

Briefing: Workforce Integration and Inclusion in the Health sector

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Briefing: Workforce integration and inclusion in the health sector

Introduction

There are significant differences between the unemployment rates of people in London, with certain groups being markedly underrepresented in the workplace. Underrepresented groups include **BAME Londoners, women, young people, lone parents, deaf and disabled Londoners**. Many groups navigate a system of barriers including biased recruitment processes, unequal pay and prospects for progression. These barriers are not inevitable and mean many businesses overlook and exclude people from underrepresented groups, missing out on their talent and drive.

In 2021 the Greater London Authority (GLA's) Workforce Integration Network (WIN) commissioned Work Advance and the Institute of Employment Studies to explore workforce diversity in the priority growth sectors in London – that is **the green, digital, creative, hospitality and health sectors**.¹ The researchers carried out an evidence review and conducted interviews with Londoners and employers to understand the nature and causes of underrepresentation in key parts of the London labour market in order to help tackle persistent inequalities. The research is designed to share critical insights with key stakeholders within the Mayor's Academy programme.² This briefing provides a summary of the key themes of the research that are relevant to the creative and cultural industry. This includes:

- The workforce demographics of your industry
- The specific barriers to entry and progression within your industry for underrepresented groups.

See: [Employer insights into diversity and inclusion](#), an accompanying document to this briefing which contains insights about the business practices that are making a difference to diversity and inclusion in London's priority sectors.

¹ Workforce Integration Network (WIN) Skills Academy Workforce Analysis Project; *Lesley Giles, Paul Sissons, Heather Carey, Miguel Subosa and Becci Newton*

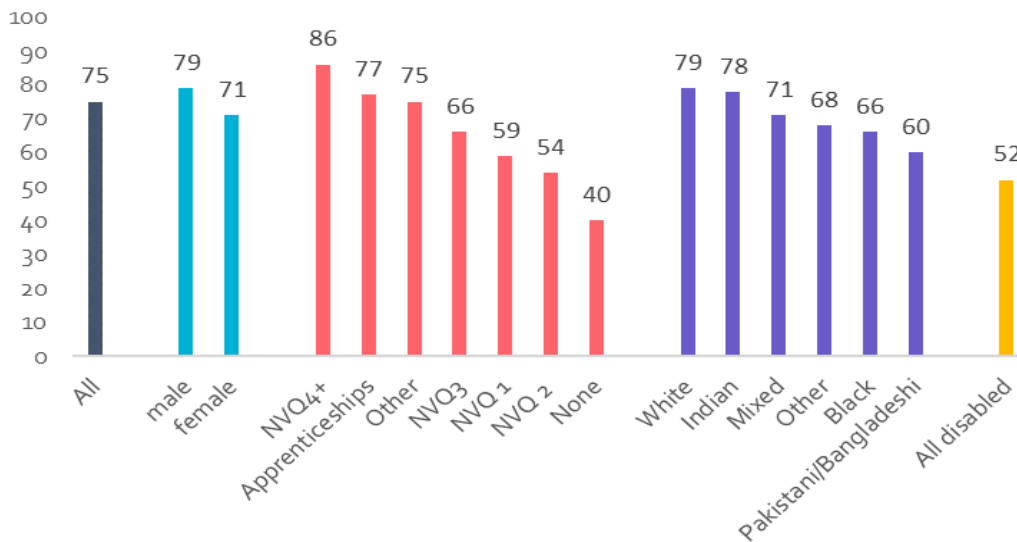
² The **Mayor's Academy programme** will provide support to employers to ensure groups underrepresented in the labour market are supported through measures to promote workforce diversity and inclusion, including in terms of recruitment, retention and progression. In doing so the programme plans to build on the work of the **GLA's Workforce Integration Network (WIN)** by engaging directly with employers to tackle barriers and support them in building more inclusive workforces

What are the current challenges to achieving diversity within London’s Labour market?

