

# Equality and Human Rights Toolkit for GP Practices

Version 2.0



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

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# Section 1- Setting the scene- Introduction

## Aims

This Equality Toolkit has been developed to provide key equality information for people who work within GP practices.

- To help create an inclusive environment within GP practices for patients, carers and staff
- Provide information that promotes greater understanding of how to support the needs of patients, carers and staff

## Times when this toolkit will be most useful

- Dealing with patients and carers
- Staff inductions
- Making your workplace more inclusive
- Dealing with equality related complaints
- Reviewing policies and decisions affecting both patients, carers and staff
- When seeking greater awareness and sources of information about specific equality groups and beyond

This toolkit will also form part of a wider suite of BCUHB and GP Practice Policies around Equality and Inclusion. Please note that case law and guidance may change, so make sure you have the latest information.



## Is your practice....

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Inclusive?

“I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

— **Maya Angelou Civil Rights Activist**

Discrimination, bias and prejudice can impact on individuals, organisations and societal levels. It can impact negatively on physical and mental health and can contribute to health inequalities. Having an inclusive environment can help us achieve a truly diverse and inclusive workplace that meets the needs of our communities.

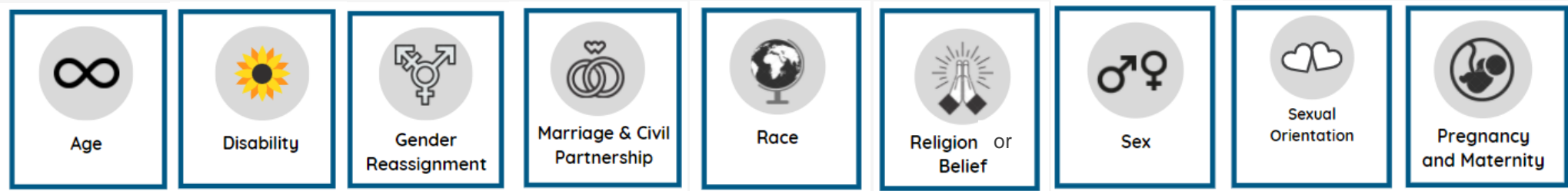


## Section 2 - The Law and related information

### The Equality Act 2010

The Equality Act 2010 gives protection for people who share protected characteristics, from discrimination, harassment and victimisation.

Under the Equality Act 2010, discrimination means treating a person unfavourably because of a reason related to their possession of a protected characteristic. The Act defines six types of discrimination. See appendix A for definitions on types of discrimination.



**The Public Sector Equality Duty is a legal duty on public authorities and those who use public funds to consider how their work affects people who are protected under the Equality Act.**

Those subject to the general equality duty must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between people who possess a protected characteristic and people who do not
- Foster good relations between people who possess a protected characteristic and people who do not

For further information see [Equality Act | Equality and Human Rights Commission \(equalityhumanrights.com\)](https://www.equalityhumanrights.com)

# Equality law

## Socio-Economic Duty

This duty was introduced by the Welsh Government on 31st March 2021. Its aim is to deliver better outcomes for those who experience socio-economic disadvantage. It further enhances current equality legislation and the Well-being of Future Generations (Wales) Act 2015 and Social Services and Well-being (Wales) Act 2014.

## Human Rights Act 1998

This sets out universal standards to ensure that a person's basic needs are recognised and met. Public Bodies have a mandated duty to ensure they have arrangements in place to comply with the act. It is unlawful for a healthcare organisation to act in any way that is incompatible with human rights. In practice, this means we must treat individuals with Fairness, Respect, Equality, Dignity and Autonomy. These are known as the **FREDA** principles.

## Well-being of Future Generations Act 2015

The Well-being of Future Generations Act requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.

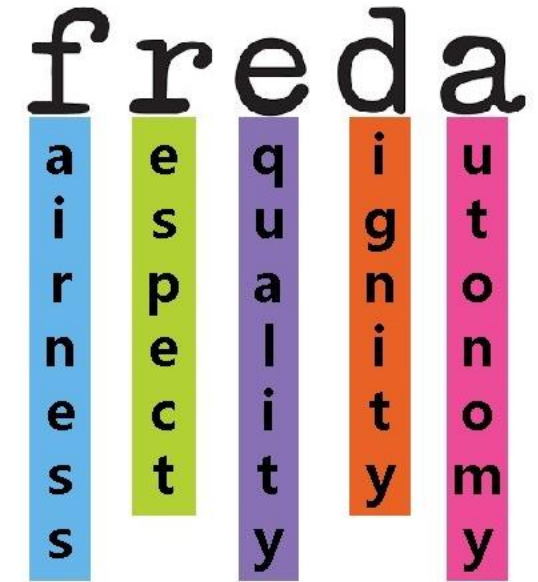
## Further information:

[A More Equal Wales: The Socio-economic Duty | GOV.WALES](#)

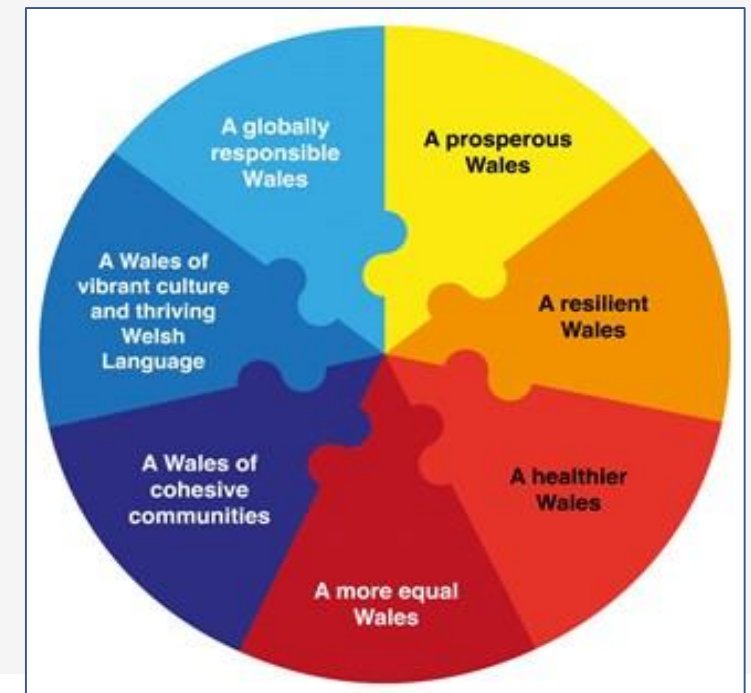
[Well-being of Future Generations \(Wales\) Act 2015](#)

[Health and Social Care \(Quality and Engagement\) \(Wales\) Act: summary | GOV.WALES](#)

[Mental Health Act - National Collaborative Commissioning Unit \(nhs.wales\)](#)



Infographic courtesy of CQC



# The Law

## Welsh Language (Wales) Measure 2011 – Welsh Language Standards

The Welsh Language standards are a set of statutory requirements which are relevant to health. They state clearly the responsibilities to provide bilingual services to patients and the public. Under the standards, we must not treat the Welsh language less favourably than the English language.

### Welsh language standards in primary care

Welsh language standards apply to NHS primary care services that are contracted by health boards, including NHS dentists.

Welsh language standards currently don't apply to independent providers. However, independent providers must follow 6 Welsh language duties which came into force in May 2019 as detailed below.

### Welsh Language Duties for Independent providers:

For any services provided under the contract, providers must:

- Notify the local health board if they provide services through the medium of Welsh
- Provide Welsh language versions of all documents or forms provided to it by the local health board
- Ensure that any new sign or notice provided is bilingual. Contractors can use local health boards translation services for this purpose.
- Encourage staff to wear a badge or lanyard to show that they are able to speak or learning Welsh, if they provide services in Welsh
- Establish and record the language preference of a patient
- Encourage and assist staff to utilise information and/or attend training courses or events provided by the local health board

### Further information:

- [Welsh language in primary care | GOV.WALES](#)
- Health Board's Welsh Language Team - [BCU.WelshLanguageServices@wales.nhs.uk](mailto:BCU.WelshLanguageServices@wales.nhs.uk)



# Related issues – health inequalities

Health inequalities are the avoidable differences in health outcomes between groups or populations, such as differences in how long we live or the age at which we get preventable diseases or health conditions (Office for Health Improvement and Disparities, 2022).

