



North Wales Race Equality Network
Rhwydwaith Cydraddoldeb Hiliol Gogledd Cymru

RACE EQUALITY IN PRACTICE RESOURCE PACK

Supporting Advocates Working With Cultural Diversity



Produced by North Wales Race Equality Network as part of the British Institute for Learning Disabilities and the Welsh Assembly Government Advocacy Grants Programme



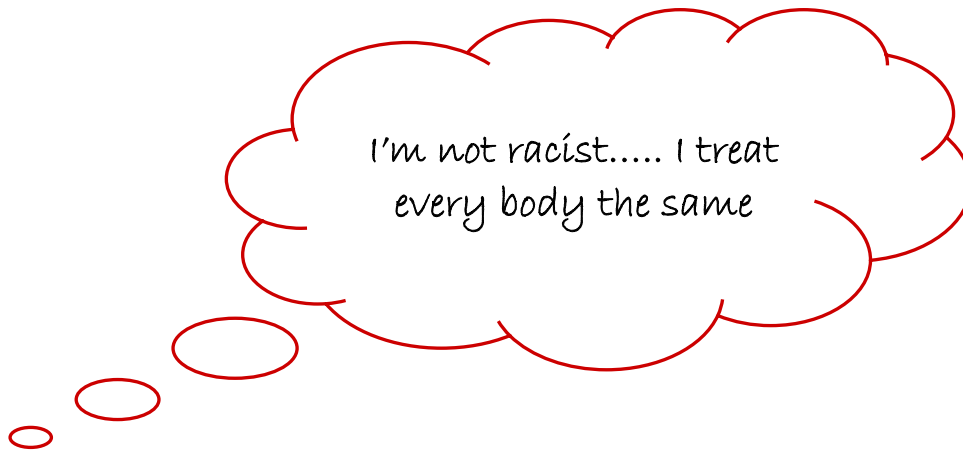
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All photographs shown in this resource kit are for illustration purpose only.

Foreword



“A ‘colour-blind’ approach, or assertion that ‘we treat everyone the same’, is often operated within organisations. Such statements may, however, disguise the fact that organisations have either not considered the needs of minority ethnic communities or have chosen to ignore them.

The resulting lack of attention to meeting the needs of ethnic minorities has the consequence of underdeveloped policies and the lack of any mechanisms by which their needs can be explored and change effected. The ‘colour-blind’ approach has been shown to foster stereotypes and racist attitudes towards minority ethnic communities.

What is needed, instead, is an approach which moves away from the notion of ‘an average citizen’ to an acknowledgement of the diversity of need and required services”

Ghazala Mir et al
Learning Difficulties & Ethnicities

Introduction



Diversity of need amongst service users from a black and ethnic minority background is not always acknowledged, let alone met. Awareness can be poor around basic issues such as; the ethnicity of the local community, information needs, and the impact of cultural and spiritual values on decision making and service take up.

For BME service users who often face the double discrimination of race and disability, advocacy can provide a vital link to mainstream services that are not always appropriate or sensitive to their needs, allowing marginalised and disempowered individuals to speak up about their views and concerns.

The aim of this resource kit is to enable advocates to better support clients from different cultural and ethnic backgrounds. It is designed to be a practical starting point. It provides an introduction and overview to the main issues with signposts to sources of further information.

Good practice and cultural competency begins, rather than ends with factual knowledge and background information. Every service user is an individual and their needs and wishes should be established within the wider context of their particular and specific situation.

The following document should be seen as a set of guidelines rather than rules. It is not a rigid system from which assumptions and stereotypes are made about service users, but a starting point from which advocates can build sensitive and supportive partnerships. We also hope that it will be seen as a catalyst for further learning, a living document that can be added to by professionals and end users.

Advocacy and the BME community



“Advocacy is an important concept for people from minority ethnic communities. Prejudices about disabled people exist within as well as outside minority ethnic communities and disabled people often have little power, are patronised or seen as threatening. Through advocacy, citizenship rights can be safeguarded, negative images challenged and positive identity developed.”

Ghazala Mir et al
Learning Difficulties & Ethnicities

The word advocacy can be difficult to translate into some languages. What advocacy means and how it can help, can be difficult for some black and minority ethnic service users and their carers to understand. This will often be one of the reasons why service uptake can be low. Service providers therefore need to take this into consideration when planning services or strategies for improving involvement.

Skills for advocates working with BME individuals

Most skills in advocacy are relevant to all service users. Below are particular issues raised by BME individuals with learning disabilities or their carers:

- Advocacy needs to challenge the double discrimination of racism and disability experienced by BME individuals.
- Advocacy should promote integration and facilitate access to culturally appropriate services.
- Advocacy should empower BME service users and their carers to identify their own needs and develop culturally appropriate ways to meet them.
- Advocates should take into consideration the cultural background, language and gender of service users.

- Advocates should not make assumptions about service users based on their cultural background, language or gender but sensitively explore individual needs.

In addition to the standard kinds of help such as accessing benefits, reading/writing letters, filling in forms, making telephone calls/queries, making medical appointments etc. BME individuals may need support for more specific tasks:

- Understanding learning disability / understanding learning disability within a UK context
- Understanding the assessment processes
- Arranging transport/interpreters to appointments
- Support at appointments/assessments
- Getting information on relevant services
- Accessing relevant services
- Raising concerns about services
- Immigration issues
- Mediation between family and service user

Empowering individuals is one of the key principles in advocacy and this can at times lead to conflict with family, extended family as well as professionals. Professionals may at times see advocacy as an intrusion on their expertise. Families will find a situation hard to accept if their views and wishes are seemingly not considered.

As G. Mir says in Learning Difficulties & Ethnicity, 'For communities that place a high value on collectivity and interdependence, it could well be alienating and be seen to consciously undermine the principles on which a family structure may be based.'

It is important that advocates are sensitive to this and as with all families, negotiation with and support from the family makes for more effective provision and better opportunities for the service user.

Information needs from a black, minority ethnic perspective

Lack of information is one of the key barriers to successfully accessing services and support. Within North Wales, a rural infrastructure, dispersal of population across a large geographical area and the isolation of individuals and households all make finding and receiving accurate and up to date information difficult. For individuals who have poor language skills and little understanding about how systems work here, then the problem is even greater.

There are also specific information needs for black and minority ethnic individuals and families about learning disability in general and advocacy in particular. This section looks at these areas and provides information that can be used by advocates to support service users and their families.

What is advocacy?

Advocacy is taking action to help people:

- say what they want
- secure their rights
- represent their interests
- get services they need
- represent their views and wishes

Advocacy promotes social inclusion, equality and social justice. It can empower people by supporting them to speak up for themselves. Advocates work in partnership with the people they support and take their side.

What are the types of advocacy?

Advocacy can happen in different ways and there are different types of advocacy.

Citizen advocacy: A person who needs an advocate is matched with a volunteer. The volunteer becomes their advocate. The relationship is on a one to one basis and usually lasts a long time. The volunteer is recruited, supported and trained by a co-ordinator.

Self-advocacy: Self-advocacy is when people speak up for themselves. People can be self-advocates alone or as part of a group. This has been described as the ultimate goal for any kind of advocacy project, to place people in a position where they no longer need an advocate to work with them.

Peer advocacy: The advocate shares something in common with the person they are providing advocacy for (for example they have similar experiences or live in the same place).

Professional/Paid advocacy: The advocate is a paid worker. This is usually, though not always, a short-term involvement about a specific problem in the individual's life.

Volunteer advocacy: The advocate is not paid and may have a small caseload. They usually work with paid advocates.

Collective or Class advocacy: A group of people join together to change or do something. This could be getting better transport for people with a learning disability or complaining about a day centre closing.

Source: Advocacy, The Sheffield Guide. Sheffield NHS Primary Care Trust 2007
[Information Handout Sheet 1a](#)

When can an advocate help?

An advocate can help many people in many situations. Who an advocate works with in practice depends on the eligibility criteria of the advocacy project.

Advocacy can be particularly helpful when:

- a person has ways of communicating that other people find difficult to understand
- a person has only paid workers to speak up for them
- there are disagreements between the people that are providing support services to a person
- a person has very limited life experiences from which to make choices. For example, if they have been living in long stay hospitals.
- a change has happened or is going to happen in a person's life
- a person wants to make a complaint about something in their lives, in particular about the support they get.
- a crisis happens.

What will an advocate do?

An advocate will build a relationship with the person they are working with. They will learn to understand the way that person communicates. They will spend time with the person finding out what is important to them, what they like and want.

An advocate will get permission, where possible, from the person to talk to other people about them. They will only put forward the wishes and views of the person they are working with. An advocate will be concerned with the person's rights and wishes.

An advocate can provide information, and support the person to make an informed choice. They can support someone to make clear their views and wishes and then to express these effectively. An advocate might attend meetings, write letters, and make telephone calls with the person they are working with. They will enable negotiation and resolution of conflict to take place.


What an advocate is not!


Because advocacy can be confusing, it's helpful to avoid unrealistic expectations both for clients and professionals. Knowing what can't be done right at the beginning can be more empowering to people than raising false hopes. The following points may help you decide if advocacy is the right course for yours or your client's situation.

- A substitute for family or friends.
- A substitute for a service which is lacking.
- A substitute for a care co-ordinator.
- The go-between or messenger for other services.
- Someone to approve a decision that is already made.
- An extra pair of hands to do things that support staff don't have time to do.
- Someone to resolve the conflict between professionals.


**Source: Advocacy, The Sheffield Guide. Sheffield NHS Primary Care Trust 2007
Information Handout Sheet 1b**


Designed by






How Advocacy Works







An **Advocate** is someone who is trained to support a Person's views to be heard




An **Advocacy Partner** is the Person who has support to make their views heard




Advocacy believes that the Advocacy Partners voice and views are important




- Advocacy work is based on **Respect**
- Advocacy work is based on **Trust**
- Advocacy work is based on **Clear Tasks**




An **advocacy task** is the job that needs doing




An Advocate will work with you to find out what advocacy tasks you want support with




An Advocate will work on advocacy tasks and keep you up to date with the work




The Advocate will ask questions on your behalf if they cannot say for certain what your views are




checking on advocacy



➔ Check if Advocacy is the right service to use

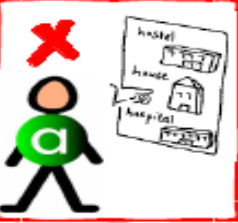


➔ Check where to go for other kinds of help

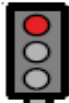


➔ Check if the advocacy service is working well

Advocates will not:



- ✗ Give advice to Partners
- ✗ Tell Partners what to do
- ✗ Make decisions for Partners
- ✗ Keep information from Partners
- ✗ Take other peoples' side
- ✗ Act in a Partner's 'best interest'
- ✗ Break confidentiality for no reason



Advocacy is not the same as Social Work or Counselling or Befriending or Advisory Services

Source: British Institute for Learning Disabilities
Information Handout Sheet 2

Supporting Advocates Working with Cultural Diversity

10

Supporting understanding of a learning disability

Perceptions and understanding of learning difficulties and learning disabilities can vary across different countries and cultures. There may be differences in the idea or expectations of what 'normal' children and adults can do, so it follows that what is regarded as a disability will vary accordingly.



For recent arrivals into the UK or families who have experienced other health care and education systems, their perceptions may be based on criteria and definitions that do not match those operating the UK

Across cultures, understanding of the causes of learning disabilities may not be the same. Within the same culture or community the generation gap, education and class will also influence attitudes and opinions. The stigma attached to disability is not necessarily particular to, or worse within the BME community. 'Disabilism' is still certainly common within mainstream society but for BME individuals, the combination of discrimination against their race and their disability makes them particularly vulnerable and in need of support and advocacy. Different cultural perceptions of disability can be a barrier to engagement and service uptake but it should not be used by service providers as a reason for exclusion or seen to be automatically true for individuals and families across BME communities.



A handout sheet with a simple explanation and some facts about learning disabilities is shown on the next page.

What is a Learning Disability?

Often it is not possible to say exactly why someone has a learning disability. Some learning disabilities are caused by the way the brain develops - before, during or soon after birth. However there are other reasons such as trauma and environmental factors that may contribute.

“A learning disability affects the way someone learns, communicates or does some everyday things. Someone has a learning disability all through their life.

There are many different types of learning disability. They can be mild, moderate or severe.

Some people with a mild learning disability do not need a lot of support in their lives. But other people may need support with all sorts of things, like getting dressed, going shopping, or filling out forms.

Some people with a learning disability also have a physical disability. This can mean they need a lot of support 24 hours a day. This is known as profound and multiple learning disability (PMLD).

A learning disability does not stop someone from learning and achieving a lot in life, if they get the right support.”

Source: Not Seen, Not Heard – Black & Minority Ethnic Disabled People.
KCIL 2007

Some important facts about learning disability:

- There are 1.5 million people with a learning disability in the UK.
- 8 out of 10 children with a learning disability are bullied.
- 8 out of 10 families caring for children and adults with profound and multiple learning disabilities have reached 'breaking point' because of the lack of support they get in their caring roles.

