MINUTES

Date: Thursday 17 October 2002
Time: 9.00 am
Venue: Committee Rooms 3 and 4, National Assembly Building

Attendance:

Members	Carwyn Jones (Chair)	Bridgend
	Lorraine Barrett	Cardiff South and Penarth
	Eleanor Burnham	North Wales
	Helen Mary Jones	Llanelli
	Val Lloyd	Swansea East
	David Melding	South Wales Central
	Janet Ryder	North Wales
Officials/	Charles Willie	Equality Policy Unit
	Usher Lawda-Thomas	Equality Policy Unit
Standing Invitees	Kate Bennett	Equal Opportunities Commission
	Will Bee	Disability Rights Commission
	Dharmendra Kanani	Commission for Racial Equality
	Derek Walker	LGB Forum Cymru
Invitees	Dr Ian Leedham	Diabetes UK
	Mr Arvind Varsani	Diabetes UK
	Karen Ingram	LGB Forum Cymru
	Jenny Porter	LGB Forum Cymru
	Dr Sylvaine Carr-Hill	Community Paediatrician
	Sarah Rhodes	Bristol Traveller Health Project
	Angela Roberts	Health Visitor, Wrexham
Secretariat	Claire Bennett	Committee Clerk
	Lara Date	Deputy Committee Clerk

9.00am to 9.10 am

Item 1: Chair's Report

Paper: EOC 06-02(p1)
1.1 The Chair welcomed the Committee, guests attending the meeting to give presentations, and members of the public.

1.2 The Chair noted apologies from Members Ann Jones and Peter Rogers. The Chair also noted that apologies had been received from Mr Hughie Smith, President of the Gypsy Council, who was to speak to the Committee under item 5 on the agenda. It was hoped that the Committee would have the opportunity to speak to Mr Smith at a future meeting.

1.3 In addition to his written report, the Chair updated the Committee on the Diversity Action Plan that had been considered on 6 March 2002. The Plan, now named "Mainstreaming Equality in Public Appointments", had been considered at the Voluntary Sector Partnership Council on 10 May. The former Committee Chair, Edwina Hart, wrote to Cabinet colleagues and subject committee nominees on 30 April to seek their views and the plan was well received. Suggestions for minor amendments had been incorporated and the Chair had written to the First Minister to request his formal approval so that implementation could begin.

Action Points

- It was agreed that at the Committee's next meeting, information would be provided about changes to the structure of the Assembly's Equality Policy Unit and the process underway to appoint a senior civil servant to head the Unit.

9.10 – 10.20 am

Item 2: Presentation by the Lesbian, Gay, Bisexual Forum
Paper: EOC 06-02(p2)
2.1 Karen Ingram, Jenny Porter and Derek Walker of the Lesbian Gay and Bisexual Forum (LGB Forum) gave a presentation on the LGB Forum's purpose, recent work, draft business plan for the next three years and immediate priorities. The main points covered by the presentation were:

- LGB Forum was the voice for lesbian, gay and bisexual people in Wales and its purpose was to secure equality and social justice for them.
- It was noted that the situation for lesbian, gay and bisexual people appeared to be worse in Wales: There were fewer support services and isolation for geographical, cultural and linguistic reasons might be a factor in migration of lesbian, gay and bisexual people from rural to urban areas and out of Wales. It was acknowledged that more research was needed.
- Progress towards equality had included change to the age of consent, lesbian, gay and bisexual people being able to serve in the armed forces and new employment legislation. However the new legislation did not prevent discrimination in the provision of goods and services.
- Further progress was needed in a number of areas. There was still a lack of legal recognition of same-sex relationships. Surveys showed that people were still being harassed at work and could

not be open about their sexuality. A Sigma survey showed over half of lesbians and a third of gay men did not feel safe discussing their sexuality with their doctor. Two thirds of gay men were victims of homophobic incidents and only 18 per cent were reporting those incidents for a number of reasons. In Wales gay men were also statistically more at risk of committing suicide. The Forum had been working with police to improve the collection of statistics on hate crime and help more targeted policing. An all-Wales self-reporting form had been introduced to improve consistency between police forces.

