Black and Minority Ethnic Health and Well-being Development Project for North and West Belfast




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1. INTRODUCTION

1.1 Background to the Project

This Project has sought to identify needs and to begin the process of engagement between Black and Minority Ethnic (BME) communities in North and West Belfast, including migrant workers and their dependants, and health and social care commissioners/ providers in these areas.

North & West Belfast HSS Trust (NWBHSST) under the auspices of its Community Development Unit and through the work of it's Equality Review and Human Rights Group, identified the need for work to be undertaken looking at BME communities resident in North and West Belfast and to begin the process of engagement between service providers and these communities.

From 2002-2004 the North & West Belfast HSS Trust, was a member of the steering group of the 'Black and Minority Ethnic Health Advocacy project' undertaken by NICEM and supported by the 'Investing in Healthier Communities' programme managed by the Community Foundation for Northern Ireland. Alan Watts, Community Development Co-ordinator, represented the Trust on the Steering Group. The project worked together with a number of small BME communties across Northern Ireland. The Sikh community participated in the project and are based in the North & West Belfast area. A key output of the project was the publication of 'Delivering on Equality-Valuing Diversity', which made recommendations to support the implementation of Race Equality across the health sector. Through the Trust's participation in this NICEM project, the Community Development unit recognised the need to initiate work at a local level with out BME communities, and to carry this out as a partnership between acute and community HPS commissioners and providers delivering services in the North & West Belfast area.

Working with NICEM to develop terms of reference, the Trust was successful in receiving funding for the project from the Eastern Area Equality Best Practice Forum, the Eastern Area Investing For Health Partnership and North and West Belfast Local Health and Social Care Group for a one-year Project employing a part-time Project worker.

The main Project outcomes established sought to:

- Provide an improved understanding of the needs of BME communities in relation to health and social well-being; and

- Make recommendations for the development of sustainable models for involving BME communities in service planning/delivery.

Through the process of engagement with BME communities, the Project worker was able to identify key health and social services issues for these communities. In addition, other key outcomes of the Project were to report on the demographics and health and social care needs of communities and to develop community capacity to address the health and social care needs within their communities, in partnership with local providers. This form of engagement proved more difficult than expected, due to the very weak existing community infrastructure in the area, a lack of staff employed to work specifically with BME communities and the differing priorities of BME communities for example a focus on cultural activities or an internal focus concentrating on their religious and/or cultural needs

1.2 The Partnership organisations

The Project represents a partnership initiative between the North and West Belfast Health & Social Services Trust, The Royal Hospital Trust, The Mater Hospital Trust, the Eastern Health and Social Services Board and NICEM and MCRC. The following provides a brief summary of the role played by each of these organisations. In the body of the report, 'the Partnership' will be used to refer to these collective organisations working in partnership on the project.

1.2.1 Northern Ireland Council for Ethnic Minorities (NICEM)

NICEM acts as an umbrella organisation to represent the interests of, and work on behalf of, minority ethnic communities across NI by providing a stronger collective voice.

NICEM was officially launched in June 1994 and works with approximately 45 other minority ethnic representative groups. The organisation provides a number of key services, including capacity building programmes for minority ethnic groups and individuals, anti-racism and equality training, campaigning and networking

support for minority ethnic issues and support and direct services for asylum seekers and refugees.

In 2003, the Northern Ireland Council for Ethnic Minorities (NICEM) undertook a piece of research, funded under the 'Investing in Healthier Communities' funding stream, examining the impact of ethnicity on health needs and statutory service provision across Northern Ireland (NI). Developed as a part of NICEM's Ethnic Minorities Health Advocacy Project, the research was published in a report 'Delivering on Equality Valuing Diversity' in January 2004. This report laid the foundations for the Advocacy Project to undertake capacity building and development work around health issues with BME communities.

1.2.2 North and West Belfast Health and Social Services Trust (NWBHSST)

What the Trust Does

North and West Belfast Health and Social Services Trust provides a full range of quality community based health and social care services to approximately 145,000 people. The Trust also provides specialist services for people with learning disabilities at Muckamore Abbey Hospital.

Key Services

- Physical Disability, Hearing and Visually Impaired Services
- Elderly Services
- Mental Health Services
- Learning Disability Services
- Muckamore Abbey Hospital.
- Family and Child Care Services
- Maternal and Child Health Services
- Community Nursing Services
- Health Promotion and Disease Prevention

We also provide a range of specialist services to all age groups

- Dental services
- Occupational Therapy
- Physiotherapy
- Podiatry
- Speech and Language Therapy
- Nutrition and dietetics
- Muckamore Abbey Hospital
- Travel Medicine
- Family Planning Services

1.2.3 The Royal Hospitals Trust

The Royal Group of Hospitals Trust is Northern Ireland's biggest hospital complex with more than one fifth of all acute beds in

Northern Ireland. The 70-acre site is made up of four linked hospitals - the Royal Victoria, Royal Jubilee Maternity Service, Royal Belfast Hospital for Sick Children and the Dental Hospital.

Employing a staff of 6,000, the Royal has responsibility for providing many of the speciality services for Northern Ireland. This includes the Regional Neonatal Unit, the Regional Intensive Care Unit and catheterisation suite and the world's first mobile coronary care unit.

1.2.4 The Mater Hospital Trust

The Mater Hospitals Trust serves as the local general hospital for the populations of North Belfast, Glengormley and Newtownabbey, and provides a psychiatric service for West Belfast as well. Employing over 1,000 staff, the hospital provides a range of services, including:

- General Medicine and Surgery.
- The Regional Heptobiliary Service for all of Northern Ireland.
- Psychiatry services, including a Day Hospital.
- 24-hour Accident and Emergency Department.
- Obstetrics, Neonatology and Gynaecology Services.

1.3 Working in partnership

The Partnership organisations and staff represented on the Project Board and Project Team already collaborate on issues of Equality and Human Rights through a number of existing forums. This includes the Eastern Area Equality Best Practice Forum, comprising the Eastern Health and Social Services Board, Eastern Health and Social Services Council and Health and Social Services Trusts within the Eastern Board Area.

The Partnership has also worked together on joint projects such as the 'Working With Diversity' website, providing information about the increasingly diverse society in Northern Ireland. The site highlights health and social care issues for particular groups, provides examples of good practice, practical advice, contact information for representative organisations, links to other sites and references to additional material under Section 75 legislation.

Investing for Health provided funding to support the project in North & West Belfast area as it would begin to meet a gap in the work with ethnic minority communities on health & social

care needs which was not previously being addressed.

The Investing for Health strategy aims through collective planning processes to strengthen partnership working across the community, voluntary and statutory sectors to ultimately improve the health and well being of people, particularly those most vulnerable and disadvantaged groups.

1.4 Project support structures

1.4.1 Project Board

The Board first met in February 2005 and it was planned that they would meet 3 or 4 times during the process. Representation on the Board came from:

North & West Belfast HSS Trust

- John McGeown – *Asst. Director Mental Health (Chair of the Project Board)*
- Alan Watts – *Community Development Manager*
- Alison Farr – *Equality Manager*

Royal Hospitals Trust

- Claire Armstrong – *General Manager, Health & Social Inequalities*

Mater Hospital Trust

- Ann Johnston – *Corporate Affairs and Equality Manager*

Eastern Health & Social Services Board (EHSSB)

Anne McGlade – *Equality Manager*

Multi-Cultural Resource Centre (MCRC)

- Margaret Donaghy – *Executive Director*

Northern Ireland Council for Ethnic Minorities (NICEM)

- Patrick Yu – *Executive Director*
- Gabrielle Doherty – *Co-ordinator of the Capacity Building Team*
- Jean-Luc Revest – *Project worker*

The role of the Board was to act in an advisory capacity and to ensure that the Project met the needs of each organisation at a strategic level.

The remit of the Project Board:

1. Provide strategic level advice and guidance on the implementation of the Project, and its follow-through.

2. Seek to ensure that the Organisations represented on the Project Management Board give full and timely commitment to co-operating on request with the needs assessment work being carried out by NICEM, throughout the currency of the project.

3. Agree the additional Project Management arrangements to be put in place to guide and assist NICEM in the delivery of the project

4. Take delivery of the needs assessment findings and provide advice and guidance, where this is required at a strategic level, on the development of recommendations to address identified needs.

5. Seek to ensure pathways are provided into HPSS organisations, as required, for the implementation of recommendations stemming from the project.

1.4.2 Project Team

Membership of the Project Team was again made up from the partner organisations, with the representatives more involved in the direct delivery of service to BME individuals.

North & West Belfast HSS Trust

- Alan Watts – *Community Development Co-ordinator*
- Alison Farr – *Equality Manager*
- Cathy Doherty – *Health Visitor in Public Health*

Mater Hospital Trust

- Ann Johnston – *Corporate Affairs and Equality Manager*

Royal Hospitals Trust

- Veronica McEneaney – *Health & Social Inequalities Support Manager*

NICEM

- Jean-luc Revest – *Project Worker*
- Gabrielle Doherty – *Co-ordinator of the Capacity Building Team*

EHSSB Investing for Health

- Mimi McAlinden – *EHSSB Investing in Health Manager N&W Belfast*

The role of the Project Team was to review and advise on operational issues in relation to the Project and in this capacity met much more frequently than the Project Board.

1.5 Aims, Objectives and Outcomes of the Project

At the outset of the Project, a number of aims were established:

- To begin the process of addressing the deficits in engagement with BME communities living and working in the North and West Belfast areas;
- To provide an improved understanding of the needs of BME communities in the area in relation to health and social care needs; and
- To make recommendations for the development of sustainable modes for involving BME communities in services planning and delivery.

Details of the objectives set and the expected outcomes are contained in Appendix 1.

Methodology used

The methodology employed by the Project has included:

- A Stakeholders event in June 2005 to launch the Project. This incorporated four workshops at which issues could be explored.
- A mid-project stakeholders event in February 2006 to present the initial findings.
- A consultation with key Stakeholders.
- A consultation with key service management staff from the Partnership organisations, covering a wide range of health and social care areas (a list of consultees is contained in Appendix 2).
- Focus groups held with BME communities.
- Questionnaire surveys targeted at local BME communities.
- Desk research to develop a demographic profile of North and West Belfast.
- Desk research to identify the size and characteristics of existing BME communities in North and West Belfast (a list of sources consulted is contained in Appendix 3).
- An analysis of the policy context in which the Project has operated.
- An analysis of utilisation by the health sector of interpreting services.
- Initiation of joint activities between BME communities, NICEM and the Partnership organisations, which will continue beyond the life of this Project.

1.7 Structure of the report

It was agreed by the Project Board. that the findings of the Project would be collated into a single report, as opposed to individual reports on each of these issues, in order to recognise the cross-cutting nature of issues for BME communities and nature of the recommendations/actions required to address the issues.

2. BME COMMUNITIES AND THEIR EXPRESSED NEEDS

2.1 This chapter outlines the findings of the needs assessment work undertaken with the BME communities in North and West Belfast. Having considered the methodologies used, the history of each community in North and West Belfast and their expressed health and social care needs will be presented. The following communities were consulted:

- Chinese community
- Indian community
- Muslim community
- Jewish community
- Asylum seekers and Refugees
- Migrant workers
- Irish Travellers

2.2 Black and Minority Ethnic communities in Northern Ireland

When considering BME communities in Northern Ireland, it is important to recognise the diversity that exists, both within communities and from one community to the next. Whilst they share many issues and experiences, BME communities are far from being an homogenous group.

There are a number of reasons why BME individuals have chosen to come to Northern Ireland:

- Business opportunities in the catering, textiles and manufacturing industries, whether working for family or friends or on short-term contracts. Market saturation, especially in catering, is likely to make this less relevant as a reason in the future.
- Marrying someone from Northern Ireland.
- In search of employment, often coming via the UK.
- Comparatively there are fewer asylum seekers in NI than elsewhere in the UK and therefore cases have been dealt with more quickly.
- The Peace process has made Northern Ireland relatively more attractive.
- The relative lower cost of living in NI than elsewhere in the UK and Ireland.

Much of the migration that has seen BME communities settle in NI took place between the 1950's and 1970's, with many coming as a result of economic or political necessity. The type of work available has often governed where people settle and also affects the

level of interaction with the rest of society. Northern Ireland now has a mixture of well-established communities, often into their second or third generation, and new communities that have arrived in the past few years.

2.3 Methodology employed to engage BME communities and individuals in the work of the project

The Project was formally launched by a Stakeholder event in June 2005. Attendees at the event included representatives from:

- BME communities.
- NWBHSST.
- Other Health bodies working in North and West Belfast, including the Royal and Mater hospitals.
- Voluntary organisations that work with BME communities.
- The NI interpreting services.

The event was intended to promote the work of the project with stakeholders, to establish initial contact with the BME communities and to begin the process of identifying BME perceptions about local Health and Social Services. The event also began to identify gaps in the existing service delivery to BME communities. Four workshops were organised within the event delivered and the collated findings used to inform the direction taken during the rest of the Project.

Following on from the initial stakeholder workshop, BME Organisations were contacted formally and meetings arranged. Questionnaires were used to gather information and to record the findings from the meetings. In some instances, copies of the questionnaire were left with a representative and circulated amongst the community. Otherwise, the development worker completed the questionnaire on behalf of the community they represented. Where possible, focus groups of BME community members were facilitated. This included sessions with the Indian elderly group and Al-Nisa women's group.

Also impacting upon the methodology, the process of consultation and engagement was a much more difficult process compared to other geographical areas of Belfast, due to the historically small number of BME individuals and established BME community organisations based in North and West Belfast. The process of community participation was much more difficult and much time

was expended in fostering greater involvement and engagement.

Following the consultation meetings, a mid-project Stakeholder meeting was held in February 2006 to report back the initial findings of the needs assessment, and to obtain feedback from those in attendance on the issues raised. The additional information gathered was incorporated into the existing findings.

2.4 BME Communities represented in North and West Belfast and their expressed needs

The following provides an overview of the expressed needs documented on each of the main BME communities represented in North and West Belfast. In each instance, the history of the community will be considered before looking at their expressed health needs. Where applicable, these findings will be set in the context of other research carried out in Northern Ireland into the needs of that community.

2.4.1 The Chinese Community in North and West Belfast

Within the Chinese community in Northern Ireland, individuals are drawn from a range of different regions in China. All of these groups are represented in the North and West Belfast area:

- The majority of the well established Chinese community arrived in NI from the 1950's and mainly speak Cantonese and Hakka. This reflects the fact that they have come from rural Hong Kong and the New Territories. Many of the established families work in the catering industry.
- There are now increasing numbers of students and academic staff arriving from Mainland China, studying and working at the two universities as a result of the recruitment programmes managed by both universities to recruit overseas Chinese students. This community will be the fasted growing Chinese community over the next few years due to the ongoing promotion of Northern Ireland educational institutions and businesses.
- The largest number of asylum seekers and refugees in Northern Ireland are from Mainland China and largely speak Mandarin Chinese. A number of asylum seekers are housed in the North and West Belfast area, including a number of Chinese families with young children.

Over 60% of the Chinese population in Northern Ireland live in or close to Belfast. The majority of the Chinese population living and working in North and West Belfast work in the catering industry. Due to the long hours required by their businesses coupled with family responsibilities, these individuals often have limited contact with the wider communities in the area and a reduced opportunity to participate or engage with many of the community activities organised by the Chinese community support organisations, the Chinese Welfare Association and the Mandarin Speakers Association.

The Chinese Welfare Association was established in 1986. The broad aims of the organisation are to assist the local Chinese community to identify and meet its needs, either directly or by assisting to bridge the gap between the needs of members of the Chinese community in Northern Ireland and the available services in the areas of health, education, law and welfare. The Chinese Welfare Association provides a range of services including training, advice, language classes and health and social activities.