Source: <http://www.mencap.org.uk/landing.asp?id=1683>

Information Handout Sheet 3

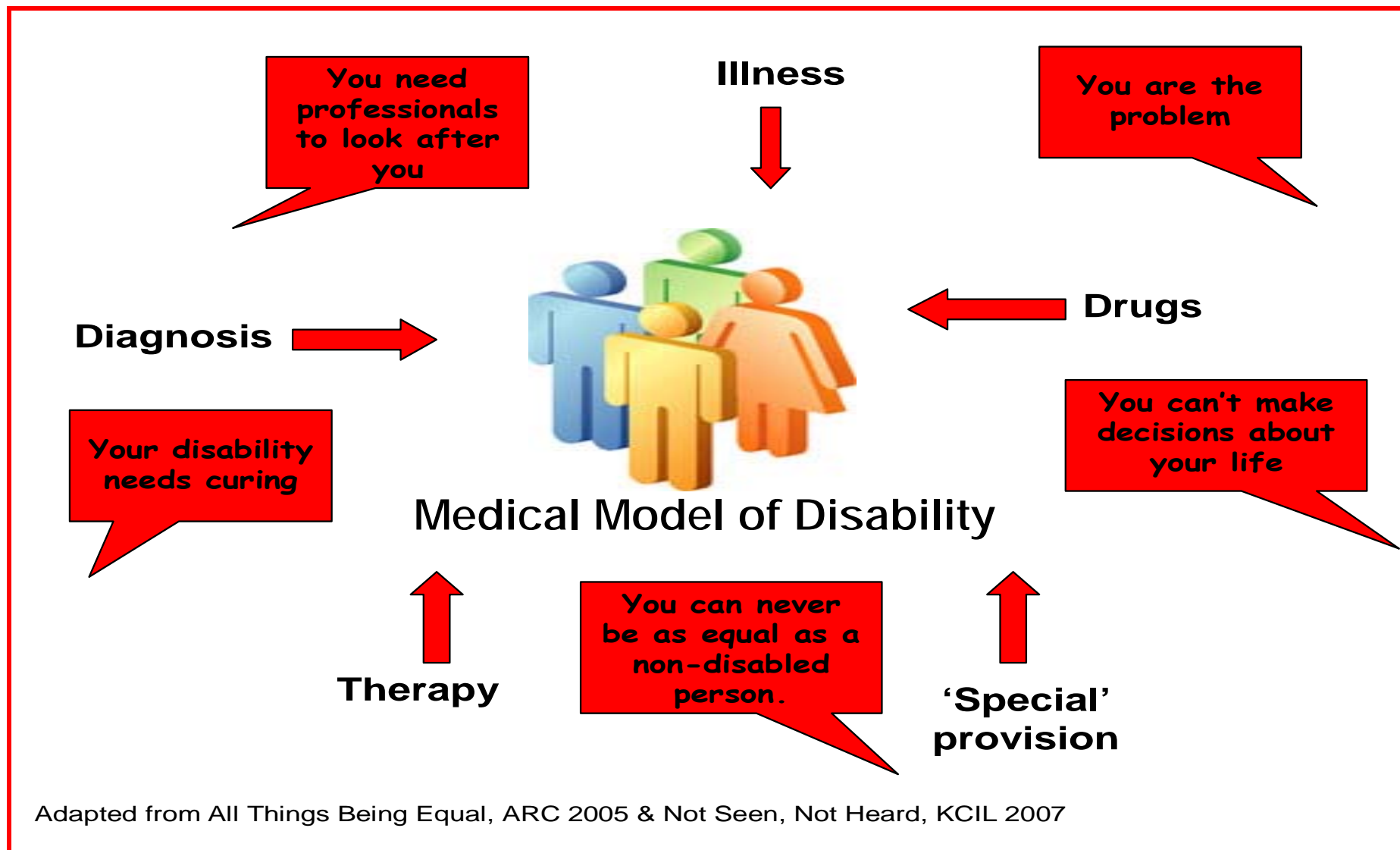
Medical and social models of disability

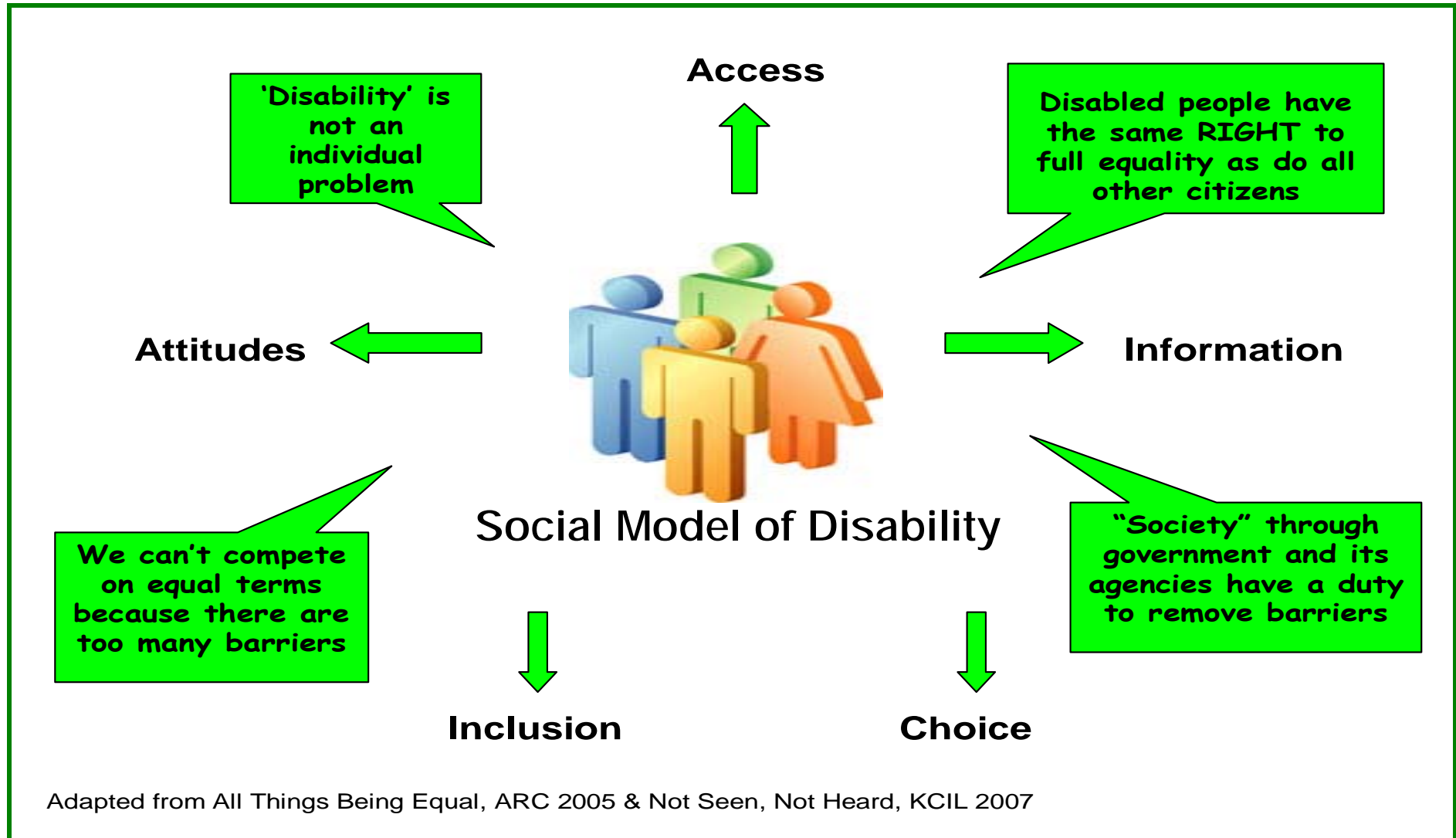


Advocates will be familiar with the differences between the medical and social models of disability but this can sometimes be very confusing for individuals. The combination of social isolation, language barriers and perhaps different social norms will further complicate understanding. Individuals from Black and Minority Ethnic communities are more likely to be aware of the Medical Model, through their contact with medical professionals and statutory services. They may not be aware of alternatives such as the Social Model, or opportunities such as integrated and independent living.

The diagrams on the following page show the main differences between the two.

Some people with learning disabilities and some disability rights groups strongly support the social model, as this shows disability in a much more positive way. This does not mean that everything in the medical model is completely unnecessary or wrong. One alternative view is that a new model that mixes parts of the medical and parts of the social model needs to be developed.





Information Handout Sheet 4b

The Changing Picture – What our Community Looks Like Now



1

Understanding who makes up our communities will help service providers to assess whether their client base reflects local demographics or whether there are marginalised groups that are not being reached. Compared to parts of the UK, the overall population of Black and Minority Ethnic individuals in Wales is small. The rural nature of north Wales means that this small population is hidden. BME individuals and families are often dispersed over a large area living in isolated households. From an advocacy perspective, they may need particular attention as they may be indiscernible to mainstream services and face greater neglect.

The following three charts show data about the black and minority ethnic population according to the National Census in 2001. The definition of BME throughout this document follows the Commission for Racial Equality guidelines below. However, the 2001 census figures only take account of the second paragraph of the definition:-

“...an umbrella term, covering all the characteristics of a 'racial group', as well as the religious and cultural bonds that are seen as defining Muslims, Rastafarians and other groups that may not have formal protection under the Race Relations Act.

Someone who is said to belong to an 'ethnic minority' is therefore anyone who would tick any box other than 'White British' box in response to an ethnicity question on a census form.”

Source: The Commission for Racial Equality Legacy website.
Accessed through the Equality & Human Rights Commission
website.<http://83.137.212.42/sitearchive/cre/diversity/ethnicity/index.html>

¹ <http://www.photoeverywhere.co.uk>

BME Population of Wales (Census 2001)

The following colour coded map shows an overview of the BME population as a percentage by local authority areas. The orange and beige shows the highest density of BME population, which is in South Wales. In comparison there are far fewer BMEs in North Wales.

BME as a percentage of all Welsh local authority areas

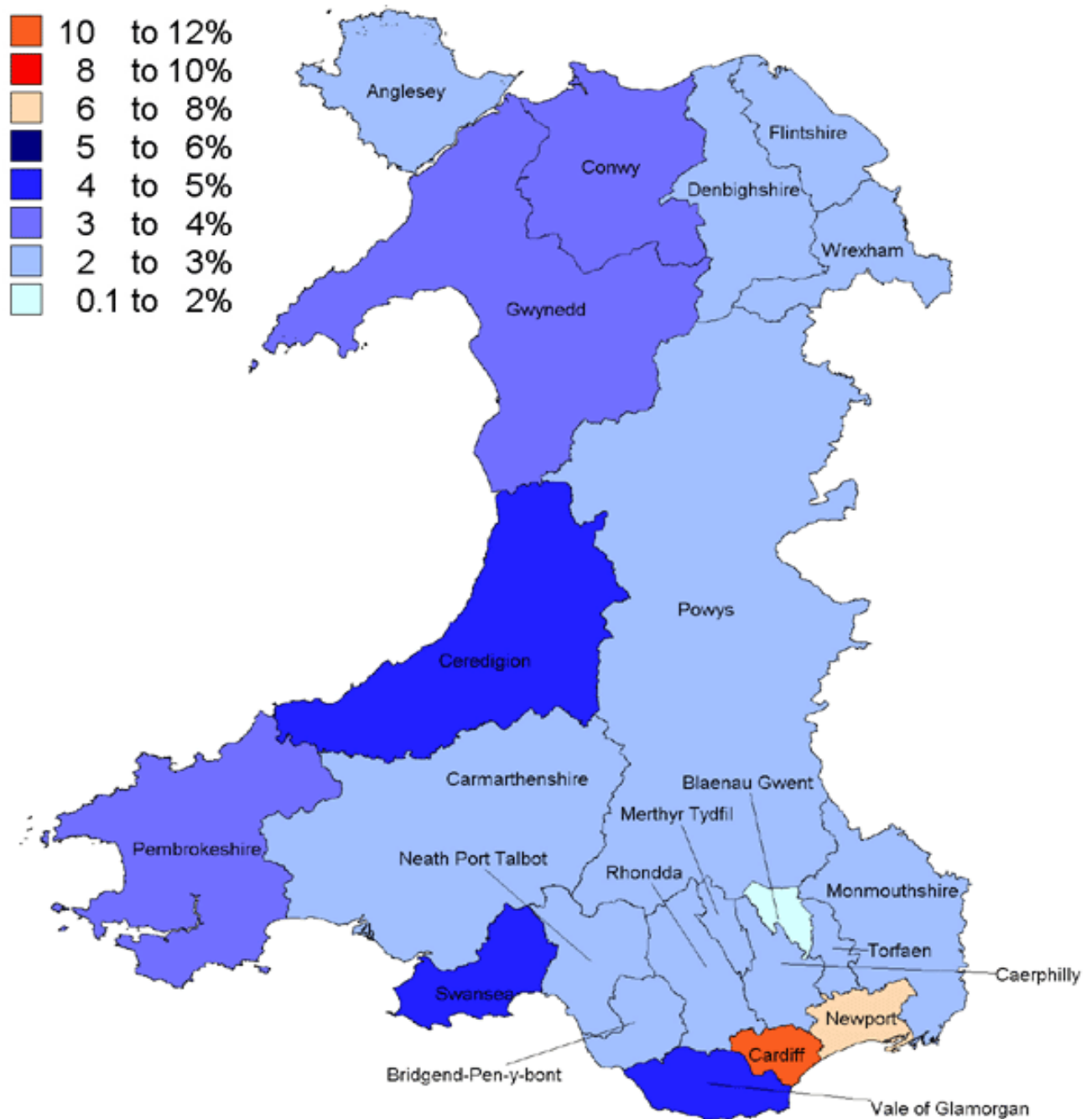


Fig. 1

BME Population of North Wales (Census 2001)

