

The Kent LINK and Kent and Medway NHS Social Care Partnership Trust  
Equality and Diversity Consultation Report

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**June / July 2010**

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# Kent LINK and Kent and Medway NHS and Social Care Partnership Trust Equality and Diversity Consultation Report

## Introduction

It was agreed by Kent LINK Governors at their meeting on 17 March 2010 that a more focussed approach needs to be taken to develop the LINK's network, with priority given to certain groups so as to ensure a more direct and effective engagement takes place. David Swaffer, LINK Governor for Equality and Diversity, Sheree Bell, Community Engagement Officer, Kent and Medway NHS and Social Care Partnership Trust (KMPT) and Cate Boland, LINK Development Worker for Mid Kent, met to discuss and agreed to work in partnership to deliver two Equality and Diversity workshops. The purpose of the workshops was to consult with service users and practitioners of seldom heard groups. Areas identified for the LINK to focus on and the information gathered will form the basis of an Equality and Diversity strategy, with an action plan to take forward. The focus of the workshops concentrated on the six equality strands, and representatives from each of the strands were invited to attend. A wider audience will be invited to contribute to the final equality and diversity strategy at the Kent LINK quarterly Community Engagement Event to be held on Thursday, 29 July 2010 at the Winter Gardens, Margate.

The six equality strands are:

- Age
- Race
- Disability
- Gender
- Sexual orientation
- Religion and beliefs.

The uptake of attendance was good, with the Ashford workshop accruing a 'waiting list'. Partially the high number of attendees was due not only to the topical subject matter but also to the re-imbursement policy and free networking lunch that the LINK committed to, detailed in the invitation letter.

Ordinarily, KMPT do not offer these incentives to minority groups and individuals they engage with, as they only budget for consulting with Kent County Council (KCC) commissioned groups (the work currently carried out by the Public and Patient Community Involvement Team). Working in partnership with the LINK meant that non-professional participants from groups across the equality strands could have their expenses paid, which increased their involvement.

## Methodology

The focus of the workshops, held in collaboration with KMPT, was to engage with LINK participants and KMPT service users who represent seldom heard groups, ensuring everybody had the opportunity to get involved and discuss how they or their groups would like to be consulted in the future. Service users and practitioners from each of the equality strands were represented to give their views of how to improve opportunities for seldom heard groups to influence health and social care provision.

Two workshops were held on 29 April 2010 in Ashford and 1 May 2010 in Tonbridge. Both workshops followed the same format which allowed each participant to work in small groups for a roundtable discussion of six questions. The sharing of information, understanding and personal experiences from participants gave key messages to each question and contributed to the overall outcome of the workshops. If we look at the workshop questions and the responses in closer detail, certain strong themes reoccur.



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**Question 1      How can the Kent LINK and KMPT encourage people from 'seldom heard' groups to get involved in influencing service provision?**

**Key Message:**

The Kent LINK and KMPT need to make themselves and their work programmes better known to the public services and agencies, particularly to the voluntary sector community groups.

A solution can be found by networking with local groups, advertising in supermarkets and shopping centres, eg through the use of information television screens. There is a need to adopt a range of constitutional or engagement methods to suit different 'seldom heard' groups. These groups need help to exist and continue to develop so that Kent LINK and KMPT can use their advice expertise and network to educate and the train staff of service providers. In this way, both the groups and the Kent LINK can bring influence to bear on service providers.

Community groups should be given regular information; they should be invited to workshops and meetings, and be involved in regular surveys to be consulted for their views. Statutory agencies should communicate regularly with community leaders. Events should be held locally on home ground, but medium technology listed to reach out to individuals who are unable to attend such events eg via the internet, social networking sites such as Facebook and mobile phone texting. Also it's necessary to encourage features from local communities to be promoted in magazines so that local people feel their views are valued and acted upon by the LINK and KMPT. In this way, involvement becomes real, accessible and practical, giving people a voice which can be heard by the service provider.

Almost 21% of participants felt that any consultation requested by public bodies should make the participant feel valued. This means not only adequately funding the consultation process but also feeding back on how their involvement has been used.

**“Make the involvement real and not tokenistic”**

**“Consultation should not be a tick box exercise”**

18% of respondents felt that KMPT has a poor public image. Many had not heard of the Trust and those that had, didn't fully understand its work or where it sat within the NHS. People felt that communication needs improvement, with more positive stories in the media and more use of advertising in town centres and shops.

**“Use magazines that are for seldom heard communities and feature those communities in YOUR magazines”**

32% of respondents felt that Community Engagement was key to involving seldom heard groups in service development. A repetitive theme was the need for engagement to be local and accessible to all sections of society. Participants also value the opportunity to meet and learn from each other with several suggestions for local forums to be established.

