

# INCLUSION NEWS

*The Newsletter of the Equalities and Diversity Team  
 of Central and North West London NHS Foundation Trust, incorporating  
 FIS News, the Newsletter for CNWL's Focused Implementation Site Project.  
 Bringing you examples of good practice, information and updates on  
 developments within Equalities and Diversity.*

Issue No. 11, November 2008

## In this issue

Well, we had planned to say something more about the forthcoming Equality Bill that we mentioned in the August issue. However, at the time of writing, there is nothing further to report. We will publicise further information once it is available.

We have included a policy update as there are a number of Equalities and Diversity-related policies currently being worked on as reported in the last issue of *Inclusion News*. We have also included an overview of the new 'Care of the Dying

and Deceased Policy', and why showing respect for service users religious and cultural needs is so important. At the end of October, Harrow Mental Health Services organized an 'Afghan Mental Health Day'. We include a report on this Conference, and another on the Mind Out 'LGBT and Mental Health Conference' held recently in Brighton. We have not included a Focus On ... article addressing a particular disability in this issue. Rather we have included an overview of the United Nations *Convention on the Rights of Persons with Disabilities*. Also included are the regular Trustnet, Training and FIS updates, together with two Equalities and Diversity 'Good Practice' items – a report of a Cultural Competency training session in Westminster, and another on the Mead House, Hillingdon Black History Month celebration.

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## CNWL's Single Equality Scheme

The Scheme provides the core of the Trust's Equalities agenda and all staff are encouraged to look at this document on Trustnet at: <http://trustnet/CNWL/trustwide/9026.htm>. It sets out the Trust's commitment and planned actions to address the Equalities agenda, inclusive of race/ethnicity, disability, gender, age, sexual orientation and religion or belief. A Powerpoint presentation providing an overview of the Single Equality Scheme is also available on Trustnet at: <http://trustnet/CNWL/trustwide/9026.htm>

## Policy update

A number of Equalities and Diversity related policies are at various stages of development and implementation. The Disability Policy (Employment) and Transgender Policy await ratification. The Trust's Equal Opportunities Policy is being updated with a new Equality, Diversity and Human Rights Policy (Employment) which is currently awaiting ratification, and a new Equality, Diversity and Human Rights Policy (Service Delivery) which is in process of being developed.

## Disability Policy (Service Delivery)

**The Trust is committed to equality of opportunity for disabled people in terms of access to its services and the delivery of these services.**

The Trust's new Disability Policy (Service Delivery) has now been ratified. The Policy sets out the Trust's commitment to Disability Equality in Service Delivery, in order 'to promote and improve the accessing of its services and facilities by disabled people and to provide guidance to ensure that the treatment that they receive is sensitive and responsive to their particular disability-related needs'.

As well as including definitions of disability, the policy includes sections addressing Reasonable Adjustment and specific examples of clinical issues that have relevance for service users who have a disability.

Under the Policy, 'all service users must receive a full assessment of their needs

relating to their disability and the impact it is having on service user and issues for their care in hospital. This will include full involvement of the service user, and family/carer if relevant and possible.' In those circumstances where a disability has been identified, 'staff must include in the service user's care plan a comprehensive section related to their disability and any adjustments to standard operational procedures that will need to apply to this individual.'

Communication issues and supporting the service user's independence are also included within the Policy, along with a range of physical health care considerations. The Policy can be accessed on the Trust's policy listing at: <http://trustnet/CNWL/2097.htm>

## Care of the Dying and Deceased Policy

**Caring for a dying patient can be one of the most challenging tasks for a health worker.... Our revised policy is intended to support staff to 'treat patients with the utmost care, dignity and sensitivity abiding by the appropriate customs of religious culture and practice'.**

Caring for a dying patient can be one of the most challenging tasks for a health worker. It is also a sad and even traumatic occasion for all those involved. The Trust has recently implemented a revised *Care of the Dying and Deceased Policy*. It includes section addressing: palliative care, when death occurs, last offices, requirements for people of different religious faiths with useful contact information.

The Trust serves a large multi-ethnic population and it is essential to have a policy that reflects different religious customs.

The policy makes it clear that all staff are expected to treat patients with the utmost care, dignity and sensitivity abiding by the appropriate customs of religious culture and practice. In addition, no matter what the individual beliefs of a staff member, they will be expected to respect the wishes of the patient concerned and their family in line with their religious and cultural requirements.