- The first survey of lesbian, gay and bisexual community groups in Wales had been conducted and these groups had been consulted to identify priority areas of work. The Forum had offices in North and South Wales and operated a bilingual policy. A Welsh language survey had been launched and the Forum was present at the recent National Eisteddfod, the first official lesbian, gay and bisexual presence for 10 years.
- The Forum's Business Plan identified five key objectives for its work for the next three years:
- enabling lesbian, gay and bisexual people to play a full part in their communities and access local support
- making Wales a safer place for lesbian, gay and bisexual people to live free of harassment, discrimination, bullying or hate crime
- promoting the health and well-being of lesbian, gay and bisexual people and equality of access to health services
- achieving equality of rights
- raising awareness in Wales of the issues faced by lesbian, gay and bisexual people and promoting the positive contribution they make
- Priority areas for the coming year were:
- Community development: working with funding bodies and groups offering support services to improve access to funding for under-resourced community groups across Wales.
- Education: working with Personal and Social Education Advisers to tackle homophobia in schools, and running in-service teacher training days. The Assembly's changes to schools guidance to allow discussion of sexual identity and orientation were seen as the next best thing to repealing Section 28.
- Employment: working with unions, Assembly officials, local authorities and voluntary bodies to prepare employers for a new employment directive coming into effect in December 2003.
- Public awareness: acting as a voice in the media and in public life, including a rebuttal unit to correct inaccuracies and respond to anti-gay media stories. The LGB Forum was also seeking to promote the introduction of civil partnership ceremonies by local councils.
- Health and wellbeing issues were important but could not be tackled immediately due to funding constraints. The LGB Forum wanted to work with the new local health boards on relevant health issues and the Committee supported this.

2.2 The following points were raised in discussion:

- The Committee welcomed the work of the LGB Forum and noted the significance of it being the only government-funded body of its kind in the UK and possibly in Europe.
- The Committee was concerned at the outcome of the previous day's House of Lords vote on

fostering and adoption by unmarried couples, and the lack of legal status of relationships outside marriage was discussed. Attitudinal change was extremely important and the Committee welcomed the Forum's public awareness work. Changing the law to formally recognise such relationships was also seen as vital. It was noted that in both Carmarthen and Swansea councils had been considering introducing civil partnership ceremonies or registration schemes to recognise same-sex relationships. A Civil Partnership Bill being put forward in Westminster to positively affect partnership rights of same-sex couples was also considered an important step forward, but would not legislate for the children of such partnerships.

- The LGB Forum was represented on the board of Stonewall, the UK lesbian and gay rights group, to influence UK policy and was using this position to draw attention to the Assembly's duty to promote equality of opportunity. LGB Forum hoped that the Assembly would support the repeal of Section 28.
- It was felt that some problems for people in same-sex relationships could be tackled without primary legislation. For example, changes to hospital rules and procedures to recognise same-sex partners as next-of-kin. The Assembly already recognised same-sex partnerships in its pension scheme and it was hoped that other local authorities and public bodies would follow suit.
- Further research would help identify whether the situation for gay, lesbian and bisexual people in Wales was worse than the rest of the UK and how it might vary between rural areas, including predominantly Welsh-speaking rural areas, and urban areas. More funding was needed to carry out such research. A bid to extend the initial 3-year funding of LGB Forum has been submitted to the Assembly and the Committee expressed support for its approval.

Action Points

The Chair agreed to consider how the following issues might be taken forward:

Whether the Assembly could invite teacher training colleges to draw upon the expertise of the LGB Forum in training teachers to deliver advice on sexual identity and orientation.

Whether the Assembly should encourage more local authorities to consider civil partnership registration schemes.

How the Committee could encourage public bodies in Wales to recognise relationships outside marriage in their pension schemes.

How the Committee might take forward its concerns about Section 28.