BME as a percentage of total local authority area population, North Wales

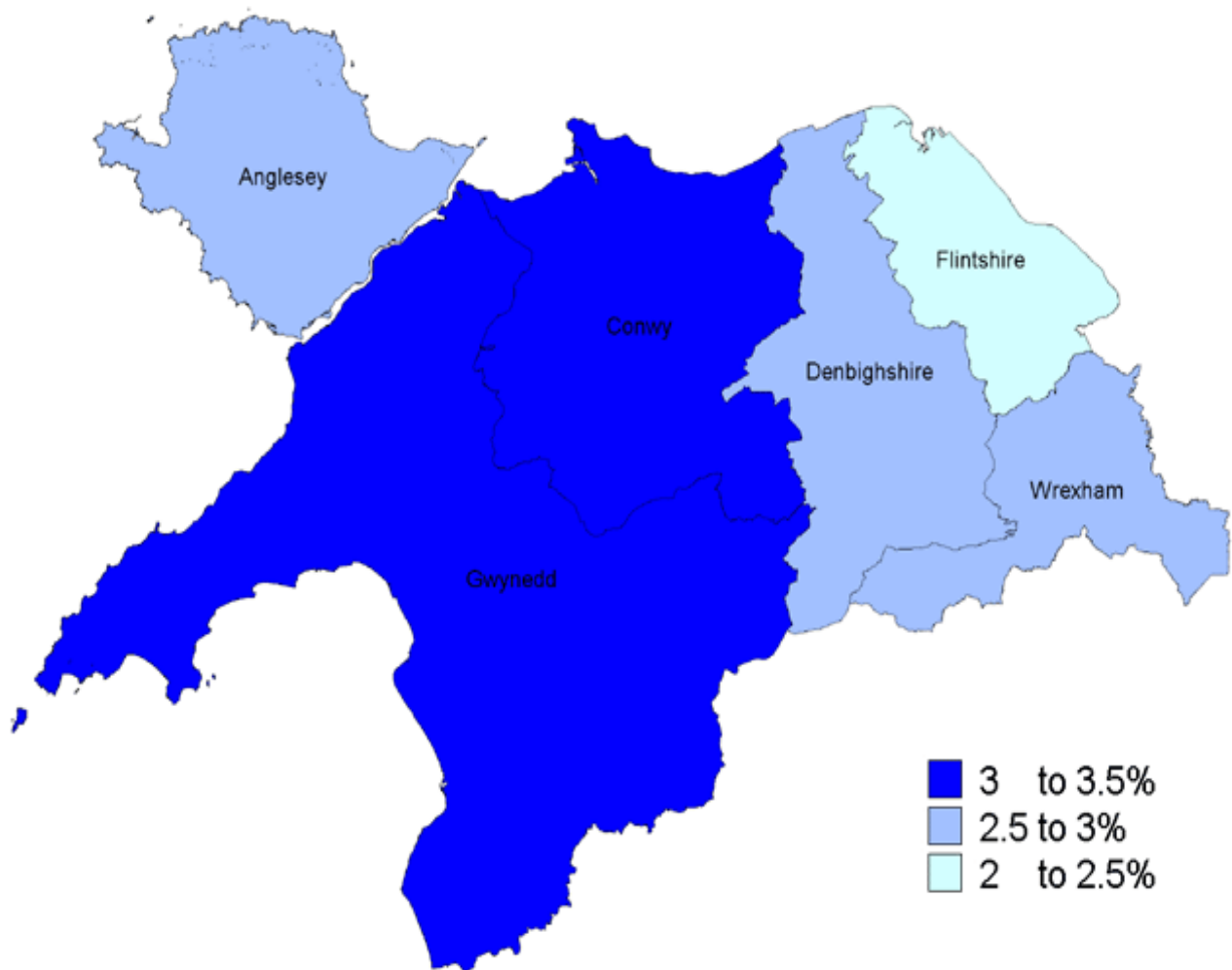


Fig. 2

As the map shows, the density of the BME population in North Wales at the time of the 2001 census is low. The population is largely made up of scattered individuals or families, rather than communities. There is a risk of social isolation and danger of rural racism.

Low numbers does not mean a lack of diversity. The BME population is not all the same. There are many differences in ethnicity, language, country of origin and culture. The chart below shows the breakdown by ethnic groups:

BME population by ethnic groups, North Wales

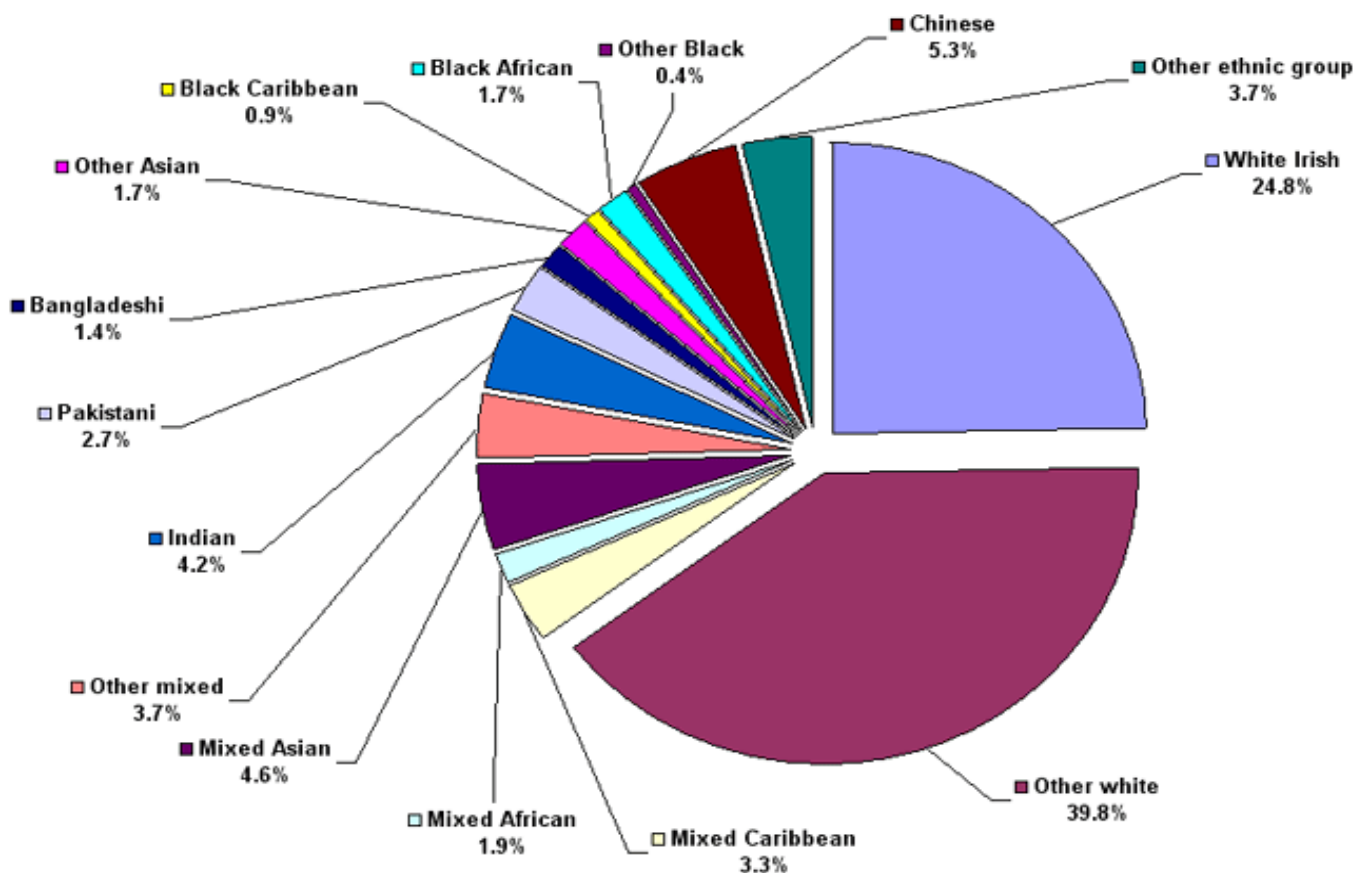


Fig. 3

These statistics come from 2001 census and the demographic make up of the BME population has changed dramatically since then. Movement and settlement patterns within the UK, as well as changes in birth and death rates will have affected figures.

There are also a large number of workers from, not only Eastern Europe but other countries throughout the world, currently employed throughout North Wales e.g. reputedly up to 10,000 in the Wrexham Local Authority area. This is not a fixed population and it is not yet clear what percentage of people within this group intend to settle or stay long term. Their service needs should be monitored and provisions made accordingly.

Overall there are no clear, up to date figures but it is possible that the BME population in north Wales has risen by between 30% – 50% since 2001.

Updating the Figures

Although there are no official statistics, it is possible to pick up ‘pieces’ that make up the overall picture. Organisations within the public sector, such as schools and hospitals have a statutory duty to monitor their provision and should hold data on the ethnicity of pupils and patients.

NWREN collect statistical information about the client group that use our Drop in Centre. The service mainly attracts new arrivals into the area as it offers information and signposting to services. The following charts show statistics about clients in the first year that it was open, between June 2006 – March 2007. Statistics are classified by:

- Country of Origin
- Languages Spoken
- Nature of Enquiry

During the above period, people from 53 different countries used the service. The pie chart below shows the country of origin of the three largest groups.

NWREN Drop in Centre Clients by Country of Origin

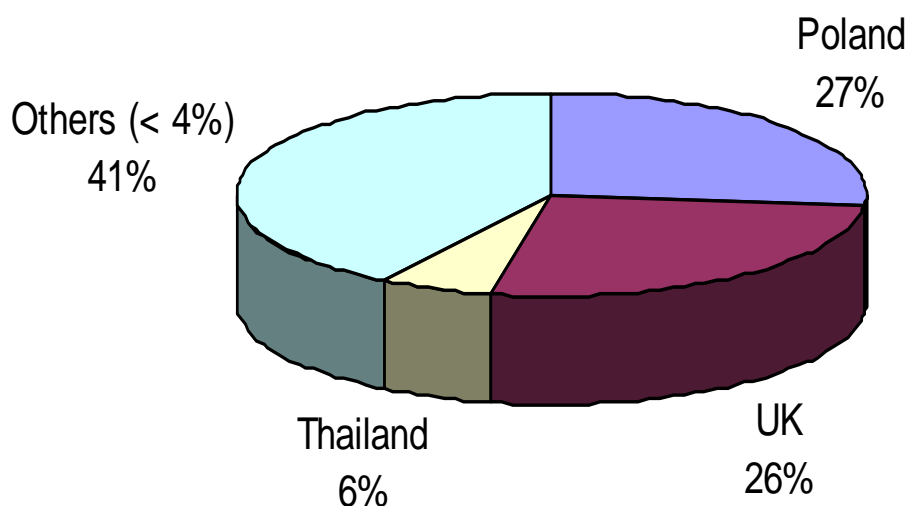


Fig. 4

The large number of clients from the UK is made up of white indigenous individuals making enquiries on behalf of foreign national spouse, dependents or friends and neighbours. The remaining 50 countries were more sparsely represented and are shown on the chart overleaf.

NWREN Drop in Centre Clients by Country of Origin (<4%)

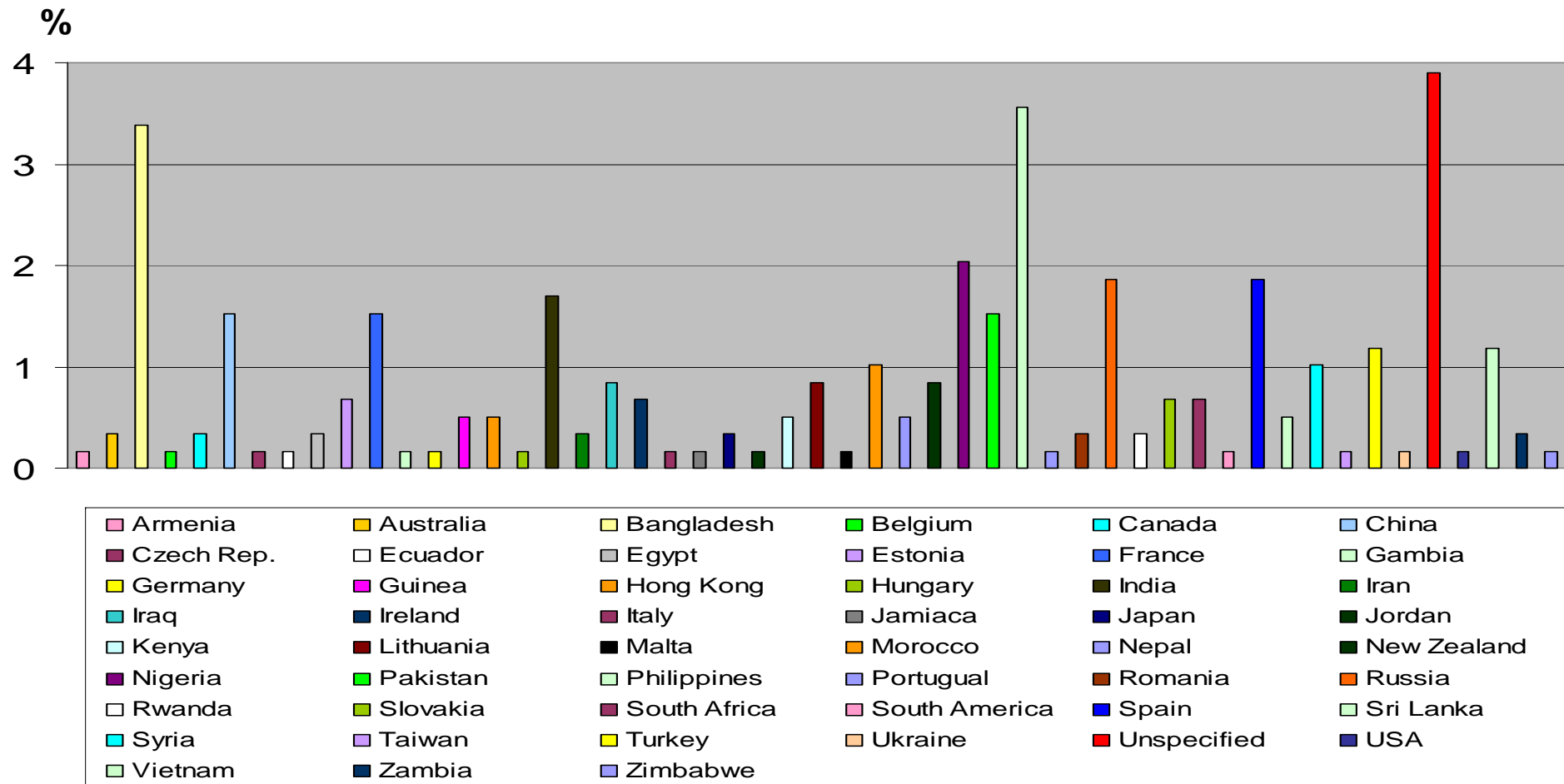


Fig. 5

As with the 2001 census figures, numbers are not necessarily large (over 600 enquiries in this period) but the mix is incredibly diverse and cosmopolitan.

