

Ethnic Minorities Consultative Committee

Agenda and Reports

For consideration on

**Wednesday, 24th January
2007**

In the Council Chamber, Town Hall, Chorley

At 7.00 pm



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Chief Executive's Office

Please ask for: Tony Uren
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Date: 16 January 2007

Chief Executive: Donna Hall

Chorley
Council

Town Hall
Market Street
Chorley
Lancashire
PR7 1DP

Dear Councillor / Colleague

ETHNIC MINORITIES CONSULTATIVE COMMITTEE - WEDNESDAY, 24TH JANUARY 2007

You are invited to attend a meeting of the Ethnic Minorities Consultative Committee to be held in the Council Chamber, Town Hall, Chorley on Wednesday, 24th January 2007 commencing at 7.00 pm.

You will recall that, as part of our attempts to engage more proactively with minority ethnic communities, Committee members are now able to invite a friend to accompany them and to table questions at the meeting. If you expect to be accompanied or wish to raise a question or relevant issue at the meeting, please notify Tony Uren either by e-mail to tony.uren@chorley.gov.uk or by telephone on 01257 515122 not later than 12 noon on 24 January.

I hope that you will be able to attend the meeting on Wednesday, 24th January 2007.

AGENDA

1. **Welcome by Chair (Councillor P Malpas)**
2. **Apologies for absence**
3. **Declarations of Any Interests**

Council Members of the Committee are reminded of their responsibility to declare any personal interest in respect of matters contained in this agenda in accordance with the provisions of the Local Government Act 2000, the Council's Constitution and the Members' Code of Conduct. If the personal interest is a prejudicial interest, then the individual Member should not participate in a discussion on the matter and must withdraw from the Council Chamber and not seek to influence a decision on the matter.

4. **Minutes of last meeting**
 - a) To confirm as a correct record the minutes of the meeting of the Ethnic Minorities Consultative Committee held on 25 October 2006 (enclosed).
(Pages 1 - 6)
 - b) Matters arising not otherwise covered on agenda
5. **Racist Incidents in Schools**

Mr Wayne Marland, Principal Adviser with the Lancashire County Council's School Effectiveness Service, has been invited to make a short address to the Committee

Continued....

on the processes in place to deal with racist incidents in schools.

6. **Equality Scheme**

Ms Sarah Dobson, Performance Advisor – Corporate and Customer with Chorley Council will update the Committee on the current situation in relation to the Equality Scheme.

7. **Celebration of Diversity**

Ms Donna Hall, Chorley Council's Chief Executive, and Ms Shelley Wright, Communications Manager, have been invited to attend the meeting to lead a discussion on the purpose and means of celebrating Chorley's cultural diversity and tradition of harmonious co-existence between the faith and minority ethnic groups within the Borough.

8. **Holocaust Memorial Day - 27 January 2007**

Members of the Consultative Committee have been invited to attend each of the following two events being held on Saturday, 27 January 2007 to commemorate Holocaust Memorial Day:

- A memorial service at the Cenotaph in Astley Park, Chorley at 11.00am.
- A civic event at the Town Hall, Chorley at 3.45pm to recognise the horror of genocide.

Councillor Ralph Snape and Ms Kinga Grzeczynska, the joint co-ordinators of the memorial service, have been invited to attend the meeting to participate in the discussions.

Details of the civic event will be sent separately to members of the Consultative Committee.

9. **Proposed Multi-Faith Event**

The Council's Officers will report at the meeting on progress on the organisation of the event.

10. **Community Health Development Project**

a) **Asian Women's Forum**

Councillor Hasina Khan will update the Committee on the Asian Women's Forum's sponsored work.

b) **Part-Time Officers**

Councillor Khan will introduce the two part-time Officers appointed recently with Central Lancashire Primary Care Trust funding.

c) Nguzo Saba Centre (Pages 7 - 22)

A copy of the report on the outcome of the health needs assessment survey of the broader African community in Chorley, commissioned by the Primary Care Trust, is attached.

The survey report was presented to the last meeting on 25 October 2006, but consideration of the findings was deferred to this meeting.

Ms C Kubicki will report progress on the delivery of the report's recommendations.

11. **Dosti Men's Forum**

An update on the launch and operation of the Men's Forum will be reported at the meeting.

12. **Questions**

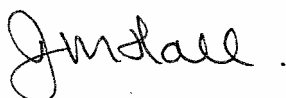
To consider any questions notified by the Consultative Committee members in advance of the meeting.

13. **Any other business**

14. **Date of Next Meeting**

The next meeting of the Consultative Committee is scheduled to be held on Wednesday, 25 April, 2007 at 7.00pm.

Yours sincerely



Chief Executive

Distribution

1. Agenda and reports to all Members and officers Ethnic Minorities Consultative Committee for attendance.
2. Agenda and reports to Mr W Marland (Lancashire County Council), Councillor R Snape, Ms K Grzeczynska and Ms S Wright (Communications Manager) for attendance.

This information can be made available to you in larger print or on audio tape, or translated into your own language. Please telephone 01257 515118 to access this service.

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

ان معلومات کا ترجمہ آپکی اپنی زبان میں بھی کیا جاسکتا ہے۔ یہ خدمت استعمال کرنے کیلئے براہ مہربانی اس نمبر پر ٹیلیفون
کیجئے: 01257 515823

Ethnic Minorities Consultative Committee**Wednesday, 25 October 2006**

Present: Councillor P Malpas (Chair), Councillor H Khan, Mr G Finlayson (Vice Chair) (African Caribbean Group), Mr M Allam (Chorley Muslim Welfare Society), Mr Z Aslam (Dosti Men's Forum), Mrs C Finlayson (African Caribbean Group), Mr G Guye, Ms M Iqbal (Asian Women's Forum), Mr S Javid (Chorley Muslim Welfare Society), Mr L Khansab (Dosti Men's Forum), Mr H Mala (Dosti Men's Forum), Ms Y Mala (Asian Women's Forum), Mr A Patel (Dosti Men's Forum), Ms Y Patel (Asian Women's Forum) and Mr M Sajid (Chorley Muslim Welfare Society).

Chorley Council Officers: Ms L-A Fenton (Director of Policy and Performance), Ms G Viragh (Senior Human Resources Advisor (Resourcing)), Ms S Dobson (Graduate Policy and Performance Officer) and Mr A Uren (Democratic Services Officer).

Also in attendance: Sergeant J Hickey (Lancashire Constabulary Southern Division), Ms C Kubicki (Nguzo Saba Centre) and Mr B Patel (Preston and Western Lancashire Racial Equality Council).

06.EM.39 WELCOME BY CHAIR

The Chair (Councillor P Malpas) welcomed everyone present to the meeting, particularly the new members and officers who were attending their first meeting.