There are a number of **deep rooted and persistent diversity challenges** that exist within the current labour market in London.

- Employment rates differ significantly by parental status, qualification and skills level, ethnicity, gender, age, disability and between local areas for example – **see Figure 1 below**
- There are significant **imbalances in education and skills** levels across the population
- Inequalities are also evident in **access to training**. Younger people, ethnic minorities and women are most likely to report a lack of resources to invest in their own development.
- There are concerns about **levels of good work**, with signs of falling job quality in the last decade as the London economy moves towards more atypical working practices.

Figure 1: Working age (16-64) Employment Rates (%) for select groups in London



Source: GLA (2022) Local Skills Report

Key stats

- ❖ There is wide variation in educational attainment across the working population: with **around one in eight (13%) London residents aged 25-64 having low or no qualifications**, including **one in four of those from Bangladeshi backgrounds, and more than half of all disabled Londoners**.
- ❖ Training measures appear to be declining compared to the past, at a time when we need to see the reverse to keep up with labour market changes. For instance, **in the last 12 months to June 2021 only 17% of working age Londoners were in receipt of job-related training in the last 13 weeks, a fall from 20% since 2004** (GLA economics 2022)³.
- ❖ Precarious forms of working⁴, higher turnover and low pay disproportionately affect certain groups. These above issues are compounded by wages struggling to keep pace with the rising costs of living in London, as such **the proportion of people in poverty has risen to be the highest of any UK region and significant pay gaps are evident by gender, ethnicity, disability and spatially**.

Labour Market context

The pandemic disproportionately impacted London's labour market relative to other regions in the UK. While London's unemployment rate has consistently been above the UK rate, there has been a marked recovery since the pandemic's peak. London's unemployment rate of 4.2% in the three months to September 2022, is at the joint lowest level since the series started in 1992.

However, headline labour market measures also conceal major inequalities. Despite improvements, there are still large differences in outcomes for residents from different ethnic backgrounds; nearly one in twelve Black Londoners (8.5%) were unemployed in the period April 2021 to March 2022, nearly double the rate for their White counterparts (4.5%).

Employment rates are also below average for disabled Londoners as well as for (female) parents and for Londoners with no or low qualifications. London's youth unemployment rate was higher than in any other UK region in 2021, while the rate of labour force participation (economic activity) among Londoners aged 50 and older has declined in the last year.

³ GLA (2022) [Local Skills Report](#).

⁴ Precarious forms of working refer to zero-hour contracts and temporary work.

What are the common barriers inhibiting diversity in the growth sectors?