## Types of Health Inequalities include:

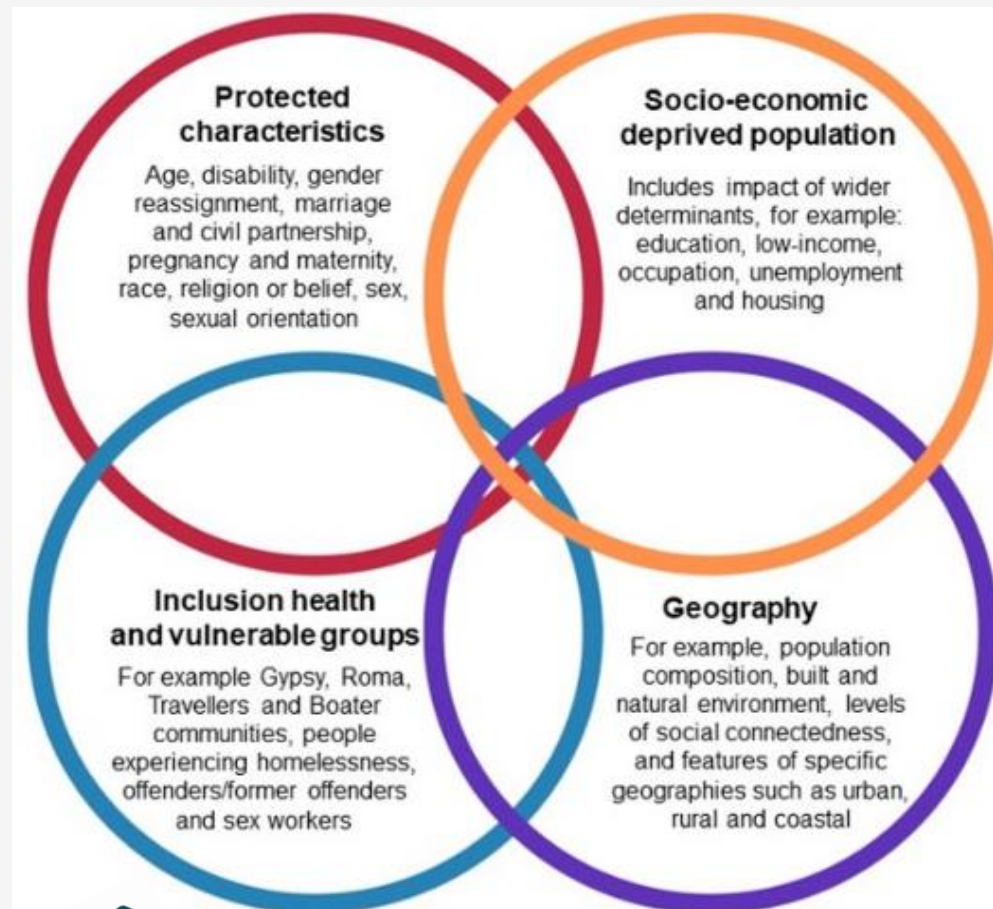
- Inequalities in life expectancy
- Inequalities in healthy life expectancy
- Inequalities in avoidable mortality deaths
- Inequalities in long-term health conditions
- Inequalities in the prevalence of mental ill-health
- Inequalities in access and experiences of health services

## Health Inequalities in North Wales:

People in the poorest communities are living on average 7 years less than people living in the wealthiest communities.

Evidence shows that people from certain ethnic minority and inclusion health groups are spending more years experiencing ill health and are dying sooner (Office for Health Improvement and Disparities, 2022).

**These differences are unfair, avoidable and are growing.**



Source: Office for Health Improvement and Disparities, 2022

# Social Determinants of Health

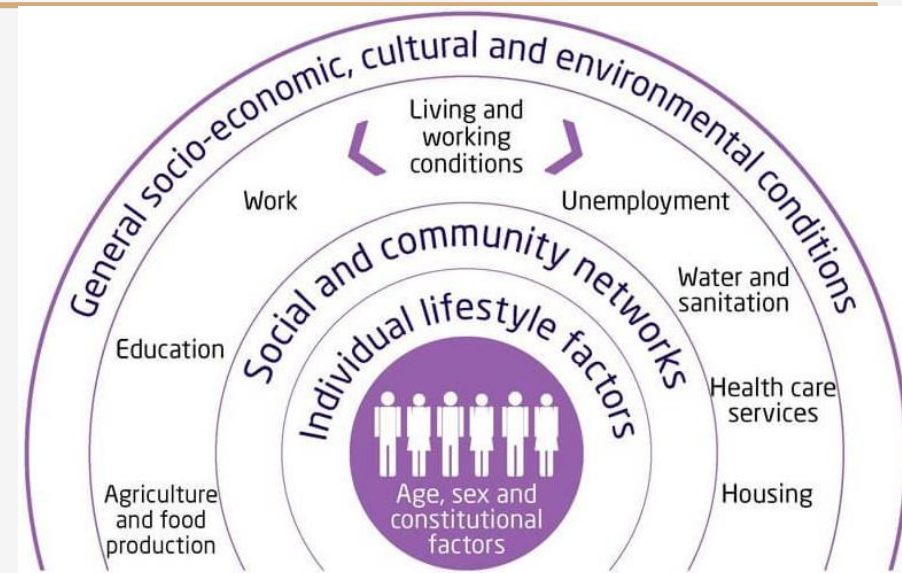
## What factors can affect health inequalities?

Health inequalities are affected by a range of individual, social, economic and environmental factors. These factors are known as the social determinants of health, such as -

- Income and social protection
- Education
- Unemployment and job insecurity
- Working conditions
- Food insecurity
- Housing, basic amenities and the local environment
- Early childhood development
- Social inclusion and non-discrimination
- Access to health services

## Finding solutions – good practice includes:

- Understand the barriers to accessing healthcare for people who share protected characteristics and health inclusion groups by completing equality and diversity training
- Listening to patients about their experiences
- Provide health information in a range of accessible formats to enable patients and carers to make an informed decision about their care for example Easy Read, Language Line and BSL Interpretation
- Work in partnership with social prescribing and voluntary organisations, to support patients and carers with their wider health, social care and well-being needs
- Build trust with patients and carers by proactively involving them in decision making about their care
- Routinely collect and review equality monitoring data to understand your GP patient profile and inform services



Source: Dahlgren and Whitehead, 1993. Tackling inequalities in health: what can we learn from what has been tried?

# Section 3 – Key Equality Issues

## Disabled People - Social Model of Disability

The Social Model of Disability is a way of viewing the world that was developed by disabled people and adopted by Welsh Government in 2002. In summary:

- Disability is caused by the way society is organised, rather than by a person's impairment, condition or difference
- It looks at ways of removing barriers that restrict life choices for disabled people
- When barriers are removed, disabled people can be independent and equal in society, with choice and control over their own lives

The Social Model shifts the focus away from individuals' impairments or conditions and instead looks at discriminatory barriers, whether physical, organisational or attitudinal, created and maintained by society. This rights-based approach helps to develop positive attitudes in society.

Not all impairments are visible and invisible impairment can be physical, mental or neurological conditions that are not visible from the outside. It is important that patients and staff feel safe to disclose their disability status / long term conditions in order to look at barriers that impact their access.

Social model language guidance is available within in section 4.

### Further information:

BCUHB Staff can access remote interpretation services – [info on Betsi Net](#)

Non BCUHB staff can access British Sign Language Interpretation - **WITS** can be accessed by staff by calling 02920 537555 or email [WITS@cardiff.gov.uk](mailto:WITS@cardiff.gov.uk)

[Social Model - Disability Wales](#)

[Disability advice and guidance | Equality and Human Rights Commission \(equalityhumanrights.com\)](#)



# Key Equality Issues

## Information about Neurodiversity

**Neurodiversity** is about recognising that people think about things differently. Most people's brains work and interpret information in a similar way but others interpret information in different ways. Neurodivergence is the term for when someone's brain processes, learns, and/or behaves differently from what is considered "typical".