06.EM.40 APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Councillor Mrs M Gray, Councillor Miss M Iddon, Councillor C Snow, Ms K Banati (Asian Women's Forum), Ms D Hall (Chorley Council's Chief Executive), Mr J Carson (Chorley Council's Director of Leisure and Cultural Services), Mr D Herne and Mr J Hodge (Central Lancashire Primary Care Trust), Mr N Sharif (Lancashire Fire and Rescue Service) and Mrs P Cuerden (Neighbourhood Watch Association).

06.EM.41 DECLARATIONS OF ANY INTERESTS

There were no declarations of interest by any of the Borough Councillors in any of the items on the agenda.

06.EM.42 MINUTES OF LAST MEETING

(a) Confirmation

The minutes of the last meeting of the Ethnic Minorities Consultative Committee held on 26 July 2006 were confirmed as a correct record.

(b) Matters Arising

(i) Multi-Agency Diversity Incidents Panel (Minute 06.EM.34)

The Chair reported that, as requested at the last meeting, arrangements would be made for the Committee to receive a short address from Mr W Marland from the Lancashire County Council on the procedures operating in Lancashire schools for reporting and treating racist incidents.

(ii) Celebration of Diversity (Minute 06.EM.37)

The Chair confirmed that Chorley Council's Chief Executive and Communications Officer would be invited to attend the next meeting to assist discussions on suitable means of celebrating Chorley's cultural diversity.

06.EM.43 COMMUNITY HEALTH DEVELOPMENT PROJECT

(i) Saheliyaan – Asian Women's Forum

Councillor Hasina Khan presented a report updating the Committee on the extent of the Asian Women's Forum's work sponsored by the Central Lancashire Primary Care Trust as part of their Community Health Development Project. The report highlighted recent activities of the Forum and commented, in particular on:

(i) Health Mela

A successful Health Mela had been held on 12 August 2006 in conjunction with several health and social care organisations (including Lancashire County Council's Social Services Directorate, Open Minds, Arthritis Care, Alzheimer Society, Alcohol and Drugs Association, Diabetes UK and Age Concern) who had provided useful information and advice. Workshops on aroma and marriage therapy, counselling and healthy eating had formed part of the event. The event had been the first initiative organised by the Asian Women's Forum for both males and females and had been attended by over 50 women and 15 men, along with a number of children.

(ii) Courses

The ESOL and confidence building courses for women had concluded in August. The courses had proved to be popular and successful, with new courses requested after Ramadan and Eid.

(iii) Drop-In Sessions

The project had proved popular and beneficial to the Asian community, with the assistance of PCT funding and conscientious volunteers. It was hoped that the sessions could be extended to run during weekdays if suitable premises could be found.

(iv) Premises

The Asian Women's Forum was presently only allowed the use of the Chorley Youth and Community Centre on Saturdays, which was inhibiting the extension of the Drop-In Sessions.

The Chair thanked Councillor Khan for her update report and wished the Asian Women's Forum well in its future endeavours.

(ii) Nguzo Saba Centre

Ms C Kubicki circulated a report on the outcome of a health needs assessment survey of 50 members of the broader African community in Chorley, commissioned by the Primary Care Trust, and undertaken by the Nguzo Saba Centre. 31 of the 50 people surveyed had returned the questionnaire.

An analysis of the survey results had revealed that the 900 or so member community was resilient in combating health problems and that, whilst language did not constitute a barrier to communication, a number of people surveyed

considered that the needs of the Black/African/Caribbean community was not being afforded sufficient attention.

The following recommendations had been agreed as an attempt to address the issues raised by the survey:

- Training for all primary care staff in the different cultures of communities from the broader African community.
- Mental health services to be available at a local level.
- Workplace healthcare and advice, targeted at men, but available to all.
- More programmes to tackle racism in schools and communities.
- Information on how to report racist incidence and the importance of reporting made more widely available.
- Ensure all patients can see their GP within 24 hours.
- The PCT to work with the broader African community to develop confidence in services and diagnosis
- Local authorities, youth work agencies and other appropriate agencies to develop programmes to encourage use of community centres and community facilities by the broader African community.

Ms Kubicki circulated leaflets giving details of two family events being hosted by the Nguzo Saba Centre on 24 and 30 November 2006.

Ms Kubicki explained that, while the PCT had originally agreed to fund the project up to March 2007, the recent merger of PCTs had resulted in the financing of the initiative being expected to terminate in December 2006. This situation was, however, being reviewed by the newly formed Central Lancashire Primary Care Trust and the Consultative Committee expressed the hope that the project funding would be extended beyond December.

It was **AGREED:**

(1) that, in order to allow Members to assimilate the report, further consideration of the health survey report be deferred to the next meeting of the Consultative Committee.

(2) That Ms Kubicki be requested to update the Committee at its next meeting on the delivery of the report's recommendations by the relevant agencies.

06.EM.44 DOSTI MENS' FORUM

Councillor Khan informed the Committee that the East Chorley Men's Forum formed in July 2006 was to be officially launched as the Dosti Men's Forum in November. The Group had been supported by the Saheliyaan Women's Group during its formative stages and would welcome males from all faiths and backgrounds to join.

Mr A Mala introduced himself as the Chair of the Men's Group, emphasising that the purpose of the Group would be to provide a forum in which all sections of the community could meet in joint respect and knowledge of each other's culture. The issues and concerns raised at the meetings could then be relayed to the relevant Authorities and agencies for action. The Chair welcomed the initiative and wished the Dosti Men's Forum well in its activities.

06.EM.45 MULTI-AGENCY DIVERSITY INCIDENTS PANEL

The Consultative Committee were reminded that, at the last meeting, the Members had requested the Officers to examine means of re-invigorating the role and operation of the Multi-Agency Diversity Incidents Panel by broadening its scope and membership. It was important to consider ways of encouraging the greater

participation and contribution of other agencies and bodies (including the Consultative Committee) as a means of enhancing the Panel's effectiveness and collaboration with other agencies.

Consequently, Ms L-A Fenton and Ms S Dobson presented a discussion paper which set out recommendations for suggested actions to ensure the Panel's delivery of key outcomes in terms of equality, diversity and community cohesion.

There was an opportunity to examine ways of creating a more proactive and strategically focused Panel and the report put forward the following proposals for consideration:

- the re-naming of the Panel to Community Cohesion and Diversity Incidents Panel to reflect the Panel's new remit and proactive approach to community relations;
- the establishment of a group of core partners (Police, PCT, Council, Childrens Services Officer, Chorley Community Housing etc), which would be requested to attend meetings and report regularly to the Panel;
- the establishment of a group of Non-Core Partners to be requested to attend periodically whenever they are able to contribute to agenda items;
- the circulation of agenda papers prior to the meeting as an opportunity for Non-Core partners to evaluate the usefulness of meetings and the subsequent circulation of minutes to Core and Non-Core Partners;
- the establishment of working groups to tackle particular issues and report back to the Panel and partner agencies;
- the hosting of an event with appropriate speakers as an opportunity to showcase the work of the Panel, attract potential partners, foster the sharing of good practice, and raise awareness of reporting procedures;
- the Panel to address issues on an ongoing basis around:
 - economy (become actively engaged with economic regeneration activity currently underway in the Borough);
 - housing;
 - migrant workers;
 - removing barriers to reporting incidents and raising awareness of reporting procedures;
 - funding opportunities for community cohesion work;
 - creation of information network between partners;
 - identify community tensions (real or perceived) and undertake proactive work to tackle such tensions;
 - manage effective responses to incidents;
 - report diversity Performance Indicators as a standing item on agendas and explore how performance can be improved and linked in with Directorates' ongoing activity;
 - proactive action to address and counter false/misleading assertions in the press nationally and locally;
 - identify trends in terms of geographical areas and tackle relations proactively.