**“Seldom heard groups are not ‘hard to reach’ if you have enough people out there to reach them”**

**“Go into schools / groups/homes to keep information flowing and encourage understanding”**

Nearly 15% of participants felt they would like to get further involved in the work of the LINK and the governance of KMPT and Kent LINK but had no idea how to do that.

**“Educate groups and communities on how they CAN influence services (how can they influence if they don't know how?)”**

**“Incorporate little known groups and organisations into the process of provision. Give support or funding to make this happen. The cost will probably be small, compared with the savings and enhanced quality of outcome”**

Other suggestions for encouraging seldom heard groups to get involved in influencing services were improved joint working between agencies (5%) and increased funding to hard to reach groups.

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## Question 2      What opportunities exist for improving health and social care for 'seldom heard' groups?

### Key Message:

This question was extremely interesting because none of the respondents suggested that getting involved specifically with Kent LINK or KMPT's governance structures would be an opportunity for improving health and social care services in Kent.

There is a good deal of misunderstanding between the provision of health and social care, one being freely provided while the other is means tested, creating difficulties for patients coming out of hospital who have to pay for care deemed as 'social', rather than 'health', but still as essential. This kind of problem is often caused by pre-conceived ideas of what is expected from both sides when a service becomes necessary.

Participants were aware of various groups with high profiles working towards improving inequalities in health and social care services, eg Rethink, Age Concern and some of the independent charities. More people were concerned with all of these groups working together rather than in competition, to improve translation services, explain access better, for their staff to train more effectively and advertise their services more. Drop-in health surgeries without previous registering was suggested, raising the issue that GP centres and hospital A&E centres are still not as 'open' and 'automatic' as they could be. This is perhaps an area where KMPT and the Kent LINK could list all the existing agencies, perhaps publish such a list, giving information about the services offered and helping them to be included on the NHS system.

The seldom heard groups tend to be in better touch with the NHS, when services are more local, more accessible and staffed by local people who were more representative of the local community. Greater education and awareness of mental illness is still the main priority.

32% of respondents felt that improvements in representation are needed. Many comments inferred that people want to be able to 'have their say' but don't know how to. Almost one third of participants expressed a wish to influence service delivery but did not know how to achieve the aim.

**“How do we know what the opportunities are if we don't know about them?”**

**“What are the processes for getting involved and making a difference?  
Nobody tells you”**

21% of participants felt that keeping services local promotes more opportunities for improvement and many gave examples of good practice where organisations have set up local initiatives or worked in partnership (outreach workers, floating support, LINK workers).

The need for more networking opportunities made up 21% of responses. People generally felt that opportunities will be greater if more interaction and information sharing takes place.

Often groups work in isolation and struggle, where joining forces could mean more powerful outcomes for everyone.

**“Seldom heard groups working together on projects – joint projects / bids”**

**“Workshops for networking (too few!)”**

13% of respondents felt that improved communication is the key and another 13% said that improved professional training would help.

**“Greater multi-agency working needed”**

**“More use of easy-read documents”**

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**Question 3      What are the barriers or gaps for your community in accessing health and social care services?**

**Key Message:**

There are still many barriers and gaps preventing advertising public services; older people are not given priority, learning disabilities are not catered for and language problems remain, as well as cultural misunderstandings and a lack of knowledge in assessing the complications of many different services and agencies. Many individuals get lost in the system. Many people have some difficulties and cannot manage while others are confused by jargon and bureaucracy. There needs to be a much greater awareness by the senior staff of service providers to cultural differences, disability problems and to understanding public perception issues of the service, which are not those of the provider.

Lack of funds still remains a big problem for social care which is too heavily means tested, especially for the elderly who also have the problem of transport and mobility.

Battling against an unfriendly and inaccessible system was the most cited barrier at 32% of responses. Too many forms to fill in and too many waiting lists along with more training needed for staff were the most frequent comments.

**“NHS does not support so have to go private – financial implications!”**  
*(Transgender respondent)*

**“Dyslexia – difficulty in form filling and getting organised for appointments”**

26% of respondents felt that issues of stigma and prejudice prevented them from accessing health and social care services. This ranged from comments about their own communities to comments about staff attitudes and even internalised stigma.

**“Ill health / disability is seen as a weakness in my community”** (*Asian respondent*)

**“Personal pride – actually admitting something is wrong”** (*Male respondent*)

Lack of knowledge about services was the third largest barrier at 18% of the comments made. Repeated suggestions were that more information needs to be in the community and more easily accessible information is required.

The other respondents raised the need for improved communications (9%) and improved transport (7%) as solutions for better accessibility.

