

Equality, Diversity and Human Rights

Annual Report 2008 - 2009



**Bradford District Care Trust
Equality, Diversity and Human Rights
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1.0 Context

Bradford District Care Trust is committed to promoting equality, diversity and human rights for service users their families and carers, staff and the wider community in a manner that surpasses the benchmarks set out in the legal equality duties. The Trust recognises that a sharp focus on tackling health inequalities is an essential step towards improving health and well being.

In July 2008 the Trust published its first Single Equality Scheme. The scheme saw the bringing together of the gender, disability and race equality schemes and the inclusion of new Trust objectives related to sexual orientation, age and religion or belief.

The aim of the document is to drive measurable improvements in outcome, experience and access for all service users and carers. It also aims to diversify the Trusts workforce to ensure that it reflects the local communities and delivers culturally sensitive services. The plan will support the development and maintenance of systems that integrate and mainstream the equality duties across each care group.

2008 saw the end of the Bradford focused implementation site (FIS) for the 'Delivering Race Equality in Mental Health' action plan. The FIS project provided a strong focus for the Trust to examine and challenge itself on the way discrimination, disadvantage, and health inequality is addressed. The outcomes of this are seen across the Trust today and continue to be developed for mainstreaming once the Delivering Race Equality Action Plan comes to an end in 2010.

The Trust has once again been successful in being awarded Positively Diverse lead site status. NHS Employers has chosen Bradford District Care Trust as one of 12 lead sites that will work to change the culture of the NHS by encouraging greater inclusion and taking positive steps to build a workforce that reflects the profile of the community locally. The status was awarded to sites that could demonstrate they have embedded equality, diversity and human rights work into mainstream business and delivery.

The Trust is determined to maintain this lead status over the years by setting high-level targets for each care group in relation to promoting equality, diversity and human rights. The Equality Review Panel, which ran last year, provided arrangements for monitoring and appraising this work and for a sharing of knowledge and learning. The revised Equality and Human Rights Panel due to be launched in May 2009 has been expanded to include all six equality strands and more stakeholders voices from carers, service users, staff and the voluntary, community and faith sectors. Reports from the panel meetings will be published on the Trusts website and circulated to our partners and members to ensure progress and accountability of the panel.



2.0 Our communities, our workforce, our service users and carers

In order to ensure the Trust is meeting the needs of its diverse local community it is vital that staff understand the community profile. This year the Trust has been collecting and publishing data about its local communities, our service users and staff. This information is compared here in this annual report with national figures and comparative organisations to show how the Trust is performing in equality diversity and human rights.

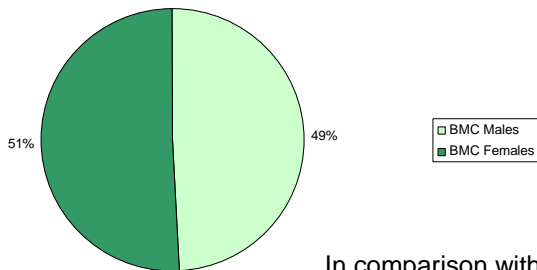
Bradford District Care Trust covers a large geographical area delivering services to the diverse communities of Bradford, Airedale and Craven.

2.1 Gender

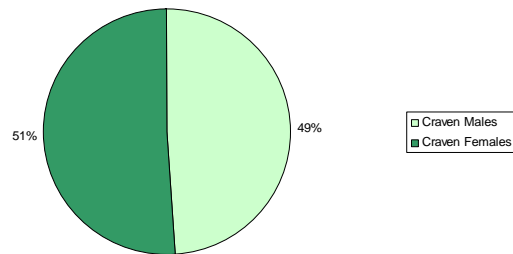
In June 2007 Bradford Local Authority boundary was home to 497,400 people. Of those 497,400 people, 245,500 were male and 251,900 female. Within the Craven Local Authority Boundary the population was 56,000 with 27,400 males and 28,600 females.

The graphs below show the percentage split between males and females within Bradford and Craven Local Authority Areas and Bradford District Care Trust. The population data is taken from the 2007 Census Review, the Trust data is taken from the Bradford District Care Trust Count Me in Census review of inpatients on 31st March 2008.

Bradford Local Authority Area Gender Breakdown

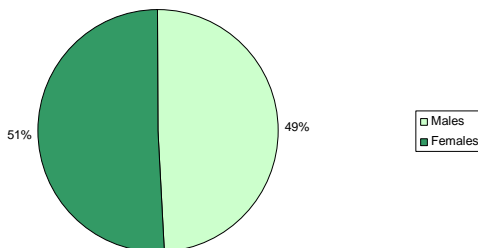


Craven Gender Breakdown

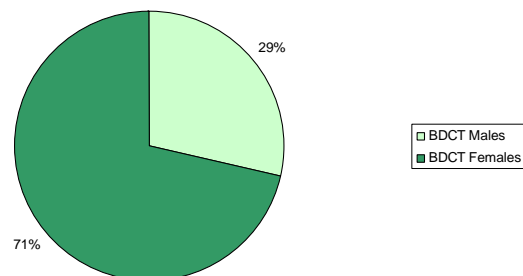


In comparison with the local populations the Bradford District Care Trust workforce has significantly more females. This is a similar picture across the NHS.

National Gender Breakdown



BDCT Workforce Gender Breakdown



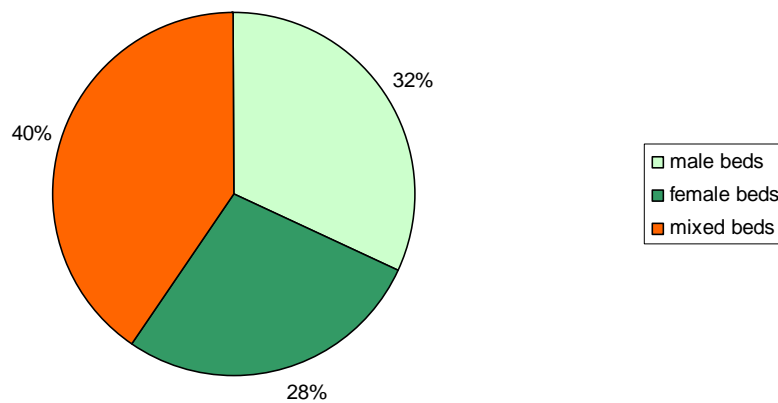
% of male and female in patients on 31st March 2008



BDCT Workforce Data 2008 www.bdct.nhs.uk
Local and National population Data 2007 www.ONS.gov.uk
Count Me in Census Data 2008

In comparison with the local populations the Count Me In Census in 2008 showed that the Trust has a higher percentage of males within inpatient services in comparison to the local population. A further study of the number of male, female and mixed beds available shows that the Trust had more male beds available than female. This may account for some of the male over-representation.