In situations where death is anticipated, it can give both the patient and their family time to

express their wishes regarding a plan of care including any cultural or religious needs, and for the actions that will take place once death has occurred.

The Policy indicates that relatives should also be encouraged to visit and special consideration should be made where appropriate with regard to waiving visiting times at this difficult stage. This may be a time of extreme emotions for relatives and carers and staff may have to cope with anger, exhaustion, grief, anxiety and guilt. They must be given time to express their feelings and staff should provide appropriate support in a calm, professional manner.

Many relatives can take comfort from knowing that they assisted in the care of their loved one whilst they are dying and should be encouraged to attend to the patient's needs if they wish to take part, helping for example to wash and feed the patient, as well as sit and talk to them, or just be with them. The family may also wish to be involved after death.

Individual requirements may vary even among members of the same faith. Varying degrees of adherence and orthodoxy exist within all the world's major faiths. When a service user indicates a religion this may be to indicate an association with particular cultural and national roots, rather than imply a significant degree of adherence to a particular faith. If in doubt as to the correct Last Offices, discuss with relatives or contact a representative of the religious community if the patient concerned does not have any relatives.

A couple of years ago a patient from Ebury Ward at the Gordon Hospital was admitted to a medical ward in a local general hospital with a physical illness and sadly died 3 weeks later.

This patient was Muslim and had lost contact with his family in Libya several years before. Nursing staff on Ebury Ward, in order to prevent him from being buried against his Islamic wishes contacted, Regents Park Mosque where he had regularly attended.

Initially due to the Eid-ul-Fitr festival following Ramadan there was no response within the required time for Muslim patients to be buried. However, just after Eid had finished a representative from the Mosque contacted the ward manager and made all the necessary arrangements. Two hundred people turned up for the burial including a representative from the ward. The ward also received a letter of thanks from Regents Park Mosque that the effort was made to ensure an Islamic burial could take place.

If staff show respect towards their patients and relatives religious and cultural needs it can mean so much for the dying person as well as their families and friends and make a significant difference.

The Trust Care of the Dying and Deceased Policy can be accessed on Trustnet from the policy listing at: <http://trustnet/CNWL/2097.htm>

*Brenda Conybeare, Nurse Advisor*

## Trustnet Update

### Equality Impact Assessment

A reminder that a selection of completed Equality Impact Assessments are now being published on Trustnet to provide a resource that will help staff who are beginning to complete their own. It can be accessed at: <http://trustnet/CNWL/trustwide/10297.htm>

### Disability

Minutes of the Trust's Staff Disability Equality Group are available on Trustnet together with dates for meetings in 2009: <http://trustnet/CNWL/trustwide/7524.htm>

### Sexual orientation

The monthly LGBT History Month newsletters can be accessed directly at <http://www.lgbthistorymonth.org.uk/news/bulletin.htm> or from <http://trustnet/CNWL/trustwide/4086.htm>

### Faith and Spirituality

Faith Festival Posters and Wall Charts  
Faith festival posters produced by Brent Mental Health Services are available at

<http://trustnet/CNWL/trustwide/7866.htm>

Please use these as Faith festivals arise.

### Faith and Cultural Festivals

A monthly listing of Festivals (religious and national) with commentary on each continues to be posted on Trustnet at: <http://trustnet/CNWL/trustwide/9598.htm>

### Human Rights

The Department of Health has produced a range of publications linked to it's Human Rights in [Human Rights in Healthcare](#) Project. Information can be accessed at:

<http://www.dh.gov.uk/en/Managingyourorganisation/Equalityandhumanrights/Humanrights/index.htm>

More Human Rights information can be accessed on Trustnet

at: <http://trustnet/CNWL/trustwide/10162.htm>

### Trustnet Index

Don't forget the hyperlinked Equalities and Diversity index of contents on Trustnet at: <http://trustnet/CNWL/trustwide/55.htm>

## Mental Health and the Afghan Community

Harrow Mental Health Service in partnership with the Afghan Association of London (Harrow) recently hosted a conference to identify and start to address the mental health problems experienced by the Afghan community in Harrow.

The Afghan Community in Harrow is currently estimated at 9000 and there are 40.000 Afghans in North-West London. This community is one of the highest users of our interpreting and translation service and this reflects their current high demand on Harrow Mental Health Service.

We were keen to learn more from the community about how it is experiencing its mental health problems and whether we could make our local service more responsive and effective in order to meet this particular need.

