EUROPEAN SOCIAL NETWORK

Managing diversity in public health and social care in the interest of all citizens

Report I: Race and Ethnicity

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Preface

This report is part the European Social Network project *Managing diversity in public health and social care in the interest of all citizens.* The project seeks to address three interconnected problems, namely:

1. **The experience of those representing groups subject to discrimination is that health and social care services, designed for the majority, discriminate against minorities by failing to ensure that their special needs are recognised, understood and appropriately responded to.** The result is that public services may not benefit all citizens equally in the important areas of their social and health care. This is not just a question of communication, but addresses a wider issue of accessibility, cultural sensitiveness, service responsiveness and rights.

2. **There is under representation from those groups that are the subject of discrimination within the ranks of senior professionals and managers within the public administration of health and social services**. Whilst this is not a problem which is confined to health and social services or even just to the public sector; (there are similar low levels of representation in the private sector), it is nevertheless of serous concern that those managing diversity may not include staff from groups experiencing discrimination. This is not a symbolic issue but one of equal opportunity, which would also ensure public services benefit from the richness of the communities they serve.

3. **Whilst health and social services often serve the same population, their approaches to combating discrimination are not always shared with each other.** Consumers of both services risk having to overcome further barriers to accessibility and continuity of service due to lack of co-ordination between these services. This is all the more important and timely, for in many European countries, public health and social services are now developing joint commissioning and service strategies with shared budgets and staff.

1. Introduction

This report documents a number of different approaches to tackling race discrimination and promoting race equality in health and social service organisations. It is based on a survey of ESN member organisations[1], evidence from the project's two focus groups (of Black and minority ethnic managers in health and social services and Black and minority ethnic service users) as well as additional desk research to identify national and local policies and initiatives. It will contribute to a final report to be produced by the ESN that will cover the three grounds of Race, disability and age.

The provision of health and social services across Europe in non-discriminatory ways has led to a range of initiatives that accommodate diversity in an environment of interculturalism, equality of opportunity and equality of participation in society. This means that services have to reflect ethnic diversity and take on board issues such as ethnicity, language, culture, religious beliefs and customs. Ignorance of these can result in discrimination and the quality and effectiveness of services. Migration from outside the EU, including refugees and asylum seekers, and the opening up of borders in an enlarged Europe, has added urgency to the need for public services to address racial and ethnic discrimination. For this reason the report addresses the twin concerns of discrimination by and within public organisations in respect of race, ethnicity or religious beliefs on the basis that there is an important relationship between how an organisation treats its customers and how it treats its employees.

The report looks at the experience of discrimination, direct and indirect, by and within public health and social services. This is an important starting point for the development of effective policies and strategies for combating racism. It then goes on to look at some examples of good practice by public authorities and other agencies in order to establish learning about recruitment and progression within public authorities and how they improve the quality and availability of services. The objective is to inform the development of best practice in diversity management strategies. In a large number of countries racial equality and diversity have only recently been identified as areas for action in health and social services. A variety of national, European and International developments have impacted on the realisation amongst governments and policy makers of the importance of managing diversity and equal opportunities.

As economic globalisation, regional economic crises, and political upheaval have stimulated migration across national borders, migrants and refugees in particular are facing discrimination on an unprecedented scale. Migration and an increasingly international labour force make it particularly relevant to address racism in health and social services. The rise of xenophobia and racist violence against asylum seekers, refugees and migrants in Western Europe make discrimination a priority area of concern for governments and for the provision of health and social services.

What is diversity?

As well, the development of organisational equality and diversity policies covering employment in health and social services has become increasingly necessary. This

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[1] The survey was based on a detailed questionnaire and a short questionnaire sent to health and social service organisations who are members of the ESN.

is to ensure that services are provided in non-discriminatory ways, and that by enhancing the image of these services that they become employment of first choice. There are an increasing range of equality and diversity policies being agreed between employers and unions in the public sector and equal opportunities is becoming more firmly embedded into legislation and organisational structures. These developments have been important for the creation of equality and diversity aware services and an employment structures that are representative of the diverse population base. The fact that there are business and social benefits to equality is reflected in the Institute of Personnel Development's (1996) definition of diversity, which is based on the principle that:

> People should be valued as individuals for reasons related to business interests, as well as for moral and social reasons. It recognises that people from different backgrounds can bring fresh ideas and perceptions which can make the way work is done more efficient and products and services better.

Experiences of race discrimination in health and social services

Implementing race equality requires an understanding of the unique experiences of race discrimination from the perspective of service users, as well as employees and managers in the health and social services. To date little attention has been given to the understanding of cultures, values and belief systems that underpin existing health and social service organisations. Minority ethnic communities are often marginalised and bear an undue burden of health problems, discrimination and inequality. Barriers to health services affect health outcomes and a lack of cultural sensitivity can further limit access to health services (WHO, 2001, Department of Health, 1999).

In the UK 77% of Black and minority ethnic people live in the eighty-eight most deprived neighbourhoods. Many face direct or indirect discrimination in their everyday lives, experience poor access to services and limited information about services, experience services that are inappropriately delivered, and face a variety of language, cultural and religious differences (Social Exclusion Unit, 2001). People from black and ethnic minority communities are also more likely to be dissatisfied with services (Audit Commission, 2002).

Research on the health care experiences of Black and minority ethnic disabled people highlights poor access to information, poor access to good standards of healthcare, communication barriers, lack of sensitivity for culture and traditions, and discrimination (Shah and Priestley, 2001). Black and ethnic minority elders also experience double discrimination because of age and Race, and this directly affects access to health and social services (Age Concern, undated). Appendix 1 provides a summary of the ESN's user workshop held in Staffordshire. This shows significant problems faced by black and minority ethnic services users in accessing health and social services.

There are also a number of organisational barriers that prevent race equality being implemented in health and social service organisations. These include lack of skills and knowledge about minority ethnic communities, lack of data and processes for managing performance, lack of organisational commitment to delivering race equality, and resistance to changing practices.

2. Managing diversity and anti-discrimination: the European and national policy context

The policy context

There are a variety of different approaches to managing diversity and race equality. The following are the main approaches that are set out in the legislation:

- Civil rights and anti-discrimination legislation that provides rights to legal redress for discriminatory practices by employers and public and private service providers.
- Rights based approaches that provide legal rights to services.
- Duty based approaches that place general or specific duties on public authorities and service providers to promote equality and remove institutional racism.

There also exist a variety of approaches that are designed to promote good practice and support developments in equality. For example through:

- Service wide equal opportunities policies, which build in entitlements to services for particular groups and positive action.
- Initiatives to mainstreaming of race equality through organisations and to race equality proof policies at all stages of development, operation and monitoring.
- Modernisation programmes that link race equality into service quality initiatives.
- Agreements between the social partners.

European and international drivers

Race equality is being driven by a combination of national, European and international developments. At the European and international levels the UN Convention on the Elimination of All Forms of Racism, the World Conference on Racism and the resulting National Plans on Racism drawn up in response to the Programme for Action on Racism, have been important to this awareness. This is helping to shape new approaches to tackling racism and the promotion of race equality within the public services. For example, in Sweden, the National Action plan against racism, Xenophobia, Homophobia and discrimination has recently driven race equality policy and anti-discrimination in the workplace.