% of Male, Female and Mixed Beds Available 31st March 2008

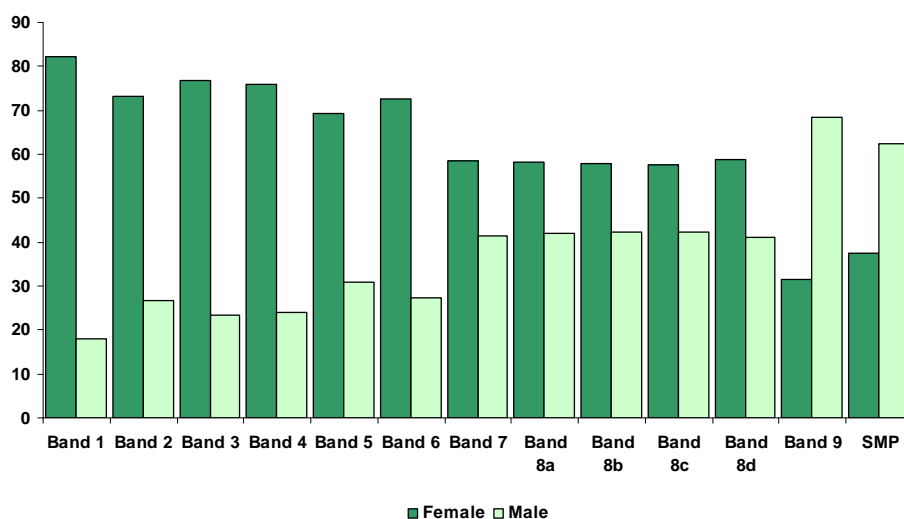


The table below shows the professional roles within the Trust that staff hold split by gender. It shows that women are a majority within administration, health care assistant roles, qualified nurses and social services staff. Male medical staff are a majority at 64.1% and 56.6% of Senior Managers within the Trust are male.

	Female		Male	
	Number	Percentage	Number	Percentage
Admin & Clerical	279	81.1	65	18.9
Ancillary	230	69.3	102	30.7
HCA's Nursing Auxiliaries	572	74.4	197	25.6
Managers	136	66.7	68	33.3
Medical Staff	28	35.9	50	64.1
Qualified Nurses	307	68.8	139	31.2
Senior Managers	26	46.4	30	53.6
Social Services Staff	112	70.9	46	29.1
ST&T's	99	77.3	29	22.7
Unqualified Nurses	31	91.2	3	8.8
Unqualified ST&T's	5	83.3	1	16.7

This analysis shows the split of male and female staff across the pay band structure at the Trust. Band 9 is the largest salary.

Pay Bands by Gender 2008



BDC T workforce data www.bdct.nhs.uk

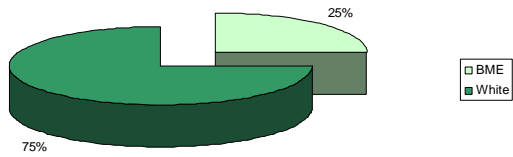
2.2 Ethnicity

Bradford Local Authority area has an ethnically diverse population. The Census Review undertaken in 2007 found that 74% of the population was White, 21% was Asian or Asian British, 2% Black or Black British, 2% Dual Heritage and 1% Chinese or other ethnic origin. In contrast Craven has a 96% White population. Nationally 88% of the population was White, 1.6 are Mixed, 5.5% Asian or Asian British, 2.8% Black or Black British and 1.4% Chinese or other ethnic group in 2007. Within the region 91.1% of the population was White, 1.2 Mixed, 5.5% Asian or Asian British, 1.2% Black or Black British and 1.1% Chinese or other ethnic group in 2007. These census estimations are made using the birth and death records.

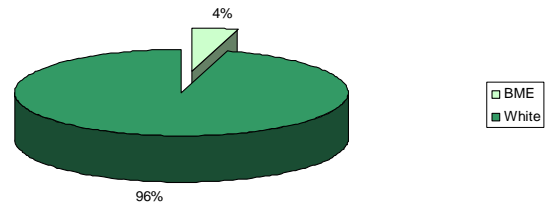
At present our workforce is not as diverse as the local community. 17.8% of the workforce is from a minority ethnic community in comparison to 29% of the local Bradford community. The Trust wants to be a contributor to the local economy by employing local people. It is also understood that by employing a diverse workforce the diverse service users, carers and community are more likely to receive a good service and have a better experience whilst receiving it. The services the Trust provides become increasingly accessible and de-stigmatised as a result of diversity in the workplace.

The Trust has coordinated a number of Positive Action projects over the year. These include a work experience programme. The programme has 20 placements from 7 of those have been people from ethnic minority backgrounds. The feedback from those placed has been excellent. Shafaqat Ali who recently completed a placement within Adult Mental Health said 'I would recommend this placement to other students who are wanting to do work experience as it is a well organised and a friendly organisation. Coming to the Grove has definitely made me think more about wanting to do something like this as a career, as I enjoy working and helping people'. Shafaqat went on to say 'If I was offered a job through the NHS I would most definitely go for it as I would be more than happy to work for them'. The long-term aim of the programme is to encourage more local people from under-represented equality groups into mental health related jobs supporting the breaking down of the stigma that can surround mental health issues.

