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| **Title:** | **North Yorkshire Equality and Inclusion Strategic Partnership meeting** | | |
| **Date** | **Wednesday 14 July 2021** |  |  |

**MEETING NOTES**

**Attendees: If you were at the meeting and not listed below as attended or vice versa please advise and we can update the record.**

Caroline O’Neill – Community First Yorkshire (Chair)

Alex Merritt – The Place in Settle

Deborah Chaddock – YLCA

Tracy Westgarth – Parkinson’s UK

Liz Lockley – Hambleton Community Action

Francesca Floris – North Yorkshire County Council

Jas Samplay – Anchor Hanover Group

Caroline Midgely - Craven Cruse Bereavement Care

Amy Bedingham - The Retreat York

Candy Squire-Watt – Carers Resource

Amanda Hanusch-Moore – North Yorkshire Police

Rachel Black – Copmanthorpe WI

Frances Elliott – Harrogate & District Community Action

Jenna Collins – Just B

Catherine Dearden – Citizens Online

Sonia Bielaszewska – Two Ridings Foundation

Michelle Robinson – Anchor Hanover Group

Elizabeth McPherson – Carers Plus Yorkshire Ltd

Melanie Fowler – North Yorkshire County Council

Anne Marie Loraine – St Wilfrid’s Community Centre

Jane Carter – The Wilberforce Trust

Lisa Robertson – ShaR PCN

Linda Wolstenhulme – Healthwatch

Ruth Middleton – Healthwatch

Anda Baraskina – Citizens Advice Scarborough

Melissa Williams – Citizens Advice Selby

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| **Item** |
| 1. **Welcome and Introductions - Caroline O‘Neill - Head of Policy and Partnerships, Community First Yorkshire**   Caroline O’Neill introduced herself, job role, thanked everyone for finding the time to attend and covered zoom housekeeping. |
| 1. **Working with refugees in North Yorkshire: Caroline O’Neill**   **Report circulated from Jonathon Spencer, North Yorkshire Refugee Resettlement Project Manager**   * In 2021 24 people have been supported in the area. More refugees are expected over the summer months. Feedback is the excellent from the voluntary and community groups about the support and welcome from people in the area, engagement in the local communities. A good deal of work has been done on the language support and employment support. * **Linda Wolstenhulme:** Excellent paper. Research mentioned about education and was this direct from the communities and what sort of research that was? Has there been feedback from the refugees about the approach and the help and support that has been given to them?   If volunteers are needed in this area then Healthwatch will be happy to help the contact is Lada Rothenstein.   * **Alex Merritt:** Very well written report with lots of information. Would like to know a break down by district so they can see if there are any gaps and what is going on each area to help this be addressed. |
| 1. **Leadership Program: Caroline O’Neill**   The paper circulated was developed by North Yorkshire VCSE Leaders hub circulated with the agenda was discussed. It highlights the need to include equality, diversion and inclusion in terms of leader’s awareness and what it means in their role and organisation, and the attention they are giving to ensure that they do have a diverse workforce, in particular:   * Boards should have a clear agreed and effective approach to support equality, diversity and inclusion within their organisations and in its own practice * It also covered ‘national standards’ to help with diversity. The National Centre for Diversity in Leeds is outlined and the scope of their assessments, asks about particular aspects of knowledge and speaking to others about diversity, organisation workplace culture   **Discussion**:   * **Alex Merritt:** Very taken by the Leeds Centre approach, particularly number 5 as 2,3 and 4 were a bit corporate for the VCS. Number 1 lacked detail. The questionnaire would be good to unpick what people in organisations do know, as the understandings of equality and diversity are quite limited. * **Frances Elliott:** I agree with Alex, some of the questions were aimed at middle management but what you really need to know is what the team understand, believe and how they see the organisation. * **Candy Squire-Watt:** The questionnaire would be useful to use with all elements of the organisation, as this would give a real measure rather than a management viewpoint. I would like to do this with our teams. * **Liz Lockley**: Because it feels corporate, there is not enough about volunteers and volunteering diversity. We do not tend to have as much diversity with our volunteers as we do with our clients/service users. There could be scope for some work around this, which will be more challenging than around our staff teams. * **Linda Wolstenhulme:** I agree that part 5 was a good point to start a base line but I am not sure how positive a response anyone is going to get. Looking at their website it does not seem to give any information before you take the quiz. Number 4 the national equality standard, I thought there was merit in that as it did cover a wide range of factors but it was not clear if you get assistance for how this works in practice. I am presuming that there will be an issue of cost, which may be a major factor.   1. **Research in Diversity and Engagement - Presentation by Sonia Bielaszewska working on behalf of Two Ridings Community Foundation** * Appointed by the Humber Coast and Vale Health and Care Partnership and Two Ridings to conduct research in Diversity and Engagement. Two strands of research   -mapping the diversity of the entire region and creating an interactive tool that can be used by charities and statutory bodies  -engagement and to understand the barriers that groups led by or deliver activities to cultural diverse communities are facing. This could be barriers around funding, capacity, access, transport or whatever that might be.   * In terms of preliminary findings, the themes that are coming up: * relationship building and a desire to create partnerships * there seems to be a concern around the level of trust that culturally diverse communities place on predominately white led organisations. This could be structures, funders or partners * capacity can be a problem even though communities want to do more * there is a level of frustration around funding and on how the competitive nature of funding is a big obstacle to continuity of service. We have found that especially for migrant communities that have the difficulties of moving to another country and understanding the culture as well as understanding the services available to them, the frustration lies when a service that they have accessed then loses funding and can be gone overnight * Questions are being asked about what can be done by infrastructure support organisations and funders to make this better. * Speaking to outreach workers predominately in Hull and York they mention about the amount of research that is being done and that migrant communities are now starting to feel targeted by this. The communities will still participate in this research but are now asking at what point are we going to get tangible benefits out of this and what is going to change? A phrase being used “Talk is starting to feel cheap” * This is not designed to be an academic piece of research we are trying to gain an understanding of the human experiences and a better appreciation of our cultural diverse communities and what they are going through and what we can so as third sector organisations and funders to support them and to deliver those services better.   **Discussion**   * Members of the meeting noted the comments about trust and barriers to engagement which gives everyone food for thought and a better understanding to look at how to make the necessary changes * **Ruth Middleton:** When you are talking about diversity in this context what do you mean? You have spoken with migrant communities but who else have you been speaking with?   Sonia Bielaszewska: With help and guidance from partners we have been very inclusive. We are looking at gypsies and travellers and people who are non-white British. We have spoken with partners who support European migrants, African, Pakistani, Indian, refugees and asylum seekers as well. As the data element progresses this group is likely to grow. It is my view that nobody should be turned away from having a voice within this research. The adaptation is that this will be a very broad and inclusive which includes anybody that is non-white British. |
| 1. **Inclusive language -**   Links to prompt the discussion – colleagues will have others  <https://service-manual.nhs.uk/content/inclusive-language>  <https://www.staffnet.manchester.ac.uk/equality-and-diversity/training/inclusive-language/>  Various people have brought this matter up and we thought it would be good to talk about this as a group to look at how we can phrase things better, how we refer to different groups of people, to generally share our views and any pitfalls that we may have fallen into. This is a conversation that we regularly have even when it comes to what terminology to put on forms. (See slide) anybody like to make an observation or have a view or let us know what practices you are adopting now? Has anybody looked at the NHS document?  **Discussion and observations**   * The NHS document from the gender perspective was only missing transgender concerning people who are pregnant. People say pregnant women/pregnant mother but they forget there is another category, which is pregnant parent. This is somebody that does not identify as female but still has the ability to become pregnant. This was missing from the list. * Both documents had a lot of relatively straight forward information and terminology. The area which has changed and is changing is the use of black and minority ethnic communities, it seems there is not a common terminology even within NHS England. * BAME should not be used and is not acceptable to a lot of people, it is important to be more specific about the group that is being referred. This an area colleagues find difficult and would like to know what others use in there phrasing. * A colleague from a black community understood the concern and advised that referring to BAME to generally mean non-white is not acceptable. Using non-white is not the right approach, it is putting people together who all have a very different lived experience and it uses white as a yard stick. People use these phrases sometimes without thinking through how to be more specific and they feel comfortable with it. There are people who do not mind the general phrases being used but we can do better by making them specific instead of grouping people altogether. * BAME is used as an umbrella to put all different groups under. The European migrants are quite upset at being placed in this category as they are not black and they are not minorities, they are just a different nationality living here. It is better to find out the particular nationality and use this. Even using Eastern-European is not good as there are many different cultures within this. * Language changes quickly and if you are on that sphere it can be really hard to keep up. When people use out of date references, and are corrected they generally apologise for using it and say they did not know not to use that term anymore and they change. The difference is when people use terms as a hate crime and they use the terminology as a weapon. The Police find themselves reminding people that the language has changed to avoid people continuing offending others. * North Yorkshire Police has guidance of language and hate crime:   A hate crime is based on hostility and prejudice the Police have to prove that is how it was used. People make mistakes with language but it the way it is used that makes it a hate crime.   * We have spoken about the right terminology to use but who decides what is right? I appreciate that when talking about culture and nationality that using BAME is not the correct phrase and there are influences from all over but how can we influence things for the better as a group not just for cultural and nationality but for other specific characteristics that people identify with? * From the Police perspective, people do not understand the words that they are using in hate crimes which causes offence, this can be a homophobic term or a racial phrase. The Police have been working on restorative justice to help aid people with this situation, to enable people to understand the word and the impact it may have on another person. * Talking about Covid had seen the use of country names to do with the different variants for eg Indian variant. That has changed and they are using alpha and delta instead which is much better and does not connect a particular country to a particular strain. * To understand better, we should talk to the people that we have been talking about and get their views and understanding. When talking about grouping people together we need to consider the terminology for LGBTQ+. The older generation found that using the Q meaning queer is offensive but the younger generation have claimed it again and are happy to use it. Everybody has different lived experiences and it is not easy to know where the tipping point on this is but we need to be aware, as it can cause offence. We also need to think about the people who identify as T as they have a completely different experience but still get grouped in with the others. * There are so many different aspects to this conversation. The best way is to ask people what they want like has been said and also to reiterate what the Police have said about people being unaware of the offence that people may take to what is being said. * Having a meeting and using the word chairman instead of chairperson has been used for such a long time and people but do not understand the impact of it. Some people struggle to change their ways but others want to stoke up the divisions. * It is all about education and communication. Until this conversation I was not aware that using BAME was considered inappropriate. I would never want to offend somebody with protected characteristics. How do we keep up with the language as it is constantly evolving? There are many question that I would like to ask. I believe it is a generational and educational issue. Where do we get the education from without offending people? * There are tools out there to learn from made by the communities we are speaking about. Look at charities around as they can help with terminology, charities such as Runnymede Trust. You have to be careful of asking a person too many questions as this can be traumatic to them. It is about timing and trust for getting the answers you need and an element of consent. * At an organisational level, it is important to look and examine services and delivery to make sure they are giving equality of access to services. Use the stats in your organisation to challenge the way services are delivered, it will provide the tools to then make changes and evidence it. This approach also helps when applying for funding, and provide evidence of reaching out reaching out to communities. By focussing on delivery of services to different client groups gives a greater understanding to improve communication. * There is lots of work going on with health inequalities and trying to improve services but what is missing is the base line. When funding is available and people are applying for it there does not seem to be the requirement to monitor the projects and get more detailed data for developing services and planning work. There is scope to ensure that there is the monitoring data being collected, to show success and also to share insights to avoid reinventing the wheel and talking to the same people over again.   Community First Yorkshire will make sure this fed through to Sonia’s piece of work as one area of development where data it needs to be considered and that will be used by funders. It eill make monitoring meaningful. I will take forward many of the points including that of a tool kit to offer education and I will feed back to the leadership group on working on an organisational level about the language aspect too as this will be relevant. |
| 1. **Working with the NHS – the impact of Covid-19 on the mental health and wellbeing of people who are part of the protected characteristics groups.**  * **Caroline O’Neill:** at the last meeting we discussed the structure of public health at North Yorkshire and at district levels. Community First Yorkshire is working with VCSE colleagues and Tees, Esk Wear Valley NHS Foundation Trust, as part of the Community Mental Health Transformation project, focussing on how to increase adult mental health support in the community. As part of this the NHS is looking at three areas for adult support: eating disorders, adult personality disorders and rehabilitation of people with severe mental health difficulties. For discussion – what are the particular issues for people who are part of the protective characteristic groups and anything we should be thinking about in the communities. * **Jane Carter:** glad this has been brought up as much as this is not what we deal with at our organisation, and there are family members that are struggling to get any help from the NHS. There is a huge shortage of treatment centres and a huge shortage of any kind of residential care. For particular needs the treatment is in the direction of private residential care which can be at a cost of £5,000 per week. This is having a particular impact on younger people particularly girls, but also boys. Families that use the Wilberforce Trust have said that people who are visually impaired who have been isolated or shielding, are becoming more frustrated, disturbed and frightened of going out, agoraphobia perhaps because of the fear of the virus. We are looking at how to support them through different types of therapy, yoga and mindfulness sessions for the whole family. There is a whole category for people who are disabled who are going to have to face coming out of lockdown, and people not wearing masks and safety measures being eased is causing great concern. * **Ruth Middleton:** For people with long term conditions and needing mental health support, there is a big gap and this is historical but made worse by Covid. The effects on people with non-curable conditions is not taken into account when looking at mental health. People really struggle to get that support and for those who have been shielding this has been made significantly worse. This goes back to our earlier conversation where people do not like to be referred to as clinically extremely vulnerable but that is the generalised term being used, they have really struggled because of the isolation. The lack of physical activity for those who are physically active, who struggle with mental health issues are now terrified because of the changes to the safety guidance. I support the three areas that have been mentioned, but there is a huge gap for instance those diagnosed with Multiple Sclerosis, Parkinson’s disease or Motor Neurone