The partnership with the Afghan Association has evolved from some very effective outreach work that has been done by Dominic Joannou our in-house Community Development Worker and we are convinced that such close working cannot be achieved without time spent building up trust and understanding with local community groups.

The day was structured in 3 parts. Following introductions from Kim Cox our Head of Service, Eric Silver the Deputy Mayor of Harrow and Waheeda Zalmai from the Afghan Association, the first part of the morning was a presentation from Dr Sakha, an Afghan Psychiatrist from Peterborough NHS Foundation Trust who spoke in Dari to the largely Afghan audience about mental health as experienced by the Afghan Community in this country.

This was followed by table discussions with facilitators where we asked three questions

- What were the problems facing the Afghan community?
- What barriers were they experiencing in accessing services?
- What were the services that they needed?

After a break for lunch the afternoon session was a presentation from two solicitors whose specific focus is immigration, asylum and mental health.

In partnership with the Afghan Association we are now starting to work on the feedback from

the consultation and have a wealth of material to consider.

The problems that the community are facing are numerous and challenging. Among the most frequently cited are

- difficulties with asylum claims
- denial of mental health within the community and therefore an inability to address the problems that arise
- high rates of post traumatic stress disorder
- the loss of support from the extended family
- lack of understanding of the Afghan culture by professionals
- language barriers
- no concept of understanding in the community of what is a mental health problem
- religious barriers and prejudice
- the services are Eurocentric and there is a need for community based projects using community advocates
- the ongoing war in Afghanistan with the consequent losses of job, status, family and the fact that everything in this country is new and people are having to start their lives again from the beginning.

The needs as expressed by the community include the following

- Specific groups for women
- Better access to services to address the impact of trauma
- Better connections between the local mental health providers and the local Afghan community and ongoing consultation with this community about how best to meet their needs
- Culturally sensitive advocacy and counselling
- Focus on oral communication
- Outreach and education on mental health to minority groups
- Expert focus on the language barriers and problems with misinterpretation
- Need to reconcile spiritual ideas of healing with medication
- Need to address specific needs of the older Afghan population
- New approaches to dealing with PTSD
- Inclusion of the family and the community when addressing mental health problems.

- Using community 'spaces' to deliver the services

We will try and prioritise this agenda and put an action plan in place to start to address the needs expressed.

We intend our partnership with the Afghan Association to be an ongoing one which will best enable us to deliver on this work and we

plan to meet again with the community next year to feedback and update on the work undertaken.

*Carol-Harrison-Read, Sector Manager and Equalities and Diversity lead, Harrow Mental Health Services*

## Training update

### **CNWL 2008/9 Training Directory**

We again wish to draw your attention to the Equalities and Diversity section of the CNWL 2008/9 Training Directory which is reflective of the growing number of training opportunities being developed within the Trust to address Equalities and Diversity issues.

Included are:

- Cultural Competency for Managers
- Cultural Competency for Doctors
- Diversity in the Workplace – e-learning
- Understanding Disability – e-learning (under development)
- Reasonable Adjustment for Managers
- Equality Impact Assessment Training

### **Equality Impact Assessment Training**

Equality Impact Assessment training is continuing to be run at Greater London House, and at other CNWL sites on request. Undertaking Equality Impact Assessment on services, policies, protocols and procedures is a legal requirement. All staff with responsibility for managing services, developing services, policies, protocols need to attend this training. Next training dates are: 3<sup>rd</sup> December 2008, Friday 20<sup>th</sup> February 2009, both 2-4pm, Greater London House. To book, contact Richard (details above)

### **Cultural Competency Training for Managers**

Future dates in 2008: Fri 5 Dec. Also Wed 11 Feb 2009 – all at Greater London House. For more information contact Richard on 020 3214 5769, [richard.bryant-jefferies@nhs.net](mailto:richard.bryant-jefferies@nhs.net) or David on 020 3214 5771, [david.truswell@nhs.net](mailto:david.truswell@nhs.net)

### **Cultural Competency for Doctors**

It is planned that revised training sessions will be included in the 2009/10 Training Directory.

### **Reasonable Adjustment Training for Managers**

Future dates: Tues 25 Nov 2008, Wed 25<sup>th</sup> February 2009. For further information please contact Richard (details above) or George Taylor on 020 3214 5705 or email to [george.taylor@nhs.net](mailto:george.taylor@nhs.net)

### **Diversity in the Workplace – e-learning**

Diversity in the Workplace has now been rolled out across the Trust and is available for all staff to access. It is expected that all staff will complete this on-line training. Please discuss accessing this with your manager.