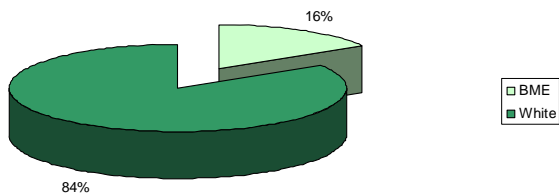
Bradford Local Authority Area Ethnic Breakdown



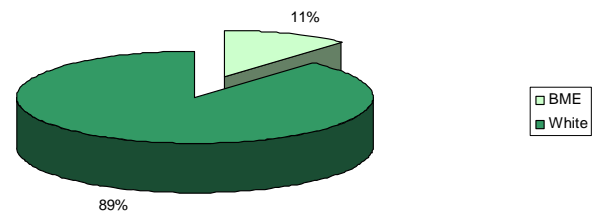
Craven Local Authority Area Ethnic Breakdown



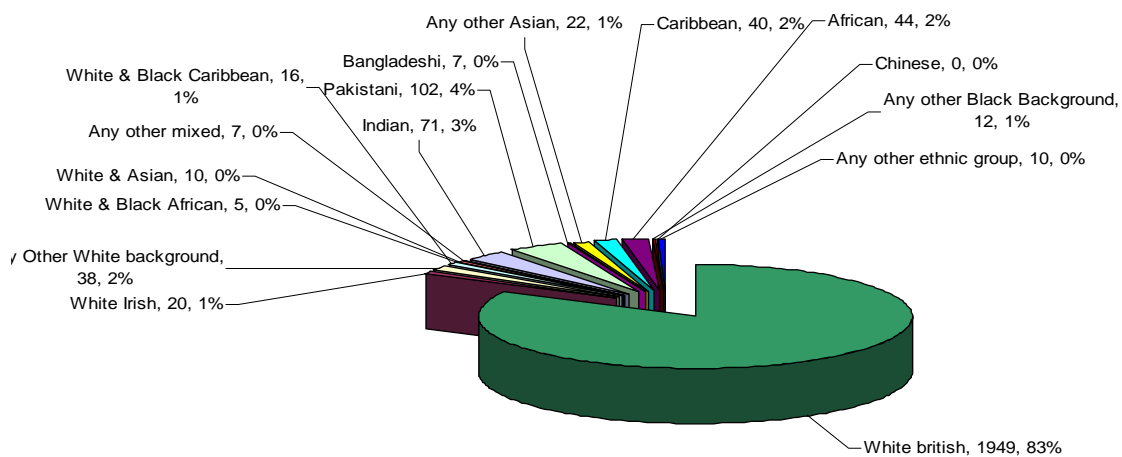
BDCT Workforce Ethnic Breakdown



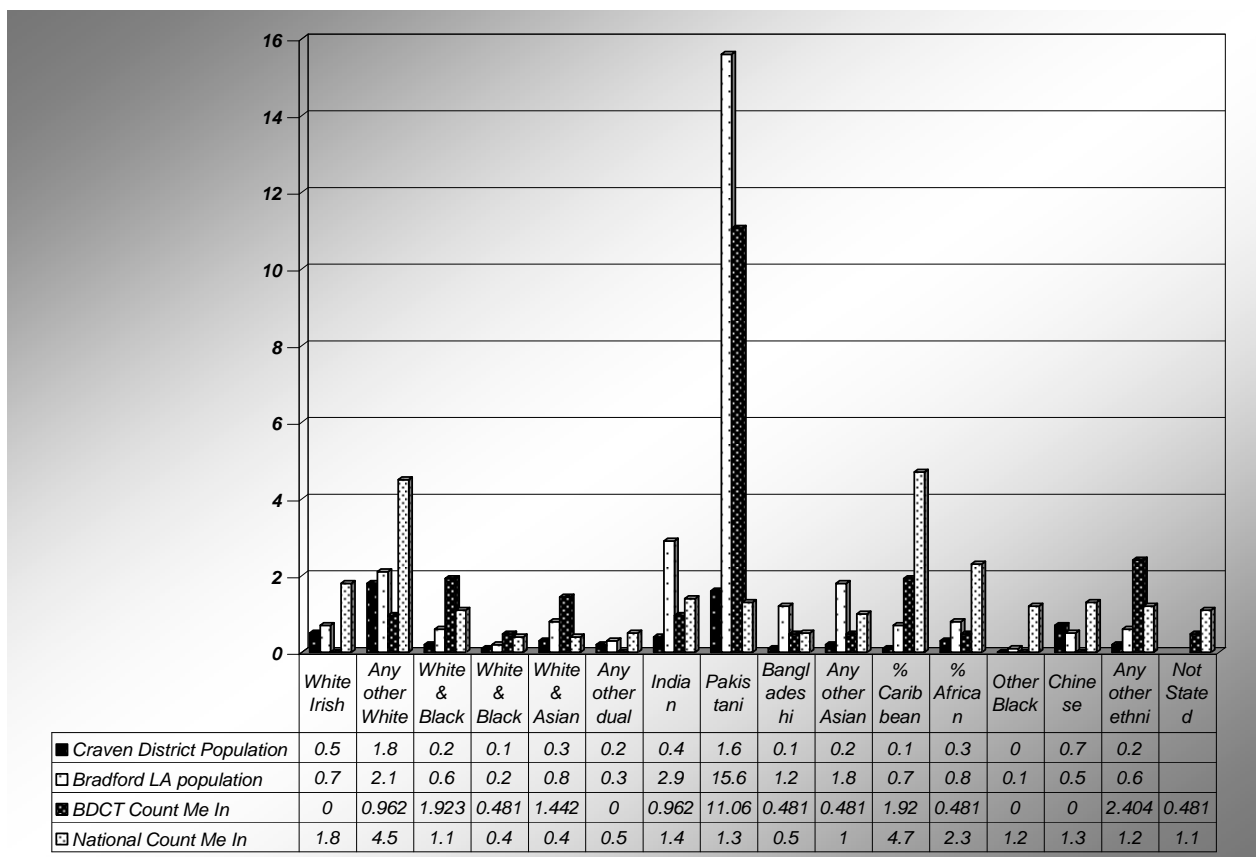
National Population Ethnic Breakdown



BDCT Workforce Detailed Ethnic Breakdown December 2008



Detailed breakdown of inpatients ethnicity as recorded on 31st March 2008

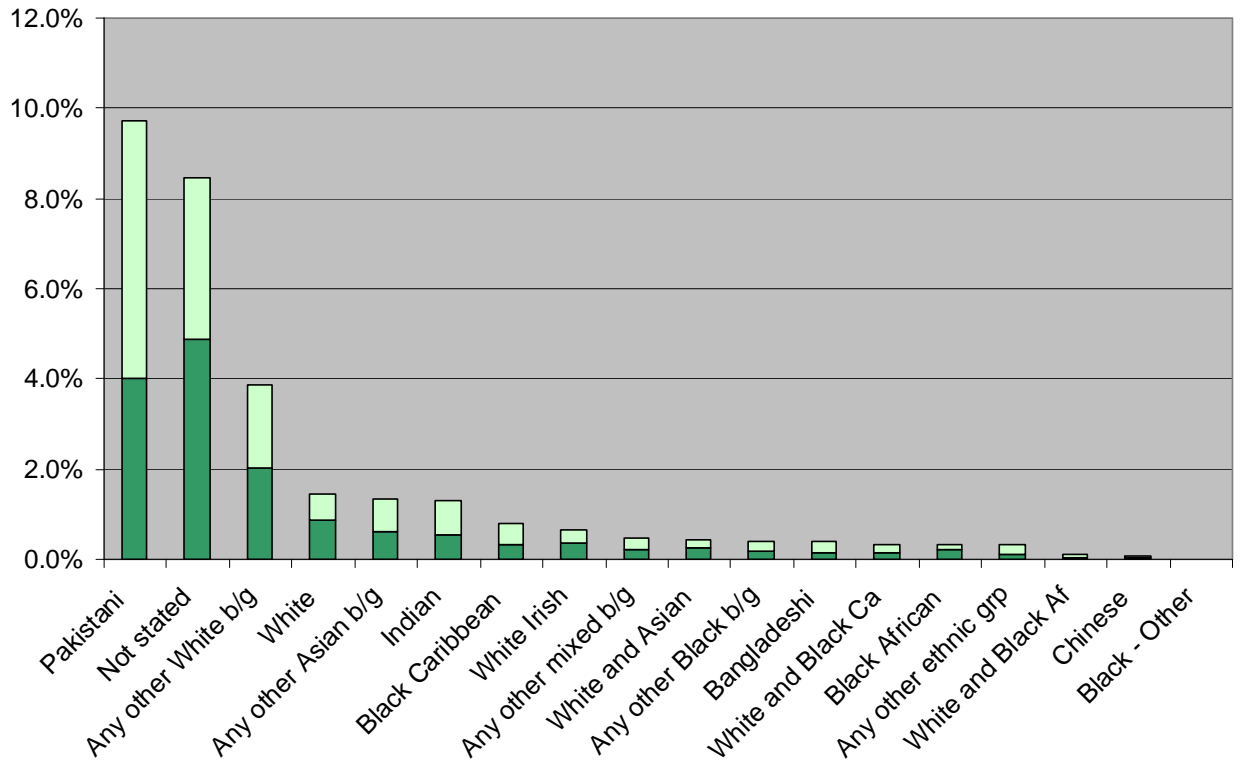


Count Me in Census 2008
 BDCT Workforce Data www.bdct.nhs.uk
 Local and National data www.ONS.gov.uk

To show the minority ethnic community figures clearly the number of White British inpatients has been removed. The percentage of White British inpatients in comparison with the local and national figures is displayed below.

Geographical Area	Number of White British In-patients
Craven District Population Data 07	93.3
Bradford District Population Data 07	72.2
BDCT Count Me In Figures 08	75
National Count Me In Figures 08	76.5

Detailed breakdown of Community Service Users ethnicity as recorded in February 2009



Males
 Females

To show the minority ethnic community figures clearly the number of White British inpatients has been removed. The percentage of White British inpatients in comparison with the local and national figures is displayed below.

Geographical Area	Number of White British Outpatients	
	Males	Females
Bradford District Care Trust Figures February 2009	36.1%	33.4%

