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WSUN
Wiltshire and Swindon Users' Network

Diverse Communities

A study of diverse communities living in Wiltshire and their experiences with health, public and social care services

WILTSHIRE AND SWINDON USER'S NETWORK

2013

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Contents

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Wiltshire and Swindon User's Network

Authors Note

It must first be noted that participants were asked to comment on the strengths and weaknesses of services to meet their cultural, ethnic or religious needs. On the whole respondents were satisfied with the services they receive however this report is going to highlight the issues, problems and difficulties diverse communities reported with assessing and using local services.

When writing this report, careful checks have been made to maintain the anonymity of respondents. Subsequently, all names of respondents have been changed to keep participants identities anonymous.

Where respondent's quotes are used in this report, words will appear in "*italics with speech marks".* Respondents personal stories have been captured in the boxes titled **Case Study**.

Executive Summary

Wiltshire and Swindon Users' Network aim to promote user involvement and support people to have a voice on health and social care services. Subsequently this current project conducted by WSUN (& funded and requested by Wiltshire Council), has widened the spectrum of work carried out at WSUN to promote user involvement of individuals from diverse racial and religious communities.

This report provides insight into the experiences and needs of diverse communities living in Wiltshire. Communities include those of differing religious faiths, ethnic origins, and cultural lifestyles.

Although "Wiltshire is not as ethnically diverse as England or the South West" there are some significant Black, Asian and Minority Ethnic (BAME) communities living in Wiltshire, for instance the Moroccan community is the largest outside London. Furthermore, the diversity in Wiltshire is growing with the minority ethnic population increasing from 7,000 in 2001 to 21,300 by 2009, representing a 204% increase (Wiltshire Intelligence Network, 2011).

Previous literature suggests that "rural minority ethnic populations tend to lack access to appropriate and relevant services" with other research studies identifying issues with: racism and racial prejudice; language barriers; isolation; childcare responsibilities; transport issues; and religious and cultural factors (see Literature Review) (Chakraborti & Garland, 2004:48).

In this current research project, 47 individuals participated, predominately female, ranging in age from 21- 70+ with a variety of ethnicities (Sri Lankan, Israeli, Polish, Moroccan, Bangladeshis, Ethiopian, Pakistani, French, British, Asian, Indian, Chinese, African-Caribbean, Romanian, Gypsy/ Irish Traveller) and religious faiths (Muslim, Catholic, Orthodox, Buddhist, Christianity, Pentecostal, Methodist, Bethel Apostolic, Atheist)

The research was conducted via fieldwork, through outreaching to the established community groups and settlements, where a Qualitative data

collection technique was adopted. To promote a person-centered approach, numerous techniques were devised from open question questionnaires (available in different languages); to telephone interviews; to face-to-face conversational style interviews; to a focus group workshops. A topic guide was also devised, which listed service examples, in order to inform the participants of the health, public and social care services the research was considering and encourage relevant discussion.

On the whole respondents were satisfied with the services they receive however the report highlights the issues, problems and difficulties diverse communities reported with assessing and using local services.

Difficulties in accessing services included:

1.1 Difficulties in accessing services, which require registration (e.g. GP service), for nomadic gypsy travellers due to frequently being on the move and having no fixed abode.

1.2 Inadequate dissemination of service information, which has resulted in service users having a lack of service information

1.3 The insular and closed nature of some communities (in particular gypsy/traveller) can prevent potential users from accessing and using mainstream services.

1.4 Child care responsibilities can inhibit service users accessing a service, if there are not sufficient child care arrangements

1.5 The attitude barrier can prevent African-Caribbean communities from seeking help and accessing services

1.6 Reluctance to access social care services, particularly care services for older relatives, due to cultural values and beliefs.

1.7 The cost of services. In particular the English courses provided by Wiltshire College are deemed too expensive. Respondents also commented that the Dentist is too expensive

Difficulties in using services included:

2.1- Lack of awareness of religious practices and protocols and the subsequent insensitivity that entails this. In particular, unavailability of pray/meditation rooms; inadequate washing facilities for pre-pray wash;

unawareness of appropriate male-female interactions; unawareness of pray requirements on Fridays; unawareness of Islamic protocol and practice surrounding illustration, burial and visiting the sick; and ignorance surrounding converted Muslims.

2.2- Unawareness of different communities' cultural values and intricacies. In particular, use of the 24 hour clock and gypsy traveller values surrounding hygiene.

2.3- Negative treatment based on service users race or religion

2.4- A lack of provision of Halal meat within services which offer food, making the vegetarian option often the only choice.

2.5- Difficulties in understanding the English language was reported as one of the largest obstacles in accessing services, using services, and receiving sufficient support. An associated issue which respondents with such limited communication also face is with the translation service offered by services.

2.6- A difficulty with literacy was a barrier with using services.

2.7- Specific issues were reported regarding;

2.7a- The Police service

2.7b- Library services

2.7c- Leisure Centre's

2.7d- Children Centre's

2.7e- Maternity services

2.7g- GP surgeries

2.7h- The Benefit system

Some respondents also commented on services which they felt were lacking within Wiltshire, and which were deemed necessary. Services Included: (3.1) services for teenagers; (3.2) minority ethnic support groups; (3.3) and an interpreter service.

From these findings, a comprehensive list of recommendations has been put forward (see page 41) with an associated action plan (see page 46).

An Equality impact assessment can be seen in Appendix 1

Introduction

"The Wiltshire and Swindon Users' Network was the first user led organisation in Wiltshire. It was formed by people who use health and social services, to promote user involvement and support people to have a voice."

"We support people to;

- *bring about change to the services they use*
- *to become involved in the commissioning of health and social care services*
- *raise issues concerning the services they receive*
- *promote good practice*
- *campaign on issues that affect them*
- *be involved in diverse projects to influence our communities"*

(WSUN, 2013)

To date, the work carried out at WSUN has focused primarily on supporting individuals with a disability, mental health needs and older persons to have their say on the provision and delivery of health and social care services in Wiltshire.

Subsequently, this current project (funded and requested by Wiltshire Council), has widened the focus to incorporate the views of individuals from diverse racial and religious communities.

Accordingly, this report outlines the research and findings of the project undertaken by Wiltshire and Swindon User's Network which provides insight into the experiences and needs of diverse communities living in Wiltshire. Communities include those of differing religious faiths, ethnic origins, and cultural lifestyles.

Specifically this project aimed to give a voice to the diverse communities living in Wiltshire, allowing them to have their say on health and social care services,

in order to establish if cultural/religious and ethnic needs are being met across service provision and delivery.

The strategic aim of this project is to develop a better understanding of the needs of different communities living in Wiltshire for the use of Wiltshire Council, Resilient Communities Partnership, and Wiltshire and Swindon User's Network.

Guiding Legislation:

The Equality Act (2010) (section 13) prohibits direct discrimination ("direct discrimination to be when a person treats one person less favourably than they would another because of a protected characteristic") against the protected characteristics, listed under Section 4 of the Act, namely; age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Section 19 also prohibits indirect discrimination: "Indirect discrimination occurs when a provision, criterion or practice is neutral on the face of it, but its impact particularly disadvantages people with a protected characteristic, unless the person applying the provision can justify it as a proportionate means of achieving a legitimate aim".The act gives public authorities the statutory duty, to think about treating people from different groups (those listed under the protected characteristics) fairly and equally. The public sector equality duty (PSED) (Section 149) "requires institutions to have due regard to the need to: eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act; advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it; foster good relations between people who share a relevant protected characteristic and people who do not share it" (Equality Challenge Unit, 2012:5,7,15).

The National Health and Community Care Act (1990) (section 46) made consultation with users of services a legislative duty for local authorities. It requires local authorities to consult groups that represent people who use, or are likely to use, the service and involve them in service planning.

Diversity Profile of Wiltshire

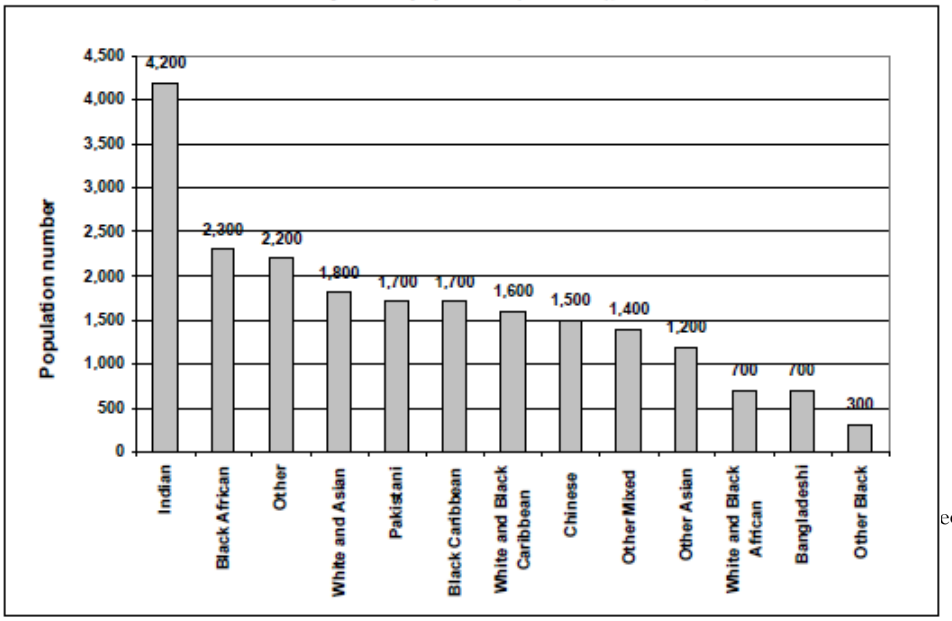
Ethnic Diversity (2001 and 2009 Statistics):

"Wiltshire is not as ethnically diverse as England or the South West" with minority ethnic populations being lower than the national and regional averages: 4.7% compared with 5.9% regionally and 12.5% nationally (2009 Statistics) (Wiltshire Intelligence Network, 2011).

However, there are some significant Black, Asian and Minority Ethnic (BAME) communities living in Wiltshire, for instance the Moroccan community is the largest outside London. Additionally in 2007 the 'Safe & Sound' report identified 106 self declared ethnicities in Wiltshire, with evident establishment of African-Caribbean, Polish, Slovakian, Chinese, Bangladeshi, Philippino, Gypsy & Traveller, Indian and Pakistani communities living in the county (Wiltshire Wildlife Trust, 2009).

Furthermore, the diversity in Wiltshire is growing with the minority ethnic population increasing from 7,000 in 2001 to 21,300 by 2009, representing a 204% increase. This is a higher increase than the regional and national statistics; with only a 163% increase regionally and 43% nationally (Wiltshire Intelligence Network, 2011).

The chart below shows the population size of the differing minority ethnic communities in Wiltshire in 2009:



(Wiltshire Intelligence Network, 2011)

However, as reported by Wiltshire Wildlife Trust (2009), as Black, Asian and Minority Ethnic (BAME) communities make up a very small proportion of the county's population, "many BAME individuals find themselves living outside of the context of a community with its associated networks and strategies of support, making isolation a key factor in people's lives".