Whether it might be necessary to issue guidance to inform decision making on adoption and fostering in light of the recent House of Lords vote on the Adoption and Children Bill.

10.20 – 10.50 am
Item 3: Presentation by Diabetes UK

3.1 Dr Ian Leedham and Mr Avind Varsani gave a presentation on Diabetes UK projects aimed at improving access to healthcare services for people from black and minority ethnic groups. The main points raised in the presentation and in discussion were:

- Rates of incidence of diabetes were 3-5 times higher in minority ethnic communities in the UK. Prevalence was increasing and the age of onset of diabetes was becoming lower. This was due to a combination of factors including genetics, lifestyle factors such as lack of healthy diet or sufficient exercise, and links to obesity. Communities that were disadvantaged in other ways might have more undiagnosed cases of diabetes.
- Diabetes UK had been running community diabetes awareness sessions among four different minority ethnic groups: the Chinese community in Swansea, Gujurati and Somali communities in Cardiff and the West-Indian Caribbean community in Newport. Initial assessment had shown a lack of understanding about diabetes and how it could be managed and a desire to find out more. The sessions were held in community group premises and were very well attended and well received. Much of the success was attributed to providing culturally appropriate information materials and providing interpreters for bilingual question and answer sessions.
- Initial blood glucose testing was offered and a number of people attending the sessions were found to have diabetes as a result. This supported the suspicion that there were higher rates of undiagnosed diabetes in these communities.
- The health education work so far had been carried out with funding from the Assembly and Glaxo SmithKline. Further activities to ensure long-term sustainability were dependent on funding and a bid was currently under consideration by the Assembly. Planned activities included developing self-help groups, producing a practical tool kit that could be used by community groups to do similar work, developing a guide for Somali communities and extending activities to other parts of Wales. The sustainability of self-help work by community groups themselves would also rely on secure funding.
- Diabetes UK considered this work to be highly applicable in other areas of health promotion and planned to disseminate it to local health boards.

10.50 – 11.00 am

The Committee agreed to break for 10 minutes

11.00 – 11.20 am

Item 4: Commission for Racial Equality Report

Paper: EOC-06-02(p3)

4.1 Dharmendra Kanani, Acting Director of the Commission for Racial Equality (CRE) in Wales, presented its annual report to the Committee. The main points raised were:

- The three main aims of the CRE were to eliminate discrimination, promote equality of opportunity and promote good race relations.
- The CRE's four main priorities for the coming three years were promoting the public duty under

the Race Relations (Amendment) Act 2000; building partnerships with the private sector; connecting with all communities; continuing internal transformation.

- CRE had an important role in monitoring the effectiveness of the Race Relations Act, and the Race Relations (Amendment) Act 2000 had created a new environment for the public sector to lead the way in improving racial equality.
- Over 40,000 public bodies were now subject to the Race Relations (Amendment) Act 2000 and the duty to promote good race relations. The CRE had been working with the public sector in Wales to help bodies understand their responsibilities and liabilities under the new legislation. Good feedback was reported from a related CRE conference called 'Beyond Rhetoric'.
- The CRE has been working with senior civil servants in the Assembly to take forward the recommendations of "Lifting Every Voice" and has also been involved in establishing an Equality Standard with the Welsh Local Government Association (WLGA). An equalities unit has been set up in the WLGA with initial funding for 3 years.
- A review of the schools curriculum was carried out to identify areas for improvement following recommendations of the Stephen Lawrence enquiry. A guidance document for schoolteachers has been produced about how to implement the new legislation.
- CRE has appointed a dedicated private sector officer as part of efforts to ensure that private organisations are clear about their responsibilities to implement the new legislation. This was particularly important in light of the move to private sector financing of public services. CRE has been working through the Welsh Development Agency as a lever for change, and to encourage support for the Ethnic Business Support Programme.
- Secondments of Assembly staff onto the CRE-funded Racial Equality Councils across Wales were welcomed as beneficial and unique in the UK. Funding for much race equality work in Wales currently comes from the CRE and local government, but because of changes in the law, funding should become broader-based in the future. CRE was shifting to a social outcomes model for funding allocation.
- Events of September 11th demonstrated the vulnerability of racial equality and raised community safety and policing issues during 2001.
- The Race and the Media Awards scheme was reported as fairly successful in encouraging the media in Wales to promote good race relations in their reporting. A media roundtable had also been established to address employment opportunities and production values in Welsh media programming.
- CRE had increased its staff levels and was looking to open an office in North Wales. The organisation's casework had increased, in particular cases related to services and the private sector. CRE also continued to work with partner agencies on developing the Single Equality Body and future race equality work.