The Mandarin Speakers Association was formed in November 2000 as an independent non-profit-making organisation. Its members are mandarin speakers, including those who originate from Mainland China, Taiwan, Hong Kong, Macao, Singapore, and Malaysia. The Mandarin Speakers Association aims to encourage its members to promote cultural and social exchange between the United Kingdom and mandarin speaking groups. Activities and services include information services on housing, education, health, employment, language classes for children through the Chinese school and cultural and arts activities.

2.4.2 Expressed needs of the Chinese Community

The Project worker conducted individual interviews, a focus group meeting and met with representatives of the Chinese Welfare Association and the Mandarin Speakers Association, to establish health and social services needs and experiences of members of the Chinese community living and working in the North and West Belfast area. The following needs and issues were expressed as being important for the community in relation to services:

- Individuals reported problems with language and communication when accessing health and social services. A lack of awareness of what is available in terms of entitlements to interpreting support led to individuals avoiding mainstream services and seeking to deal with the issue themselves or within the family/community.
- There appeared to be a lack of understanding of what individuals are entitled to in terms of healthcare, welfare benefits and dentistry, in relation to their immigration or work status.
- Individuals expressed a lack of understanding of how the system works for GP's, referrals on to other services such as counselling, social services and other sources of support.
- A risk of mental health problems for those that have experienced trauma and have had to leave their families in China. This experience refers particularly to asylum seekers from Mainland China and will be considered in more detail in section 5.12 below.
- For Chinese women, both lone parents and women that have arrived with partners, there is experience of depression and, in particular, post-natal depression. There is a growing number of male Mainland Chinese students and academic staff with wives who initially have found it difficult to get employment, as recorded by the Mandarin Speakers Association. This has had mental health implications for women and a number of programmes initiated by the Association are aimed at addressing this issue.
- Other instances of mental health issues raised during interviews included a feeling of isolation felt by the elderly, fear of racism and harassment and high levels of gambling.
- Attitudes within the community to mental health make it difficult to tackle the issue. Those experiencing mental health problems may be stigmatised or find themselves excluded. The symptoms and illness may be ignored or hidden by the family who will attempt to deal with the issue. Accessing mental health services is also found to be difficult initially.
- Chinese asylum seekers find it difficult to survive on the NASS allowance provided, which is 70% of the standard level of income support. This, together with the uncertain nature of the status of asylum seekers,

contributes to high levels of anxiety and stress, particularly for those who have cases ongoing for a lengthy period.
- Unsociable working hours in the catering industry make it difficult to access healthcare services in the daytime. The situation is worse for women that work in the business and have childcare responsibilities. Overnight childcare is difficult to find and expensive.
- The Chinese community often use traditional remedies or practices which may not always be familiar to mainstream health services. Practitioners need to be aware of these alternative medicines and practices when treating Chinese individuals and how traditional remedies based on diet (particular types of foods) or herbal remedies can be integrated with medical approaches. Respondents felt that there is a need for awareness raising among mainstream health and social care providers about the dietary and catering needs of the community.

2.5.3 Other reports

A number of other reports have been published recently looking at the health needs of Chinese people in Northern Ireland. During an evaluation of the Chinese Health Project, a partnership between Barnardos and the Chinese Welfare Association in Belfast and Craigavon, the report of the evaluation produced a number of recommendations, including:

- The community development approach adopted to dealing with health & social care issues have been successful.
- Written resources need to be made available in Chinese at relevant locations.
- Posts should be taken up by bilingual workers to ensure BME use services.
- Anti-racism training is required for health and social care professionals to ensure services are culturally sensitive.
- Health and social care is just one issue and a multi-agency approach needs to be adopted to include other social issues including housing, crime and benefits.
- Advocacy training should be provided for health social care workers.

The Chinese Welfare Association, in conjunction with the South and East HSS Trust, produced a report

looking at the mental health needs of the Chinese community in Belfast. Recommendations from the report, included:

- Need for staff training around sensitive mental health issues in the community.
- General need for anti-racist/ oppressive practice training in the workplace.
- A resource pack should be developed for workers containing key information.
- Independent interpreting should be offered as an option to all service users.
- Should consider employing bilingual workers with experience in mental health.
- Training to be provided to interpreters on mental health issues among Chinese.
- Monitoring developed to ensure ethnicity of all service users is recorded.
- More social activities for the community to build and strengthen social support networks.
- Information on mental health to be produced in Chinese and distributed.

2.6 Indian Community in North and West Belfast

The Indian community have been established in Northern Ireland from the 1930's. Initially selling clothes door to door, many Indians established successful clothes shops and there is a strong self-employed ethos within the community. Some Indian families can trace back four generations of residents in Northern Ireland. The main Indian languages are Hindi and Punjabi but with many Indian children born in Northern Ireland, language is less of a barrier than for other BME communities.

The Indian community has always had a presence in North Belfast and the opening of the Indian Community Centre in the area in 1981 reflected this. The Centre provides a range of services to the community including educational, welfare, social activities and good relations work targeted at all aspects of the community. According to monitoring data from the Indian Community Centre, there are approximately 145-150 members, including family members, living in the North and West Belfast area.

The Indian Community Centre is a well-established support

organisation for the Indian Community and has secured funding over the past 10 years to support a number of staff posts. The community has benefited from the work in terms of reducing social isolation, information distribution and participation within the wider BME and voluntary sector and the issues raised by community members reflect this.

However, even though the Centre has had a number of key staff and projects over the past ten years, there remains a low level of engagement with local hospital/ community Health +Social Services Trusts. With the advent of their new Project funded by the Big Lottery (2006-2008), which also has a health focus, it is expected that the new Project worker employed by the Indian Community Centre will have more effective engagement with Trust services planning and greater focus on health issues and promotion within the community.

The Mater Hospital has directly recruited 60 nurses from India, the majority of which also live in the North and West Belfast area. A number of these nurses have family members that have joined them and are starting families in the area. This group currently has a low level of engagement with the Indian Community Centre, however the Big Lottery funded Project aims to widen participation in the activities of the centre from the migrant worker community and those from religious communities other than Hindu.

2.6.1 Expressed needs of the Indian community

The key issues and needs expressed through interviews with members of the Indian community and a focus group held with the elderly project members of the Indian Community Centre were as follows:

- Older members of the community are geographically scattered and become socially isolated, particularly when a spouse dies, which can lead to anxiety and stress. The Centre provides activities for the elderly group but these services need additional resources and could benefit from closer relationships with elderly teams from the local health Trust.
- Mobility issues mean the community does not access local support services for the elderly leading to an increase in social isolation.

- Members of the Indian community have experienced racism and harassment leading to depression and fear impacting on mental health. With 75 racially motivated incidents reported by the PNSI in the North and West DCU's in 2005-06, it is evident that the health and well-being effects on the individuals experiencing these crimes could be addressed by the Trusts.
- Members of the community reported long waiting lists when seeking access to mostly hospital services. However, this is an issues experienced in the wider community and across the healthcare sector.

2.7 The Muslim community in North and West Belfast

The Muslim community in Northern Ireland is a very diverse community with shared religious practices but a wide range of cultures, traditions and languages. The first group of Muslims began to arrive in Northern Ireland after the Second World War, drawn by the opportunities for economic and business development and many as students and academics at the local universities.

Muslims in Northern Ireland are drawn from a range of countries across Asia and the Middle East. Most are Sunni and, reflecting the diversity of countries of origin, speak a range of languages including Arabic, Urdu, Malay and Bengali. To support the community, a number of organisations have been established, including the Belfast Islamic Centre, the Northern Ireland Muslim Families Association and the Al-Nisa Association NI.

2.7.1 Expressed needs of the Muslim community

The Project worker conducted interviews with members of the Muslim Families Association and the Al-Nisa Association NI, both of which reported that members of the their communities were living in the North and West Belfast areas. The NICEM Asylum and Refugee team have also recorded up to 20 Asylum Seekers from the Muslim community living in the area, from countries including Iran and Iraq. These communities expressed more general needs reported as shared by their members living in the North and West Belfast areas. The communities consulted raised the following issues in relation to service provision and experiences by members of the community:

- Health providers lack an awareness of religious observance requirements including access to a prayer room mostly in hospital services, fasting for Ramadan and access to a religious leader. Hospital services in recent years however have made great improvements in this area and respondents experience within the services may have predated these improvements.
- Health & social services providers also often lack an awareness of cultural issues such as birth, death and modesty requirements.
- There is a lack of awareness of dietary needs in relation to hallal food and fasting.
- For services provided to women, there is a preference for female practitioners and a reluctance to raise issues with male staff.
- Assumptions have been made about a patient's ability to speak English, and where an attempt was made to address this, an assumption about the patient's language and ethnic background was based on their physical appearance.
- Mental health issues including depression and anxiety, caused by experience of racial harassment and social isolation, were reported especially among non-English speaking women particularly those who were relatively new arrivals.
- Family issues, including domestic violence, are not made public outside of the family and end up not being resolved satisfactorily. There is a fear of a negative perception being created of the family or community as a whole. A community group themselves often had to deal with the situation and support those involved.
- For women, both lone parents and women that have arrived with partners, there is experience of depression.
- There is a need for staff to be employed to raise awareness among the community on the services available from the Trusts and to deal with sensitive issues that arise.
- Fear of racism and harassment, combined with Islamaphobia, has an impact on mental health and the ability to integrate into the community.
- Attitudes towards mental health among members of the community make it difficult to tackle the issue, with mainstream support services. Individuals may be stigmatised or excluded, and often a family will attempt to resolve the issue themselves.

2.8 Jewish Community in North and West Belfast

The Jewish community is possibly the oldest most long standing of the BME communities excluding Irish Travellers. A synagogue was established and many individuals settled in North Belfast. According to the JCR-UK, (a project between the Jewish Genealogical Society and JewishGen Inc.), there was a Jewish community in Belfast in 1771. However, the present community dates from around 1869. There were no other Jewish communities in Northern Ireland, apart from small communities (no longer in existence) in Londonderry and Lurgan.

The Jewish population in Northern Ireland, according to the Jewish Year Book of 2005, numbers 130. The largest population lives in the North Belfast area and is made up mostly of elderly people. Numbers have dwindled markedly in recent times, with many younger members leaving Northern Ireland.

The Synagogue, also known as the Wolfson Centre on Sommerton Road, is used for religious and community activities. The Centre does not currently employ staff but provides support and guidance to those from within the community wishing to learn about the cultural practices associated with Judaism, including the Hebrew language, Halacha (Jewish Law) and rituals. The Centre also facilitates activities for elderly members of the community.

The objectives of the Belfast Jewish Community Centre are:

- To increase the level of participation and inclusion in the services provided by the Centre.
- To monitor processes put in place as a result of anti-discrimination policies.
- To increase the use of the Jewish Community Centre by the wider community and outside agencies, such as local community groups and service providers.

Activities of the congregation include weekly friendship club meetings where the elders of the community meet for social activities, kosher catering services for various occasions, study groups and Sunday school facilities, co-ordinating and organising Holocaust Day events and guided tours of the Synagogue.

2.8.1 Expressed needs of the Jewish community

Needs of the community identified include:

- Mobility issues mean the community does not access local support services for the elderly, leading to an increase in social isolation.
- Health and social care providers lack an awareness of religious observance requirements and dietary and cultural requirements.
- The Jewish community has faced racism and harassment as a result of the political situation in the Middle East, leading to depression and fear.

2.9 Asylum Seekers and Refugees in North and West Belfast

There had been an increase in the number of asylum seekers coming to Northern Ireland over the past five years. It is difficult to establish an exact figure for how many, as the recording of statistical information by the Home Office is not processed on a regional basis.

NICEM has been sub-contracted by the Refugee Council (UK) to provide a service, including advice and support, to destitute asylum seekers while they apply for assistance through the new NASS (National Asylum Support Service) provisions. Not all Asylum Seekers are eligible for support from NAAS. The main criteria are that applicants:

- Have, or intend to apply for, political asylum.
- Be over 18 or part of a family group.
- Not have received a positive decision on their asylum application.
- Be destitute and not eligible for any other supports, e.g. Social Services or the Benefits Agency.

The Service makes an initial assessment to ensure the client is likely to be eligible for support under these provisions, referring on to other agencies when necessary. The number of applicants that are eligible for the National Asylum Support Service (NASS) has dropped by approximately 30% over the past year.

NICEM has had almost 1000 principal applicants registered through the Asylum Support Service since 2001. This figure refers only to principal applicants and does not include other family members.

During 2005-2006, the number of family applications and individual applications were almost equal. The actual number of users of the service may be between 1500-2000 over the five-year period.

Asylum seekers living in the North and West Belfast areas, known to the NICEM Asylum Support Service and receiving NASS support, are housed on the Antrim Road, Springfield Road and on Donegall Street, whilst they await a decision on their claim. Approximately 60 asylum seekers have lived in the North and West Belfast area over the period 2005-2006, although not all have resided there over the whole 12-month period. These figures do not include the unaccompanied minor asylum seekers who are supported by the local Social Services team.

As of August 2006 there are 26 principal applicants living in the North and West Belfast area and 9 of which are families, giving a total of 35 people including family members. The asylum seekers living in the area over the period have come from a wide range of countries including Iran, China, South Africa, Nigeria, Somalia and Zimbabwe. These individuals speak a range of languages, including Farsi, Mandarin, Arabic, English and Kurdish.

2.9.1 Expressed needs of Asylum Seekers and Refugees

Through interviews with asylum seekers and members of NICEM staff, the following were identified as expressed health and social care needs:

- Difficulties with language and communication when accessing health and social services, with individuals not always being aware of their rights to an interpreter.
- Respondents felt that they had a lack of understanding of what individuals are entitled to in terms of health and social care welfare benefits and dentistry in relation to their asylum and subsequently refugee status.
- A lack of understanding among social workers on the rights to services for unaccompanied minors in the area. NICEM had made this known to NWBHSST staff when it arose and the particular issue was resolved.
- A lack of understanding of how the system works for GP's, how they refer on to further Trust services such as social services, and other sources of support.

- Mental health problems for those who have experienced trauma and have had to leave their families in their home country.
- The lack of resources, coupled with the temporary accommodation and lengthy asylum process creating long-term uncertainty, can lead to stress and depression.
- Poor living conditions (mostly in the accommodation) provided by private landlords rather than Donegall Street or Springfield Road accommodations, and a lack of resources mean that many live close to poverty and have a poor diet.
- Importance of awareness raising and education for both health and social care staff and the community to make them aware of the reasons why asylum seekers flee and the differences between asylum seekers and refugees.

2.9.2 Other reports

The British Medical Association issued guidance on dealing effectively with asylum seekers when they arrive in the UK. This arose out of the health needs of asylum seekers not being effectively met and a concern that the systems being used were having an adverse effect on health. Recommendations made by the report include:

- Dispersal of asylum seekers should be properly resourced and adequately managed. This will enable better integration into society and access to the necessary services.
- Physical and mental health should be assessed on arrival and before being moved.
- A need for sensitivity to the experience they have had before arriving in the UK.
- A need for procedures to be explained, as they may be different to past experiences.
- A need to ensure that asylum seekers understand what they have been told.
- A need for counselling to back up any treatments, both pre and post treatment.
- The importance of referral on to appropriate help following the initial assessment.
- Trained interpreters or advocates should be used and not family members.
- A need for information and forms to be provided in an appropriate language/ format.

2.10 Migrant Worker communities in North and West Belfast

Since the accession of the 10 Central and Eastern European states in 2004, there has been a significant increase in the numbers of migrant workers coming to Northern Ireland. The Polish and Lithuanian communities now appear to be the largest BME groups in Northern Ireland which is a significant demographic change within the BME sector over the past 2-3 years.