These developments are also reflected in an increasing emphasis given to race equality at the European level by the Council of Europe and the European Union. In particular, Article 13 of the Treaty of Amsterdam now explicitly refers to race and the recent equality directives are evidence of the importance now attached to race equality in EU policy. In particular, the following initiatives are impacting on race equality at the national level:

- *The Community Action Programme to Combat Discrimination (2001-2006)*. This is designed to support and promote measures at the national and European levels to prevent and combat discrimination.

- *Council Directive 2000/43/EC implementing the principle of equal treatment between persons irrespective of racial or ethnic origin* sets out a framework for combating discrimination. The Directive sets out a minimum threshold of rights in relation to race discrimination and prohibits discrimination on the grounds of race and ethnic origin in access to employment, vocational training, working

conditions, membership or involvement in a union or employer organisation, social protection, including social security and health care, social advantage, education, goods and services and housing. Member States must establish one or more bodies to promote equal treatment, with the remit to carry out surveys and studies, publish reports and recommendations and provide independent assistance to people who have been victims of discrimination.

National policy

Across Europe there now exists a wide range of legislation and policy related to equality and diversity. New national and policy developments in the area of Race and ethnicity mean that in most European countries there are mechanisms to provide legal protection against direct forms of racism as well as policy developments that promote equality. According to the European Network Against Racism "...the fight against ethnic and racial discrimination is less that fully successful" (2002:55). It anticipates that the EU Race Directive will lead to substantial improvements in member state's legislation on race equality.

Appendix 2 summarises the main legal and institutional structures that have been developed in the member states of the EU to promote race equality and prohibit anti-discrimination. In most cases anti-discrimination legislation provides redress against discrimination in employment and services. However, the public authorities are often exempt or partially exempt from the scope of the legislation. In the UK, the impact of the Race Relations (Amendment) Act and the general duty on public authorities to combat racism, along with the EU's Race Directive, break new ground in this respect.

Whilst legislation is important, not least in protecting civil and employment rights, there are a large number of institutional structures, policy and developmental programmes across Europe that seek to extend good practice and learning about race equality. In the case of health and social services, which provide front-line services, efforts are now underway to address direct and indirect discrimination in service delivery by ensuring that services are culturally appropriate and are provided by people that reflect the local communities that they serve. This has also required there to be a much greater emphasis placed on the coordination and integration of services, since many Black and minority ethnic people have difficulties coordinated accessing services.

Various different approaches exist across Europe for promoting equality and combating discrimination. In most countries, single equality bodies exist, for example, there is a single Commission on Racial Equality in the UK, whilst in the Republic of Ireland there is an Equality Authority that covers nine grounds, and in Northern Ireland an Equality Commission covering seven grounds. Similarly, in Sweden Ombudsmen exist for disability, sexual orientation, gender and ethnicity are governed by one piece of legislation.

In the EU and at the national level the trend is towards the integration of several grounds of discrimination in legislation and in institutional structures. This is the case in Ireland (North and South) and in Belgium and is under discussion in Britain and Germany. The advantages of the integrated approach are that there is a coherent legal framework and clarity about rights and it gives recognition to multiple forms of discrimination. In Ireland, the benefits from an integrated approach are that there is learning from all grounds and a single body enhances the visibility of equality issues. However, existing single equality bodies are concerned that the political impact of their work and resources will be minimised if integrated with other grounds of discrimination.

In addition to these legislative and institutional structures, there are a range of different ways in which equality is being driven at the national level. First, equality is as an element of quality services and public service modernisation. All countries across Europe are engaged in processes of public service modernisation and quality. Increasingly, the connection between quality and equality are being made. In the UK, the Race Equality Means Equality and the Equality Standard for Local Government programmes are evidence of this. In Ireland the Strategic Management Initiative and Quality Customer Service (which includes an equality/diversity principle) have been important to the development of equality as an integral element of customer service in the civil and public services. A key issue developed by Quality Customer Service is the need to develop equality/diversity outcomes for both the internal and the external customer.

Second, equality and diversity have become the subject of agreements between the social partners, including workplace and national partnership agreements between employers and unions. In Ireland, the annual programme of events in Anti-Racism Week, guidelines on anti-racist workplace practices and a programme of anti-racist training have been developed through a partnership between the Equality Authority, the employers and unions at the national level. In Sweden and Finland, there are national agreements between the social partners on race equality. Similarly, the development of equality/diversity policies at workplace level is increasingly common in central and local government and in the health services.

Third, new initiatives resulting from rising racism and key defining developments are also shaping new action on race equality. One example of this is the development of new policies and practices to respond to the health and other needs of asylum seekers or previously excluded or invisible minority ethnic groups. A key defining development in the UK has been the outcome of the MacPherson Report and the development of a general duty to promote race equality along with the Equality Standard for Local Government have been important in raising the profile of race equality initiatives at both strategic and operational levels in health and social services in recent years.

Tackling institutional racism: the UK national policy context

In the UK, the MacPherson report into the death of a young Black student, Stephen Lawrence, has defined institutional racism as:

> The collective failure of an organisation to provide an appropriate and
> professional service to people because of their colour, culture or ethnic origin.
> It can be seen or detected in processes, attitudes and behaviour which amount
> to discrimination through unwitting prejudice, ignorance, thoughtlessness and
> racial stereotyping which disadvantage minority ethnic people.

The MacPherson report resulted in the passing of the Race Relations (Amendment) Act in 2000. The Act outlaws racial discrimination in all public authorities and places *General Duty to Promote Racial Equality* in England, Scotland and Wales, provides a models of a legally enforceable duty to promote equality. This requires public authorities to be proactive in mainstreaming equality, auditing their functions and implementing new policies and practices. According to the Commission for Racial Equality (CRE) compliance with the statutory duty will make public authorities "…more effective, efficient, transparent and accountable and will help them to win the confidence and cooperation of the public they exist to service, and on whom they

depend for support" (CRE, 2001:6). Of importance is the role that the *General Duty* can play in changing awareness and understandings about racial discrimination and by mainstreaming the elimination of discrimination and promotion of equality and race relations thereby "making these an integral part of the way public functions are carried out" (CRE, 2001:10).

Health and local authorities have to monitor how policies and programmes affect ethnic minorities and publish a Race Equality Scheme setting out how they will meet their obligations under Section 71(1) of the Act. The Race Equality Duty requires:

- Publication of Race Equality Scheme setting out obligations
- Consultation on new policies which are assessed for their impact on race equality
- Improving the access of minority ethnic groups to information and services.
- Monitoring of staff by ethnic origin
- Monitoring of job applications, grievances, disciplinary action, training and dismissals by ethnic origin.

Specific duties can also be placed on public authorities, which are enforceable by the Commission for Racial Equality who have the power to serve compliance notices, backed by court orders. The Commission for Racial Equality (CRE) has also published statutory Codes of Practice, which give practical guidance on how public authorities can comply with both the general duty any specific duties that are imposed.

