This leaflet has been developed across NHS organisations in the North East. It is designed to be used as first line information for staff and not to replace formal training or to give detailed advice.
The Race Relations (Amendment) Act 2000

Under this Act, a general duty is placed on all public authorities to have due regard to:
1. Eliminate unlawful racial discrimination
2. Promote equality of opportunity and
3. Promote good relations between people of different racial groups

As public bodies NHS organisations have a duty to publish and act on their Race Equality Scheme or Single Equality Scheme and to promote race equality.

Terms and Definition

- **Black and Minority Ethnic (BME)** - the term 'Black' was initially used as a term to bring together all groups liable to differentiation and discrimination on racial grounds, but today it tends to be restricted to people who are directly or indirectly of African origin. The term 'Minority Ethnic' is used to cover all those groups who see themselves as distinct from the majority in the UK in terms of their ethnic or cultural identity. Therefore, if we use the term BME, it will include Irish, mixed race, Asian, Chinese, African, EU migrants, Gypsies & Travellers.

- **Culture** - Culture relates to a way of life. All societies have a culture, or common way of life. It consists of patterns of behaviour and beliefs, which characterise a group of people at a given point of time. The behaviour may relate to religious practices, rituals, and food choices etc. Culture also guides people in their thinking, acting and feeling.

- **Ethnicity** - A sense of cultural and historical identity based on belonging by birth to a distinctive cultural group with a common language, literature or religion.

- **Race** - A human population considered distinct based on physical characteristics such as skin colour. This term which represents social groups with a shared history, sense of identity, geography and cultural roots which may occur despite racial difference.

- **Nationality** - The country of a person's citizenship or country in which the person is deemed a national.

Population of North East

Equality and Diversity in the North East: a statistical profile (2008) has demonstrated that although the North East remains one of the least diverse regions in the UK, the number of ethnically diverse people is increasing. There is a marked increase in the categories of Other White, Mixed heritage, Black African and Black Caribbean, Chinese and Other Ethnic population.

Statistics show that Black and Minority Ethnic people are disadvantaged in access to jobs and services. (Looking for the Barriers 2004)

More details can be found on: Equality and Diversity in North East: a statistical Profile
http://www.nerip.com/reports.aspx

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<th>North East - ethnicity breakdown (2008)</th>
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<tr>
<td>Ethnicity</td>
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<tr>
<td>----------------</td>
</tr>
<tr>
<td>White</td>
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<tr>
<td>Indian</td>
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<tr>
<td>Pakistani</td>
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<tr>
<td>Bangladeshi</td>
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<tr>
<td>Chinese</td>
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<tr>
<td>Black</td>
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<td>Mixed</td>
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It is important that health professionals are able to identify the information required to establish the needs and preferences of patients; this is a skilled task in most situations but perhaps more so when addressing unfamiliar religious and cultural beliefs. However, when asked for information, most people will respond with enthusiasm and gratitude.

If the service user does not speak English it is important to know what language or dialect they speak and to provide an interpreter for their appointment. When translating written information, it is important to know if the language is a spoken language or a written language. For example, some people speak Punjabi but read Urdu so it is important to ask your service user.

Facts and Figures
- People from Black and minority communities are more likely to live in deprived areas and to experience associated social, economic and health inequalities. (Race for Health 2006)
- Differences in health status are linked with people’s ability to access services. (Sengupta and Ruta 2006)
- Rates of Type 2 Diabetes are up to 5 times higher in people from some South Asian communities. (Joint Health Survey 2001)
- South Asian people born in India Bangladesh and Pakistan are approximately 50% more likely to die prematurely from coronary heart disease than the general population. (British Heart Foundation 2001)
- Overall rates of detention under the Mental Health Act were higher than average among the Black Caribbean, Black African, Other Black and White/Black Caribbean (‘Count me in’ HCC 2007)