- ADHD\*, Autism, Dyspraxia, Dyslexia and Tourette's all fall within the spectrum of "Neurodiversity" and are all neurodiverse conditions. Not everyone will have a confirmed diagnosis and some may not wish to disclose it or be assessed
- Some people who are neurodivergent may choose to wear the sunflower lanyard to make people aware of their needs
- The Code of Practice on the Delivery of Autism Services notes requirements for primary care practitioners, which includes staff receive learning and training, reasonable adjustments and signposting to information and advice through community support services

### Some examples of reasonable adjustments include -

- Arrangements of appointments using text messages rather than telephone
- Quiet area within a waiting room to limit sensory overload
- Bringing a chosen person to the appointment to support with expressing needs



\*ADHD is an abbreviation for Attention Deficit Hyperactivity Disorder



# Key Equality Issues

## Carers

The Welsh Government defines a carer as “anyone of any age, who provides unpaid care and support to a relative, friend or neighbour who is disabled, physically or mentally ill, or affected by substance misuse”.

Young carers are defined as carers who are under the age of 18, and young adult carers as being aged 16-25. A parent carer is a parent or guardian who has additional duties and responsibilities towards his/her child because his/her child has an illness or is disabled. Parent carers will often see themselves as parents rather than carers, but they may require additional services in order to meet or continue to meet the needs of their child.

Carers often do not see themselves as carers. They will describe themselves as a parent, husband, wife, partner, son, daughter, brother, sister, friend or neighbour, but not as a carer. Ensure you involve the person being cared for and speak directly to them where appropriate.

Carers can be involved in a whole range of practical, physical, personal and administrative tasks. Carers services also provide carer awareness training for professionals, e.g. student nurses, social work staff and GPs.

### Further information:

[Carers-services-in-North-Wales-summary-v3.pdf](#)  
([northwalescollaborative.wales](#))



The Carers UK survey – The state of Caring report notes:

- Caring can have a detrimental impact on someone’s physical and mental health
- 26% of carers described their physical health as bad or very bad
- 34% of carers rated their mental health as bad or very bad
- 36% of carers reported that they are often or always lonely, otherwise known as being ‘chronically lonely’



# Key Equality Issues

## People experiencing homelessness

- For people experiencing homelessness, access into health services will help address health needs and inequalities
- Anyone in Wales can register with a GP for treatment. It is not necessary to have a fixed address or identification to register. Anyone (including those experiencing homelessness) who is registered with a GP can get free prescriptions
- The GP practice has a duty to provide a translator if needed and telephone translation services should be available
- Digital access to appointments may not be suitable for people who are homeless due to costs, wi-fi connection and confidentiality issues
- Health needs of this group are often complex, with significantly lower life expectancy, mental health needs and 30% having long term conditions. Women often miss key screening / contraceptive checks

## Finding solutions – good practice includes:

- Registration and support / advice regarding address evidence
- Flexible appointments and longer appointments to meet complex needs
- Make every contact count
- Staff awareness of the needs of people experiencing homelessness – such as access to digital appointments
- Trauma informed care



# Key Equality Issues

## People seeking sanctuary

Welsh Government published Nation of Sanctuary - Refugee and Asylum Seeker Plan in 2019. This means that Wales provides comprehensive support for this group who have often fled from war and persecution.

GP Practices are key in reducing barriers for healthcare. The health needs of this group may be complex and people registering with GPs may not fully understand their entitlements to NHS services. This group also face higher risk of hate crime and prejudice in society.

Primary Care services can be accessed by everyone regardless of immigration status.

### Finding solutions – good practice:

- Registration and support / advice regarding documentation not required to register
- Translation support with registration, appointments and information
- Flexible appointments and longer appointments to meet complex needs
- No wrong door approach
- Staff training - cultural competency and understanding needs of this group
- Trauma Informed Care

### Further information:

<https://gov.wales/refugee-and-asylum-seeker-plan-nation-sanctuary>

[Advice for primary care – arrivals from Ukraine \(wales.nhs.uk\)](https://wales.nhs.uk/advice-for-primary-care-arrivals-from-ukraine)

[health-and-wellbeing-provision-for-refugees-and-asylum-seekers\\_0.pdf \(gov.wales\)](#) – particularly section 3.6.



# Key Equality Issues

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## Refugees, asylum seekers and refused asylum seekers in Wales have the right to:

- Free NHS care and prescriptions free of charge. Their entitlements can be found at the Welsh Government's website [Sanctuary | Choose a path \(gov.wales\)](https://gov.wales/sanctuary)
- Information to help access NHS services in their local area. They may not understand how the health system operates and it is important to explain that our NHS is the same for everyone in Wales and may differ to the system they are used to
- Access NHS services with dignity, respect and confidentiality. Respond sensitively to whatever they tell you and reassure them that questions will help to arrange their healthcare and will not be passed on to the Home Office or immigration officials. This is crucial in establishing trust
- People seeking asylum and refugees on a low income have access to the HC2 certificate. This entitles the holder to free NHS dental treatment, free NHS sight tests, help with the cost of glasses or contact lenses, help with the cost of travelling to receive NHS treatment, free NHS wigs and fabric supports
- The voluntary community and faith sector (VCFS) plays an important role in supporting people seeking sanctuary. Working with VCFS partners can maximise support for individuals, including people who have been refused asylum. Having good awareness of support organisations can help with signposting
- Kindness and friendliness have a big impact in terms of access to services for people who are unfamiliar or nervous with the NHS. A kind smile and a listening ear will go a long way!

# Key Equality Issues

## Internal ways of working – policies and reporting a Hate Crime

All Primary Care providers should have a current Equality and Human Rights Policy, and a procedure for dealing with equality related concerns / complaints. All Primary Care providers should be aware of how to report a Hate Crime.

### Reporting a Hate Crime

Hate crime is the term used to describe an incident or crime against someone based on a part of their identity. There are five categories of 'identity' when a person is targeted because of a hostility or prejudice towards their disability, race or ethnicity, religion or belief (which includes philosophical and non-belief), sexual orientation, and gender identity. Victim Support also recognises crimes targeted at alternative sub-cultures (such as Goth) as a form of hate crime.

Victim Support provide information on different ways to report a Hate Crime. [Reporting a crime - Victim Support](#)

### Policy / Procedure for reporting

For Health Board managed practices, a policy on reporting is available on the Betsi Net Intranet.

For General Medical Services (GMS) Practices, internal policy should include how to report. Advice is available via Victim Support or North Wales Police.

Further information: [Hate crime - Victim Support](#)



# Section 4 People are Individuals

## Culture, Religion and Belief

### Cultural Competence – Culture, Religion and Belief

Culture can impact how people perceive and access health care. People come from diverse cultures and these may differ within the same ethnic or social group which may relate to age, gender, political belief, religion and belief and ethnicity. Faith can bring comfort to patients during worrying times of their lives. This may be particularly important for starting a family, end of life care and within bereavement.

Research shows that people often turn to their religious, philosophical and spiritual beliefs when making decisions around their health care. It can impact on:

- Eating and diet
- Medicines, treatments and organ donation
- Contraception and sexual health
- Pregnancy and maternity
- Modesty and dignity
- Appointment times sensitive to religious rituals and celebrations
- Palliative care and end of life

### Finding solutions – check list of good practice:

- Respect peoples religion and beliefs – including philosophical and non belief.
- Try to meet requests based on culture / belief such as same sex health practitioners and chaperone.
- Good level of understanding and cultural sensitiveness and know your local population
- Awareness that key religious celebrations which involve fasting usually have exemptions for people with long term health conditions



*Culture emerges from individual and group values, beliefs, and behaviours. It should encourage and support mutual respect and constructive challenge. It is not static but ever-changing.*

**Further information:** [Cultural Religious Competence In Clinical Practice - StatPearls - NCBI Bookshelf \(nih.gov\)](#)



# People are Individuals

## LGBTQI+

### Needs of LGBTQI people and Trans Care

Welsh Government have developed an action plan to tackle disadvantages faced by LGBTQI+ communities. This gives the commitment enabling all LGBTQI+ people in Wales to live as full lives as possible – to be healthy, to be happy and to be safe.

#### Inclusive practice – workplace

Discrimination for LGBTQI+ people is still prevalent across society and many people choose not to 'come out'. Having a robust procedures to deal with incidents and training to promote inclusive workplaces are vital to address discrimination. There should be a policy in place for staff that require time off work to undergo treatment for gender reassignment.