Religious Diversity (2001 Statistics):

After Christianity, Islam is the second largest religion in Wiltshire, comprising 0.3% of the population (1,296 people in 2001). This is followed by Buddhism (percentage not provided) and Hindu, Jewish and Sikh groups each make up 0.1% of the population (432 people in 2001) (Wiltshire Intelligence Network, 2011).

However with an increase in population in the 2011 census by 38,000, it may be extrapolated that the religious diversity has also increased to: 1,413 (Muslim); and 471 (Hindu, Jewish and Sikh). However these figures maybe larger with the consideration of the growing minority ethnic population, thus the proportionality may have increased from 0.3% /0.1% (Wiltshire Intelligence Network, 2011)

Travelling Community:

The travelling community in Wiltshire is made up of Romany Gypsy, English Traveller, Irish Traveller, New Travellers and Boat Travellers. In 2007 the Gypsy and Traveller Needs Assessment (GTAA) identified the largest group to be English Travellers (54%), followed by Romany Gypsies (37%) and Irish Travellers (6%).The GTAA provides an estimate of the travelling community in Wiltshire, with the table below showing the estimated number of travelling community 'households':

(Wiltshire Council Local Development Framework, 2012)

Local Authority Sites	90
Private Authorised Sites (Permanent Permission)	92
Private Authorised Sites (Temporary Permission)	14
Unauthorised Sites on Gypsy-owned Land (Tolerated)	15
Unauthorised Sites on Gypsy-owned Land (Not Tolerated)	5
Unauthorised Encampments not on Gypsy-owned Land	14
Housed Gypsies and Travellers[4]	69
All Gypsies and Travellers	299
Travelling Showpeople[5]	11

Literature Review

Below is a summary of literature and research studies focusing on minority communities in rural counties and the issues these communities face in accessing and using services.

Chakraborti & Garland (2004): Rural Racism

The authors of 'Rural Racism' suggest that "research has confirmed that rural minority ethnic populations tend to lack access to appropriate and relevant services, and their situation is compounded by issues of size (i.e. 'number led' approach rather than 'needs led' approach) , dispersion and heterogeneity" (Chakraborti & Garland, 2004:48).

This is further suggested by Lincolnshire Forum for Racial Justice (1999:4) who argue that "statutory and mainstream service providers within the county are overwhelmingly white and ethnocentric with a tradition of organisations offering what they see as 'colour-blind' services i.e. service provision open to everyone regardless of race, colour or creed, and subsequently a resistance to 'special provision' for particular groups".

Other various authors (namely; Craig & Manthorpe (2000); Garland & Chakraborti (2002); and NNREC (2002)) have also found experiences of discrimination at the points of access and within the delivery of services, with a range of barriers to numerous services such as health, education, housing etc. Barriers included "poor access to information and advice; inappropriate and culturally insensitive services; a lack of capacity building support to develop their ability to influence service provision; an absence of an infrastructure to address issues of discrimination; communication and language barriers; a lack of interpretation and translation services; stereotyping; a lack of strategic commitment and leadership; and a dearth of representation on decision-making bodies". Moreover the lack of minority ethnic presence in local authorities, management and governing boards of schools, and other local and regional decision making bodies were presented as an issue (Chakraborti & Garland, 2004:48-49)

Although these factors may not only be present in rural areas, what is noted by Chakraborti & Garland is that "the rural context is likely to have some significant features which do make a difference, such as the greater potential for social isolation given the absence of other similar individuals and groups who might provide advice and support" (Chakraborti & Garland, 2004:177).

Suggesting that rural minority ethnic populations do not only lack adequate support and provision from services, but they also can not necessarily gain that alternative support and advice from their communities, due to the absence of similar community members; thus making access to services even more crucial to the livelihood of rural minority populations.

Collins & Begum (2002): Hidden Voices

Wiltshire County Council conducted a study into Wiltshire's minority ethnic residents to gain insight into the experiences, perceptions and needs of minority ethnic communities living in Wiltshire. The study was based on fieldwork and qualitative focus groups/ interviews with 61 local minority ethnic residents (ranging in age from 8-80 and of African-Caribbean and Asian ethnicity). The common findings that emerged were; existence of racism and racial prejudice from subtle comments to racial harassment and physical abuse; difficulties in reporting racial incidents in schools and to the police, with a fear of retribution; language barriers from a lack of English language reading and writing skills making form filling, finding out information and entitlements, attending parents evening and finding employment difficult; a sense of isolation, with few opportunities to meet people; childcare responsibilities and transport issues make accessing public services difficult; difficulties in accessing leisure centers due to religious and cultural factors; and perceived difficulty in accessing employment due to ethnic monitoring forms.

Jay (1992): Keep them in Birmingham

Jay (1992:7) conducted a research study into four counties in the south-west of England: Devon, Cornwall, Dorset and Somerset, with the aim to research if racism was a problem for ethnic minority communities in the West County. "The project revealed widespread evidence of racism in all the areas covered - ranging from unintentional racism and patronising and stereotyped ideas about

ethnic minority groups combined with an appalling ignorance of their cultural background and life styles and of the facts of race and immigration, to extremes of overt racial hatred".

Wiltshire and Swindon User's Network (2009): Needs Analysis Report

This report aimed to identify the key areas of need in health and social care services for older people in rural Wiltshire. Although the needs analysis was concentrating on older people in Wiltshire, it did also identify the needs of older persons from a different cultural background (African Caribbean). The study found that: "the communication between service providers, especially from the voluntary sector, need to be improved, voluntary groups and public organisations need to be proactive and make approaches to small community groups to raise awareness of the services they offer and allow the BAME groups to identify their needs and integrate their needs into the services provided"; need for "greater awareness between health professionals of conditions that predominate within certain groups of individuals, e.g. African Caribbean's and Sickle Cell Anaemia/Lupus/Diabetes"; "demand greater respect and that their views are valued, i.e. not tokenistic"; "better communication from professionals about identifying real need and treating people as individuals, rather than 'fitting' people into the services that exist"; "greater knowledge from professionals about specialist foods/dietary provision for people with special dietary needs because of culture and/or health"; and "better engagement with different organisations across Wiltshire and more invitations to events to improve networking" (Bollen, 2009)

Citizens Advice Bureau Case study (2006): Meeting the advice needs of different ethnic minority communities in rural areas

"In 2006, West Wiltshire CAB identified the need for information for newcomers to the area and to the UK. However, more recently advice needs have changed and the CAB is aware of differences between the advice needs of White British and other BAME clients who use the bureau's specialist phone service. CAB notes that with the added issues of culture and language, clients from ethnic minority backgrounds often require more explanation of forms and letters".

The West Wiltshire CAB also found that "some ethnic minority groups may be hesitant to contact White people in statutory organisations; as their perception is that they might be treated differently to White people. By setting up a designated BAME phone line the CAB was able to send a clear message that the CAB is for everyone which helped to overcome some of concerns people may have had about accessing the service".

The West Wiltshire CAB also enlisted a "community worker who leads on awareness raising about the CAB service, this includes; visiting various community groups to promote the bureau, attending meetings across the county with groups such as the Inter-faith group, Gypsy and Traveller groups, and statutory and voluntary service providers such as Migrant Worker forums. The CAB has found getting out into the community is crucial to becoming more accessible to the clients, with invitations to people to visit the CAB to see what it does also being well received".

Mayur Bhatt: Living Options Partnership Report

The living options partnership project focused on service development for black disabled people in Wiltshire. From outreaching and community development work specific needs were identified. The development worker found "services from the statutory sector were inadequate: Black disabled persons were not wanting to use services because they knew without hesitation that it would not meet their needs. The front line care service providers and care organisations (e.g. social workers) did not know about their religious or cultural needs, nor did they have appropriate language skills to enable the narrowing of the communication barriers. Also they could not have a choice of who their carer would be which contributed to the cultural inappropriateness of care service provision". A service user reported that: "the reason why many people from the Asian community are reluctant to use the services, is because they are geared for people whose first language is English, and they do not train nurses, consultants etc, in particular religious needs (e.g. preparation of food) of the Asian community and that is why the services are not sensitive". Another service user commented "she does not use the services provided by mainstream sector (physiotherapy, homecare etc) because of language difficulties and miss-interpretation of our religious beliefs" (p24)

Participants

In total, 47 individuals took part in this project, ranging in age, ethnicity and religion, as the following Charts indicate:

Chart 1: Gender Breakdown of Respondents

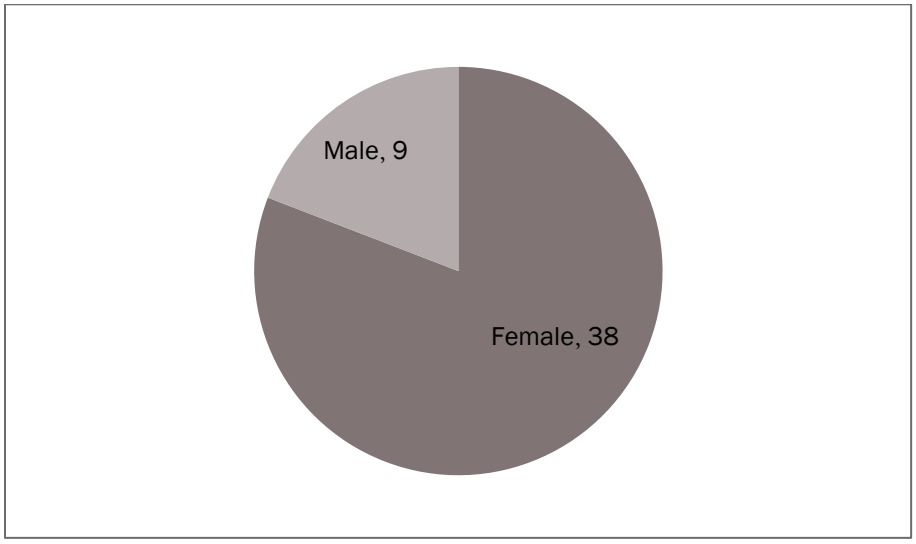


Chart 2: Age Breakdown of Respondents

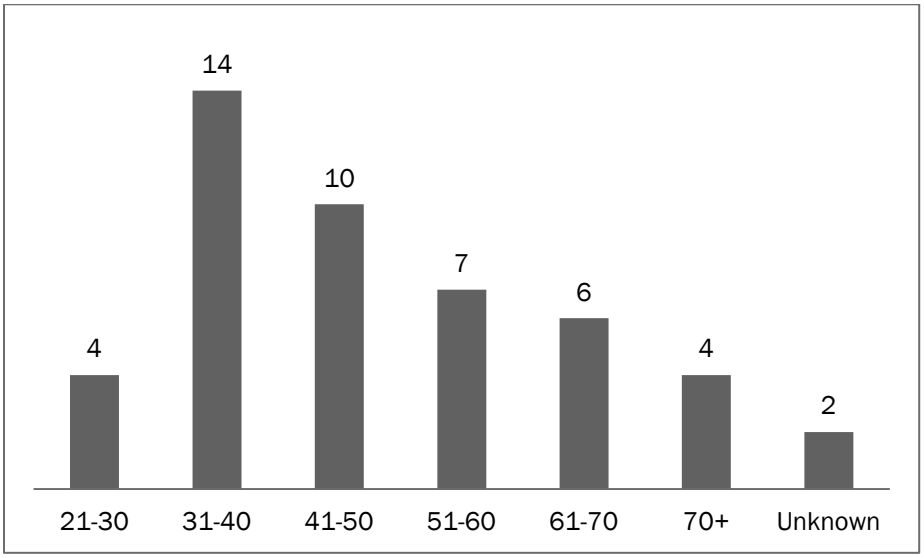


Chart 3: Ethnicity Breakdown of Respondents

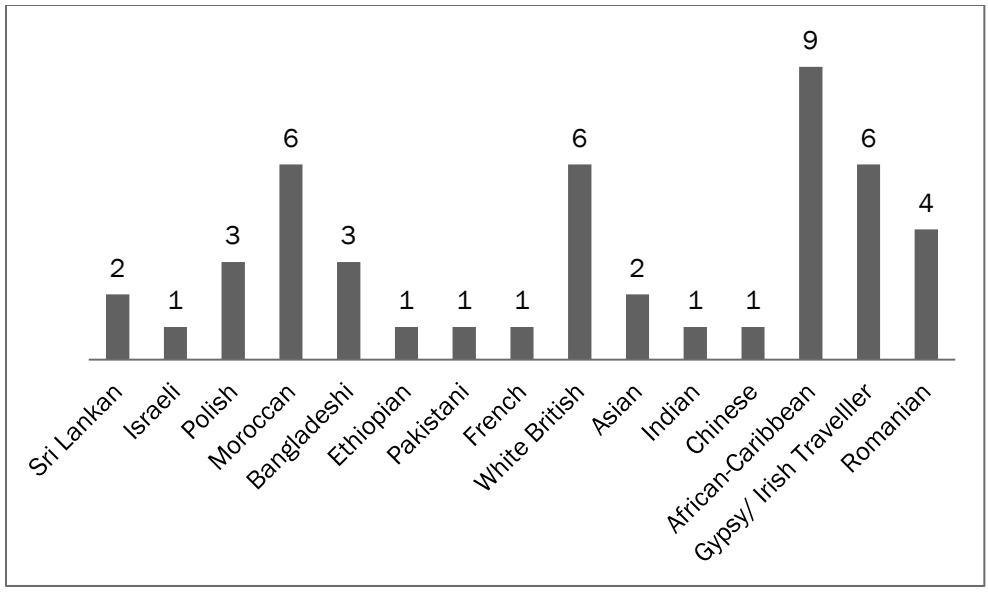
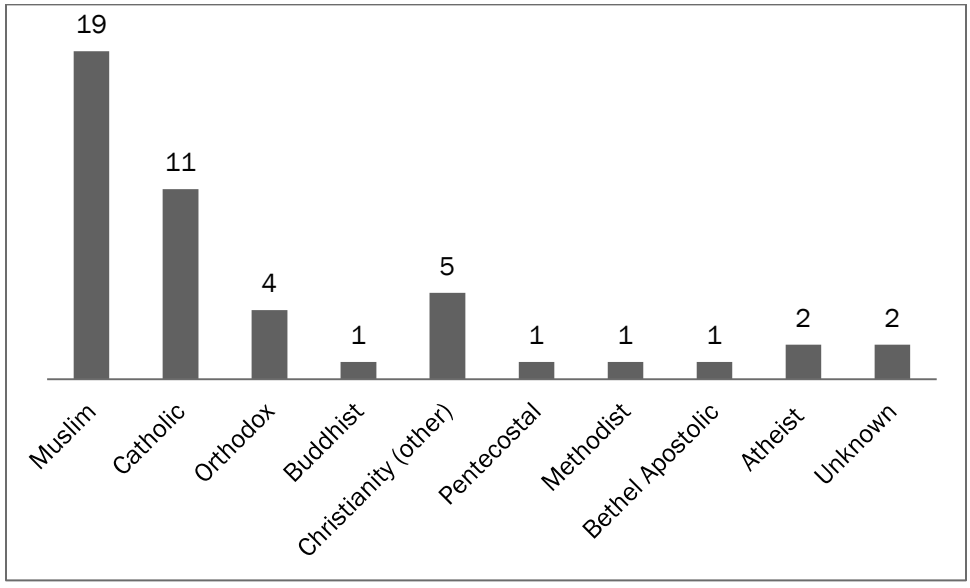


Chart 4: Religion/Faith Breakdown of Respondents



It is recognised that the participant size is a small sample of the total BAME demographic of Wiltshire. Nonetheless, participants did include community leaders who themselves are in touch with the wider members of their community, so it may be assumed that the issues are not only affecting those who participated in the project.

Methodology

Before embarking on this project, 'Equal Chances Better Lives' (ECBL), also known as 'Develop', were consulted on the methodology. ECBL advised us on who to contact within the community and how best to go about the project research. Carers Support Wiltshire also assisted us with providing some significant contacts within the BAME community, founded from their previous project work.

It was decided that the most appropriate way to engage with the diverse communities living in Wiltshire was to conduct fieldwork, through outreaching to the established community groups and settlements. It was recognised from WSUN's low BAME membership that expecting diverse communities to approach the service themselves to participate was unrealistic, and thus outreach was needed.

Additionally, as this project aimed to gain insight into experiences and needs of diverse communities, a Qualitative data collection technique was adopted. To promote a person-centered approach, to suit each individual and group best, numerous techniques were devised from an open question questionnaire (Appendix 2); to telephone interview; to face-to-face conversational style interview; and to a focus group workshop. A topic guide (Appendix 3) was also devised, which listed service examples, in order to inform the participants of the health, public and social care services the research was considering and encourage relevant discussion.

The questionnaire was also available in different languages (Arabic, French, Bengali, Polish, Romanian, Chinese); easy read format (including pictures) and electronic. A specific questionnaire was also devised for the gypsy and traveller community, with more relevant questions (Appendix 4).

Interviews were conducted in English, however for individuals with little or no understanding of English, members of the community group provided in-house vocal translation, which invaluably made user involvement possible.

All organisations, recommended by ECBL and Carers Support, were contacted via email, telephone or post; which included a description of WSUN, the project, its aims and objectives, an invitation to participate and information on the options to participate (i.e. questionnaire, face-to-face consultation, telephone interview or focus group). The only additional organisation contacted, which was not included in ECBL and Carers Support's contact lists, was The Castle Inn Hotel, in Castle Combe. The Caste Inn Hotel was known to have a predominant Eastern European workforce, which provided a link to Romanian migrant workers.

It must be noted that participation was entirely voluntary, and this was also stressed to each of the organisations, from initial contact. However the importance of their feedback was also emphasised.

Following this initial contact, some organisations were first visited on an informal basis to become familiar with the members before conducting any formalised project work. This did prove in itself a very good methodology for gaining insight into different communities, and was able to gain relevant information for the project simply through general conversation.

For each group that agreed to participate in the project, a variety of methods were carried out, dependent upon their request:

South West Chinese Association

Feedback was obtained from the Chinese liaison representative over a telephone conversation. Due to the language barrier it was not possible to speak with other members of the Chinese community that the liaison representative was in contact with. However Chinese translated questionnaires were posted to the representative to pass on to them.

Wiltshire Islamic Cultural Centre

The WICC were visited on five occasions; twice to the 'Mother and Toddler Group' and three times to the 'Ladies Group'. Feedback was obtained through a number of methods, predominately through face to face conversational style interviews, but also through a focus group which three women attended. Questionnaires were also distributed.

South West Alliance of Nomads

Feedback was obtained from the consultant and fieldworker of the South West Alliance of Nomads, through a face to face conversational interview. Although the consultant was not a traveller himself, his contact with the gypsy and traveller community made for a significant contribution.

West Wilts Multi-faith Forum

The Multi-faith women's Lunch and English Class were both attended. Feedback was obtained from individual face-face conversational interviews (during the lunch session); a focus group with approximately 8-10 women (during the English class session, with the women who were more competent with English); and distribution of questionnaires (in various languages and in easy read) amongst the other attendees (whose English was more limited), which were worked on with the assistance of the English teachers. The Chair of the Multi-Faith Forum also completed the questionnaire electronically.

West Wilts Community Club

Feedback was obtained through a focus group activity, which all members who were present participated in, and from an informal conversational style interview with the community leader of the club.

Gypsy & Traveller Site: Dilton Marsh

Feedback was obtained from face-to-face conversational interviews with four families in their caravans at the Dilton Marsh Wiltshire Council traveller site.

Salisbury Buddhist Group

Feedback was obtained from a representative of the Salisbury Buddhist Group, who spoke on behalf of the group. This was conducted through a face-to-face conversational interview.

The Castle Inn Hotel

Feedback was obtained from a face-face- conversational interview between a Romanian couple and through questionnaires

Findings

Difficulties with Accessing Local Services

This section examines the participant's experiences and expressed issues of accessing health and social care services, across the board. This section also identifies the religious and cultural factors involved in accessing services. The 8 themed issues are as follows:

1.1 Transient Lifestyle

Nomadic (transient) Romany Gypsies find it difficult to access services, which require registration (e.g. GP service), due to frequently being on the move and having no fixed abode. Consequently, Romany Gypsies use Hospitals A&E service for minor health needs, which is not appropriate for them or the service.

Additionally this lifestyle and the associated norms, means Gypsy Travellers (including those whom are settled) *"live for the moment"* so may change plans *"at a drop of a hat".* This consequently has implications for time keeping and the inflexibility of services scheduled appointments.

1.2 Lack of Information

There appeared to be issues of inadequate dissemination of service information, which has resulted in service users having a lack of information. This was evident across two different communities; Chinese and Gypsy Traveller.

It was reported that some mothers in the Chinese community in Salisbury were not aware of Child Tax Credit and subsequently were not claiming it. This lack of information largely stemmed from the language barrier and from not receiving this information in a suitable form (i.e. in Mandarin) which the mothers could understand. This issue can be assumed to be widespread across all services which do not offer multiple linguistic information and

support and additionally will affect other diverse communities, where English is not their first language or who have no understanding of English.

Similarly members of the traveller community lacked service information, particularly surrounding benefit entitlements. Information was lacking on; what is available to claim, what they could claim; and how to claim it.

Case Study 1:

Diana had only started claiming Disability Living Allowance for her mum in 2012 and has only recently applied for Carer's Allowance for herself, despite her mum having had a disability and having cared for her since 2008. Diana only found out about their entitlement through a friend (word of mouth).

Case Study 2:

Sue is a carer for Tom, who has a physical disability. They were financially struggling as neither were able to work. But Tom and Sue had no knowledge at all of Carer Support services or Carer Allowance which they were likely to be entitled to.

This issue is heightened by the predominant poor literacy levels of the Traveller community, which makes accessing this information even more difficult.

1.3 Closed Communities

Gypsy Traveller communities were reported to be a very insular and closed and can be wary of *"outsiders"* (i.e. non-gypsy travellers). Consequently gypsy traveller communities are less likely to access/approach mainstream services themselves.