The largest numbers of migrant workers in Northern Ireland are employed in the food processing, construction and manufacturing sectors. However, increasingly migrant workers are also well represented in the hospitality, agriculture and other employment sectors. Healthcare is one of the main employment areas locally in the North & West Belfast area.

From the interpreting service uptake statistics referred to in the interpreting section of this report, we can see that the language demands correspond to the newer migrant worker communities together with the established Chinese communities

It is difficult to estimate the exact number of migrant workers living in the North and West Belfast area, as statistics on workers are not recorded according to their residential area. The Royal Hospital records 224 staff from a Filipino ethnic background, which would represent the majority of their nursing staff recruited from overseas. The Mater Hospital has directly recruited 60 of their nursing staff from Southern India. Information from NWBHSST staff providing services to families in the area report a rise in the uptake of services from Filipino families, indicating that large numbers of staff recruited from overseas by the hospitals may be living close to their places of employment in North and West Belfast.

Information supplied by the Polish Association NI confirms that Polish individuals and families are living in the North and West Belfast areas, with an estimated Polish population for the city as a whole of 8000 individuals. Anecdotal information from staff working with NWBHSST combined with interpreting statistics also confirms that significant numbers of Polish people are accessing health services.

2.10.1 Expressed needs of migrant workers

The Project worker interviewed migrant workers, the majority of which were from Eastern European countries. Information and issues were also gathered from the NICEM 'Migrant Workers' support worker delivering advice and information to migrant workers on a case work basis. The main needs identified include:

- Inferior and often overcrowded housing conditions for both individuals and families in the private housing sector have an adverse effect on their overall health and well-being.
- Unfair treatment and discrimination by employment agencies when seeking work.
- Difficulties in accessing social security benefits and a lack of awareness of their entitlements.
- Social isolation of new mothers and mothers with partners working long hours. A need for more services to be provided by or in partnership with health visitors, especially after birth (scheduled visits from health visitors and specific support from the Health Visitor in Public Health is on-going), such as parenting classes, support in returning to employment, social activities, linking with BME groups, etc. Health visitors are the key link to other services.
- Long working hours have an impact on physical health and well-being.
- Migrant workers from Eastern European countries in particular are not familiar with accessing free healthcare services and the majority of workers would not register with GP's since this is often a paid-for service in other countries. The Migrant Worker support worker at NICEM has reported a significant number of cases of young pregnant women not being registered with GP's or knowing that maternity services are available to them free of charge for the birth and before the birth.

2.10.2 Overseas staff employed in the public and private healthcare services

The Project was unable to establish a focus group or gather detailed information on the expressed needs or experiences of migrant workers employed in the public and private healthcare sector. However, the Department of Health and Social Services has recently completed a comprehensive survey on the

experiences of migrant health care workers within the public and private sector, the recommendations of which will be are expected to be considered and integrated into future activities actions. The findings of the research will be published later in 2006 and will have significant implications for anti-racism and equality training delivery within the public and private health sectors in relation to the experience of migrant workers.

2.11 Irish Traveller community in North and West Belfast

2.11.1 Travellers have been living in Ireland for centuries, often in rural areas and providing services to the local communities. The urbanisation of the twentieth century has seen the Travellers way of life attacked, with less demand for their products and less scope to follow their traditional way of life. There are now fewer sites available to Travellers and some have very poor living standards.

Traveller communities can be found across Northern Ireland but the biggest concentration is in Belfast. There are two Travellers sites in North and West Belfast. An Munia Tober, based on the Springfield Road, is are a voluntary organisation established to represent the needs of the Travelling community as a whole.

2.11.1 The Irish Traveller community were not targeted directly by this Project as another partnership between the Royal Victoria Hospital and An Munia Tober has developed the Traveller Health Project, which has supported 8 members of the Traveller community to become Lay Health Care Mentors. Alongside this Project, research has been carried out into Traveller perceptions of health, their experiences of health services in general and of the Royal in particular and complied in a report entitled ' Perceptions of Health and Health Services by the Traveller Community in the Greater Belfast Area'(September 2005).

A number of the conclusions from the aforementioned research correspond with the needs and issues identified through this Project by BME communities and individuals in North and West Belfast. The following provides a summary of the findings:

- Behaviours contributing negatively toward health reflect a

lack of self-esteem and communal confidence. A lack of employment opportunities, particularly among men, is a major cause of this. There is a need for intervention to address training and employability issues.

- The misuse of drugs has been identified as a key public health concern. There is a need to engage with individuals of all ages to address this, although a quick fix is unlikely. Addressing other issues for Travellers in the past has shown the importance of persistence in bringing rewards.
- Whilst many Travellers are now registered with a GP, there is a need to ensure that individuals utilise the services available, particularly for preventive action. Use of GP's will also increase the availability of accurate information on the Traveller community.
- There is a need for education and awareness raising around the issue of self-referral to hospitals. Referrals should come through the GP to ensure that individuals access the most appropriate services for their condition.
- There needs to be uniformity of provision to Travellers across all administrative areas and discussion is required between Travellers, Trusts and hospitals as to how this can be best achieved.
- The family unit is an important aspect of the Traveller communities and must be considered in the provision of services.
- Increased access to family planning services has had a positive impact. Further sex education, particular among young Travellers, is important to reinforce this message.
- There is a need for greater co-operation and an inter-agency approach in the provision of services to Travelling communities. There is also a need for long term planning and provision of services if change is to be effected.
- Building on this initial research, there is a need to consider Traveller health status compared with the rest of the population. Developing a database of Traveller health statistics would also help identify health inequalities that exist.

2.12 Expressed needs identified at Stakeholder events

The following provides a brief overview of the discussions at the two Stakeholder events held during the Project 2005-2006. The findings have been organised into specific needs that were identified and recorded during workshop discussions.

2.12.1 Training needs

- Mandatory training in cultural awareness for all front line staff. It was suggested that having the training tailored to the person's job would make this training more relevant to individual staff.
- In the delivery of cultural awareness, it was also suggested that BME communities should be involved.
- The cultural awareness training would need to include dietary needs and other culturally appropriate information (e.g. differing practices when caring for babies, etc).
- Training for BME communities to raise their awareness of what services were available, how to access them and what they were entitled to.
- Awareness training for BME individuals on the roles of workers, particularly where individuals are not familiar with the UK health and social care system.

2.12.2 Ethnic monitoring

- Ethnic monitoring should to be in place to facilitate planning of services and targeting of BME communities.
- Monitoring is also necessary to identify BME groups and the languages patterns to inform interpreting and translation services. This could be carried out by the appropriate interpreting services.

2.12.3 Gender issues

- The difficulty some minority ethnic women have with being seen by male members of healthcare staff or a service provider of the opposite sex (specifically when the person has suffered severe traumas).
- Service providers reported that it was often difficult to see women on their own.

2.12.4 Interpreting issues

The availability of interpreting services was not widely known and/or publicised within the health

sector, particularly in primary care services.

The standard of interpreting, the lack of co-ordination between the different interpreting services and the lack of out-of-hours interpreter provision were also raised.

2.12.5 GP Services

The feedback from BME groups and individuals was generally very positive in relation to the services received from GP's, and recognisesd the willingness and effort which the majority of GP's put into providing services to individuals from minority ethnic backgrounds. However, a number of issues were raised:

- Registration processes with GP's – this can be a lengthy process for individuals from BME backgrounds and asylum seekers and refugees for a number of reasons, including language barriers, a lack of awareness of eligibility and GP's refusal to take BME patients.
- Interpreting services – GP's were not generally considered to be familiar with the interpreting services available to them and are not aware of who pays for services. This was considered to often results in GP's failing to booking interpreters for appointments and relying on family members, contrary to departmental guidance.
- GP's and their staff were considered to be often unfamiliar with the level of care that BME individuals are eligible to.
- Written materials such as referral letters from the GP surgery should include whether or not the patient will require the services of an interpreter at the next stage of treatment, to allow the next provider to make the necessary arrangements in advance.
- Gender issues – GP's need to be more aware of gender issues when dealing with BME patients.
- Participants raised cases of GP's being reluctant to refer individual patients to specialised services, especially mental health services. The reasons are unknown.

2.12.6 Other issues identified

- Child protection issues were raised as communities have different views about how to bring up children and may come into conflict (with Social Services) without realising it.
- Mental health issues are a major problem with patients from BME communities not accessing

services when they are required such as counselling or psychiatric services until a crisis is identified.
- BME individuals often feel shame in accessing mental health services and may perceive that they have not been properly listened to or referred to the appropriate services.
- Older people were not receiving care that they would be entitled to, particularly social care, as they are unfamiliar with what is available or that they can access other support.

The failure to access social care meant that the Older people elderly were left feeling isolated and consequently that could lead to anxiety and depression.

2.13 Gaps in existing provision identified by Service Managers

During the consultation with Service Managers from the NWBHSST, a number of additional gaps in existing provision were identified:

2.13.1 Mental Health services

- Using interpreters during the mental health assessment has proved difficult as the staff are assessing not just what the client says or the language they use but how they say it, their emotional state, tone of voice, etc. Interpreters find it difficult to convey the emotional response of the patient and this could influence decisions relating to future treatment.
- Staff members have found it difficult to access interpreters in the range of languages and dialects requested because of the availability of interpreters in some less used languages.
- When working with clients through an interpreter, it is also important that the client understands the process thoroughly and why staff need to ask specific questions. In this case there is a need for additional input from an interpreter in terms of cultural mediation or advocacy skills with some knowledge of the services.
- Uptake of mental health services by BME communities has been found to be low in the service at Primary Team level and Secondary Team level. In terms of the prevalence of mental health problems in the wider community, statistically uptake should be higher from BME groups but services are not being accessed until they have reached

a crisis point and severe mental illness has been identified.
- GP's are often the first point of contact for most patients and yet referral rates are low.
- Staff require better access to training or information on the rights and entitlements to services of clients i.e. asylum seekers, refugees and EU and non-EU migrants, particularly in relation to provision of longer term services to patients which have been identified following an intervention in an emergency or crisis situation. Awareness training on cultural diversity for staff would also be helpful.

2.13.2 Domestic Violence services

- It would be useful to have information on additional support services and community organisations for BME clients centrally available to staff working with cases involving BME individuals/families
- Guidance/information for staff on working with BME clients.
- Updated information for staff in relation to entitlements to service provision.

2.14 Issues effecting the estimation of the population of BME communities in the North and West Belfast area and identifying need

As has been demonstrated in Section 2, it remains difficult to accurately estimate the number of minority ethnic individuals and families living in the North and West Belfast area. The Census figures of 2001 provide a reference point however the majority of BME community organisations refer to the lack of participation from BME individuals in the Census gathering process. The statistics are therefore unlikely to be a true reflection of the actual population at that time.

Another important factor when considering the BME population in the area is the population of migrant workers who have moved in the area post the 2001 Census. These individuals are not recorded in the last Census figures and because of a lack of ethnic monitoring data and processes across the public sector, their presence and population numbers are not reflected in any official statistics for the area.

The BME community infrastructure is generally weak in the North and

West Belfast area. There are 3 established community organisations with centres in the area, the Indian Community Centre, the Sikh Gudwara and the Jewish Synagogue, all of which support community activities from their members.

The BME community sector in Northern Ireland is experiencing a period of growth, with approximately 40-45 community organisations representing an extensive range of ethnic groups. The majority of organisations operate on a regional basis and have membership drawn from across Belfast, including the North and West Belfast area. However, during the course of this Project, it proved difficult to gather statistical data from the relevant BME community organisations that often operate on a voluntary basis. Staff are employed for community development purposes and often lack the administrative records required to assess population sizes in the area. Therefore much information from community organisations was anecdotal in nature and not supported by statistical information. The exception to this is the numbers of asylum seekers and refugees in the area, supplied by the NICEM Asylum Seeker, Refugee team and the Indian Community Centre.

The BME population of North and West Belfast do not appear to engage with the relevant BME support organisations to the same degree as members of communities living in the South and East of Belfast. This has implications for the recommendations for action in relation to mechanisms for capacity building and community development work with BME individuals in the North and West Belfast area. Initially, more direct development, outreach work and time investment will be required between staff of the Partnership organisations (particularly NWBHSST) and BME individuals living and working in the area, as well as working through local community groups that provide services.

2.15 Summary of Key Findings

The expressed needs identified by this project cover a wide range of areas and disciplines. Whilst some are specific to the individual community, there are a number that are common to more than one BME group.

Common issues identified across BME communities and through the project:

- Issues of language and communication when accessing health and social services. The DHSSPS has now developed a well-established service, however gaps in knowledge and information on interpreting services were still identified both within BME groups and among health & social care staff.
- There is a generally weak community infrastructure of BME community groups in the North & West Belfast areas. Where groups are established, their capacity to fully participate with local issues, Trusts and inform local policy change and service delivery is very low.
- BME individuals and communities in the area are not familiar with health and social care services available, structures of services in the North & West Belfast area or with individual entitlement to services
- A low level of community infrastructure and capacity, and lack of ethnic monitoring by services makes if difficult to establish the sizes of BME communities and the number of BME individuals living in the area. Census figures from 2001 do not reflect the growing migrant worker population over the past 3-4 years.
- First point of entry into health and social care services is their local GP. Individuals are not always referred on to further trust services and GPs may lack awareness of the support structures such as interpreting service put in place by DHSSPS and Trusts.
- There is still some lack of awareness among mainstream health and social care providers about dietary, cultural and religious observance requirements within many of the communities.
- Gender issues are important when dealing with minority ethnic patients/clients, particularly women.
- Stigma associated with mental health issues within communties and a low level of awareness of what support is available contributes to low uptake of services by BME individuals.
- The project has also highlighted again the importance of materials and forms being available in a range of languages to simplify the processes and make it easier for patients to understand.

- The language and community profile of the North & West Belfast area geographical areas and across Northern Ireland changes on a regular basis therefore statistical information of language demand needs to be recorded effectively. It should be reviewed on a regular basis in order to ensure effective use of resources for translation of documents.
- A lack of ethnic monitoring data and processes across the public sector means that the demographic changes for BME communities and the newer communities of migrant workers, their presence and population numbers are not reflected in any official statistics for the area.
- The BME populations of North and West Belfast do not appear to engage with the relevant BME support organisations to the same degree as members of communities living in the South and East of Belfast. Many individuals receive services from more locally based community support groups.
- Because of the low level of BME community infrastructure in the area. Intensive outreach work and time investment will be required between staff of the Partnership organisations (particularly NWBHSST) and BME individuals living and working in the area, as well as working through local community groups that provide services.
- Chinese languages (particularly Cantonese and Mandarin) and Eastern European languages (particularly Polish, Lithuanian and Russian) have been the most requested in North and West Belfast. These languages should be the focus for interpreting provision and translated materials in the future, subject to regular review of uptake and demand.

The recommendations and proposed actions in will seek to address many of these needs.

3. INTERPRETING PROVISION IN NORTHERN IRELAND.

3.1 This Section will look at the provision of interpreting services in Northern Ireland, some recent research on interpreting provision and the existing uptake of services by those in health and social care sector.

3.2 Principles of Interpreting

The primary aim of interpreting should be to facilitate communication between two persons or groups of people. The task of interpreting is complex, it is a professional activity which requires an understanding of the important issues in communication. It often brings together persons of very different interests and backgrounds.

Interpreters are expected to have written and spoken command of both languages, including any specialist terminology, current idioms and dialects; to understand the relevant procedures of the particular disciple in which they are working and to maintain and develop their written and spoken command of English and the other language. Interpreters are also expected to be familiar with the cultural backgrounds of both parties.