The current systems of user involvement are varied but do not present a consistent approach to engagement with members of the public. Meetings where service user involvement is required are not widely advertised. Some participants of these groups do not reflect the wider diverse community that makes up Kent’s population.

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**Question 4      Do you have any ideas for improving relationships across the equality strands? How can groups work better together?**

**Key Message:**

We posed this question so that the participating groups could have dialogue about ‘bridge building’. All too often groups that are marginalised and discriminated against impose the same discrimination they experience themselves upon other disempowered groups. This was an opportunity for groups to look at how they might work better together.

Interestingly, this question had the least amount of responses but three strong themes emerged.

The largest proportion of comments was about the need for increased networking / joint working (47%) – it appears that groups have the willingness to work together but perhaps not the mechanisms in place to bring them together in the first instance to take that work forward.

**“Develop an Equality Network of service users and providers, either electronic or physical”**

**“Groups to benchmark and learn from each others experiences”**

The second largest proportion of comments cited an increased need for greater mutual understanding (23%). More often than not it is fear of the unknown that causes barriers and so it follows that if networking opportunities become more available, and people can have open dialogue about their communities, then greater understanding will naturally develop.

**“Understanding the VALUE of other groups. Value opinions and understand their needs. Taking their viewpoints on board”**

Again, the need for more information came through (16.2%) and there were more comments about changes needed in the system (5%).

**“As a mental health recovery worker I am trying to work with other leads / services to bridge the gap that exists between black and ethnic minority (BME) communities and mental health services. This is a struggle.”**

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## **Question 5      The Equality Act will now ensure that all members of society will have equal access to services – or will it?**

### Key Message:

Participants were concerned with the definition of equality, how people will know of their rights and whether public services will just pay ‘lip service’ to the provisions of the Single Equality Act. There was a good deal of scepticism about the Act, especially whether the authorities concerned fully understand the problems to be addressed. The areas already having full legal equality; race, gender and disability, were not always properly carried out and there was doubt that services would be able to manage more issues adequately. Changes need to be fully documented and celebrated for real social change to take place. With financial restraints equal access to services is already difficult, so it will take time to adjust to the new awareness. Is the NHS and Social Services ready for this? New government cuts will also complicate the process. The Act will have to be carefully monitored and KMPT and the Kent LINK will need to develop their own strategy for this.

Equality is not the same for everyone, specialist services will still be needed, eg special provisions for BME groups. Perhaps an equality database could be used based on practical examples of positive action, which would provide a quality reference accessible to all.

Most people agreed that service providers and professionals need more knowledge of other services, both on a local basis and in the wider community. This means groups working together and not in competition, sharing resources, facilities and learning from each other. The use of Gateways was suggested to create a central community hub which in turn could develop an equality network of users and providers.

The Kent LINK could expand on what it is already doing, bringing more people together for regular events. There should be more open workshops, support for struggling groups and charities doing local work and more organising that includes people from all communities.

Many of these suggestions arose from answers to the previous questions and underlines the need to bring 'seldom heard' groups into an inter-agency process of influencing service provision. Much of this demonstrates the future direction that Kent LINK and KMPT will have to take, as well as some extreme challenges that lie ahead.

Although The Equality Act legislation is a new addition to the UK statutes, participants already had a good knowledge of it. There was, however, some scepticism as to how it will be implemented in real terms and more importantly, how the implementation will be monitored. Almost one fifth of workshop participants saw monitoring and accountability as their main concerns (19%).

Whether the health and social care system can actually cope with implementing the act was the second most frequent concern with 17% of comments reflecting this theme. Subsidiary to this was another frequent discussion point – that resources need to be made available to make the Equality Act work, 14% of participants felt funding was an issue in providing truly equitable service delivery.

Other themes were the need for information and education around legal aspects of the act (13%) and the need for specialist services to remain (4%).



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**Question 6**      **What can KMPT and the LINK do to reduce stigma associated with mental health in your community?**

**Key Message:**

Participants felt that the Mental Health at Work Act is not being properly administered and that segregation of the mentally ill rather than inclusion in society was still being practised. Once again, further training and awareness is required for service providers and both health and social care services need to work together to fully understand people with mental illnesses, to help them see the whole person and not just the mental illness itself. The stigma associated with it still remains in the public perception as well as in health services themselves. The media is very negative and discrimination continues in the workplace so that getting a better understanding of this problem requires educating everybody from school years upwards.

It was suggested that LINK support the KMPT mental health strategy, 'Live it Well', as a way of increasing its profile to help reduce stigma. Everyone felt a need to change the public perception of this issue, through TV and radio and the media generally, as well as improve the very patchy services provided in Kent.