### **Disability Awareness – e-learning**

The Trust's 'Understanding Disability' e-learning package continues to be worked on. A pilot version is now available at: If you wish to access this, please do so, and feedback to Richard. We know that the submission boxes are not yet fully functional, but it is now in a format so that you can see the content and how it works.

### **Human Rights in Healthcare – e-learning**

The Department of Health have produced a *Human Rights in Healthcare* e-learning package. This includes a section on why Human Rights are important, the background to human Rights, an impact tool and case studies which include sectioning and a scenario in a residential mental health unit. <http://www.humanrightsinhealthcare.co.uk>

## FIS Update

The FIS Project is due to end on 31<sup>st</sup> December 2008 and so this is the last bulletin from me. There is a full report on the three years of the FIS Project currently being completed that we hope to have ready in time for everyone's Xmas reading list.

### FIS Advice Line

There have been increasing requests for the FIS Project to take part in external advisory groups, the most recent being:

- Advisory Group for National Mind Advocacy for Asylum Seekers Project
- Working Group for the Black and Ethnic Minority Court Diversion Offender Pathway Project (reporting to national review of diversion services being conducted by Lord Bradley)

Also, there have been responses to requests by community groups to advise on funding bids, which have recently included:

- Kensington and Chelsea Social Council's bid to host 4 Community Development Workers (awaiting the outcome)
- Hillingdon Mind bid to the DRE/SHIFT programme for developing a performance piece on mental health service users experience (successful!)

### FIS Continues to Get Out and About

The FIS Project did a presentation at the FIS conference in Oxford in October on 'Mental Health Stigma in BME Communities' based on the FIS work with BME communities across CNWL. Yemi Oloyede has also developed and delivered sessions on basic mental health awareness and accessing local mental health services to 6 BME community groups in the past three months.

We are currently working on guidance on developing events for BME communities, which we hope to have in circulation by the end of the year.

### FIS Connects

There are other health issues that do impact on mental health wellbeing. One such issue is that of Female Genital Mutilation (FGM). Research has shown the impact of FGM on mental health and identifies a need for mental health professionals to be more responsive to this.

*FORWARD* – *Safeguarding rights and dignity* is a national organisation that works with this

(and which is based in Westminster). FORWARD is the 'Foundation for Women's Health, Research and Development' in its community engagement programme. It is an African Diaspora-led non-governmental campaign and support organisation. FORWARD exists to advance and safeguard the sexual and reproductive health and rights of African girls and women in the UK and in Africa. It had its first community consultation on Africa Immigrants, 'Reproductive Health', on 11<sup>th</sup> November 2008 at Paddington Arts, 32 Woodfield Road, London W9 2BE. Amongst the speakers were: Dr. Andrea Goddard, Designated Doctor for Safeguarding Children in St. Mary's Hospital; Mohammed Ballela, working with Domestic Violence Intervention Programme speaking about domestic violence amongst Muslim communities in Westminster; the Metropolitan Police on the law and how the police respond to the issue of FGM. There were also testimonies and experiences of victims of FGM. <http://www.forwarduk.org.uk>

### FIS Book Review

**Mental Health in a Multi-Ethnic Society**  
*Second Edition* edited by Suman Fernando and Frank Keating

A long awaited revision of this book that does not pull any punches in surveying the current delivery of mental health services in an ethnically diverse society. Essential for anyone looking for an up-to-date account of current approaches to culturally competent care. However, for people who have been working for some time with the issues raised by multiethnic mental health care might have wished for a more nuanced approach. Very good chapters by Joanna Bennet et al. on race equality training, Robert Jones and Premila Trevedi on Black service users involvement and Aileen Alleyne on the psychodynamics of racism. Useful examples of practical ways to change how services are provided by Sandra Griffiths from Mellow, Shun Au and Rebecca Tang from the Chinese Mental Health Association, Jeanette Stanley of the African and Caribbean Mental Health Services and Rabia Malik et. al. from our own Marlborough Family Service.

Less useful is the polemic on the politics of the *Delivering Race Equality* programme and the presumption that black professionals are somehow responsible for 'sorting out'

discrimination in healthcare. The book is also poor in acknowledging the history and range of the voluntary sector contribution, particularly very small organisations. Nothing on people of dual heritage, which is a continuing gap in most cultural competency' texts.

Nevertheless a stimulating read, with plenty to discover.