disease, who do not have any support for their mental health. * **Caroline O’Neill:** we need to look at and see if there is anything in our sector that can be done to aid with this maybe on the social prescribing context which looks at how other support can come in from our sector. The second strand to that is looking at investment to ensure it is in place to provide for people to receive the right support and improve their overall wellbeing, as part of prevention and early intervention services. This help would mean less of a drain on other parts of the health system. * **Candy Squires-Watt:** from a carers perspective we have seen a really big increase in referrals from carers with mental health concerns through Covid. For all those people that have been mentioned there is often a carer whose life has changed too. They may have had to give up work or are struggling with the lockdowns, isolation, shielding. We did lots of work early on about how people giving up work and caring for someone with long term conditions and how this impacted on their mental health and anxieties and this has been huge. We also worked on the effect on young carers too. Young carers have had to cope with not only looking after a family member with a long term condition but their own issues with school and isolation. I am aware this does not fit with the priority areas mentioned but we are seeing a huge increase in need among a much wider group of people. * **Liz Lockey:** theidea behind the Community Mental Health Transformation project is not just to have those three strands of work that the NHS dictates that should be within a bid for NHS funding but it is also about devolving to communities at district-type levels, place based planning so that people that work in the areas can make decisions about what is appropriate. It is also about meaningful engagement with VCSEs for example and significant funding coming to the VCSE sector to deliver local support. The means we can look at where is the need, rather than be dictated to by structures that are already in place. From an equality perspective one of the things that is very well known is that people who are from protective characteristics groups who are suffering from mental health issues, tend to have less good outcomes and are less likely to receive the diagnosis and are less likely to receive appropriate intervention. This has not been highlighted enough and is something that we should be making colleagues more aware of and pushing for as part of the Community Mental Health Transformation project. * **Caroline Midgley:** there are issues to do with labelling and putting in boxes, for example that person has been diagnosed with MS and has a broken leg but they cannot be seen to have both, it has to be one or the other there is a lack of joined-up thinking. * **Caroline O’Neill:** the messages from the meeting will be shared which Mark Hopley, Head of Community Support at Community First Yorkshire and leading on the project work with TEWV and working with groups across localities in North Yorkshire. Mark will welcome this feedback and prompted this agenda item. |
| 1. **Local Resilience Forum Recovery Planning - communities and poverty workstreams.**  * **Caroline O’Neill:** a brief overview of the [York and North Yorkshire Local Resilience Forum](https://www.emergencynorthyorks.gov.uk/) (LRF).   All local authorities have a responsibility to have in place a Local Resilience Forum as part of the emergency response structure. Invariably they are there to look at flooding, fires, or a plane crash and Covid 19 is one of those emergencies. The group came together around February/March 2020 to have a collaborative structure in place between the county and district councils, emergency services, NHS and VCSE partners involved in the response. There are two sub groups of the main forum; one looks at communities, volunteering and VCSE and we work alongside and co-chair with Marie-Ann Jackson, NYCC Stronger Communities Manager, with about half dozen local organisations and the local authorities involved to coordinate planning alongside each of the district councils. The second group focusses on poverty and is co-chaired by Ryedale District Council and City of York Council. The focus is on timelines and impact of policy changes which affect people’s livelihoods, and issues such as employment, furlough, changes to the eviction rules for people in rented accommodation, implication of the cost of funerals and the wider influences impacting on household finances. VCSE colleagues such as CAB is involved in this group and provides valuable insight about the pressures and needs of people impacted by Covid. The aim is to identify what support and mitigations can be put in place to ease the impact. |
| 1. **Future agenda items**  * **Jas Samplay:** can I recommend that **inclusive language** is kept as a standard agenda item. From the conversations that we were having there is real confusion and need to keep sharing. I know there is a lot of research out there and York have done a lot of research and produce booklets. As soon as it was mentioned, I went straight to our website to see what we were doing as an organisation. We are actually looking at some sort of policy around language and what is acceptable. I think if others support that it should be a regular item. **Caroline O’Neill:** lots of nods in support of that. We can at a future meeting share and look at guidance being given in organisations. * **Caroline O’Neill:** we can keep on the agenda how **the effects of Covid 19** are being responded to, now that we are moving into a period of increasing easing of restrictions. * **Caroline O’Neill:** I do check that we refer to all people with protective characteristics through the meeting cycle, to make sure we have covered them all. |
| 1. **AOB**  * **Linda Wolstenhulme:** I wanted to make you aware of the Healthwatch North Yorkshire are currently establishing a young people’s group as they are very conscious of the volunteers we work with and gain the views from and not very young and this is an opportunity to gather their thoughts and views. In the work program this year Healthwatch is focussing on health inequalities to get young people on board and hearing their views. |
| **Future meetings 2021, all meetings are 2-4pm -** 8 September date to move to 13 October |