevents engagement from the outset:

“The services that are provided, the locations aren't necessarily accessible to those communities and as such, that creates a barrier before people even get in through the front door.”

“If you already have barriers, you know, actually engaging in those processes is going to be incredibly difficult”

There is also a failure from services lacking trust from marginalised communities, as well as having the expertise and representation within their service in order to reach these communities, especially when needs are more complex.





Service Limitations

Healthcare should be easy to navigate, supportive, and accessible to everyone. But for members in communities including Trans and Non-Binary, Refugees and Asylum seekers, Gypsies and Travellers, and Sex Workers, it is anything but.

Instead of getting the help they need, they are bounced between services, given unclear guidance, forced to repeat their stories, met with inconsistent support, restricted by rigid appointment systems, or left waiting until they reach a crisis point.

These constant obstacles break trust, leave people feeling unheard and abandoned, force them to relive their trauma, and, in the worst cases, put their lives at risk.

Participants at our Infrastructure, Organisations and Representation Adaptive Action stressed that engaging community voices is work and needs to be resourced like work.

“Better pay for community members being involved in consultations... really, that’s a job.”

“We’re seeing less funding to escalate and enhance the voices of the most marginalised.”

The cost of engagement for marginalised people was also highlighted; they’re balancing basic survival needs, so any engagement must be worth their time.

“How do they make it a priority for themselves? There are more important things affecting those Trans people on a daily basis.”

Illustration by Molly Pukes





We need to address colonial legacies and historical exclusions that underpin current inequalities:

“We also have systems that are being founded on colonialism and other obstructions in place, which we have to dismantle, and I guess we need to acknowledge that.”

“We're still missing something somewhere; if the inequalities that those communities and others are experiencing 16 1/2 years ago are still the same, if not worse than were today.”

- participants from our Infrastructure,
Organisations and Representation AA



Community members have voiced ongoing frustrations with the lack of visible information about available services. This leads to community members not knowing what services are out there and what is accessible to them. It also adds to an over-reliance on individuals to disseminate crucial details within their own communities.

“I will keep sharing information because I feel like there's not enough shared information. I just don't think there's enough [knowledge of the different services available and how to access them] out there.”

*- a Sex Worker during our Mental Health
Crisis Adaptive Action*

"Services are not made easy to navigate. It's difficult to understand what's there and to understand the different levels of support and specialisms that are available.

If a service user approaches a service and then has a negative experience because they've been signposted mistakenly, then that first touchpoint is so crucial."

- a healthcare professional during our Adaptive
Action exploring Trans Mental Health

**“Why would they go back?
The trust is broken. It's so
difficult to rebuild that.”**

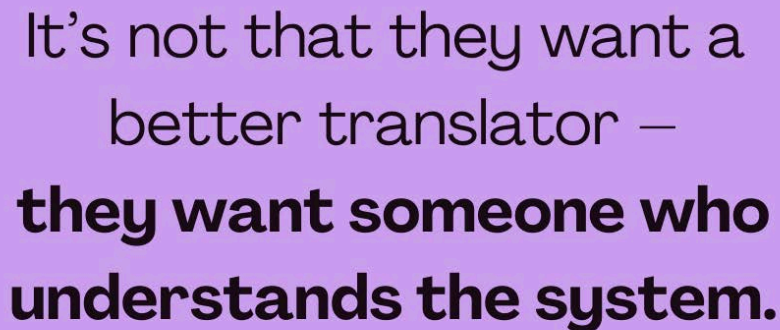
- Healthcare professional
during our Adaptive Action
on Trans Mental Health



In some cases, interpreters have provided incorrect or incomplete information, leading to dangerous situations.

In our Adaptive Action exploring Refugees and Asylum seekers' experiences of Translation Services, concerns were raised about the professionalism of interpreters. Particularly regarding their knowledge of medical terms and confidentiality.

Patients expressed the need for interpreters who understand the specific context, terminology, and cultural nuances of the language being spoken.



