

**DRAFT REPORT**

**The South East Costal Project**

**The Swale Special Interest Group**

**IMPLEMENTING REPORT**

**January 2009 - September 2009**

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# **Implementation REPORT**

## **January 2009 to September 2009.**

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## **EXECUTIVE SUMMARY**

This report to the South East Costal (SEEC) Project is presented on behalf of Diversity House and the University of Greenwich. It covers the main activities implemented over the first nine months of the agreement with SEEC. In addition, it offers a first set of descriptions and observations in relation to the activities implemented by the Swale SIG group during this period. The report is accompanied with the financial statement for the same period.

A major focus during the first nine months has been to establish working relationships, develop effective communication, shared understandings and build capacity between members of Diversity House and local partners. This period has also involved further development of the team's research approach to undertaking the assessment of the health needs of BME communities in Swale.

## *1. INTRODUCTION*

**The following are the main objectives of the swale special interest group as well as the main outputs to be achieved in the life of the project.**

### *1.1 Results*

The project of creating a BME SIG Group specifically seeks to achieve the main results:

- Map out the existence and approximately number of all old and new BME groups in the Borough of Swale.
- Map out all the health services available to Swale BME communities in the private, public, community and voluntary sectors.
- Prepare an in-depth and well-being health assessment of all BME communities in Swale, including the traveller community.
- Engage the Swale health services in the prevention or treatment of those long term and chronic conditions related to specific ethnic groups as identified by the need assessment as, for example, mental health, Sexual health, diabetes, hypertension etc.
- Document the process of launching, developing and monitoring a LA to work on equality and diversity issues for BME populations in the Swale area.
- Disseminate, locally and nationally, electronically and by other means, the experience of creating a LA to serve BME populations.
- Mainstreaming training and capacity building in the area of equality and diversity through Diversity House and with the various partners that will be part of the SIG Group.
- Monitor and evaluate all activities performed by the project on a regular basis in order to identify best practices and lessons learnt.
- Promote networking and search of funds to guarantee the sustainability of the Swale SIG Group.

### *1.2 Outputs to be achieve by the swale special interest group (SIG)*

Translating the objectives in achievable results for the Swale BME SIG, the following are the main milestones of the project according to timing, activities and outputs as table 1 below depicts.

**Table 1: Swale BME SIG Project Milestones**

<b>Timing</b>	<b>Activities</b>	<b>Outputs</b>
December 2008/March 2009	Planning of vision, mission and basic activities for the BME SIG  Baseline assessment and mapping out the existence of all old and new BME groups in the Borough of Swale  Map out all the health	1. BME SIG launched and functioning effectively and in a sustainable way, by the end of the second year

	services available to Swale BME communities in the private, public, community and voluntary sectors	
June 2009	<p>Planning and organisation of the first summit on well being in Swale</p> <p>Publication of Summit proceedings</p> <p>Video recording of the Summit</p>	2.First Swale summit completed by March 2009 in order to start to address the needs of BME in Swale
January – June 2009	<p>Mapping out of needs for BME communities by implementing a BME in-depth and well being health assessment</p> <p>Creation of a web page for the SIG group</p> <p>Creation of a newsletter (two per year)</p> <p>Community and voluntary organisation capacity building and training</p>	3.Needs assessment of BME communities in Swale completed and results disseminated
January 09 – December 2010	Regular Networking of the BME SIG	
August 2010	Dissemination strategy of all information obtained from the mapping exercises designed	4.Regular updating and implementation of networking and advocacy activities performed in order to guarantee future sustainability of the BME SIG once the SEEC project ends
August 09 – December 2010	Engage the Swale health services in the prevention or treatment of those long term and chronic conditions related to specific ethnic groups as identified by the need assessment as, for example, mental health, sexual health, diabetes,	

March 09 – December 2010	hypertensions etc.  Quarterly web page update  Regular community capacity building and training	
January 09 – December 2010	Regular networking & advocacy work	
December 2009 – March 2010  June 2010	Planning and organisation of the second Summit  Publication of summit proceedings  Video recording of the summit	5. Second summit on BME issues completed by May 2010
August 2010  December 2008 – December 2010	Document the process of launching, developing and monitoring a LA to work on equality and diversity issues for BME populations in the Swale area.  Monitoring the project in a participatory way and external evaluation	6. Regular discussion of the quality of the results achieved by the BME SIG performed

## **2. Reporting**

Based upon the main results to be achieved and the outputs the following are the main activities implemented between January and September 2009.

### **2.1 OUTPUT 1: BME SIG launched and functioning effectively and in a Sustainable way by the end of the second year.**

#### **Activity 1: Planning of vision, mission and basic activities for the BME SIG**

The purpose of the workshop, implemented on 05/05/09, was mainly to have all the stakeholders contributing towards the shaping of the vision, mission and outcomes from the BME SIG in as much as a Learning Alliance. All LAs will begin with a core or founding group of actors whose interest in innovation is to be served by the creation of an LA. It was crucial that this core group had a clear idea of what they want to achieve and how they intend to do it. This was the case with the LA for the SIG on BME issues.