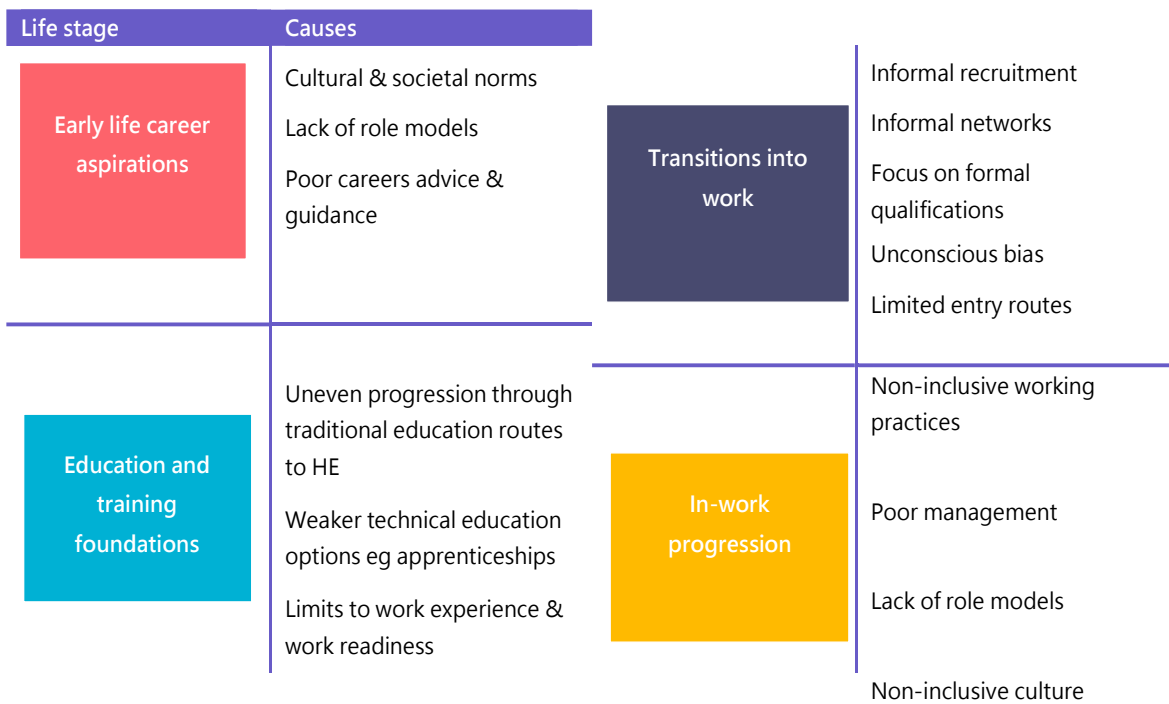
The research highlighted several commonalities around diversity and inclusion issues across **the green, health, creative, digital and hospitality sectors** (see figure 2 below). However, there are also some sector specific issues relating to the different characteristics of the sectors, occupational labour markets, skills requirements and progression pathways (see Creative section below). To fully address these issues will require a combination of cross-cutting and sector-specific targeting.

The research established how factors build and/or evolve throughout people's lives. This aligns with the **"life-stage approach"** taken in wider research⁵. So, in essence it has found that factors start early in life; continue further into education; inhibit transitions into work; and finally undermine opportunities for in-work advancement and progression to more senior and/or experienced roles later in an individual's career.

For information on how employers are addressing issues across the life stage (see appendix 1: **Employer Insights into Diversity and Inclusion**)

⁵ Carey et al (2021) screened out: tackling class inequality in the screen industries.

Figure 2: The barriers inhibiting diversity across the growth sectors in London



- **Early life:** Cultural and societal norms and personal biases from networks, friends and family and Role models were critical influencers. Restricted access to inspiring and impartial careers advice and guidance was another key limiting factor
- **Education foundations:** Opportunities in growth careers will be constrained where individuals lack the basic platform of skills and qualifications for further study and work. Uneven progression through traditional routes to higher education and weaker alternative technical education routes such as apprenticeships are a key factor for some.
- **Into work transitions:** Informal recruitment and working practices operating through closed and informal networks, especially amongst smaller businesses, bring a greater risk of unconscious bias and constrain the reach of work opportunities to diverse groups.
- **In-work progression:** non-inclusive working practices, poor management and a lack of supportive role models, create an organisational culture where individuals do not feel supported and can continuously develop and progress

Deep Dive: Health sector

Key stats

- ❖ Health and social care are among the largest employment sectors in the country, offering in excess of 350 job types. In London alone, together both sectors are responsible for employing over 433,000 employees in 2021.⁶
- ❖ In 2021 the health sector accounted for approximately 7 per cent of London's employment, which is a slightly lower proportion than for England (8 per cent),
- ❖ Forecasts produced prior to Covid-19 included health and social work as one of the five industry groups with the highest levels of projected growth in London from 2017-2027⁷. Over the same time period, the occupations with the highest forecast growth rate in London to 2027 include those within Health and social care associate professionals and Health professionals.⁸
- ❖ Health Education England Annual Report and Accounts 2019-20 references nursing as the largest workforce gap; there are more than 51,000 nurses in London, but a nursing vacancy rate of 13.5 per cent, which is higher than the rest of the country. Nurses and nursing auxiliaries and assistants have experienced the highest number of vacancies, reaching close to 17,000⁹ vacancies. In addition, estimates suggest a high turnover rate for the sector in London of 25%.¹⁰

