



Skills for CHC Chairs

Unit 8: Equal opportunities

HOW TO USE
THIS PACK

You will need:
* the CHC Members' Handbook
* pen and paper

You should set aside about an hour to work through this unit.
[If it takes you more or less than that, it doesn't matter, as long as you feel you've given enough thought to the ideas].

Work through the unit steadily, reading the resource materials as you're asked to, and thinking through the questions and case studies. Much of the unit, like the role of the Chair, is about complex situations, which do not have simple yes/no answers. Reflecting on these situations, and deciding how you would behave, is the most important part of the learning.

CONTENTS

1. Equal opportunities & CHCs
2. Working with the whole community
3. CHC membership
4. Recruiting staff

1. Equal opportunities and CHCs

READ

Equal opportunities
pages 43/4 in your Handbook

CHCs, like other organisations, have Equal Opportunity policies to help them guard against conscious or unconscious discrimination. This means monitoring health care provision:

supporting a Jewish woman
with her complaint about
racist comments by a
consultant

pointing out that the
designs for a new building
don't include aids for
partially sighted people

supporting demands from
local African groups for
a specialist sickle-cell
anaemia unit

It also means CHCs being willing to review their own practices. They need to ensure that they themselves are not discriminating, and that they know about the needs of the whole local community. This unit will focus on measures that you as Chair can initiate or support, to ensure equality of opportunity in your CHC.

CONSIDER

this situation:

Before the Council meeting starts, one member, Alice Sarton, is describing a visit she made to a hospital clinic. She was taken round by a male nurse. Alice says: 'Of course he was as queer as anything, they all are. You do wonder, when they may be working with young children.'

NOTE

what as Chair you think you should do.

NOW
THINK

whether this makes a difference:

You notice that another member, John Dereham, is avoiding the conversation; and you remember having heard that he is gay.

CHECK

your thoughts with ours.

2. Working with the whole community

LIST

the different social groups you know of in your community [eg people on a particular, deprived estate; different ethnic communities; ex-patients of a long-stay psychiatric hospital]

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Even small towns can have 'invisible' minorities whose needs get ignored. No Chair, or Chief Officer, is expected to know the complete composition of their district unaided. There is a great deal of demographic information available, through health authorities, local authorities, Race Equality Councils, Councils of Voluntary Service, and so on.

The first step in ensuring that the CHC serves the entire community is to find out who that is. If it hasn't been done, you may want to suggest that drawing up a 'community profile' is included in the CHC's plans.

CASE
STUDY

Harrow Green CHC has done some research, and found that there are a number of groups within the area that they've had little contact with.

One of these is the Chinese community. The DHA staff tell CHC members: 'Chinese people have their own medicine, they don't come to us.' The members now feel unsure whether to go ahead, and if so, what to do.

What do you think?

NOW
CHECK

your answers with ours.

1. There's an important point of principle here. Being committed to expressing the needs of the whole community isn't the same as only taking up issues that affect the majority. It's precisely the minority groups whose needs are likely to get passed over by providers: after all, the DHA staff thought that Chinese people weren't using their services.
2. The CHC does need a policy about supporting community organisations. Members who aren't themselves part of disadvantaged group can feel overwhelmed by the number and nature of issues raised. As Chair, you need to encourage them to listen to experiences that are unfamiliar to them, and to consider people's concerns as they would any other evidence of unmet needs.
3. If this kind of work isn't in the current list of priorities, do members think it's important enough to make an exception? Or to review the priorities?

A lot of these difficulties are made easier if there are CHC members from the whole of the community. The next section look at these issues of membership.

3. CHC Membership

THINK
ABOUT

the current members of your CHC.
Which sections of your local
community do they reflect?
[eg people with disabilities;
different ethnic groups; different class/social groups]. List
all the sections that are represented.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

NOW
THINK

which groups that you know of
aren't on your list

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

It is much easier for a CHC to function effectively - being aware of unmet needs, considering the impact of proposed changes, and so on - if its membership reflects the whole community. None of us can understand fully the concerns of people with a different experience of the world from our own; and our usual ways of learning - TV, fiction, cinema - give us little information.