4.2 The following points were raised in discussion:

- The fact that senior level personnel had attended the CRE seminars run for public bodies was noted. CRE also hoped to hold a seminar for senior executives jointly with the WLGA in 2003.
- The Committee was told that there had been meaningful engagement with the education sector as a result of the recommendations of the Stephen Lawrence Inquiry, but there was a need to

undertake a thematic inspection to gauge change. The CRE welcomed the Committee's support with encouraging schools to continue to engage in that discussion and auditing change in the public sector.

Action Point

- It was agreed that the Commission for Racial Equality would write to the Committee with details of the local authorities that had taken up its offer of advice on the implications of the duty to promote good race relations under the Race Relations (Amendment) Act 2000.

11.20 – 11.40 am

Item 5: Gypsy-Traveller Review – Health – Dr Sylvaine Carr-Hill
5.1 Dr Sylvaine Carr-Hill, Community Paediatrician in Swansea, spoke to the Committee about her experiences of working with four generations of gypsy-travellers in Swansea over a 20-year period. The main points of her presentation were:

- Clients were visited at three sites in the Swansea area and patients were seen in their trailers as well as in clinics. The number of gypsy-travellers in the area was difficult to estimate and no statistics were available. Families could be classified as:
- 'Local', where the women had married local men, they identified themselves as Welsh and their dead were buried in the area.
- 'Visiting', where families would come and stay 4-6 months at a site, or
- Families that passed through, staying only briefly.
- Families needed to see a GP rather than just a midwife, paediatrician or health visitor, and it had become easier for them to register with GPs or at least get appointments on request. Child health clinics were provided which gave immunisations, and children were also seen in clinics, for example for special needs assessments. In the Swansea area there was integration of services between education, social services and housing, but continuity of care revolved around Dr Carr-Hill and there was a problem with having enough time to visit the families. Weekly visits were made where possible.
- There was limited and not very up-to-date research on the health issues facing gypsy traveller families. Low birth weight had been cited but was not a problem in Dr Carr-Hill's area as most women took up antenatal care. There was higher morbidity due to environment, illnesses such as diarrhoea, increased asthma and parasites, and increased accidents partly because gypsy-traveller children were very physically active but often played in unsafe areas. There was an increased incidence of certain genetic conditions due to higher levels of inter-marriage, and a lower life expectancy due to gypsy-travellers dying of conditions that were more easily diagnosed and treated consistently among a settled population.
- Lack of sites, lack of literacy, lack of trust, and lack of services including post, doctor and dentist were all cited as problems for gypsy-traveller families. What was needed was a designated professional, especially a health visitor, in enough places and with enough time.

- Continuity of staff was vital because building trust took a long time and health professionals also needed to learn about the culture to prevent misunderstandings. Confidence in the integrity of health workers was very important as they often filled in forms for people with limited literacy.
- The importance of consulting gypsy-travellers directly was stressed, but it was acknowledged that this was difficult because gypsy-travellers tended to be invisible and lacked strong self-representation. It was reported that some gypsy-travellers would integrate more into mainstream society if they knew what was involved and the pros and cons were explained to them properly.