⁶ ONS, Business Register and employment survey, 2021

⁷ Local Skills Report Annexes – Core Indicators and Additional Data. London. Available at: https://www.london.gov.uk/sites/default/files/final_-_lsr_annexes_-_march_2021.pdf

⁸ *ibid*

⁹ Lightcast, previously EMSI burning Glass, 3-month moving average in July 2022

¹⁰ A summary of the adult social care sector and workforce in London, 2021/2022, Skills for Care

What are the career opportunities in the Healthcare sector in London's Labour market?

The health sector is one of huge strategic importance to London and the UK, and never has this been more evident than in the contribution it has made ensuring the health and well-being of the country during the Covid-19 pandemic.

The sector is sizeable in London with just under 600,000 employees (representing 11% of London's total workforce)¹¹. Whilst the rate of employment growth was lower than the London average in the run up to the pandemic (ie between 2015 and 2019),¹² future growth is anticipated to be quite significant. In particular, health professionals had one of the highest forecast growth rates in London to 2027. With future health demands of an ageing population expected to increase, pre-pandemic forecasts have suggested that employment will rise by 5% between 2017 and 2027 in the UK and 8% in London¹³.

Furthermore, there is significant replacement demand due to the ageing workforce. This anticipated growth has already been evident during the pandemic as the health care workforce has strongly increased. In contrast to other sectors, for instance, in London alone, numbers rose from 2019 to 2020 by 50,000 or 9%, which was a considerable contribution to total employment across England at 63,000¹⁴. In 2021 this growth has not abated, and, by the end of the year, the sector has seen the highest quarterly rise in UK vacancy postings of 15% from June-August 2021 to September-November 2021 (an increase of 26,000).¹⁵

With constraints on immigration since Brexit, limiting opportunities to recruit from abroad, and this combining with rapid growth rates, there have been increasing concerns about future skills shortages and employee retention. Health Education England (HEE) has also recognised some of the skills challenges. For example, in its Annual Report and Accounts 2019-20 it referenced nursing as the largest workforce gap with a higher nursing vacancy rate of 13.5 per cent (equivalent to over 50,000 vacancies) than the rest of the country¹⁶.

¹¹ ONS (2021) [Business Register and Employment Survey](#).

¹² ONS (2021) [Business Register and Employment Survey](#).

¹³ IER (2020) [Working futures 2017-2027](#).

¹⁴ ONS (2021) [Business Register and Employment Survey](#).

¹⁵ ONS (2021) [Vacancies and jobs in the UK: December 2021](#).

¹⁶ See for example [HEE Annual Report and Accounts 2019-20_3.pdf](#)

Figure 1: opportunity pathway in the health industry

Source: based on the IFATE occupational maps and the SOC framework

The scale of the health sector offers around 350 careers¹⁷. This covers a wide range of jobs and includes agency workers as well as those working directly for NHS trusts and local authorities. NHS jobs fall within one of two main categories (ie clinical and non-clinical roles) covering four broad career pathways:

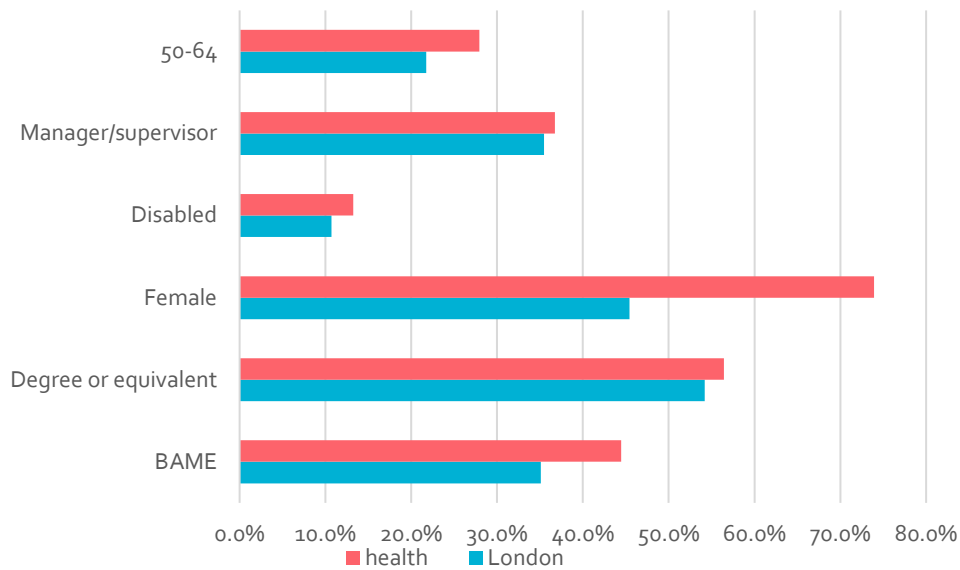
- **Health pathway:** This covers a wide range of healthcare roles involving those in high quality medical diagnosis, advice, and healthcare directly with patients. It includes doctors, nurses, midwifery, ambulance teams, dental teams and allied health professionals such as physiotherapists, prosthetists and therapeutic radiographers.
- **Healthcare science pathway:** This covers roles providing technical science-based support to patients and includes activities such as health care testing, diagnosis, and monitoring services. It also includes pharmacy science roles managing the supply of medicines and as such ordering, preparing and dispensing medicines.
- **Science pathways:** These cover science-based research and laboratory-based investigative and scientific experimentation and analyses. As such roles include science technicians (e.g. animal technicians; food technologists, bioinformatics, and environmental technicians; science advance technicians (e.g. food testing managers, senior metrology technicians) and scientists (e.g. biochemists; biologists, chemists, clinical scientists, physicists, research/laboratory scientists)
- **Community exercise, physical activity, sport and health:** These cover roles that manage health and fitness programmes in local communities, usually working one to one or small groups. These include health and fitness assistants, technicians, and

¹⁷ See for example the Health Education England site [Explore roles | Health Careers](#)

professionals, such as Leisure Team Members, Sports Psychologists, Sports coaches, and outdoor activity instructors.

How diverse is the Healthcare sector in London?

Figure 2: A snapshot of diversity by Health sector ¹⁸



Source: GLA analysis 2021

Diversity is of considerable importance to the health sector (particularly in parts of London) because of the need for the workforce to be representative of the local community they are serving. The sector is characterised by a proactive approach to EDI issues, and employers are bound by the Public Sector Equality Duty.

The healthcare sector is one of the more diverse sectors within the economy. This is also reflected in London and confirmed by broader local labour market statistics. These suggest higher proportions of people from BAME backgrounds and women are working within healthcare within London relative to other sectors and the London average. There is also a higher share of older workers and **those with disabilities**. However, there are **underlying inequalities at a more senior level**.

¹⁸ Each sector of interest in London was compared against London overall, using as the benchmark 'Londoners aged 16+ who are in employment.'

These include the following¹⁹:

- In London, 16 per cent of NHS Trust board members are Black or minority ethnic. Whilst this is a comparatively larger proportion when compared to all other regions, there remains a significant disparity with the overall Black or minority ethnic workforce in London trusts, which is 44 per cent.
- BME staff are significantly underrepresented at senior pay bands. 44.9% (92,487) of all staff working across London trusts are from a BME background, compared to only 12.5% (54) of BME staff working at AfC band 9.
- White applicants are 1.6 times more likely to be appointed from shortlisting compared to BME applicants – making London the worst performer in the country on this indicator.
- BME staff are more likely to go through the formal disciplinary process than white staff – again with London being the worst performer on this indicator – London was the worst performing region for WRES indicator 5: experiences of bullying and harassment.
- Almost four in ten (11,006) medical staff are from a BME background, but BME doctors tend to be overrepresented in non-consultant career grade roles and underrepresented in consultant and senior medical manager roles.
- Of the gold command teams – the most senior level teams at trust and regional level, responsible for dealing with the most serious events, such as Covid-19 – just 16.6% are from BME backgrounds.