The report also set out a list of organisations and agencies whose participation as a Core or Non-Core Partner was likely to benefit the new Panel.

The report was accompanied by a schedule listing the racist incidents reported during the period 1 July to 30 September 2006 that had been presented to the last meeting of the Multi-Agency Diversity Incidents Panel. The Consultative Committee noted that the number of reported incidents in the quarter period had reduced considerably when compared to the previous quarter's figure, but the Members were reminded that the figures may not be truly reflective of the actual number of incidents occurring as only the Police had submitted statistics to the Panel.

The Consultative Committee welcomed the proposals to expand the remit, scope and effectiveness of the current Multi-Agency Diversity Incidents Panel and, particularly, the suggestion that a representative of the Consultative Committee be included within the membership of the revised Panel.

Mr Patel was anxious to ensure that issues of race (related to race equality and diversity) would not be diluted, but afforded sufficient prominence in the remit of the new organisation.

It was **AGREED**:

(1) that the proposals to re-invigorate the role and effectiveness of the Multi-Agency Diversity Incidents Panel as outlined in the submitted report be supported and that the following measures, in particular, be explored:

- the Panel to be re-named the Community Cohesion and Diversity Incidents Panel and revised terms of reference for the Panel to be produced;
- a meeting be held with existing partners to the Panel to gauge the level of support for the plans;
- potential partner agencies to be contacted to attract expressions of interest in contributing to the work of the Panel;
- the new Panel to be re-launched at an event with existing and new partners and community representatives;
- the operation of similar Panels in Blackburn and Preston and other best practice models be examined;
- the exploration of possibilities for broadening the scope of the Panel in the light of recent legislative developments in the field of equality and diversity which place new duties on local authorities.

(2) That the Consultative Committee members be requested to submit their views, and possible alternative suggestions, on the plans to improve the effectiveness of the Multi-Agency Diversity Incidents Panel to the Council's Officers.

06.EM.46 PROPOSED MULTI-FAITH EVENT

Ms L-A Fenton reminded the Consultation Committee that a Sub-Group, chaired by Reverend Dr J Cree of Churches Together in Chorley, had been set up to facilitate and organise a multi-faith event in the Borough. Consequently, a provisional draft programme for a half-day event early in 2007 was circulated for consideration.

The general aim of the event would be to promote community cohesion and good will, and to encourage co-operation and collaboration between the various faith groups and sectors within Chorley.

Councillor Hasina Khan referred to the possibility of the event attracting finance from the Government's Connecting Communities Fund and intimated the possibility of other PCT funding if the event was combined with the launch of the Dosti Men's Forum.

A number of Committee members expressed their disappointment that the multi-faith event was to replace the traditional Eid Festival event, which they claimed had been successful in past years and had, in fact, embraced a number of faiths in addition to the Muslim faith. There was a reluctance to organise a separate Eid celebration event without specific Council support.

In response, Ms Fenton reminded the Committee that resources were limited and that it had been proposed to devote the available sum of approximately £2,000 to the organisation of an event that would celebrate the Borough's diverse cultures and faiths and unite the whole community. The organisers very much hoped that the

Muslim community would become involved in the organisation and holding of the event.

Ms Kubicki considered that the proposed event should aim to celebrate the District's multi-cultures, rather than faiths, and emphasised that the role of the Black/African/Caribbean community should not be overlooked.

At the conclusion of the debate, the Chair thanked all the members for their contribution. The Chair confirmed and assured the Committee members that their views and suggestions would be assessed and considered by the Sub-Group organisers of the event and the Council's Officers before firm decisions were agreed.

06.EM.47 QUESTIONS

There had been no questions notified by the Consultative Committee members in advance of the meeting.

06.EM.48 ASIAN WOMEN'S FORUM

Councillor Hasina Khan notified the Consultative Committee that the Asian Women's Forum had been awarded funding of £17,000 over the next three years by the Central Lancashire Primary Care Trust. The funding would allow the appointment of two part-time salaried Officers.

06.EM.49 DATE OF NEXT MEETING

The members noted that the next meeting of the Consultative Committee was scheduled to be held in the Town Hall, Chorley on Wednesday, 24 January 2007 at 7.00pm.

Chair

Health needs assessment with members of the broader African Community in Chorley 2006

Background and survey profile

A health needs assessment survey within members of the broader African community, along with other development work in Chorley, was commissioned by Chorley and South Ribble Primary Care Trust, working with Nguzo Saba Centre in 2005.

Nguzo Saba Centre designed a culturally appropriate questionnaire and field interviews were carried out by sessional workers from the Chorley area between March and June 2006. The questionnaires were analysed by Paul James Mugonyi, a post-graduate at the University of Central Lancashire, with Professor Zack-Williams providing academic advice and support.

A total of 31 completed questionnaires were received from the sessional workers, out of 50 distributed which gives a 62% return rate. The total of the Chorley population who are Caribbean, African, Black or Black British or mixed heritage is 900 (Lancashire County Council 2004).

Profile of respondents

Of the 31 people who returned questionnaires, 16 were males, 14 were female and 1 person did not state their gender. Figure 1 shows the breakdown of gender and age.

			Gender			Total
			Male	Female	Missing	
Respondent's Age	16-21	Count	7	6		13
		Col %	43.8%	42.9%		41.9%
	22-49	Count	5	6		11
		Col %	31.3%	42.9%		35.5%
	50-74	Count	2	2		4
		Col %	12.5%	14.3%		12.9%
Missing		Count	2		1	3
		Col %	12.5%		100.0%	9.7%

Figure 1: Interviewees by age and gender

Ethnicity and Language

Figure 2 below shows that 32% of those questioned described themselves as Black Caribbean and those of mixed heritage made up 26% of the respondents. There was a low percentage of Black African respondents, so further development work is planned out to ascertain their views. All those who returned questionnaires declared that they could speak English. However, it can not be presumed from this that language is therefore not a barrier. Further exploration needs to be

carried out, into the appropriateness of the language used to communicate health messages to members of the community (written and verbal) as well as to how confident members of the community feel about communicating their health needs to health professionals.