As a preamble to the workshop, the document on vision, mission and outcome was circulated to the various stakeholders (see annex 1: vision, mission & outcomes) so that they could come to the workshop ready to comment and make suggestions to refine it. Twenty two participants from eleven organisations attended the workshop and these were both from statutory and non-statutory organisations. Further, during the workshop the participants were divided into three groups in accordance to the sector that they were representing namely: local voluntary sector, statutory organisations and BME groups.

Some of the general observations reported were that the initial vision, mission and outcomes were wordy and ambiguous and should be specific; that the vision should be about empowerment; the vision should be localised to understand how BME groups in Swale access services; it should also read – “to provide more equal services”. It was suggested that participating organisations should also contribute towards building the capacity of Diversity House. Interestingly, the stakeholders were able to identify the need to build the capacity and resources of Diversity House. As a result, a fund raising workshop was organised for Diversity House by one of its local and statutory boundary partners.

With regards to the finalisation of the vision, mission and outcomes of the project, till now four out of the eleven organisations has provided feedback to the draft of the document that was produced during the workshop. A future workshop for a follow up will plan in late 2009.

### **Activity 2: Baseline assessment and mapping out the existence of all old and new BME groups in the Borough of Swale**

One of the first activities of the BME SIG LA in Swale was to carry out a mapping exercise to assess the health and social care needs of the various BME groups in this area. As a result, a collection of previous research studies (Locke, 2006; Yau & Turle, 2005; Smiths, 2009) that existed in the Swale area was analyzed. Briefly the findings stated by the research reports offered a first picture of the situation of the BME communities, particularly three communities: African-Caribbean, Gypsy and travellers, and Chinese. It is expected that by early 2010 the Polish and Turkish communities will be included.

#### **The African-Caribbean Community**

In the case of the African-Caribbean communities in Swale the main issues were race/hate incidents, attitudes of some GP’s receptionists, a very high waiting times for ambulance response and the negative attitudes of some ambulance staff, lack of opportunities for employment locally, lack of cultural understanding and awareness, lack of consultation and involvement by the local authority.

#### **The Gypsy and Travellers Community**

In case of the Gypsy and Travellers community, they experienced difficulties in accessing education, no permanent address for most, difficulties in registering with GPs and dentists, continually being blamed for illegal activities (i.e. fly tipping, thefts, etc.), constant racial and verbal abuse and discrimination, housing, unemployment and negative experiences of dealing with agencies. It was also found that the most frequent services used by the community are social landlords (Swale Housing) and the Gypsy and Traveller Liaison Officer used by most

social housing residents to report repairs. Furthermore, it was observed that some gaps existed, which include the failure of many public bodies to include Gypsies & Travellers on their monitoring systems; the need for cultural awareness training and need for equality of treatment with other ethnic minority groups; lack of flexibility in service provision (for instance, allowing females to see female doctors and keeping a register of local GP's in each area that roadside travellers could access; reading out forms for those unable to read; and the lack of ethnic monitoring means that they are often not offered equitable and appropriate primary health care services.

### The Chinese Community

As for the Chinese communities they majority of them find it difficult to assess health and social care services as language is a barrier. Many Chinese speak the language Cantonese, and would need interpreters if their health issues are to be addressed at the GP surgeries.

Service ethnic monitoring, as one of the initial issues emerging out of the work of the Swale SIG LA on BME issues, is and has been "controversial" since it is related to not only the Equality bill but also the number of BME people in Swale as per the last census. By law today any United Kingdom organisation providing services has the legal obligation to collect and monitor data on ethnicity as per the Race Relations Amendment Act (2000) (DOH, 2003:9). And, as it is well known, in 2009 with the new Equality Bill and the fusion of Race Equality and Human Rights organisations into one commission, organisations have to monitor the six strands of equality and diversity. Thus, it has been an early impact of the LA to bring awareness to all local stakeholders about the fact that not only is it ethnic monitoring that is required, but all other strands of equality.

This initial awareness on ethnic monitoring with the stakeholders has now moved to not only whether data is being collected on ethnicity but also to querying **what** and **how** these data are being collected. In this context the strongest issue emerging from the perspective of SIG LA currently is the quality of the data.

### **Activity 3 Map out all the health services available to Swale BME communities in the private, public, community and voluntary sectors**

An electronic survey to 24 Swale local organisations was circulated with the purpose to know numbers and services offered to BME communities. Regarding the results, out of the twenty one organisations contacted only thirteen (about 50% of them) responded the request. And of the thirteen that responded the request four organisations responded that they did not have any ethnic monitoring of data relating to the services that they deliver. Further, eight out of the twenty one organisations did not respond to the request.

As part of the mapping exercise to identify BME groups and their health and social care needs numerous agencies were contacted locally by email, letter as well as telephone requesting for BME data on service use. The directory below illustrates those agencies contacted and what transpired.