Reflecting 34% of comments, the need for wider education about mental health conditions and 'myth-busting' was the strongest response. People felt strongly that education needed to start at an early age and that both professionals and families needed to be confident about early intervention to avoid crisis.

**“Educate people at a local level on how to treat people with mental health problems – dispel common MYTHS!”**

**“Break down the Social Sciences jargon – explain mental health in simple language”**

**“Educate everybody – young and old – from schools upwards”**

10% of participants felt that more positive publicity and media coverage around both mental health in general and the work of Kent LINK / KMPT should be more widely distributed.

**“Positive publicity – more local news”**

Another 10% of participants felt that improved professional and private sector training would help.

**“There is still too much stigma in the workplace, even though we have the Mental Health at Work Act”**

**“Police and teachers need to be educated around mental health”**

6% of respondents felt that people with mental health concerns were best equipped to battle stigma themselves, given the right skills.

**“Peer examples to help understanding”**

**“Encourage those with mental health concerns to speak out and help others to learn”**

A further 6% of participants felt Community Engagement was the key to reducing stigma, with several suggestions for increased joint projects.

**“More service user involvement in services, promoting anti-stigma”**

**“Have sports events in the community and involve people with mental health concerns”**

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## Recommendations from feedback

- Q1 Deliver mental health workshops in partnership with KMPT and LINK to discuss how participants can achieve greater involvement with the Trust.  
To engage seldom heard groups service delivery must be local and easily accessible  
Consultation needs to be taken seriously and a feedback pathway built in to it.  
KMPT need to improve their public image and raise awareness through positive press.  
Reach out to individuals via social networking sites.
- Q2 Advertise more widely opportunities to join decision making groups.  
Create a clear, equitable, well advertised pathway so that people can influence change.  
Deliver more networking opportunities to build strength between sectors.
- Q2 and Q5 Establish a seldom heard directory.
- Q3 Grass roots work needs to be done to combat stigma in seldom heard communities.  
Link to Patient Information Groups to ensure a variety of formats and information.
- Q4 More joint working opportunities across sectors need to be developed.
- Q4 and Q5 Develop an Equality Network of service users and providers, either electronic or physical.
- Q5 Systematic and joined up approach to consultation from NHS, KCC, voluntary sector and LINK's.  
Monitor the impact of the Equality Act on seldom heard communities.  
Monitoring needs of seldom heard groups should be enforced across all sectors.  
Resources need to be ring-fenced to enforce The Equality Act.  
LINK attend events hosted by seldom heard groups.
- Q6 Early intervention from Children and Adolescent Mental Health Services (CAMHS) to avoid crisis.  
Support mental health charities to reduce stigma.  
Create a community education programme around mental health to eradicate stigma.  
Use service users in delivering training.  
Involve service users in the training and supervision of care staff project.

## **Recommendations overall**

- Embed the Equality Act and Human Rights agenda in all aspect of the LINK work by creating greater opportunities for involvement for seldom heard groups
- Collating research about health needs of various discriminated against groups
- Explore and monitor attitudes towards and discrimination of minority groups by health and social care professionals
- Regular quality impact assessing the work of the LINK by seldom heard groups.

## **Acknowledgements**

Thanks are given on behalf of Kent LINK and KMPT to all those participants, carers and support staff who gave their time and knowledge in putting forward ideas to build a focused approach and enhancing the LINK's and KMPT work to include equality and diversity in their work to reach seldom heard communities.

I would also like to thank Sheree Bell, Community Engagement Officer, Equality and Diversity Team at Kent and Medway NHS and Social Care Partnership Trust for her support and guidance in delivering the workshops and Cate Boland, LINK Development Worker for her contribution to this work.

David Swaffer  
Kent LINK Governors' Group  
Equality and Diversity Lead

## Workshop Feedback from 29 April 2010 Workshop

### Question 1

#### How can KMPT and the LINK encourage people from 'seldom heard' groups to get involved in influencing service provision?