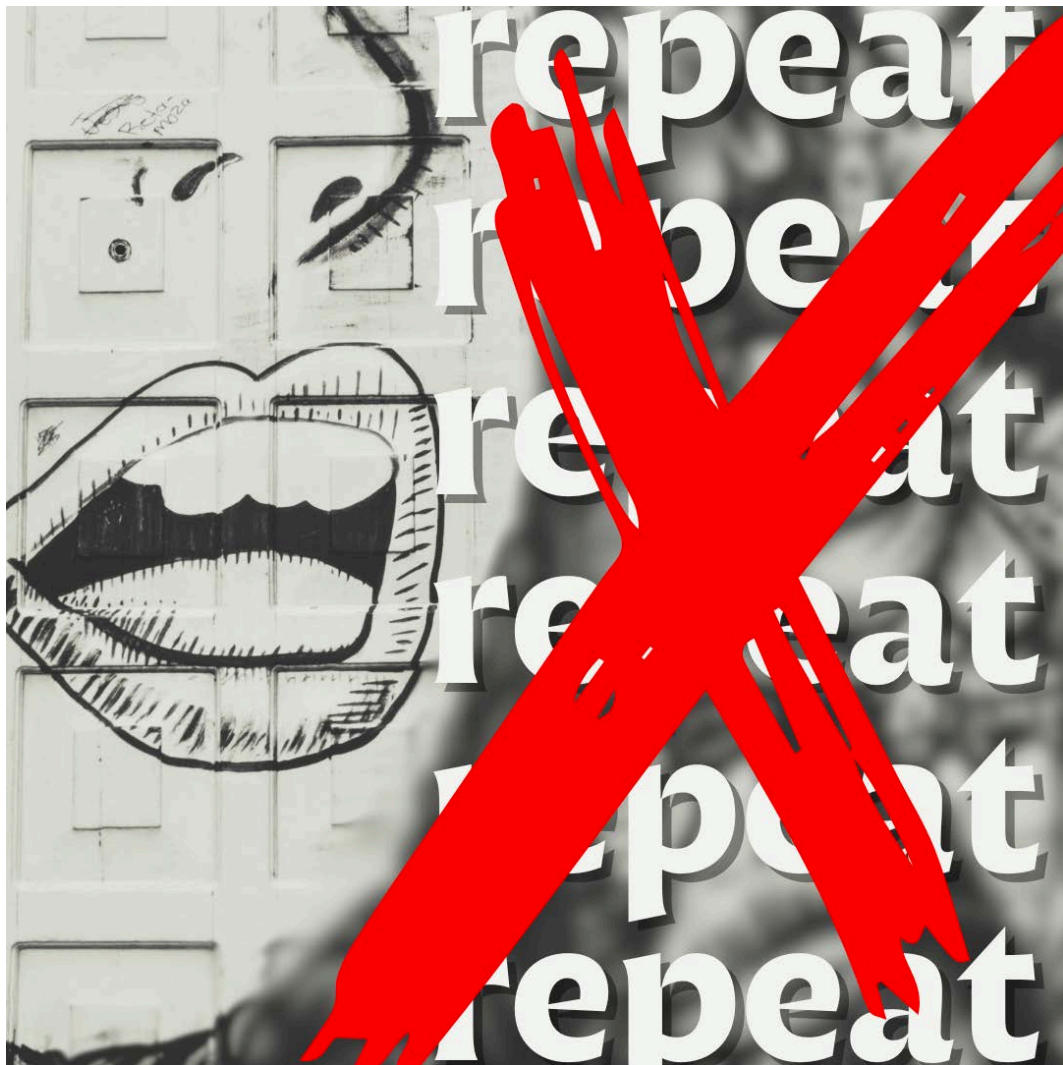
"It's easy to blame a lack of resources, but sometimes small things, like the way we structure care or the language we use, can make a world of difference.

And in the long run, investing in better front-end care can actually save costs, like reducing the need for police intervention or incarceration."

- a participant in our Adaptive
Action on Mental Health Crisis



Resources are often the only focus, but simple, low-cost changes can also have a big impact.



"People have to repeat and repeat and repeat [their story]—whether it's to a new mental health nurse or a new service they're engaging with. This constant repetition can be really damaging.