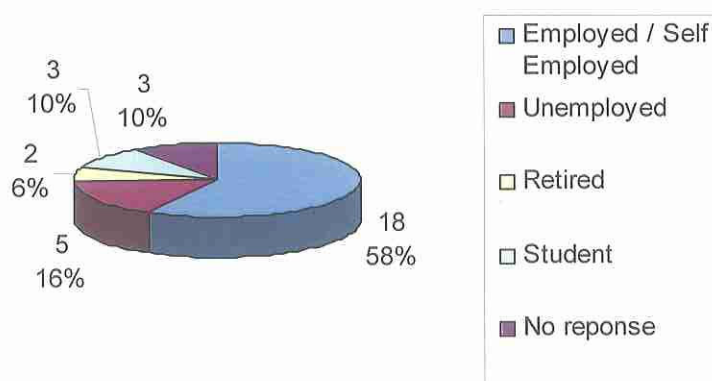
			Language			Total
			English	Multilingual	Missing	
Respondent's Ethnicity	Black British	Count	6	1	1	8
		Table %	19.4%	3.2%	3.2%	25.8%
	Black African	Count	1	1		2
		Table %	3.2%	3.2%		6.5%
	Black Caribbean	Count	9	1		10
		Table %	29.0%	3.2%		32.3%
	Black Other White	Count	2			2
		Table %	6.5%			6.5%
	Black Caribbean and White	Count	6			6
		Table %	19.4%			19.4%
	Missing	Count	2		1	3
		Table %	6.5%		3.2%	9.7%

Figure 2: Chart showing ethnicity and language

Employment status

The respondents employment status was as follows:

Employment Status (Number and Percentage Breakdown)



A large proportion of those who returned a questionnaire were employed (58%). It is unfortunate that the questionnaire did not have a question to ascertain to what level of work the respondents were employed in. From feedback from sessional workers, there appeared to be a mismatch for some of the respondents in what it was they were qualified in and what they were employed in e.g a person with ICT qualifications in a job earning minimum wage.

Summary of findings

Although a small sample, representing only 3% of the broader African community in Chorley, this research does provide some useful indications of the health needs of this community. The following provides a summary of the main findings.

The picture is of a resilient and resourceful community that asks for their cultural heritage to be taken into account by health professionals at all times. Of those who took part in the survey, respondents considered their health to be a priority and to a large extent felt able to manage their health, with many finding support available from the community when necessary.

However, although the community members interviewed felt able to support itself to a large extent, there were improvements they would like to see to essential services such as police services, youth services and mental health services. These are services not always considered priorities by the statutory organisations responsible. In particular, when the community turns to health services, they feel let down by professionals who have little understanding of their culture and this can result in a community that lacks confidence in diagnosis.

The information on racial harassment is mixed. The community clearly see racial harassment as an issue that affects their health, alongside diabetes etc. Many of the respondents experience racism because of a lack of understanding regarding their culture, as well as their colour. The survey findings suggest that work needs to be around racism and reporting of racism incidents by the community.

Survey results

The importance of local services

Figure 3 shows how important or not local services are to the respondents. Although the chart shows that nursery schools and housing services are of less important to the respondents than other services, when correlated to other data it was later ascertained e.g that this linked to 15 respondents who do not use a local nursery therefore these services were not relevant to them. The most divided response was in relation to whether people would find it useful to have a multi-cultural centre for the broader African community in Chorley – there was approximately 50% agreement and disagreement in relation to this.

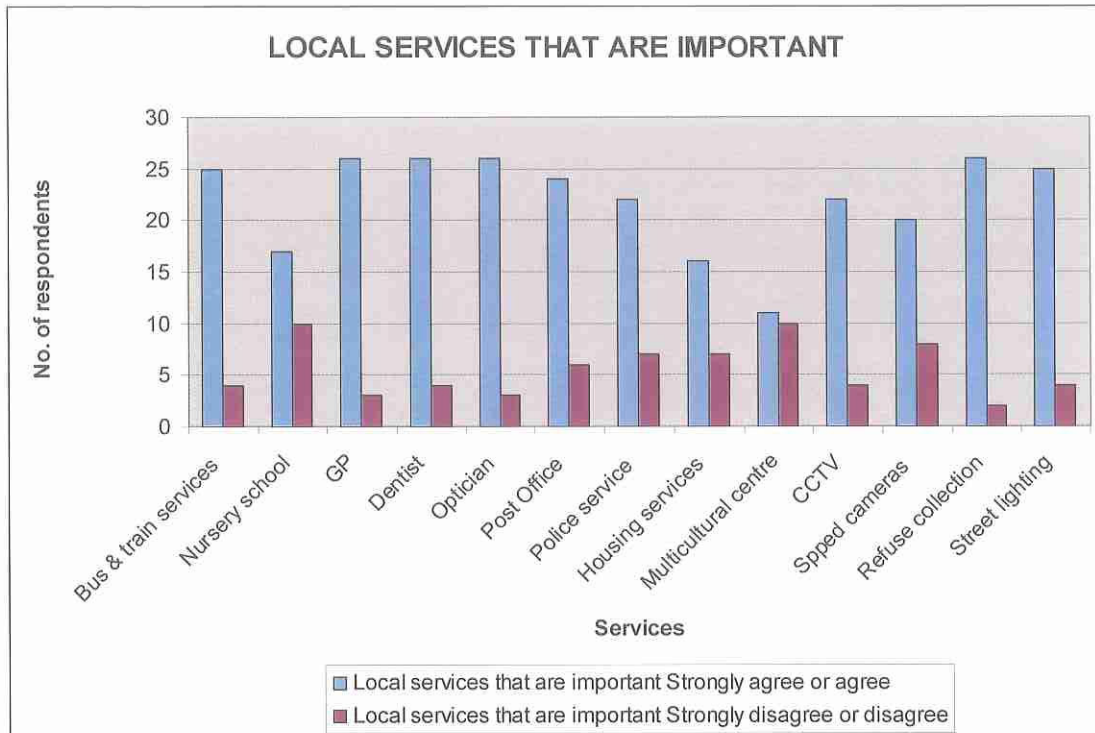


Figure 3: The importance of local services

Further questions asked more detail about these local services. Highlights of answers to these questions include:

- 11 respondents felt that local bus services needed to be improved
- 16 people who responded reported that they still have to wait over two days to see their GP. 13 people felt they were able to get an appointment within 24 hours.

When asked what should be the priorities in improving local services, the choices were dominated by improvements to local policing (26%) and providing a youth club/centre (19%).

Most of those questioned do not make any use of their local community centres, of those who did use a centre, Tatton Community Centre was the most used, followed by Coppull Community Leisure Centre and the Lord Street Youth and Community Centre.