**Table 2: Directory of Organisations contacted.**

No.	Lists of organisations contacted either by email or letters	Organisations that responded with the information required	Organisations that responded but did not have the information required	Organisations that did not bother to reply
1	Swale Borough Council		Yes	
2	Kent County Council – Adult Social Services	Yes		
3	HM Prisons Sheppey Cluster	Yes – statistics and video		
4	Swale Council for Volunteer Sector	Yes		
5	Amicus Horizon Housing	Yes		
6	Kent Police		Yes	
7	Swale Carers		Yes	
8	Kent & Medway NHS and Social care Partnership Trust	Yes		
9	Sure Start - Seashells			Yes
10	Skillnet Group		Yes	
11	KCC Education	Yes		
12	Diversity House	Yes – needs assessment		
13	Ying Tao Chinese Association	Yes – needs assessment		
14	Age Concern			Yes
15	Citizens Advice Bureau			Yes
16	Kent Probation			Yes
17	Family Matters			Yes
18	Rethink			Yes
19	Cruise			Yes
20	Swale Mediation			Yes

21	Kent l& Medway NHS & Social Care Partnership Trust	Yes		
	<b><u>Total responses</u></b>	<b>9</b>	<b>4</b>	<b>8</b>

Looking at the ethnic data that was provided by the 13 organisations that responded to the electronic survey the main trends observed relate mainly to the categories being used to collect the data and the percentages of BME users reported. Of the nine that shared data, six organisations are using the ethnic categorisation advised by the Home Office. Interestingly, three organisations are collecting data using the BME and NON-BME which makes it very difficult to appreciate the diversity within the BME communities. Meanwhile the percentages shown by the data provided by the various organisations display very low statistics/percentages for BME communities, in some cases the category unknown is higher than the BMEs.

The issue of low numbers of BME people resident in Swale as it was stated earlier is one of the most controversial and contestable ones. The census of 2001 acknowledges that the BME groups account for 2,500 or 1.86% in Swale area, ignoring in this way the latest influx of BME people in the locality. It seems that using this figure as the official number of BME people in Swale generates an attitude amongst the various stakeholders locally that the BME communities are not a problem in Swale. Of course probably here lies the attitude that BME groups do not merit any actions from them.

**2.2 OUTPUT 2: First Swale summit completed by March 2009 in order to start to address the needs of BME in Swale.**

**Activity 1: Planning and organisation of the first summit on well being in Swale.**

Before hand, Diversity House had publicised the summit on 14 June 2009 as part of the work of the SIG LA via the various workshops, open access to its ‘drop-in-centre’, leaflets distributed to members of the communities and invitations sent to the numerous stakeholders. The leaflets publicising the summit can be seen at <http://www.diversityhouse.org.uk/ssig/bpbsflyer.htm>

There were eighty four (84) attendees to the summit. See the separated report on the whole summit.

**Activity 2: Publication of Summit proceedings**

*See separated report. To be submitted at the end of November 2009.*

**Activity 3: Video recording of the Summit**

Some pictures of the summit can be seen in the website for the SIG LA project at <http://www.diversityhouse.org.uk/ssig/theproject.html>

The video is attached to this report

### **2.3 OUTPUT 3: Needs assessment of BME communities in Swale completed and results disseminated.**

#### **Activity 1: Mapping out of needs for BME communities by implementing a BME in-depth and well being health assessment**

*To be submitted in the next report.*

#### **Activity 2: Creation of a web page for the SIG group**

The webpage of the project has been completed and its main features can be seen at:

<http://www.diversityhouse.org.uk/ssig/theproject.html>

#### **Activity 3: Creation of a newsletter (two per year)**

The creation of the SIG LA online magazine is in process of registering with the British Library for an ISSN number. The online magazine is to known as Swale Life and is a quarterly one. The online magazine will have its own domain and hosting as a long term project that will earn good revenue for Diversity House (a bid to implement one of the in-built objects the SIG project which is sustainability). The publishing cycle of the online magazine is as below:

- a. February 15 yearly;
- b. May 15 yearly; and
- c. November 15 yearly

#### **Activity 4: Community and voluntary organisation capacity building and training**

Capacity building during this period was carried out on two levels, that is, internal and external capacity building.

The internal capacity building was for the volunteers of Diversity House who received several trainings (in-house and external) on subjects such as ITQ, Health and Social Care, Basic research methods, conducting outreach, Learning Alliance approach and management and leadership.

Some outcomes from these training include receipts of certificates from the University of Greenwich, Excel College and Eastern and Coastal Kent NHS (Learning and Development department). The volunteers also gain skills on framing survey questionnaires for health needs assessment, facilitating groups and leading on presentations, leadership skills and partnership/collaborating with other organisations.

The external capacity building involved creating opportunities for organisations to come together in learning cycle which inevitably lead to knowledge transfer. For instance, all workshops with organisations were aimed at building their capacities to understand causes of and appropriate ways of dealing with Swale BME inequalities in health and social care. Also, opportunities to share new knowledge on ethnic monitoring and policies on equality were created during the period. This resulted in a workshop dealing with the new equality bill presented by the Equality and Human Races Commission (EHRC) in July 2009.