Interpreters, unlike translators who normally work at home and with recourse to reference sources, must work 'in the field', without little time for reflection or reference. Preparation for known sessions is an essential aspect of the work of an interpreter. They therefore need to be both socially and occupationally knowledgeable and resourceful as well as linguistically competent.

3.3 Using interpreting services

The advantages of using a professional and accredited interpreter will include:

- Effective and accurate communication.
- Use of skills and knowledge beyond their bilingual abilities.
- Trained in interpreting techniques.
- Experience of handling potentially difficult situations.
- Confidential, impartial and professional (bound by a Code of Practice).
- Quality assured and vetted individuals.
- Cost effective.

In some cases, a friend or family member may be used to interpret. The disadvantages of this will include:

- They take over from the patient and make decisions on what is best for them.
- Incorrect information is passed on that could lead to a misdiagnosis.
- Confidentiality can be compromised.
- The patient may withhold information that they would not want someone close to them to know about, with the potential again to lead to a misdiagnosis.
- If the interpreter used is a child, this can create a great deal of embarrassment if the issues being dealt with are sensitive.
- A lack of understanding of technical terminology and issues.

Having been made aware of the availability of independent and impartial interpreting services, friends or family should only be used if expressly requested by the client.

3.4 Interpreting Services available in NI

In theory, currently any individual that is bi-lingual and involved in interpreting work can deliver interpreting services. In the past, public sector organisations have been required to use individuals for interpreting, often because the client or organisation that requires the assistance knows of them. Without some form of interpreting qualification however, there is no guarantee that individuals will have received the appropriate training to enable them to deliver the work professionally.

30 organisations were identified as providing these services in Northern Ireland through information from telephone and business directories. Further analysis of this list would suggest that many of the businesses:

- Are based from residential properties, suggesting that they may not employ more than one or two staff.
- Appear to specialise in one or two languages only.
- Are focussed on the provision of translations as opposed to interpreting work.

Through discussions with healthcare professionals and other public sector workers, it would appear that there are four main providers of interpreting services to that sector.

Coordination and communication between interpreting services such as NIHSSIS/NICEM/CWA has been strengthened through initiatives such as the 'Interpreter Providers Forum' established 2006, is to enhance cooperation and mutual support between interpreter providers and to ensure that quality standards are addressed and maintained.

A brief overview of existing services is included in Appendix 5.

3.5 Statistics on usage in the Health and Social Care Sector

The following provides statistics for the uptake of interpreting services by the health and social care sector in North and West Belfast. It has not been possible to obtain complete figures from each of the service providers and the time periods for the statistics are not standard across the providers. This issue is addressed in the recommendations for action.

Table 1 shows a breakdown of the total number of sessions by language provided by three interpreting service providers across the North and West Belfast Trust area between April and December 2005.

Table 1 Languages in demand in HSS in North & West Belfast

Language	NUMBER OF SESSIONS			TOTAL
	Connect NICEM	Language Line*	NIHSSIS	
Albanian	9			9
Arabic	4	1	8	13
Bengali	7	1	1	9
Chinese - Cantonese	84	12	65	161
Chinese - Hakka		7		7
Chinese - Mandarin	51	19	26	96
Czech		6	3	9
Dutch			1	1
French	1	7	5	13
Fu Zhou	1			1
Hindi		1		1
Italian		4		4
Latvian	8	1		9
Lithuanian	9	26	13	48
Polish	44	14	12	70
Portuguese		3	6	9
Romanian	3	4	2	9
Russian	9	29	23	61
Serbian			1	1
Slovak	2	10	2	14
Spanish	1	1	3	5
Tatalog	1			1
Tetum	1		1	2
Turkish	3			3
Ukrainian		1	17	18
TOTAL	**238**	**147**	**189**	**574**

* Language Line is a 24-hour interpreting service based in London that provides interpreters by telephone. Interpreters used can be based in a range of countries.

Table 1 shows that the most popular languages requiring interpreting services are Cantonese, Mandarin, Polish, Russian and Lithuanian. This would confirm the fact that the Chinese community remain the largest in Belfast and also the influx of Eastern Europeans to Northern Ireland. In all, interpreting services were required for 26 languages with Connect NICEM (41%) being the most popular service provider.

These figures also reflect the start up period of the NIHSSIS and are prior to the the introduction of the Out of Hours services now offered by the NIHSSIS. Current uptake of services from the NIHSSIS are now much higher.

Table 2 shows a breakdown of the number of interpreting sessions provided to the Mater and Royal Hospitals and to the North and West Belfast Trust by Connect NICEM and NIHSSIS. The NIHSSIS figures are for the period September 2004 – August 2005. The other figures are for April – December 2005.

Table 2 Languages in demand by health provider in North and West Belfast

Language	NUMBER OF SESSIONS				TOTAL
	Mater	Royal	N&W Trust NICEM	N&W Trust NIHSSIS	
Arabic		11	1	2	14
Bengali		8			8
Bulgarian	4				4
Chinese - Cantonese	7	126		7	140
Chinese - Hakka		7			7
Chinese - Mandarin	19	67		36	122
Czech		9			9
Dutch		1			1
French		13		9	22
Hindi		1			1
Italian		4			4
Latvian	1	8	1		10
Lithuanian		48		1	49
Polish	1	66	5	5	77
Portuguese		9		5	14
Romanian	1	8	2	3	14
Russian	1	54	4	16	75
Serbian		1			1
Serbo-Croat	6				6
Slovak		12			12
Spanish		4			4
Tetum		2			2
Ukrainian		18			18
TOTALS	**40**	**477**	**13**	**84**	**614**

As with Table 1, Table 2 shows that the most popular languages requiring interpreting services are Cantonese, Mandarin, Polish, Russian and Lithuanian. Interpreting services were required for 23 languages, with the Royal Hospital Trust (78%) placing the highest number of requests. It has not been possible to identify the departments using the interpreting services, though anecdotal evidence would suggest that the Maternity and Accident and Emergency departments would be the most frequent users.

Table 3 shows a breakdown of the number of requests for interpreters by language received by Connect NICEM broken down by District Command Unit (DCU) for the period September 2004 – June 2006.

Table 3 Interpreter Requests by DCU

Language	North	West	Total	%
Polish	6	11	17	25%
Mandarin	8	2	10	14.7%
Lithuanian	1	6	7	10.3%
Russian	4	2	6	8.8%
Cantonese	2	3	5	7.4%
Spanish	3	2	5	7.4%
Urdu	3		3	4.4%
Slovak	3		3	4.4%
Romanian		3	3	4.4%
Arabic	1	1	2	2.9%
Italian	1	1	2	2.9%
Bengali	2		2	2.9%
Amharic	1		1	1.5%
French		1	1	1.5%
German		1	1	1.5%
TOTAL	**35**	**33**	**68**	

Of the 68 requests received in the North and West Belfast DCU's, the most popular languages were Polish (25%), Mandarin (14.7%), Lithuanian (10.3%) and Russian (8.8%). These figures are consistent with the statistics for language usage in the healthcare sector.

3.6 Summary

The first point of contact for health and social services staff accessing interpreting services is the Northern Ireland Health & Social Services Interpreting Service. However if the service is unable to provide an interpreter staff can also access other interpreting services across Northern Ireland.

Chinese languages (particularly Cantonese and Mandarin) and Eastern European languages (particularly Polish, Lithuanian and Russian) have been the most requested in North and West Belfast and should be the focus for interpreting provision and translated materials in the future.

The language profile of geographical areas and across Northern Ireland as a whole changes on a regular basis therefore statistical information on language demand should be reviewed on a regular basis in order to ensure effective use of resources for translation of documents.

The research has also highlighted again the importance of materials and forms being available in a range of languages to simplify the processes and make it easier for patients to understand.

4. EXISTING GOOD PRACTICE WITHIN THE NORTH & WEST BELFAST HSS TRUST, THE ROYAL HOSPITAL AND THE MATER HOSPITAL TRUSTS

4.1 A comprehensive consultation was conducted with representatives from each of the 3 Provider Trusts. Each of the statutory sector organisations demonstrated examples of existing good practice in working with BME organisations and individuals in the North and West Belfast area, ranging from the development of new policies, procedures and practices through to on the ground delivery of outreach sessions.

Since the implementation of the Section 75 Equality Duty on Public Authorities, there has been a wide range of good practice initiatives across the public authorities in Northern Ireland. However, the consultation highlighted the need for more effective communication of the existing good practice within Trusts and also between the Trusts working in the area, in order that good practice and initiatives can be shared between organisations and that staff working at all levels within the Trusts are aware of the good practice already in place.

There is significant scope for future partnership working and the sharing of existing good practice as models for future planning and delivery.

4.2 Equality Policy and Practice in North & West Belfast – 'Investing for Health'

Investing for Health is a framework for action to improve health and well being and reduce health inequalities which is based on partnership working amongst Departments, public bodies, local communities, voluntary bodies, District Councils and the social partners.

Health and well-being is largely determined by the social, economic, physical and cultural environment. Health policy has previously concentrated on the treatment of ill health rather than on it's prevention.

This strategy seeks to shift that emphasis by taking action to tackle the factors which adversely affect health and perpetuate health inequalities.

Consequently in the local context of North & West Belfast, Investing for Health works with the full range of community organisations, including minority ethnic groups to plan action to address and improve the health and well being needs of people living and working in the locality – reference Eastern Area.

Investing for Health - Health Improvement Plan 2003-2008 and the Investing for Health Review Plans for North & West Belfast 2004,2005 & 2006. Copies can be viewed on www.wellnet-ni.com

4.2.1 Existing examples of good practice include:

North & West Belfast Health & Social Services Trust

- Establishment of the Equality Review and Human Rights Group, which has an Ethnic Minorities Sub-group.
- Development of the North and West Belfast HSS Trust Race Policy for Promoting Race Equality and Implementation plan.
- Inclusion of a standardised clause in Service Agreements re compliance with Equality, Human Rights and Race Relations legislation.
- Ongoing adaptation and further development of existing referral procedures and forms and inclusion of language need for telephone referral procedures.
- The Trust provides on an ongoing basis training courses on equality and diversity issues including: Equality & Human Rights, Good Relations, Anti-Racism, Religious Diversity, Asylum Seekers and Travellers
- Equality and Human Rights awareness is included in the Induction Training Course for all new members of staff
- Employment of two Health Visitors focusing on the needs of incoming Asylum Seekers, Refugees and BME families.
- The Trust has an established multi-disciplinary team for Travellers.
- The Trust was involved in a joint project on the development of a website 'Working with Diversity', providing information on the nine equality groups, including BME groups, and is targeted at HSS staff. Launched in 2004, the site continues to be reviewed by the Project team.
- Initiation of the partnership project with the Royal Hospital, Mater Hospital and Eastern Board on a 'Black & Minority

Ethnic health & well-being development project for North and West Belfast', to begin the process of engagement and participation with BME communities in the North & West Belfast area and identify needs of those communities.
- Promotion of access to interpreting and translation services through development of a flow chart procedure for accessing interpreters, and distribution of a Code of Practice for the Regional Interpreting Service.
- Provision of Language Line telephone interpreting service in emergency situations.
- Leaflets on diabetes produced in a number of languages, in consultation with the Chinese and Indian Communities.
- Information booklets and multi-faith calendars produced by the Interfaith Forum have been distributed widely through out the Trust.
- The Trust has provided grant aid support funding for the Indian Community Centre elderly group.

4.2.1 Mater Hospital

- Representation on the Eastern Board Equality Best Practice Forum.
- Organisation of a cultural awareness days for hospital staff.
- A staff-training programme in operation with trainers drawn from the range of Section 75 groups, including organisations such as the Royal National Institute for the Deaf and NICEM. The training includes anti-racism, cultural awareness, Traveller issues and issues for members of the Blind and Deaf communities.
- Within the hospital, an 'Equality Group' is facilitated by the Equality Manager aimed at addressing issues of equality within services.
- The Hospital operates and implements the DHSSPS Race Equality Policy.
- The Hospital is in the process of developing and implementing a 'Chaperoning policy' including guidelines on privacy and dignity of patients. This policy will include specific reference to the needs of minority ethnic patients including consideration of gender issues.
- Promoting access to the use of interpreters.
- Working within the HPSS to develop generic information leaflets in minority languages for the most frequently used services.

- Ethnic monitoring of patients in cardiology receiving Cardiac Rehab.
- Access to language line telephone interpreting service in emergency situations when face to face interpreting is not available (for example emergency situations in the Accident & Emergency Department.
- Implementation of a specialist induction and support programme for the nursing staff recruited from India, which includes professional induction but also a programme of orientation for staff on practical issues such as banking and accessing other local services.
- A senior nurse is appointed as the internal contact for the nurses recruited from India to help address any problems or issues arising.
- Continued collaborative working within the Eastern Area Equality Best Practice Forum to further develop and maintain the 'Working with Diversity' HPSS website.

4.2.3 Royal Victoria Hospital

- Equality training is included in corporate induction and includes an overview of equality issues and courses available. The training programme offered by the hospital is both wide-ranging and comprehensive.
- Equal Opportunities awareness training is compulsory for all staff at the Royal every three years.
- Additional equality training is available for managers within the hospital responsible for developing policies or screening policies for equality and Section 75 issues.
- Cultural diversity training delivered by staff from the inequalities department is available but optional.
- The hospital has developed a policy and guidance for staff on working with BME patients. This document has been produced without branding so can be adopted by other healthcare agencies.
- Extensive access to face to face and telephone interpreting is promoted throughout the hospital and training in the use of these services is also offered through the staff training programmes.
- Training sessions for staff are also available on Traveller issues in partnership with the NWBHSST Health Visitor in Public Health.
- Ethnic monitoring is carried on a limited basis with Cardiology patients as part of an externally

funded joint project with the Mater hospital Cardiology unit.
- The Royal has developed a good model of practice on capacity building with local communities through a project based in An Munia Tober, the Traveller support organisation. This includes a staff survey on working with Travellers and research on perceptions of health by Travellers. An action plan for services will also be developed as a result of this piece of work.

The Hospital has developed a Framework for patient and community involvement. There is a lack of participation from BME groups in relation to public and service user involvement, which influences and reviews planning, delivery and review of services.

4.3 In addition to the above, the NWBHSST has implemented a number of additional measures targeted at specific areas. These include:

4.3.1 Mental Health services and Mental Health promotion

- Ethnic monitoring – the mental health service is in the process of introducing new assessment forms including ethnic monitoring of new users.
- A Community Psychiatric Nurse had been assigned to the multi-disciplinary Traveller Team. The West Belfast Community Mental Health Team however now provides this service.
- Additional training needs of staff identified and request made for training for staff on asylum seeker and refugees issues, through the Trust Equality Manager.
- Working with representatives from NICEM, Chinese Welfare Association and the Whiterock Family Centre on the development of an information pack/ presentation to be used by BME communities to inform their members on identifying basic mental health issues and accessing appropriate services.
- Involved with the Indian Community Centre in the development of an induction pack for new arrivals.
- Delivery of training to the Traveller Community on managing stress and anxiety.

4.3.2 Early Years

- Delivery of a parenting course for Chinese mothers with English as a second language.
- Delivery of an accredited child-minding course for women from

the Sikh Community.
- Part funding of a multi-cultural childcare project within the Whiterock Family Centre.
- Annual Inspections of early years provision, including examination of the availability of multi-cultural activities, images and materials for children.

4.3.3 Family and Childcare

- Represented on the Trust's Ethnic Minorities Sub-group.
- Monitoring is in place within the service on ethnic and religious backgrounds of 'Children in Need' and 'Children and young people looked after by the Trust' and is published annually in the Trust Corporate Parenting Return.
- In past cases involving children from BME communities, the service has recognised it lacked the particular skills and information necessary to deal with BME issues. Through working with Bradford Social Services, the Trust has been able to deliver a culturally appropriate service to families.
- Support to unaccompanied minors seeking asylum.
- Professional training for social workers, including anti-discrimination and anti-oppressive methods of working.