#### Inclusive practice – patients and carers

Access into inclusive health services and good trans care will help to address health needs and reduce health inequalities for this group. It will also facilitate better access to services, including mental health and screening services.

#### People often report:

- Being asked inappropriate questions or curiosity when disclosing their sexual orientation or gender identity
- Specific healthcare needs being ignored or not taken into account
- Avoiding treatment or accessing services for fear of discrimination or intolerant reactions



***“I received a phone call, I confirmed my name three times and they still questioned if they had the right person, I felt I had to apologise and explain I was a trans woman”***

# People are Individuals

## LGBTQI+

### Finding solutions – good practice

- Good level of staff awareness – confirm the correct pronouns and name. If not sure, ask
- Use of rainbow signs / lanyards (if used) to indicate practice is LGBTQI friendly
- Use of pronouns on emails - which shows solidarity for trans rights
- Using gender neutral language where appropriate
- Not making assumptions - regarding the voice on telephone
- Not making assumption regarding sexual orientation... not all couples are heterosexual
- Systems in place to ensure that transgender men and women are routinely invited to relevant screening appointments – for example, trans women may require prostate screening and trans men may require cervical screening
- Awareness of referral processes and support available for people wishing to undergo gender reassignment, including awareness for children and young people
- Training and education for staff for understanding and awareness
- Respecting confidentiality

### Further information

[Sexual orientation discrimination | Equality and Human Rights Commission](https://www.equalityhumanrights.com/)  
([equalityhumanrights.com](https://www.equalityhumanrights.com/))

<https://www.stonewall.org.uk/>

[LGBTQ+ Action Plan for Wales \(gov.wales\)](https://gov.wales/lgbtq-action-plan)

[LGBTQ Terminology document](#)



***“LGBTQ+ rights are human rights”***

# People are Individuals

## Age and Gender

### Inclusive practice – workplace

Age discrimination and sex discrimination are prevalent across society. Stereotyping / preconceived ideas can impact recruitment and workplace interactions. Older staff often report being overlooked for new training and younger people are sometimes not valued due to their age and perceived in-experience. Sex/gender discrimination and sexual harassment are commonly experienced by people of all ages. Internal policies such as uniform, dress code and flexible working are opportunities to consider potential stereotyping and discrimination. Adjustments may also be needed for people experiencing adverse perimenopause / menopause symptoms.

### Inclusive practice – patients and carers

Staff perceptions and stereotypes can impact how we interact with different age groups. Terms given to older people such as ‘bed blockers’ are insulting and ageist and directly impact on how older people reach out for support with their health. Language is important and terms such as ‘man up’ and even ‘dear and love’ can be seen as derogatory. People often report:

- Staff being dismissive and making assumptions
- Patronising language
- Feeling overlooked when a carer is present
- Feeling overlooked for the need of having an advocate

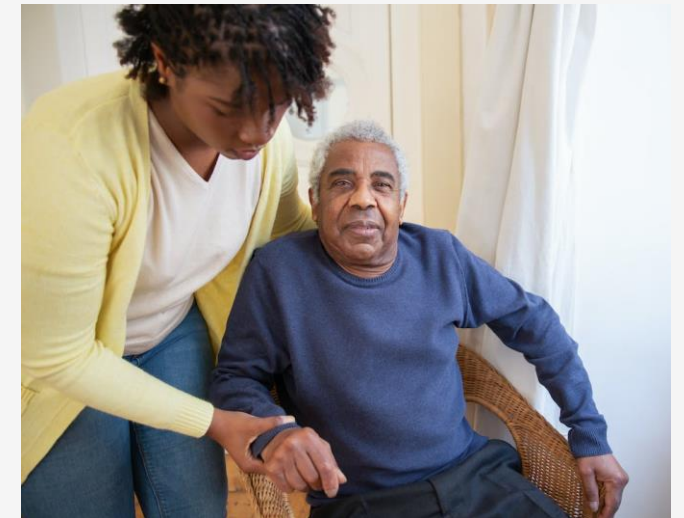
### Further information:

[What does ageism look like? | Centre for Ageing Better \(ageing-better.org.uk\)](https://ageing-better.org.uk/)

[Home - Older People's Commissioner for Wales](#)

[Rights of Children and Young Persons \(Wales\) Measure 2011](#)

[Menopause in the Workplace - Public Health Wales \(nhs.wales\)](https://nhs.uk/)



*“Ageism is when people are unfairly treated based on their age”*

# People are Individuals

## Black, Asian and other ethnic diverse groups

### Needs of Black, Asian and other ethnic diverse groups

In June 2022, the Anti-racist Wales Action Plan was published. This states inequities and variation remain in how health services provide access to and engage with Black, Asian and other ethnic diverse groups. There is significant evidence people from these backgrounds often face discrimination in both employment and in accessing services. Also cross reference with section on Culture, Religion or Belief and also section on Gypsy, Roma and Traveller.

#### Finding solutions – good practice:

- Good level of staff awareness of local population and related needs which will include respect and cultural sensitivity
- Access to translation services and ensuring patients and carers know how to request translation services
- Staff know how to request interpreter and translation services via the Welsh Interpretation and Translation Service - WITS
- Promotion of anti-racist interventions – relates to policies, and reporting incidents
- Supporting Health Board implementation of actions from the Anti-racist Wales Action Plan
- Pledge to zero racism Wales - [Link to make the pledge here](#). Support campaigns and cultural celebrations
- Staff undertake cultural competency training and being effective by-standers to challenge discriminatory behaviours
- Mindful of terminology used - using full words for groups – avoid abbreviations

**Further information:** [Anti-racist Wales Action Plan | GOV.WALES](#)

**WITS** can be accessed by staff by calling 02920 537555 or email [WITS@cardiff.gov.uk](mailto:WITS@cardiff.gov.uk)

BCUHB staff can book remote translation – [info on Betsi Net](#)

SHOW  
RACISM  
THE  
RED  
CARD

*“We all should know that diversity makes for a rich tapestry, and we must understand that all the threads of the tapestry are equal in value no matter what their colour.”*  
Maya Angelou



# People are Individuals

## Gypsy, Roma and Traveller communities

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### Gypsy, Roma and Traveller communities

There are many negative attitudes and ingrained prejudices about Gypsy, Roma and Traveller communities and racism is common. They are not a homogenous group but they do share well evidenced experience of poor access to healthcare and poor health outcomes, with lower life expectancy compared to the general population. Uptake of screening programmes and vaccination programmes among these communities is lower when compared with the general population.

Showmen are a distinct cultural group who are people who travel (occupational travellers) to gain their livelihoods by attending funfairs. 'Showmen' is the chosen term by the Showmen community to encompass men and women. Highest numbers of Showmen population in North Wales live in Rhyl and Llandudno areas.

### Good practice ideas:

- Promote registration information - a permanent address is not a requirement for registration with a GP
- Health Boards have a responsibility to ensure that there is primary care access for the whole population
- Staff awareness and sensitive to literacy levels – assist in the completion of any required forms. People with low levels of literacy may feel embarrassed so staff should have sensitivity to this. Alternative methods of communication such, as telephone or easy read using visuals could be used
- Ask the patient about the best ways for making contact / sharing appointment letters. Some patients may have difficulties in receiving post
- Good level of cultural competency and awareness of bias will help with understanding needs. Often women and men will feel more open to discuss personal health issues with doctors / nurses of the same sex. Travelling to Better Health report has information relating to basic cultural awareness for visits



### Further information:

Legal Briefing on Racial discrimination: Gypsies, Roma, and Travellers and their sites in Wales. October 2021

[Travelling-to-better-health.pdf \(gov.wales\)](https://gov.wales/travelling-to-better-health.pdf)



# People are Individuals

## Armed Forces Community

### Communities of interest - Armed Forces Community (AFC)

Most Armed Forces Veterans will have health and social needs in common with the general population. There are however, large numbers of Veterans who will have physical or mental health needs directly related to their service. The UK government has launched the [Armed Forces Covenant](#) with the principle that the Armed Forces community as a whole, should not be disadvantaged because of their military experience.