NWREN Drop in Centre Clients by Languages Spoken

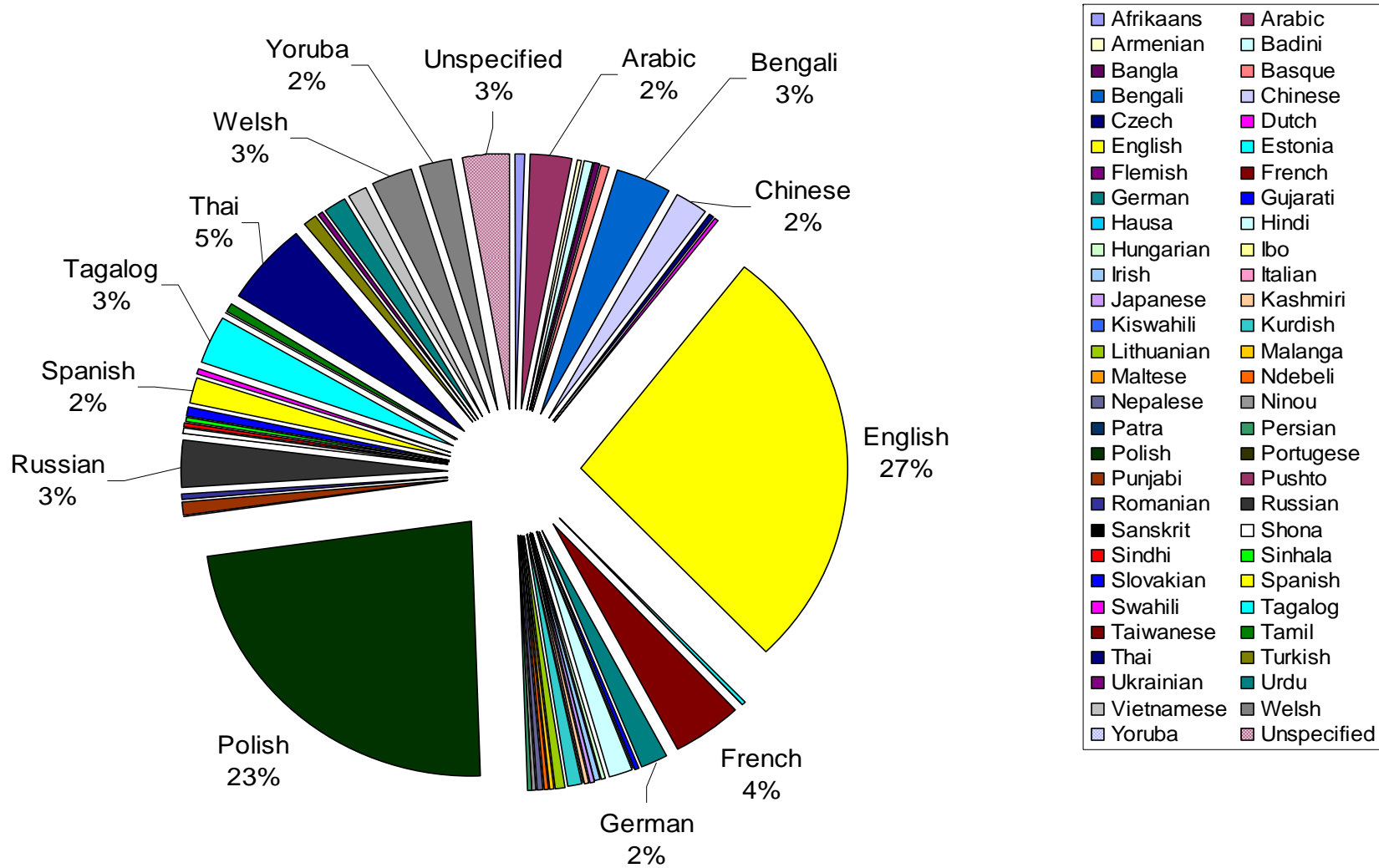


Fig. 6

NWREN Drop in Centre Clients by Nature of Enquiry

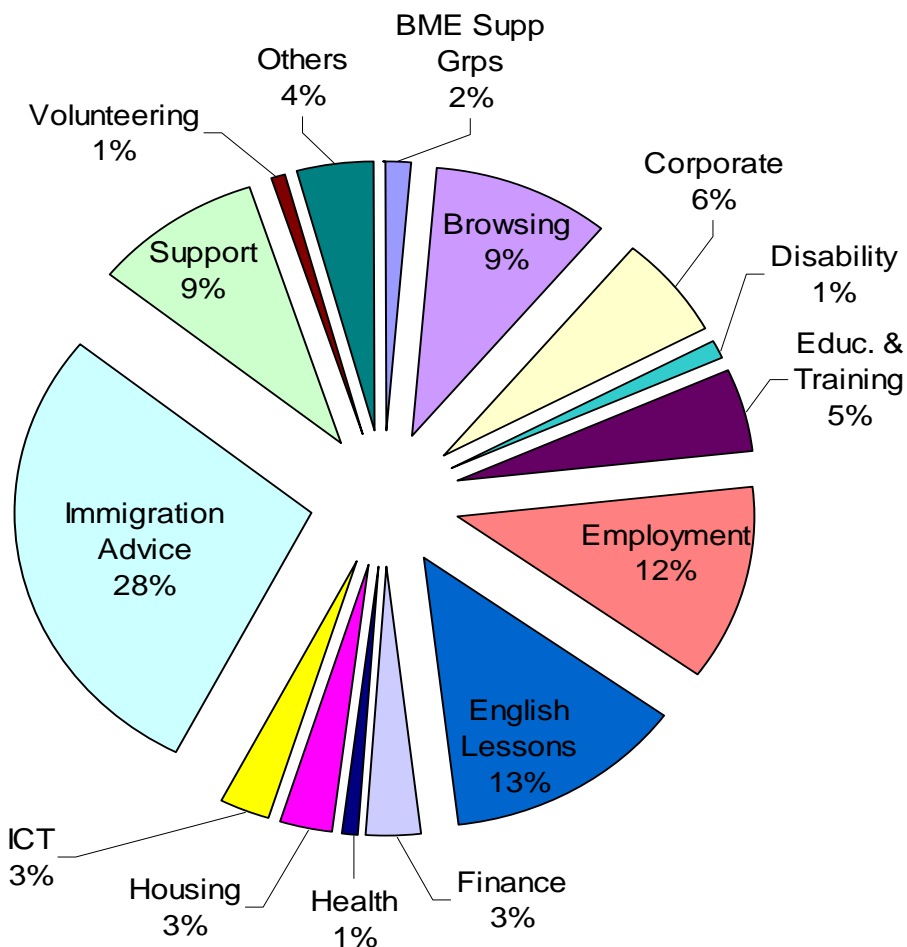
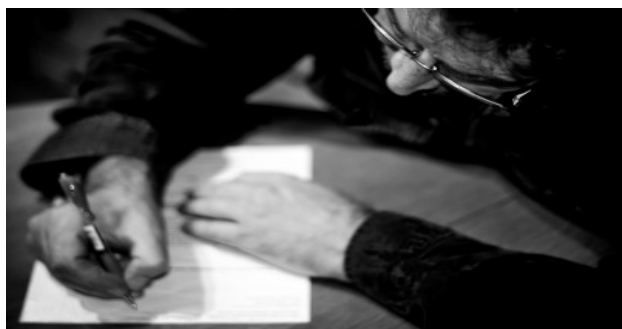


Fig. 7

Hopefully this section has shown that traditional assumption of “we don’t have any of *them* here” is not true. Small numbers do not mean that the group lacks diversity or that need is less. Our community is constantly changing. Service providers must be aware of significant trends that affect their potential client base and make changes in planning and service delivery as appropriate.

Ethnic Monitoring of Services



What is ethnic monitoring?

Ethnic monitoring is the process you use to collect, store, and analyse data about people's ethnic backgrounds. Regardless of where people come from, everyone belongs to an ethnic group so this type of monitoring is not just for particular individuals or communities.

Why do we need to do it?

You can use ethnic monitoring to:

Highlight possible inequalities
Investigate their underlying causes
Remove any unfairness or disadvantage.

In employment, monitoring lets you examine the ethnic make-up of your workforce and compare this with the data you are using as a benchmark. It also lets you analyse how your personnel practices and procedures affect different ethnic groups.

In service delivery, monitoring can tell you which groups are using your services, and how satisfied they are with them. You can then consider ways of reaching under-represented groups and making sure that your services are relevant to their needs, and provided fairly.

In self interest: ethnic monitoring enables you to show that you are taking steps in the implementation of the Race Relations Act 1976 and the Race Relations (Amendment) Act 2000.

and you may need evidence to defend your organisation against a complaint about alleged discrimination (Let's put it another way; without monitoring data you may have no defence to allegations of discrimination).

² Image from <http://www.123rf.com>

How do we do it?

Monitoring is not a static process; systems should be sufficiently dynamic and flexible to respond to changes in the population. Your system may at present be sufficiently robust but has it been designed to cope with future changes such as inward migration?

How you monitor depends on the information that you need and how you plan to use it.

Below are some areas to consider:

What information do you require?

| | | | |
|------------------|--|--|--|
| | | | |
| Ethnicity | | | |
| Religion | | | |
| Language | | | |
| Other | | | |

Ethnicity

What categories do we use?

If you use census categories, this has the advantage of being standardised and allows you to compare your data with local and national data sets. It also allows you to compare over time.

Disadvantages include losing some of the details you may need e.g. White Other category would not separate Polish individuals from Italians or New Zealanders. One solution could be to allow individuals to self define their ethnicity and then group the data accordingly.

Language

What do you need to know about language usage?

Think about what sort of information would be of use to you:-

| | |
|---|--|
| Preferred language or means of communication | |
| Ability to understand spoken English | |
| Ability to speak English | |
| Ability to read/write English | |
| Ability to understand spoken Welsh | |
| Ability to read/write Welsh | |
| Other languages understood | |
| Other languages spoken / signed | |
| Other languages read/written | |
| Other languages written | |

Would it be of use to know:-

| | |
|---|--|
| Frequency of speaking other language | |
| Mother tongue or first language | |
| Main language(s) spoken at home | |
| Preferred language for communicating with public authorities | |
| Other aspects of language ability | |

Religion

What use would you make of information about Religion?

Religious beliefs influence the lifestyle, customs and networks of individuals and communities. Knowledge about an individual’s beliefs can inform advocates on the context in which the service users live and how best to support their needs and expectations.

What categories would you use?

| | |
|--------------------------|--|
| No Religion | |
| Christian | |
| Buddhist | |
| Hindu | |
| Jewish | |
| Muslim | |
| Sikh | |
| Other Religion | |
| Prefer not to say | |

Supporting staff

Asking questions for monitoring purposes can be uncomfortable for staff and service users may see the process as intrusive. It is important that organisations are clear about the reasons why they monitor and the benefits for themselves and for service users. Staff should have support and training if necessary so that they can be confident about explaining to service users as well as actually administering the process.

Cultural Needs & Cultural Awareness

What is culture?

Everyone has a culture and a cultural identity. Culture can be seen as a set of attitudes, behaviour patterns and beliefs:-

“An identity which everyone has, based on a number of factors such as: memories, ethnic identity, family attitudes to child rearing, class, money, religious or other celebrations, division of family roles according to gender or age. Cultures are neither superior or inferior to each other. They are constantly evolving for individuals and communities.

Culture is a complex mix of beliefs, customs, morals, laws and past experience. It provides a background code of practice by which individuals live; and a set of explanations to use in interpreting the world.”

Patrick Landman (1994)



3

The following section aims to increase awareness of different cultures, customs and religious beliefs. However it is important to remember that a person's culture should not be predicted or assumed because they happen to belong to a particular group or community. Everyone is different and service users will have individual needs. Ask your clients, their carers or family questions if you are not sure. People often have pride in their culture and heritage and are happy to share information, especially if they realise that the interest is genuine and comes from a desire to appreciate and understand.

³ Image from [www.stahlstromberg.com/trtf\(crowds\).jpg](http://www.stahlstromberg.com/trtf(crowds).jpg)

Being aware of difference

Daily routines

The diagram below shows different parts of a person’s daily routine. Think about your daily routine; what time you wake up, do you shower or bath, what clothes you put on etc. What an advocate may write in the diagram and how important they feel each part is may well be different from what a service user would write. As Bridget Fisher points out in *Services for All* (ARC 2001):

“Good practice in supporting someone with a learning disability quite often means accepting someone else’s values rather than your own and this is especially true when working with people from minority groups.”