The CRE has also developed a Race Equality Standard for Local Government. In 2002 this was replaced by an Equality Standard that covers gender, disability as well as race. It is anticipated that the framework will be extended to cover sexuality, class, age and religious belief. The Standard requires local authorities to assess their progress in five areas: commitment to a comprehensive equality policy, assessment and consultation, setting equality objectives and targets, information systems and monitoring against targets, and achieving and reviewing outcomes.

A recent survey of employers' policies to address institutional racism and the implementation of equal opportunities policies in public authorities shows that some progress has been made. Although good progress has been made in the development of equal opportunities policies, there has been less progress in the monitoring of these (Labour Research Department, 2002). The survey assessed whether equal opportunities policies resulted in a changed workforce composition that reflected the diversity of local populations. It found that the continuing under-representation of minority ethnic employees was also a reflection of the fact that organisations operated in a hostile environment and were perceived as unwilling or unable to address racial harassment by service users or the public. The survey found that the workforce rarely reflects the diversity of the local population. In the health service 7.68% of the workforce is from a minority ethnic background, whilst in local government this is 4.45%. Similarly, minority ethnic groups are poorly represented in senior and professional levels.

3. Racial equality in the provision of health and social services

This section looks at how health and social service organisations can promote racial equality through the provision of culturally appropriate and accessible services, special or targeted services, and mainstream services. It looks at examples of policies and practices that have contributed to race equality, including specific services for minority ethnic groups, culturally appropriate and responsive services, equality tools that can be used to mainstream race equality, the monitoring and evaluating the effectiveness of services, consultation with local communities and systems for user complaints and feedback.

The following issues were raised at ESN's the Black and Asian Managers Workshop (February 2003) on improving the quality of services so that they are more responsive to the need of black and minority ethnic communities:

- Provision of primary care services (e.g. to support mental health patients and to tackle substance misuse). This may help avoid family breakdown.

- Recognise specific cultural issues that prevent black and ethnic minority communities accessing older peoples' services and develop action plans to address these.

- Health and social services are large local employers. There should have shared objective to develop a workforce that reflects the diversity of the local population, e.g. target refugees for jobs in NHS and care sector.

- Develop shared/aligned budgets to *implement* plans and achieve headline outcomes, e.g. participation in cultural events for health promotion and employment opportunities for refugees.

- Health and social care services must have shared responsibility for achieving outcomes and share the benefits of the range of flexibilities and resources the Government has earmarked for tangible improvements.

Equality has increasingly become a core value in health and social service provision and is often built into organisational practices to improve access to health and social services, and through performance management and performance evaluation. There are variations between countries concerning the emphasis placed on equality initiatives and the procedures put in place to achieve equality. For example, in Sweden there are few targeted or special activities for specific groups. The philosophy is that everyone will be treated according to his/her needs, no matter what background or group he/she comes from. In the UK there are many specific equality initiatives in health and social services and an increased emphasis on equality in performance evaluation. The UK has been forced to work more systematically to rid services of institutional discrimination and fulfil the legislative requirements to promote race equality.

National health and social service policies often explicitly refer to anti-discrimination as a core element of service delivery. For example, in Ireland the recent national health strategy *Quality and Fairness A Health System for You* (2001) requires the development of both specific and mainstream actions to address disadvantages faced by particular groups. There is also a *Traveller Health: A National Strategy 2002-2005* (2002), which highlights the particular health needs of Travellers in Ireland. A key development in the UK was the 1999 National Health Service survey

for England, which focussed for the first time on the health of minority ethnic groups. The report compares the health of minority ethnic groups in a wide range of areas (Department of Health, 1999).

There is also evidence of health and social service organisations developing policies and strategies to combat discrimination and promote equality, for example in the City of Malmö, Sweden, the Council has prepared and sanctioned a number of initiatives. An Action plan to promote integration in the city of Malmö states that: "We want a city where all human beings are ascribed equal value and where diversity is regarded as a resource" and "We want a city that is free of fear of strangers, discrimination, xenophobia and racism". This plan contains a number of goals, indicators and expected results. In the UK, this takes place through the general duty to promote race equality and the Equality Standard for Local Government.

Mainstream or targeted services?

A key question is whether to develop integrated mainstream services or to develop specialist services that are separated from the mainstream. According to the Commission for Racial Equality in the UK:

> In order to promote integration whilst respecting diversity, it is now recognised that all services should be delivered in ways that are culturally appropriate for all users, whilst leaving scope for services specifically for members of certain ethnic minority groups. Only by doing so can it be argued that all patients, users and carers are being served in an equal and equitable manner and that they are being given acceptable choices. Such as strategy ahs the potential to enrich services for all users of whatever race or culture.

There are many examples of policies to meet the needs of minority ethnic people. Some of these are providing targeted services others are providing improved access to existing services. In the UK, examples of targeted services include the development of Black Cases Panels, in UK local authorities, for children's services to ensure that children and young people receive services that meet their needs, culture and identity, tackle discriminatory practices and provide support for staff working with black children. There has also been the development services for specific minority ethnic groups such as Travellers, asylum seekers, ethnic minority elders and ethnic minority people with mental health difficulties. For example, some local authorities in the UK have developed day centres for ethnic elders with mental health difficulties providing high quality and culturally appropriate services. In Ireland, there are a range of targeted services for minority ethnic groups, which have been developed in order to address health inequalities and to improve service uptake levels. Specific services for Travellers include designated public health nursing services, child health services via area medical officer services, dental services and laundry services. Support is also provided to Projects / Groups aimed at improving Traveller participation in the planning, development and delivery of services including a number of primary health care projects and Traveller Health Units based in each health board.

Mainstream services are also being increasingly made accessible to minority ethnic groups, for example, through the provision of translating and interpreting services. In the UK, Leicester City Council translates all leaflets into the main minority languages spoken in the City. The Council has an interpreting and translation scheme with 70+ languages. In Sweden, there are few targeted or special activities for specific groups. The emphasis is on ensuring that the mainstream provides services equally, on the basis that everyone will be treated equally, no matter what background or group

he/she comes from. The emphasis of this approach it to provide culturally sensitive services and provide resources to enable there to be equality of access. The tradition of equal opportunities and a social democratic model has led to the provision of health and social care services being provided according to need. For example, a minority ethnic person with medical or social care needs in Sweden is entitled to an interpreter to enable them to access health and social care services.

In the UK another example is of *Action on Health Equality* is a national initiative that aims to ensure fair and equitable access to health services and redress the imbalance in service provision of the most disadvantaged groups, by addressing inequalities of access to services, inappropriate service provision in a diverse society. Examples of good practice including initiatives to develop capabilities, improve service provision and assessment and to develop a strategic approach to equality in health.

Similarly, there are ways in which health and social service organisations are making closer links with local communities, for example, through the involvement of health and social services in local community events and festivals, and provision of funding for local minority ethnic communities and local organisations to provide culturally competent services, information about services and promote outreach to and take-up of services. Funding and empowering local communities to provide services for their own communities has become a very effective way of making services more accessible.