The Trust has also analysed its professions to find out if there are specific roles for example; senior managers, nurses, health care assistants or domestics that have a under or over representation of people from minority ethnic communities within them.

Pay Distribution by Ethnicity Quarter 3 08 – 09

	BME		White	
	Number	Percentage	Number	Percentage
Band 1	37	16.9	182	83.1
Band 2	95	16.5	482	83.5
Band 3	68	21.4	250	78.6
Band 4	15	12.1	109	87.9
Band 5	94	21.3	347	78.7
Band 6	39	10.6	328	89.4
Band 7	16	12.0	117	88.0
Band 8a	11	18.3	49	81.7
Band 8b	2	5.1	37	94.9
Band 8c	5	27.8	13	72.2
Band 8d	6	40.0	9	60.0
Band 9	16	45.7	19	54.3
SMP	0	0.0	6	100.0
Total	404	17.2	1948	82.8

The bold rows show the bands where people from minority ethnic communities are under-represented.

Across Mental Health Trusts nationally 18% of staff are from a minority ethnic community. Within all NHS organisations 15% are from a minority ethnic community.

A Leadership Development Programme has been established and is in the process of developing new competencies and organisational values that all staff will work by. A training programme will start in June 2009 support existing staff in their career progression. The programme will be targeted at under-represented groups and bands.

BDC T Workforce data 2008

2.4 Disability

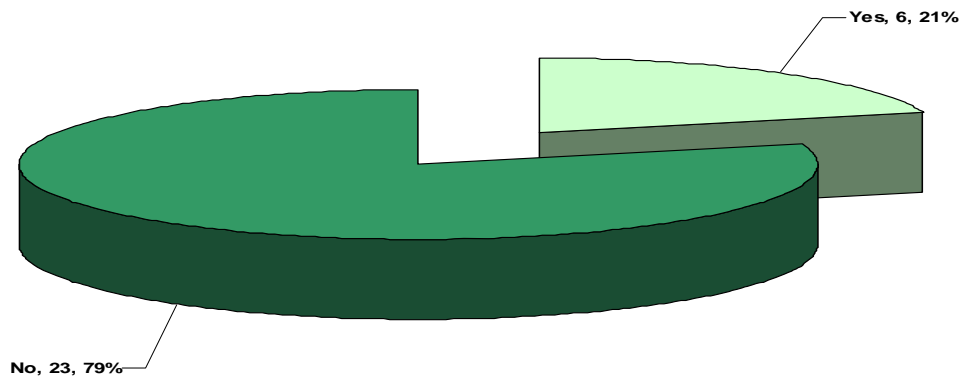
In 2003 the Disability Human Rights Commission estimated that there are about 9.8 million people in the UK with some form of disability - one in seven of the population.