Wider statistics suggest that the London healthcare workforce is relatively older drawing on its wealth of expertise and experience, with over two thirds of its workforce aged over 35 years of age in 2020 compared to an average of around three fifths for the London workforce as a whole. It also has a higher share of workers who are disabled relative to London's workforce overall (11.3% in the health sector compared to 10.7% for London as a whole). Furthermore, healthcare workers in London in 2020 were more likely to be born outside of the UK, (47%) compared to the London workforce (45%) and the UK as a whole (just 21%). 10% of London workers were born in the EEA (6% in UK overall).²⁰ With reference to these wider groups, however, there are also limits on their progression. Indeed, people aged 35-64, of no religion or foreign nationals are most likely to be underrepresented at managerial levels in the health workforce.

¹⁹ [Workforce Race Equality Standard \(WRES report\) 2019](#)

²⁰ [ONS \(2021\) Jobs in London, City of London and the UK, by country of birth \(UK, EEA and rest of world\), by industry, 2004 to 2020.](#)

Steps to understand and advance diversity are undoubtedly hampered by limits on the richness of information and research exploring broader protected characteristics among NHS staff, beyond gender and ethnicity. A range of data collection problems have been reported, including through the NHS Staff Survey²¹.

²¹ See for example the NHS Employers Survey

In addition to the initial insight above, further intersectional analysis²² was undertaken by looking within ethnic group- specifically Black and Asian Londoners- to determine any disparities in how these groups specifically experience the labour market.

The initial analysis shows that the Health sector is ethnically diverse, for example you are far more likely to be Black in this industry compared with London. The sector also has a far greater proportion of females compared to the London average. However, when we look at the data from an intersectional perspective **Black Londoners are the ethnic group most likely to not be working in higher managerial, administrative and professional occupations in this division.** This pattern is mirrored when looking at Black Londoners working in all sectors in London. Similarly, this finding is corroborated by the qualitative research which suggests that **females, ethnic minorities and particularly female ethnic minorities are underrepresented in senior positions.**

In addition, there are a lower proportion of male Londoners compared with London overall. In particular Black Londoners are the ethnic group least likely to be male. This pattern is mirrored when looking at Black Londoners working in all sectors in London. Black Londoners are the ethnic group most likely to not be degree-level educated. This pattern is mirrored when looking at Black Londoners working in all sectors in London.

For more information, please see priority groups briefing [here](#).

²² WIN takes an **intersectional approach** to diversity and inclusion by examining how ethnicity interacts with other factors such as age, gender, education and class in shaping people's experiences with work.

What are the key barriers to entry and progression in the Healthcare sector?²³ 24

A common challenge for some sectors has been the lack of technical pathways/routes into employment which serve to support underrepresented groups into skilled employment. In comparison the health sector does have several technical routes into skilled roles, including several apprenticeship options. **(See Health sector source report.)** Health, Public Services and Care is one of the most popular apprenticeships, **accounting for 25 per cent of apprenticeship achievements 2019 in London**, and 23 per cent in England.

There are significant issues in the healthcare sector regarding retention and progression of certain groups. These issues are in many cases linked to **organisational cultures which are less diverse and inclusive**. In such scenarios there is a greater risk of unconscious bias where there is an automatic preference or affinity during the recruitment and selection process to those who are “similar to us” which of course tends to reinforce the status quo and limits diversity.