4.3.4 Nursing and Health Visitors

The Trust employs a Health Visitor in Public Health to perform the following duties:

- Co-ordinate visits to all notified immigrants, refugees and asylum seekers moving into the Trust area.
- Contribute to an integrated health and communicable disease screening programme for immigrants, refugees and asylum seekers living in the Trust area.
- Monitor and evaluate the health needs of notified immigrants, refugees and asylum seekers, and provide support regarding access to relevant services and support networks.
- Develop expertise in novel infections e.g. SARS, to assist public health medicine in the development of care pathways and management of these infections when they arise.
- Assist the consultants in public health medicine with communicable disease outbreak, including contact TB tracing and their follow up.
- Develop and audit clinical standards of practice with contact tracing and screening of new entrants to the Trust.
- Analyse health indicators and

develop strategies and action plans to address health inequalities to improve uptake of services for BME clients, including the Travelling community.
- Develop and co-ordinate provision of interpreters and train other professional staff on the use of the Regional Interpreting Service and Language Line
- Provide supervision and support to the health visiting staff multi-disciplinary team.
- Plan and participate in induction programmes for new members of staff to inform public health issues within the Trust and the services provided to BME groups.
- Effectively communicate best practice in public health in collaboration with statutory, voluntary and community groups to develop services that meet the health needs of BME groups.
- Staff from the service have also taken part in diversity awareness raising seminars facilitated by the Indian Community Centre.

4.4 Eastern Health and Social Services Board

The EHSSB co-ordinates and develops the activities in relation to the Eastern Area Equality and Human Rights Forum. – This includes for example developing a number of Good Practice Initiatives, hosting of Conferences and Workshops to promote Equality, Good Relations and Human Rights and Training Initiatives.

The EHSSB's Promoting Racial Equality Policy includes five elements:

inclusion, facilitating access, consultation, promotion of standards and human resources.

The EHSSB currently manages the Northern Ireland Health and Social Services Interpreting Service (NIHSSIS) aimed at improving access to services by black and minority ethnic groups.

Staff training programmes include mandatory and voluntary training in respect of equality, human rights and diversity.

Specialist training in respect of Section 75 equality screening is delivered to managers.

Delivery of training including race equality training and diversity training to GP Practices.

There are a number of ongoing initiatives that help facilitate the

engagement of black and minority ethnic communities.

The establishment of a Diversity Group in 2006 will contribute to the promotion of further cultural diversity training and initiatives within the Board.

4.5 Whiterock Children's Centre

Integrated Communities Project

Whiterock Children's Centre is based in West Belfast and is a non-profit making, community based organisation. Started in 1988 as a crèche, the aim now is focused not only on day care provision, Family Learning activities and NVQ in childcare and assessment, but also on offering Minority Ethnic Support. With the help of the Paul Hamlyn Foundation and the North and West Belfast Trust the centre has acquired a multicultural outreach worker to work with minority ethnic families in West Belfast.

We provide a confidential free service to families and individuals, who need support in any problem areas they may have, preserving their own language and identity in an attempt to further the positive integration of the community.

Whiterock Children's Centre focuses on providing services for the daily needs and problems of new comers in particular, including Asylum Seekers, Refugees and Migrant Workers, by providing information and help in relation to: housing, health, debt, training and education, parenting etc. We offer family support services, home-based visits, advice, information and encouragement to all isolated and vulnerable individuals who may be experiencing difficulties within the home or family.

In order to meet and accurately cater for the ongoing needs of the community Whiterock Children's Centre established and maintained a close network of relationships with external public organisations and statutory agencies, such as The Law Centre, Padraigin Drinan and Co. Solicitors, Holy Trinity Centre, Job Assist Centre and the Healthy Living Centre. Our work also involves interacting with organisations, such as NICEM, MCRC, The Chinese Welfare Association and Ballymurphy Women's Centre. We work closely in conjunction with Barnardo's in improving the quality of life and well-being of Chinese families and their children. We have built a close working relationship with

Catherine Doherty – a health visitor from the North and West Trust. Our work with St Joseph's Primary School also provides all necessary help to those children and their families, who are members of the ethnic minority communities. We are in the process of establishing a close relationship with the Royal Victoria Hospital to cater for the needs of all overseas healthcare staff.

Whiterock Children's Centre, is committed to making our efforts effective, and organise courses and services to improve the quality of life and standard of living for our users and their children. As it is vital for non-English speakers to be educated in the English language, we provide English for Speakers of Other Languages (ESOL) classes. Creative craft sessions, which are a great opportunity for anyone to be creative, are organised for parents and children, so they can interact together. Another course that we are running is Cookery for parents and children, which will enhance the participants cooking skills and teach them how to cook healthily at a low cost. The centre is planning Cultural diversity and Racism Awareness sessions for community activists and anyone interested in multicultural issues.

Whiterock Children's Centre to provide the necessary help and support to all members of ethnic-minority communities for improving the quality of their life and also for their positive integration within the community.

The EHSSB has a Service Level Agreement with the Chinese Welfare Association on a pilot bi-lingual advocacy service.

A Locally Enhanced Service within the General Medical Contract was established in 2006 to support the initial assessment of refugees, asylum seekers, migrant workers and non-English speaking patients in GP Practices.

4.6 Summary

The Partnership organisations are involved in a number of existing good practice initiatives, including:

- Framing policy through collaboration and involvement on committees.
- Production of materials for use across a range of areas.
- Translation of materials into appropriate languages, where appropriate.
- Development of Race Equality and other Policies.

- Development of specific procedures for handling BME enquiries.
- Delivery of anti-racism and other forms of training to staff.
- Employment of staff with a primary focus on BME health needs.
- Promoting access to the use of interpreters.
- Some ethnic monitoring of clients.

Whilst many of these initiatives have been successful, there is scope for some initiatives to have further impact. For example successful initiatives such as the multi-lingual inpatient information box developed by the Royal could also be adopted for use also in the Mater Hospital.

There is a need for greater sharing of information between the Partnership organisations. In addition, there is a need for the adoption of ethnic monitoring of BME clients to allow baseline information to be gathered.

A large proportion of North & West Belfast HSS Trust service are delivered through Service Level agreements with Private and voluntary / community Sector organisations. There is a duty of care also to ensure that the services they provide are delivered in a culturally competent manner which facilitates access for BME communities.

5. RECOMMENDATIONS AND PROPOSED ACTIONS

The recommendations and proposed actions from this report were developed in consultation with service managers from the three Trusts in order that actions were considered to be achievable and realistic in terms of the recommendations for improvement.

The report also recognises that the recommendations and proposed actions are also made in a time of rapid change for the health sector in Northern Ireland including the three trusts involved in the project.

It is acknowledged that changes in terms of responsibility for carrying out actions will eventually transfer to the Belfast Trust, however for the purposes of this report and in recognition of the partnership work between the organisations, the actions are framed and responsibilities aligned within the current Trust structures.

RECOMMENDATIONS AND PROPOSED ACTIONS

5.1 The recommendations arising from this project are presented according to both the common issues raised by the BME communities in the area and secondly according to service delivery areas with the Trusts.

Cross cutting issues raised

Strategic planning and sustainable engagement

There is some evidence of good practice in planning and service delivery, however this needs to be adopted consistently across agencies delivering services in the area.

In some service areas there is little or no involvement from BME groups within the Partnership organisations.

Recommendations

- A weak local BME community infrastructure means it would currently prove difficult to achieve effective sustainable engagement of communities in the form of a single BME Forum for the area to address issues across all services. A programme of capacity building on health issues with communities and individuals must be undertaken if an effective BME Forum for the area is to be developed as part of the wider Belfast HSS Trust.
- Representation from BME communities and individuals to be sought for existing issues based Forum within the Partnership organisations in order to improve BME engagement on health issues currently affecting their communities.
- The Trusts should use existing links with voluntary sector and private sector providers in the area such as the Health Action Zone and the Healthy Living Centre to support local BME communities and individuals to access the services offered by the voluntary and private sector

Proposed Actions

NWBHSST

- 1 or more representatives to be sought from BME communities to join the Domestic Violence Partnership to input into the action plan and strengthen links with other organisations working on this issue.
- BME representation to be sought for those Forums which also inform the work of health visitors:

  - The Primary Care Liaison Group
  - The Sexual Health Forum
  - The Early Years Forum
  - The Post-natal depression group
- Engagement to be encouraged from the local Health Action Zone and Healthy Living Centres on issues affecting BME communities and individuals in the area.
- Recruit representation from BME communities on the 'Change Your Mind Group' in order to inform and advise on appropriate campaigns, etc.
- NWBHSST Child Protection Panel to organise a presentation to members on BME community issues and opportunities to engage with BME communities in the delivery of appropriate services.
- Training/awareness raising sessions for the Domestic Violence Partnership members by BME communities to foster the development of links with representative agencies to identify further training needs and engagement.

Mater Hospital

- BME recruitment on to a number of key forums that inform the planning and delivery of services in the hospital, both in terms of community involvement and specific issue/illness areas including;
  - The Community Forum
  - The Patient Public Community Involvement Group
  - The Maternity Liaison Group
  - Respiratory, Cardiac and Stoma support Groups

Royal Victoria Hospital

- Activly seek involvement from BME groups or individuals in the consultation process for the new Women's Services Hospital planned at the Royal Hospital site.
- The opportunity exists to recruit BME individuals to the Hospital expert patient programme, through existing users of the services from BME backgrounds.

Cross cutting issues raised

Ethnic monitoring

Gaps exist in ethnic monitoring making it difficult to create a baseline for the measurement of access and uptake of services.

A lack of a standard system for the monitoring of interpreter usage makes it difficult to monitor languages used and translations that may be needed.

Recommendations

- The development and implementation of ethnic monitoring is required across the health sector in order to effectively monitor and improve services. It is understood that the issue will be addressed cross departmentally under the Racial Equality Forum NI and it is important that this issue is given priority in order to ensure consistency in monitoring across all government departments.
- The Partnership organisations in the North and West Belfast area to set up a standardised system for recording the use of interpreters and translated materials in order to inform planning and delivery of services and information dissemination.

Proposed Actions

The Partnership organisations

- A Regional Project Board is leading in the development of a new 'Person Centred Information System' that will include monitoring on the equality categories and streamline the information held currently on many different systems. A NWBHSST project team has been tasked with implementing the changes required in existing processes necessary for the new regional information system.
- Development and implementation of a comprehensive system of monitoring and recording the use of interpreting services (face-to-face and telephone interpreting) across the Partnership organisations. To include language, numbers of sessions, cost, service area, hours of interpreting and when provision was not possible.

Cross cutting issues raised

Partnership organisations working in Partnership and sharing good practice

There are opportunities for the Partnership organisations to share good practice and work together to engage minority groups in the North and West Belfast area, as evidenced throughout this report.

Recommendations

- To retain the existing partnerships between the NWBHSST, Royal and Mater, developed by this Project, to take forward and monitor progress on the recommendations and proposed actions arising from this Project.
- The Partnership organisations to share resources developed on cultural diversity and individual examples of good practice.
- NWBHSST services to develop links with hospital services to ensure that BME community outreach work undertaken by the Community Trust translates into improved uptake of services and improved engagement of BME communities in hospital consultation and planning.

Proposed Actions

Actions across the Trusts

- Increased and improved promotion and use of the information resource available to staff 'Working with Diversity' website within the Trust and across the Partnership organisations, particularly with frontline staff dealing with BME communities and issues.
- Equality Managers, in consultation with the DHSSPS across the Trusts, to develop and disseminate standardised information on rights and entitlements to services (for Trust staff), including longer-term treatments in relation to status and implications in relation to Human Rights and immigration and asylum legislation.
- Patient Support Officer to make links with South and East Belfast HSS Trust to explore translated information available and use of materials in the hospital setting appropriate to services.
- Patient Support Officer to explore the adoption and use of the 'Multi-

lingual In-patient information box' developed by the Royal Victoria Hospital, for use in all hospital wards.

- The 'Reference Guidelines for staff working with patients from Minority Ethnic Backgrounds' should be implemented across the partnership, containing broad, clear and health sector relevant information on working with patients from minority ethnic backgrounds, while recognising all patients are treated on the basis of their own individual needs and preferences.

Cross cutting issues raised

Outreach, Capacity Building and Communication

There is a gap in outreach work with BME communities in the area and the traditionally low number of BME communities and individuals in the North and West Belfast area have produced few opportunities for working in partnership.

Recommendations

- The NWBHSST to take the lead in outreach and community capacity building work with BME communities and individuals, in partnership with the Trust services (see recommended service area actions) and the Royal and Mater Hospitals.
- The Partnership organisations to undertake specific programmes of outreach work on awareness raising of health issues and services with BME communities in the North and West Belfast Area.
- Partnership organisations to work together with local BME groups and individuals to develop the skills of local BME representatives, with a view to the future development of local BME health forums to support the development and delivery of future services.

Proposed Actions

NWBHSST

- Delivery of capacity building training on mental health issues in partnership with local BME groups on accessing mental health services, good mental health promotion information sessions, 'ASIST' training for guiding all members of the community on how to deal with someone who might be suicidal, etc.
- Outreach activities and awareness sessions in partnership with BME communities on family planning advice and support services from nursing services.
- In partnership with local BME groups and local early years support groups, staff will deliver outreach seminars on child protection issues,

informal fostering arrangements and regulations, the role of social workers and family and childcare services in working with families and children to promote early intervention and avoid crisis situations developing.

All Trusts

- Publication and dissemination of Trust materials in languages most widely used across the North and West Belfast area, according to existing statistics and information from communities, initially in Chinese (Traditional and Simplified forms), Polish, and Russian. It is recognised that this may be taken forward in the context of the Belfast wide Trust and the Belfast Trust will determine specific services required.

Cross cutting issues raised

Primary care issues and consistency in referral systems

Recommendations

- The Partnership organisations to create a pathway to consider how best these issues could be addressed via the GP unit EHSSB and ensure the issues are represented

Proposed Actions

- The NWBHSST Primary Care Community Mental Health Team provides information to GP's on voluntary, statutory and community organisations that they can refer patients directly to. They will now include information on specific support organisations and services for patients from BME backgrounds, to support GP's to refer to the appropriate services.
- There is an opportunity to explore the expanding role of the 'Nurse Practitioners' (currently in training) and how, when they are attached to local GP surgeries, they may outreach to communities and deliver some basic services in community settings as first steps to accessing mainstream services.

Cross cutting issues raised

Training for Health and Social Services staff across the Partnership organisations

Recommendations

- Partnership organisations to co-ordinate and standardise the content, level and delivery of their anti-racism, equality and diversity training across the organisations, to ensure consistency of services across the partnership.

Proposed Actions

- Equality Mangers in NWBHSST, Royal and Mater, with consideration of the DHSSPS Action plan on the Race Equality Strategy for NI, to conduct an audit of content, level and delivery mechanisms for anti-racism and cultural diversity training within the organisations.

NWBHSST

- The NWBHSST has a voluntary training programme in operation on cultural diversity, Section 75 and Good Relations that will, from Autumn 2006, focus on anti-racism and attitudinal change training for staff. Attendance on the training is on a voluntary basis, however Trust 'Day Care Centres' have been prioritised for training in 2006 and based on need, training for particular services will be prioritised for 2007, including training for frontline staff and at a managerial level.
- NWBHSST is currently considering offering to voluntary sector partners limited access to relevant in-service training and organise bespoke awareness training on Equality and Human Rights for voluntary and Community Sector partners , in conjunction with the 2 Commissions. We propose to do this at the same time as writing to our 100 or so contacted community/voluntary sector partners advising them of certain matters in relation to our Promoting Racial Equality Policy.
- Further training for Health Visitors and in-service training for post reg. nurses on equality, anti-racism and cultural issues which directly affect their work with BME individuals in their homes.