Culturally appropriate and responsive services

Ignorance of ethnic or religious values and customs can result in a low take-up of services and culturally inappropriate services. For example, a survey of South Asian patients' lived experience of acute care in an English hospital found hospitals do not cater for the cultural and spiritual needs of south Asian people (Vydelingum, 2000). Culture forms the basis of values, attitudes and beliefs that distinguish one group of people from another. Cultural sensitivity in the provision of health and social care means that services need to be developed in ways that are sensitive to the needs of clients of all cultures, for example, religious, dietary and linguistic requirements.

There are a variety of ways by which health and social services can provide culturally appropriate services. In Leicester City Council race equality is mainstreamed into a Common Assessment Framework, with specific requirements to record ethnic origin and preferred language. A checklist helps staff to consider cultural and religious needs. In order to move away from services based on assumptions about minority groups, the Department of Health has developed a *Heritage Model* to enable staff to explore with service users their individual heritage and how it affects the service that they receive. In other cases training in race equality and cultural awareness has been introduced. In Rochdale, training courses that challenge stereotypes and raise understanding and awareness of different cultures and the provision of ongoing awareness raising briefings exemplifies the work carried out in many local authorities in the UK.

Example: Leeds Road Community Hospital, Bradford

Leeds Road Community Hospital, located in inner Bradford in the UK, provides nurse led rehabilitation and palliative care to a locality population of 140,000, 70,000 of who are south Asian origin. Despite the fact that half of the population are of a south Asian background, only 11 per cent of patients were admitted. A project has been

established to improve cultural sensitivity within the Community Hospital. The hospital is part of the Bradford Community Health Trust which has a policy of valuing diversity and includes:

a) *Recruitment of minority groups*. This includes supporting initiatives such as the health care apprentice scheme, which targets students from minority ethnic and other underrepresented groups. The healthcare apprentice scheme recently won an NHS equality award for excellence. Positive action has been used in recruitment and a second language was specified as desirable in advertisements. Cultural awareness training is provided for all staff as part of induction and staff are actively involved in providing culturally competent services. The Trust has a good reputation as a fair employer.

b) *Improving communication*. Forty percent of staff that care for patients are from a minority background. This means that on most shifts there are staff members that are able to speak the main languages spoken by patients and carers.

c) *Religious, cultural and social needs*. Attention has been given to helping people celebrate their own important cultural and religious events and appropriate food. A Service Users Group enables feedback to be given on service provision and planned service developments.

d) *Equality of Access to Health Information.* Patients are given access to appropriate health information and bilingual health care assistants have been trained to undertake health needs assessment in the patient's first language. The health care assistant is often from the same background as the patient and able to understand and explain to the trained staff the patient's health beliefs and lifestyle. Health needs assessment and the Local Health Improvement Plan identified heart disease and diabetes as priority areas.

Feedback on patient and carer satisfaction shows an increase in patient satisfaction levels. There has been an increase in the number of patients admitted from a south Asian background. Making cultural sensitivity as a priority has improved standards of care for patients from ethnic minorities. The lessons learnt by the team are: listen to the patients and the community when planning services; use cultural flexibility when caring for all patients; and care for people as individuals.

A further four examples illustrate good practice in the development of culturally competent services:

▪ *Equal Rights, Equal Access: A Training Pack to Promote Equality in Health Care. Cardiff and Vale NHS Trust.* This training resource was developed in order to improve equality in access to services for children from minority ethnic communities who are ill or disabled. The project has been important to the mainstreaming of racial equality through the development of a culturally competent workforce. The training pack has been important to embedding cultural competence, to understanding how institutional racism affects services, and to identify strategies for improvement. The programme has led to some new approaches to service delivery for minority ethnic groups.

▪ *Community Health Promoter: Nuffield Institute for Health, University of Leeds.* This is an empowerment model that provides lay members of minority ethnic communities with training to participate in delivering health promotion. This was based on two successful projects on breast screening and cervical screening for minority ethnic women. A three-day training course introduces participants to the model and utilises practical and local knowledge through an action learning approach that leads to the development of a service in their own organisation. The model has been used across the UK as a way of improving local community

involvement in the design and development of services and to support health promotion activities with minority ethnic communities.

- *Partnership for Change: A Toolkit for a whole systems approach to cultural competence, Luton and Bedfordshire.* The toolkit developed by Bedfordshire Health Promotion Agency provides a practical tools for improving cultural awareness in health and social care organisations. A Participatory Action Research method was used to change the way in which organisations and the community work together and to identify barriers and ways to overcome them. The toolkit provides various evaluation and monitoring tools, methods for dissemination and community participation, organisational changes needed to target local health needs and cultural competence and to promote increased awareness. A key outcome is the increased awareness of health and social care professionals of the barrier faced by minority ethnic service users in accessing services.

- In the Shropshire and Staffordshire Strategic Health Authority the Patient/Public Involvement Manager has developed a range of initiatives to involve black and minority ethnic service users and to support the development of culturally sensitive services. A number of initiatives in the Health Authority have been developed including a jointly funded race equality officer for health and social care. There has also been joint health and social care funded research into mental health in the black and minority ethnic communities. Individual organisations are working towards REMQs (Race Equality Means Quality). Specific targeted projects have been developed for asylum seekers and Travellers.

Services for specific minority ethnic groups

It is sometimes necessary to provide specific provision for groups that face discrimination and disadvantages in respect of their health status and in access to services. For example:

Services for Travellers

In Ireland, the Traveller Primary Health Care Project is a response to the need for specific services to be developed for Travellers. Travellers are one of the most marginalised and disadvantaged groups in Ireland regarding health status, infant mortality and life expectancy. An indicator of poor health is the higher rates of mortality in all age groups of Travellers; the infant mortality rate is three times that of the national average. The project initiated consultation between service providers and the Travelling community and improved access to and utilisation of services. It established a model for Traveller participation in the promotion of health and through this developed the skills of Traveller women in providing community-based primary health care. It aimed to identify unmet health needs, reduced inequalities in health and improve health service delivery. In 1997 thirteen women who attended the first pilot project completed an accredited training course in Primary Health Care and the programme has now been extended across the country. The project has also been important in making Traveller health needs more visible. A Traveller Health Unit has been created in the Department of Health and in-service training for health professionals and Traveller groups on developing culturally appropriate service delivery that meets Traveller health needs. In 2002 the Department of Health and Children produced *Traveller Health: A National Strategy.*

Services for Refugees and Asylum Seekers

Most EU countries are dealing with increased numbers of asylum seekers. This poses new challenges for health and social services. In the UK, local authorities have not been given additional mainstream funding to cope with the demands that are placed on interpreting services, welfare services and mental health services. In Ireland, the health boards increasingly have to address the needs of asylum seekers and minority ethnic groups. In the South East Health Board language barriers, a lack of understanding of cultural differences and lack of expertise in dealing with a diverse range of ethnic groups have been identified as challenges that need to be addressed. A training programme has been put in place to shift mindsets and increase understanding of cultural diversity.

Asylum Seeker and Refugee Project, Stoke-on-Trent

The Asylum Seeker and Refugee Project was established in order to facilitate access to health care for asylum Seekers and refugees. Utilising voluntary and statutory services to maximise health potential and integration into local communities thus reducing social isolation.