“But people tend to hire people who look like them, who will fit in. People tend to hire people who are from a similar background. To them they feel safe, and it’s kind of having conversations where you understand different cultures because the more you’re exposed to other cultures, the more you realise that we are a lot more similar than we think.”

(Health Employer)

This is further exemplified when looking at the experience of BME staff in London. Findings from the Workforce Race Equality Standard (**WRES data report**) in 2019 found that for both BME and white staff, the London region had the highest levels of harassment, bullying or abuse from staff. This was higher for BME staff.²⁵

In addition to these issues around working environment, there are clear issues with a lack of diversity at the senior levels, which is evidenced also by the challenge of groups in accessing promotions. Only **two thirds (65.8%) of BME staff believe their trust provides equal opportunities for career progression or promotion, compared with 83.3% of white staff.**²⁶ Furthermore, as recently as 2014, two-fifths of all NHS trusts in London had no BME board members.

²³ See Health sector source report for further information on barriers.

²⁴ Further case studies available at **Workforce Integration Network (WIN) Skills Academy Workforce Analysis Project (pages 38-66)**

²⁵ [Workforce Race Equality Standard](#) (WRES report) 2019

²⁶ *ibid*

“You know they call it the snowy white peaks...at the very top from 8 and above you don't get that diversity that you would expect that would reflect the local community. “

(Health Employer)

This is also further reflected through **lack of gender representation**. Many female interviewees observed that a lack of female representation at the most senior levels was creating a persistent glass ceiling. Whilst most acknowledged that entry and mid-level positions are increasingly being filled by women so are starting to become more gender diverse, senior positions continue to be dominated by white males.

There are also clear examples where progression pathways in the sector are inhibited by **covert discrimination and unconscious bias**. Individuals from underrepresented groups may often find themselves subject to unclear additional qualification requirements and experience, marginalised and side-lined from promotion opportunities and/or having to work harder to progress half as far. Individuals working in the sector reported times in their careers when they had been looking to progress, frequently having to take on responsibilities from roles above their own grade to stand out from other employees and prove their abilities – generating the feeling of having to work harder and be smarter.

Furthermore, for those who held degrees in health their lack of practical industry exposure made it difficult for them to compete with more experienced candidates. In response, they highlighted the need for wider access to work placements and industry exposure during formal education alongside development programmes to broaden their career prospects.

From a young age, Sara has always wanted to be in a caring role. After looking at the various career paths available to her, she developed an interest in behavioural therapy and tailored her A-Levels accordingly. She therefore pursued a related university degree, during which she also took on volunteering roles. According to her, the transferrable skills she had acquired through volunteering gave her a competitive edge when she started applying for entry-level jobs upon completing her studies.

Sara, psychotherapist

The emphasis placed on practical work experience was confirmed by employers in the healthcare sector.

“Sometimes the burden is put on the person... They get to do the shortlisting because they meet the criteria, they get to the interview and then their told, well, you're pipped at the post because someone else had the experience.”

(Stakeholder Health Sector)

In many areas there was also a bias towards having formal qualifications. Many interviewees in the health sectors described great difficulty in securing employment because of entry requirements regarding degree-level qualifications and the potential pressures on recruiters to favour those already more highly qualified was acknowledged by employers.

“You know we're working at pace... for example, and even to fill a training program with 200 new apprenticeships. You know this is a financial challenge for each organisation because they've got to come up with a salary for that person and then almost wait two years for them really to be sort of, really, really useful in the system. You know there's real shortages, you know ... workforce roles that fall underneath that and you know you will be competing actually for a very small cohort of people who actually already will meet some of those requirements, ... you know, the system works collectively against you, you know you work competitively against each other.”

(Employer Health Sector)

The lack of practical industry exposure is further compounded by specific challenges related to **clarity around career pathways and professional development and the working practices supporting individual advancement**. In many areas it was felt that pathways to progress were not always transparent, and there was concern that with the evolution in the labour market, and changes in job roles, this was a potential area for further confusion.