5.2 Recommendations and proposed actions for specific health and social services areas tackling the expressed common needs of BME Communities are as follows:

Service area

Interpreting services

Recommendations

- Partnership organisations to implement standard monitoring and recording systems for uptake and use of interpreting services across their organisations.
- Further training for interpreters on interpreting within the mental health services.
- On-going awareness raising across Partnership organisations on access to and use of interpreting services, to overcome any gaps created by situations such as staff turnover.

Proposed actions

All Trusts

- Increased and continuous promotion of information and training on accessing interpreters is required throughout the Trust to avoid gaps in knowledge and provision which can occur as a result of staff turnover and a low current uptake or demand for interpreters in some services until crisis situations arise.
- Standardising systems of monitoring and recording the use of interpreting services across the Trust. This will include language, numbers of sessions, cost, service area and when provision was not possible.

Royal Victoria Hospital

- Continued re-enforcement and dissemination of information and training on the use of interpreting services.

Service area

Health Promotion

Recommendations

- Outreach programme on health promotion, BME mental health issues and mental health promotion with BME communities, local GP's and local voluntary sector organisations that support BME communities.
- Engage local BME communities and individuals in existing mental health programmes, including the 'ASIST' training project and Suicide Task Force.

Proposed actions

NWBHSST

- Develop links with BME communities beginning with outreach meetings with staff and volunteers to explore delivery of future information sessions for communities on structure of services and opportunities available for health promotion activities within communities.
- Through the NWBHSST 'Change Your Mind' group, develop and deliver specific mental health promotional activities targeted at BME communities through BME community organisations and local community organisations and centres in North and West Belfast providing support and services to BME individuals.
- Working together with the BME community organisations, roll out the newly developed NWBHSST mental health information pack and presentation to BME communities in the area.
- Trust should seek representation from BME communities on the local Suicide Task force set up to tackle the issue in the area.
- Health promotion information sessions organised with local community organisations providing services and support to BME groups that have a weak BME community infrastructure in North and West Belfast.
- To link directly with the proposed NWBHSST student social worker undertaking an outreach programme with elderly BME individuals and groups in the Trust area.

Service area

Mental Health Services

Recommendations

- Development of a pool of BME volunteers already trained as interpreters to under take training on mental health advocacy and provide support for BME patients accessing mental health services.
- Training in BME mental health issues and good practice from UK for Mental health staff in North and West Belfast area.
- Build capacity and knowledge among local BME communities of accessing mental health services prior to crisis situations arising within the community.

Proposed actions

NWBHSST

- To work in partnership with NICEM Interpreter training programme, service staff to deliver an accredited training course for BME individuals already trained as interpreters in 'Bi-lingual Mental Health Advocacy', accredited by the Open College Network (2007).
- Develop a group of BME mental health advocate volunteers that can be accessed by NWBHSST when working with clients from BME backgrounds.
- In partnership with NICEM to organise a number of BME mental health information seminars for NWBHSST mental health staff teams and local representatives of BME communities. Sessions to be organised with BME mental health services from UK to develop knowledge of specialist mental health issues for BME communities and share good practice.
- The service will explore the possibility of developing a care pathway into mental health services for BME community volunteers or individuals that have identified a crisis situation, or if a crisis or emergency mental health situation has presented within the community.

Mater Hospital

- Training for staff in Mental Health inpatient services on mental health issues and minority ethnic communities, in partnership with the NWBHHST mental health services.

Service area

Services for older people

Recommendations

- Elderly services programme to undertake outreach work on their services with BME communities in the North and West Belfast area, to promote use of services.
- Delivery of training to staff working in elderly services, including home based staff on anti-racism and cultural diversity and important issues for working with BME communities at home.
- Support BME groups to undertake their own activities with elderly members and promote funding for elderly activities.

Proposed actions

- In Autumn 2006 a social work trainee assigned to the Trust will begin an outreach programme with local elderly BME individuals and projects to foster links between Social Services and BME communities within the Trust area.
- Training in anti-racism and cultural diversity targeted at Care Assistants, Social Work assistants and Home Help staff, including site visits to local BME centres and participation from elderly members of local BME communities to be organised in 2006-2007.
- Trust to explore hw mobility issues raised by the Jewish community may be addressed through community transport schemes or initiatives locally.

- Targeted promotion to BME groups on:
  - Funding opportunities for elderly groups
  - Carers break funding
  - Free alternative therapy for carers
  - Home help support for elderly
  - Area Warden visits for elderly
- Develop a pool of volunteers from a range of minority ethnic backgrounds willing to volunteer in the area to support Home Help or Area Warden staff on first visits.
- Develop a number of cross-community programmes for BME elderly groups/individuals, including initiatives such as the existing elderly reminiscing groups in day centres. This work should be done in partnership with existing voluntary sector initiatives.
- Encourage representation from local BME groups on existing and future Elderly Forum or individuals.

Service area

Early Years Services

Recommendations

- Early years provision monitored by the Trust to work in partnership with early years support organisations to ensure providers have access to anti-racism and equality training.
- Promote employment opportunities as childcare workers with BME groups.
- Work in partnership with local BME communities on further delivery of accredited training in childcare to community members.

Proposed actions

- Delivery of training on Equality and Diversity issues among early years providers through the Early Years Forum.
- Outreach work by the Trust with BME sector to increase levels of recruitment of staff and child care workers from diverse ethnic backgrounds.
- In partnership with NIPPA and the District Childcare Partnership, promote and deliver training for early years staff on anti-racism, equality and guidelines for working with culturally diverse groups.
- Increased promotion of early years services, the availability of existing diverse multi-cultural services and support among to BME groups and individuals in the North and West area.

Service area

Multi-agency approach

Statistics for Racially motivated attacks recorded by the PSNI numbered 75 for 2005-2006. NICEM's Racial Harassment project is also currently handling 29 cases of racially motivated attacks in the North and West Belfast area.

Recommendations

- The impact on the mental health and well-being on victims of racial harassment needs to be addressed by the Partnership organisations through a multi-agency approach to addressing the issues on a local basis.

Proposed actions

NWBHSST

- To explore possible pathways for victims of racially motivated attacks in relation to health and well-being of victims and families, together with the Community Safety Partnerships in the area, local and BME community support organisations.

Service area

Resource implications

Recommendations

- The NWBHSST require additional staff to undertake and co-ordinate actions and recommendations suggested by this report. The weak BME community infrastructure in the area will require intensive support from community development staff to build capacity and sustain engagement with BME groups.

The Royal Victoria Hospital is committed to implementing recommendations from this Project and the Travellers health research project.

- In light of implementation of the recommendations from arising from both pieces of work. The implementation of recommendations and actions will require additional staffing resources. Such resources could be used to work in partnership with the Mater Hospital to implement good practice and actions across hospital services in the area.

6. A PROFILE OF NORTH AND WEST BELFAST

6.1 This section provides background information on the area in which the North and West Belfast HSS Trust operates. This will include an estimate of the size of the BME population as well as a range of indicators that have an impact on the health and well-being of individuals living in North and West Belfast.

Where possible, figures used related to the area covered by the Trust. Otherwise, figures for the parliamentary constituencies of North and West Belfast have been extrapolated from the Northern Ireland Neighbourhood Information Service (NINIS) and commented on.

6.2 Demography

The 2001 census has shown that the population of the Trust's area is 143,534, representing a fall of 4.8% over the past 10 years.

Based on the mid-term population estimates in 2004, the population in both North and West Belfast will continue to fall. This is against an overall rise in the population for Northern Ireland in the same period.

6.3 Cultural Profile

A Cultural Profile for Northern Ireland can be established using the 2001 Census. Table 4 presents figures for North and West Belfast, for the Eastern Board area and for Northern Ireland.

The 2001 Census was the first time that a question on ethnicity was asked as a part of the Census, so it is not possible to compare similar figures with an earlier timeframe to identify areas of growth.

The Census statistics demonstrate that the Chinese community at that time were clearly the biggest BME community in Northern Ireland and that a significant number of those that participated consider themselves to be from a mixed ethnic background. This reflects the numbers of minority ethnic individuals that have married Northern Irish nationals.

The North and West Belfast area has 18% of all the minority ethnic residents in the Eastern Board area. Within this, almost half of the Traveller community in Belfast lives in West Belfast, with only the Newry

Table 4 Cultural Profile and Country of Birth

	All persons:	Persons in ethnic group											
		White	Irish Traveller	Mixed	Indian	Pakistani	Bangladeshi	Other Asian	Black Caribbean	Black African	Other Black	Chinese	Other ethnic group
Northern Ireland	**1685267**	**1670988**	**1710**	**3319**	**1567**	**666**	**252**	**194**	**255**	**494**	**387**	**4145**	**1290**
95GG Belfast	277391	273595	251	729	438	158	62	76	62	148	74	1318	480
West Belfast													
95GG01 Andersonstown	5764	5743	4	14	-	-	-	-	-	-	-	-	3
95GG07 Beechmount	5505	5269	11	29	47	23	-	7	3	17	8	49	42
95GG18 Clonard	4422	4394	5	8	-	-	3	-	-	4	-	8	-
95GG21 Falls	5047	5025	5	9	-	-	-	-	-	-	-	5	3
95GG22 Falls Park	5887	5872	8	3	-	-	-	-	-	-	-	-	4
95GG25 Glen Road	5872	5827	35	5	-	-	-	-	-	-	-	5	-
95GG27 Glencolin	7125	7068	34	7	-	-	-	7	-	-	-	5	4
95GG31 Ladybrook	6389	6367	3	10	3	3	-	-	-	-	-	3	-
95GG46 Upper Springfield	5895	5842	42	5	-	-	3	-	-	-	-	3	-
95GG48 Whiterock	5431	5409	-	3	-	3	-	-	4	3	3	3	3
Sector sub-total	**57337**	**56816**	**147**	**93**	**50**	**29**	**6**	**14**	**7**	**24**	**11**	**81**	**59**
Greater Shankill													
95GG19 Crumlin	4377	4350	-	11	-	8	-	-	-	-	-	5	3
95GG26 Glencairn	4022	4002	-	3	-	-	-	-	-	13	-	-	4
95GG28 Highfield	5314	5302	-	3	3	-	-	-	-	-	-	3	3
95GG40 Shankill	3780	3770	-	7	-	3	-	-	-	-	-	-	-
95GG51 Woodvale	4597	4580	-	3	-	-	-	-	3	3	-	5	3
Sector sub-total	**22090**	**22004**	**0**	**27**	**3**	**11**	**0**	**0**	**3**	**16**	**0**	**13**	**13**
North Belfast													
95GG02 Ardoyne	6600	6578	5	14	-	-	-	-	-	-	3	-	-
95GG06 Ballysillan	6018	5979	-	5	-	-	-	-	-	-	-	31	3
95GG08 Bellevue	4942	4901	-	10	5	3	-	-	-	3	-	8	12
95GG13 Castleview	4878	4825	-	7	10	-	-	-	-	-	6	18	12
95GG14 Cavehill	5280	5250	-	14	8	-	-	-	3	-	-	-	5
95GG16 Chichester Park	5106	5038	-	13	25	-	-	-	-	3	-	8	19
95GG17 Cliftonville	5425	5390	3	20	3	-	-	-	-	3	3	3	-
95GG20 Duncairn	4011	3947	3	7	38	-	-	-	3	3	3	4	3
95GG24 Fortwilliam	4796	4763	-	6	4	-	-	-	-	-	-	13	10
95GG32 Legoniel	5525	5485	8	13	3	5	-	-	-	7	-	-	4
95GG35 New Lodge	5226	5209	7	7	-	-	-	-	3	-	-	-	-
95GG47 Water Works	6308	6247	9	13	6	3	-	3	-	-	4	15	8
Sector sub-total	**64115**	**63612**	**35**	**129**	**102**	**11**	**0**	**3**	**9**	**19**	**19**	**100**	**76**
N&W Belfast HSS Trust	**143542**	**142432**	**182**	**249**	**155**	**51**	**6**	**17**	**19**	**59**	**30**	**194**	**148**

and Mourne parliamentary constituency having more Travellers resident in its area.

However, since the census the North & West Belfast area has seen the arrival of many migrant healthcare workers which the Royal, Mater Hospital Trusts specifically targeted through recruitment campaigns to fill skills shortages. Nurses from the Philippines and India (Kerala) and their dependents also now live and work in the North & West Belfast area.

Statistics from the Census for Country of Birth suggest that more than 3000 of those that participated in the Census in North and West Belfast were not born in the UK. Whilst definitive assumptions cannot be made from these basic statistics, when compared with the ethnic group figures, this would suggest that many of those born outside of the UK do not consider themselves to be from a minority ethnic background based on the categories given.

6.4 Religious background

In Northern Ireland, the traditional categorisation of individuals has been along religious lines, with a high percentage of the population falling into the Protestant or Roman Catholic faiths. Table 6 shows the religious composition of North and West Belfast.

Table 5 Religious composition

	North Belfast	West Belfast	Northern Ireland
% Catholic Community Background	44.9	82.7	43.8
% Protestant and Other Christian Community Background	51.9	16.2	53.1
Other Religions and Philosophies	0.3	0.3	0.3

Table 5 demonstrates that whilst North Belfast has a largely mixed religious make-up, West Belfast is predominantly Catholic (82.7%). There is a high degree of residential segregation in both areas, with over 90% of the wards more than 90% Catholic or Protestant. Those that declared a religion of philosophy that was not Christian account for just 0.3% in both North and West Belfast, and this is consistent with the figure for Northern Ireland as a whole.

6.5 Concern has been raised by BME organisations that these figures may not be representative of the true number of ethnic groups in Northern Ireland. Reasons given for this have included:

- A fear of disclosure because of a lack of understanding of how the information would be used.
- Language and literacy difficulties resulting in a lack of understanding.
- No clear consensus as to what constitutes a BME group.
- New arrivals, migrant workers, asylum seekers and refugees not completing the form.
- An increase in white migrant workers coming from Eastern Europe. A number can be established by looking at the Country of Birth in Table 2 but this still does not provide an accurate estimate or breakdown. Many of these individuals would be classified as white but experience the same issues as other BME groups.
- Some smaller BME groups are not accounted for in the categories.
- It is unclear as to what the breakdown of mixed ethnicity is from the statistics.

The Census was completed 5 years ago in 2001, prior to the influx of migrant workers as a result of the A8 accession. It is therefore believed that the true figure of minority ethnic individuals may be closer to 40000 than the 14279 for Northern Ireland reflected in Table 2. Estimates would suggest that there has been a change in the nature of many migrant workers coming to NI since 2001. The speed and scale of current migration is much greater than in the past with migrants coming from countries with no past history of migration to NI, particularly the A8 accession states.

6.6 International migration can be seen at a UK level, with projected population growth estimates having to be changed to reflect the rise in numbers. Net migration to the UK in 2004 was estimated at 223,000 with future growth expected to be at around 145000 per year. The population of Northern Ireland is expected to grow to over 1.8 million by 2020, with 57% of future growth attributed to net migration. Many migrants will be young adults and will cause a subsequent increase in the numbers of economically active and of women of childbearing age.

6.7 There are a number of other methods that can be used to estimate the size of the minority ethnic population.

6.7.1 Work permits and Worker Registrations

Between April and August 2004, the government received more than 1000 applications from individuals wishing to come to work in Northern Ireland. Applications were received from more than 50 ethnic groups, most notably from Filipino's looking to work in the healthcare industry.