**Table 3: List of workshops**

<b>Workshop Theme</b>	<b>Date</b>	<b>Purpose</b>	<b>Female Participants</b>	<b>Male Participants</b>
Introduction of the SIG,s project & LA approach to Diversity House volunteers	16/01/09	To familiarise the volunteers of Diversity House with the project and the implementation of action research. To build the capacity of the volunteers to be able to facilitate future LA activities. At the end of the workshop, volunteers received certificates of attendance from the Greenwich University.	4	2
Stakeholders identification & mobilisation Workshop	22/01/09	To inform stakeholders about the approach, aims and objectives of the new Swale Special Interest Group (SIG) on Black & Minority Ethnic Health and Social Care issues.  To identify available support and endorsement by local communities, researchers, local services and local and national authorities to the Swale Special Interest Group (SIG).	15	13
Fund Raising Workshop	26/02/09	To build the capacity of Diversity House volunteer to source for funding from a variety of trusts and other funding bodies.	2	4
Outcome mapping – Volunteers Workshop	27/04/09	By the end of the half day training, self-reports from the volunteers was positive as they all informed that they understood the process of conducting an outcome mapping.	6	2
Outcome Mapping for stakeholders	5/05/09	Some key points from the workshop are as follows: that the vision, mission and outcome were wordy and ambiguous and should be specific; that the vision should be about empowerment; the vision should be localised – “to understand how BME groups in Swale access services”; it should also read: “to provide more equal services...”; it was suggested that participating organisations should also contribute towards building the capacity of Diversity House	14	11

Summit on Cardio-Vascular cells	14/6/09	To raise awareness amongst BME communities about the issues of diabetes, blood pressures and other risky about.	42	41
New Equality Bill	29/7/09	To present the new equality bill to stakeholders and to raise awareness of important aspects of the new bill. To challenge the stakeholders to think of how the new bill is being or will be implemented in their various organisations	14	21
Community Services Consultation	23/8/09	As a process of empowering the BME groups in Swale to have their say and also promote equality in the commissioning and delivery of community services, Diversity House supported the Eastern & Coastal Kent NHS and the Kent Link to organise a consultation workshop at Kemsley.	19	11

Table above describes all the workshops implemented up to September 2009. The general strategy for these workshops has happened at two levels. The first is to build the capacity of Diversity House volunteers so that they are well trained and informed about all the activities particularly the action research elements of the project. Of the eight workshops, two have been particularly focused on the volunteers and out of the eleven volunteers that are formally registered with Diversity House only six and eight attended the workshops respectively. The role of the volunteers in the understanding of their socio-economic and political reality has been one of the most challenging aspects while implementing the LA. In many occasions it appears that the volunteers expect that things should be done for them rather than they doing something for themselves. The mind set of welfare-ism seems to come very much alive in most of the interactions with them.

The second level of the workshops strategy works for stakeholders of the SIG LA on BME issues. Of the eight workshops that have been implemented, five have been focused on the participation of the stakeholders of the LA for the SIG on BME issues.

#### **Activity 5: Regular Networking of the BME SIG**

**Table 4: Networking List**

<b>What</b>	<b>Where</b>	<b>Why</b>
Swale Community Empowerment Network	Central House, Sittingbourne	To inform about the project; to request BME data
Local Children Strategic Partnerships - KCC	Sittingbourne	To highlight inequalities as it affects BME children
Kent Adult Social Services – East Kent Area Equalities Group	Brook House, Chestfield	To present the SIG project to the equalities group; to lobby for support for Diversity House
KASS	Sittingbourne district office	To formally present SIG

		project to Kent County Council – Adult Social Services; to ask for their endorsement and commitment
Equality and Human Rights Commission	GOSE Guildford	To present the project to the commission, to attend funding surgery; to ask for the presentation of the New Equality Bill in Swale
Swale Borough Council	Sittingbourne	To ask for the local authority endorsement and support
Eastern & Coastal Kent NHS	Dover	To ask for the endorsement of the project; to express the need for NHS to address BME health inequalities, e.g. cardio vascular disease, diabetes, breast screening, etc.
Kent Link		To attend their event at Sheppey, to ask for support to flag up cardio vascular diseases in Kent
Swale Carers Centre	Broad Way Sheerness	To work in partnership, to put together a proposal for BME carers support network in Kent,
Kent Fire & Rescue Service	Tovil Maidstone	To flag up inequalities among BME groups and how these can affect their use of services; to play advisory role to the Kent Fire & Rescue service
Swale CVS	Sittingbourne	To ask for endorsement and other support for Diversity House
Poverty Pilot - KCC	Sittingbourne	To highlight child poverty among BME families
Heritage Centre	Blue Town	To look at ways of partnership building

**2.4 OUTPUT 4: Regular updating and implementation of networking and advocacy activities performed in order to guarantee future sustainability of the BME SIG once the SEEC project ends.**

***Activity 1: Dissemination strategy of all information obtained from the mapping exercises designed***

**Table 5: Dissemination Strategy**

The table 5 below depicts the different levels of dissemination and sharing of the project.

