

23 April 2012

Dear Councillor

EQUALITY FORUM - THURSDAY, 12TH APRIL 2012

The following presentations were tabled the above meeting of the Equality Forum.

Agenda No Item

4. **Lancashire Teaching Hospitals - our Approach to Equality and Diversity** (Pages 1 - 12)
5. **Domestic Violence** (Pages 13 - 32)
6. **Rural Housing Needs Survey - results** (Pages 33 - 38)
8. **Social Isolation Task and Finish Group** (Pages 39 - 44)

Yours sincerely



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આ માહિતીનો અનુવાદ આપની પોતાની ભાષામાં કરી શકાય છે. આ સેવા સરળતાથી મેળવવા માટે કૃપા કરી, આ નંબર પર ફોન કરો: 01257 515822

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Our approach to equality, diversity and involvement

Presentation by
Stephanie
Iaconianni
Equality and
Involvement Lead

Date
12th April 2012



Overview

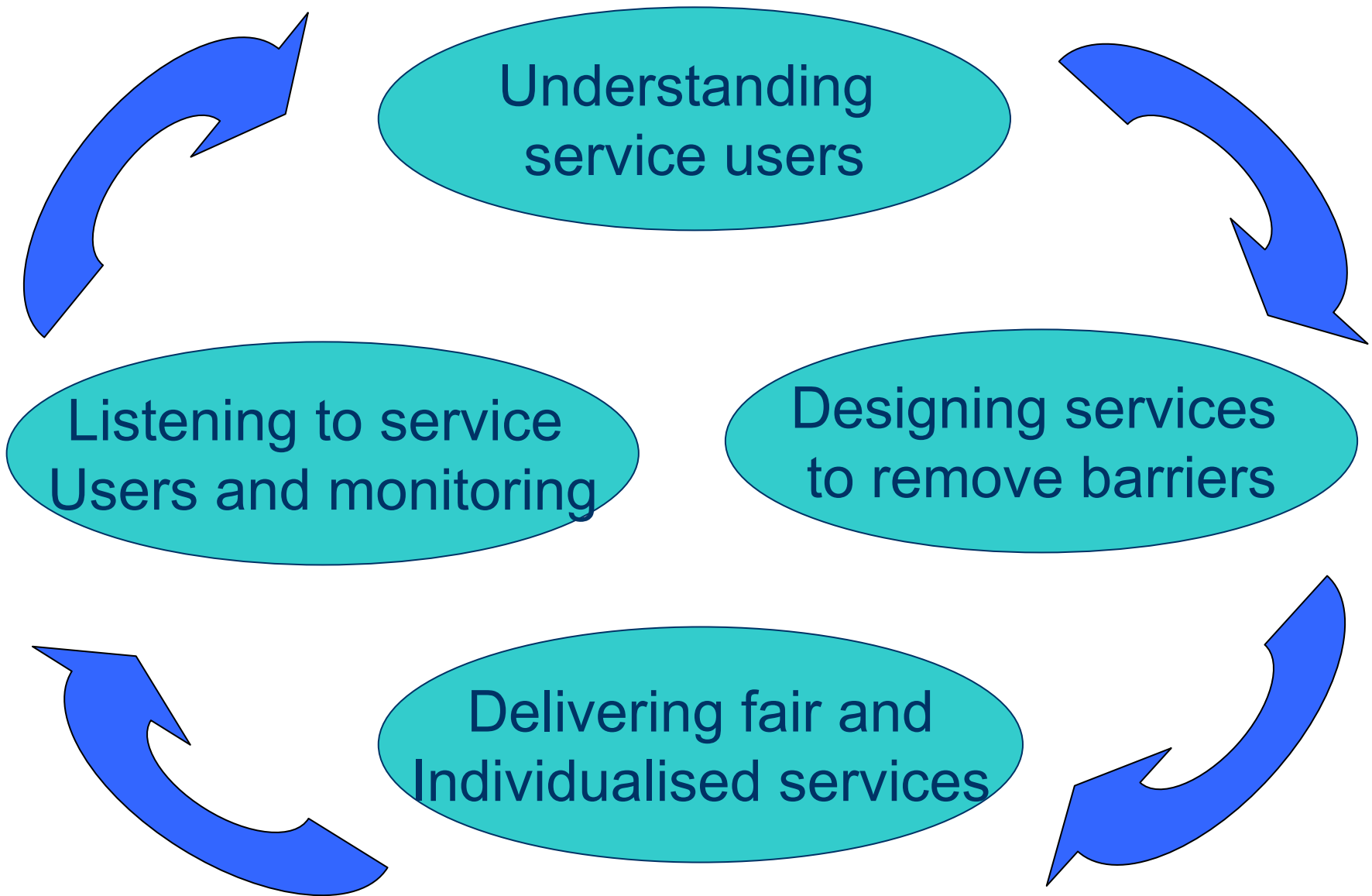
1. Our commitment to equality, diversity and involvement
2. The protected characteristics
3. Our Trust model
4. Achievements – Patients and Service Users
5. Achievements – Staff Involvement
6. How we can work together
7. Questions to consider