In the UK, the Immigration and Asylum Act (1999) led to the establishment of the national Asylum Support Service which is responsible for accommodating and supporting newly arrived asylum seekers and their dependants, who can be dispersed to any part of the UK. A number of pilot sites have been set up to look at different ways of managing asylum seekers in the UK. According to the Bedford House Clinic in Stoke-on-Trent, Staffordshire "Many new arrivals to the UK are desperate, vulnerable and disorientated, having being dispersed to an area of the UK unfamiliar to them. They will often face separation, loss, social isolation, racial discrimination and difficulties associated with language barriers and cultural differences". Severe anxiety and mental health problem associated with trauma and post-traumatic stress often compound the health of Asylum seekers. Asylum seekers are not a homogenous group and they experience a wide range of disadvantages and prejudice.

An inter-disciplinary project team has been established in the Northern Stoke Primary Health Care Trust to identify health needs, carry out assessments and direct people to appropriate local services. A key element is to facilitate supportive networks and integration in local communities. The team also provide a range of multi-disciplinary and multi-agency supports, including information and advice, to primary health care services and health professionals.

Much progress has been made to improve the health of this diverse and disadvantaged population. There is further scope for development of services sensitive to the needs of this client group. However, under funding is proving to be a barrier in meeting these needs. In the near future it is hoped that funding can be obtained to increase the hours for the Mental Health Nurse. Although the project and all GP surgeries are linked to Language Line (a telephone interpreting service) there are still many areas within the healthcare system such as secondary care which still do not have any provision for interpreting, thus creating inequalities. The Racial Equality Council is developing a project to train and provide face-to-face interpreters. This new service will prove beneficial to both clients and service providers.

Services for Children and Young People

In the UK, children and young people from minority ethnic communities were over-represented in private fostering situations. In many instances, contact with birth parents is poor. Councils are required to be more proactive in encouraging parental contact, particularly for those children where contact had been at a minimum over the years. Examples include:

- In Essex, policy and procedures include specific issues to be taken into account when assessing black children; information on the international aspects of private fostering, including the impact of immigration control; and information on sickle cell disorders and thalassaemia.

- In Lancashire, private fostering awareness has been developed amongst the public through publicity campaign and closer contacts with established ethnic community groups.

- Hampshire social workers have access to resources via a family centre (Black/Chinese dolls and other ethnic toys/books). Specialist workers trained carers on hair/skin care and food for Black African children. Children of different ethnic backgrounds were introduced to each other where there was a lack of opportunity within the community. An open play day had been arranged for privately fostered children and their families. Regular liaison with London boroughs had been established to help rehabilitation plans.

Specific services for older and disabled black and minority ethnic people

Particular disadvantages are experienced by older and disabled minority ethnic people. In the UK, the 2001 report *Modernising Mental Health Services* by the Social Services Inspectorate (SSI) focused on how well service users (particularly those from black and minority ethnic communities) are serviced and how far councils have planned effectively to ensure that mental health services are safe, sound and supportive. The Inspectorate found that valuing diversity and promoting culturally competent services was key to modernisation.

Shah and Priestley's (2002) research on the health care experiences of Black and minority ethnic disabled people recommends that there is a need for more effective monitoring and auditing of health services for minority ethnic disabled people, improved staff training, improved access to public services, more action to combat isolation in local communities and improved information and health promotion. There is also an increased recognition of the need to provide specific services for black and minority older people (Age Concern, undated).

Two examples of good practice are:

- *Asian mental health: Northern Birmingham Mental Health Trust*
  The project sought to redress the problems of services not meeting the needs of Asian communities by ensuring that high quality mental health services were available to all service users and in ways that met the needs and aspirations of Asian users and carers. This meant developing new models of service delivery including the establishment of an Asian Service User Forum, the increased secondment of Asian people into Mental Health Nurse Training, the provision of support and mentoring for Asian users, production of public education materials,

awareness raising and arts projects. A guide has been produced *Good Practice in Mental Health* which presents the models of practice developed by the project.

- *Insight into Racism and Abuse: The Maya Centre, London.* The Maya Centre is a community counselling and therapeutic service for women who live below the poverty line and who have experienced extreme abuse and trauma. Many of the clients are from black and minority ethnic communities. The Centre has identified factors that contribute to mental difficulty, including migration, poverty and cultural alienation and have put in place an improved service for clients from minority ethnic communities.

Equality tools

A variety of equality tools and mechanisms have been developed in health and social. These include:

- The UK *Beacon Status Programme* has been established to promote good practice and includes a theme on *Promoting Racial Equality.* This has exchanged examples of good practices on race equality policies, training programmes, tackling discrimination and championing the commitment to racial equality and cultural diversity.

- Equality proofing templates and guidelines can help to address the specific experiences of inequality and ensure that equality is mainstreamed into all activities from the planning and development of services, to their implementation, monitoring and review. In Ireland, the development of an integrated approach to equality proofing across the nine grounds of discrimination, including Race and religion, is being developed by the Equality Authority. This approach is also building on the substantial experiences of gender mainstreaming in the Nordic countries and applying these methodologies to other grounds of discrimination.

- Equality checklists can be helpful in highlighting key equality themes. Leicester city council social services department has developed an equality checklist, which covers issues such as clarity of the policy, accessible and appropriate services, management information, representative workforce and contract management. This has helped to assess performance identify areas for action and priorities. An equality checklist to review performance on equality matters has also been introduced as part of *Best Value Review of Services for Vulnerable Children.*

- Anti-Racist Codes of Practice, in the UK and Ireland, can also be helpful in highlight policies and procedures for the provision of non-discriminatory and culturally appropriate services.

- *Patient profiling in Primary Care: Princes Park Health Centre, Liverpool and University Greenwich.* This project has identified a model to target advice and intervention for improving the quality of care for black and minority ethnic communities and assessing how policies affect communities and meet their needs. Patient profiling is a computer-based practice information system, which generates patient population morbidity and service user profiles. It has been used to inform service planning and delivery. For example, this can help to identify language barriers, the demand for same sex GPs, specific health needs and reduce inequalities in service delivery.

- Race Equality Strategies in health and social services that set out actions to be implemented and with built in monitoring of actions (see example from Leicester below).

Leicester City Council's Race Equality Strategy for 2002/3 includes the following actions:
- Integrate race equality into all aspects of our work
- Provide social care which is accessible and appropriate to the needs of ethnic minority people
- Provide effective training to help prevent and challenge racial discrimination
- Respond effectively and sensitively to complaints of racial discrimination and harassment
- Identify and address the under-representation of Black, Asian and other ethnic minority people in the workforce
- Consult with ethnic minority people in the planning, development and review of services.
- Publicise our commitment to race equality and valuing cultural diversity

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It is clear that political and managerial leadership for race equality is crucial for driving race equality through an organisation. In Leicester City Council this has included the provision of specialist officers who work on cultural diversity policies and community consultation, provision of staff training and development on race (and other equality issues) so that staff take personal responsibility for working in a non-racist way with service users, carers and colleagues. A Black Workers Group supports employees and advises on race equality matters and a Black Managers Forum supports the development, promotion and retention of black workers. A Social Services Race Equality Group gives advice on race equality issues.