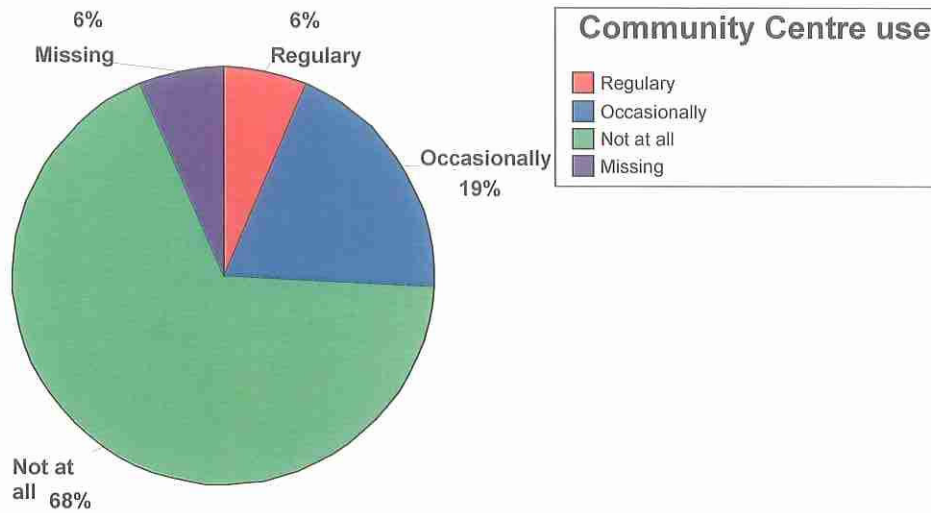


Figure 4: Shows the frequency of local community centre use.

Community Safety

Figure five shows street crime to be the main concern across all ages. Only two young people felt that racial harassment was a major community safety concern.

			Respondent's Age			
			16-21	22-49	50-74	Missing
Community safety issues	Street crime	Count	8	4	2	1
		Table %	25.8%	12.9%	6.5%	3.2%
	Youth Anti-social Behaviour	Count		5		2
		Table %		16.1%		6.5%
	Burglary	Count	2		2	
		Table %	6.5%		6.5%	
	Racial harassment	Count	2			
		Table %	6.5%			
	Missing	Count	1	1		
		Table %	3.2%	3.2%		
	Litter control	Count		1		
		Table %		3.2%		
	Total	Count	13	11	4	3
		Table %	41.9%	35.5%	12.9%	9.7%

Figure 5: Table shows community safety concerns by age.

Community views on primary care services

The response to local health services in, figures 6 and 7, were generally positive. 51% of the respondents felt they were good or very good and only 26% felt they were poor or very poor. However, half of those who felt services were poor were in the 50 – 74 years age range

and would be expected to have greater contact with primary care services.

More staff and shorter waiting lists were given as the most useful improvements and 54% of respondents would like to see more mental health services available locally.

		Respondent's Age				Group Total
		16-21	22-49	50-74	Missing	
Rating of local primary care services	Good	16.1%	22.6%		3.2%	41.9%
	Poor	9.7%	3.2%	9.7%		22.6%
	No Comment	9.7%	3.2%			12.9%
	Very good	6.5%	3.2%			9.7%
	Missing		3.2%		6.5%	9.7%
	Very poor			3.2%		3.2%
Group Total		41.9%	35.5%	12.9%	9.7%	100.0%
Things that Need Improving	Missing	19.4%	22.6%	3.2%	6.5%	51.6%
	More staff	12.9%	3.2%			16.1%
	Shorter waiting lists	3.2%	3.2%	3.2%	3.2%	12.9%
	Affordable Fitness Facilities	3.2%	3.2%			6.5%
	Reducing appointment times			3.2%		3.2%
	Social care			3.2%		3.2%
	Understanding Reception staff	3.2%				3.2%
	Clinics for Sickle Cell/Thalassaemia etc.		3.2%			3.2%
Group Total		41.9%	35.5%	12.9%	9.7%	100.0%

Figure 6: Table showing respondent's views on primary care services

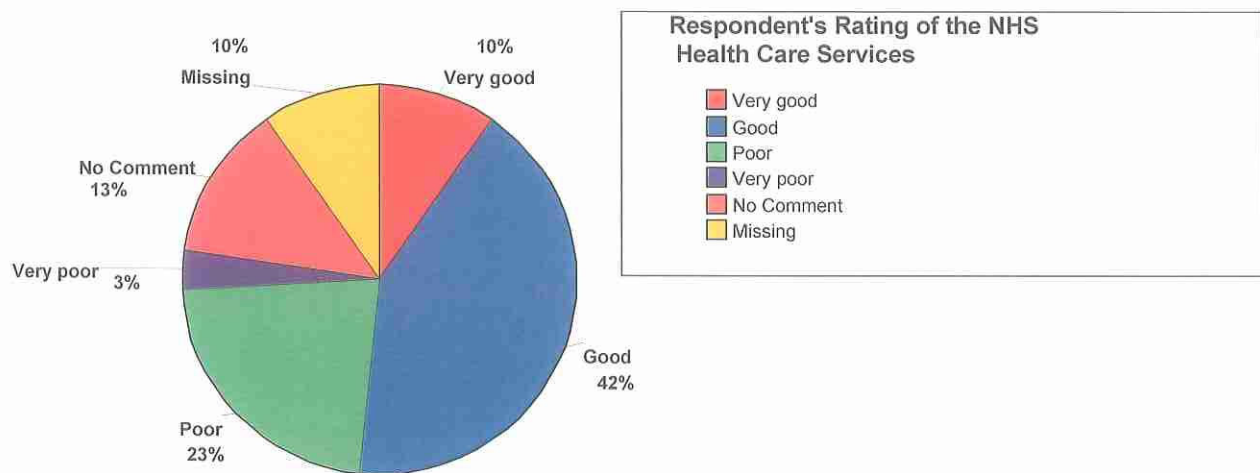


Figure 7: Chart showing rating of local primary care services

Individual health management

Figure 8 shows that 39% of those who completed a questionnaire meet the target of taking exercise at least five times per week. 16% take no exercise at all. These figures are similar to the population as a whole, where around 33% take exercise at least five times per week. The most popular forms of exercise were football, gym and running.

A comforting 74% of respondents considered their health was a priority. 58% considered that they had control over their own health. 26% felt that had little control over their own health.

While 45% of respondents struggle to manage stress, 48% reported no problems with dealing with stress.