Improving access to services
What people said would improve services
‘Please offer me an interpreter for all my care.’
The subtleties of speaking and understanding in a second language can be difficult even when it seems that someone can speak well.
‘Don’t make assumptions, please ask.’
Make sure you gather background information.
www.harpweb.org.uk -is an excellent resource for cultural and social information as well as country profiles
‘Your health system is different from the one I am used to, please explain how things work’
Explain about appointment systems, how long the person will wait and why. Send appointment letters in the appropriate language (www.nnt.nhs.uk/asylum).
‘Taking time to listen to me really helps.’
Feeling listened to and understood may give someone the confidence to use a system that is unfamiliar to them again.
‘Please find out about my culture food and health beliefs’
If appropriate ask the person you are working with about their culture food and health beliefs.
‘Faith may be very important to me’
Ensure the person you are working with feels free to discuss spiritual aspects of their health, and knows you will value their thoughts
It is also important to:
- Link with community workers to discuss the best ways to deliver your service and to reach out to BME communities (www.caoh.org.uk has some useful information.)
- Monitor and audit ethnic data to review the uptake of your service by people from BME communities
- Make sure you undertake training about ‘race’ and health

Accessing Health Services
Historically, people from BME communities have greater difficulty than the majority population in accessing services. Some of the reasons are:
- People do not know about the services
- Information is usually only available in English
- People do not always feel welcome
- Professionals don’t know where to go to or who they should contact in order to reach the BME communities
- Services have not taken into consideration the cultural and language needs of service users

Communication

It is important that health professionals are able to identify the information required to establish the needs and preferences of patients; this is a skilled task in most situations but perhaps more so when addressing unfamiliar religious and cultural beliefs. However, when asked for information, most people will respond with enthusiasm and gratitude.
Do and Do Not when you communicate with a non-English speaker

<table>
<thead>
<tr>
<th>Do</th>
<th>Do not</th>
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<tbody>
<tr>
<td>• Do offer an interpreter and explain why you wish to work interpreter</td>
<td>• Do not assume that if a person can speak English they can fully understand everything you are saying</td>
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<tr>
<td>• Do speak clearly</td>
<td>• Do not assume because a person is from a particular country that they speak a particular language</td>
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<td>• Do use plain English and uncomplicated sentences</td>
<td>• Do not use jargon</td>
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<tr>
<td>• Do use and observe non-verbal communication</td>
<td>• Do not use abbreviation</td>
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<tr>
<td>• Do use pictorial information which can be very useful</td>
<td>• Do not use colloquialism or slang</td>
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<tr>
<td>• Do offer a written summary of the key points of your consultation which will help your clients or patients to discuss information with their families</td>
<td>• Do not shout. A person may not speak English but that doesn’t affect their hearing</td>
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The Power of Words

• The words 'coloured', oriental, Negro and half caste’ are generally considered to be offensive and should not be used.

• Patronising terms like ‘you people’, ‘those people’ or ‘the way we do things in this country’ are also harmful because they reinforce a feeling of US and THEM’.

Working with an interpreter

It is important to work with a professional interpreter:

• So that you can be sure that your information has been interpreted accurately, fully, confidentially and without bias.
• Family members may not have the vocabulary to interpret and may not feel it is appropriate to convey all the messages you wish to give.
• Make sure that you allow enough time to speak to the interpreter before and after the session.

• People often prefer an interpreter of the same gender, ask the service user before booking an interpreter.
• Book a double appointment to allow time for interpreting.
• It is important to look at the service user and speak to them directly.
• If you work with interpreters to communicate with people from BME communities, make sure you read the interpreter policy from your trust.

Useful Resources

• www.arrivalpractice.com/links.htm
  Useful information about asylum seekers
• www.communicate-health.org.uk
  Communicate Health Appointment letters in other language
• www.hiel.nhs.uk
  Health information in other language
• www.nnt.nhs.uk/asylum
  Useful information about asylum seekers
• www.raceforhealth.org
  Race for Health - national organisation to promote race equality

• www.multikulti.org.uk
  Health information in community language
• www.polishinformationplus.co.uk
  Polish information and health information in Polish
• Cultural and religion fact file leaflet
  Cultural and religion information - produced by North East NHS
• Tel: 0191 298 6099, NIS@newcastle-pct.nhs.uk
  Newcastle Interpreting Service - the service cover most of the NE area

With thanks to Stockton BME Network and Newcastle Health and Race Equality Forum for their contribution to the development of this leaflet