We need better communication between services to stop people from reliving their trauma every time."

- a Gypsy and Traveller during
our Adaptive Action workshop



A recurring theme is the feeling that discussions and consultations do not lead to meaningful action. Many participants have been engaging in meetings for years without seeing tangible changes.

“I’ve been doing these [kinds of] meetings for well over five years, and every meeting is always the same thing. Nothing ever changes. Nothing ever gets changed.”

This sense of stagnation is exacerbated by repeated conversations without visible progress. *“What will we do together? We’ll keep doing these meetings, but nothing’s changing as far as I’m seeing,”* noted another participant at our Mental Health Crisis Adaptive Action.

There is also concern about representation in meetings and decision-making spaces. Another participant at our Mental Health Crisis Adaptive Action observed,

“There's many, many meetings I've been involved in. But we don't see that much action. It was a room full of people, but there should have been many, many more from Leeds, considering the size of the area. And I don't think it was inclusive enough to really make it accessible to everyone.”

Ultimately, there is a strong desire for co-designing services while also moving away from the expectation that community members must repeatedly share their knowledge and experiences. Systems need to listen to experts by lived experience, act based on their insights, and ensure this learning is widely shared.

Without a shift toward meaningful collaboration and visible change, community members continue to feel unheard and undervalued in the processes meant to support them.



The current system for booking appointments at GP surgeries, requiring patients to call at 8 AM, creates significant barriers for many, particularly those in marginalised communities. A sex worker at the Primary Care Adaptive Action session highlighted these challenges:

“You’ve got to phone your doctor at 8 in the morning at most practices, to get an appointment. What if you’re homeless? What if you haven’t got any signal? What if you don’t own a phone? What if you’ve only just come in from the night before? And then there’s barriers with how you talk. What if you don’t speak English?... These are [all] barriers that people face.”

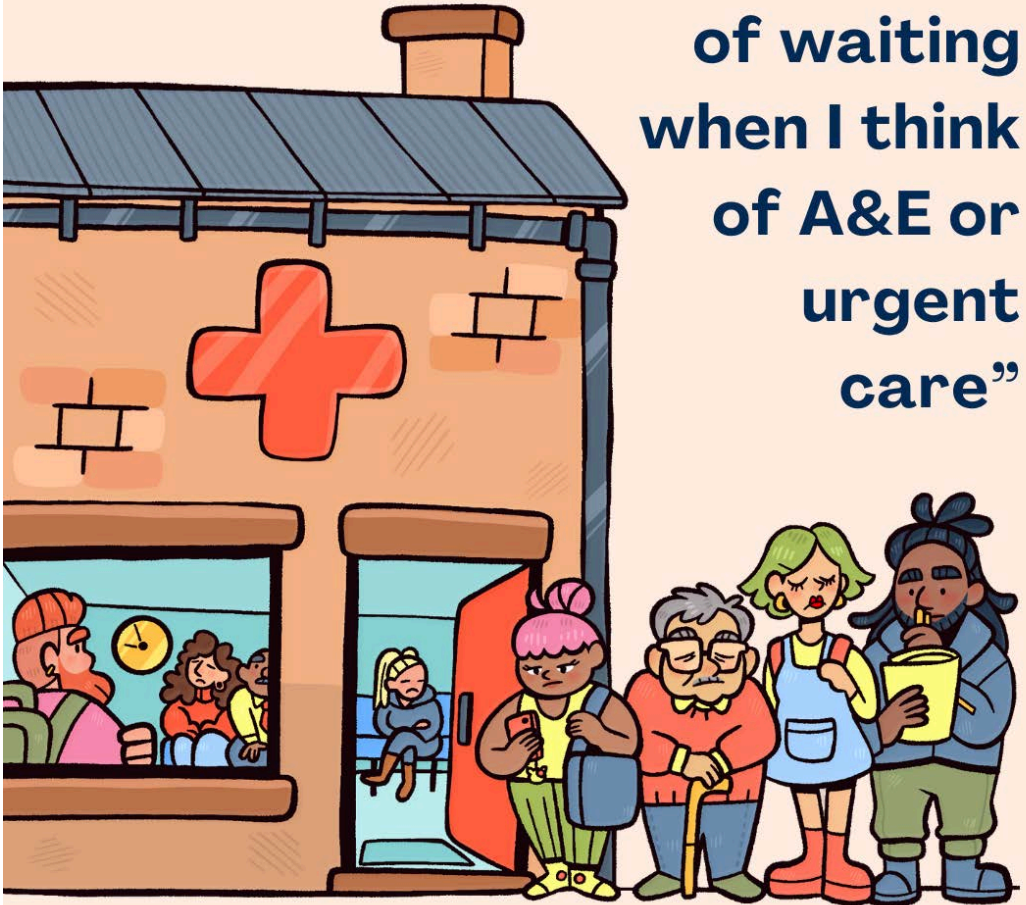
The rigid system and inflexibility disproportionately affect our marginalised communities, ultimately making healthcare less accessible to those who need it most.