<b>Presentation</b>	<b>Summary</b>	<b>Date</b>	<b>Location</b>	<b>Dissemination &amp; Sharing Level</b>
HM Prisons Sheppey Cluster	The purpose of the SIG project which is implementing the LA approach in addressing BME issues was presented to the three diversity officers at the HM Prison Sheppey Cluster. These officers informed that they would want to be a part of the LA as a high percentage of their residents are from the BME communities.	23/02/09	HMP Elmley	Cluster – Prison community
Communities and Universities Partnership Projects (CUPP) Conference	The SIG project which is funded by part of the South East coastal communities, a	02/04/2009	University of Brighton	National
Swale Community Empowerment Network (SCEN)	Diversity House presented the SIG project to members of the SCEN (a meeting of all the voluntary organisations in Swale), the issue of data collection, especially ethnic monitoring was raised and it was agreed that attendees should go back to their organisation and discuss the issue with their teams as it is imperative that organisations start collecting these data. The subject to be revisited at the next meeting.	7/04/2009	Artisan Room, Swale CVS	Swale Borough
Kent County Council Adult Social Services	The Equality Group of the Adult Social Services invited Diversity House to present the SIG project. It was well receive and subsequent outcome is regular invitation to the groups meeting etc.	21.04/2009	Brook House, John Wilson Business Park Whitstable	Whitstable
South East Coastal Communities (SECC) Networking Event	As part of relation and capacity building, the SECC project (funders) of the SIG on BME issues requested the presentation of the project to the SECC and its stakeholders.	3/05/09	Healthy Living Centre, Sheerness	District
Kent County Council Adult Social Services	Presentation of the project to the Swale Area District office	05/05/2009	Swale District Office, Avenue of Remembrance	Swale
Rethink	Diversity House presented the project to some representatives of Rethink, giving room for further meetings and action./	11/06/2009	Diversity House	Swale

Equality & Human Rights Commission, GOSE, Guildford	Diversity House attended a meeting on funding at the EHRC, GOSE and used the opportunity to present the SIG project to the commission. The outcome was that Alexis Wright of the commission visited Diversity House to give a presentation on the New Equality Bill.	22/07/2009	GOSE, Guildford	South East
Equality and Human Rights, Eastern & Coastal Kent NHS	A formal presentation of the project was made to the Assistant Director, Equality & Human Rights of the Eastern and Coastal Kent NHS in his office at Protea House, Dover. Issues discussed included: the NHS endorsement and commitment to the SIG project, the NHS duty to address health inequalities, in particular, blood screening, breastfeeding, female genital mutilation prevention, domestic violence, LGBT group, etc.	29/5/2009	Protea House, Dover	District
Diversity House Special Interest Group 1 <sup>st</sup> summit on Cardio-vascular diseases	As a strategy for promoting health and well being an awareness event on cardio vascular amongst BME communities was held. The researcher used this opportunity to give an update about the LA approach as it relates to BME populations issues in Swale.	14/06/09	Kemsley Village Hall	Village/community

**Activity 2: Engage the Swale health services in the prevention or treatment of those long term and chronic conditions related to specific ethnic groups as identified by the need assessment as, for example, mental health, sexual health, diabetes, hypertension etc.**

To be implemented in 2010

**Activity 3: Quarterly web page update**

To be implemented in 2010

**Activity 4: Regular community capacity building and training**

To be continue in 2010

**Activity 5 Regular networking & advocacy work**



**2.5 OUTPUT 5: Second summit on BME issues completed by May 2010**

To be delivered in 2010.

**Activity 1: Planning and organisation of the second Summit**

**Activity 2: Publication of summit proceedings**

**Activity 3: Video recording of the summit**

**2.6 OUTPUT 6: Regular discussion of the quality of the results achieved by the BME SIG performed**

**Activity 1: Document the process of launching, developing and monitoring a LA to work on equality and diversity issues for BME populations in the Swale area.**

*An MA thesis documenting the process of implementing the LA in Swale BME has been completed and approved by the Coventry University - ICOCO . This document will be a basis for an article to be published in 2010.*

**Activity 2: Monitoring the project in a participatory way and external evaluation**

*An outcome mapping with all stakeholders took place in May 2009 (see appendix..) and by the end of November 2009 the next monitoring workshop will take place.*

*Three steering group meetings have also taken place and details can be seen on appendix ...*

**3. ACHIEVEMENTS IN PERIOD --CHANGES OBSERVED TILL SEPTEMBER 09 BY THE SIG LA ON BME ISSUES.**

There have been some notable changes addressed by various stakeholders of the LA since the onset of the research and these are discussed below:

- The issue of low numbers of BME people resident in Swale as it was stated earlier is one of the most controversial and contestable ones. The census of 2001 acknowledges that the BME groups account for 2,500 or 1.86% in Swale area, ignoring in this way the latest influx of BME people in the locality. It seems that using this figure as the official number of BME people in Swale generates an attitude amongst the various stakeholders locally that the BME communities are not a problem in Swale. Of course probably here lies the attitude that BME groups do not merit any actions from them, and certainly this could affect the effectiveness of the LA.

- One of the themes that has run parallel whilst the LA is being implemented is how are the project stakeholders going to talk about groups and communities in Swale. So far one tendency is to suggest that the LA on SIG should talk in terms of all groups without emphasising BME groups due to the fear that this will appear as privileging them above the others. This tendency is stated by the statutory local bodies as in contrast to the voluntary sector organisations. The second tendency is to talk of an LA with focus on BME groups. Again here, the issues of the number of BME people in Swale, and the fact, that the census of 2001 is eleven years old, do not help otherwise. The latest tendency of course is being addressed by some local voluntary organisations, such as Diversity House, as the main implementer of the LA. How we socially construct, represent and talk on inequalities in general and particularly BME is a significant matter in the current context of discussion in the social sciences. If we accept the premise that we construct social reality through the use of language, then the fact that BME inequalities do not find a place of existence in the language used by the various stakeholders is revealing. Talking in terms of BME people and issues will improve effectiveness.