Customs, routines and habits wheel

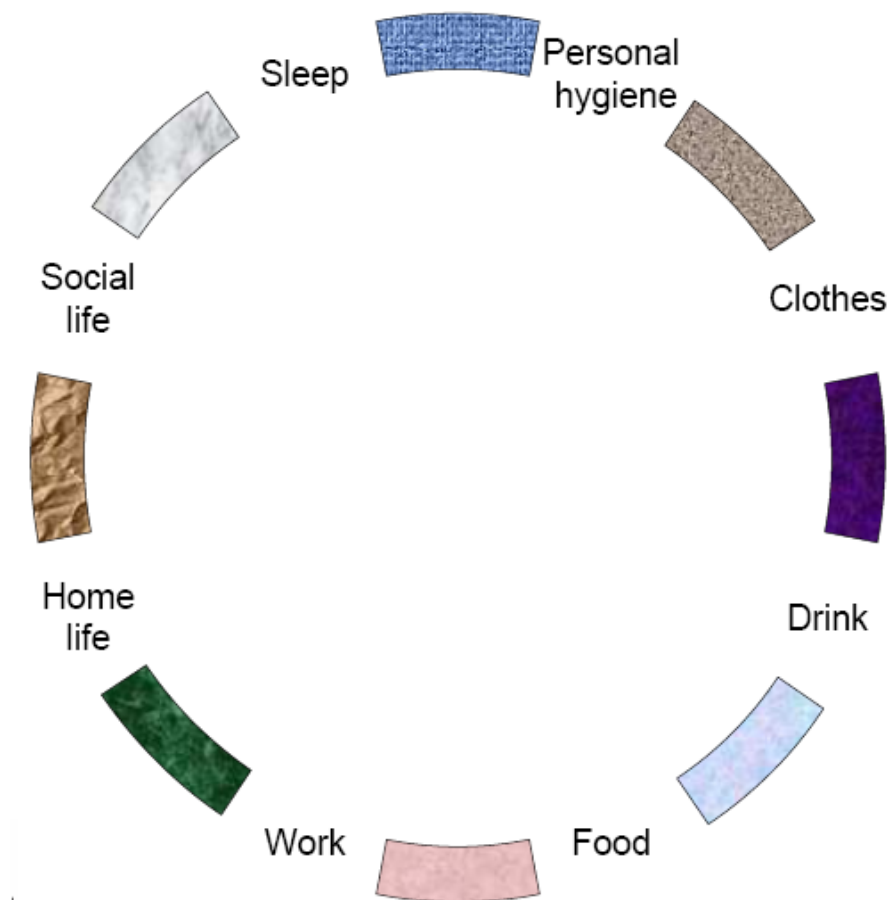


Fig. 8

Sleep

Sleep is a basic human function. All of us have preferences as to when we sleep but work and other daily commitments usually dictate when this will be. From a cross cultural perspective, some people's sleep patterns may be based around their external environment such as daylight hours or heat of the day. They may have a preference for naps or siestas during the day. Sleep patterns may also be based on evening, night and shift work. This will need to be considered when making plans for visits or appointments involving carers or family.



Personal Hygiene

The way we look after our bodies and how we like to appear are individual to all of us.

- People may require someone of the same sex to assist them in their personal care routines.
- Some individuals will want to wash themselves after using the toilet.
- Individuals may prefer to have a shower rather than a bath, either because they see sitting in the washing water as dirty or that showers are healthier.
- Some people will prefer to use only the left hand for washing and cleaning themselves.
- Individuals may need particular skin and hair products that have to be bought from specialist shops. For example wide tooth combs, special oils to protect the hair or skin may be required.
- Some people prefer not to cut their hair.
- For some people the above may include any hair on their body. If it is necessary for a medical reason then this needs to be clearly explained to the individual. The use of scissors or razors might be forbidden and depilatory creams may be preferred.
- Particular hair styles such as plaiting, braiding or top knots may be very important.
- Make up and cosmetic colourings may have particular significance. For example, married Hindi women may wear a Bindhi (red spot of make up on forehead) or a full line of vermilion along the parting of their hair.



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⁴ Image from <http://www.123rf.com>

⁵ Image from <http://www.freeimages.co.uk>

Clothes & Accessories

How we dress is very much due to personal taste but is usually influenced by fashion and culture and for some by religious beliefs. However, it is important to remember that all of these, including religious tradition are open to different interpretations by family units and individuals.

For those living in residential settings there may be tensions between the convenience of care providers and the preferences of the individual and their families. There are no easy answers but the dignity of the individual must always be the primary consideration.



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- There will be different ideas about modesty and which parts of the body need to be kept covered. For example Islam teaches that men should cover the area between their navel and their knees.
- How individuals dress may specifically reflect where they are (at home or in public) or who they are with (family, strangers, group including members of the opposite sex).
- Hats, caps or turbans may be necessary for some men.
- Some women will wear a scarf to cover the hair or head or a veil that will cover the whole head and body.
- Shoes may not be worn within the home or religious places or they may be exchanged for indoor shoes.
- For men and women jewellery may be worn for religious and cultural reasons

When advocates are visiting service users at home or supporting them within the community, dressing modestly themselves and offering to remove shoes before entering the home or religious building will avoid causing offence unintentionally.

Clothes and accessories are enormous and interesting subjects that vary across different countries and cultures. There are resources in all sorts of mediums available from libraries and on the internet.

⁶ Image from <http://www.freeimages.co.uk>

Food & Drink

All of us have different food preferences due to our eating experiences. Generally, people from different countries and cultures will have different experiences of food.

For many cultures the preparation and sharing of food is of great importance. Food is an opportunity for social and family occasions. It is seen not just as sustenance but a way of living.



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Religious belief may also influence what people eat and how it is prepared.

Dietary needs can be one of the main concerns for BME individuals when they are outside of their home environment, whether at a meeting, event or within a residential setting.

Below are some general points to consider:-

- Some people will want to use particular items of cutlery or eat with their fingers. Don't assume that a knife and fork is standard.
- Some people prefer to use only their right hand to eat.
- Separate kitchen utensils, crockery and containers may be needed for separate types of food.
- Some people will abstain from drinking alcohol and may also not eat food in which alcohol is an ingredient.
- Providing culturally appropriate food should not mean limiting choice.
- Within a residential setting, providing food from different countries and cultures can develop/promote good cross cultural awareness

The table on the next page highlights some of the main food practices by particular religions. It must be remembered that there will be differences in the same religion between groups, sects and denominations. How closely an individual will follow a religious diet will also vary.

⁷ Image from <http://mirror-uk-rbl.gallery.hd.org>

Dietary Customs by Faith







| | Beef | Pork | All Meat | Dairy | Eggs | Fish | Shell -fish | Alcohol | Tea/ Coffee | Ritual slaughter of meats | Fasting | Other comments |
|--|------|------|----------|-------|------|------|-------------|---------|-------------|---------------------------|---------|---|
| Buddhist  | A | A | A | R | R | A | A | A | | | √ | Many Buddhist may be vegetarian or vegan. |
| Christian  | | | R | | | | | | | | √ | Generally there are no particular dietary requirements but there are differences between denominations. |
| Hindu  | X | | A | R | A | A | A | A | A | | √ | Many Hindus are vegetarian. Sometimes onions and garlic are not eaten |
| Jewish  | | X | R | R | | R | X | | | √ | √ | Meat and dairy products are not eaten at the same meal. Cooking & eating utensils for meat & dairy kept separate. |
| Muslim  | | X | R | | | | | X | A | √ | √ | |
| Sikh  | A | | | | | | | X | | √ | | Many Sikhs are vegetarian. |

Table 1

KEY: **X** - Forbidden or strongly discouraged

A – Avoided by most devout or some sects

R - Restrictions on some types of food or when foods can be eaten

√ - Practiced but customs vary - may mean no food or drink or avoiding particular foods or meals.

Work & Education Opportunities

The values and aspirations that service users and their families have about work and further education should be explored and discussed sensitively. Families' attitudes about learning disability, gender expectation, and different types of employments may vary widely and need to be considered.



Whether service users are accessing further education, employment schemes or main stream employment, advocates need to ensure that BME individuals are receiving appropriate and adequate support. Further education providers and employment schemes will have a statutory duty to ensure equality in their provision and the provision of their sub-contractors.



Home & Social Life

Advocates will be aware of the wide range of situations that service users may be in. Depending on individual needs, they may be living with family at home, in sheltered accommodation, in a residential home or accessing respite care. Their social networks and activities may depend entirely on these settings or they may have friendships and leisure activities through day centres, voluntary sector projects, the community or extended family.



⁸ Image from <http://www.123rf.com>

What is important is whether provision is suitable, accessible and beneficial. Below are some questions to think about;-

- How did you find out about the service user's likes, dislikes and wishes?
- Are activities that are part of their culture or cultural identity made available to them?
- Do they need support to access the provision – transport, language etc?
- Are there gender issues – is there a preference for male or female support staff / activity leaders and same sex activities?
- Have families been informed and consulted about the activities, any costs, the benefits and outcomes?
- Do staff have an awareness of the culture of those they are working with or do they need support and training?

Independence



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The idea of independence and what it means for a service user can be a potential cause of conflict. In the UK, mainstream services and the disability movement often see independence as individuals living and functioning separately from the family unit. This may be entirely contrary to cultural perceptions of the importance of interdependence and the family. For a service user, leaving their family and living alone may not be what they aspire to or feel comfortable with. Alternative kinds and degrees of 'independence' can have value and should be explored.

⁹ Images from <http://www.freeimages.co.uk>

At the opposite end of the spectrum, the view that BME families and communities 'look after their own' and therefore individuals do not want or need support can be a stereotypical myth. This can be a problematic area but as Ghazala Mir points out in the *Better Health Briefing 2* :-

Whereas respecting an individual's independence is important, a focus on independence has sometimes proved to be a convenient pretext for undermining minority cultures.

The key to widening opportunities available to people from minority ethnic communities lies in respecting cultural identity rather than in persuading individuals and families that the majority culture is necessarily better (Mir *et al*, 2001).

At the same time, respecting cultural diversity should not be confused with supporting oppressive family practices (Bignall and Butt, 2000).

Pursuing a balanced approach is not easy for professionals but lack of balance can alienate service users, families or both. It can be helpful for professionals to seek advice from relevant community organisations, where expertise in culturally appropriate interventions is most often found (Mir *et al*, 2001).

(Mir, G. Effective communication with service users. *Better Health Briefing 2*. Race Equality Foundation. 2007)



¹⁰ Images from <http://www.freeimages.co.uk>

Religion and belief

Everyone has a value and belief system that informs how they live their lives. This still applies, even if they do not belong to, or are active in, a particular faith. Professionals can feel uncomfortable asking questions about religion and faith as it may be seen as intrusive and of no relevance to the service provider or the provision offered. However, religious and cultural belief can influence views on health and on learning disabilities, so it is important to understand the values and beliefs on which decisions are based. Willingness to take up services may well be affected if these considerations are not taken into account.



Religious belief may only be one barrier to service take up and should be viewed as one part of the wider context. Stereotypes must be avoided as the degree to which families and individuals follow religious teachings will vary. It is not enough to simply know the faith which a service user and their family follow and its main practices - it is too easy to make assumptions based on what we think we know. Listening and talking sensitively about someone's faith and their needs should always be the starting point.



Not all countries have a secular society and religion will perhaps exert a greater influence than in the UK. What ever the circumstances it is unlikely that professionals and individuals will be familiar with all aspects of all religions.



Religion and belief is a vast and complex subject that cannot be adequately covered here, but there are numerous resources on the internet and in libraries. The BBC website provides a good starting point of some of the major world religions:-



<http://www.bbc.co.uk/religion/religions/>

<http://www.mnsu.edu/emuseum/cultural/religion/>

Language and communication



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Poor communication and lack of information due to language barriers are some of the most frequently cited reasons for poor engagement and low take up of services, from black and minority ethnic individuals and communities. There are planning issues here for organisations as well as for individual advocates working with service users and their families.

Organisations should think about:-

- Can information about services be made available in a range of community languages?
- Is the format of information easy to understand?
- How is information disseminated?
- Is information available in places where BME individuals & families might easily access them? For example places of worship, schools, GP surgeries, English classes etc
- Are community networks being used to raise awareness? For example, community groups and networks, religious leaders and key people in the community.
- Can service users and their family relate to the staff employed?
- If not, what training or other steps can be taken to improve this situation?
- Is there a communication strategy in place to deal with language and translation issues?
- Families as well the individuals may need to be involved in communications

¹¹ Images from <http://www.freeimages.co.uk>

Recognising difference in communication with service users, families and carers

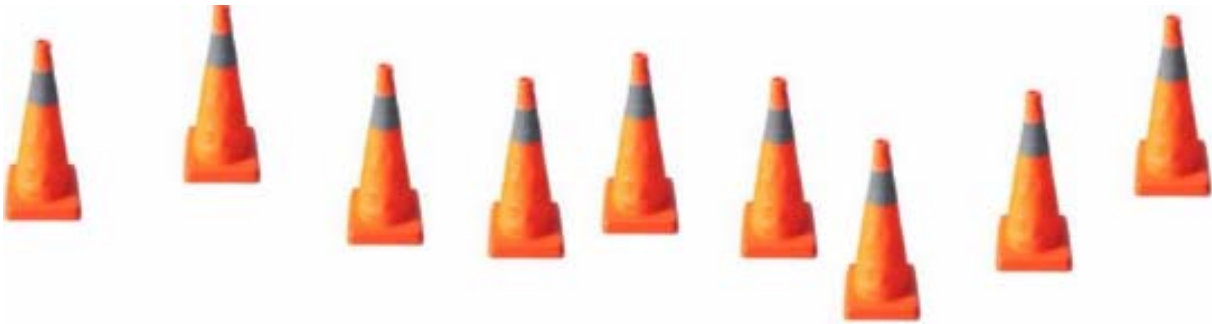


People communicate in a variety of ways and use various communication styles. However, between different languages or ethnic and cultural groups, there will be differences in:-

- How the same words are used or interpreted
- Who uses formal and informal language and when it is used
- Tone & emphasis of speech
- Pace at which people talk as well as the pace of conversations
- How direct and to the point people are themselves and how comfortable they may be with this generally
- Use and interpretation of non verbal communication

Overcoming language and communication barriers

Advocates who support service users with learning disabilities will be familiar with many of the techniques and skills to overcome language and communication barriers. Below are some helpful pointers to bear in mind.