Emergency care is often chaotic, under-resourced, and marked by long waits, leaving patients feeling distressed and frustrated. As one participant in our Urgent Care & Same-Day Services Adaptive Action shared,

“My experience of emergency care is chaos. Especially at times, you see people in an environment that's often scary. Sometimes, it's under-resourced. I always think about waiting when I think of A&E and urgent care centres. People don't like to wait. So, there's been a lot of frustration and anxiety about being seen.”

Long wait times and uncertainty add stress, making an already difficult situation even harder for those in urgent need.

**“I always think
of waiting
when I think
of A&E or
urgent
care”**



Many patients feel compelled to use emergency services due to limited alternatives, which can lead to overcrowding in A&E departments. A clinician in our Urgent Care & Same-Day Services Adaptive Action said,

"All our patients needs are urgent. Nobody wants to be seen in 2 or 3 weeks. They want to call and see their doctor. I think we can all agree that nobody wants to go to A&E if there is an alternative option. If we can all get into our GP's who can signpost us correctly or reassure us. It's not just about putting more services in our department, it's about having more community services that are appropriate to our patients needs. A lot of what is 'same day' is urgent."

**Patients want to call
and see their doctor.
I think we can all
agree that
nobody
wants to
go to A&E**





A healthcare professional at the Urgent Care and Same-day services Adaptive Action session said:

“I have two perspectives: As a healthcare professional, I know that we are giving our all in those departments. And it’s not enough because there’s not enough of us and there’s not enough of the infrastructure to deliver the care that we want. But as a patient, you turn up dissatisfied before you’ve even entered. So that massive mismatch is never going to end happily.”

Without addressing staffing shortages and infrastructure challenges, this cycle of frustration will continue, leaving both healthcare providers and patients feeling disillusioned.

Sensitive content warning: suicide

Accessing gender affirming care in a timely manner is crucial.

It's not just about care—it's about survival.

Lives are being lost due to excruciatingly long waiting lists at gender identity clinics and GPs refusing treatment.



**Trans people are
literally losing their
lives waiting for
gender affirming
healthcare.**

- a participant in our Adaptive
Action on Trans Mental Health




No one should feel stuck on the road to help.

A Sex Worker in our Mental Health Crisis Adaptive Action spoke about feeling lost in a maze of referrals, moving from service to service without receiving the care they truly need.

“We get passed from pillar to post. Referred here and then referred there. We’re not getting the help we need.”

We need to untangle the system and provide direct, compassionate support.



**“We get passed from pillar
to post. Referred here and
then referred there.
We’re not getting the help
we need.”**

Prevention over crisis!

Just like an umbrella protects you from the rain, supporting Gypsies and Travellers in the early stages of mental health challenges can make a world of difference.

A participant in our Adaptive Action addressing Mental Health Crisis said, *“I don't think there's enough help and support out there. Unless you're in crisis, you don't really get [support]. You just get referred [and] passed on to another person.”*

Another participant went on to emphasise the importance of community-specific peer groups offering unique support systems.