- The implementation of the LA approach on BME communities' issues in Swale got all stakeholders to start thinking about some of the gaps in their practices, in particular, the way and manner in which ethnic monitoring and performance monitoring had hitherto been recorded. The lack of transient data/lack of good quality data is an issue in Kent and has been a subject highlighted by the Audit Commission in a report "tackling health inequalities. A key messages from survey for Kent" (Undated):

"There is a lack of confidence (or clarity) around the accuracy of performance information" (p: 5).

As this was discussed earlier this is certainly an early result promoted by the LA and contributing therefore to effectiveness.

- As part of the collaborative research process a vision, mission and monitoring workshop was carried out and there were inputs from twenty two stakeholders from different sectors. This is a change in itself since this was the first time that stakeholders from numerous organisations came together to agree on the vision, mission and monitoring of an approach, which may help in improving service delivery for BME communities in Swale. According to one of the stakeholders of the SIG on the LA:

"This SIG was the first organised project I took part in and immediately noticed the structure in place to capture the needs as perceived by the service providers, voluntary sector and service users"

Also as it was discussed earlier this is certainly an early result promoted by the LA and contributing therefore to effectiveness

- Another important impact or outcome that can be related to the LA approach in Swale is the willingness of some statutory and voluntary sector organisations to work with Diversity House, which is a BME grass root organisation. In the months following

the implementation of the LA in Swale, the Swale Borough Council, the Kent Adult Social Services and the Swale Council for Voluntary Sector, to mention but a few, have given their endorsement and commitment to the project. Their endorsement of the LA has been demonstrated in terms of attendance to meetings/workshops, contribution of resources directly or indirectly and consultation with Diversity House. Thus if these behaviours become sustainable the probability to increase effectiveness will remain.

## Appendix 1: Mapping Exercise

### 1. MAPPING EXERCISE TIMESCALE: FEB/MARCH/APRIL/MAY

Cost	BME GROUPS	NEEDS	SERVICES	DOCUMENTS TO COLLECT	ALREADY ACCESSED DOCUMENTS
	Offenders (HMP SHEPPEY CLUSTER)	Offenders/PSO's		Recent data	√
	Romani & travellers			“	Video
	Europeans/transit groups			“	
	Muslims			“	
	Chinese			“	√
	LGTB			“	
	Africans & Caribbeans			“	√
<b>Total</b>					

### 2. DATA ON BME GROUPS FROM THE FOLLOWING PROVIDERS:

Type of Data	Source of Data	Collected
Education	KCC/SBC	√
Housing	SBC/Amicus Housing	√
Health Acute/PCT/Mental	Medway PCT/SEPHO/Others	√
Social Services	KCC/Local office (SBC)	√
Kent Probation		x
HMP Sheppey Cluster		√
Swale CVS		√
Swale Carers		x

<b>Age Concern</b>		<b>x</b>
<b>CAB</b>		<b>x</b>
<b>Kent Police</b>		<b>x</b>
<b>Connexions</b>		<b>x</b>
<b>Family Matters</b>		<b>x</b>
<b>Swale carers</b>		<b>x</b>
<b>Swale Mediation</b>		<b>x</b>
<b>Swale Mind Set Carers</b>		<b>x</b>

## Appendix 2

# Swale Special Interest Group on Black Minority and Ethnic issues on Health and Social Care

Diversity House & University of  
Greenwich  
June 2009

## Vision

The Swale Special Interest Group (SIG) will contribute to creating a stronger, more cohesive communities in Swale by enabling all groups but, particularly BME groups, to be well informed and involved in shaping and receiving high quality health and social care services through a more effective research, partnership and communication between users and providers of health and social services. This as part of the current need in the UK to provide more equal and diverse health and social care services to all, but particularly to Black Minority and Ethnic communities as recognised

## Key issues for the mission

- In support of the vision the Swale SIG on health and social care issues will:
  - Strengthen the research and training capacities of both services users (BME communities) and service providers.
  - Working with all partners the SIG will map out the current BME groups and services in Swale as well as prepare a health need assessments of BME groups in Swale.
  - In collaboration with the NHS, the SIG will initiate the exploration of what is needed in terms of prevention or treatment of those long term and chronic conditions related to specific ethnic groups.
  - The SIG project will document, monitor and disseminate the process of implementing a Learning Alliance as an approach to BME issues.
  - The SIG project will network and search for additional funds.

## Key Boundary Partners of the Swale SIG

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• <b>Service Users</b> <ul style="list-style-type: none"> <li>– Diversity House</li> <li>– Swale CVS –</li> </ul> </li> <li>• <b>Capacity Builders</b> <ul style="list-style-type: none"> <li>– SEEC-University of Greenwich --School of Health and Social Care</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• <b>Service Providers</b> <ul style="list-style-type: none"> <li>– Swale Borough Council</li> <li>– Kent adult and social services</li> <li>– Amicus</li> <li>– Police</li> <li>– Kent PCT</li> <li>– Prisons</li> </ul> </li> </ul> |
|---|--|