In 2003 and 2004 the Department of Work and Pensions, *Family Resources Survey* found that 25% of households in Yorkshire and Humber had one or more disabled adults living within it. The study also found that 38% of men and 37% of women with a disability were in paid employment.

During the time period of October to December 2008, there were 2555 members of staff employed within Bradford District Care Trust.

	Number	Actual Percentage	Percentage without unknowns
Yes	6	0.2	20.7
No	23	0.9	79.3
Undefined	2526	98.9	

The majority of staff currently working within the Trust chose not to state whether they consider themselves to have a disability. Therefore all charts are based upon a percentage excluding unknowns (undefined). As can be seen 20.7% of the current workforce stated that they have a disability.



BDCT Workforce data December 2008 www.bdct.nhs.uk

To provide a comparison between BDCT and another NHS employer the following has been sourced from NHS Greater Glasgow and Clyde Workforce Data December 2007: 99.41% of staff do not have a disability, 0.23% chose not to give the information and 0.36% did consider themselves to have a disability. The response rate to this question is far higher than the BDCT results and focuses the Trust on promoting the disclosure of disability so that we can ensure people are treated equitably.

The 2001 census states that the number of people with limiting long-term illness in Bradford was 86,486 (18.5%) out of a total population of 467,665. According to the Department of Health, the number of persons registered blind in Bradford as of 2003 is 1765 (0.4%) and 1810 (0.4%) are registered as partially sighted. The Department of Health state that the number of persons registered deaf in Bradford as of 2004 is 395 (0.1%) and 1800 (0.4%) are registered as hard of hearing.

Craven District Council estimate that 9241 people in the District have a limiting long-term illness, a partnership physical and sensory impairment strategy is being implemented to meet the needs of people with physical and sensory impairments. This is 16.5% of the total population.

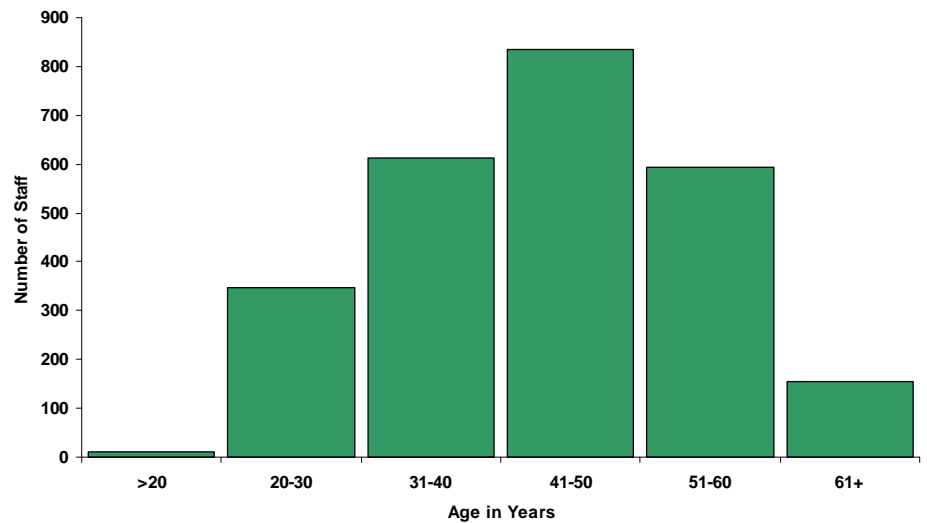
<http://www.cravencd.gov.uk/Craven/Residents/Council+and+Democracy/Corporate+Information/CravenSustainableCommunityStrategy/StrengtheningCommunities/>

The Disability and Human Rights Staff Network has been established to support staff working in the Trust with their disability. The aim is that the network increase visibility and therefore encourages more staff to disclose their disability and access any support they need in the workplace.

2.5 Age

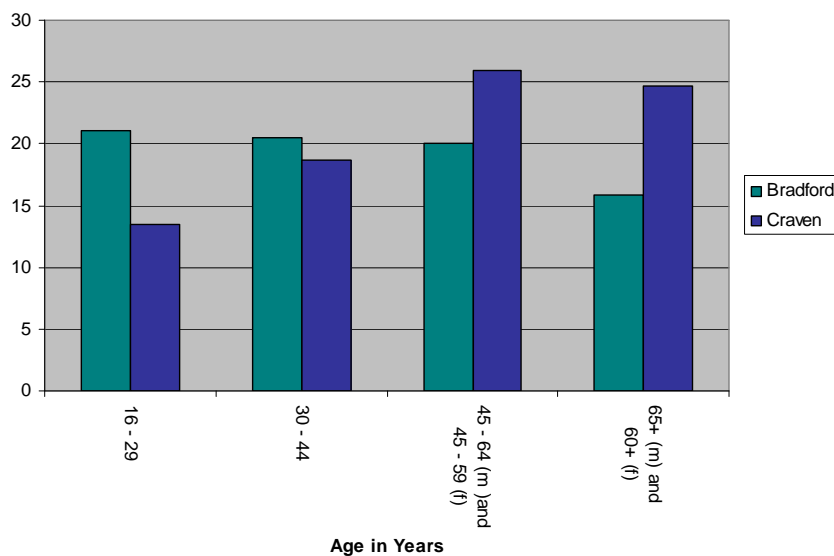
During the time period of October to December 2008, there were 2555 members of staff employed within the Trust. As can be seen in the table and chart below around 62% of the current workforce is aged over 40, with the highest proportion of staff being aged between 41 and 50 years. An ageing workforce raises issues regarding retirement and succession planning.