CRISIS

PREVENTION



**Referrals shouldn't be dead ends.
A 'no wrong door' approach
ensures no one is left behind.**

“The ‘no wrong door’ concept means people shouldn’t be turned away but directed to the right help with a warm handover.”

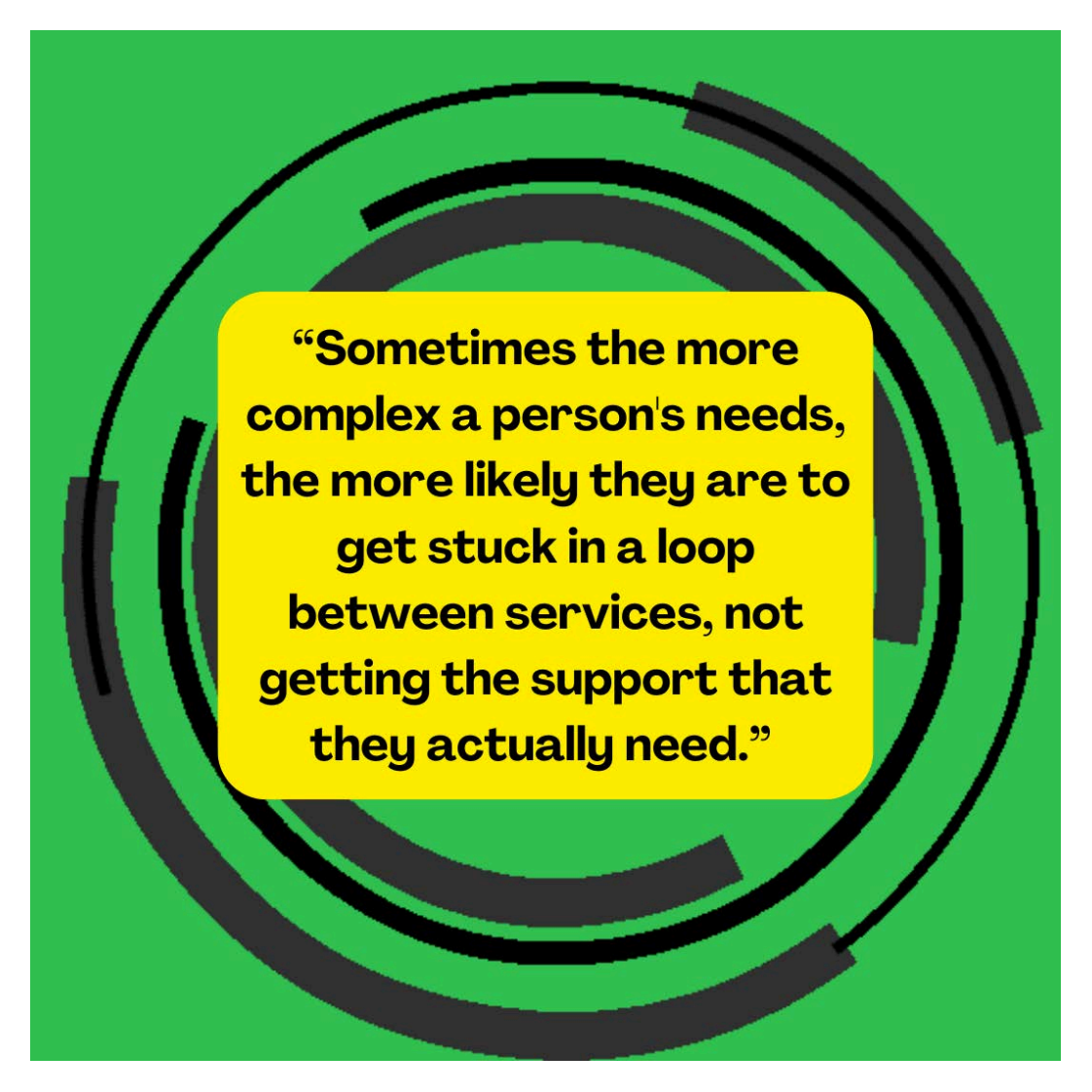
– A participant from our Mental Health Crisis Adaptive Action

Healthcare systems must prioritise accessibility, coordination, and compassionate care to ensure no individual feels lost or dismissed when seeking assistance. Adopting this principle can create a supportive environment where every interaction contributes to meaningful outcomes.