Following the A8 accession in May 2004, the Government required individuals from these states that wished to work and remain in the UK to be registered. From its inception to the end of 2005, there were 12335 individuals that registered under this scheme. This is not a complete picture of all migrant workers from the A8 countries though. Individuals are not required to de-register when they leave the UK or move to another region. In addition, there is a fee associated with registration that may have acted as a deterrent for some individuals.

6.7.2 National Insurance Applications

Another potential method for calculating the size of the minority ethnic population is by looking at the number of applications that have been received for national insurance numbers. This will include data for those that are looking to take up work but will not include children or those not in a position to work, such as the elderly.

From April 2003 to June 2005, 31421 applications were received from non-UK or Republic of Ireland nationals. To demonstrate the growth in migrant workers coming to Northern Ireland, 8978 applications were received in the last three months of this period alone. The main sources of applications were from:

Table 6 National Insurance applications

Country	Applications received
Poland	6710
Lithuania	3586
Portugal	3246
India	2140
Slovakia	2034
Philippines	1230
China	1085

Table 6 shows that most applications were received from Poland and Lithuania. This is not surprising as these states have very high levels of unemployment at present, resulting in many workers seeking employment elsewhere.

By comparing the two sets of figures, it can be seen that 67% of those that have applied for a national insurance number have also registered under the A8 workers scheme, illustrating that a third of those that should register are not doing so. Many NI migrants are responding to the needs of the private sector and work in the food processing, construction and manufacturing industries.

There are problems associated with using these figures. Many migrant workers are transient and come to NI on short-term (often 6 month) contracts before returning home. The UK Immigration Service have also estimated that in 2003 there were around 2000 illegal workers NI and this figure is likely to have increased in the period since this.

Overall, there is a need for the collection of more statistical evidence to back up the assertions made above. Other than the Census information, the other statistics are

not available at a level below Northern Ireland as a whole and so cannot be applied to the North and West Belfast area.

6.8 Deprivation

Both North and West Belfast suffer from some of the worst deprivation in Northern Ireland

- 79% of those living in West Belfast and 60% of those living in North Belfast live in the most deprived areas of Northern Ireland.
- More than 45% of the population in West Belfast suffer income deprivation and almost 15% suffer employment deprivation.
- West Belfast has the most deprived area in Northern Ireland (Whiterock) whilst North Belfast has the fourth most deprived (Crumlin). Overall, 85% of the electoral wards of North and West Belfast are deprived to some degree and 57% are severely deprived.

6.8.1 Health and Care

The statistics provided in the NINIS database for health and care are shown in Table 7.

Table 7 Health and Care Statistics

Census 2001	North Belfast	West Belfast	Northern Ireland
% People with limiting long-term illness	27.5	26.8	20.4
% Population provided unpaid care to family, friends, neighbours or others	11.9	12.3	11.0
% Of births to unmarried mothers (2004)	62.4	66.8	34.5
% People stated their health was good	61.8	64.4	70.0
Administrative Data			
Hospital episodes (2002)	31954	29875	505727
% Of children aged 3-5 registered with a dentist (2005)	58.8	52.9	62.4

These figures demonstrate that more than 1 in 4 individuals in North and West Belfast stated in the Census that they had a limiting long-term illness. The North and West Belfast area has an above average number of individuals with heart disease and cancer. The knock on effect of this is that the number of people that stated their health was good was well below the Northern Ireland average (70%). In addition, more than 12% of the population in North and West Belfast provide unpaid care, again above the NI average.

In both constituencies, more than 60% of all births are to unmarried mothers, as compared with 34% for Northern Ireland as a whole. Dental registrations among children aged 3-5 were also below the NI average, particularly in West Belfast.

The Standard Mortality Ratio of people living in the 10 most deprived wards in Belfast is 2.5 times greater than those living in the 10 most affluent wards. The Standardised Death Rate for males in North and West Belfast is 60% higher than the regional average – 78% higher in North Belfast. For females it is 43% higher in North and West Belfast (54% higher in North Belfast) than the regional average.

6.8.2 Children in Need Statistics

Table 8 shows the number of instances where children in need have been identified from different ethnic groups between April 2004 and March 2005.

Table 8 Number of Episodes by Ethnic Group in North and West Trust area

	Boys	**Girls**
White	565	505
Chinese	0	0
Traveller	5	2
Indian Sub-continent	0	2
Black	0	0
Other	8	3
Refused/Unknown	473	467
Total	**1051**	**979**

These figures would suggest that a low number of minority ethnic children are in need in the North and West Trust area. This may be misleading though. The ethnicity of more than 46% of children could not be determined. In addition, the figures may suggest a reticence on the part of parents or BME communities to use mainstream channels of support for children in need. In addition, many migrant workers from Eastern Europe would be classified as white and therefore cannot be identified from these statistics.

6.9 Hate Incidents and Crimes

Figures from the Police Service of NI (PSNI) for April 2005 - March 2006 show that there were 936 racial incidents in NI during this period, an increase of 15% compared with the previous 12 months. In addition, there were 746 racially motivated crimes recorded, an increase of 17% on the previous year. Table 9 shows figures recorded for North and West Belfast.

These figures show that there has been a fall in both racial incidents and crimes in North and West Belfast. Figures for the types of crimes perpetrated show that assault and criminal damage are the most frequent crimes committed.

6.10 Housing and Transport

Figures for house prices in Northern Ireland for the first quarter of 2006 show that the overall average price in Belfast of £145,051 is up by 23.6% over the previous year. The highest priced city location remains South Belfast with an average of £188,069. East Belfast with an overall average price of £165,432 is the next highest priced location. The average price in West Belfast is £113,052, while the North Belfast average of £107,673.

With both North and West Belfast being comparatively more affordable areas to live in, it is therefore more likely that migrant workers that come to Belfast will chose to locate there.

Table 9 Racial Incidents and Recorded Crimes by District Command Unit

	Incidents		Offences	
	2004/5	2005/6	2004/5	2005/6
North Belfast	76	62	49	31
West Belfast	13	13	15	8

6.11 Summary

The areas of North & West Belfast were exceptionally unattractive to inward migration from all communities as these areas were heavily effected by the troubles and sectarian divisions. However since the ceasefires this situation has changed to a large extent. This profile has demonstrated that North and West Belfast suffer from some of the worst social problems in evidence in NI. This includes multiple deprivation, a high percentage of long-term unemployed individuals and more than 1 in 4 suffering from a limiting long-term illness.

It has been difficult to build up an accurate estimate of the number of BME individuals resident in the area. The influx of workers from the A8 accession states since 2004 has seen the numbers increase rapidly but without a single, reliable and up to date source of information and a lack of information at a level below NI, it is impossible at present to be more specific. It is clear that the North and West Belfast area has established BME communities, including the Travellers, Indian and Jewish communities and that with the comparative affordability of housing in the area, the numbers of BME individuals is likely to continue to grow.

In attempting to provide services to BME communities in the future, it is important that health and social care providers maintain accurate records of BME individuals in receipt of assistance to ensure that baseline information can be established and future demand can be met.

7. THE POLICY CONTEXT

7.1 The following provides a brief overview of some of the main government policies that will have an impact on both North and West Belfast area and on BME communities that reside there.

7.2 Review of Public Administration (RPA)

Begun in 2002, the initial findings of the Review into the future shape of the Northern Ireland public sector were reported in late 2005. The report recognised a number of issues including the need for restructuring administrative and delivery mechanisms, increased need for joined-up government and more effective use of resources in the in the delivery of locally based services.

The proposed new system will see a two-tier model of public administration encompassing a decentralisation of decision-making. Ministers and Government Departments will formulate policy at a strategic level with delivery taking place through local government structures. The review will have most impact on local government, education and health and social services.

In health and social services, the major changes will see:

- A considerably smaller and strategically focused Government Department.
- A single Health and Social Services Authority replacing the existing four Health and Social Services Boards.
- A reduction in the number of HSS Trusts from 18 to 5.
- 7 Local Commissioning Groups within the Health and Social Services Authority replacing the 15 existing Health & Social Care groups. These will map onto the new district councils areas.
- One Patient and Client Council replacing the existing four Health and Social Services Councils.

The process incorporates a number of cross-cutting themes, one of which is equality and good relations, supported by a number of bodies:

- The Equality Steering Group draws representation from a range of departments and is tasked with overseeing the mainstreaming of Section 75 statutory equality and good relations duties throughout the implementation of the RPA. The purpose of the group is to explore:

- How to ensure compliance with the statutory duties as RPA implementation is rolled out;
- How an integrated/ coordinated approach can be developed;
- How to effectively engage with the Equality Commission for Northern Ireland, the Community Relations Council, the Commission for Children and Young People and Human Rights Commission;
- How to manage and co-ordinate the collection of necessary information and data to underpin the process.

- The Equality, Social need and Good Relations Group provides a forum for the exchange of information and expertise about the mainstreaming of equality, good relations, social need and human rights issues throughout the process of implementation. Membership is drawn from a range of departments and government bodies, including the Equality Commission for Northern Ireland, the Community Relations Council and the Human Rights Commission.

Date	Health	Progress
January-March 2005	Reconfiguration Programme Board established and operating. Consultation on subordinate legislation dissolving 18 Trusts and establishing 5 new Trusts.	Reconfiguration Programme Board established in December 2005. Consultation on subordinate legislation completed in the first week of April 2006.
April-June 2006	Reduction of HSS Trusts from 18 to 5 - subordinate legislation ready to make.	Subordinate legislation made on 22 June 2006. David Sissling was appointed as the Chief Executive (Designate)

	Appointment of Chief Executive (Designate) of HSS Authority. Trust Shadow Chairs and Chief Executives.	on 26 June 2006. Trust Shadow Chairs were appointed on 20 June 2006. Trust Shadow Chief Executive interviews are planned are planned for July 2006.
July-September 2006	Appointments to some second tier posts.	
October-December 2006	5 new HSS Trusts operating in shadow form.	
January-March 2007	Legislation for Health restructuring out to consultation.	
April-June 2007	Old Trusts dissolved, new trusts fully operational.	
July-September 2007	Appointment process commences for Chair and Board of new HSS Authority.	
April 2008	Hss Authority fully operational. Local Commissioning Groups fully operational. Patient Client Council fully operational.	

7.3 Department of Health, Social Services and Public Safety (DHSSPS)

The overall aim of the Department is to improve the health and well being of the people of Northern Ireland. The key objectives of the Department are:

- To improve health and well being outcomes through a reduction in preventable disease and ill-health by providing effective, high quality, equitable and efficient Health, Social and Public Safety Services to the people of Northern Ireland; and
- To create a safer environment for the community by providing an effective fire fighting, rescue and fire safety service.

In working towards these objectives, the Department has set a number of priority targets, including:

- Increasing life expectancy by at least 3 years for men and 2 years for women.
- Through preventative measures and promoting access to health and social services, reducing the gap in life expectancy between those living in the fifth most deprived electoral wards and the NI average by 50 per cent for both men and women.
- Reducing the proportion of adult smokers.
- Stopping the increase in levels of obesity in children.
- Reducing the standardised suicide rate.
- Achieving a reduction in the rate of births to teenage mothers.
- Reducing the waiting time for clinical appointments, inpatients and outpatients.
- Improving the quality of life and independence of people in need, so that more receive community services and support in their own homes reducing the present reliance on hospital care.
- Improving outcomes from a range of life threatening diseases and incidents.
- Increase the number of foster carers in NI.

The Department is committed to the ongoing reform and modernisation of health and social services. This includes improvements in performance and efficiency as recommended in the Independent Review of Health and Social Care Services completed by Professor John Appleby of the Kings Fund in August 2005. How the Department aims to achieve this is set out in the document 'A Healthier Future: a 20-year vision for health and well-being in Northern Ireland 2005-2025'.

7.4 Office of the First Minister and Deputy First Minister - Racial Equality Strategy for NI 2005-2010

Framed as a result of a consultation with affected communities and individuals, the Strategy draws together past initiatives and legislation whilst also taking into account changes in international law. Underpinned by and intended to complement the existing legislative framework, the Strategy provides a framework that will allow both government and society to:

- Tackle racial inequalities in NI and to open up opportunity for all.
- Eradicate racism and hate crime.
- Initiate actions to promote good race relations.

Similar to the approach taken in the rest of the UK, the Strategy puts forward a vision of 'a society in which racial diversity is supported, understood, valued and respected, where racism in any of its forms is not tolerated and where we live together as a society and enjoy equality of opportunity and equal protection'.

Six Strategic Aims are identified, to be pursued by both government and society:

- Elimination of Racial Inequality
- Equal Protection
- Equality of Service Provision
- Participation
- Dialogue
- Capacity Building

An Action Plan produced by the Racial Equality Forum outlines the responsibility of each government department to implementing the Strategy under each of the six strategic aims. Actions for the DHSSPS include:

- Production of a second edition of the Racial Equality in Health and Social Care good practice guide.
- Continued support for Traveller health initiatives.
- Research into the effects and impacts of racist behaviour.
- Continued promotion and use of interpreting services.
- Provision of translated information and documents.

8. CONCLUSIONS

The BME Health and Well-being Development Project has taken the first steps to begin addressing the health and social care needs of BME individuals by identifying the key areas that require action.

The Project has laid the foundations to enable a greater level of co-operation between health and social care providers and BME communities in the future.

8.1 North and West Belfast area is an area that has experienced multiple deprivation and little inward migration as a result of the political situation and violence. Existing pressures on health and social services are high and the historically small number of BME communties and individuals living in the area has resulted in a low level of engagement with BME communties, and also a low level of participation from BME communties and individuals in Trusts' services and the planning of service delivery.

8.2 BME communties in North & West Belfast have weak community infrastructure when compared with BME communities in other areas of Belfast, and as a result the capacity which groups and individuals have to engage with Trusts' services and inform Trusts' services is limited. In order to support engagement with local BME communities, the local health and social services Trust will be required to work together with communties to build the capacity of communties to access and inform the delivery of local health and social care services. The Trust cannot achieve this without the direct support and commitment from existing BME communities and local community organisations providing services to BME individuals.

8.3 Health and social care services funded by North & West Belfast HSS Trust and providing support locally through service level agreements must explore and assess the delivery of their services to BME groups and individuals. These providers can work more closely with the Trust and local BME communities to ensure they are also reaching BME communities with their local services.

8.4 BME communities and individuals in the North & West Belfast area, must engage with the local Trusts on community development activities and capacity building within communities in order to ensure that health and

social care services are taken up by the members of their communties most in need of services.

8.5 Whilst the Partnership organisations are already delivering a wide range of good practice initiatives targeted at BME communities, there is scope for the sharing of this information and applying the learning in a wider range of environments. There is also scope for the organisations to work together on standardisation in areas such as anti-racism and equality training and the monitoring of language need in the area, in order that health and social care staff across the North & West Belfast area have a common understanding and practice in terms of equality.

8.6 The expressed needs identified by the communities involved in the Project will enable a more focussed approach to be adopted by the new Belfast Trust health agencies in the future. In some cases, the barriers that have been identified are in the process of being addressed by the relevant Trusts or work has commenced to do so statutory agencies. By ensuring that this report is effectively disseminated locally to each provider of healthcare services in North and West Belfast, it is hoped that a lasting change can be effected.