	Number	Percentage
>20	11	0.4
20-30	347	13.6
31-40	612	24.0
41-50	836	32.7
51-60	594	23.2
61+	155	6.1



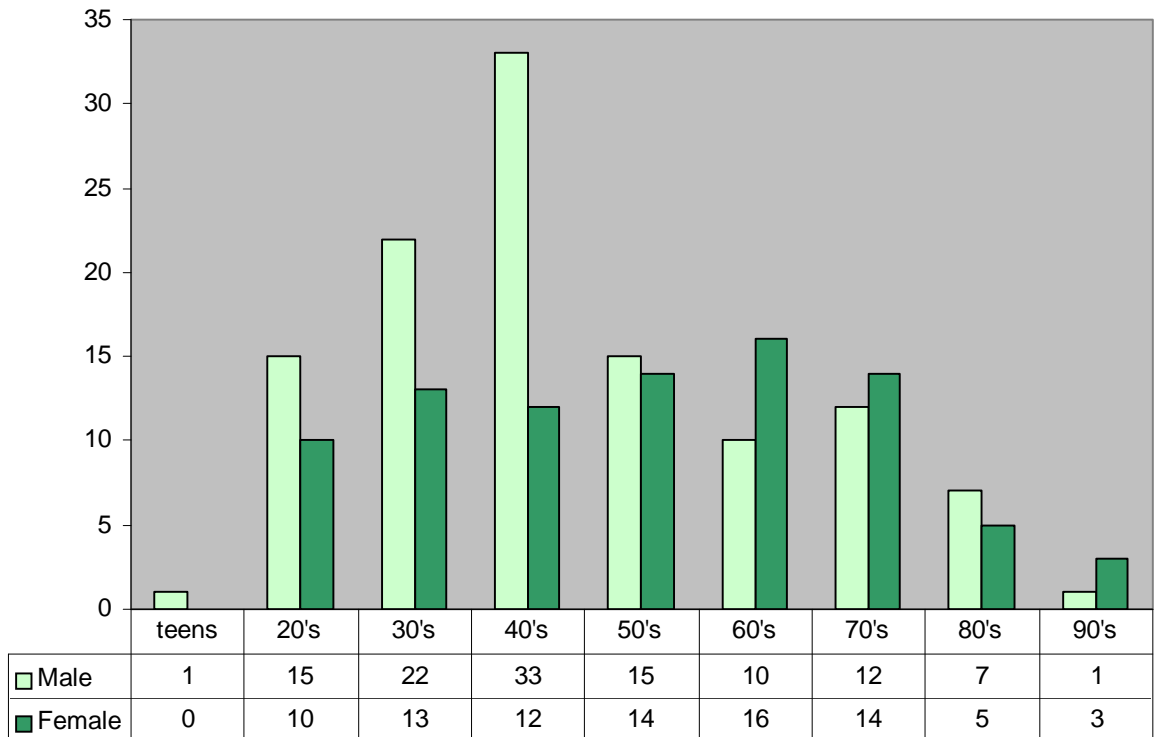
BDCT Workforce data December 2008 www.bdct.nhs.uk

Bradford and Craven Local Authority Area



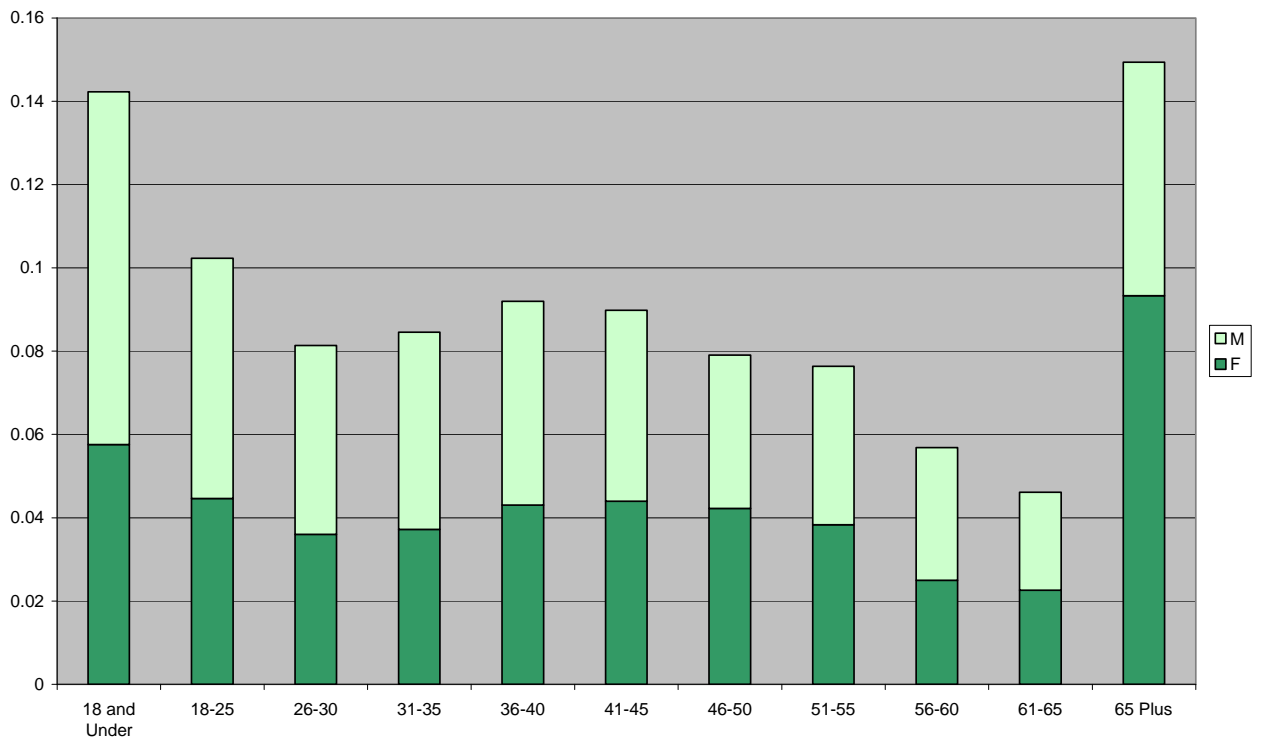
www.ONS.gov.uk

Date of birth by decade of male and female inpatients on March 31st 2008



Count Me in Census Data 2008

Age of male and female outpatients February 2009



BDCT data Informatics Department

There were significantly more younger aged males than females within the Trusts inpatient services on 31st March 2008. There are significantly more males aged 18 or under accessing outpatient services.