1.4 Child Care Responsibilities

Many of the female participants had child care responsibilities, which meant their children frequently went with them, wherever they went. This can inhibit the women accessing a service, if there are not sufficient child care arrangements (e.g. crèche facility or flexibility for their children to also attend).

Case Study 3:
Mrs X accesses the English classes put on by West Wilts Multi-Faith Forum but not those at Wiltshire College as crèche facilities are not provided.

Case Study 4:
Mrs Y is a member of Carers Support (as a carer of her son with down's syndrome) but she has never attended a carer support group due to always having at least one of her 4 children with her which prevents her from accessing the groups.

1.5 Attitude Barrier

It was reported that the African-Caribbean community, particularly the older generation, have had to be self-sufficient and self-reliant over their life-time, due to previous inadequacies in support services. This historic pattern of behaviour has developed an attitude barrier, where the perception is: 'why do we need your help now'. This attitude can prevent African-Caribbean communities from seeking help and accessing services.

1.6 Cultural Barrier

Many respondents from across different communities stated their reluctance to access social care services, particularly care services for their older relatives, due to their cultural values and beliefs.

It was reported that within the Chinese culture, the family ethos means predominantly children and grandchildren (or extended family members) look after their parents and grandparents and provide their care without any support from outside services. Furthermore, the reluctance to seek care services is heightened by the language barrier, as the current older Chinese generations are likely to have poor or no understanding of English. Consequently, Chinese families would not want to have a carer for their relative who could not communicate, in their language (e.g. Mandarin), and so would rather provide the care themselves.

Similarly, a Moroccan respondent expressed how *"Arabic families would not put their relatives in a care home".* Care within the family is expectant within this culture and is deemed the responsibility of the family. However the Moroccan respondent did state that they would accept extra support into the home (i.e Help to Live at Home Services).

Additionally the Gypsy Traveller community reported that they *"look after their own".* Consequently this cultural facet means this community would not put a relative into a care home nor would they accept help to live at home services (i.e. paid carer).

Finally the African-Caribbean community also reported that *"family is very important"* with *"close ties".* Stating that this *"close community" "look out for each other".* Consequently this also has an implication on the use of care services

1.7 Cost

A number of respondents commented on the difficulty in accessing services because of the cost of the service. In particular the English courses provided by Wiltshire College are deemed too expensive:

> *"Polish people have big problem with language. A lot of people like learn English Language, but it is expensive"*

It was reported that for residents of the European Union, the cost is £300-£400 and for non-EU residents, the cost is £800. These prices were reported as too expensive. Many women were unable to afford this as they were not in employment because their English language difficulties. Consequently women

said they feel they are *"not encouraged"* to learn English, because the expense and limited options to learn.

Additionally a Polish and an African-Caribbean respondent both commented that they find the Dentist too expensive. The African-Caribbean respondent stated: *"Dentist charges too much monies for treatments".*

Difficulties with Using Local Services

This section examines the participant's experiences and expressed issues with using health and social care services. It will examine generic issues as well as issues specific to individual services. The 6 themed issues are as follows:

2.1 Lack of Awareness of Religious Practices

One of the largest reported issues with using services across the board was unawareness of religious practices and protocols and the subsequent insensitivity that entails. Two communities reported issues with this, namely; Buddhism and Muslim.

Buddhism

The Buddhist respondent commented on how he feels the general population does not seem to know a lot about Buddhism. However, he did specify that there were not any specific practices or protocols that need to be met within service delivery, only to be aware that meditation is a key part of the religion. Although suitable environments are preferred (e.g. quiet, private space), there is no prescribed way of practicing, so meditation can be performed anywhere and at any time.

Islam

Muslim respondents felt religious practices and protocols need to be better understood and incorporated into service delivery and provision:

> *"The strength is people want to cater for religious and cultural needs. However there is little evidence of meeting the needs"*

"More knowledge of faiths and their needs across services is needed. Services need to get to know the cultural and religious requirements and ensure all staff are aware of the needs. If not they must be able to refer to a manual."

"I think all healthcare workers, social care workers and education workers should have lessons in cultural competence - understanding other cultures and religions. They should be made to learn about the cultural practices of all the religions as a part of their training so they don't make mistakes, stereotype or marginalise a population in their provision of services."

Additionally Muslim respondents expressed particular needs, with the following factors, which need services need to be aware of:

Prayer Room

Muslims (from age 10+ for boys and from the first day of a girl's menstruation) are required to pray 5 times daily, during certain time slots (sunrise/ 12:30-2:30/2:30-5:30/x2 in evening). Therefore suitable environments are required in which to pray:

"Prayer facilities for patients and visitors need to be provided"

"Based on visits to hospitals I have not seen a Multi Faith Or Inter Faith room where visitors or out patients or in patients can spend quiet time or pray at prescribed times"

Although Muslims are able to pray in public settings (e.g. train station, park), some respondents reported instances of judgment and abuse while praying. Subsequently many of the respondents preferred to pray in private settings, where they can feel less self-conscious. Thus, ideally public services would have prayer rooms, e.g. hospitals, airports, schools, shopping centres.

Washing Facilities

Washing facilities are also required for the pre-prayer wash. The pre-wash entails: washing the face, hands to elbows, feet to ankles, genitals and wipe over hair. This could be accommodated, on a basic level, with a jug or bowl in bathrooms which can be filled with water and taken into the toilet cubical to wash. On a more substantial level, a shower or private washing facility in the bathroom would accommodate this.

Male-Female Interactions

A Muslim respondent commented on the religious protocol between men and women, where interactions are required to be modest. Consequently women require limited and modest interactions with men (Muslim and non-Muslim) who are not their blood family or husband, wherever possible. This entails certain behaviours, i.e. covered hair and body; avoidance of physical contact (e.g. no hand shaking); and avoidance of personal interactions (e.g. female not being alone with another male).

Case Study 6:

Mrs S had a very *"uncomfortable"* experience when the local MP tried to shake her hand. Mrs S had to turn this down, but felt very uncomfortable doing so as did not want to offend him

This has implications for services which do not prescribe to this way of acting. Particularly for health services where the worker may be male and may require physical contact (e.g. GP, Consultant), or where removal of clothing is needed (e.g. Maternity services) However it was positively reported that it is found to be *"possible to ask for a female doctor"*.

However it must be noted that although this is the ideal Islamic protocol, the Muslim respondents were accepting of situations where this could not always be practiced sufficiently (e.g. Doctors) and were acceptant of this upon medical grounds. However this protocol is preferred wherever possible, with segregation being required for social interactions.

Prayer on Fridays

On Fridays, men are required to undertake prayer at a mosque. Women are permitted to attend but not are expected to. This has an implication for when services run.

Illustration

Creating new beings (humans and animals) is prohibited in Islam, this means the drawing of humans and animals are generally not accepted; only drawings of plants are accepted. This has implications for such services as schools which undertake such activities; consequently adaptation to illustration activities may be needed.

Islamic Practice of Visiting the Sick

> *"Visiting hours in hospitals need to accommodate the Islamic practice of visiting the sick, especially the dying, if the patient consents."*

"Visiting the sick is a major responsibility that every single Muslim is duty-bound to fulfill" (Islam Religion, 2013).

Islamic Practice of Burial

> *"The delay between death and burial needs to be shortened for Muslim patients"*

"Muslims strive to bury the deceased as soon as possible after death, avoiding the need for embalming or otherwise disturbing the body of the deceased" (Huda, 2013). This has implications for hospital processes following a patient's death.

Converted Muslims

Sensitivity needs to be given to individuals who are not from a minority ethnic origin, but who still practice the religious faith of Islam. This was expressed very clearly by a converted British Muslim:

> *"Don't confuse religion and race, whilst a lot of religions other than Christianity are made up of ethnic minorities, there are a lot of white people who convert to other religions, e.g. Islam, and whom don't fall under the banner of ethnic minorities, but whom follow cultural practices*

of those faiths and are bound by the religious rules. They feel excluded from the mainstream and also from BME access routes."

Sensitivity much be given to this, in order not to stereotype persons of Muslim faith, as this can lead to members of this community who have the same needs being ostracised and their needs marginalised.

2.2 Cultural unawareness

Awareness is needed of different communities' cultural values and intricacies, which impact on their needs in service delivery.

It was reported that AM and PM are not recognised in all countries; alternatively the 24 hour clock is used. Services need to be aware of this when discussing any form of time with people from differing countries, For example, when making appointments, as saying e.g. 7am, the service user would not be aware if this is 7 in the morning or 7 in the evening. Thus the time should be offered/ given in 24 hour clock format e.g. 07:00/19:00.

It was also reported that the traditional cultural beliefs and values of the gypsy traveller community mean they highly regard hygiene and cleanliness. Bodily fluids are seen as dirty, which constructs certain ways of acting, i.e. Washing the bottom half of the body with a separate bowl of water than the top half, to avoid contamination; not using other persons toilets and equally would not want another to use theirs. Similarly it is wished that visitors do not wash up their own cup (or place the cup on the washing up bowl), stroke the dog, put their cup on the floor or use their toilet. Although this value base is held to different degrees by members of the gypsy traveller community, it is important for services to be aware of this if outreaching to the homes of gypsy travellers or if a service is providing personal care.

2.3 Prejudice

Respondents reported incidents of negative treatment based on their race or religion when using some services. In particular:

Female, Muslim Respondents felt that services make the assumption, based on their initial appearance (i.e. head scarf) and ethnicity, that they will not be able to understand them, which then automatically makes a barrier in

communication where the professional does not listen effectively and consequently does not hear them properly, thus creating a self fulfilling prophecy,

Case Study 7:

Mrs W also felt the assumption was made that due to her appearance of Sri-Lankan Ethnicity and wearing a head scarf that professionals thought she would not be able to understand the medical information regarding her son who has Down Syndrome. Mrs W had experienced professionals either; limit the information given to her to a very basic level so she felt she was not given the full picture; or over explain everything to the point of information overload; additionally Mrs W had even experienced professionals speak "loudly" to her.

Although Mrs W found this to be offensive, as her understanding of English is very competent, and is currently studying for a degree in Chemistry. Mrs W did suggest that for some Muslim women, who have poor understanding of English, this form of communication may be necessary.

The Gypsy Traveller community also reported experiences of prejudice (negative treatment) within services based on their race.

Case Study 8:

Rose explained how her son had been moved out of a state school into individual tuition due to being bullied by other students for being a traveller and having dyslexia (receiving name calling such as "pikey" and "spastic"). Rose said that the school did try to address this, however it was felt that more individualised tuition was needed as her sons academic abilities were below that of the class standard and they were not able to put him back a year. Although Rose was satisfied with the arrangement, the bullying received is evidence of the prejudice that still exists against traveller children and the huge impact that this can have. With her son now suffering with subconscious scratching, extreme anxiety and depression

Case Study 9:

Lucy was dismayed by the lack of service she received from the ambulance service. When paramedics arrived to escort Lucy's elderly mother to hospital, she found that the paramedics would not assist her mother from her caravan into the ambulance, instead Lucy and her family had to do this.

Lucy did make a complaint to the RUH, who stated to Lucy that the paramedics had, had a previous bad experience at another traveller site which influenced the service delivery received by Lucy and her Mother.