Research shows that Veterans across Wales face the following (health) issues:

- Social loneliness and social isolation
- Hearing fund requests
- Prosthetic requests
- Mental health support
- Alcohol and drug misuse support and support with gambling

#### Good practice ideas:

- Raise awareness of the Armed Forces Covenant and potential disadvantage the AFC face
- Become a “Veteran Aware” / “Veteran Friendly” Organisation
- Raise awareness of and directly refer to Organisations who provide support to Veterans
- Record Armed Forces Community (including Veteran) status on patient records (SNOWMED coding)

#### Further information:

[Veterans' healthcare toolkit: Veteran friendly GP practice accreditation \(rcgp.org.uk\)](#)

[Veterans' health and wellbeing | CPD for General Practitioners \(heiw.wales\)](#)

[Armed Forces Covenants in Wales - GOV.UK \(www.gov.uk\)](#)

[Advice and support for veterans & ex-forces | Veterans' Gateway \(veteransgateway.org.uk\)](#)

[UK armed forces veterans, England and Wales - Office for National Statistics \(ons.gov.uk\)](#)



## Section 5 What we have been told

### A message from learning disability self-advocacy groups:

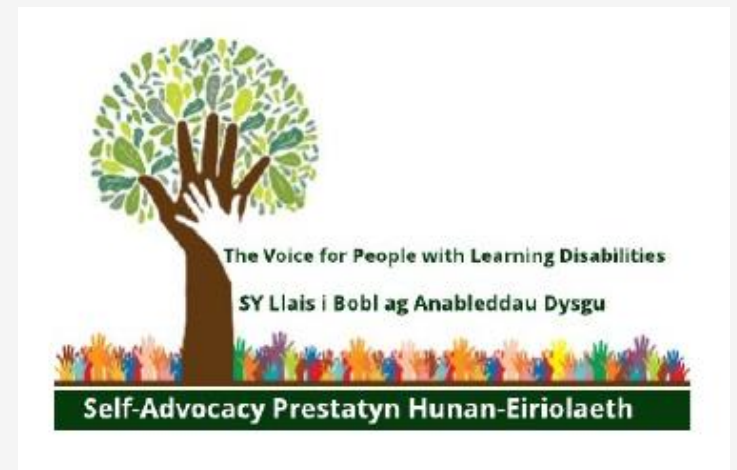
The following information has been provided by disability self-advocacy groups across North Wales – as key information they want to share with GPs. It highlights key areas of barriers to access and solutions to meet the needs of people with cognitive impairments.

#### Respect:

- Take us seriously.
- Confidentiality - We sometimes need to speak to you without a carer or support worker about some subjects, such as sexuality. Triage in open busy reception areas does not always address our needs for confidentiality.
- Some of us have different communication needs - easy read helps us to have an independent life. Involve us in your communication – both in speaking and writing. We often feel overlooked.

#### Appointments:

- We often need help to attend appointments, we worry about being late and get anxious when there are long waiting times.
- Phone appointments are sometimes difficult as we find it difficult to express our needs
- Appointments on computer are not always suitable, as not everyone is confident using a computer.
- GPs do not always explain why they are changing a medication. Our complex needs need to be respected.
- Some of us struggle to attend early appointments. This is because we are slower in the morning - because of our condition, we are dependent on family and support workers or public transport.



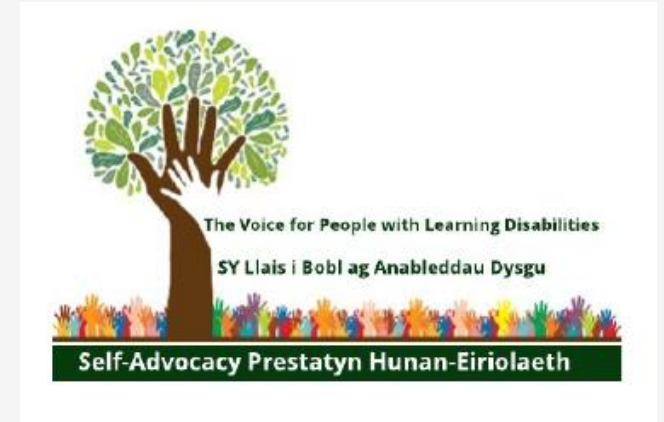
# What we have been told

## A message from disability self-advocacy groups:

### Finding solutions –good practice:

- Good signage – respecting our communication needs.
- Offer appointments suitable for our needs – flexible.
- Staff have a high level of awareness of our needs and are able to communicate with us.
- Ensuring that Health Checks are carried out.
- Easy read information and easy read passports to make it easier for health workers to know important information about us.
- Talk and write to the patient as well as the carer.

Further information on meeting the needs of patients with cognitive impairments: [Home - Paul Ridd Foundation](#)



# What we have been told

## A message about Neurodiversity

### Neurodiversity - Patients and Carers

The needs of patients are unique and how health services meet their needs can help reduce health inequalities experienced by neurodiverse people.

The National Autistic Society (NAS) state that Autism is not a mental health condition but autistic adults and children suffer disproportionately from poor mental health. NAS also note that often services do not understand the needs of autistic people.

### Neurodiversity at work:

Enabling people to disclose their needs within the recruitment process can enable the practice to make reasonable adjustments. Neurodiversity can bring huge strengths to the workplace, through diversity of thought', which can make your team will be more innovative and creative.

Knowing the individual needs is important in order to put reasonable adjustments in place. This may be as simple as providing subdued lighting, screen filters for computer screens to prevent sensory overload.

Involving staff in decisions such as new furnishings or decorating can also impact on reducing sensory overload.

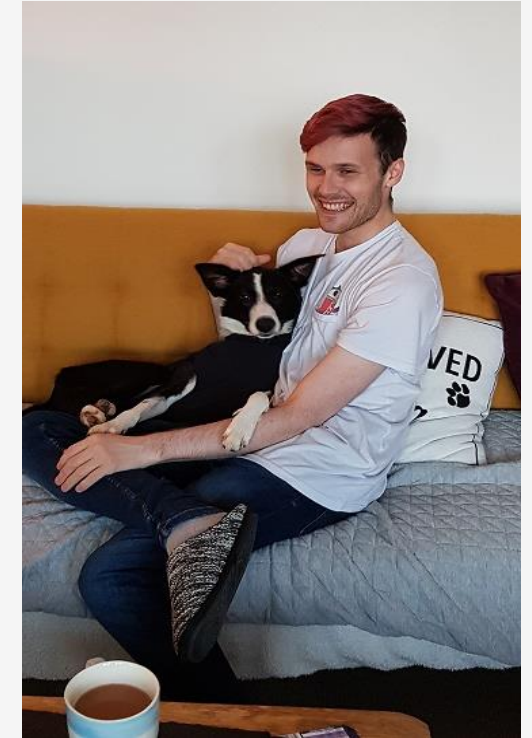
### Further information:

[What Does It Mean to Be Neurodivergent? \(verywellmind.com\)](https://www.verywellmind.com/what-does-it-mean-to-be-neurodivergent-2786584)

[Neurodiversity at work | CIPD](#)

[National Autistic Society \(autism.org.uk\)](https://www.autism.org.uk/)

[Code of Practice on the delivery of autism services | GOV.WALES](#)



***“Stress can make my tourette's worst, having a quiet waiting area helps”***

# What we have been told

## A message from BAWSO

BAWSO support women from Black and other ethnic diverse backgrounds affected by domestic abuse and other forms of abuse, including Female Genital Mutilation, Forced Marriage, Human Trafficking & Prostitution. They told us...