2.6 Sexual Orientation

In 2001 in Bradford 0.15% of the population stated that they were living in a same sex couple. That equates to 516 people out of 350994. In Craven 0.12% stated that they lived in a same sex couple which equates to 52 out of the 42 456 population at that time.

In 2005 in preparation for the introduction of the Civil Partnership Laws the Government conducted a study that estimated 6% of the population, or about 3.6 million people in the UK, are gay, lesbian or bisexual. The Department of Trade and Industry estimated that 1.5 million to two million gay men, lesbians and bisexuals make up the British 30 million-strong workforce, this is 6.6%. The BDCT workforce is 2555 therefore meaning that an estimated 168 people within the workforce are LGB.

In light of this estimation the Trust has developed an LGB Network for staff. The network meets on a monthly basis for business and social meetings.

2.7 Religion or Belief

Religion or belief plays a large part in people's day to day lives. Different faiths can have different beliefs in relation to mental health and as such people of those faiths can access treatment and support differently. This may be through the point at which they access the services on offer or through or indeed the people or way they reach out to and for support.

A study conducted by Consultant Andrew Powell of the Spirit Release Foundation found that 35% of psychiatrists believe in spirituality. When compared by the figure quoted in his study that 70% of the general population consider themselves to have belief in spirituality there may be a mismatch in communication and emphasis on its influence on mental health and wellbeing.

Faith and spiritual belief are a significant part of daily life in Bradford. Anecdotal evidence suggests that more than 78% of people in the district describe themselves as having links in one way or another to a faith community. The four largest faith communities in Bradford district are Christian, Muslim, Sikh, and Hindu. Many of the faith institutions and places of worship are involved in a wide range of educational, health and social welfare activities, especially for ethnic minorities. Places of worship offer major opportunities to engage health professionals, and those already involved in work with their own communities and congregations. Bradford District Care Trust is committed to working in partnership with Faith communities in order to improve the quality of life for their services users and staff through education, social inclusion values based initiatives

The Spiritual Care Group has conducted a review of Spiritual Care which is currently out for consultation. This sets out some key recommendations for continual improvement of spiritual care at the Trust.

3.0 Implementing good practice in equality, diversity and human rights

Over the past year each Care Group and most Directorates have developed its own Equality Action Plan designed to address the inequalities that remain within mental health. These plans include objectives related to the four building blocks of Delivering Race Equality and the FIS project; culturally sensitive and appropriate services, diverse and competent workforce, better information intelligently used and community engagement.

The progress on the development and delivery of these action plans has been reported to the Care Group Service Governance Groups and leads have been identified to champion equality, diversity and human rights.

Equality, diversity and human rights training has been delivered to 52% of all new staff joining the organisation with specific training often occurring out in the Care Groups and Directorates. This ensures that new staff hear the Trusts expectations related to equalities during their initial few weeks of employment.

The Equality Impact Assessment Process has been broken down into four stages to enable the Trust to effectively assess policies, procedures and functions as they are renewed, designed or when issues arise. 99 members of staff attended the Equality Impact Assessment training throughout 2008 and the start of 2009. That accounts for 3% of the workforce. 27 functions, policies or procedures have been screened and the results of the screening published on the Trust website. A recent review of all policies found that 39% have had an assessment undertaken. Full impact assessments are underway with those that are completed published on the website.

4.0 Showcasing local good practice and the difference it has made

Over the past year many projects and initiatives have developed as a result of the Trusts commitment to equality, diversity and human rights. A few examples of these are included.

4.1 SABR

A pioneering group has helped to reduce stigma in Muslim communities associated with mental health problems by providing counselling for men. The first of its kind programme will become a permanent fixture for Bradford District Care Trust this week (Thursday 9 April) following a successful pilot period led by Richard Carroll, Khalida Sheikh, Ilyas Kamrani and Saquib Ahmad.

22-year-old, Kesser Karim, who attended the pilot programme, said: "I went along to the group because I wanted to improve myself. It is about learning new skills and developing. By dealing with anger you can deal with problems that come out of it like depression, anxiety and social issues. I have gained an understanding of what anger is – a lot of people don't understand anger. We looked a lot at perceptions. If you change your perceptions you change your ability to deal with anger."

The men's group tackled perceptions and prejudices by inviting Imams to present on the theme of anger during Friday Prayer and inform about the new service. They also spoke directly to the community by visiting community centres and appearing on local radio. Saquib Ahmad, co-leader and interpreter of the programme, said: "This group is crossing

language barriers others cannot. We've tried hard to communicate with the community in their own language bringing in interpreters, such as myself.

"Anger is something everyone experiences and is a kind of stress. We're not saying Muslim men are angrier than anyone else. They've just been a hard to reaching section of our community in the past."

The group is called Sabr Men's Group – sabr meaning patience in the Islamic language. It is a collaboration between Bradford District Care Trust's Helios Centre, NHS Bradford and City Community Therapeutic Resource Team and the Claremont Centre. The weekly self referral group meets at Claremont Community Centre on Thursdays at 1.30pm. Richard Carroll, Team Leader, said: "Anger should not always be a bad thing because it motivates people, but if you're hot headed then acting with emotions rather than logic can have negative effects."

"We provide people with the skills to recognise symptoms of anger, so they can change the way they think if they start to become angry. We teach them the difference between anger and aggression."

Taken from BDCT website www.bdct.nhs.uk

4.2 Supported Accommodation

In 2007 Managers from the Supported Accommodation Service attended some Equality Impact Assessment Training coordinated by the Equality and Diversity Team. They found the training so inspiring that it led them to plan an equality impact assessment of their whole service.

A small group sat down to screen the service and found that it was equality relevant. A steering group including staff, service users, carers and community partners was established and soon began to work on implementing change and developments in how the service is accessed, marketed and how information is given to service users, carers and the community.