*David Truswell*  
*FIS Project Manager*

## Mind Out – LGBT Mental Health Conference 2008

A national conference on Lesbian, Gay, Bisexual and Transgender Mental Health was held in Brighton on 3<sup>rd</sup> November, organised by Mind and Sussex Partnership HS Foundation Trust. This Conference brought professionals and service users (described by one speaker as 'professors of experience') together to consider the mental health needs of LGBT people, problems encountered in accessing and receiving services and ways forward to ensure equity of access and treatment. Moving accounts were provided by a number of service users. One in particular spoke of the role of support groups in his life, and told the Conference 'if you give people something to love, they will love it, and they will learn to love themselves more too'.

The Count Me In Too Report which was referred to by speakers, presents the findings of research in Brighton and Hove addressing the differing experiences and prevalence of mental health difficulties within the LGBT population, risk factors for mental health and suicidal distress, multiple marginalisation, isolation, housing, safety, the use of mainstream and community services for support, and views on monitoring. The report makes recommendations for future strategy and service development. Amongst its findings were that 23% of LGBT people have had suicidal thoughts and 7% have attempted suicide within the last 5 years. The full report can be accessed at:

[www.countmeintoo.co.uk/downloads](http://www.countmeintoo.co.uk/downloads)

Insightful research into the older LGBT person's experience of mental health and mental health services found that a third of lesbian and gay people interviewed felt they would have received a better service if they were heterosexual, a third also thought that the attitude and behaviour of professionals made their mental state worse. The full research document will be available at [www.polari.org](http://www.polari.org) early in December 2008.

A national initiative to address stigma was also presented, with particular reference to the difficulties encountered by LGBT people. This aims to be high profile so expect to see information in the media over the coming months. It is not simply an awareness raising initiative addressing mental health stigma and LGBT people, but mental health stigma as it affects all people. More information can be found at: <http://www.time-to-change.org.uk>

Workshops addressed a number of LGBT issues: 'Queering therapy', Mental health issues for LGBT young people', suicide prevention and intervention, Transgender mental health, Hate Crime and mental health, LGBT access to Mental Health Services and setting up LGBT Mental Health initiative.

The process of moving from realising to accepting and disclosing your sexuality was addressed in the context of LGBT young people's experiences, though this can be a lifelong process for many. It was described how the heterosexual person does not encounter this experience in the same way, and therefore it is not always appreciated as being such a difficult, confusing and indeed damaging process that can, and does, impact on a person's mental health.

Difficulties in accessing services were also highlighted, with a main concern being the lack of acceptance of LGBT people. As one person commented, Mental Health Services needed to ask whether their wards are a safe place for gay or lesbian people to hold hands and give each other demonstrable and loving support during times of mental anguish, as might any heterosexual people.

It is hoped that Conference presentations will become available on-line, and *Inclusion News* will keep you updated on this.

*Richard Bryant-Jefferies, Equalities and Diversity Manager*

## Equalities and Diversity 'Good Practice'

Whilst Trustwide emphasis in addressing the Equalities and Diversity agenda rightly has its place, much that is relevant for services requires a focus at service or team level. Write ups on two initiatives that address this have been submitted to *Inclusion News*, each in their own way developing cultural understanding and awareness within teams.

### Cultural Competency Training Westminster

In July 2008, Alison McKenzie, Community Psychiatric Nurse and Dr Sarah Marriott, Consultant Psychiatrist, Westminster Adult Mental Health Service made a contribution to the Trust's Cultural Competency Training Programme for Doctors running a one and half hour multidisciplinary workshop at St Charles Hospital. The meeting was part of the unit's weekly medical academic programme and was attended by more than twenty people

Beginning with a brief review of recent UK legislation relevant to equality and diversity, the audience went on to hear about a patient whose history illustrated a complex interaction between mental illness, substance misuse and offending. Other influences included his up-bringing in a conflict-zone (Angola), his early estrangement from his biological family and local community, his experience as a child soldier, forced migration eventually to the UK and the long period of social dislocation that followed. The audience heard about an ethnography, 'Child Soldiers in Africa: An Ethnography of Political Violence' by Alcina Honwana, and their task was to consider the extent to which this array of unusual influences was relevant to the presentation and management of the patient's psychiatric illness now.