- Make KMPT known to the public, service agencies and in LINK forums
- Ensure that previous consultation has been actioned, evidenced and made public
- Provide more forums and advertise them in various languages, including Braille
- Make personal visits to small groups
- Advertise in Supermarkets etc, especially for ethnic groups (televised programs in stores)
- Take part in school education and health service provision
- Use National and local media more (good example – Stroke commercial)
- Make use of information screens in town and shopping centres
- A range of consultation / engagement methods is needed to suit different 'seldom heard' groups – eg new technology with younger people, focus groups with older people
- Use existing community groups to meet people on their own ground
- Build trust with communities
- Use the experience of communities to educate and train staff – and pay them!
- Have an understanding of language and access barriers for communities
- Communicate with a lead member of a community eg faith leaders
- Seldom heard groups need help, to help them exist
- Go out and find them!
- Reimburse expenses for involvement
- Offer to go out and talk to groups, send out flyers and information
- Educate groups and communities on how they CAN influence services (how can they influence if they don't know how?)
- Go into schools / groups / homes on a regular basis to keep information flowing and encourage understanding
- Have more workshops, consultations and surveys to find out what their views are
- More advertising of services
- More outreach workers going to the places where seldom heard groups are
- More local events – costs too much to travel far

- Use modern technology to reach out to people – internet, Facebook, texting
- Use magazines that are for seldom heard communities and feature seldom heard communities in YOUR magazines
- Go into schools, colleges and universities to reach students
- More joint working
- Get to know the area and ALL the services in it
- Make people feel valued for their views
- Ensure proper feedback is given from consultation
- KMPT and the LINK need to source big AND small groups and organisations
- Seldom heard groups are not hard to reach if you have enough people out there to reach them
- Build more partnerships – projects and services
- Involvement needs to be accessible
- How can I have a voice when nobody tells me where and when I can speak?
- Make the involvement real and not tokenistic.

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## Question 2

### What opportunities exist for improving health and social care for seldom heard groups?

- Local planning and monitoring groups
- District partnership groups
- Rethink – making stigma a thing of the past
- Porchlight Primary Care Link Worker
- Age Concern – all independent charities
- Time Bank UK
- Training to improve knowledge
- Stonham Hostel
- Lesbian, gay, bi-sexual, transgender focus groups
- Being seen, being heard (people with LD)
- NHS health trainers
- Skillnet
- Willingness to work together

- Improve translation and interpreting services
- What are the processes for getting involved and making a difference? Nobody tells you
- More use of easy read documents
- Kent Good Health group
- Drop in health surgeries – advice without registering
- Mental health clinics
- Faith representatives working together more
- Via Job Centre Plus; employers can access the opportunity of becoming a disability symbol user
- Shaw Trust, Kent Supported Employment, RBLI, Kent Autism Association
- PALS questionnaire
- Focus groups
- More opportunities needed to advertise groups in public areas – FREE!
- Train stations, supermarkets etc
- District Council youth groups
- Targeted work aimed at specific groups
- ‘Thinking outside the box’ to reach people
- Greater multi-agency working
- Schools / education / Children’s Centres
- Seldom heard groups working together on projects – joint projects / bids
- Professionals doing more linking up
- Central information.

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### Question 3

#### **What are the barriers or gaps for your community in accessing health and social care services?**

- Age is a barrier – older people are ignored once they are diagnosed
- Medway – ‘self referral’ to services – should be all over
- Thanet ‘Signpost’ is a computer directory of services, help and information
- Consultants and GPs need to be more aware of mental health difficulties
- Funding can be a problem – time constraints
- Social exclusion

- Language problems
- Knowledge of what's available
- Transport, especially country / rural areas
- Individual gets lost in the system
- Professional power (jargon!)
- Social and cultural awareness training needed for staff
- Cycles of deprivation – peoples' outcomes are poorer
- Learning disabilities and communication difficulties are barriers to accessing adequate health care
- Young offenders with mental health issues – not enough help
- Language barriers with frontline staff
- Lack of understanding and knowledge of HOW TO ACCESS services
- Cultural issues eg stigma around disability
- Difficulty with transition – moving into Adult Services
- Discrimination
- Lack of awareness (levels) of risk – mental health / HIV
- Public perception issues
- Timescales and waiting lists
- Opening times
- Immigration and travellers
- Confidentiality in respect of carer looking after a disabled person – not given adequate protection
- Services to be accessible by email or phone
- Public perceptions influenced by politics (see crime and immigration election material)
- Pre-conceived ideas of what to expect on both sides
- Lack of support
- Scared of consequences of being found so don't seek help (illegal immigrants)
- Language / communication styles
- Mobility / transport
- Individual's confidence to contact services
- Dual diagnosis – complex care pathways
- Staff attitudes
- Staff cherry picking who to give services to – who are worthy or flavour of the month.