		Count	Table %
In Control and managing my own health	Agree	13	41.9%
	Disagree	7	22.6%
	Strongly agree	5	16.1%
	No comment	3	9.7%
	Missing	2	6.5%
	Strongly disagree	1	3.2%
Group Total		31	100.0%
Forms of exercise taken	Fast walking	7	22.6%
	Football	7	22.6%
	Gym	7	22.6%
	Running	4	12.9%
	Missing	3	9.7%
	Martial Arts	1	3.2%
	Dancing	1	3.2%

	Motorbike Scrambling	1	3.2%
Group Total		31	100.0%
Exercise taken each week	5-7 times a week	12	38.7%
	1-4 times a week	12	38.7%
	Less than once a week	4	12.9%
	Missing	2	6.5%
	Not at all	1	3.2%
Group Total		31	100.0%
I View my Health as a Priority issue	Agree	14	45.2%
	Strongly agree	9	29.0%
	Disagree	5	16.1%
	No comment	2	6.5%
	Missing	1	3.2%
Group Total		31	100.0%
I struggle with managing stress	Disagree	11	35.5%
	Agree	8	25.8%
	Strongly Agree	6	19.4%
	Strongly disagree	4	12.9%
	No comment	1	3.2%
	Missing	1	3.2%
Group Total		31	100.0%

Figure 8: Table showing respondents' views on managing their own health

Community health concerns

The questionnaire asked respondents' views on major health concerns to themselves and their community. Respondents expressed their concern about diseases and social problems commonly associated with the community, such as, Malaria, Sickle Cell Anaemia and Thalassaemia, depression, HIV/AIDS, poverty, poor housing, mental health, sexually transmitted diseases and parenting problems.

However, the biggest health concerns were drug use, diabetes and racial harassment.

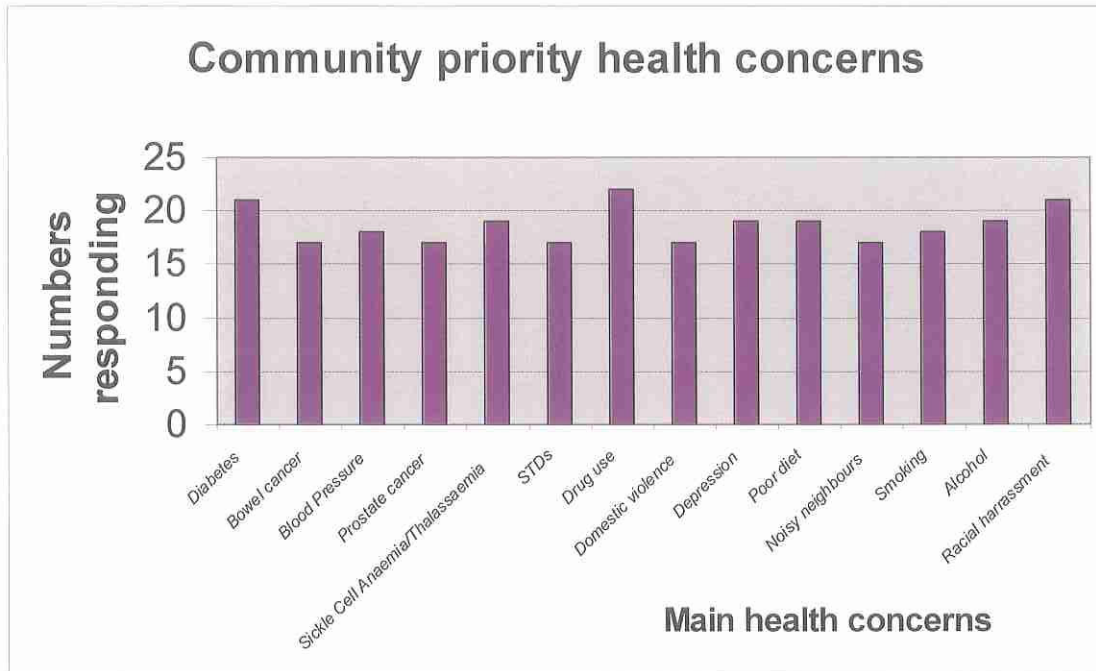


Figure 9: Table shows a general view of personal health

Men’s Health

A number of questions were specifically for men. 11, of the 16 men who responded, regarded health as a daily priority and 10 considered that unemployment would affect their health. Only 4 men reported they would be willing to use a drop-in service.

Figure 10 shows the venues men would be most comfortable receiving health information. These responses are in line with other research that suggests men respond very well to health information in the work place.

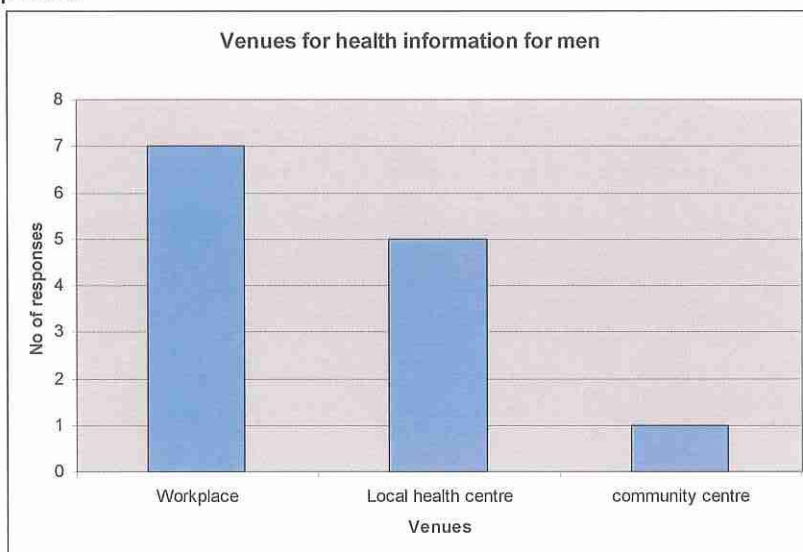


Figure 10: Shows venues men would prefer to receive health information

Women’s health

Figure 11 shows women’s responses to three questions concerning three issues: The importance of cervical smear tests, where 9 of the 14 women felt this was important; most women made no comment on maternity services, the 4 that did were satisfied; 11 of the 14 women knew where to get family planning advice. 11 of the 14 women reported being confident in checking their breasts for lumps.

		Count	Table %
Importance of having regular Cervical Smear	Strongly agree	4	12.9%
	Agree	5	16.1%
	Disagree	1	3.2%
	Strongly disagree	1	3.2%
	No comment	2	6.5%
	Missing	18	58.1%
Group Total		31	100.0%
Satisfaction with Maternity Services	Strongly agree	2	6.5%
	Agree	2	6.5%
	No comment	9	29.0%
	Missing	18	58.1%
Group Total		31	100.0%
Knowledge of Nearest Family Planning Clinic	Strongly agree	5	16.1%
	Agree	6	19.4%
	Strongly disagree	1	3.2%
	No comment	1	3.2%
	Missing	18	58.1%
Group Total		31	100.0%

Figure 11: Shows women’s responses

Availability of good community support networks

Respondents were asked to give their opinions on how available community support networks were. While 29% felt they were part of a good support network, 25% disagreed.

