Nevill Hall Nature Spaces

CIO registration: 1214695

Equality, Diversity, and Inclusion Policy

This is one of a range of policies and procedures designed to ensure the good governance of the NHNS charity. These policies apply to all trustees, other volunteers, employees, contractors, and third-party representatives of our charity.

Nevill Hall Nature Spaces (***NHNS***) was established in 2025 to restore and develop the historic character of the gardens of Nevill Hall Hospital which are owned and managed by Aneurin Bevan University Health Board

NHNS is working to:

- regenerate parts of the gardens
- increase awareness of the special features of the gardens
- improve access
- develop additional appropriate uses

This Equality, Diversity, and Inclusion policy applies to all members and volunteers of NHNS.

Purpose

This policy sets out our commitment to promoting equality, diversity, and inclusion in all aspects of our work. As a nature-spaces charity based on a hospital site, we aim to help improve health, wellbeing and access to nature for all people in the hospital community, and with particular focus on communities who experience health inequalities and barriers to participation.

Our Vision for Inclusion

We believe that everyone — regardless of their background, identity, or circumstances — should be able to benefit from, connect with, and feel a sense of belonging in nature. Nature and green space can support recovery, mental and physical wellbeing, social connection, and quality of life. Our work is guided by the principle that access to these benefits should not be limited by inequality.

Core Principles

We commit to:

- **Equity:** Recognising that people start from different places and may require different support to achieve fair outcomes.
- **Accessibility:** Removing physical, social, cultural and financial barriers that limit participation.
- **Representation:** Ensuring the voices and experiences of diverse groups shape our decisions, partnerships and services.
- **Respect:** Treating all individuals with dignity and valuing lived experience.
- **Accountability:** Monitoring our progress and taking responsibility for continuous improvement.

Context: Health Inequalities & Social Determinants

We recognise that access to nature and wellbeing opportunities is unequally distributed. Guided by the work of **Professor Sir Michael Marmot** and the concept of a **"Marmot nation"**, we acknowledge that:

- Social determinants such as income, education, housing and environment have major impacts on health.
- Unequal access to healthy environments contributes to avoidable health inequalities.
- Action across sectors is needed to narrow the health gap, especially for communities facing structural disadvantage.

Our proximity to a hospital places us at the intersection of healthcare, environment and social support — positioning us to contribute to healthier communities through inclusive environmental access.

Commitment to Marginalised & Under-Served Groups

We recognise that certain groups experience multiple barriers to accessing nature and wellbeing support. These may include (but are not limited to):

- People from minoritised ethnic backgrounds
- Disabled people, neurodivergent people, and those with long-term conditions
- Patients, carers, and hospital visitors
- Low-income households
- Older adults
- Young people experiencing disadvantage
- Refugees and asylum seekers
- LGBTQ+ communities
- People living with mental health challenges
- People who have experienced homelessness, trauma or social exclusion

We will actively seek to understand and address these barriers through co-design, partnership working, and ongoing community engagement.

Practical Actions

To bring this policy to life, we will:

1. **Build Inclusive Access**
   Adapt our spaces, activities and communications to accommodate diverse needs (e.g. mobility aids, sensory-friendly spaces, signage, languages, pricing).
2. **Partner with Health & Community Organisations**
   Work with NHS teams, hospital staff, community organisations and social prescribing networks to reach under-served groups.
3. **Representation & Participation**
   Involve people with lived experience in programme design, decision-making and evaluation.

4. **Inclusive Communication**
   Use clear, respectful, non-discriminatory language and multiple communication formats to reach diverse audiences.
5. **Volunteer Training**
   Provide ongoing learning on equality, unconscious bias, trauma-informed practice and disability inclusion.
6. **Safe & Welcoming Culture**
   Foster an environment where discrimination, harassment or exclusion are not tolerated.
7. **Continuous Improvement**
   Review data, feedback and outcomes to strengthen inclusion over time.

Legal & Ethical Frameworks

Where relevant, our policies and practices will align with:

- Equality and diversity legislation (e.g., Equality Act 2010 in the UK)
- Inclusive design and safeguarding standards
- NHS and public health frameworks relating to health inequalities

We also uphold the moral imperative that reducing avoidable inequalities supports a fairer, healthier society.

Accountability & Monitoring

We will:

- Appoint a lead for DEI
- Collect anonymised participation data (where appropriate and consented)
- Gather feedback from participants, volunteers and partners
- Review this policy bi-annually and update it as needed

Findings will inform strategy, programme design and organisational culture.