Appendices

APPENDIX 1

Objectives and Outcomes

The objectives for the Project were:

- To initiate and maintain contact with formal and informal BME community networks in North and West Belfast.
- To explore with formal/informal BME networks, their ongoing health and social care needs, including those of migrant workers and their dependants.
- To initiate and support contact and dialogue as indicated between BME networks and service providers around barriers inhibiting uptake of current services and ensuring provision of culturally sensitive services and service information.
- To collate and disseminate information on other factors which negatively impact on the health and well-being of BME communities resident in North and West Belfast.
- To seek to develop as necessary linkages between BME networks and the local community infrastructure (community forums, partnership boards, community service providers, etc.), and among BME networks themselves.
- To make recommendations on the development of sustainable mechanisms for involving BME communities in the work of Health and Social Services (HSS) organisations.
- To facilitate contact and dialogue between the North and West Belfast Health Promotion Consortium and BME communities on the promotion of health relevant to their needs.
- To contribute to the development and delivery of racial equality training initiatives within the HSS sector in North and West Belfast on request.

It was hoped that as a result of the work, the Project would produce the following:

- Demographic report on BME communities in North and West Belfast.
- Report on the use of current interpreting and advocacy services in relation to health and social care issues in North and West Belfast.
- Reports on the expressed needs of at least 4 BME communities, including migrant workers and their dependants, in North and West Belfast as regards health and social care.

- Reports on other factors that affect the health and well-being of BME communities.
- Report on the specific needs of migrant workers and their dependents living in North and West Belfast.
- Report on the health improvement priorities of BME Communities.
- Enhanced networking contact between BME representatives and service planners and operational managers in relation to the provision of health and social care and health promotion services relevant to meeting the needs of BME individuals.
- Enhanced levels of contact between different BME Communities in North and West Belfast.
- Enhanced networking between BME representatives and majority host community organisations.
- Enhanced capacity of the local community sector to provide services that meet the needs of BME individuals, families and communities.
- Recommendations for the development for sustainable mechanisms for involving ethnic minorities in the work of HSS organisations.
- Enhanced training of health and social care staff on race equality issues and the planning, delivery of culturally competent services.
- Transferable learning - e.g. on the special needs of migrant workers and their dependents.
- End of project stakeholder conference held on the issues affecting the health and well-being of BME communities in North and West Belfast.

APPENDIX 2

Consultees

Partnership organisations

NWBHSST

- Allison Farr
  – Equality Manager
- Donna Coyle
  – Domestic violence
- Jackie McElroy
  – Mental Health planning
- Margaret Graham
  – Nursing & Health visiting
- Margaret Woods
  – Mental Health Promotion
- Paul O'Neill
  – Early Years Inspection
- Tommy Boyle
  – Children & Family Services
- John Allen
  – Services for Older people

Mater Hospital

- Bernie Mitchell
  – Patient Support Officer
- Joan Wells
  – Midwifery Manager
- Ann Johnston
  – Equality Manager

Royal Victoria Hospital

- Claire Armstrong
  – General Manager Health & Social Inequalities

BME communities and organisations

- Mandarin Speakers Association
- Muslim community and Al-Nisa Women's group
- Indian community and Indian Elderly group
- Sikh Community
- Jewish Community
- Asylum Seekers and Refugees in the North and West Belfast area
- Migrant workers employed by the Trusts
- Chinese Welfare Association
- The Multi-Cultural Resource Centre
- *Traveller community and An Munia Tober*

Voluntary organisations

- Marie Curie
- Action Cancer
- Mencap
- Rethink
- UNISON Trades Union

APPENDIX 3

Sources Consulted

Government Departments

Culture and Leisure
www.dcalni.gov.uk

Health, Social Services
& Public Safety
www.dhsspsni.gov.uk

Office of the First Minister
& Deputy First Minister
www.ofmdfmni.gov.uk

Other Government sites

A Shared Future
www.asharedfutureni.gov.uk

Priorities and Budget
www.pfgni.gov.uk

Review of Public Administration
www.rpani.gov.uk

Northern Ireland Neighbourhood
Information Service (NINIS)
www.ninis.nisra.gov.uk

Northern Ireland Census
www.nicensus2001.gov.uk

Legislation

Race Relations (NI) Order 1997

Race Relations Order (Amendment)
Regulations (NI) 2003

Good Friday Agreement 1998

Northern Ireland Act 1998

Single Equality Bill 2004

Minority Ethnic Support
Organisations

NICEM
www.nicem.org.uk

Multi-Cultural Resource Centre
www.mcrc-ni.org

Interpreting Organisations

Northern Ireland Language Network
www.cilt.org.uk/rln/ni

Connect NICEM
www.nicem-interpreting.org.uk

NIHSS Interpreting Service
www.interpreting.n-i.nhs.uk

FLEX
www.ulster.ac.uk/flex

STEP
www.stepni.org

Health Organisations

Health and Personal Social Services in NI
www.healthandcareni.co.uk

Eastern Health and Social Services Board
www.ehssb.n-i.nhs.uk

North & West Belfast HSS Trust
www.nwb.n-i.nhs.uk

Royal Hospitals Trust
www.royalhospitals.org

Mater Hospital Trust
www.mater.n-i.nhs.uk

Published reports

Greg Irwin and Seamus Dunn 'Ethnic Minorities in Northern Ireland', Centre for the Study of Conflict, University of Ulster, 1996

Deepa Mann-Kler 'Out of the Shadows – Action research into families, racism and exclusion in NI', NICEM, 1997

NICEM 'Diversity on Display – an exhibition on the lives and culture of NI ethnic minorities', 1997

Chinese Welfare Association 'Prevention is better than cure – an evaluation of the Chinese Health project', 1998

North and West Belfast Health Action Zone 'Health Action Zone Database: A Profile of North and West Belfast', 1999

Paul Connolly 'Race and Racism in Northern Ireland: A Review of Research Evidence', 2002

British Medical Association 'Asylum Seekers: meeting their healthcare needs', 2002

Equality Commission 'Racial Equality in Health Good Practice Guide' 2003

Multi-Cultural Resource Centre 'In Other Words? – Mapping minority ethnic languages in NI', 2003

Belfast Healthy Cities 'Tackling Inequalities: Understanding the Links', 2003

Save The Children 'Count me in – exploring diversity among children and young people', 2004

NICEM 'Delivering on Equality Valuing Diversity: a report examining the impact of ethnicity on health needs and relevant statutory service provision in NI', 2004

DHSSPS 'Embracing Diversity – Understanding and valuing ethnic diversity in the HPSS', 2004

DHSSPS 'A Healthier Future: A Twenty Year Vision for Health and Well-being in NI 2005-2025', 2004

DHSSPS 'Public Attitudes to health and Personal Social Services in NI', 2004

Mary McMahon Consultancy 'Perceptions of Health and Health Services by the Traveller Community in the Greater Belfast area', 2005

South and East Belfast Trust 'Endurance No More! Exploring mental health needs of the Chinese Community', 2005

DHSSPS Community Information Branch 'Children Order Statistical Tables April 2004 - March 2005'

North and West Belfast HSS Trust 'Trust Delivery Plan 2005-2008', 2005

Neil Jarman 'Changing Patterns and Future Planning: Migration and Northern Ireland', Institute for Conflict Research, 2005

PSNI 'Statistical Report No.3 Hate Incidents and Crimes April 2005 - March 2006'

Office for National Statistics '2004-based national population projections for the UK and constituent countries', 2006

DHSSPS 'Survey of Carers of Older People', 2006

APPENDIX 4

Clauses relating to Human Rights & Equality and Race Relations in the standard Service Agreement with Voluntary and Community Groups:

Clauses

5.3 Voluntary Template shall at all times operate within the relevant laws of the United Kingdom and Northern Ireland.

The Trust expects Voluntary Template to act within the spirit of the Human Rights Act 1998 and Section 75 of the Northern Ireland Act 1998 at all times as outlined in Appendix 1.

5.13 The Trust expects Voluntary Template to comply with any requirements of the Race Relations (NI) Order 1997 and the European Race Directive 2003.

APPENDIX 1

HUMAN RIGHTS ACT 1998 AND SECTION 75 NORTHERN IRELAND ACT 1998

The Trust is committed to promoting equality of opportunity and good relations in all aspects of its work. It will therefore expect the service provider to be equally committed. Section 75 of the Northern Ireland Act 1998 requires the Trust in carrying out its functions to have due regard to the need to promote equality of opportunity:

between persons of different religious belief, political opinion, racial group, age, marital status, or sexual orientation;

between men and women generally;

between persons with a disability and persons without, and

between persons with dependants and persons without.

The Trust is also required to have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

The Human Rights Act which came into effect on 2nd October 2000 makes it unlawful for the North and West Belfast Health and Social Services Trust to act in a way which is incompatible with the European Convention on Human Rights and allows for service users to seek remedy in a UK court or tribunal.

The service provider will, in respect of all persons employed or seeking to be employed by it and all those receiving services from it, comply with the Equality and Human Rights Legislation. The service provider will make sure that communication with employees and service users is in keeping with the spirit of the legislation.

APPENDIX 5

Brief overview of interpreting services providing interpreting to health and social care providers.

Overview of existing services

Connect NICEM

NICEM has always received requests for interpreters but began to offer a formal service from 2001. The service established (now known as Connect NICEM) was intended to lift the general standard of interpreting in NI. Employing 5 staff, the services provided include:

- Facilitating and delivering training accredited by the NI Open College Network (NIOCN). Four courses are now offered:
  - Basic Training for Community Interpreters (Levels 2 & 3).
  - Advocacy and Mediation in Health (Level 3).
  - Interpreting within the Criminal Justice System (Police, Courts and immigration services) (Level 3).
  - Mental Health Advocacy for bi-lingual individuals.
- Maintaining a register of Community Interpreters, ensuring that only accredited interpreters are used. The register now includes over 200 interpreters covering 53 languages, including 10 bi-lingual health advocates.
- The Interpreting Training Project Support Network providing support and information to interpreters, facilitating networking and shared experience and to provide feedback from interpreters on the service being offered.
- A 24-hour booking system for contracted clients.

Connect NICEM provides interpreting services to a range of organisations, including the Police Service of Northern Ireland with whom the company has a four year contract.

Northern Ireland Health & Social Services Interpreting Service

On 28 June 2004 Health and Social Services launched a regional pilot interpreting service. An Out of Hour's Service was established in January 2006. The service is a direct response to inequalities faced by people accessing Health and Social Services who cannot speak English as a first or competent second language. Race Equality and Human Rights legislation requires public services to provide such arrangements.

The Northern Ireland Health and Social Services Interpreting Service (NIHSSIS) has developed procedures for the sector to book professional interpreters for pre planned, face-to-face appointments. It currently manages a central register of 149 interpreters covering 27 languages who have undertaken a rigorous application process, signing up to a Code of Ethics and Good Practice with strict adherence to patient client confidentiality. The service offers Professional Development Sessions for its register and hosts a Registered Interpreter Forum

A Code of Practice and Procedures for Health and Social Services Staff and Practitioners was widely distributed in July 2004. The manual details booking procedures together with good practice when working with an interpreter and non English speaking patients and clients. It is supported by a half-day training course, Working Well With Interpreters.

Health and Social Services is required to provide an interpreter for all pre-planned appointments through NIHSSIS as a first point of contact. The only exception to contacting the service is for face-to-face Cantonese and Mandarin provision within the Southern Board area that is currently supplied through a local Chinese Community Association.

During 2006 NIHSSIS has played a leading role in the formation of a Interpreter Providers Forum.

The service now has five staff employed and funding has been extended to 2007.

Foreign Language for Export Service (FLEX)

FLEX is run by the University of Ulster at Jordanstown and has been in operation for more than 15 years. Employing three staff, the company markets itself as a one-stop shop for foreign languages providing interpreting, translations and tuition in more than 50 languages. Much of the interpreting work employs students and staff from the University.

Southern Area Interagency Interpreting Services Partnership

Established by the South Tyrone Empowerment Project (STEP) and working in conjunction with the Chinese Welfare Association and Ballymena Community Forum, this partnership has sought to provide

interpreting services to the growing numbers of minority ethnic individuals in the Southern Board area. The Partnership has a contract to deliver interpreting and translation services for the Department of Employment and Learning and the Social Security Agency.

This service was established in conjunction with NIHSSIS and currently has 226 registered interpreters covering 31 languages and 33 qualified translators covering 21 languages. STEP employs three full-time interpreters as well as two support staff in the provision of the service.

Overview of existing research into interpreting provision

A number of pieces of research have been undertaken recently into the provision of interpreting services in Northern Ireland.

In Other Words? – Mapping minority ethnic languages in NI

Published in 2003, this report came about following recognition of the need across public services to tackle language barriers and the associated issues that have arisen for BME communities. Among the objectives, the report sought to provide information on interpreter provision, on the availability of accessible information from a community point of view and to provide recommendations on how to make information more accessible to these communities.

One section of the report has dealt with existing interpreter provision.

1. There are were four recommendations made for future service delivery. There was a need for interpreter provision in a broad range of languages in NI.

   The report identified 76 languages at present in NI but recognised that there are many others that will be spoken only. There is a need for interpreter provision in many of these languages to prevent language barriers in service access.

2. Salaried interpreters should always be employed where there is demand. Health and Social Service Boards should take the lead in this.

3. There was a need for a public sector interpreter service in which DHSSPS should take the lead. The establishment of the NIHSSIS has addressed this recommendation.

4. There was a need for awareness raising regarding interpreters both within public sector providers and BME populations.

Whilst this research is now three years old, many of the issues raised are still pertinent to the sector, particularly now that many of the BME communities have grown considerably in this time. The experience of NICEM has been that existing interpreters are not interested in working full time as an interpreter, either in a funded post or in a self-employed capacity.

NIHSSIS Interpreter Survey

The NIHSSIS undertook a survey of interpreters between April and September 2005. The aims of the survey were:

- To assess the amount of HSS interpreting need so far unmet by NIHSSIS.
- To seek opinions on how an out-of-hours service should be provided.
- To gather information on linguistic communities in Northern Ireland.

Of those surveyed, 69% were registered with NIHSSIS. These interpreters had undertaken 1637 appointments through NIHSSIS with the main nationalities covered including Portuguese (61%), Russian (19%), Lithuanian (8%), Chinese (7%) and Polish (3%). These figures support that the NIHSSIS service has been most widely utilised in the Southern Board area were these BME communities proliferate.

In addition, 69% of interpreters that responded were registered with other interpreting services, including NICEM, STEP and FLEX. Interpreters undertook 1544 interpreting sessions for HSS through interpreting services other than NIHSSIS, with the main languages provided including Cantonese (65%), Tetum (23%), Polish (4%) and Portuguese and Russian (2% each).

267 interpreting sessions were delivered by individuals not representing any organisation, with the languages covered including Cantonese (37%), Portuguese (34%), Tetum (15%) and Bengali (12%). Of these individual sessions, 36% were paid for with the remainder being done on a voluntary basis.

Interpreters were asked for those services not provided on behalf of

NIHSSIS, what were the reasons why this service was not used. Responses included:

- Service providers were not aware of NIHSSIS at the time.
- Emergency and out-of-hours service was required.
- Practitioners are used to other providers.
- NIHSSIS could not provide an interpreter.

Interpreters were also asked about the provision of out-of-hours services. In total, interpreters undertook 206 sessions out of hours, a majority for the maternity and accident and emergency departments. Interpreters were contacted to provide these services by either one of the interpreter services other than NIHSSIS or directly by the hospital or patient.

Connect NICEM Interpreter and Stakeholder survey

Connect NICEM undertook a questionnaire survey of interpreters and service users during February and March 2006. To improve future working relationships, a number of suggestions were made:

- Inform health professionals of the importance of using an independent interpreter as opposed to a family member.
- Customers need to have realistic expectations of the interpreter's abilities.
- More standard documents translated for clients would speed up the processes.
- Greater communication between the customers and interpreters. Some interpreters felt that they were treated in the same manner as the clients.

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The Executive Summary of this report may be available in other languages or formats upon request.

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