### We experience:

- Assumptions around need for interpreters. Basic English often mistaken as 'interpreter not needed'
- Assumptions around 'cultural norms' and stereotypes - that black and Asian people can tolerate more pain and should not be weak. These are sometimes harmful, not helpful and unfair
- Dismissive attitude when attending GP appointments
- GP services not seen as welcoming
- Pharmacy services – good experiences
- Specialist Health Visitors for Asylum Seekers is brilliant – service provided in Wrexham

### We face barriers because:

- Assumptions made that people who are ASR know how to navigate health services
- Clients get a negative response when requesting an interpreter
- Independent Interpreter required and GP awareness of seeing patient on their own for confidentiality
- News of poor experiences travels fast and some people will travel to other parts of the country or abroad for treatments



**Bawso**

Further information about BAWSO - [Bawso | Supporting ethnic minorities affected by violence and exploitation](#)

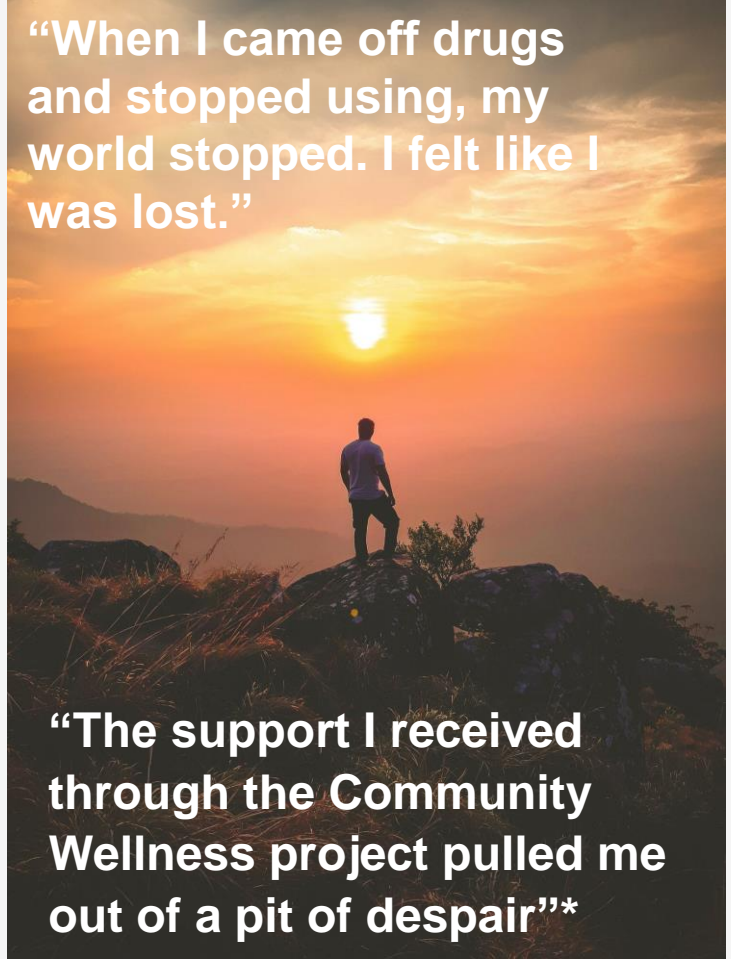


# What we have been told

## A message from Deeside Homelessness - Community Wellness project

- Our needs are often complex
- To have a dedicated doctor that gets to know me and know my history, it feels like I start all over each time I go and see someone different
- Time – complex mental health problems need longer
- Have the option to a face to face appointments for mental health problems – it more difficult to express feelings on a telephone call
- Being non-judgemental and caring will help me feel less anxious
- Preventative work – more understanding needed around alcoholism and drug dependency
- Link with third sector support organisations who specialise in supporting people who are experiencing homelessness

\*Community Wellness Company (CIC) based in North Wales that uses trauma based approach to support the complex health needs of people experiencing / at risk of homelessness



**“When I came off drugs and stopped using, my world stopped. I felt like I was lost.”**

**“The support I received through the Community Wellness project pulled me out of a pit of despair”\***

# Section 6 – Action and Implementation

## What can be done?

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Can we equip ourselves with further knowledge and understanding – through training and development? Carry out Practice self assessment to check on how inclusive we are. Self check for our own biases.



Are we treating people with respect, fairness and dignity? Can we adopt a human rights approach to our services that are culturally sensitive and make reasonable adjustments? Ensuring our patient and carer policies are fair, inclusive and advance equality of opportunity.



Are we signing up to equality and diversity schemes and promoting and publicising this commitment?



Have we robust systems in place to promote equality and inclusive working, including recruitment and employment journey. Embedding equality within the management processes – e.g. appraisals, policies, self evaluation and feedback opportunities.



How do we ensure our decision making is compliant with the equality legislation and that we are giving ‘due regard’ to the equality duty?

Self-evaluation tools are a good place to start to check what your practice has in place and identify areas for improvement. The following self-evaluation check lists can help guide you and can be done with your patient participation group, staff and stakeholders. The following pages provide an example of an equality self-evaluation check list.

# Action and Implementation

## Template for self evaluation / assessment

### Primary Care Self – Evaluation / Assessment Equality Tool

|                     |  |
|---------------------|--|
| Name of GP Practice |  |
| Date:               |  |
| People involved:    |  |

The following evaluation / assessment tool uses a **RAG** status – which is a colour coded status.  
Red = not evident, Amber = partly evident and Green = evident

# Action and Implementation

## Making your practice accessible and inclusive – physical environment check list for outside your practice

| Quick check list for outside the practice:  | RAG | Notes |
|---|-----|-------|
| Is the entrance to the car park and building clearly signed? If there is no parking outside, is an alternative area signposted?       |     |       |
| Are there clearly designated bays for disabled drivers? Is there space for mobility scooters?   |     |       |
| Are there clearly designated bays for parent and child? Is there space for prams?   |     |       |
| Are the car-park and entrance well lit?   |     |       |
| Are routes into the practice accessible for people using a wheelchair e.g., drop kerbs, textured pavement areas?                      |     |       |
| Do the paths, steps and sloping areas have non-slip surfaces?   |     |       |
| If there are glazed areas to the entrance are these clearly marked to enable people with visual impairments to negotiate them safely? |     |       |
| Is there signage outside to welcome assistance dogs?  |     |       |
| Is external signage bi-lingual to meet Welsh Language Standards?  |     |       |

# Action and Implementation

## Making your practice accessible and inclusive – physical environment check list for inside your practice

| Quick check list for inside the practice:   | RAG | Notes |
|---|-----|-------|
| Is access into the building easy for people with physical impairments? For example, if you have lifts, are the buttons accessible for wheelchair users?   |     |       |
| Do internal floors have non-slip surfaces and a non-gloss finish?   |     |       |
| Is signage clear, well lit and in prominent position to be seen? Is braille signage available at accessible height?   |     |       |
| Is signage bi-lingual to meet Welsh Language Standards?   |     |       |
| Are toilets accessible to everyone?   |     |       |
| Do clinical areas and rooms provide privacy and maintain dignity for patients receiving care e.g. such as dignity gowns, curtained areas and screens?   |     |       |
| Do waiting areas provide a comfortable space with chairs of various heights and space for wheelchairs. Is the reception desk accessible for wheelchair users? If there are posters / pictures do they reflect inclusiveness and diversity?                      |     |       |
| Area designated for breastfeeding and baby changing facilities provided, including breastfeeding is welcome signage?  |     |       |
| Have you referred to guidance to ensure that your premises are inclusive to a range of people e.g. quiet areas for those with autism, dementia friendly colours (avoiding black colour mats as this may be seen as a hole by someone with dementia for example) |     |       |



# Action and Implementation

## Making your practice accessible and inclusive – check list for operational issues

| Quick check list for operational issues with Patients and Carers:   | RAG |
|---|-----|
| Are there advertised extended opening times – weekends / evening access?  |     |
| Are there different methods for booking appointments / reminders?   |     |
| Do patients and carers know how to raise a concern?   |     |
| Is there information on how to get to your practice - bus route and nearest bus stop, parking and also navigating the building?             |     |
| Is there arrangements in place for religious and cultural requests?   |     |
| Quick check list for operational issues with staff:   | RAG |
| Is there an Equality and Human Rights policy and awareness of procedures to deal with equality related incidents?                           |     |
| Is there awareness of procedures relating to dealing with concerns such as Modern Day Slavery, Female Genital Mutilation (FGM) and PREVENT? |     |
| Does the practice follow good practice for staff recruitment and making reasonable adjustments were identified in the recruitment journey?  |     |
| Are arrangements in place for religious requests? – e.g. quiet space for prayers  |     |

Notes

# Action and Implementation

## Making communication accessible and inclusive – check list

| Quick check list for accessible and inclusive communication with patients and carers  | RAG |
|---|-----|
| Are digital / IT and patient information systems used to record communication needs such as Welsh Language, hearing and visual impairments, and where alternative formats are required?   |     |
| Is the practice website accessible for sensory impairments?   |     |
| Is there information on your website and in your patient information pack to inform people and new patients that arrangements can be made to help people communicate their health needs? e.g. large print, British Sign Language (BSL), interpretation services and Welsh Language? |     |
| Is there a patient participation involvement group and or different ways for gaining feedback opportunities from patients and carers?   |     |
| Is information provided available in accessible formats and posters on display are in an accessible format including easy read where possible?  |     |
| Is there a tested and working hearing loop available?   |     |
| Quick check list for accessible and inclusive communication with staff  | RAG |
| Is the practice able to put 'reasonable adjustments' in place for disabled staff?   |     |
| Is there good awareness of <u>Accessible communication and information standards in healthcare?</u>   |     |
| Are there routine opportunities given for listening and sharing ideas of good practice?   |     |

Notes

**Welsh Interpretation and Translation Service - WITS** can be accessed by staff by calling 02920 537555 or email [WITS@cardiff.gov.uk](mailto:WITS@cardiff.gov.uk).