## Service users outcome challenge

<p>Services</p> <p>-----</p> <p>Key Boundary Partners of the Swale SIG</p> <ul style="list-style-type: none"> <li>• <b>Service Users</b> <ul style="list-style-type: none"> <li>– Diversity House</li> <li>– Swale CVS –</li> </ul> </li> <li>• <b>Capacity Builders</b> <ul style="list-style-type: none"> <li>– SEEC-University of Greenwich --School of Health and Social Care</li> </ul> </li> </ul>	<p>The project intends to see that:</p> <p>the organisation working with them –          are included and involved in the delivery          of services in Swale.</p> <p>the project partners and the          agencies, so that they can contribute          in making process regarding delivery of          services to them.</p> <p>Are able to research and train, plan and help to deliver BME          health and social care services in Swale.</p> <p>Act as champions for BME health and social care issues,          particularly the delivery of services in partnership with local          agencies. Are</p>
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## Service providers outcome challenge

<p>Swale Borough Council Kent adult and social services Amicus Police Kent PCT Prisons</p>	<p>The project intends to see that the Swale providers of services are:</p> <p>Designing, planning and delivering services to BME groups that meet their needs.</p> <p>Monitoring the delivering of services to BME and other vulnerable groups --gender disability, age.</p> <p>Support with resources the work of BME and other vulnerable groups --gender disability, age.</p>
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## Capacity builders outcome challenge

<p>SEEC - University of Greenwich -- School of Health and Social Care</p>	<p>The project intends to see the SEEC and The UoG (School of Health and Social Care):</p> <p>Recognising the importance of and engage in research and training with local communities and other local bodies.</p> <p>Have gained trust of the local voluntary organisations and the BME groups.</p> <p>Provides capacity building, training and expertise as appropriate</p>
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### Appendix 3

Dear .....,

**Subject: Special Interest Group on BME Health and Social Care Issues**

Diversity House is a voluntary organisation working on empowering community groups, particularly those with a Black and Minority Ethnic (BME) background. Located in the Borough of Swale, Diversity House is currently implementing a project supported by the South East Coastal Communities project (SECC – University of Kent at Canterbury, Christ Church University and University of Greenwich) that will demonstrate new ways of promoting health and well-being amongst BME communities.

The project called ‘Special Interest Group (SIG) on BME Health and Social Care Issues’ has as a general purpose to contribute to the advancement of knowledge on equality and diversity issues. In the context of the SIG project, we are at the moment mapping out the existence of all data related to BME communities in Swale.

We are writing to you to kindly let us know if you hold any information/data on BME population in the Swale locality as it relate to the service you provide. If this is the case, could you kindly provide it either electronically or by hard copy?

We thank you for your cooperation in this matter.

Yours faithfully,

## Appendix 4



### **Special Interest Group on BME Health & Social Care Issues (SIG)**

#### **Conducting a Historical Scan Workshop**

##### **Agenda**

**Venue: Phoenix House**

**Date: 5<sup>th</sup> May 2009**

**Start: 10.00am**

**End: 12.00pm**

- 
- 1. Introduction – brief narrative of the SIG project and activities so far**
  - 2. Explanation of what monitoring and outcome mapping are.**
  - 3. Formulation of the vision and mission**
  - 4. Discussion of boundary partners and outcomes**
  - 5. Monitoring plan**
  - 6. Questions and conclusion**

**Appendix 5****STAKEHOLDERS WORKSHOP HELD ON 5<sup>TH</sup> MAY 2009 AT THE SWALLOW  
LEISURE CENTRE. 10.00AM – 12.00PM****LISTS OF ATTENDEES**

<b>ORGANISATION</b>
Kent Adult Social Services – Customer Services Manager
Swale CVS – Community Development
Diversity House -Volunteers
Mid-Kent Police – Community Liaison
Diversity House - Volunteer
Kent Adult Social Services (District Manager)
Swale Carers Centre - CEO
Amicus Horizon
New House –KCC Youth Services
Kent Adult Services – Equality Manager
HMP Stanford Hill - Clinical Lead Healthcare Dept.
HMP Stanford Hill – Senior Officer/Diversity Manager
HMP Stanford Hill – Diversity Dept (Peer Support)
Kent Adult Social Services - Planning
NHS Eastern & Coastal Kent – Equality & Diversity
Swale Borough Council
Swale CVS - Director
New Covenant Church Sittingbourne
Diversity House - Volunteer
Diversity House - Volunteer
University of Greenwich – SIG Facilitator
Kent and Medway NHS and Social Care Partnership Trust
Kent Link

## Appendix 6

### AGENDA & Programme 16<sup>th</sup> January 2009

#### **South East Coastal Communities Kent and Medway Diversity House & University of Greenwich**

##### **Aim:**

To invite a group of Kent and Swale local stakeholders to be part of the establishment of the Swale Special Interest Group (SIG) on Black & Minority Ethnic Health and Social Care issues.

##### **Outcomes:**

- i. To inform stakeholders about the approach, aims and objectives of the new Swale Special Interest Group (SIG) on Black & Minority Ethnic Health and Social Care issues.
- ii. To identify available support and endorsement by local communities, researchers, local services and local and national authorities to the Swale Special Interest Group (SIG).