Complaints & Reporting

Any individual who experiences or witnesses discrimination, exclusion or harassment is encouraged to report it to trustees. Concerns will be handled promptly, fairly and confidentially.

Date approved	00/00/0000
Date of next review	00/00/0000
Person Responsible	NAME OF PERSON RESPONSIBLE

Appendix

What a Diverse, Equitable & Inclusive Environment Looks Like

A diverse, equitable and inclusive environment is one in which **people of all backgrounds, identities, abilities and lived experiences feel able to participate fully, safely and with dignity**. In the context of a nature-spaces charity next to a hospital, this includes people who are patients, carers, NHS staff, local residents and visitors.

Such an environment is characterised by:

Representation & Visibility

- People involved in our organisation — as participants, volunteers, staff or trustees — reflect the diversity of the communities around us.
- Different stories, cultures, and identities are acknowledged and valued, not hidden or minimised.
- Lived experience is treated as expertise and incorporated into decision-making.

Belonging & Psychological Safety

- People feel welcome without needing to "fit in," explain their identity or justify their needs.
- Staff, volunteers and participants feel safe to raise concerns, ask questions and challenge discriminatory behaviour without fear of judgment or punishment.
- Efforts are made to reduce stigma around disability, illness, mental health and care responsibilities.

Accessibility & Practical Inclusion

- Nature spaces are physically accessible (paths, seats, toilets, clear signage, sensory considerations).
- Information is accessible (plain language, multiple formats, translations, visual aids).
- Activities are adapted so people with different abilities, cultural backgrounds and health conditions can participate without being singled out.

Equitable Outcomes

- Take-up of opportunities reflects the diversity of the local population — not just those who already feel comfortable accessing nature.
- Barriers faced by marginalised groups are actively identified and reduced.
- People who typically experience worse health outcomes, as described in Marmot's work, are supported to access resources that promote wellbeing.

Respect & Anti-Discrimination

- Discrimination, harassment and exclusion are recognised, addressed and prevented.
- Feedback is encouraged and acted upon.
- Staff and volunteers model inclusive behaviour and language.

How We Move Towards a Diverse, Equitable & Inclusive Environment

Creating a truly inclusive environment is not a single action — it is a continuous organisational journey. Key pathways for progress include:

1. Understanding Local Communities

- Map local communities, demographics and health inequalities using public health and hospital data.
- Build relationships with groups that are under-served or marginalised.
- Listen to community priorities rather than assuming them.

2. Co-Production & Lived Experience

- Involve people with lived experience of health inequalities, disability, caring roles, and exclusion in designing services and spaces.
- Use advisory panels, focus groups, surveys, or informal community conversations.
- Shift from “doing for” to “working with.”

3. Training, Learning & Culture Change

Regular training for staff, trustees and volunteers may include:

- Equality, Diversity & Inclusion (EDI)
- Unconscious bias and cultural competence
- Trauma-informed practice
- Disability and neurodiversity awareness
- Inclusive communication
- Anti-racism and tackling health inequalities

Culture change also means:

- Valuing reflection over defensiveness
- Accepting that mistakes happen
- Learning and adjusting over time

4. Removing Practical Barriers

Identify and address barriers such as:

- Physical access (steps, uneven ground, lack of seating)
- Sensory overload (noise, crowds, too much signage)
- Financial cost (travel costs, equipment, reduced income)
- Timing (sessions that clash with care duties or hospital appointments)
- Language or literacy
- Discrimination or stigma

Barrier removal should be ongoing, not one-off.

5. Policies, Procedures & Governance

- Embed EDI responsibilities in board and senior leadership roles.
- Include EDI objectives in strategy, recruitment, fundraising and evaluation.

- Review policies for unconscious bias or exclusionary practices.
- Collect minimal, consented demographic data to inform improvement.

6. Partnership Working
Work with organisations that can extend access, such as:
- NHS and hospital departments
- Social prescribing link workers
- Mental health and community health teams
- Schools, carers groups and charities serving marginalised communities
- Refugee and asylum support organisations
- Disability groups and patient networks

Partnerships help reach those who might not access nature independently.

7. Monitoring Progress & Being Transparent
- Track who participates — and who does not — over time.
- Gather feedback on experiences, barriers and suggestions.
- Publicly share learning, challenges and commitments (e.g., annual DEI reflections).
- Celebrate milestones but also acknowledge where more work is needed.

In Summary
A diverse, equitable and inclusive environment is **not just diverse in who attends** — it is welcoming, empowering and designed so people with different needs can **thrive, not simply be present**. Getting there requires:
- Listening
- Partnership
- Cultural learning
- Barrier removal
- Accountability
- Long-term strategic commitment