Dr Marriott has a postgraduate degree in Medical Anthropology. She said: "Medical Anthropology is the study of health, illness and disease across cultures and, as an academic discipline, has an obvious relationship to the themes that underpin cultural competency, equality and diversity. Since it is concerned with the conditions within which people experience distress it sheds some new light on the traditional concerns of 'social' or 'community' psychiatry.

'Cultural competency' is not only concerned with a factual knowledge, such as global geopolitical, religious and social issues, but also involves developing techniques to better understand how these factors might affect

people's experience of being mentally ill, how they relate to health professionals, their expectations of them, their help-seeking behaviour and the interventions they really find helpful

Typically, NHS mental health practitioners today are routinely working with people from all walks of life and every corner of the world. I have no doubt that incorporating an understanding of cultural competency enhances our work."

### Black History Month Celebration in Hillingdon

Hillingdon Mental Health Services organised its first Black History Month celebration on 31/10/08.

The theme was recovery. In addition to recognising the often negative experience of Black and minority ethnic users and carers regarding psychiatric systems; the event encouraged positive outcomes.

Introduction and welcome was delivered by Noreen Rice, Head of Inpatient and Community Services. As well as outlining the origins of Black History Month, she also shared a 2002 poem by Jean Binta Breeze which highlighted African-Caribbean struggles in Britain regarding adjustment, acceptance and belonging.

This was then followed by music and song from Psychiatrist and Psychiatric Nurse: Dr Saal Senevirantne and Les Mwanza, with accompanying colleague.

Following this was dance based on the mixed emotions of a wedding ceremony, by MIND Asian women dancers.

Hazel Callander, of Hillingdon African Caribbean Association, local story-teller shared her personal journey from Trinidad to Hillingdon relaying her career as a Psychiatric Nurse, and how she moved on from a period of serious depression, after the break down of her marriage. Her message of not giving up, was received well by the diverse audience of service users, carers and staff.

Alison Beer from Hillingdon Libraries reinforced the importance of telling and preserving our stories, encouraging participation in a libraries initiative.

The finale was led by Michelle from healthy Hillingdon who encouraged us to join her in dance from Belize, her homeland.

The organisers, Team Managers Jennifer Lewis (Chair of Equality and Diversity Group), Linda Wiafe-Ababio, Hilda Kini (also group

members) were supported by Agnes Marfo. This event was organised in conjunction with Healthy Hillingdon, London Borough of Hillingdon and Hillingdon MIND, also members of the group.

The event was well attended. Many service users expressed how much they enjoyed themselves and were looking forward to next years event.

## Convention on the Rights of Persons with Disabilities

The Convention on the Rights of Persons with Disabilities and its Optional Protocol was adopted on 13 December 2006 at the United Nations Headquarters in New York, and was opened for signature on 30 March 2007. There were 82 signatories to the Convention, 44 signatories to the Optional Protocol, and 1 ratification of the Convention. This is the highest number of signatories in history to a UN Convention on its opening day. It is the first comprehensive human rights treaty of the 21st century and is the first human rights convention to be open for signature by regional integration organizations.

The Convention marks a "paradigm shift" in attitudes and approaches to persons with disabilities. It takes to a new height the movement from viewing persons with disabilities as "objects" of charity, medical treatment and social protection towards viewing persons with disabilities as "subjects" with rights, who are capable of claiming those rights and making decisions for their lives based on their free and informed consent as well as being active members of society.

The Convention is intended as a human rights instrument with an explicit, social development dimension. It adopts a broad categorization of persons with disabilities and reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms. It clarifies and qualifies how all categories of rights apply to persons with disabilities and identifies areas where adaptations have to be made for persons with disabilities to effectively exercise their rights and areas where their rights have been violated, and where protection of rights must be reinforced.

The Convention was negotiated during eight sessions of an Ad Hoc Committee of the General Assembly from 2002 to 2006, making it the fastest negotiated human rights treaty.

The Convention can be accessed at: <http://www.un.org/disabilities/default.asp?id=259>

At the current time the UK is a signatory but has not yet ratified the Convention.

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Please remember to let us know if you know of books addressing health-care related issues in the context of Equalities and Diversity we could mention in *Inclusion News*.

**Aware that not all staff have access to Trustnet, we encourage managers to make available paper copies of *Inclusion News*, new reports and other Equalities and Diversity information on Trustnet to staff.**

To receive a copy, provide feedback, or to suggest topics for future issues of ***INCLUSION NEWS*** contact:

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**A large print version of this Newsletter is available**

An electronic version and back copies are available at <http://trustnet/CNWL/trustwide/5449.htm>