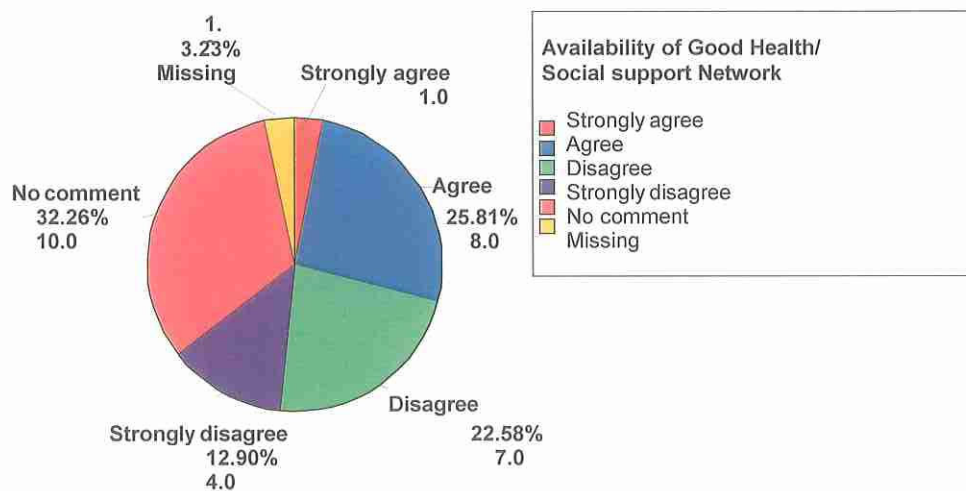


Figure 12: Shows access to community support networks

Child Health

Figure 13 shows parents responses to questions about child health. This demonstrates that 58% of respondents are confident in their ability to deal with childhood ailments, 42% feel able to identify meningitis symptoms and 48% know where to get help. The responses also indicated that parents had good relationships with their children and felt able to discuss sexual health, emotional concerns and bullying.

There was a strong response to the desire for schools to teach first aid to young people.

		Count	Table %
Ability to provide Children with Healthy Diet	Strongly agree	9	29.0%
	Agree	9	29.0%
Care about Importance of school meals	Strongly agree / agree	18	58.1%
Confident dealing with Child Ailments	Strongly agree / agree	18	58%
	Disagree	1	3.2%
Own children Exercise regularly	Strongly agree / agree	15	48.4%
	Disagree	2	6.5%
I know where to get Professional advice about Child Illness	Strongly agree / agree	15	48.4%
	Disagree	2	6.5%
	Don't know	1	3.2%
Take children for Regular Dental Check-up	Strongly agree / agree	17	54.8%
	Strongly disagree	1	3.2%
Can Identify Meningitis Symptoms in Children	Strongly agree / agree	13	42%
	Disagree / strong disagree	5	16.1%
	Don't know	1	3.2%
Confident in Dealing with First Aid	Strong agree/ agree	15	48.4%
	Strongly disagree / disagree	5	16.1%
Would Like Children Taught First Aid at School	Strongly agree / agree	21	67.7%
	Strongly disagree	1	3.2%
Tell Children about Dangers of Drug and Substance abuse	Strongly agree/ agree	15	48.4%
	Disagree	2	6.5%
	Don't know	2	6.5%
Confident Talking to Children about Sexual Health	Strongly agree / agree	13	42%
	Disagree	2	6.5%
	Don't know	2	6.5%
Confident Talking to Children about Emotional/Mental Health Issues	Strongly agree/ agree	17	54.8%
	Disagree	1	3.2%
	Don't know	1	3.2%
Can Identify when Children are Bullied or Abused	Strongly agree. Agree	13	41.9%

Disagree / strongly disagree	5	16.1%
Don't know	1	3.2%

Figure 13: Table showing information about child health

Community cultural awareness training

Figure 14 highlights that 37% of respondents felt that young people should be made more aware of their culture and cultural history. Figure 15 shows that 83% of respondents consider their culture important to them.