Monitoring and evaluating the effectiveness of services

Across Europe, there are a variety of ways in which services are monitored for their effectiveness. In some countries the monitoring of minority ethnic service users has become an integral part of identifying service user needs. For example, in the UK there is monitoring for the uptake of services by ethnicity. However, local and national data sets do not include all ethnic groups and there is no information about the numbers of people who do not access services due to lack of information. In contrast, in Sweden, there is no ethnic monitoring of services. In Ireland, protocols for the identification and tracking of Traveller / Asylum Seeker service users are being developed nationally and ethnic monitoring will be introduced following completion and evaluation of a national pilot.

Here are some examples of different approaches to monitoring and evaluating the effectiveness of services:

- In Sweden, procedures have been put in place to follow up the policies. For example the Action plan to promote integration in the city of Malmö contains special directions for follow up and reporting.

- In Ireland, the effectiveness of policies and services are monitored with reference to nationally set performance indicators. All services provided by the health boards must comply with the Annual Service Plan, which sets out targets for service delivery, which are then monitored. The Service Plans are reviewed on a quarterly basis and reporting procedures include an account of progress and effectiveness of actions.

- In the UK, there are a variety of monitoring mechanisms, including performance indicators[2] that have been put in place to monitor the quality of services and their impact on different groups of service users. For example, in Essex County Council services are monitored against the Council's position statement (for the performance assessment of social services). This highlighted the need for requirement for a diversity project worker for Children's Services to focus on the core needs of looked after children in Black Minority groups. Children's services is one of the first service areas to pilot the County Council's Race Equality scheme and the learning from this will be extended in the implementation of the Race Equality Scheme across the community care service group.

- Local authorities and health authorities in the UK have to identify specific actions in relation to the delivery of services and employment initiatives. For example, in the Royal Kingston Borough progress against the Race Equality Scheme Action Plan is monitored quarterly by the Council's Equal Opportunities Forum. A quarterly report is presented to the Council's Chief Officer's Group (CDT), Strategy and Resources Panel for Councillor-level scrutiny on the full range of diversity issues. User and carer feedback is seen as a key performance management, achieved through regular case reviews.

- In Essex, there is a pro-active approach to informing, assessing and meeting the current and future needs of older people from minority ethnic communities. An audit tool and diagnostic questionnaire has determined a base line from which to commence work. The results have shown a number of data gaps that would assist the council to move the agenda forward. This includes the need for detailed, complete and up-to-date demographic data that is revised on an annual basis is necessary to form a baseline upon which to respond to the requirements and needs of minority ethnic communities. This should also include the number of older people from minority ethnic communities per locality; the proportion that are referred, either by themselves or each other; the proportions that receive a community care assessment; and the proportion that receive specific services. The Council believes that this would help to plan for developing needs and provide appropriate services to meet those needs. It would promote both equality of opportunity and good relations between people of different racial groups.

Consultation with local communities

Meaningful and appropriate consultation with local communities is a key element of the provision of culturally appropriate and equal services. The following are examples of different ways in which health and social care organisations have developed consultation:

- In the Royal Kingston Borough consultation mechanisms include feedback mechanisms for all groups through surveys and questionnaires, interviews, focus groups, meetings with care and user groups, comments boards on the Internet,

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[2] The UK's national performance indicators in social services include: ethnicity of Adults and older people receiving assessment, ethnicity of adults and older people receiving services following an assessment, users who said that matters relating to race, culture or religion were noted as part of the assessment, ethnicity of children who are looked after, and ethnicity of children in need.

AwayDays for planning and collection of ideas e.g. 'having your say day' for children and young people and "we're all ears" for adults; complaints feedback and user and carer reviews.

- In Sweden, there are well-established user panels and focus groups that operated in local authorities. In the City of Malmö there is an Integration council that has links with local communities.

- In Ireland, user consultation has developed in recent years and a variety of mechanisms now exist. The Department of Health and Children has established regional consultative committees, planning committees, Health Units and Consumer Panels. For example, in the North Western Health Board, the Traveller Health Unit oversees the development of services for the Traveller community. This unit includes equal representation of Traveller representatives and health service managers. There is also a Traveller Health Care group, an Asylum Seekers and Refugees Care group, and an advocacy and voluntary group.

- In Essex County Council consultation has taken place with the Chinese community to increase the capacity of the Chinese community to represent themselves, and play a greater role in the affairs of the district as a whole. This work led to the authority being awarded at the East of England Regional Council Award ceremony, the Regional Equality Award, which celebrates and encourages creativity and innovation in promoting equality of opportunity for all. The Council also facilitates the Participation Advisory Group, which is a County wide independent organisation that aims to enable and exchange information, empowering and promoting the inclusion of service users and carers to influence change on Service Planning and delivery.

Systems for user complaints and feedback

The development of effective systems for user complaints and feedback are a crucial element of providing high quality and responsive services:

- In Sweden, user feedback is well established and all complaints are given individual feedback. In the City of Malmö, the social services committee receives information about what people complain about and what the organisation has done to solve and prevent the problem. Feedback is also given on a regular basis to clients and interest organisations.

- In the UK, in the Royal Kingston Borough, reviews take place between the care manager and service user and carers, and those directly involved in delivering the care package. There is a Complaints Officer and clear complaints procedures. Results from consultation events are shared with interested parties. A residents panel is held regularly and results are published locally. In Essex County Council, a complaint department handles complaints from service users. A procedure has been put in place to deal with complaints and feedback to service users. A number of consultation exercises, evaluating the Council's complaints services exist through questionnaires. In Rochdale, a number of initiatives are in place, including survey questionnaires, Citizens Panels, Corporate and Departmental Statutory Complaints Procedures, which are documented and widely circulated.

- In Ireland, North Western Health Board has established consumer panels, consultative committees, a Regional Appeals Officer, an Equality Officer, Personal Outcomes Measures, Reviews (with families), and Service User Group

meetings on a regular basis. Additional Consumer Panels are currently being established to bring together service users, families, independent bodies and services for monitoring purposes.

4. Managing diversity in health and social service organisations

Introduction

This section looks at the strategies that have been implemented to promote diversity in health and social service organisations. In particular, it makes the case for the effective management of diversity in order to provide services that are responsive to race equality and racial and ethnic diversity. Research shows that health and social care professionals unconsciously project negative racial stereotypes onto minority ethnic patients, and that such stereotypes are predictive of treatment recommendations. Similarly, the low take up of social services by some ethnic minority communities is indicative of the lack of awareness of specific minority service needs and cultural identities by service providers.