Lucy and her family were very unhappy that the assumption had been made that because one traveller site was bad, that they all were going to be

Lucy's story was not singular, it was also reported by the South West Alliance of Nomads that there is huge prejudice within services, in particular with health professionals refusing to go onto site *"in fear of being beaten up"*

2.4 Diet

A common issue reported amongst the Muslim community was with the lack of provision of Halal meat within services which offer food, making the vegetarian option often the only choice. Additionally it was reported that the Muslim required diet is not always known across all services offering food:

Case Study 10:

Mrs T found that the nursery her son attended were not aware that Muslims only eat Halal meat; they only thought that Muslims did not eat Pork. Subsequently Mrs T had to inform them of this and ensure that the nursery provided her son with the required diet of the Muslim faith.

However it was positively reported that: *"hospital food is available for other cultures".* With the RUH in Bath, being reported to offer Halal meat.

Furthermore an issue the Muslim community face is with the provision of medicine and the receiving of adequate information regarding the ingredients of prescribed medication:

> *"We are not told if the medicine contains any animal fat or any other product from animals. Many faiths (Sikh, Hindus, Muslims and Jews) would be interested in knowing such information. Practicing Muslim and Jews would be interested in knowing if medicine given contains anything from pigs. If medicine prescribed contains animal product then patients need to know alternative."*

> *"Recognition is needed that certain medicines contain gelatine etc and cannot be taken if alternatives are available"*

2.5 Language Barrier

Difficulties in understanding the English language was reported as one of the largest obstacles in accessing services, using services, and receiving sufficient support. This was also reported across a number of communities.

Case Study 11:
Mrs S found engaging with her health visitor particularly difficult as she could not express her concerns in English (as her English was only basic at the time). Additionally Mrs S reported that her health visitor did not facilitate her to express her concerns in a different language or form of communication. Subsequently her concerns went un-supported.

It was reported that there is an education divide between Muslims from Asian countries (Sri-Lanka, India) and Muslims from African countries (e.g. Morocco, Tunisia, Algeria). Within Asian countries, there is a greater expectation on education, so women are encouraged to learn English as their second language. In contrast in African countries the emphasis is not the same and consequently education levels can be more varied. Additionally the second language taught is usually French. It was also reported that those entering the UK from Asian countries have to undertake an English test, whereas those entering from African countries via France do not have to. Consequently those from African countries are more likely to have difficulties with understanding English.

Additionally due to education provision in African countries (with different education for girls and boys), women from such countries may also have difficulties with reading and writing their own language. For example one respondent I interviewed could not speak, read or write English nor could she read or write Arabic. Consequently her only form of communication was speaking Arabic, which had significant implications for using services.

An associated issue which respondents with such limited communication also face is with the translation service offered by services. Although it was positively reported that *"telephone translators are available",* it was also reported that within the Arabic language there are different dialects for each region, consequently respondents commented on the issue they face when they are provided with a translator who speaks a different dialect of Arabic than themselves; thus proving a further barrier to communication.

The South Wilts Chinese Association also expressed that language is an enormous barrier within the Chinese community. It was reported that most Chinese speak Mandarin and many cannot speak, read or write English or their abilities are very poor. The Chinese community cannot find any courses or voluntary agencies where they can go to in Salisbury to access English teaching classes, which is perpetuating the problem. It was reported that the English courses that used to run at the college no longer exist.

Respondents commented that difficulties with English, particularly impacted on their ability to fill out forms (e.g. benefit forms), access employment and

communicate appropriately and sufficiently (e.g. with GP's about specific medical issues), making them feel extremely isolated and powerless.

One respondent also commented that it was more difficult to speak English over the telephone than in face-to-face contact.

The South West Alliance of Nomads also commented on the awareness needed within schools of the language of Romany Gypsies. It was reported that a young gypsy girl had undergone a plethora of tests (e.g. Autism), as her school could not get her to engage and learn. Subsequently it was founded, from an outside authority, that the girl's first language was Romany and thus had no understanding of English.

2.6 Literacy Barrier

In addition to the language barrier, many respondents also commented on their difficulties with literacy as being a barrier to using services. Some respondents, for whom English was not their first language, could speak English and had a 'good enough' understanding of the language, still faced troubles with reading and writing the language.

Additionally respondents, whose first language was English, also had difficulties with literacy, which was preventing them from adequate service use. In particular this affected the Gypsy Traveller community who had great difficulties with reading and writing English.

For both groups, literacy difficulties make form filling, comprehension of service repertoire and information difficult, particularly in regards to benefit information and letters.

The south west alliance of Nomads further commented that poor literacy levels within the Gypsy Traveller community even make it difficult for them to locate a service as they find it difficult to understand directions and signs.

2.7 Specific Services

2.7a Police

One respondent commented how she felt the police do not take hate crime and racist verbal abuse seriously enough. When she personally experienced

such an incident the police continued to question her saying *"are you sure"* and despite reporting the incident, 6 years later it has never been followed up.

2.7b Library

Arabic respondents reported their dismay with the library service, with there only being a small selection of Arabic stories for children and no Arabic books for adults. Additionally these women were unhappy about the 'rhyming time' offered at the library. They reported that their Library only offers rhyming time for Polish families. Moreover when a Moroccan mother and her child tried to attend the Polish group they were turned away. The respondents were unhappy with this segregation of ethnic communities, and felt that the service should be inclusive and multi-cultural.

However, it was also reported that the Arabic women were permitted to attend the English 'rhyming time' sessions, as there was not an Arabic session.

2.7c Leisure Centers

Respondents of Muslim faith stated how they are not able to use leisure centres due to the religious practice of presenting modestly around males (including customers and staff) and centers often to not offer such a service:

> *"Leisure centre's should realise that when they provide women only swimming this means they have to provide female life guards as well and prevent men from entering, even managers and maintenance people during that time."*

Wiltshire Islamic Cultural Centre (WICC) did manage to organise a private swimming session for women (at their local leisure centre), where only female staff and customers were permitted. However this was arranged by WICC on a group basis, in advance of the session. Thus the issue still applies to individuals who wish to use the facilities on an individual basis, without pre-arrangement.

2.7d Children Centres

There were a number of reported issues, by women of minority ethnic origin, with using and accessing children centres. Barriers included:

- Language difficulties;

Case Study 12:

Mrs B accessed a children centre seeking help with her sons language delay. However the environment deterred her from accessing it again. She felt alienated by the dominant English culture, resulting in lack of peer support. Mrs B, who also had language difficulties, found it hard to understand the session. Moreover Mrs B did not receive any additional help with this difficulty.

- Transport issues- frequently minority ethnic women do not drive and some do not find it easy to use public transport, especially if they have limited English;
- Cultural barrier- some Muslim women prefer to stay at home as this behavior is expected within their culture. Additionally, within certain cultures, family issues are *"brushed under the carpet"* and kept inside the family and so seeking support from a service such as a children's centre would not be condoned (particularly with disabled children, it is inherent in some minority ethnic culture's to keep this inside the family)

2.7e Maternity Service

Respondent's comments on maternity services were at the two extremes. On the one hand the service received some very positive feedback, but on the other hand there was some deep dissatisfaction.

At the positive end, Muslim respondents said that they were very satisfied with the service to meet most of their religious and cultural needs. Stating that staff were always thoughtful in checking out any religious and cultural requirements of the birth (e.g. religious duties after birth, cord cutting etc). It was also reported that staff were always respectful in making sure the curtains were closed when asking the women to undress and checked out that they were happy to remove items of clothing, before instructing them to do so:

"Plenty of female practitioners of all kinds available for women patients; maternity services happy to accommodate cultural practices during labour and early days, e.g., allowing time for calling azaan in newborn ears, prayer facilities, extra privacy in wards, placenta - cultural practices – some require to take the placenta home"

"Very respectful whilst needing to take things off, for example a headscarf"

However, Muslim respondents also commented on their dissatisfaction with service provision, in particular the lack of a circumcision service offered by NHS services, which is required for religious and cultural practice.

"Weakness: Not recognising the cultural need for procedures like circumcision, the lack of provision causes stress and financial pressure"

The religion and culture requires new born boys to have a circumcision as soon as they are born. Muslim respondents reported that the NHS will only perform a circumcision if there is a medical reason (i.e. 3 or more infections). Due to this lack of service, Muslim families are either having to travel to London to have it performed privately (costing £100+) or travel back to their home country where the service is provided as a formality and is free of charge.

One Muslim respondent was extremely dissatisfied with the lack of emotional support services offered by the hospital, following a mis-carriage. She reported that she received no support to help her deal with the grief and emotional impact of her trauma, which left her psychologically damaged, and resulted in her subsequently suffering from post-natal depression. She only received some support after requesting it herself from her GP.

Another Muslim respondent reported that there is a stereotype within the medical profession that "*Asian women make more noise when giving birth and have a lower pain threshold*" than their European equivalents. The respondent was very dismayed by this stereotype and felt this influenced her assessment of labour. She also felt that the maternity service did not take her to be the expert of her situation and despite informing the receptionist of her pattern of labour, from her previous 3 births (i.e. very quick birth, without contractions), and the posed risk of her un-born child having Down Syndrome, they still

instructed her not to attend the hospital and wait till her contractions start. As it happened, the respondent did go into labour that day, but as there was no time to travel to Bath, she had to go to Trowbridge hospital where they were not equipped to deal with the potential severity of this birth and were already understaffed.

2.7f Disability Services

The same respondent as the previous case found the services offered upon the birth of her other son with Down Syndrome to be extremely good. Describing the services as *"flooding in"* as soon as she gave birth, feeling very well supported.

Similarly a Gypsy Traveller mother reported very positively about the services offered to her son with a physical and learning disability. She has received physical support, through adaptations to the caravan (e.g. ramp installation) and educational support with her son's delayed development, where a worker (service not named) spent a session a week with her son in his pre-school years, developing his communication; services which were very highly regarded by the respondent.

2.7g GP surgeries

Respondents from the African-Caribbean community commented on the service delivery of GP surgeries, in particular they stated:

"Relevant health services need to acknowledge health issues"

(It is assumed that this respondent meant this in terms of health issues specific to the African- Caribbean community. This was also reported in the Wiltshire and Swindon User's Network 'Needs Analysis report' (see page 10), which reported the need for "greater awareness between health professionals of conditions that predominate within certain groups of individuals, e.g. African Caribbean's and Sickle Cell Anaemia/Lupus/Diabetes")

"Doctors don't seem to be interested in what you go to see them about"

Respondents from the Romanian community also commented on the lack of provision of an assigned GP.

Case Study 13:
Mr and Mrs X attend a surgery in Yatton Keynell, where they do not have an assigned GP. Every time they visit they always have a different "consultant". As Mr X is undergoing treatment for cancer, they find this process very inconsistent and inefficient, as Mr X has copious medical notes which need to be read each time. Mr and Mrs X feel they have not been able to build any relationship with their "consultants" due to this inconsistency, and stated that this would have made a big difference for them whilst undergoing their frequent visits to the surgery due to Mr X's diagnosis. However, Mr and Mrs X did report that the NHS services they have needed for Mr X's cancer treatment have been very *"prompt and professional"* with the consultants taking full control, consequently Mr and Mrs X have not had to chase consultants up for appointments, and are very happy with this part of the service.