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## Question 4

### Do you have any ideas for improving relationships across the equality strands? How can groups work better together?

- Information needs to be in primary care services
- Professionals need more 'knowledge of other services' – local and wider community
- In some cultures they don't recognise mental health problems
- Inter-agency working
- Simple English
- Reduce competition between groups especially resources
- Newsletter needed – across all equality strands
- Learn from each other
- Wide screen information displays in public areas
- Target GPs: Local meetings every Wednesday afternoon
- Use Gateways
- Central Community Hubs needed
- Develop an Equality Network of service users and providers (either electronic or physical)
- Share information on funding strands
- Could Kent LINK expand on what they are already doing? ie bring people together for regular events
- More open workshops as today
- Groups to invite other groups to their meetings
- Groups to benchmark and learn from others experiences
- Bring ages together – young and old
- Political correctness both ways
- Support for struggling groups and charities to do local work
- Organise activities that include people from all communities
- Local events and festivals – work together
- Be used to bringing lots of different people together – not the same old people
- More facilities for all people like Old Ashford South School
- Volunteers to arrange visits to elderly in residential homes from groups with learning difficulties.

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## Question 5

### The Equality Act will now ensure that all members of society will have equal access to services – or will it?

- Funding and services restraints won't help
- Barriers around who defines what equality is!
- Needs to be user friendly and backed by education or how will people know their rights?
- Does not seem to help with internalised discrimination (the individual and the family)
- Make sure organisations don't pay 'lip service' to consultation
- For equality, hold meetings in rooms with better acoustics. It has been impossible to hear most of the conversation
- Funding may affect equality
- Respond to differing health needs ie deprivation / poverty
- Not until politicians realise the problems that need to be addressed
- Equality should include gender
- How do we manage what we already have? Needs improvement
- There will always be a need for specialist services
- Changes need to be put into an act – and documented – for change to happen
- Equal access – do we use it appropriately?
- No, but it should
- In practice, equal access to services is difficult
- There are still barriers like transport, language, religion
- It will take a while to adjust to the act!
- At the moment the NHS is not in a position to implement equality
- Equality not actioned effectively now, will it be in the future?
- New government may make cuts – mental health will be the first service to be cut
- Test cases – high profile – will challenge society
- Who will regulate / monitor this act?
- When there is a breach of the act a test case in court will show its worth
- Will public funds be available to fund advocacy for the most vulnerable?
- There will be a level of 'acceptance' as no money for services out there
- First come, first served – will this affect people who previously could access the service?

- Equality doesn't mean everyone is the same. We still need specialist service provision eg BME
- Make the equality statement a simple and back to basics statement
- Equality database could build and be used as a living document, based on practical examples of positive achievements. A quality reference easily accessible for all
- There is never enough money or willingness from the NHS to make services truly equal
- Work creatively to create equality! Sometimes saves money!

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## Question 6

### What can KMPT and the LINK do to reduce stigma associated with mental health in your community?

- Having sports events (football etc) within the community. Including people with mental health concerns
- Develop 'Mental Health Awareness' classes in schools
- Integration
- Encourage people to talk openly about their problem
- Educating everybody – young and old, from schools upwards
- Media is too negative
- There is still discrimination in the workplace, even though we have 'Mental Health at Work Act'
- Change opinions
- Change public perception through TV, radio etc
- Role play / workshops – take out to community groups. See the person, not the label
- Needs to be much greater effort to educate the general public and health professionals
- Make sure care and support encompasses a good quality of life
- Complete care package – health and social care working together
- Inclusion not segregation!
- More training for service providers
- Transition from CAMHS to AMHS too complex, leaves people unsupported
- Take good experiences and learn from them
- Media support – positive
- Please do not use abbreviations / jargon.
- Education. Education. Education

- Empower – not disempowered
- Risk assessments: double edged sword
- Review the whole system!
- Peer examples to help understanding
- Look at the broader spectrum and work together to help the person – not focus on mental health only – see the whole person
- New KMPT mental health strategy ‘Live It Well’ has a section on reducing stigma
- Improve services!
- CAMHS in Shepway is disgraceful
- Very patchy services in Kent
- Inequalities.

June 2010

## Kent LINK Diversity and Equality Training Feedback

Thursday, 29 April 2010

10.00am – 1.00pm

Ashford International House, Dover Place, Ashford, Kent TN23 1HU

Number of feedback forms received:

		Strongly Agree	Agree	Disagree	Strongly Disagree	No Answer
Q1	Time allowed for the event was appropriate	9	13	5		
Q2	The presentations and discussions were relevant and helpful	14	13			1
Q3	I was given adequate time to ask questions	9	15	4		
Q4	The venue was suitable and accessible	14	11	2	1	
Q5	The audio and visual facilities were suitable	11	16			1
Q6	The refreshments were good	13	14	1		
Q7	The start and end times of the event were suitable	11	16		1	
Q8	Overall the event was well organised	16	11	1		
	Totals	97	109	13	2	2

Comments:

1. Needs a question and answer session included in the day as a formal part of the day.
2. Please, please, please more time. This is so thought provoking time is of an essence. The start and end timer were appropriate for a lesser subject, however already stated this is not a lesser subject.
3. Well done. Sometimes the location was a bit noisy.