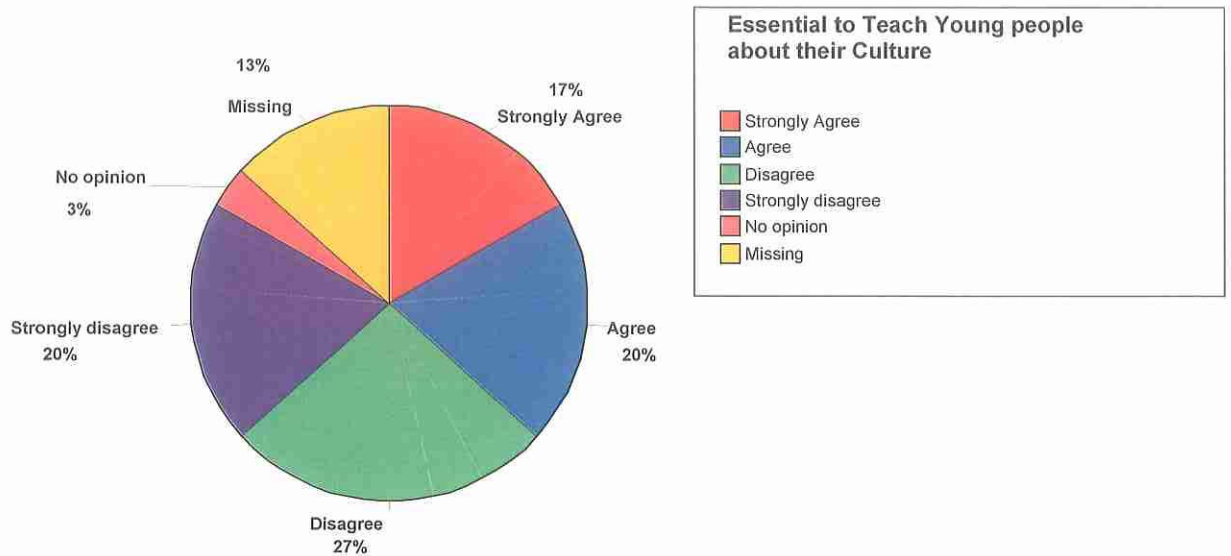


Figure 14: Cultural awareness training

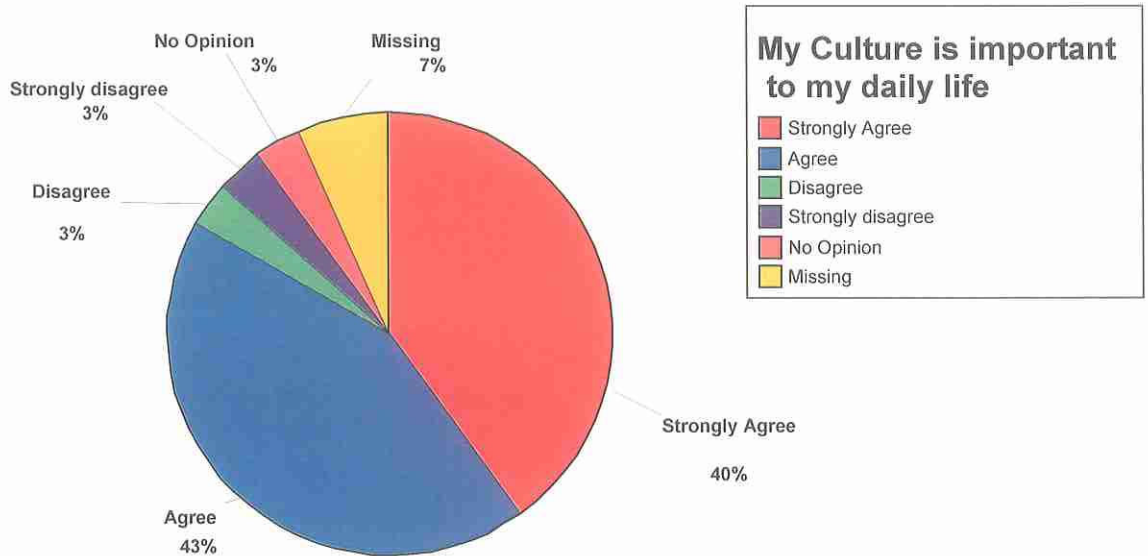


Figure 15: Importance of culture in daily life

Culture and health care

The questionnaire clearly highlighted not only the importance of culture to the broader African community in Chorley, but how this affects the health care they receive.

80% of respondents considered that it is important for a health professional to understand their patient’s culture, see figure 16. 77% agreed that primary care staff should receive cultural awareness training.

This need for this training is linked to the number who felt that a lack of understanding about culture had led to misunderstanding or mis-diagnosis of a patient - 55% of respondents strongly agreed or agreed with this statement. This will affect the confidence the community has in their local primary care services.

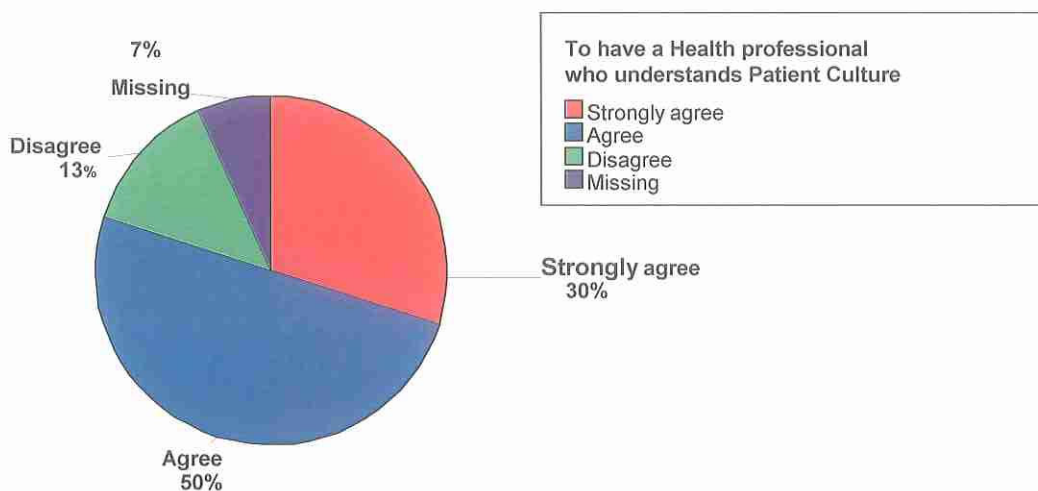


Figure 16: Showing respondents' views on the importance of understanding patient's culture by healthcare professionals

Experiences of racism

48% of respondents report encountering racism regularly and 64% report witnessing racist incidents due to colour.

45% state that they would seldom report such incidents to the police and 48% do not feel there is support regarding racism available at a community level. Figure 17 shows the responses to questions on racism by age.

		Respondent's Age				Group Total
		16-21	22-49	50-74	Missing	
Encounter Racism Regularly because of Culture	Agree	22.6%	12.9%	3.2%	3.2%	41.9%
	Strongly disagree	6.5%	9.7%	3.2%		19.4%
	Disagree	6.5%	6.5%	3.2%		16.1%
	Missing	3.2%	6.5%	3.2%	3.2%	16.1%
	Strongly agree	3.2%			3.2%	6.5%
Group Total		41.9%	35.5%	12.9%	9.7%	100.0%
Racial Discrimination Affects my health	Disagree	12.9%	19.4%	6.5%	3.2%	41.9%
	Strongly agree	9.7%	3.2%	3.2%	3.2%	19.4%
	Strongly disagree	12.9%	3.2%			16.1%
	Missing	3.2%	6.5%	3.2%	3.2%	16.1%
	Agree	3.2%	3.2%			6.5%
Group Total		41.9%	35.5%	12.9%	9.7%	100.0%

Witness Racism because of Colour	Agree	9.7%	16.1%	6.5%	3.2%	35.5%
	Strongly agree	12.9%	12.9%		3.2%	29.0%
	Strongly disagree	16.1%	3.2%			19.4%
	Missing	3.2%	3.2%	3.2%	3.2%	12.9%
	Disagree			3.2%		3.2%
Group Total		41.9%	35.5%	12.9%	9.7%	100.0%
Seldom Report Racist incidents to my Local Authority or Police	Strongly agree	16.1%	16.1%	3.2%	3.2%	38.7%
	Disagree	12.9%	3.2%	6.5%	3.2%	25.8%
	No opinion	9.7%	6.5%			16.1%
	Missing		6.5%	3.2%	3.2%	12.9%
	Agree	3.2%	3.2%			6.5%
Group Total		41.9%	35.5%	12.9%	9.7%	100.0%
There is help and Advice about Racism in my Neighbourhood	Agree	16.1%	6.5%	6.5%		29.0%
	Disagree	9.7%	9.7%	3.2%	6.5%	29.0%
	Strongly disagree	9.7%	9.7%			19.4%
	Missing		6.5%	3.2%	3.2%	12.9%
	Strongly agree	6.5%	3.2%			9.7%
Group Total		41.9%	35.5%	12.9%	9.7%	100.0%
Table Total		41.9%	35.5%	12.9%	9.7%	100.0%

Figure 17: Shows peoples' experiences of racism

Health Goals

Those who completed a questionnaire were asked to set themselves a health goal. Many respondents made a general statement about keeping fit and well, while others set more specific targets, such as going to the gym, swimming or taking regular exercise and one respondent promised to visit their GP more regularly.

Obstacles to achieving these health goals were considered. These obstacles were all personal obstacles, rather than barriers put in place by society or communities. The most popular obstacle was a lack of time to achieve their goal or the difficulty in giving up alcohol, cigarettes or fried food.

Recommendations

- Training for all primary care staff in the different cultures of communities from the broader African community.
- Mental health services available at a local level.

- Workplace healthcare and advice, targeted at men, but available to all.
- More programmes to tackle racism in schools and communities.
- Information on how to report racist incidence and the importance of reporting made more widely available.
- Ensure all patients can see their GP within 24 hours.
- The PCT to work with the broader African community to develop confidence in services and diagnosis.
- Local authorities, youth work agencies and other appropriate agencies to develop programmes to encourage use of community centres and community facilities by the broader African community.