The business case for equality/diversity

The business case for equality/diversity can help to enhance the contribution, potential, creativity and contribution of all groups leads to improved services and business competitiveness. According to the Equality Authority in Ireland (2001) "Tapping into the potential of a diverse workforce enhances both corporate operations and the image of the employers and harnesses the full range of capacities of all employees". Kandola and Fullerton (1998) also suggest that the emphasis on diversity also makes it possible to look at differences as well as similarities between and within groups and to focus on the essential features of social and cultural communities. Providing services that are efficient, effective, culturally sensitive, equal and that value equality and diversity can reap a wide range of benefits including:

• Improving the quality and efficiency of services so that they meet the diverse needs of customers
• Increased effectiveness of services by accommodating diversity in the workplace
• Improving the perception of Government and of Government-citizen connections
• Meeting requirements under equality legislation
• Cost savings and effective use of resources
• Recruitment so that the civil service is an employer of first choice
• Improved productivity and work satisfaction
• Reduced levels of stress and absenteeism
• Staff retention and reductions in staff turnover, recruitment and retraining costs
• Maximising human resources so that staff are valued and reach their full potential (Pillinger, 2001)

An integral part of this is the development of diversity management policies, which include equal opportunities employment policies and procedures. An important mechanisms is to equality proof performance review, management, employment and other policies. By ensuring that equality/diversity is a focus in performance management can help to improve the understanding of the value of diversity at work when assessing performance, including improved management skills in delivering equality.

A key issue is to reflect on the experiences of Black and minority ethnic managers in order to address where there are barriers and opportunities to a more ethnically diverse services.

The experiences of Black and minority ethnic managers

In February 2003 a workshop organised by the ESN[3] brought together five black and Asian senior managers with social care experience, and five with an NHS background in order to share personal and professional experiences of diversity, to explore discriminatory and non-discriminatory practices in organisations (in areas such as service planning, delivery and workforce issues); and identify best practice options. Here are some of the key points that were raised:

- Combating discrimination involves modern leadership and whole systems approaches. Strong leaders have all-round excellence as their goal, and deliver.

- People at the top of organisations (e.g. non-executive directors, executive directors, chief officers, senior politicians) must demonstrate sustained commitment and lead by example. Staff have to be supported to understand and be involved in the implementation of race equality and diversity strategies.

- Diversity in employment is a key element of change. A dynamic and diverse workforce will not only help to turnaround failing organisations but also strengthen the ability and capability of every organisation to meet the needs of the *whole* community.

- Responsive retention programmes are of equal importance to effective recruitment strategies.

- Black, Asian and ethnic minority managers need to exhibit confidence, work on raising their profile, network and 'stick with it, despite the obstacles'.

- Find innovative ways to capture organisational learning and best practice in other sectors/countries.

- Developing a national strategy to create a large cadre of public service leaders from ethnic minority groups in the health and social care sector is essential.

- Integrating diversity into performance management systems and linking achievement of these to rewards demonstrates the organisation is serious about delivery.

- Support systems, networks, positive role models and positive environments help ethnic minority staff to thrive. Use the skills and experiences of successful black managers and leaders e.g. as mentors

- Need new thinking, resulting in new disciplines (in addition to *ethnicity* and *race relations*), to reflect the complexity of modern migration patterns, community profiles and majority community responses to these.

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[3] The workshop, planned jointly by Elisabeth Al-Khalifa (Head of Equality Strategy, Department of Health) and Roy Taylor (Director of Community Services, Royal Borough of Kingston, representing ADSS), forms part of the European Social Network (ESN) project *Managing Diversity in Health and Social Services in the Interest of all Citizens*. The workshop was facilitated by Ziggi Alexander.

Race equality policies: examples from the UK and Ireland

The following are some examples of race equality policies that have been put in place in health and social services organisations in the UK and Ireland. Although, they exemplify a variety of approaches they share in common a trend towards policies that explicitly value diversity.

Examples of race equality policies and practices in health and social care: UK

- In April 2000 the government published the *Vital Connection*, its equal opportunities strategy, this document sets out a framework for improving services in order to recruit a workforce that can deliver an appropriate service to a diverse public; to ensure the NHS is a fair employer; and to ensure the NHS uses its influence to improve the life opportunities and health of local communities.

- There are a number of race equality frameworks that directly impact on managing diversity in individual health and social care organisations in the UK, including the Commission for Racial Equality's *Race Equality Means Quality* initiative.

- Local authorities have a great deal of experience of policies on race equality at work. Leicester City Council has a number of designated posts for people from minority ethnic groups and equal opportunities is very much at the forefront in the recruitment process. A number of measures have been introduced to support black and minority ethnic managers including courses for managers; staff are sponsored on the national black managers development programme and time off is given to the people attending and convening the black workers and black managers' groups.

- In Essex, the County Council recognises that the effectiveness of the Council's service is largely dependent upon the quality of its employees. The Council believes that it is in its best interest to have a workforce that reflects the composition of the local community it serves. Equal opportunities is an important element of the recruitment process. It is an integral part of the Corporate Personnel Policy Framework and accompanies Equal Opportunities Policy and Recruitment and Selection Guidelines.

- In Rochdale, the Race Equality Statement sets out the Council's commitment to delivering culturally sensitive services and the Ethnic Minority Commissioning Strategy has been prepared for the commissioning of culturally sensitive social services. the Council's Fair Recruitment and Selection procedures aim to avoid discrimination. There is independent monitoring of equal opportunities issues from details that are sent in with Application Form. Culturally sensitive posts are targeted in terms of language requirements, ethnic minority journals/newspapers etc. Feedback is offered to all unsuccessful applicants from ethnic minority community.

- The Royal Kingston Borough has an Equal Opportunities Policy "Putting People First" which covers all excluded minority groups. Various policies designed to combat discrimination are linked to this (anti-bullying policy, racial harassment policy, violence to staff at work policy; communications directory as well as management procedures which try to combat discriminatory practices). The Borough has targeted minority ethnic staff by strategic placing of adverts locally and nationally and in minority ethnic press. Staff induction incorporates equality and training is provided in race awareness. Various policies, including recruitment

policies are ethnically monitored at the corporate level. There is a strong structure of appraisal and supervision, which allows for discrimination to be raised.

Examples of race equality policies and practices in health and social care: Ireland

- The promotion of cultural diversity in the Irish health sector has been one element of the National Anti-Racism Awareness Programme in Ireland. It seeks to contribute to the development of policies and practices in health care employment and in the delivery of services. A practical guide is being drawn up to meet the challenge of responding to cultural diversity. The National Consultative Committee on Racism and Interculturalism (NCCRI) has developed *Guidelines on Anti-Racist and Intercultural Training* and *Guidelines for Developing a Whole Organisation Approach to Address Racism and Support Interculturalism.* This covers the ethos of the organisation, policies and practices in the workplace, service delivery and awareness, attitudes and behaviour of staff.

- A *Diversity at Work Network* (DAWN) has been funded through the EU's EQUAL programme to develop the concept of corporate social responsibility in the workplace by placing an emphasis on diversity and interculturalism at work. The project is particularly addressing the integration of migrant workers from overseas who receive work permits to work in health and other sectors of the economy. The NCCRI are providing training for human resource managers and employees on work permits. A *Diversity at Work* handbook has been produced.

- The Office for Health Management in Ireland has identified the increasing demands on the Irish health care sector to recruit and retain staff. It has developed policies to attract health care workers from outside the EU in its report *Managing Talent and Difference in the Health Care Services: The Case for Diversity.*

- The Health Service Employers Agency with support from the Equality Authority has developed a *Guide to Equal Opportunities / Accommodating Diversity*, which aims to promote equality/diversity in health service employment policies and the development of a culturally diverse health service. The Guide is supported by a training pack.