2.7h Benefit System

A respondent from the Muslim community and the African-Caribbean community, both reported issues with the benefit system, in particular:

> *"Benefits letters – these are still so hard to understand even for native English speaking citizens. Especially housing benefit – they need to be made much clearer explaining how HB has arrived at the amount decided without pages and pages of different amounts on different dates and deductions etc but no explanation of why deductions are made or how they have arrived at the figure given."*
>
> *"Benefit system unhelpful when talk to them by phone. Unclear about the system and it is always difficult to get through"*

Need for Local services

In addition to participants commenting on current service provision, some respondents also commented on services which they felt were lacking within Wiltshire, and which were deemed necessary. Services Included:

3.1 Services for Teenagers

One Muslim respondent expressed how her teenage children lack social involvement, as they do not prescribe to the western culture of socialising at pubs, clubs or other venues due to their religious practice of not consuming alcohol. Subsequently, it was reported that the children do not feel they have anywhere to go to socialise and would benefit from a community club for teenagers.

Another Muslim respondent commented:

> *"There is a lack of provision for teenage anger problems. Need much more provision to address the needs of teenage anger and depression – ethnic minorities less likely to access these services anyway and they are hard to get into or be referred to."*

3.2 Minority Ethnic Support Groups

The Chinese Liaison Volunteer reported that there is a lack of support for the Chinese community living in Salisbury. Presently there is not a Chinese User Group/Support Group, consequently the Chinese community do not have a group they can attend for support, social gatherings, point of information, integration etc.

The Moroccan community, living in Trowbridge, reported not feeling well supported by the council and feel no help has been given to help them integrate. With a large population of Moroccan families living in Trowbridge, spanning a number of generations, this community does not feel they have received sufficient support for their community in Wiltshire.

It was also reported by the African-Caribbean community that social support groups are really important stating that this *"close community needs lots of social interaction and stimulation".*

3.3 Interpreter Service

Amongst minority ethnic respondents, there was a significant demand for a professional, public 'interpreting service'. Although it was positively reported that it is *"possible to take a partner or relative to help with translation",* respondents stated that they feel it is not always appropriate to take a family member or friend with them, for example to the doctors to translate for them, as they may want to discuss issues privately. Additionally this method can be insufficient, for example one female respondent said that her husband would only express about 1 out of the 4 things she had asked him to say to the doctor. Also family members or friends are not always available. Moreover respondents felt they should not have to rely on their community for help.

Recommendations

Finding	Recommendation
1.1	Availability of direct access health centre's (e.g. walk-in-centre's) in various localities across Wiltshire, to accommodate individuals with no fixed abode or registered GP surgery. Such a service exists in Salisbury (Salisbury walk-in health centre) and Bath (Riverside Health Centre), however this needs to be replicated in Central and North Wiltshire (e.g. Devizes and Chippenham)
1.2a 1.2b	Health and Social Care services to provide their service repertoire (i.e. leaflets, pamphlets, website information etc) in multiple languages (in particular Arabic, French, Chinese, Polish, Romanian, Filipino, Bengali (see page 6 for demographic profile of Wiltshire)) and formats (e.g. audio) Service repertoire to be disseminated within the community for maximum awareness of service availability. Recommended through outreach to diverse communities who are under-represented on services databases. This can be conducted via: i. Outreaching information to community groups and traveller sites- Face-to-face service contact is highly recommended for verbal explanation of services for easier understanding, clarity, and allowance for potential clients to ask questions (this would also address literacy difficulties which some diverse communities experience) ii. Providing service information at public places where such communities are likely to attend e.g. post office, supermarkets, GP surgeries etc. Information stands could be provided at such venues also.
1.3	Where possible, it is recommended that services outreach their service to traveller sites, delivering the service on site.

	An example of such a service is the SHINE community bus offered by Salisbury Baptist Church, which "is used to provide parent/toddler sessions, after- school activities and 'holiday club' activities at Gypsy and Traveller Sites and other isolated areas around Salisbury" (Salisbury Baptist Church, 2013)
1.4	Services (in-particular Wiltshire College and Carers Support) to consider making arrangements for child care facilities for the users/family carers within their service provision, i.e. either providing an on-site crèche or allowing children to attend the session while the service is being delivered. If this could impact on other users, separate sessions could be provided where children are able to attend.
1.5	Services to be culturally sensitive with their advertisement i.e. images to include ethnic diversity, workers to be from minority ethnic backgrounds and to outreach to alike groups, for potential users to establish better identification with the service and encourage acceptance of its use. This was also recommended by a African-Caribbean respondent, who stated: *"reflection of cultural products is needed in photos/events"* NOTE: Within the Muslim community the use of imagery and photography of Humans and Animals, may not be appropriate, due to the Islamic religious practice.
1.6a 1.6b	Care services to promote package's of care that can be offered to minority ethnic family carers, which fit into their cultural lifestyles and attitudes surrounding care of relatives. Care providers to ensure adequate training of all their staff on cultural and religious factors and ideally employ more paid Carers from diverse communities, who will have an inherent understanding of language, cultural and religious needs.
1.7a	Wiltshire College courses (in particular English language and literacy courses) need to be affordable for all and to make reasonable adjustments to the fees to account for socio-economic needs (e.g. means tested fees; offer of bursaries; payment plan where course fees can be re-paid upon employment similar to that of Higher Education student fees). CCG to ensure they have proportionate and reasonable subsidies in

1.7b	place for the cost of dentistry treatments for those in need.
2.1a	Awareness training needs to be conducted across all health, public and social care services. This can be provided by a community group such as the Multi-Faith Forum. As stated by the community leader of the Multi-Faith group: *"Training for all existing staff and new staff is needed. A community group based in Wiltshire can tailor the training to suit the organisation. Organisation only has to pay expenses and make a donation to the group"* This was also reiterated by an African-Caribbean respondent who stated the importance of *"educating the community about cultural differences"*
2.1b	Further awareness training would be valuable in Educational Institutes such as schools, colleges, and universities, especially to students who are studying health and social care related courses e.g. Social Work, Early Years, Health and Social Care etc.
2.1c	Services to provide facilities for religious practices where possible. i.e. prayer/meditation room, washing facilities, female worker, service provision Saturday-Thursday, extended visiting times for end of life services (i.e. hospitals, hospices, care homes)
2.2a	Services to ensure they make reference to the 24 hour clock when referring to time (e.g. when making appointments)
2.2b	Outreach workers to be aware of the protocol surrounding hygiene within the gypsy traveller community.
2.3	Services need to ensure a person centred approach when working with diverse communities and clarify each client's level of English in order to avoid the extremes: i.e. too much information or to little information, or feeling patronised. Recording client's communication abilities within each services central database would make this approach more efficient and ensure consistency in the linguistic interaction offered.
2.4	Services which offer food to their clients should provide an option which includes Halal meat. Medical services which offer prescribed medication need to ensure patients of minority religious faiths are made aware if the medication

	offered includes animal products.
2.5a	Health, public and social care service's need to ensure that; their repertoire (e.g. leaflets, website information) is in differing language formats; and, they provide an interpreter if needed and check that the dialect of the interpreter is the same as the client (if not, services may need to provide an interpreter of the clients second language).
2.5b	In addition to recommendation 2.3, front line workers need to clarify clients understanding of English at the outset of any engagement in order to devise the most appropriate way of communicating (e.g. interpreter, Google translate, easy read documents and language). This is important as clients may not have the confidence to tell the worker that they need extra support.
2.5c	English language courses to be provided at numerous localities across Wiltshire, which can be afforded and accessed by diverse communities.
2.6a	Services need to have provision for a worker who can assist with the reading and writing of relevant paper work of the service (e.g. forms, registration, information documents, etc) or refer them to a service who can help.
2.6b	English literacy courses need to be provided at numerous localities across Wiltshire, which can be afforded and accessed by diverse communities.
2.7a	Police services need to ensure they acknowledge that racism and hate crime does still exist within Wiltshire and give consideration to reports of this nature.
2.7b	Provision of Arabic books for adults, particularly in Trowbridge where there is a large Moroccan community. Provision of an inclusive 'rhyming time' session at local libraries (Trowbridge in particular), where community members of differing ethnic backgrounds can join together, without feeling segregated.
2.7c	Provision of strictly 'women only' sessions at leisure centres, incorporating female life guards/instructors and female customers, staff and management.
2.7d	Children Centres to provide culturally sensitive groups for minority ethnic clients, where attention can be given to language needs.

2.7e	i. Provision for a circumcision service at the major hospitals within Wiltshire or at least at one within the county. ii. Health services which have clients experiencing a mis-carriage, however early in the pregnancy, refer or signpost them to psychological support services.
2.7g	i. GPs to be adequately trained on the specific health issues which predominately effect certain communities (e.g. diabetes, prostate cancer within African-Caribbean community) ii. And/or clinics to offer targeted sessions on health issues specific to the BAME population, which raises awareness and offers advice, support and information iii. GP services to ensure an empathetic and patient centered approach iv. GP surgeries to provide an appointed GP to each of its patients, in particular for patients with a long term or terminal illness.
2.7h	i. Benefit information to be made clearer/more user friendly (i.e. systems, paperwork and letters) ii. CAB/Job Centre to offer face-to-face support with explaining benefit letters, queries, advice and information, perhaps via 'drop in' sessions.
3.1	i. Provision of a Community Club/ Youth Centre for teenagers. This would not only be beneficial for Muslim teenagers but also teenagers across the demographic. ii. Provision of support for teenage anger issues
3.2	Ambassadors/Community Leaders of diverse community groups to have a frequent presence at 'community campuses', which can be a point of support and advice for other community members.
3.3	Provision of a confidential and professional interpreter service which provides on the spot interpreter's, to assist with telephone conversations, meetings and appointments, and written information.

Action Plan

Wiltshire and Swindon User's Network will endeavor to set up a 'working group' to address the findings and recommendations of the report. Organisations will be invited to join the working group, where WSUN will be able to voice the recommendations of this report and work with those organisations to subset the responsibilities to those of most significance.