BCUHB staff can book remote translation – info on [Betsi Net](#).



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Action and Implementation

## Making your practice accessible and inclusive – check list for inclusive and compassionate leadership

| Quick check list for compassionate and inclusive leadership:  | RAG | Notes |
|---|-----|-------|
| Are leaders and senior staff role modelling caring and kind behaviours that influence how staff behave towards each other and patients / carers?  |     |       |
| Are staff empowered to speak up and talk about issues without judgement or prejudice? Are staff encouraged to be themselves without fear of judgement? (for example, can staff express themselves without fear)                                   |     |       |
| Are you sharing good practice internally and externally (including clusters)?   |     |       |
| Have you established or promoted available staff networks – either internal and external?   |     |       |
| Are methods in place to identify training needs of staff?   |     |       |
| Do you promote confidentiality – ensuring that reception areas / open areas in the practice are confidential spaces. eg. Do you have processes in place to ensure that confidential information is shared with relevant people and not overheard. |     |       |
| Take opportunities to promote equality by promoting campaigns and signing pledges such as the zero pledge to racism   |     |       |

# Action and Implementation – GP Practice Template for self-evaluation / assessment

## GP Practice Self – Evaluation / Assessment Equality Tool Action Plan

| Areas of improvement | Actions identified | Who and timelines | Updates / Progress |
|----------------------|--------------------|-------------------|--------------------|
|                      |                    |                   |                    |
|                      |                    |                   |                    |
|                      |                    |                   |                    |
|                      |                    |                   |                    |
|                      |                    |                   |                    |
|                      |                    |                   |                    |
|                      |                    |                   |                    |

This action plan can form part of your internal governance arrangements.

# Section 7 - Appendices

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Appendix A – Terminology

Appendix B – Training and Development

Appendix C – Resources and Information

Appendix D – Llais

Appendix E - Contributors



# Appendix A - Terminology – general terminology

If someone objects to a word you use, its ok to ask them for an alternative.

This section provides summary definitions on different equality related terminology. Language is often complex and preferred terms change over time. This also includes abbreviations that are sometimes used. For example, LGBTQI+ is a widely used acceptable term, but the abbreviation “BAME” is not considered acceptable when describing Black and Minority Ethnic people. This list of different terms provides a summary of the meaning. It is not exhaustive but a good starting place to gain a general level of understanding.

**Equality** – The principles by which all people are treated fairly and equally.

**Human Rights** – EHRC defines Human Rights as the basic rights and freedoms that belong to every person in the world, from birth until death. They apply regardless of where you are from, what you believe or how you choose to live your life. They can never be taken away, although they can sometimes be restricted – for example if a person breaks the law, or in the interests of national security.

**Diversity** – The recognition and valuing of difference with a recognition that characteristics and needs may change at different stages of life.

**Inclusion** – Inclusion is 'being included within either a group or society as a whole'. The term 'Inclusion Health' is used to describe people who are socially excluded.

**Neurodiversity** – This is about recognising that people think about things differently. Most people's brains work and interpret information similarly, however, others interpret information in different ways.

**Neurodivergence** – This term is used when someone's brain processes, learns, and/or behaves differently from what is considered "typical".

**Reasonable Adjustments** – A change that can be put in place to help avoid substantial disadvantage, in relation to disability.

**Health Inclusion groups** – An umbrella term used to describe people who are socially excluded, who typically experience multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma.

# Terminology – general terminology

Summary definitions for  
People who share  
Protected Characteristics –  
relating to the Equality Act  
2010.

**Protected Characteristics** – These are a range of groups (characteristics) that are afforded protections under equality legislation. There are 9 protected characteristics – as noted below.

**Age** – This includes a particular age or range of age groups. The concept of age is usually defined to chronological age but can also relate to physical appearance.

**Disability** – A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

**Gender Reassignment** – The process of transitioning from one sex to another.

**Marriage and Civil Partnership** – Marriage is a union between a man and a woman or between a same-sex couple.

Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).

**Pregnancy and maternity** – Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

**Race** – This term refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

**Religion or Belief** – Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief.

**Sex / Gender** – Assigned at birth as being male or female, based on the appearance of external genitalia. Although this term is used interchangeably with 'gender', gender and sex are not the same. The World Health Organisation define gender as the characteristics of women, men, girls and boys that are socially constructed. This can also include cultural differences rather than biological ones.

**Sexual Orientation** – This is different to gender or gender identity. Sexual orientation refers to the gender someone is attracted to, physically, emotionally and/or sexually.

# Terminology section – general terminology

Terms relating to different types of discrimination

**Discrimination** – The unfair treatment of an individual based on prejudice. Can be **direct** or **indirect**.

**Direct discrimination** – Is when one person receives less favourable treatment than another person because of a protected characteristic.

**Indirect discrimination** – Is when a decision / procedure / policy that initially appears to have a neutral effect but has a disproportionately adverse effect on some people due to their protected characteristic.

**Direct discrimination by association** – Is when a person receives less favourable treatment than another person because of their association to someone who possesses a protected characteristic.

**Direct discrimination by perception** – Is when a person receives less favourable treatment than another person because they are perceived to possess a protected characteristic.

**Harassment** – Is unwanted conduct that relates to the possession of a protected characteristic which has the purpose or effect of either violating the person's dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment for them.

**Unconscious Bias** – This is often based on social stereotypes about various groups or individuals that are formed outside of conscious awareness. It is often incompatible with one's conscious and stated values and beliefs.

Bias can be experienced in relation to a wide range of circumstances – not just related to protected characteristics. Examples may also include discrimination in relation to poverty, weight bias, height bias as well as social status.

# Terminology – general terminology

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**Victimisation** – The victimisation provisions with the Act are there to protect people from retribution for: using or intending to use their rights under the Act; supporting another person's rights under the Act; or doing something else connected to the Act.

**Micro aggressions** – Are subtle acts of exclusion, defined by everyday indignities and insults that members of marginalized groups endure in their routine interactions with people in all walks of life.

**Structural discrimination** – Institutionalised policies and practices that without reasonable or objective foundation address people with mental illnesses in ways that reduce their opportunities and access to resources and may tend to put them generally at unequal position in society. (This encompasses institutional discrimination - [Voldby 2022](#)).

**Bystander** – When a person stands by and fails to help another person in trouble, it is known as the bystander effect.

**Active bystander** – being aware of when someone's behaviour is inappropriate or threatening and choosing to intervene / take action.

**Hate crime** – Incident or crime against someone based on a part of their identity.

**Bullying** – Seek to harm, intimidate, or coerce (someone perceived as vulnerable).

**Bias** – The fact of allowing personal opinions to influence your judgment in an unfair way.

# Terminology – key information relating to trans care

It's ok to ask someone how they would like to be addressed.

**Sex Assigned at Birth/Registered sex** – When we are born, a doctor assigns a sex to us (male, female or intersex) based on observations made about our genitalia. In some cases, medical professionals may also run tests to see what chromosomes the baby has to determine the sex in cases of ambiguity.

**An Intersex person / people** – Is a general term used to describe a variety of people in which a person is born with a reproductive system, sexual anatomy, chromosomes or hormones that doesn't seem to fit the current definition of female or male. Intersex person can have any gender, sexual orientation or gender expression.

**Gender Recognition Certificate (GRC)** – Under the Gender Recognition Act 2004, UK government created a process that enabled trans people to get their UK birth certificate and legal gender changed. A GRC recognises a trans persons legal sex as the gender they identify with.