Our commitment to equality, diversity and involvement

- Patients, service users and staff are at the heart of service
- Excellent patient experience
- Want views of the people who use our service moving to social model
- Equality Strategy 2012 - 2015
- Patient and Public Involvement Strategy 2011 - 2014

The Protected Characteristics

- Race
- Disability
- Gender
- Religion or Belief
- Sexual Orientation
- Age
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity



Achievements – Patients and Service Users

- NAVAJO Charter Mark
- Workplace Familiarisation Programme
- Patient Pager Trial (Fracture Clinic)
- Disability Discrimination (DDA) Audits
- Patient and Public Disability Focus Group
- Disabled Go (Patient Access)
- Disabled Car Parking Spaces/Access Route
- Multi-Faith Prayer Facilities
- Signage Review

Achievements – Patients and Service Users

- Patient and Service User Spiritual Care Group
- Health Mela
- Multi-faith Baby Memorial Service
- Spiritual Care Policy
- Ascentis Accredited Loss, grief and Bereavement Training
- Several Patient Guides relating to Spiritual Beliefs for Patient/relative reference

Achievements – Staff Involvement

- Recruitment ensuring proportionality
- Annual Employment Monitoring Statistics
- Staff Engagement
 - Black and Minority Focus Group
 - Disability Group
 - Religion and Belief Group
 - All Training and Development Programmes include equality and diversity specific to the topic

We will work together with you to:

- Continue to promote equality and diversity
- Ensure equality is integrated into policies, strategies, procedures, service developments and improvements
- Engage with the patients, service users, carers and the local community to consult on changes at the development stage of any change
- Consult patients, service users, carers and the local community to find out what we do well and how we can improve to best meet their needs

We will work together with you to:

- Ensure consultation is clearly linked with the Trusts Patient and Public Involvement Strategy (PPI)
- Work towards the national Equality Delivery System (EDS) and all other national priorities in relation to equality and diversity
- Continue to carry out Equality Analysis for everything we do

Questions to consider

- How can Lancashire Teaching Hospitals meet the needs of patients and service users in the Chorley area taking into account the nine protected characteristics of equality?
- What methods of consultation would you consider to be effective to meet your needs when looking at the services provided by the Hospital in relation to equality and diversity?

Any questions



Domestic Abuse

**Equality and Diversity Meeting
April 2012**



The Aim

- ***Raise awareness of the impact of domestic abuse within diverse groups***
- ***Provide access to help lines and specialist agencies***

1895 – City of London Byelaw

Curfew on wife beating

Wife beating is prohibited between the hours of 10pm and 7 am, *because* the noise keeps the neighbours awake.

- *The Government defines domestic violence as "Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality."*

Who are the victims ?

- Women, Men and Children
- Domestic violence can also occur in a range of relationships including heterosexual, LGBT relationships, and also within extended families.

Prevalence in Chorley Area

- April 2011 to December 2011
- 1136 reported Domestic violence incidents

Older people

- The abuser is usually well known to the person being abused.
- Abuse can occur anywhere

Pregnancy and Maternity

- 30% of domestic violence starts in pregnancy
- Domestic violence has been identified as a prime cause of miscarriage or still-birth and of maternal deaths during childbirth.

Rurality

- 52% of rural women and 56% of urban women said they had experienced violence or abuse.
- The researchers noted that urban and rural women had very similar experiences of violence.

Race religion and Beliefs

- Lack of specialist services available
- Colluding family members
- Language barriers
- Perceived prejudices
- Immigration status

Sexuality

- Q: Does LGBT domestic violence exist?
- Q: Isn't LGBT domestic violence the same as heterosexual domestic violence?
- Q: How can it be domestic violence if the smaller person hits the bigger one?
-

Disability

- Disabled women experience abuse more frequently than non-disabled women
- Kinds of abuse more wide-ranging, often using women's impairments to perpetrate abuse

- *“I didn’t approach the disability organisations nor the domestic violence organisations. The refuge was not accessible. If I had been able to use these facilities ... I would have left much sooner and not suffered so much violence, but they weren’t.”*
“Refuges? I never thought they were for disabled women.”

How can the needs of disabled women be met more effectively?