5.2 The main points raised in discussion were:

- Gypsy-traveller families passing through an area received attention through word-of-mouth referrals by longer-staying families who knew the health worker.
- Access to GP care was important: a paediatrician was not able to deal with chronic conditions satisfactorily, for example advising on how to take medication. Continuity in health care was difficult because recalls were often not done. The first point of contact for a patient was a GP receptionist, and GPs themselves were not always aware that a patient seeking treatment was a gypsy-traveller. Gypsy-traveller families were not resistant to GP treatment as long as they do not experience prejudice when they visited, and familiarity reduced prejudice. There was similarly no resistance to seeking dental treatment.
- Liaison with other agencies was vital, and at present there was no formal structure in Dr Carr-Hill's area, so liaison between health professionals was informal. Dr Carr-Hill liaised with GPs, hospitals, family planning, social services and child protection, as well as acting as post person to inform gypsy-traveller families of their medical appointments.
- Gypsy-traveller families were not as nomadic as they used to be because of the law and the lack of sites. Before the current legislation doctors could deal with site managers to reach people but this was not working well at the moment.

11.40 – 12.00 pm

Item 6: Gypsy-Traveller Review – Health – Bristol Traveller Health Project

6.1 Sarah Rhodes, team leader of the Bristol Traveller Health Project, spoke to the Committee. The main points of her presentation and the points raised in discussion were:

- The project had two health visitors and an administrator and having dedicated personnel was essential. Outreach work covered around 1,200 gypsy-travellers across four unitary authorities and five Primary Care Trust areas.
- Health promotion work was culturally sensitive and based on the experiences of the gypsy-travellers themselves and what they requested. Families tended to have a lot of children and work was oriented around this: examples were a leaflet about controlling fever in babies and child safety in trailers.
- Giving gypsy-travellers access to the care they needed might be difficult because GPs did not always agree on what services to provide.

- The Project ran a mobile dental unit that was very popular, especially with gypsy-traveller children. This grew from an identified need at roadside and transit sites used by gypsy-travellers. It was labour-intensive and relied on finding a dentist willing to do the work, to drive a truck and not to profit from providing treatment.
- Project staff acted as the postal service informing gypsy-travellers of their medical referrals.
- A women's clinic had been set up for screening, family planning and secondary care. The doctor recruited for this service was a GP and was consulted by gypsy-travellers on many different health issues. This service had now stopped due to lack of funding.
- There was a high degree of disability and mobility issues among the gypsy-traveller families and assistance was given to access welfare benefits with a service provided by the Citizens Advice Bureau and funded by the health authority.
- Immunisations were often carried out late and in an ad hoc way but families were good at keeping child health records safely so there was little risk of over-immunisation. Child immunisations were recorded on local computerised records, and for children new to the area, efforts were made to track down details of immunisations carried out elsewhere using information from parents.
- Pictures of both official and unauthorised sites with uncollected rubbish illustrated poor living conditions for gypsy-traveller children. Children were often expected to take on everyday tasks such as collecting water from an early age. Access to clean water was often a problem but the incidence of water-borne diseases was low because gypsy-travellers knew how to protect against them. The Project has sometimes intervened to restore water supply to a site after the local authority had stopped it.
- The Project was also involved in the Sure Start programme. Gypsy-traveller families were not generally living in very deprived areas of Bristol but a lot of former sites had been blocked off and so people were stopping in very dangerous areas such as close to motorways. Pictures of council sites were shown to illustrate this. In cases where gypsy-travellers bought land to live on they were not being granted planning permission and the Project would help by putting a health case for the family to the local council.
- Local discrimination against gypsy-travellers includes 'no travellers' signs in shop windows. A local voluntary agency existed to help, but they did not seem able to address instances of prejudice by health workers.
- Although input to pre-registration training of health workers was an option, the job was not suited to someone newly qualified. Sarah Rhodes had training in a number of areas including family planning and nursing, and had worked in a range of geographical areas. She had learnt about gypsy-traveller issues by doing the job and being familiar with the geographical area also helped.
- Management of chronic conditions such as hypertension was difficult when there was no base from which to obtain repeat prescriptions. GPs might not be keen on monitoring, and gypsy-travellers were more likely to use emergency appointments for children's illnesses than to get treatment for conditions like high blood pressure. Cases were reported of diabetic gypsy-travellers being refused repeat insulin medication and having to eke out their existing medication.