4. An Interesting event, good to meet other people. Some of the questions used words that were difficult to understand for people with learning difficulties.
5. Due to my hearing loss in one ear I was unable to hear some things due to the window being open.
6. Felt it would have been helpful to have a ten minute break as very difficult to sit for length of time for some. Venue could have been slightly larger.
7. Some questions provoked some passionate discussion that had to be cut short.
8. Perhaps the questions could be pre-circulated? Overall it seemed to be food for a good exchange.
9. To Graham Hill. Venue: too hot cramped, acoustics terrible, unable to hear facilitator. Whilst I realise the admin is poor in Kent LINK, (probably due to under funding), surely Kent LINK could manage to get everything finalised a week or two before the given date and supply everyone with a map of the location. This is the second time I have had problems with the location of event. Also despite being promised an email twice, I still have not received details of the outcome of the cleanliness project held last year. It seems it was a waste of time taking part. Another comment: I do not telephone mobiles. If Cate rings me please tell her to listen to the answer phone and leave a message at all times. Generally, in spite of an Act being passed, there will never be equality as so many officials / managers seem to find ways to avoid issues / regulations making events like today's a waste of time ie. money. If the cost of the Goodie Bags had been spent on efficiently: Admin / venue perhaps today would have been more worth while.
10. This morning was informative and useful to hear from the other members.
11. I brought a service user to the event and was invaluable for her to meet, chat and discuss with others, thank you.

## Workshop Feedback from 1 May 2010 Workshop

### Question 1

#### How can KMPT and the LINK encourage people from 'seldom heard' groups to get involved in influencing service provision?

- Organise seminars, bringing together the skills of the groups
- To be offered job vacancies
- To inform employers of the needs of seldom heard groups (to employ them)
- Speaking out to service providers, youth groups, minority groups
- Speaking to professionals – better coordinating
- Meet different seldom heard groups in places they feel comfortable ie faith / worship places and centres
- Listen and feedback
- Decisions should not be made prior to consultation
- Consultation should not be a 'tick box' exercise
- Pay us for our time and our travel (not all working)
- Consider who the final decision will ultimately affect and how
- LINK make themselves known, publicise their services, information is readily available – same should apply to KMPT. Publicise, visit, educate
- At present both organisations are unknown to the public – more advertising
- Provide prevention instead of treatment for people with mental health problems
- Very complex when individuals have multiplicity of problems
- Sessions to give people the confidence to take part and speak up
- Explain results
- Preparation, presentation and persistence can get results
- All issues are relevant, no matter who from
- More regular forums to learn from each other
- More staff please
- Make use of our experience, use us on your decision making committees
- Communities working together to achieve at local levels
- Can you change British social construction?

- Convert the king – notion of society
- Tap into communities; prove it's possible to achieve change
- How can we influence services? When we don't know the mechanisms
- Value everybody's views
- Tell us how! Incorporate little known groups and organisations into the process of provision. Give support or funding for this to happen. The cost will probably be small compared with the savings and enhanced quality of outcome.

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## Question 2

### What opportunities exist for improving health and social care for seldom heard groups?

- Seldom heard groups need access to the LINK
- Floating support
- Soup kitchens
- Outreach workers
- Workshops for networking! (Too few)
- More forums
- Some churches provide limited support
- Is it right to spend resources on hard to reach groups when some individuals cannot access services they require? (eg carers vs minority groups)
- Seldom heard groups can explain the needs of individuals in their community
- Receptionists need to be respectful
- Service users should have a bigger say in matters
- Getting opinions from others
- Being informed of procedures/decisions as well as being told
- Getting out in the public arena and raising awareness of the issues
- Improve service user involvement
- Use the seldom heard groups to plan change
- Consult
- Look after staff and promote diversity at work
- Provide opportunities locally
- How do we know what the opportunities are if we don't know about them?
- Information sharing – modern technology.

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### Question 3

#### What are the barriers or gaps for your community in accessing health and social care services?

- Elderly need to be included more
- Transport
- Fighting and arguing over who is funding / providing care
- Incapacity needs more stimulation
- People are isolated
- Unnecessary waiting lists
- Lack of knowledge of what is available
- Local links
- Ill health / disability seen as weakness in community
- Long waiting lists; being slotted in amongst other services
- Public identification barriers
- Personal pride – admitting something is wrong
- Language
- Social standing (class)
- Ignorance
- Incorrect preconceptions
- Lack of information / lack of communication from them
- Diversity – respecting difference
- Transport – rural communities
- Understanding and knowledge – having a two-way conversation with medical staff
- Staff able to listen
- Stigma
- Certain issues not seen as serious by some communities
- Adequate range of accessible services
- Dyslexia – difficulty in form filling and getting organised for appointments
- Not knowing how to refer – agencies should make this clear
- Geographical reasons – more local services
- Economic reasons – finance for cars / taxis etc

- Computer / internet access should be more available
- NHS does not support so have to go private – financial implications (TG)
- Knowing where to go for help.