**Cisgender** – Or cis for short. Cisgender refers to when someone's sex assigned at birth is the same as the gender they identify with.

**Non-binary** – This means their gender identity/expression does not fit into the binary model of man and woman.

**Gender Fluid** – A person whose gender identification and presentation shifts, whether within or outside of societal gender-based expectations.



# Terminology – key information relating to social model of disability

## Best practice

- disabled person
- non-disabled person
- physical impairment / condition
- wheelchair user
- specific requirements
- additional learning requirements
- person with cancer / HIV etc.
- sensory impairment / communication impairment
- hearing impairment / hearing loss  
(deaf is sometimes used)
- Sight impairment / sight loss  
(blind is sometimes used)
- learning impairment / learning difficulty
- person with epilepsy
- person with autism or on the autism spectrum or autistic person or neuro-diverse person
- social support
- service recipient / person / individual / citizen
- accessible toilet, parking, facilities

## Advised to avoid

person with disabilities / handicapped  
able-bodied person / normal  
physical disability  
wheelchair bound / confined to...  
special needs  
special educational needs  
person suffering from . . .  
dumb  
dumb  
  
can't see  
  
learning disability  
epileptic  
autist  
  
social care  
service user / user  
disabled toilet, parking, facilities

This is not meant to be an exhaustive list of terms – it is a guide to good practice. However, we must always recognise and respect the right of the individual to self-define how they wish to be addressed in face to face situations.

# Appendix B – Training and Development

Available equality training on ESR – see ESR for any updated training available

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## Mandated training:

- Treat Me Fairly training – Mandated training
- Welsh Language Awareness Module

## Additional training through [ESR](#):

- Disability Awareness / Disability Matters – various courses
- Equality Diversity and Human Rights Awareness Session
- All Our Health: Speech, Language and Communication
- Accessible Information Standard
- NHS Wales – Romani and Traveller Healthcare
- NHS Wales – All Our Health (social, exclusion, homelessness, migrants, gypsy, traveller communities, sex workers, modern slavery, drug, alcohol)
- Cultural Competence
- NHS Wales People seeking sanctuary

## Additional non ESR training available:

- Hate Crime delivered by [North Wales Victim Support](#)
- Sessions run by BCUHB Equality Week during May each year

## Bespoke training available:

A range of third sector organisations offer bespoke training packages. Information on these can be made through your Local Health Board Equality Team. Examples include: Transgender awareness, Social Model of Disability, Autism Awareness and Cultural Competency.

# Appendix C – Resources and Information

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## Equality Legislation

[Equality Act | Equality and Human Rights Commission \(equalityhumanrights.com\)](https://equalityhumanrights.com)

[A More Equal Wales: The Socio-economic Duty | GOV.WALES](https://gov.wales)

[Welsh language standards \(welshlanguagecommissioner.wales\)](https://welshlanguagecommissioner.wales)

[Well-being of Future Generations \(Wales\) Act 2015 – The Future Generations Commissioner for Wales](#)

[Health and Social Care \(Quality and Engagement\) \(Wales\) Act: summary | GOV.WALES](#)

[Mental Health Act - National Collaborative Commissioning Unit \(nhs.wales\)](#)

[Hate crime - Victim Support](#)

[Sex, gender and sexuality - NHS digital service manual \(service-manual.nhs.uk\)](#)

[Human rights in Wales | Equality and Human Rights Commission \(equalityhumanrights.com\)](https://equalityhumanrights.com)

## Disability

[Accessing Welsh Interpretation and Translation service](#) - can be accessed by staff by calling 02920 537555 or email WITS@cardiff.gov.uk

[Social Model - Disability Wales](#)

[Paul Ridd Foundation](#)

[What Does It Mean to Be Neurodivergent? \(verywellmind.com\)](https://verywellmind.com)

[Neurodiversity at work | CIPD](#)

[National Autistic Society \(autism.org.uk\)](https://autism.org.uk)

[Code of Practice on the delivery of autism services | GOV.WALES](#)

[Convention on the Rights of Persons with Disabilities \(CRPD\) | United Nations Enable](#)

## People seeking sanctuary

<https://gov.wales/refugee-and-asylum-seeker-plan-nation-sanctuary>

[Advice for primary care – arrivals from Ukraine \(wales.nhs.uk\)](https://wales.nhs.uk)

[health-and-wellbeing-provision-for-refugees-and-asylum-seekers\\_0.pdf \(gov.wales\)](#) – particularly section 3.6.

[Sanctuary | Choose a path \(gov.wales\)](#)

# Appendix C – Resources and Information

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## Gypsy and Traveller Communities

[Home Page - Travelling Ahead](#)

EHRC [Legal Briefing on Racial discrimination: Gypsies, Roma, and Travellers and their sites in Wales October 2021](#)

[Romani Cultural and Arts Company](#)

[Travelling to Better Health](#) – Policy Implementation Guidance for Healthcare Practitioners on working effectively with Gypsies and Travellers  
July 2015

## LGBTQ health

[Sexual orientation discrimination | Equality and Human Rights Commission \(equalityhumanrights.com\)](#)

<https://www.stonewall.org.uk/>

[LGBTQ Terminology document](#) - courtesy of Cwm Taff Morgannwg UHB

[LGBTQ+ Action Plan for Wales \(gov.wales\)](#)

[Homepage - Mermaids \(mermaidsuk.org.uk\)](#)

[Viva LGBT – LGBT Youth Cymru](#)

## Culture, ethnicity and belief

[Anti-racist Wales Action Plan | GOV.WALES](#)

[Cultural Religious Competence In Clinical Practice - StatPearls - NCBI Bookshelf \(nih.gov\)](#)

[Religion or belief: A practical guide for the NHS \(clatterbridgecc.nhs.uk\)](#)

# Appendix C – Resources and Information

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## Gender

United Nations - [Gender equality and women's rights | OHCHR](#)

Fair Treatment for the Women of Wales - [Home – FTWW](#)

[Raise awareness - The Menopause Charity](#)

[NHS Wales Menopause Policy | NHS Confederation](#)

## Age

Age Cymru - [Information and advice | Age Cymru \(ageuk.org.uk\)](#)

[Home - Older People's Commissioner for Wales](#)

[Home - Children's Commissioner for Wales \(childcomwales.org.uk\)](#)

## Communities of Interest / other

[Home - Public Health Wales \(nhs.wales\)](#)

[Health in Wales | Carers](#)

[Strategy for unpaid carers \[HTML\] | GOV.WALES](#)

[Veterans' health and wellbeing | CPD for General Practitioners \(heiw.wales\)](#)

[Armed Forces Covenants in Wales - GOV.UK \(www.gov.uk\)](#)

[Advice and support for veterans & ex-forces | Veterans' Gateway \(veteransgateway.org.uk\)](#)



## Appendix D – Llais / Citizens Voice

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In April 2023 the Community Health Council - CHC was replaced by the new Citizen's Voice Body (CVB) for health and social care. The new body will reflect the views and represent the interest of people living in Wales in their health and social services. The new name for the CVB is Llais.

Patients and carers can directly report their experiences of health and social care to Llais.

For further information and contact details please visit the following websites:

[www.llaiswales.org](http://www.llaiswales.org) or: [www.llaiscymru.org](http://www.llaiscymru.org)

# Appendix E- Contributors

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**Many thanks to the staff and stakeholders who have given their time and insight to developing this toolkit.**

- Linda Harper – Lead member for Equality and Human Rights, North Wales Community Health Council and member of BCUHB Equality Stakeholder Group
- Jenny-Anne Bishop – Unique Transgender Network and member of BCUHB Equality Stakeholder Group
- North Wales Advice and Advocacy Association – special thanks to Helga Uckermann for supporting this section
- Cambria and Longford Surgery, Holyhead, Anglesey
- The Laurels, Flint Health and Wellbeing Centre, Flintshire
- Community Wellness project members - Glanrafon homeless centre
- Betsi Cadwaladr Public Health team
- Public Health Wales
- Doreen Hengari - Asylum Seekers And Refugee Support Sanctuary CIC
- BAWSO team - Wrexham
- Members of BCUHB Equality Stakeholder Group

## Contact:

**BCUHB Equality Team**  
**[BCU.Equality@wales.nhs.uk](mailto:BCU.Equality@wales.nhs.uk)**



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board