“In terms of an entry level, I'd say that it's not always consistent. When I think we're employing already qualified staff, I think it's slightly easier. So, our professional nurses who actually come in, will have a commitment to ongoing ...continuous professional development. It's a complicated, complex internal labour market... I think you're absolutely right there, that there are indeed...resources for healthcare careers, for example, that can talk about pathway opportunities, and a variety of development programmes to support people on their career journeys. But there's something about our frontline staff in their awareness about all of that and access to it...So it can be a bit hit and miss.”

(Employer Health sector)

Please see [Health sector source](#) report for further information on barriers and initiatives to tackle underrepresentation.

Research insights

Case study: Unclear career pathways and development

Sharon began her career doing part-time work in the social care sector alongside her A-Level studies. After years of providing service to people needing end-of-life care, Sharon decided that she wanted to pursue a career that would help improve life and reduce the need for end-of-life care. To enable this, she undertook a BSc in Biomedical Sciences with the goal of securing a career in the health sector. However, after completing her degree, she found that entering relevant employment was far more difficult than she had envisaged.

Firstly, in her final year of study, she learned that her degree was not accredited by the Institute of Biomedical Sciences – a point she said was not made clear during the application process for study. As a consequence, she had to complete an additional accreditation year after achieving her degree to practice in a laboratory, which also created additional financial pressures. She believes that there needs to be more transparency to allow prospective practitioners to make better-informed career decisions.

After her accreditation year, she applied to multiple positions but was passed over as she did not have any industry experience. In a conversation about the frustration caused by this constant rejection, a friend of hers mentioned having a relative who worked as a manager in one London hospital's microbiology department. Through this connection, Sharon was able to secure unpaid work experience in a lab.

Initially, this work placement was for two weeks, but the hospital offered to extend the opportunity to provide more experience. However, travel costs and childcare responsibilities prevented Sharon from continuing the work placement, with the said resource limitations further hampering her skill development. Subsequently, she decided to make a claim for support at the Jobcentre, and to gain assistance in her search for employment through that.

Since then, Sharon has secured a permanent position in a central London hospital and has experienced a great deal of career progression. However, Sharon reported having to take on additional responsibilities beyond her grade criteria to receive the recognition and support of management for progression.

Sharon, biomedical scientist - individual

Case Study: Poor culture

From a young age, Sara has always wanted to be in a caring role. After looking at the various career paths available to her, she developed an interest in behavioural therapy and tailored her A-Levels accordingly. She therefore pursued a related university degree, during which she also took on volunteering roles. According to her, the transferrable skills she had acquired through volunteering gave her a competitive edge when she started applying for entry-level jobs upon completing her studies.

However, she lamented the lack of work-life balance in the mental health sector. According to her, had she known when she was still training to be a therapist, how intense the job's workload would be, she would have pursued a different profession. She observed how many of her former therapist colleagues in the NHS experienced burnout or compassion fatigue. This was aggravated by what she described as a strong culture, in the mental health sector, against asking for help and support.

In her case, the burnout led her towards self-employment, which gave her more leeway to balance the demands of her career and her personal life. Sara believes that the existing culture within the mental health sector needs to change. More support needs to be available for mental health workers. Otherwise, the sector risks seeing an exodus of burnt-out mental health professionals.

Sara, psychotherapist - Individual

Further information

This briefing was produced utilising information from the research conducted by Work advance and Institute of Employment Studies. The briefing highlights areas where you can seek further information. For further information please see the following:

- Workforce Integration and Inclusion in London's growth sectors; analysis project for the Workforce Integration Network and Skills academy's team; *Lesley Giles, Paul Sissons, Heather Carey, Miguel Subosa and Becci Newton*
- Source evidence report, Underrepresentation in Health Careers, *Institute of Employment Studies*

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