The action plan below will be used to guide the working group responsibilities:

Rec.	Action	TBA by	TBA to	TBA when
1.1	Recommendation to be taken to the GP commissioning groups and the Resilient Communities Partnership (RCP), through Develop (see Appendix 5 for process)		CCG	
			RCP	
1.2	Creation of an advisory pamphlet highlighting recommendation 1.2a and 1.2b for successful engagement with diverse communities, as established from the findings. Advisory pamphlet to be disseminated to voluntary services, to inform their service delivery.			
	Delivery of an 'awareness' event, where the advisory pamphlet can be disseminated amongst other awareness related material and presentations from guest speakers/organisations that represent the diverse			

	communities.			
	Raise recommendation 1.2a with CCG & Wiltshire Council: Communication Department (Service Director, Laurie Bell); Corporate Director of Adult Social Services and Public Health (Maggie Rae) to inform service delivery of statutory services in Wiltshire.		CCG WC	
1.3	Recommendation to be included in the advisory pamphlet (see 1.2)			
1.4	Recommendation to be included in the advisory pamphlet (see 1.2)			
	Issue to be raised with Wiltshire College and Carers Support.		WC CS	
1.5	Recommendation to be included in the advisory pamphlet (see 1.2)			
1.6	Raise recommendation 1.6 a & b with the Help to live at home Contracts Manager (Nicola Gregson) and to look at introducing monitoring training and staff demographic into the Customer Reference Group agenda.		NG CRG	
1.7	Raise issue of the cost of courses with Wiltshire College, to ensure they are making proportionate and reasonable adjustments under their public		WC	

	duty.			
	Raise recommendation 1.7b with the CCG		CCG	
2.1	Take recommendation 2.1a, 2.1b and 2.1c to Resilient Communities Partnership, through Develop (see Appendix 5 for process)		RCP	
	WSUN will undertake awareness training, on cultural and religious practices and protocols to inform their service delivery.	LR & GH		6 months- 1 year
	Contact Wiltshire College on recommendation 2.1b in addition to recommendation 1.7		WC	
	Raise recommendation 2.1a and 2.1c with the Clinical Commissioning Board, local acute hospitals (Salisbury, Bath, Swindon) and Wiltshire Council's Corporate Director of Adult Social Services and Public Health (Maggie Rae), regarding training and the provision of necessary facilities for religious practices within public services.		CCG WC GWH RUH SDH	
	Recommendation to be included in the advisory pamphlet (see 1.2) regarding provision of facilities			
2.2	Raise recommendation 2.2a		CCG	

	with the Clinical Commissioning Board, CCG and the Hospitals Governing Bodies, to ensure use of the 24 hour clock is factored into practice in health institutions. Recommendation 2.2a and 2.2b to be included in the advisory pamphlet (see 1.2)		GWH RUH SDH	
2.3	Recommendation to be included in the advisory pamphlet (see 1.2)			
	Raise recommendation with the Clinical Commissioning Board, CCG, Hospitals Governing Bodies and the Resilient Communities Partnership.		CCG GWH RUH SDH RCP	

2.4	Raise issue with the CCG, CCB, Hospital Governing Boards and Wiltshire Council Service Director of Schools and Learning (Stephanie Denovan), to ensure relevant services are aware of this need and are practicing alike.		CCG GWH RUH SDH WC	
2.5	Recommendation 2.5a and 2.5b to be included in the advisory pamphlet (see 1.2)			
	Contact Wiltshire College on recommendation 2.5c in addition to recommendation 1.7 & 2.1		WC	
2.6	Recommendation 2.6a to be included in the advisory			

	pamphlet (see 1.2)			
	Contact Wiltshire College on recommendation 2.6b in addition to recommendation 1.7, 2.1 & 2.5c		WC	
2.7a	WSUN to establish involvement in the SCAR (Salisbury Coalition Against Racism) Hate Crime Project, to allow members of WSUN to contribute their experiences of Hate Crime and raise awareness (see appendix 6).	LR & MF	SCAR	2 months
2.7b	Raise issue with Wiltshire Council Service Director of Communities (Niki Lewis), Service Director of Schools and Learning (Stephanie Denovan), and Service Director of Communications (Laurie Bell)		WC	
2.7c	Raise issues with Wiltshire Council Corporate Director of Public Health (Maggie Rae).		WC	
2.7d	Raise recommendation with the organisations which run the centre's, namely; 4children, Spurgeons, Barnardo's and the RISE trust.		4children Spurgeons Barnardo's RISE trust	
2.7e	Raise recommendation with CCG and hospital governing bodies		CCG GWH	

			RUH SDH	
	WSUN Mental Health Community Team to add to their agenda of work and raise with the AWP (Avon and Wiltshire Mental Health Partnership)	LR	OTTT AWP	3 months
2.7g	Raise recommendations regarding GP services with the CCG		CCG	
2.7h	Raise recommendation with CAB and Job Centre Plus		CAB JC	
3.1	Raise issue with Wiltshire Council, Youth Development Team to raise the awareness of the need for youth services for teenagers 18+.		WC	
	WSUN Mental Health Community Team to add to their agenda of work and raise with the AWP (Avon and Wiltshire Mental Health Partnership)	LR	OTTT AWP	3 months
3.2	Raise recommendation with Wiltshire Council (Steve Milton/Niki Lewis) under its aim: *"Community campuses will be developed through input from local people to ensure each campus is as individual as the community it serves"*		WC	
3.3	Raise recommendation with		WC	

	Wiltshire Council, Service Director of Communications (Laurie Bell)			

Concluding Comments

The aim of this project has been to gain a more comprehensive understanding of the cultural, religious and/or ethnic needs of diverse communities living in Wiltshire, in order to establish if health, public and social care services are meeting those required needs.

The findings have highlighted the various issues which affect diverse ethnic and religious communities in accessing and using health and social care services. The two significant issues appear to surround lack of awareness of religious/ cultural needs, and inability to meet language needs; with more individualised issues stemming from these two facets.

The findings of this project will be invaluable in developing strategies that are inclusive of the needs of diverse communities living in Wiltshire. The needs and issues identified will help inform statutory and non-statutory organisations in future planning arrangements and with their service delivery.

Appendices

Appendix 1: Equality Impact Assessment (EIA)

Equality Impact Assessment template

If you know that an Equality Impact Assessment (EIA) is required please use this form.

If you are unsure please discuss with head of Network Services whether a **screening for the Relevance/Impact on the defined 9 "Protected Characteristics"** to determine whether an equality impact assessment is required.

Why complete an EIA?

Carrying out an EIA involves systematically assessing the likely, or actual, effects of policies on people in respect of disability, gender and racial equality and wider equality issues. It also enables us to identify opportunities to promote equality that have previously been missed and/or negative or adverse impacts that can be removed or mitigated where possible.

Thank you for participating in this assessment.

Title of policy **(attach copy)**	**Diverse Communities Report**

1. Scope

1.1 Tick to confirm:

All panel members have read the policy	N/A
You understand the aims, purpose and outcomes of the policy	√

1.2 List the main policy aims/outcomes, who benefits and how

The Diverse Communities project undertaken by Wiltshire and Swindon User's Network aims to provide insight into the experiences and needs of diverse communities living in Wiltshire. Communities include those of differing religious faiths, ethnic origins, and cultural lifestyles.

Specifically this project aims to give a voice to the diverse communities living in Wiltshire, allowing them to have their say on health and social care services, in order to establish if cultural/religious and ethnic needs are being met across service provision and delivery.

The strategic aim of this project is to develop a better understanding of the needs of different communities living in Wiltshire for the use of Wiltshire Council, Resilient Communities Partnership, and Wiltshire and Swindon User's Network.

1.3 What data, research or evidence is available which is relevant to this EIA?
Examples include data from case tracker, workforce data, equalities data, survey results

Field work was conducted, via outreaching to differing community groups where qualitative data was collected (via questionnaires, interviews, and focus groups), of which the research is recorded in the 'Diverse Communities' report.

1.4 Is there further data or information you think would be useful in carrying out this assessment?

Yes- See demographic profile of Wiltshire on page 6-7 of report

2. Consultation

2.1 Which groups were consulted when preparing the policy/EIA? (tick boxes) (include dates when consulted)

Internal		External		√
		Wiltshire Islamic Cultural Centre	(Feb, Mar, Apr 13)	√
		Women's Multi-Faith Forum	(Feb, Mar, May 13)	√
		West Wilts Community Club	(Mar, May 13)	√

		South West Chinese Association (Feb 13)	√
		South West Alliance of Nomads (Apr 13)	√
		Dilton Marsh Gypsy Traveller Site (Apr 13)	√
		Salisbury Buddhist Group (Mar 13)	√
		Staff at The Castle Inn Hotel (Apr 13)	√
		North Wilts Community Club (Apr 13)	√
		Equal Chances Better Lives (DEVELOP) (Feb 13)	√
		Carers Support Wiltshire (Feb 13)	√

2.2 Is further consultation required? If so detail below and add to action plan

Further consultation could be made with: Muslim Men, Polish Community, Chinese Community, Gypsy Traveller Community (to widen the sample size) and groups not represented in the report.

3.0 Assessing impact and strengthening the policy

3.1 Using data collected (1.3) and information gathered from consultation (2.1) what implications might this policy have on equality?

The report identifies areas of inequality where religious and cultural needs, are not being met across health and social care service delivery. Thus as the Equality Act (2010) (section 13) prohibits discrimination against the protected characteristics, listed under Section 4 of the Act, namely; age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation, means public authorities have a statutory duty to promote equality.

3.2 How will the policy affect different groups?

Consider the protected characteristics (as defined by the Equality Act) of:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Race
- Religion and belief
- Sex
- Sexual orientation

- Pregnancy and maternity

Also any other vulnerable groups (e.g. carers)

Group	How affected (positive or negative)	Any actions required (add to action plan)
Pregnancy and maternity	Positively if recommendations undertaken: See Recommendation: 2.7e	See Action Plan: 2.7e
Race	Positively if recommendations undertaken: See recommendation: 1.1, 1.2, 1.3, 1.5, 1.6, 1.7, 2.2, 2.3, 2.5, 2.6, 2.7a, 2.7b, 2.7d, 3.2, 3.3	See Action Plan: 1.1, 1.2, 1.3, 1.5, 1.6, 1.7, 2.2, 2.5, 2.6 2.7a, 2.7b, 2.7d, 3.2, 3.3
Religion and Belief	Positively if recommendations undertaken: See recommendation: 1.6, 2.1, 2.4, 2.7a, 2.7c, 3.2	See Action Plan: 1.6, 2.1, 2.4, 2.7a, 3.2
Family Carers	Positively if recommendations undertaken: See recommendation: 1.4, 1.6a	See Action Plan: 1.4, 1.6
Age	Positively if recommendations undertaken: See recommendation: 3.1	See Action Plan: 3.1

3.3 Is there anything which could be included in the policy to help promote equality of opportunity and good relations or eliminate discrimination, harassment or unfair treatment?

All issues surrounding equality of opportunity, good relations and elimination of discrimination, harassment and unfair treatment, as identified by participants of the project, are identified within the report.

3.4 Do any of your recommended actions to address any negative effects on one group impact on any other groups? If so what actions could be taken to mitigate this?

Recommendation 2.7c would impact on service provision for males, while addressing the negative effects of leisure centres on female Muslims.

3.5 Is there anything that can be done to improve accessibility and understanding of the policy?

The report will be translated into various languages for ease of use by minority ethnic communities.

4. Summary

4.1 Will the policy meet the WSUN's responsibilities in relation to equality and human rights? (tick box).

	√
Yes – as it stands	√
Yes – with changes highlighted in the action plan	
No – needs complete review	

4.2 **Have you identified anything through this EIA which should be more widely adopted in other policies or built into planning/strategy work?**

Yes- See Recommendations and Action Plan of report.

Appendix 2: Questionnaire

Have Your Say on Health and Social Care Service's In Wiltshire...