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## Question 4

### Do you have any ideas for improving relationships across the equality strands? How can groups work better together?

- Attempt to understand
- Education – peoples views
- Understanding the value of other groups. Value opinions and understand their needs, taking their viewpoint on board
- Bringing those groups together and learning together
- Breaking down barriers
- Understanding cultural needs
- Looking at the problems together
- Age discrimination
- Getting diverse groups to work together on shared topics and different interests
- See people as having different characteristics across the strands
- Bring professionals together who work with communities
- As a mental health recovery worker and BME lead for our floating support service I am trying to work with other leads / services to bridge the gap that exists between BME communities and the mental health services. This is a struggle
- Try living for a short while in someone else's shoes
- Meeting people you've never met before
- Forums
- Newsletters, contacts, personal invitations
- Joint run events and workshops.

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## Question 5

### The Equality Act will now ensure that all members of society will have equal access to services – or will it?

- Won't change poor access to buildings without more funding
- Won't cure all
- Puts a duty on organisations to look at and acknowledge the strands and the issues
- Increases accountability
- Must be monitored
- Organisations should be clearer about what monitoring is for
- Clear language needed to make services equally accessible
- More monitoring needs to be done to see where inequalities are
- Being valued for being part of a minority group – instead of being a drain
- Will people be punished for speaking out?
- Equality needs to be taken seriously by health and social care – no tokenism.

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## Question 6

### What can KMPT and the LINK do to reduce Stigma associated with mental health in your community?

- Positive publicity – more local news
- Stalls at town centres to raise awareness and encourage discussion
- Educating public / schools
- Reduce stigma associated with certain diagnosis – personality disorders, Schizophrenia
- Promote friendship
- Police and teachers need to be educated around mental health
- Campaign to ban employers from asking for medical history before offer of employment
- More service user involvement in services, promoting anti-stigma
- Awareness sessions needed in village halls and community centres
- Educate people at a local level eg talks at community groups
- Educate people on how to treat people with mental health problems – dispel common myths
- Try and integrate and involve more

- No figures available – we can all suffer with mental health issues
- Education: for businesses, services, individuals
- Talk about it more openly – no more shame!
- Break down the social sciences jargon – explain mental health in simple language
- More counselling
- Publicise – education
- Talk to professionals within the whole of the NHS
- Publicise KMPT and the LINK in organisations promoting groups
- Encourage those with mental health concerns to speak out and help others to learn.

## Kent LINK Diversity and Equality Training Feedback

Saturday, 1 May 2010

10.00am – 1.00pm

Angel Centre, Angel Lane, Tonbridge, Kent TN9 1SF

Number of feedback forms received:

		Strongly Agree	Agree	Disagree	Strongly Disagree	No Answer
Q1	Time allowed for the event was appropriate	2	8	4		
Q2	The presentations and discussions were relevant and helpful	4	10			
Q3	I was given adequate time to ask questions	3	10	1		
Q4	The venue was suitable and accessible	7	5	2		
Q5	The audio and visual facilities were suitable	5	8			
Q6	The refreshments were good	3	9			
Q7	The start and end times of the event were suitable	2	9	3		
Q8	Overall the event was well organised	8	6			
	Totals	34	65	10		

Comments:

1. As mentioned locally organised group would be more useful as most of us have difficulty travelling far. I would prefer someone to take time to talk or explain LINK's activities to our cultural groups so they can get access to services and understand various issues.
2. I hope there can be this new stronger focus on mental health for the LINK. Today was good to meet other participants who were enthusiastic, like minded and with diverse backgrounds. It does seem a good step forward, very positive.

3. I felt two hours was a little short to accommodate the course content. I also felt Tonbridge is a little far for people based in the South East, (Dover, Folkestone, Ashford). The venue itself was very suitable just a little far for two hours.
4. I think that this was a very helpful workshop but I would like to see more of an open door policy where possible to invite the public.
5. A little more time for the event would have been useful.
6. Thanks for giving me the chance to have a bit of a voice and for meeting interesting people. It was interesting, thank you.
7. The event needed to be longer to discuss further the needs of the individuals representing the strands. The organisation was very efficient and well organised and further workshops should be encouraged. This could be an event that could go into a road show, along with the organisation that it represents.