Raise awareness

Improve accessibility

Provisions that meet varying needs

Engage with disability organisations

Work with disabled women

Have awareness of different needs

Don't Break My Heart



 **Broken Rainbow,
LGBT Domestic Violence helpline
0300 999 LGBT (5428)**



Broken Rainbow

Don't fall for it



He takes me shopping
then takes my money

He takes me to the doctor
then denies me medication

He helps me to bed
then rapes me

He tells me he loves me
and that no-one else would



Disabled women and domestic violence – it's time to take action

Leaving an abusive relationship is difficult enough – it's even harder if you are a disabled woman – especially if your abuser is also your carer:

There is help and support available:

Go to www.womensaid.org.uk for the **Women's Aid Survivor's Handbook**, available in 11 languages and audio version, as well as the **UK Domestic Abuse Directory**.

www.womensaid.org.uk/disability

Published by Women's Aid Federation of England (2007). Registered Charity No. 1054164 (VNF). Registration No. 850 5437 31.

women's aid
until women & children are safe
www.womensaid.org.uk

Freephone 24 Hour National Domestic Violence Helpline **0808 2000 247**

Run in partnership between Women's Aid and Refuge.



0808 801 0327

- **If a client is in danger they should always dial 999 and ask for the POLICE**
- Clare House & Helpline 01772 435865
- Chorley Refuge & Helpline 01772 201601
- Male Advice Line & Enquiry 08450 646800
- Sanctuary Scheme 01772 625212
- Karma Nirvana 0800 5999247
- Action on Elder Abuse 0808 8088141
- Broken Rainbow 0300 999 5428

Questions

- ***How can we work more inclusive with diverse groups?***

Chorley Rural Housing Needs Study 2011

Presentation by
Mick Coogan
Strategic Housing Officer

Date
12/04/2012

Purpose and Methodology

- Rurality one of our 9 Equality Strands
- Identify housing need specifically in rural parishes
- Consulted with Rural Parishes and Ward Representatives
- 50% sample postal survey 2010/2011
- Parish newsletters used if possible with 100% sample
- 5330 / 9296 occupied households were contacted

Survey Responses

- 1,258 responses (23.6%)
- Mawdesley 30.0% to Ulnes Walton 14.2%
- Overcrowded 1.4% (3.4%)
- Under-occupied 86.7% (82.5%)
- 2,114 expecting to move in next 5 years
- 1,713 new households to be formed in 5 years
- 51% of both new households and moving wished to remain in their current parish

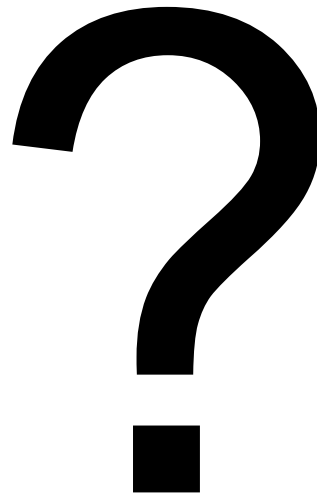
Main Findings

- Affordability for new households wishing to remain
- Large minority of newly formed houses displaced from rural parishes
- High aspiration not met by expectation for new households
- Shortage of housing suitable for older people cross tenure for moving households wishing to remain
- Affordability issues low for movers
- Low unmet support needs and adaptation requirements
- 742 additional affordable properties required in rural parishes over 5 years from 2011-2016

Recommendations

- That report is used to help inform Planning on new rural residential developments
- Priority given to people with local connection to parish – social rent/intermediate sale
- Consider appropriate intermediate home ownership models
- Raise awareness/promote intermediate home ownership models
- Encourage developers to inc. 2/3 bed bungalows in new rural developments
- Promote the Home Improvement Agency – DFGs and Handyperson Service

Any Questions



Task and Finish Group Update – Social Isolation in Chorley

Presentation by

Chris Sinnott

Head of Policy and Communications



Topic – Social Isolation

Objectives of the review;

- To establish the reasons for social isolation in Chorley
- To map the current provision to alleviate social isolation in Chorley
- To identify gaps in provision for social isolation
- To look at publicity of current provision
- To draft an action plan to address these gaps

Format of the Review

First meeting of group held on 1 March, including representatives from;

- Lancashire County Council, Social Care
- Chorley Council
- Representatives from VCFS sector – Age UK
- Representatives from Equality forum – Crossroads Care and LGBT, DENW

Key Outcomes and Questions

- Complex issue – many factors but ultimately depends on individual circumstance
- Provision exists but how do we connect individuals to the provision?
- What data do we have on social isolation in Chorley to provide an evidence base?
- Impact of economic deprivation on individuals and providers – economic situation intensifying the issue

Next Steps

- Develop a profile for social isolation in Chorley
 - Investigation of wider data sources, data from task and finish organisations and qualitative anecdotal evidence
- Development of a plan detailing how we will approach tackling this issue in Chorley.
- Any comments or questions on the topic and outcomes please contact Victoria Willett – vicky.willett@chorley.gov.uk

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