Mental health services must be made more accessible and inclusive for neurodivergent individuals to ensure they receive the support they need without barriers.

“I see that sometimes the more a person needs mental health support and crisis support, the harder it is for them to actually get it.”

- a participant from our Mental Health Crisis Adaptive Action



“Sometimes the more complex a person's needs, the more likely they are to get stuck in a loop between services, not getting the support that they actually need.”



Mental Health

Too many people are pushed into crisis before they receive the mental health support they need. For Trans and Non-Binary individuals, Refugees and Asylum seekers, Gypsies and Travellers, and Sex Workers, discrimination, long wait times, systemic neglect, and a lack of specialised care contribute to worsening mental health outcomes.

Delays in care, derogatory attitudes from professionals, a lack of culturally competent support, and re-traumatisation leave many feeling abandoned by the system. In some cases, the consequences are devastating, with individuals being criminalised for their distress and suicide becoming a last resort when support feels out of reach.

Leeds is facing a perfect storm: demand for mental health services is rising, but resources can't keep up.

As one participant said during our Mental Health Crisis Adaptive Action, *"Services are overloaded, and staff are under pressure trying to manage everything for people without specialism support kicking in."*

Another participant echoed this sentiment with, *"Marginalised communities face worsening outcomes, re-traumatisation is common, and staff are burning out in a system that's stretched beyond its limits."*

**“There’s an increase in demand
for services, but fewer resources
to meet it – it’s a perfect storm”**

– a participant in our
Mental Health Crisis
Adaptive Action



Stigma continues to be a huge barrier to mental health support, especially for Sex Workers in Leeds.

“I see stigma both from services towards those marginalised communities, but also stigma within those communities about mental health and raising it as an issue.”

- a participant in our Mental Health
Adaptive Action

There are two kinds of stigma spoken about here. Healthcare professionals often have a prejudice and lack of understanding about the challenges sex workers face.

Additionally, communities face fear of judgment or shame for speaking openly about their mental health. Together, these become barriers which create a dangerous cycle of isolation and untreated mental health struggles.



**“There’s stigma when you ask
for help, and that stops
people from speaking up.”**

– participant in our mental
health crisis Adaptive Action

Inconsistencies across GP practices mean some Trans patients receive respectful, affirming care, while others face obstacles in updating records or accessing medications.

This variability can create lasting harm. Even small lapses in respect can be painful reminders of past negative healthcare experiences. For true inclusivity, culturally competent care must be consistent and compassionate.

- Integration of Care for Trans Adults: ICTA – A Mixed-Methods Study, National Institute for Health and Care Research Journal. This study echoes sentiments shared by Trans community members within our Adaptive Action workshops.

**Inclusive care should be
the norm...**



not a rarity.

**LET TRANS
PEOPLE**



FLOURISH

Research shows that "the experience of waiting between referral to a GLC (Gender Identity Clinic) and the beginning of an assessment process has possibly the most profound negative impact on the extent to which Trans people perceive themselves as recognised and considered by the NHS."

- Integration of Care for Trans Adults: ICTA – A Mixed-Methods Study, National Institute for Health and Care Research Journal. This study echoes sentiments shared by Trans community members within our Adaptive Action workshops.

Illustration by Molly Pukes

Trans people are currently being made to wait up to 6 years for their first appointment at Leeds Gender Identity Service.

As of the 05th June 2025, there are 6589 Trans people on the waiting list.

**This is more than just a delay;
it's a critical barrier to
essential care.**

“My life feels on hold...”



A healthcare professional, in our Mental Health Crisis Adaptive Action, highlighted the inequalities within the healthcare service for marginalised communities. *"We need to look at how existing resources are distributed—services need dedicated mental health support and faster access to assessments."*

Another healthcare professional shared that, *"we need to redistribute money to focus on prevention and early intervention to stop crises before they happen."*

By ensuring resources are effectively distributed, we can reduce wait times and ensure quicker, more accessible mental health support. For Sex Workers, this could mean timely intervention before issues escalate, leading to better overall health outcomes.