Tips for speaking skills:-

- ✓ Slow down
- ✓ Simplify sentences
- ✓ Separate questions
- ✓ Avoid negative questions
- ✓ Take turns
- ✓ Try out different words
- ✓ Try saying the key word slowly or with a different pronunciation
- ✓ Avoid
 - slang
 - jargon
 - euphemisms
 - clichés/proverbs
 - acronyms
 - swear words/vulgarity
 - terms of endearment
- ✓ Be cautious of using humour
- ✓ Be encouraging
- ✓ Be adaptable



Non-verbal Communication

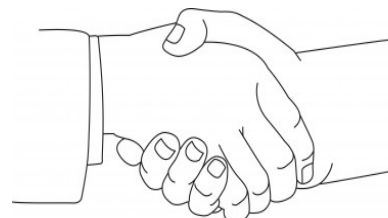
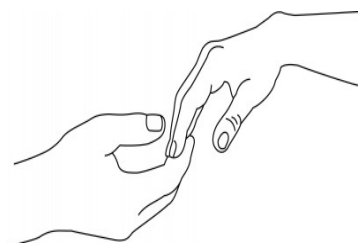
Advocates will already be aware of the importance of non-verbal communication, which includes vocal clues, facial expressions, gestures and personal space. However, normative cues may differ between cultures



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Some general guidelines:-

- ✓ Follow the other person's lead or take cues from other people within the group. If they move closer or have a tendency to touch a person they talk to in a casual manner, the same behaviour is acceptable.
- ✓ Be careful how you use gestures and body language. Gestures such as pointing and beckoning can be regarded as rude. Some gestures will be interpreted differently.
- ✓ Not making eye contact is not necessarily a sign of dishonesty or disrespect. Clients may be treating a professional with greater respect by avoiding eye contact.
- ✓ A handshake is not always a standard greeting, particularly between the sexes.
- ✓ Comforting a service user through physical contact may cause embarrassment or offence.
- ✓ Remember that your own cultural background will affect your behaviour to, and perception of others.



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¹² Images from <http://www.freeimages.co.uk>

¹³ Images from <http://www.123rf.com>

Translation and Interpretation

On its own, providing information leaflets in community languages is not enough. Service users, carers or families who speak little English may need access to translators or interpreters. The following general points need to be borne in mind.

- People tend to decide for themselves if they have sufficient English skills to deal with a situation. They may want different people to support them at different times. For example they may be happy to speak for themselves on routine matters but want specialist help for important legal or medical issues.
- Telephone translation services are not always appropriate and face to face support may be the more effective and preferred option.
- There may be distrust of professional interpreters who are not previously known to clients.
- Independent interpreters from outside the community may be preferred due to concerns about confidentiality within small community networks.
- People may prefer family or friends to act as interpreters due to issues of trust.
- The use of family members as interpreters may have negative consequences such as emotional stress. If children or young people are being utilised as interpreters, then there are questions of appropriateness regarding the information, their age and ability to cope.
- Untrained interpreters may not translate accurately. They may miss out or add information, misunderstand or swap words and ideas.
- All staff should have guidelines on how to deal with translation and interpretation issues and training if needed.

Cross cultural communication is a huge topic and there are numerous resources on the internet. English language school resources or sites about international business practices provide examples of communication styles and effective cross cultural communication tips.



Rural Racism

Much of this resource looks at the cultural facets of ethnicity. The double jeopardy of disability and racism – where individuals face discrimination due to their race as well as their disability - has been mentioned earlier. It is important to realise the extent of racism in rural areas and how this impacts on individuals.

The experience of racist discrimination can have an intense emotional and social impact on victims. Anger, insecurity, stress and depression are common, especially among people who are experiencing persistent harassment.

You may think racism is not happening but the reality for ethnic minorities in the rural areas is very different. Eric Jay in the first significant report on rural racism, *'Keep Them in Birmingham'* (1992) cites four main reasons why the problem of racism has been ignored in rural areas for so long. They are;

- 1) A denial of the existence of black and ethnic minority people in rural areas, which results in a widespread denial of racism and racist violence.
- 2) A colour-blind approach to black and ethnic minority people which results in a failure to acknowledge their diverse needs, their experience of racism and racist hostility.
- 3) A belief in rural areas that racist violence is an urban problem and does not exist in rural areas
- 4) A lack of effective support, consultative structures and mechanisms for isolated black and ethnic minority people

This report put rural racism onto the public agenda. Yet despite the ensuing publicity and recognition of rural racism, 16 years later little has changed, with BMEs living in rural areas still encountering high levels of racism.

Race Hate Crime and Harassment in the UK



Official statistics paint a picture of a society in which racial violence and harassment are common. The Home Office says some form of racist attack, be it verbal or physical, takes place every 28 minutes. The real figure could be much higher as so few cases are reported with even fewer leading to prosecution.

Independent monitoring organisations estimate around seventy thousand acts of racist violence and harassment every year. ([www.youth information.com](http://www.youthinformation.com))

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¹⁴ Image from <http://www.photoeverywhere.co.uk>

Hate Crime in North Wales

Statistics for North Wales Police reveal quite a large number of Racially Motivated crimes which reached a total of 328 reported incidents last year (April 07 – March 08). These figures are striking. Racially motivated and religious hate crime make up 75% of reported hate crime in North Wales. This averages out to about 1 reported incident happening everyday, somewhere in North Wales.

| Category | Month | YTD | Last YTD | % Progress |
|------------------------|-------|-----|----------|------------|
| Racially Motivated | 35 | 328 | 397 | -16.8% |
| English/Welsh Language | 3 | 21 | 33 | -36.4% |
| Homophobic | 3 | 72 | 56 | 28.6% |
| Religious | 0 | 7 | 6 | 16.7% |
| Disability | 0 | 9 | 7 | 28.6% |
| Gender | 2 | 5 | 6 | -16.7% |
| Gypsy/Traveller | 0 | 5 | 1 | 400.0% |
| Other | 1 | 2 | 12 | -83.3% |

Table 2

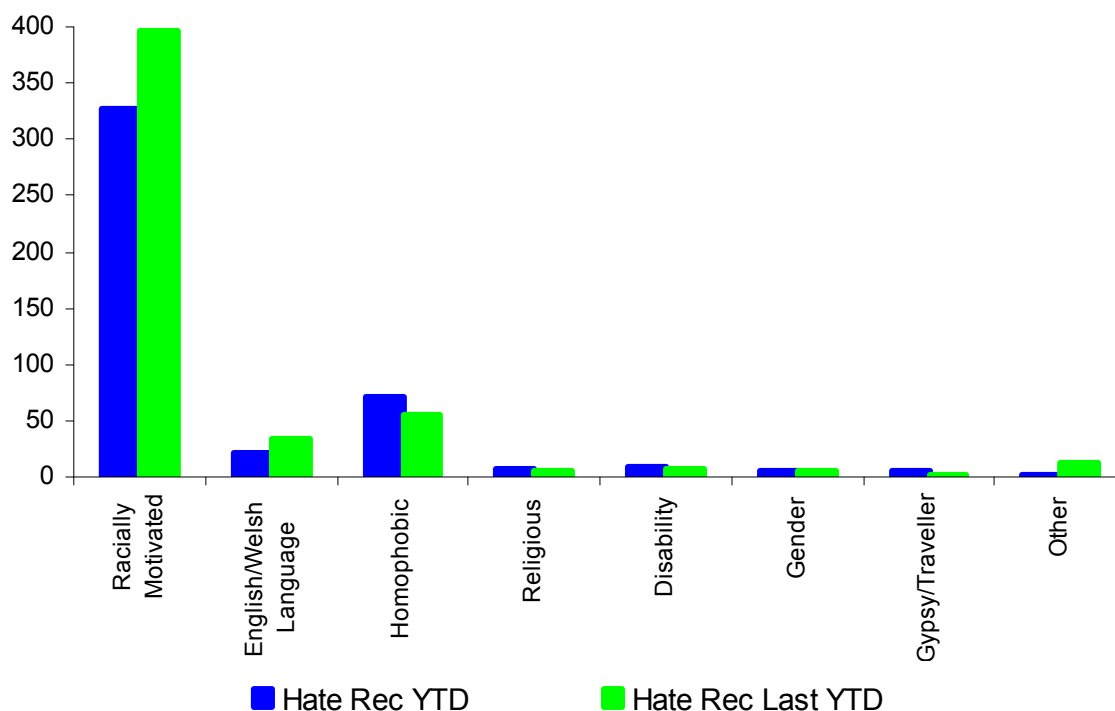


Fig. 9

Source: North Wales Police Management Information Bulletin. March 2008

Ethnic minorities in North Wales are often left feeling isolated and vulnerable. Advocates need to support individuals with this double discrimination of race and disability. Many racist incidents often go reported. This decision is often founded on a combination of an individual's emotions, perceptions and expectations. This decision must be respected. Some of the reasons for not reporting may include fear of reprisal, making the situation worse, having to appear in court, increased visibility, language difficulties and lack of faith in the criminal justice system. There may also be other social pressures that are unique to each case.

Racist Incidents in North Wales

Incidents of racism not only frequently remain unreported but they are often badly mishandled. Between September 2007 and March 2008 the NWREN REASN (Race Equality and Support Network) project supported over 80 individuals affected by racism. By the time many of these cases had been referred to NWREN, a crises point had been reached. This was often due to failures in mainstream provision. Statistics of these cases are presented below:-

NWREN REASN Clients by Country of Origin

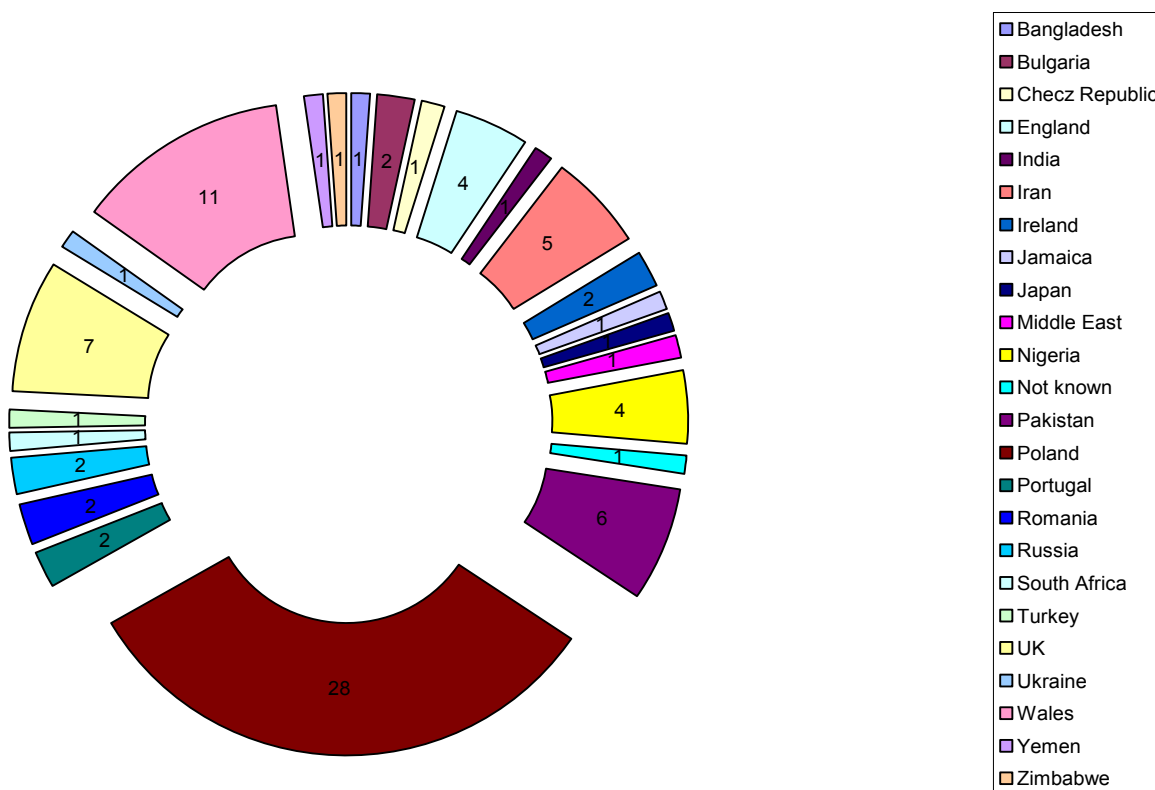


Fig. 10

NWREN REASN Clients by Ethnicity (self defined)