<b>PROGRAMME</b>
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9:30	30 minutes	Welcome & coffee
10:00	50 minutes	The Approach, aims objectives of the Swale Special Interest Group (SIG) on Black & Minority Ethnic Communities on Health and Social Care issues. Christine Locke, Diversity House Volunteers: Moradeyo Oshinibosi, Tunde Jotham, Oyin Kalejaiye, Theresa Kane, Juliet Onu, Amoo Olayiwola, Victoria Baruwa, Marika Sherwood & Dr Carlos Moreno
10:50	10 minutes	Questions
11:00	50 minutes	Discussion & feedback
11:50	10 minutes	Close

## Appendix 7

### DRAFT AGENDA & Program 22<sup>nd</sup> January 2009

#### **South East Coastal Communities Kent and Medway Diversity House & University of Greenwich**

##### **Aim:**

To invite a group of Kent and Swale local stakeholders to be part of the establishment of the Swale Special Interest Group (SIG) on Black & Minority Ethnic Health and Social Care issues.

##### **Outcomes:**

- iii. To inform stakeholders about the approach, aims and objectives of the new Swale Special Interest Group (SIG) on Black & Minority Ethnic Health and Social Care issues.
- iv. To identify available support and endorsement by local communities, researchers, local services and local and national authorities to the Swale Special Interest Group (SIG).

#### **PROGRAM**

9:30	30 minutes	Welcome & coffee
10:00	50 minutes	The Approach , aims objectives of the Swale Special Interest Group (SIG) on Black & Minority Ethnic Communities on Health and Social Care issues Christine Locke, Diversity House Volunteers: Moradeyo Oshinibosi, Tunde Jotham, Oyin Kalejaiye, Theresa Kane, Juliet Onu, Amoo Olayiwoal, Victoria Baruwa & Dr Carlos Moreno
10:50	10 minutes	Questions
11:00	50 minutes	Discussion & feedback
11:50	10 minutes	Close

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## The Swale Special Interest Group (SIG) on Black & Minority Ethnic Communities on Health and Social Care issues

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Swale, located in north Kent, consists of the three main towns; Sittingbourne, Sheerness, Faversham and some surrounding rural areas and, according to the 2001 census, had a population of 128,500 people. Of that total roughly 2,500 (1.86%) are BME people. However, this number calculated in the census of 2001 has been modified due to the recent influx of people from Eastern Europe. In the NHS health profile of Swale in 2008 on health inequalities it is stated that “women from the least deprived areas can expect to live almost 5 years longer than those from the most deprived ones” (www.healthprofiles.info). Nothing is mentioned in relation to the health inequalities within BME groups.

From a national perspective the recent report *No Patient Left Behind: how can we ensure world class primary care for black and minority ethnic people?* by Professor Mayur Lakhani in 2008 states that “there is a mismatch between the health needs and requirement of BME people and the services on offer, leading to dissatisfaction and unmet need”. As a result, the same report recommends “steps should be taken to improve the quality of general practice and for BME patients to have a greater say in their healthcare.”

With this evidence, and drawing on analogous experience in nearby Medway Borough, Diversity House developed a

proposal for the creation of the Swale BME Special Interest Group (SIG) focussed on the advancement of knowledge and the improvement of health and social care services for Swale’s BME communities.

Recognizing that actions on equality and diversity are now a key performance indicator for health and social care bodies as suggested by the “*No Patient Left Behind*” Report in 2008, Diversity House is attempting to position itself, accordingly, to provide action research and knowledge transfer in the area of BME health and social care. In the past the House activities in this area had been driven by a demand by various BME communities in Swale (Blacks, South Asians and Romano Community) for bringing together evidence of their poor health status. Thus, in attempt to respond actively to these needs and demands, Diversity House has established a Special Interest Group (SIG) on BME health and social care issues with the support of the SECC Project, from 1<sup>st</sup> January 2009.

The general purpose of Swale SIG is to contribute to the advancement of knowledge on equality and diversity issues as it relates to health and social care needs of the BME populations in Swale. In addition it seeks to strengthen community leadership and promote community and social cohesion. This initiative is provided with knowledge transfer support by School of Health and

Social Care of the University of Greenwich.

Project activities will be undertaken by volunteers, under the management of Diversity House. The volunteers will be provided with training in community participatory research methodologies by the University of Greenwich.

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## **The Swale BME SIG has the following objectives:**

- 
- Map out the existence and approximately number of all old and new BME groups in the Borough of Swale.
  - Map out all the health services available to Swale BME communities in the private, public, community and voluntary sectors.
  - Prepare an in-depth and well-being health assessment of all BME communities in Swale, including the traveller community.
  - Engage the Swale health services in the prevention or treatment of those long term and chronic conditions related to specific ethnic groups as identified by the need assessment as, for example, mental health, Sexual health, diabetes, hypertension etc.
  - Document the process of launching, developing and monitoring a Learning Alliance to work on equality and diversity issues for BME populations in the Swale area.
  - Disseminate, locally and nationally, electronically and by other means, the experience of creating a Learning Alliance to serve BME populations.
  - Mainstreaming training and capacity building in the area of equality and diversity through Diversity House and with the various partners who will be part of the SIG Group.
  - Monitor and evaluate all activities performed by the
  - project on a regular basis in order to identify best practices and lessons learnt.
  - Promote networking and search of funds to guarantee the sustainability of the Swale SIG Group.
-