SOME
EXAMPLES

Rajan, who is a wheelchair-user, is on the panel visiting a new health centre. He points out how difficult it is to get into the toilet for disabled people, because of the design of the corridor.

Doreen, who is Lesbian, talks about the experience of other Lesbians on mixed wards. She says some of the nursing staff have been unsympathetic or even offensive.

A Ghanaian member, Nana, asks a speaker what training on culture and diet dieticians and Health Visitors receive. She says some are advising women to buy foods which are culturally not acceptable.

CONSIDER

how you might get a wider range of members onto your CHC. [If you feel unsure about the ways people can become members, check page 31 of your Handbook].

NOW
CHECK

your ideas against ours.

1. Tell the local authority that you want to widen the range of members. Most local authorities themselves have equal opportunity policies, and are familiar with the concept. [You might want to remind them that their nominees don't have to be councillors].
2. Tell the RHA. They are responsible for organising voluntary sector member elections, as well as their own nominations [until 1996].
3. Encourage more voluntary and community organisations to contact the RHA and express an interest.
4. Co-opt useful people: eg, when members meet someone in a community organisation who has a particular interest in health.

Enabling members to participate

CASE STUDY

You are very pleased to have co-opted a new member onto the CHC. He's Michael Dennis, the manager of Gabriel's, the local African-Caribbean health group. He has also experience as a psychiatric nurse. You've had quite a lot of contact with him, and you're sure he will be an effective CHC member.

Michael will be the first Black member of the CHC, and you want to make sure he doesn't get a hard time. It's not that you think any of the members are explicitly racist; you are just aware that none of you are used to working in a multi-racial context. As Chair, you feel responsible for making this a constructive move, and ensuring that Michael can participate fully. You want to think about your own response, as well as what might come from the members.

NOTE DOWN

our thoughts about this situation.
Don't feel you have to come up with
solutions yet, just reflections.

NOW
CHECK

your thoughts against ours.
These aren't 'right' answers, because
it's not that sort of question: just
hints from other people's experience.

1. In some ways Michael's situation is like that of any new member. The ideas about enabling people to participate, in Unit 2, Working with Members, still apply. Existing members always need to be aware of the danger of excluding new people: perhaps more so, if they themselves feel a bit awkward.
2. What are your own expectations? Are you in danger of wanting Michael to educate the rest of you? or to 'represent' his entire community? You may need to think what's reasonable to put onto him; and perhaps talk to him about that.
3. Michael is there to take part in all the discussions, not only when there's something about African-Caribbean people. You may want to make sure that everyone [including you] remembers this.
4. As we saw in section 1, people do make offensive remarks without intending to. Unfortunately, you may even find that some members are openly racist. You need to be ready to counter any offensive remarks, whether or not they are intended to be. Many Black people [or people from any oppressed group] say that the most painful thing is when people in authority ignore offensive behaviour. This implies that the organisation condones it, or thinks it's natural for them to put up with it.
5. As ever, it's a question of balance: you don't want to make a fuss and embarrass him, but you do need to be aware of some of the pitfalls.

4. Staff recruitment

Unit 7, **Recruitment and Selection of Staff**, deals in detail with selection procedures, which are designed to promote equal opportunities.

THINK

why it's important for CHCs to keep to equal opportunity principles when they're recruiting staff. List your reasons:

1.

2.

3.

4.

NOW
CHECK

your answers with ours.

ANSWERS

1. to get the best person for the job, and not be swayed by conscious or unconscious bias
2. to be seen to be fair [CHCs can't easily criticise other institutions if their own procedures aren't fair]
3. to encourage people from the whole community to use the CHC. If they see staff from their own or other disadvantaged groups, people may feel the CHC will be more responsive to them
4. to get the benefit of a range of knowledge and experience, from staff as well as members
5. to stand up for equality in an unequal society

IF YOU'RE

not familiar with equal opportunity issues, discuss with your Chief Officer the possibility of further training.