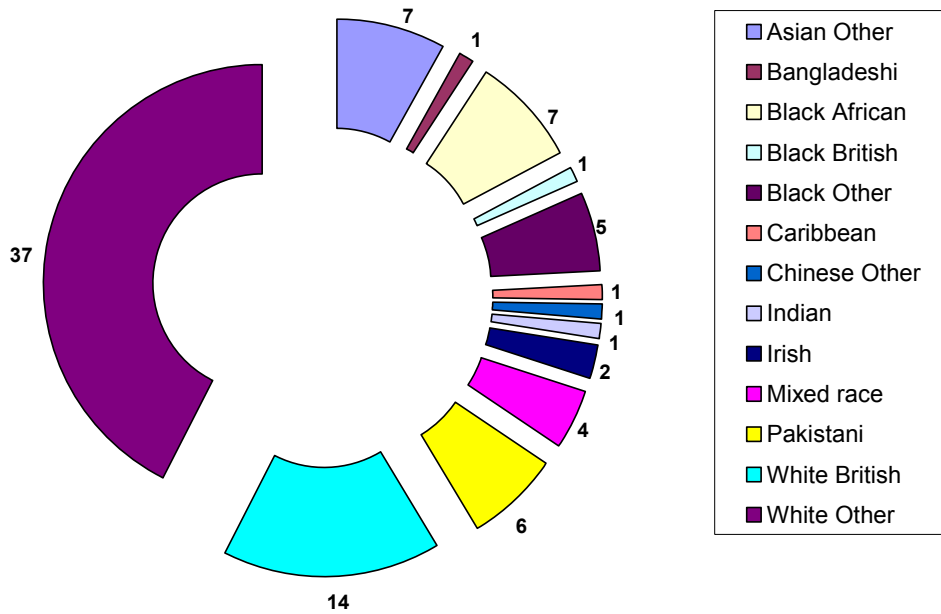


Fig. 11

NWREN REASN Clients by County of Residence

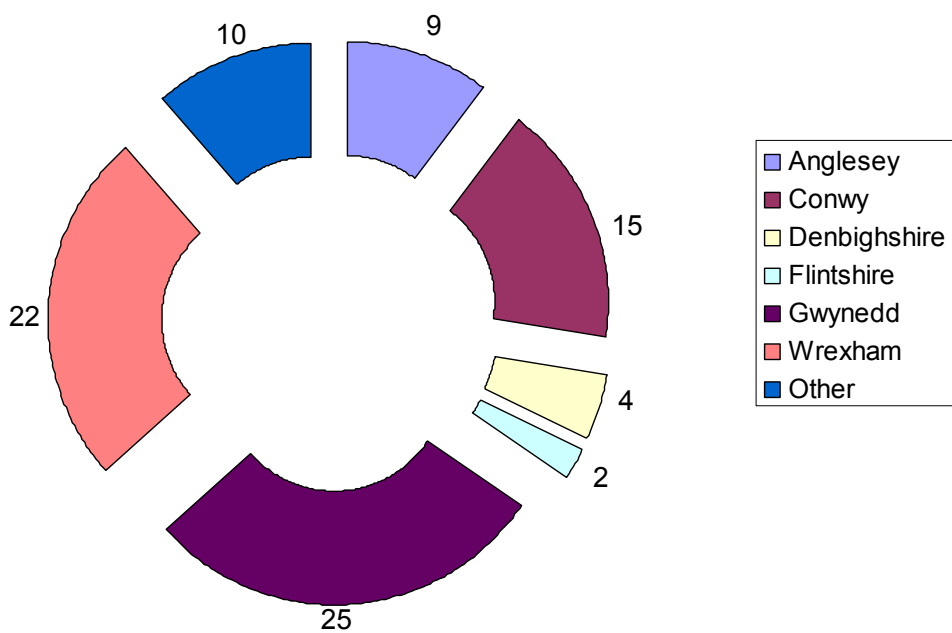


Fig. 12

What is Racism and how do I recognise it?



Racism: Any attitude, action or institutional structure which systematically treats an individual or group of individuals differently because of their race.

Racist attitudes: A racist attitude may be difficult to pinpoint and can take a subtle form such as an insulting gesture or facial expression or a critical comment about, for example, another person's name, language, ethnicity, or food. The person in question may or may not be aware that their behaviour is racist and hurtful, but never the less; it does not make it any more acceptable and has a damaging impact on the victim.

Racist action or incident: A racist incident has been defined by the Stephen Lawrence Inquiry Report as: “any incident which is perceived to be racist by the victim or any other person”.

The experience of racism in north Wales has become part of the everyday experience for some black and minority ethnic people. Being made to feel different in a variety of social situations and locations is largely seen as routine and in some instances expected.

Racist incidents happen every day in many different ways. They are not always expressed in the same form and may manifest themselves in different ways:

- Racist comments in the course of discussions
- Refusal to co-operate with other people because of their ethnic origin
- Derogatory name calling, insults, racist 'jokes' and language, making fun / ridicule of an individual's cultural or religious differences, e.g. food, music, dress, language etc.

Many times, racist ideas and stereotypes come from lack of information. Some people know that their behaviour may be inappropriate but see it as common, trivial or harmless. This relates to racist incidents both on an individual basis and institutionally.

Institutional Racism: the collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. (*McPherson Report*)

Discrimination: Discrimination occurs when someone is treated less favourably on grounds of their colour, race, nationality or national or ethnic origin. It is not necessary to prove that someone intended to discriminate against you: it is sufficient only to show that the outcome of their action was that you received less favourable treatment.

The Race Relations Act identifies three main types of racial discrimination:

- i. **Direct racial discrimination** (including harassment)
- ii. **Indirect racial discrimination**
- iii. **Victimisation**

More information is available on the EHRC AND NWREN website www.nwren.org

Dealing with a racist incident

Advocacy organisation should have procedures in place. However, the follow processes may provide pointers in dealing with sensitive issues.

Processes

These processes should be supported by the use of appropriate listening and questioning skills.

Supporting service users if they are victims:

1. When witnessing racial abuse it should be, when possible, stopped with a comment that indicates that it is unacceptable. It is important to be calm, firm and clear, but it is equally important not to shout or get angry.
2. Empathise with the feelings of the victim and show them support. Your demonstration that you are not afraid to challenge the racist assumptions made in the incident gives the victim a role model to adopt and shows onlookers that they don't need to follow the pack.

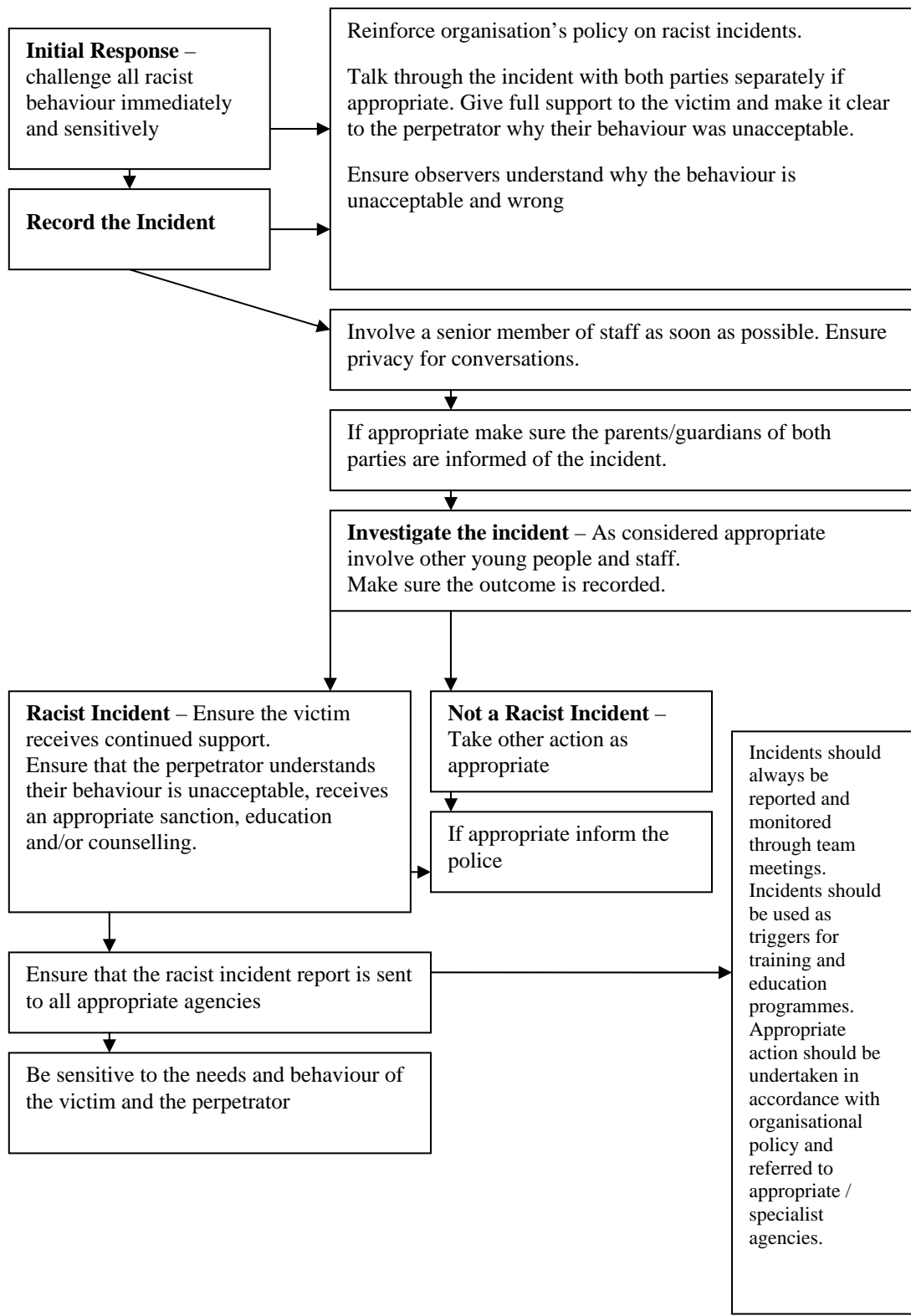
Supporting service users if they are perpetrators:

1. Allow and encourage the perpetrator to explain their comment or behaviour. Once you have as much information as you can gather, explain why the behaviour is unacceptable and make sure this message goes not only to the perpetrator but also to anyone who may have witnessed the situation.
2. Encourage the perpetrator to understand the impact on the victim of their behaviour and help them to understand the errors in their assumptions.

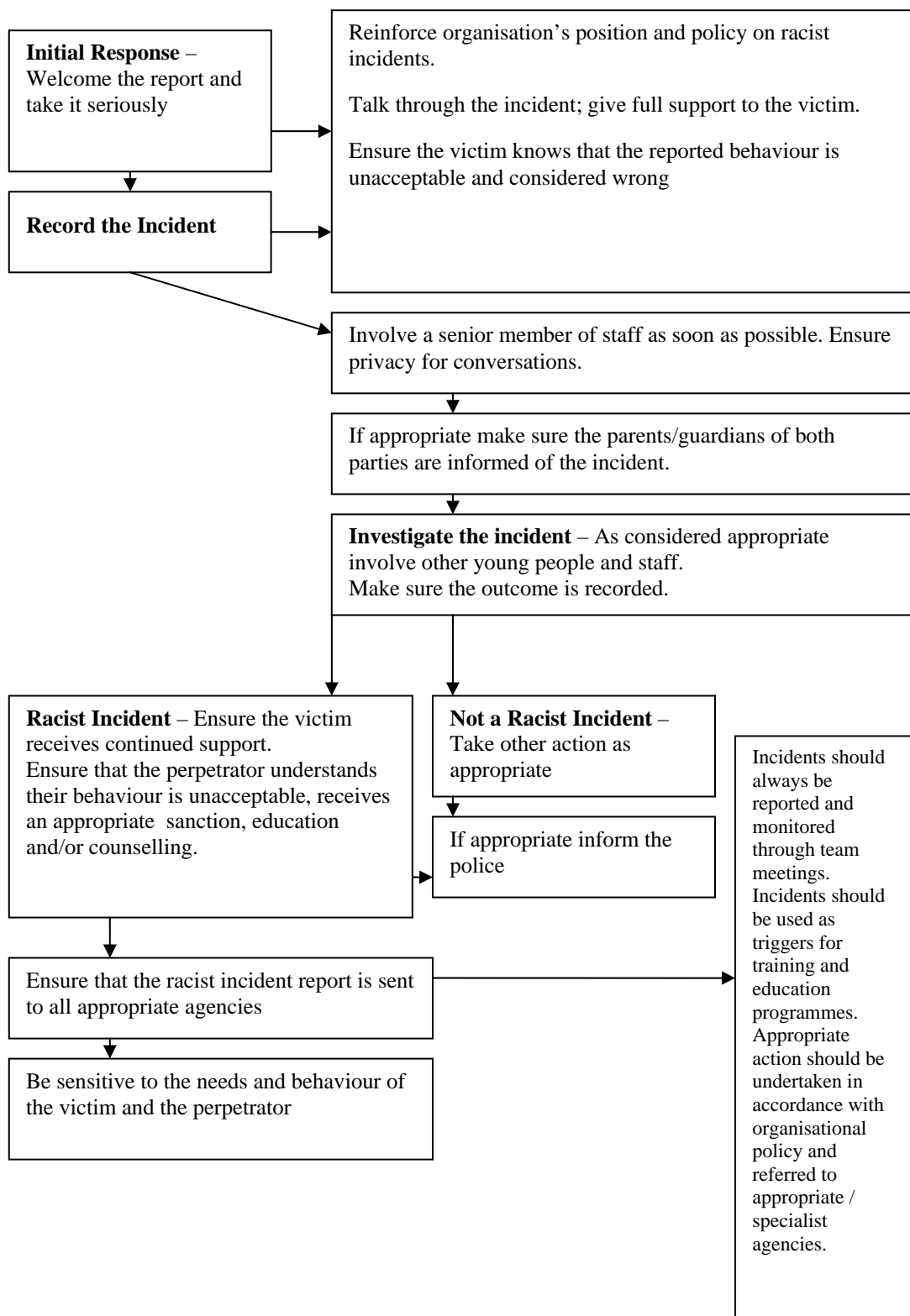
Examining underlying causes

There can be a number of different triggers that spark off racist incidents. There may be underlying causes that need to be investigated and addressed. This is vital to the individuals concerned, their families and communities as well as to the team within your own organisation. It is important to remember that if racism is unchallenged by individuals and organisations then it is being condoned.