Purpose: The aim of this questionnaire is to hear from members of BAME (Black, Asian, and Minority Ethnic) communities about experiences with health and social care services, in Wiltshire, in order to establish cultural, religious and/or ethnic needs and identify the gaps in service delivery. The responses given will form part of a report which will be used to inform future work at Wiltshire and Swindon User's Network (WSUN). This feedback is extremely valuable to us, and we are very grateful for your time.

Please Note:

- All questions are optional, so please fill out as much as you are able to
- All personal information will be made anonymous and names are not required
- If you require any help with completing this questionnaire OR require this questionnaire in a different format (e.g. large print, different language, audio, electronic) please contact WSUN (details at the end)

Health Services: A public service providing medical care

Examples: NHS services; Hospital Treatment/Screening; Doctors/Nurses/ Consultants/ Midwives; GP Surgeries; Dentists; Ante-Natal Clinics/ Maternity Services; Family Planning/Contraception services; Pharmacists; Health Visitors; School health services (Including Personal, Health & Social Education); Mental Health Services/ Psychiatric Nurse ; Counselling/therapeutic services; Drug Treatment; Opticians; Emergency Services; Nutrition Services (e.g. Dietitian); Rehabilitation; Speech and Language Therapists etc...(NOTE: this is not a complete list, please do comment on others)

3

Please make your comment on the strengths and/or weaknesses of Health services in Wiltshire to meet your cultural, religious and/ or ethnic needs...

- Strengths (positives):

- Weaknesses (negatives):

How could health care services in Wiltshire be better?

Please make any recommendations or suggestions for improvement...

Social Care Services: Deliver care and other support services for individuals and groups with identified needs

Examples: Social Services ; Social Workers; Care/ Domiciliary Services; Services for older persons; Respite Services; Carer's Services; Nursing Homes; Care Homes; Mental Health Services; Direct Payments; Benefit Claims; Meals on Wheels; Social Housing (& Sheltered/Supported); Occupational Therapy; Learning Disability Services; Disability Services; Charities & Not-for-profit organisations, etc...(NOTE: this is not a complete list, please do comment on others)

Please make your comment on the strengths and/or weaknesses of Social Care services in Wiltshire to meet your cultural, religious and/ or ethnic needs...

- Strengths (positives)

- Weaknesses (negatives):

How could social care services in Wiltshire be better?

Please make any recommendations or suggestions for improvement...

Please make any further comments you have on service delivery in Wiltshire? (You may comment on services that do not come under the health and social care spectrum (e.g. schools, nurseries, children centres, public transport, libraries, job centre, leisure centres etc...)

Appendix 3: Topic Guide

Health Services are... A public service providing medical care	Social Care Services are... deliver care and other support services for individuals and groups with identified needs
Examples: NHS services Hospital Treatment/Screening Doctors/Nurses/ Consultants/ Midwives GP Surgeries Dentists Ante-Natal Clinics/ Maternity Services Family Planning/Contraception services Pharmacists Health Visitors School health services (Including Personal, Health & Social Education) Mental Health Services/ Psychiatric Nurse Counselling/therapeutic services Drug Treatment Opticians Emergency Services Nutrition Services (e.g. Dietitian) Rehabilitation Speech and Language Therapists	Examples: Social Services Social Workers Care/ Domiciliary Services Services for older persons Respite Services Carer's Services Nursing Homes Care Homes Mental Health Services Direct Payments Benefit Claims Meals on Wheels Social Housing (& Sheltered/Supported) Occupational Therapy Learning Disability Services Disability Services Charities & Not-for-profit organisations

Other Public Services:

Schools/Pre-schools/Nurseries/Children Centres Public Transport Libraries Leisure Centres Job Centre

Appendix 4: Gypsy Traveller Questionnaire

Have Your Say on Health and Social Care Service's In Wiltshire...

Purpose: The aim of this questionnaire is to hear from members of diverse communities (e.g. gypsy and traveller, Muslim, Polish etc) living in Wiltshire about their experiences with health, social care and public services in order to establish any issues with accessing services and service delivery. The responses given will form part of a report which will be fed back to Wiltshire Council in order to contribute towards the awareness of service delivery.

Your feedback is **extremely valuable** to us, and we are very grateful for your time.

Please Note:

- All questions are optional, so please fill out as much as you are able to
- All personal information will be made anonymous and names are not required
- If you require any help with completing this questionnaire OR require this questionnaire in a different format (e.g. large print, different language, audio, electronic) please contact WSUN (details at the end)

Health Services: A public service providing medical care

Examples: NHS services; Hospital Treatment; Doctors/Nurses/ Consultants/ Midwives; GP Surgeries; Dentists; Ante-Natal Clinics/ Maternity Services; Family Planning/Contraception services; Pharmacists; Health Visitors; Mental Health Services/ Psychiatric Nurse ; Counselling/therapeutic services; Drug Treatment; Opticians; Emergency Services; Nutrition Services (e.g. Dietitian); Rehabilitation; Speech and Language Therapists etc...(NOTE: this is not a complete list, please do comment on others)

/22/

How do you find it accessing health services?

Do health services meet your needs as a gypsy, traveller or nomad?

If YES, please comment on how your needs are being met…

If NO, please comment on how your needs are not being met…

How could health services in Wiltshire be better? Please make any recommendations or suggestions for improvement…

Social Care Services: Deliver care and other support services for individuals and groups with identified needs

Examples: Social Services ; Social Workers; Care/ Domiciliary Services; Services for older persons; Respite Services; Carer's Services; Nursing Homes; Care Homes; Mental Health Services; Benefit Claims; Meals on Wheels; Social Housing (& Sheltered/Supported); Occupational Therapy; Learning Disability Services; Disability Services; etc...(NOTE: this is not a complete list, please do comment on others)

How do you find it accessing social care services?

Do social care services meet your needs as a gypsy, traveller or nomad?

If YES, please comment on how your needs are being met...

If NO, please comment on how your needs are not being met...

How could social care services in Wiltshire be better? Please make any recommendations or suggestions for improvement...

Please make any further comments you have on service delivery in Wiltshire?

Do other public services meet your needs as a gypsy, traveller or nomad?

(e.g. schools, nurseries, children centres, public transport, libraries, job centre, leisure centres etc...)

If YES, please comment on how your needs are being met... If NO, please comment on how your needs are not being met...

Contact Details:

WIltshire & Swindon Users' Network **Tel: 01380 871800**

The Independent Living Centre **Web: www.wsun.co.uk**

St. George's Road **Email: student.wsun@btconnect.com**

Semington

BA14 6JQ

Thank You for completing this questionnaire

Appendix 5: Resilient Communities Partnership (Processes through DEVELOP)

SUGGESTIONS and ISSUES you would like to RAISE at today's meeting

DEVELOP run Wiltshire Equality Network and Equality Clusters provide an opportunity for voluntary community sector groups to share relevant positive suggestions; issues and concerns with the Resilient Communities Partnership. DEVELOP will report back to you the responses received and where appropriate will help to take any further issues forward.

PLEASE USE ONE SHEET PER SUGGESTION/ISSUE/CONCERN.

Your name: Natalie Watts

Your organisation: Wiltshire and Swindon User's Network

Event Name and Date: Islamic Cluster, BAME Cluster, Wiltshire Equality Network

Positive Suggestion and/or concern you would like to raise:	WSUN would like to raise the findings and recommendations identified in the 'Diverse Communities' report.
What information or evidence is there to support this suggestion/ concern: (Please 'evidence' suggestions or concerns as effectively as possible). This might include what you have done to try to address this.	The report is based on a project conducted over a period of 3 months of consultation with members of differing community groups on the issues and difficulties they face with accessing and using health, public and social care services in Wiltshire.

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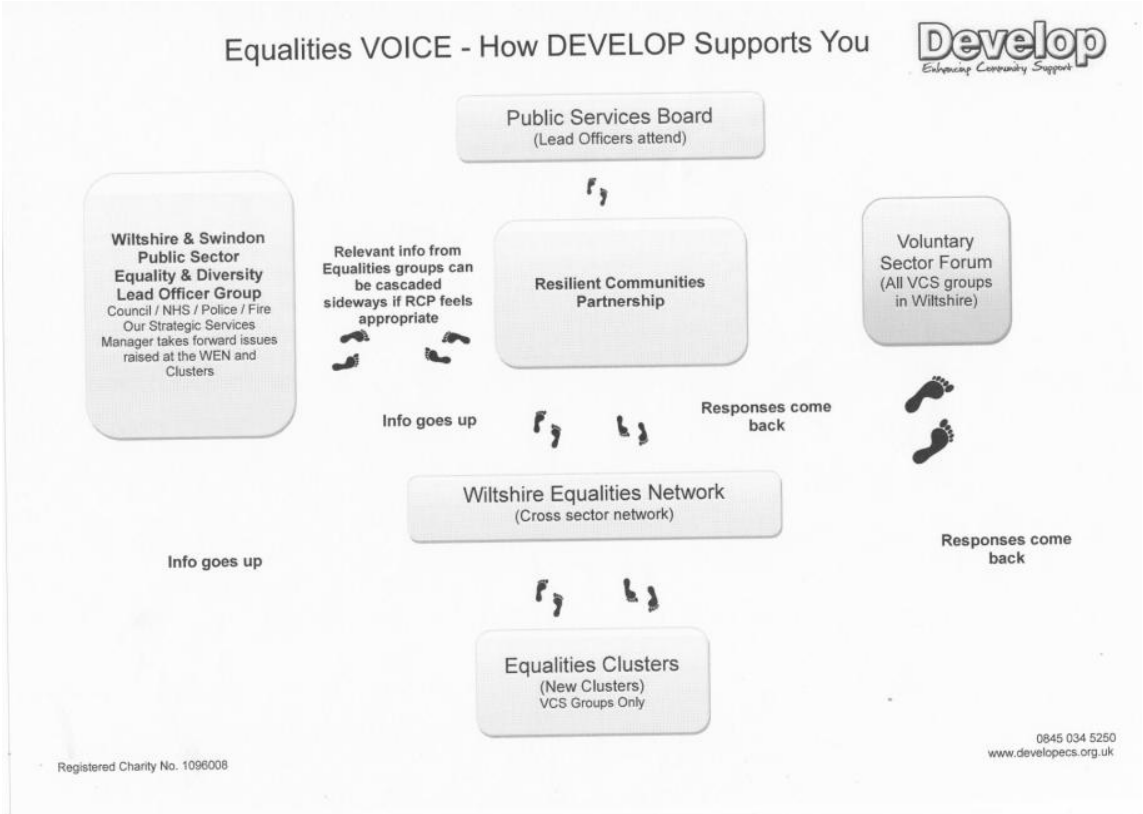

Appendix 6: SCAR Hate Crime Project

SCAR has obtained funding from the Wiltshire Police Authority Fund to do some independent work on Hate Incidents/Crime across Wiltshire.

The proposed project has three aims:

- Set up an independent website giving advice re Hate Incidents/crime and signposting. Domain name sayno2hate.org.uk
- Run a Hate Incident/crime survey across Wiltshire to include all Protected Characteristics
- Develop an art project to raise awareness.

scar

Salisbury says 'no' to racism

We invite you to join us in developing this project.

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Contact Information

For further information on this report or on the research conducted please contact us:

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