The project led to the relocation of supported accommodation to areas that have a higher minority ethnic population, the development of a Housing Support Guide for good practice in diversity and inclusion and the review of the referrals pathway. This review and the new marketing approach led to an increase in referrals.

In December 2008 the team were pleased to learn they had been successful in a tender for a new Inclusion Development Worker (BME Supported Housing). The post holder will start the work in July - a fabulous outcome for the service and potential service users and carers.

4.3 Bradford District Care Trust Staff Networks

The Trust has three staff networks. Set up to support staff, offer training and development opportunities. The networks also play an influential role in ensuring equality for their equality strand group.

The Black Minority Ethnic (BME) Staff Network was formed in 2005 under section 38 of the 1976 Race Relations Act, which permits public authorities to provide training for BME groups underrepresented in the public authority workforce. It also provides an opportunity for those who would otherwise have no access to training opportunities

and to support the tackling of social inequalities.

A team of network members was formed to advise the Trusts membership team on appropriate ways to promote Foundation Trust membership within the local minority ethnic community. The network assisted in the signing up of approximately 200 BME community members. The network also has trained equality proof advisors, bullying and harassment contact officers, Central Staff Induction Presenters and representatives on the Improving Working Lives Group, Equality Review Panel.

The Disability and Human Rights Staff Network and Lesbian Gay and Bi-Sexual Network were both set up in 2008. Each network meets on a monthly basis to offer support, opportunities for its members and a method to influence and engage with the equalities agenda across the Trust.

4.4 Social Inclusion Project

The Trust employed the first BME Participation worker in 2007. Participation workers are brand new roles that promote new ways of working that value community, cultural and linguistic intelligence and bridge together community, third sector and Community Mental Health Teams working through greater involvement in service planning, design and delivery.

These roles draw on the data and recommendations set out in a community engagement project that was led by the International Centre for Participation Studies at Bradford University in 2005 that involved a large number of BME communities and senior service providers who agreed a number of recommendations to increase BME participation within services and care planning. The role was promoted through the local Focussed Implementation of the National Delivering Race Equality action plan and works on the premise of:

- Better Information and more intelligently used;
- Community Engagement and involvement;
- Establishing more appropriate and responsive services.

There have been seven main areas of activity during the first year:

The **social inclusion project** was established within the recovery services in an effort to improve services for BME women who are on depot medication to promote their social inclusion and access to meaningful daytime activities including supporting them to self-manage user led initiatives as part of their recovery. This also involved a series of focus groups to establish their pathways to services, their experiences and their aspirations for recovery.

The **Outcomes and Commissioning Project** is funded by the Bradford & Airedale Primary Care Trust and delivered in partnership with the University of Central Lancashire. It aims to ensure service improvements for people from black and minority ethnic (BME) communities are embedded into commissioning processes and create lasting changes in local mental health services. The project has two broad aims:

- To involve 24 members of BME communities, particularly service users and carers, in shaping the outcomes delivered by local mental health services.
- To develop and pilot a model for participation which enables people from BME communities and mental health service commissioners to work together to commission relevant and culturally appropriate mental health services.

The project's activities ran from October 2007 to December 2008 and include training, research and consultations involving commissioners, statutory and voluntary sector service providers and people from BME backgrounds, especially service users and carers. The project generated greater involvement in service design, planning and delivery, both within the Trust services and local community based services.

It Raised awareness to break down stigma and fear; through open discussions, events and information about mental health and different treatment approaches; It explored self-help group initiatives and funding to sustain them through local community organisations; Supported the delivery of information with community mental health teams and the hospital wards. Established and supported access to courses, employment and volunteering opportunities.

A greater voice

Some quotes from project participants::

"It is for us as individuals to empower ourselves and empower others. To work within the service, caring for ourselves and helping others. I am doing what I can, it is developing me in ways that I didn't know, it has caused me to go to college, and also [there are] things that we are putting in place, such as employment." Delroy

"I think it is good we tell them directly what we want to see and change. Other people can mix messages." May

"It has been really good to meet different people from different communities – what I learned is that when we listen to each other's stories – our issues, our needs are not that different. There are so many commonalities between us that it felt like a joint cause to make services better and not a lone cause." Tony

"It has been great to meet other people from other communities; it has really broken down barriers." Shabana

"We share so many things and ideas about what make good services and, if we work together, I believe we can make our suggestions heard." Kalsoom

The project had some key outputs:

A series of training workshops involving service users for staff across CMHTS;

Development of skills and support for community organisations working with women;

Number of service users and families supported: 7

Number of service users involved in courses: 9

Number of women involved in focus groups: 18

Number of service users and carers accessing peer support groups/activities: 31

Number of service users/carers involved in service redesign: 5

Number of service users presenting at conferences/events/training events: 3

Number of service users attending regional and national conferences: 5

Number of women offered informal advocacy and signposting: 11
Number of women attending events: 21
Number of projects offered strategic support for user led activities: 3
Funding acquired through applications for groups: £21,000

And some key outcomes:

Increase in the number of BME women accessing 'safe spaces' community and mainstream daytime activities;

Increased satisfaction with services by BME communities; through better understanding of services and roles of staff members and working from self-expressed needs and goals;

Joint initiatives with BME VCS; Artworks; Kala Sukoon ; Roshni Ghar; Naye Subah; SVB; HCA; SmallWorld, Alchemy;

Partnership working with the CDW's in Bradford for Outcomes and Commissioning Project and other work;

Developing gender specific support and highlighted areas for improvement

In 2009 the project recommendations will be implemented, they are:

- To mainstream existing BME Participation/social inclusion roles;
- To share learning across services and promote the work carried out
- To adopt a model of BME participation across all BDCT services

5.0 Future Plans

2009 – 2010 promises to be an action packed year for the equality, diversity and human rights agenda. The publishing of the new Equalities Bill will see new draft legislation and implications for the providers of public services <http://services.parliament.uk/bills/2008-09/equality.html>. To ensure that the Trust is not only compliant with the draft proposals but leading in equalities work the Trust will develop an Equality, Diversity and Human Rights Strategy. This will provide a frame for the Single Equality Scheme, which will also be reviewed in July following the consultation that took place late in 2008.