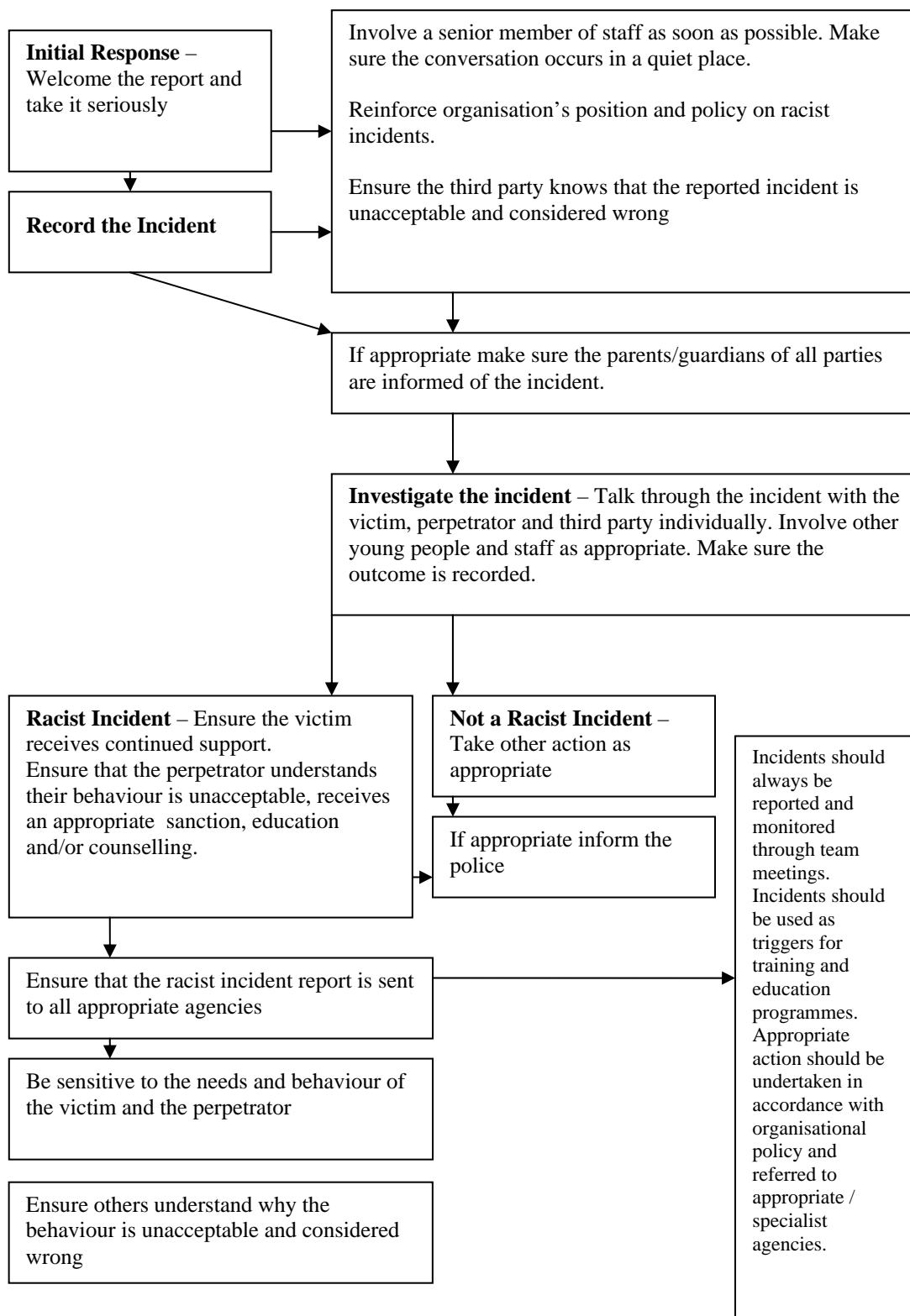
Witnessed Racist Incident



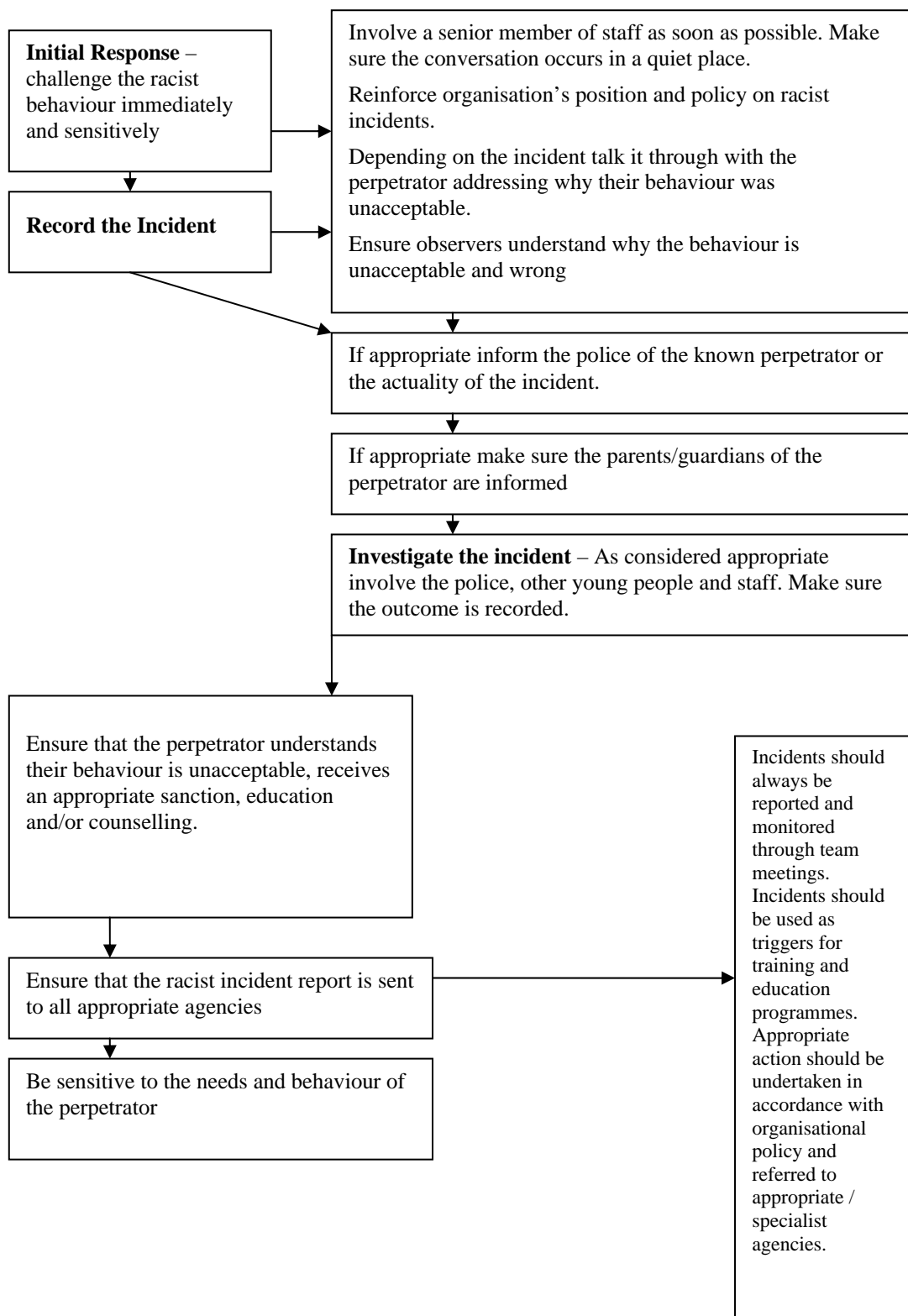
Racists Incidents Reported by the Victim



Racist Incident Reported by a Third Party



Racist Incident where there is no Immediate Victim

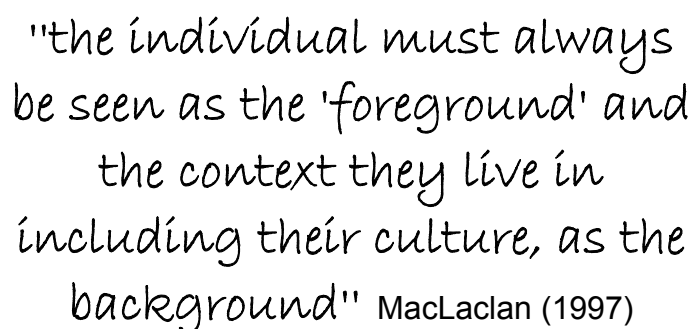


Who can give advice and support?



- Local advice service, a complainant aid body or a law centre
- Trade union (if the incident is related to work)
- Equalities and Human Rights Commission - 01248 364461
- Citizens Advice Bureau - 01352 706840
- Women's Aid – 01244 830436 or 01352 712157
- BAWSO - 01978 355818
- Victim Support -01352 751538
- North Wales Race Equality Network- 01492 622233 www.nwren.org
- North Wales Police - 0845 607 1001 (Welsh speaking line)
- 0845 607 1002 (English speaking line)
- ChildLine 0800 1111

Reflections



"the individual must always be seen as the 'foreground' and the context they live in including their culture, as the background" MacLaclan (1997)

Throughout this resource the aim has been to provide advocates with information and alternative perspectives that will help them to support service users from minority ethnic backgrounds. The principles of advocacy are based on empowerment and ensuring equality and equity of services and provision for all individuals.

Culture and ethnicity can be crucial to a person's identity. However, just as some individuals see their disability as only part of who they are, others will not want to be defined and perceived purely through their culture and ethnicity. Jabeer Butt et al, writing in '*Respect*', strikes a useful balance:-

"A worker needs to know more than when Ramadan is taking place and how long it lasts, or what food a Hindu is allowed to eat. These things have some..... value. Of greater importance is the relationship that you develop as a worker. A...worker in a care relationship that is sensitive to the user will demonstrate generic skills such as empathy, listening, acceptance and tolerance in all social work settings.

The starting point should always be to talk to the service user about their....needs and not make assumptions based on inaccurate stereotypes, or what you may have heard elsewhere..."

'Respect', Jabeer Butt et al (1999) Race Equality Foundation

Responsibility does not rest on individual staff alone. Service providers must ensure that they have taken adequate and active steps in terms of organisational structures, processes and training so that both the service and individual staff can meet the needs of our diverse communities and that individuals and groups do not continue to be marginalised.

Glossary

Ethnicity

Everyone has an ethnicity and this ethnicity is self defined. Every person, irrespective of where they came from and where they are currently living has an ethnicity. So, an ethnic group is **any** (not just black) group of people characterised by a distinctive social and cultural tradition maintained within the group from generation to generation, a common history and origin and a sense of identity within the group. Members of the group often have distinctive features in their way of life, language, religion, share experiences and may have a common genetic inheritance. It is therefore inappropriate to use the term 'ethnic community'

Black Minority Ethnic (BME)

The term 'black/minority ethnic' refers to communities whose origins lie mainly in South Asia (e.g. India, Pakistan, Bangladesh, Sri Lanka), Africa, The Caribbean (originally Africa), and China. It can be used to mean groups who would not define themselves as 'white' (the term 'black' may also be used in this case). It is therefore important that if you use the term 'black/minority ethnic' the groups you mean should be specified.

Visibly Different

Much of the debate about multiculturalism in Wales has focused on its 'visible' minorities'. The term 'visible minority' is used to describe people who are visibly different in terms of their skin colour or racial attributes from the majority of the indigenous population. (It may also include characteristics such as dress which make some people stand out from the majority group. If using the term 'visible minority' one should define which groups are being included). Examples would include Africans, Indians, Japanese, and Chinese etc

Invisibly Different

The term 'invisible minority' is used to describe people who are not different in terms of their skin colour from the majority of the indigenous population but are different in terms of their ethnic origins. This could be based on common ancestry, country of origin - a shared cultural identity. Examples would include Irish, Russian, Polish, and New Zealanders etc

Prejudice

Unfair and often unfavourable feeling or opinion not based on reason or knowledge. Often such feelings or opinions are not changed despite clear evidence showing them to be incorrect.

Discrimination

Treating a person unfairly because of membership of a particular group or because of colour, age, sex, class, disability, religion, or sexual orientation.

Cultural Stereotyping

Making assumptions about the behaviours or beliefs of individuals or groups. Such assumptions may be based on knowledge of cultural norms, or past experience of other members of the same ethnic group.

Colour Blindness

Denying or ignoring the different needs and situations of minority ethnic groups in policy making or service provision thereby effectively excluding them from services, or developing services that are inappropriate. ("We treat everyone equally").

Marginalisation

The term marginal is linked with borderline, peripheral, minimal and non-essential. So, when minority ethnic groups are "marginalised" in service provision, they are omitted from mainstream service provision and not viewed as part of their core business. It results in service provision that is ad hoc, short term, and often based on "soft" monies.

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