12.00 – 12.20 pm

Item 7: Gypsy Traveller Review – Health – Angela Roberts

7.1 Angela Roberts, a health visitor who has been working with Irish gypsy-traveller families in the Wrexham area, spoke to the Committee. The main points of the presentation and discussion were:

- Most of the client group was Irish traveller families not gypsies.
- Assembly funding of £300,000 over 3 years had been received under the Inequalities in Health Fund to deliver improved coronary care. A full-time project facilitator had been appointed and a travelling caravan had been obtained which contained a clinic and work area. A full-time researcher had also been appointed to evaluate the work and gain better information about needs.
- A health needs assessment was underway. This was essential to clearly define the needs among gypsy-travellers, which could be very diverse.
- After difficulties in establishing a multi-agency forum there was now a small group of committed professionals working together and 15 agencies overall were involved. Multi-agency partnership working was considered key to successful delivery.
- The project history was that between 25 and 100 gypsy-traveller families had been occupying an illegal site next to a hospital for 19 years and this was very unpopular with local people and hospital staff. The site had virtually no sanitation, and contained a river and large pond that was dangerous to children. Families had been evicted and dispersed over a wide area. Concern among local social service and health workers was reported to the Committee. Some families had been re-housed and been victims of arson and stoning. Families housed in high-storey buildings had difficulty adjusting after having lived in trailers. There had been overcrowding on some new sites and one legal council site was in a damp area bounded by two busy roads with no safe crossing place or local bus service. Two gypsy-traveller families who had been in conflict for many years were put together on one site. It was felt that wider consultation before relocation would have prevented some of these problems and that there was a need for attitudinal change within some local authority departments.
- The scope of services offered by the Wrexham project was diverse and similar to that in Bristol, but this was probably the first project of its kind in North Wales.
- GPs resist having gypsy-travellers on their lists for immunisations because under the healthcare system their practice lost money by treating them.
- Appointment information was sent to health visitors but missed appointments were still a problem because gypsy-travellers moved on, came on the wrong day, or the health visitor was away at the time. Waiting time until the next appointment might be significant, for example, a delay of 42 weeks for the next assessment of a child's speech and language development.
- An adult health passport to record medical details was being developed which was similar to the existing child health record.
- The project was trying to promote women's health and breastfeeding, which was not currently culturally acceptable among the gypsy-traveller families. Discussion of family issues among women gypsy-travellers was also encouraged to help reduce inter-family conflicts. It was hoped that other women's health services would be undertaken in the future.
- Specific cardio-vascular work was being looked at but any of the other health work done among the gypsy-traveller families would impact positively on cardiovascular health.
- Tuberculosis was on the rise among gypsy-travellers although not a particular problem in the

Wrexham area yet. TB immunisation from birth was being attempted but was difficult because families would often move within days of a birth.

- Culture-specific health promotion was important: physical exercise is encouraged by focusing on activities like flamenco and Irish dancing rather than football, and storytelling was a way to get health messages across.
- As with the Bristol Traveller Project, dental health treatment was popular.
- Key issues for the project were assured future funding and diversity and culture-specific training for all agencies working with gypsy-travellers, possibly including pre-registration nurse training, but this might be too early.
- A designated worker was essential and primary services must be engaged. They must understand the health beliefs of gypsy-traveller families that were very different from non-travellers.
- Empowering people by community education was considered important. Health workers were advocates for gypsy-travellers but self-advocacy was being encouraged, which was difficult in the face of prejudice.

Paper to note
Paper: EOC-06-02(p.4)
Background information on the legal position with regard to Gypsy-Travellers prepared by the Office of the Counsel General

12.20 – 12.25 pm

Item 8: Minutes of the previous meeting
Paper: EOC-05-02(min)
8.1 The minutes of the previous meeting were agreed.

8.2 The meeting closed at 12.25 pm.