**Marginalised communities
often face delays due to a
lack of dedicated services
tailored to their unique needs.**



Trans people have revealed the impact of pervasive transphobic interactions in society and the unfortunate role of health services in adding to this.

To the extent of causing harm, sometimes manifestly damaging mental health and sense of well-being.

Interviewees described experiencing in healthcare settings the same transphobia and microaggressions as in other social contexts.

- Integration of Care for Trans Adults: ICTA – A Mixed-Methods Study, National Institute for Health and Care Research Journal. This study echoes sentiments shared by Trans community members within our Adaptive Action workshops.

"I've witnessed some really derogatory attitudes from professionals...

...who you would expect to have more understanding and knowledge.

This has a negative impact on an individual when they walk away from that."

- a healthcare professional during our Adaptive Action exploring Trans Mental Health



Sensitive content warning: suicide

Our mental health system is failing those who need it most.

A Sex Worker in our Mental Health Crisis Adaptive Action shared a heart-breaking reality, *"People are killing themselves. It's the easiest way to get mental health help. To just stop it all."*

Marginalised communities, including sex workers, face overwhelming barriers to accessing care, leaving many without support in their darkest moments.

Mental health care should be a right for all our communities—not a privilege for the few.

Illustration by Molly Pukes



**“We’re not getting the
help that we need.”**

-Sex Worker participant in our Mental Health
Crisis Adaptive Action

Substance abuse or mental health?



The distinction shouldn't
matter—the care should.

Mental health and substance use often form a vicious cycle, yet crises are too frequently dismissed as “just” substance abuse.

A participant in our Adaptive Action exploring Mental Health Crisis said, *“I see a lot of mental health crises where it interacts with substance abuse... too often, distressed behaviour is only seen as a substance abuse issue, not a mental health crisis.”*

This dismissal leads to devastating consequences, in some cases women have even been criminalised for what is ultimately a health issue.

“Women have gone to prison because of their mental health crisis... labelled as nuisance callers or labelled aggressive or violent.”

"If you were to follow that iceberg down, what we're actually looking at is a lot of reasons why people end up [in crisis].

And a lot of those reasons are about Gypsies and Travellers being pushed out, not having safe places to live, not having access to the resources that they need, welfare rights being a nightmare, all that sort of thing."

- a participant at our Mental Health
Crisis Adaptive Action

Illustration by Molly Pukes

**Mental Health
Crisis is just the
tip of the iceberg,**



**below the
surface are the
reasons why.**

We need to talk about the rapid decline in mental health among Gypsies and Travellers.

“I think services really need to be holistic, be compassionate. They need to consider the effects of isolation, exclusion, bereavement, especially bereavement through suicide, eating disorders, health, self-harm.”

- a participant during our Mental Health
Crisis Adaptive Action

All of these issues need to be considered when addressing someone's healthcare. Let's create compassionate services that address the real challenges people face.



“It's very valuable, now more so than ever before, having people's experiences valued and validated. I think that's definitely how we're going to tackle it within our community. That's how news travels – who's had a positive experience within a service and whether they're likely to access a service again.”

- A Gypsy and Traveller during our
Mental Health Crisis Adaptive Action

Positive experiences with mental health services can create a ripple effect building trust and encouraging others in marginalised communities to seek help.

The background of the slide is a solid blue color with a subtle, high-resolution pattern of concentric ripples, similar to those created by a stone dropped into water. The ripples are lighter and darker shades of blue, creating a textured effect.

**A single positive
interaction can
create a
Ripple Effect**

“There are successful outcomes when marginalised communities are provided with the means and the resources to design and develop their own services to support people from their own communities.”

- a participant in our Mental Health
Crisis Adaptive Action

By empowering marginalised communities, like sex workers, to design and deliver their own services, we can create solutions that truly address their needs.

**Real change happens when
those most affected are
given the tools to lead.**



The HCT Leeds team would like to thank all our partners and community members who have supported and engaged with our work.

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The King's Fund >