- Health boards are also developing equality/diversity policies. The North Western Health Board has developed an Anti-racist Code of Practice, which sets out the Board's policy on anti-racism in relation to employment and service provision. An Equal Opportunities Policy that outlines the Board's policy in relation to all nine grounds specified under the equality legislation and a policy on anti-bullying, harassment and sexual harassment in the workplace outlines the boards' policy for all staff in relation to these issues. In the Southern Health Board, the Dignity at Work policy has been disseminated through the organisation and has become part of the day-to-day business culture.

Specific actions and strategies to promote diversity

The development of specific actions and strategies to promote diversity include the development of staff competences and cultural competence, auditing and monitoring of equality and diversity, career development of black and minority ethnic staff and strategies to implement equality in practice. These will now be looked at in turn.

Staff competencies, training and cultural competence

Initiatives to enhance staff competencies and providing training for the workforce in managing diversity in a culturally competent way are examples of how services can be more responsive to race equality and be culturally competent. This has implications for curriculum building in nursing, social work and other health care professions (Gerrish et al, 1996). Cultural competence requires there to be "a dynamic, fluid, continuous process whereby an individual, system, or health care agency finds meaningful and useful care delivery strategies based on the knowledge of the cultural heritage, beliefs, attitudes, and behaviours of those to whom they render care" (Giger and Davidhizar, 1999:8). This can help to overcome institutional racism, improve trust and connections with minority ethnic service users and patients.

Recruitment of minority ethnic staff

In order to reflect the communities that they serve, health and social services have begun developing ways in which they can attract more minority ethnic people into their services. The following example shows a pro-active strategy to recruit refugee doctors.

Refugee Doctors: Redbridge and Waltham Forest Health Authority.
The Refugee Health Professionals Project was established after a project in 1998 supported refugee doctors through the requalification process into work. It won the NHS National Equalities Award in 2000. The project has helped to address the shortage of doctors and maintain ethnic diversity in the workforce by providing a range of supports for refugee doctors. These include information, guidance and advice, training in medical English, clinical skills training, study groups, funding for courses and exams, childcare and travel expenses, access to libraries, links with local health Trusts. The project is part of a wider objective established by the Government in the NHS Plan, which set the objective of increasing the number of consultants and general practitioners. This project has shown that it is possible to provide a more diverse workforce in an appropriate and cost effective way. In the UK it is estimated that there will be a shortfall of 15,000 general practitioners by 2009; it is estimated that there are 2000 refugee doctors wanting to work in the UK. It costs about £200,000 to train a doctor; while it costs about £3000 for a refugee doctor to re-qualify.

Auditing and monitoring equality/diversity

The ESN survey sought to establish which organisations monitored the composition of the minority ethnic workforce. The UK has introduced ethnic monitoring and a range of performance indicators have been introduced to establish the number and percentage of minority ethnic staff in different grades. Overall, minority ethnic staff are poorly represented in senior management positions. Consequently, the workforce of most health and local authorities do not adequately reflect the diversity of the local communities that they serve.

The monitoring of equality/diversity also requires understanding of how staff perceive the management of diversity and how health and social service organisations can undertake monitoring of diversity. There are two issues that need to be considered here. One is how an organisation assesses the extent to which management systems take account of equality/diversity. One method for assessing this would be to undertake a survey of staff perceptions of how diversity is managed. Second, the

regular monitoring of diversity can also have important implications for management and human resources policies.

In the UK performance monitoring and the requirement to collect performance monitoring data has helped local authorities to monitor the impact of equality policies and the trends over time. This includes the monitoring of the workforce by grade, ethnic origin and gender. In most cases this data is based on self-classification surveys. This performance monitoring has enabled local authorities to identify imbalances in the workforce profile and consider positive actions that can be put in place to redress these imbalances.

Best practice in equality monitoring includes the monitoring of recruitment procedures, staff in post by grade, job application rates, job allocation, personal review and appraisal markings, eligibility and application for promotion, success rates at each stage of the promotion process, payment of performance related or bonus pay, career development, training and development, selection for redundancy or relocation, and resignation rates and reasons for them. This can include equality proofing as an ongoing process and to check for specific processes such as recruitment and more detailed data collection. Equality monitoring guidance issued by the Northern Ireland Equality Commission and Racial Equality Means Equality guidelines from the Commission for Racial Equality are examples of two approaches.

- *Northern Ireland Equality Commission: Step-by-Step Guide to Monitoring.* The guide is targeted to organisations and companies registered with the Equality Commission to meet their fair employment monitoring obligations, established under the 1999 Fair Employment (Monitoring) Regulations. It provides guidance to employers on whom you should monitor, when you should monitor and how you should monitor. This covers employees, promotes, applicants, leavers and appointees (Equality Commission, 2001).

- *Commission for Racial Equality Guide: Racial Equality Means Quality.* The CRE has developed a guide *Racial Equality Means Quality,* which has been developed to help local authorities develop a *Racial Equality Means Quality* Audit. The Guide sets out a framework for auditing performance, and provides guidance on how the results can be used in practice. Auditing can help to reveal institutionalised racism in policies and includes the views of Black and minority ethnic staff, service users and local communities

The use of performance indicators and benchmarking in health and social care organisations has resulted in more rigorous and continuous monitoring of service quality. A number of different approaches to the development of equality/diversity performance indicators exist internationally, including *Equalities Performance Indicators* developed for local authorities in the UK (LGMB, 1977; Audit Commission, 1999). National equality indicators have been developed in the NHS as part of the Human Resources performance management framework. This is part of a broader strategy to place the values of equality, fair treatment and social inclusion at the heart of Government plans to modernise the health service in relation to a workforce for equality and diversity. This provides a framework for local equality indicators and equality statements. Ten equality indicators are developed on the basis that they will be analysed according to the following workforce profile: gender, disability, ethnic origin, fulltime/part-time, occupation, length of service with the employer and age. The equality indicators include profile by ethnicity, disability, gender, age' disability, recruitment, training and development plans, discipline and grievance procedures, harassment, sickness absence, violence, staff turnover and flexible working. Each of the indicators will draw on data to assess the impact on equality. The objective is to

provide indicators of progress against planned actions, which can then be incorporated into equality statements. NHS Executive (2000). In Ireland, a proposal has been made for a Quality Customer Service quality mark as a benchmark for quality improvement. Specific awards and marks could therefore be built in around equality/diversity. In the UK, equality awards are given to best practice health and social care organisations.

Career development of black and minority ethnic staff

Good practice in managing diversity includes support for the career development of Black and minority ethnic staff in order to have a workforce composition that reflects local communities. There are a number of different initiatives that have been introduced, including mentoring, support structures for Black and minority ethnic staff, staff development, training and competency development, and leadership training. Some examples are:

▪ *Positively Diverse* is a programme set up by the Department of Health in the UK for managing diversity and promoting equality. It aims develop the workforce so that it can provide appropriate services in an appropriate way, and thereby improve working conditions and improve patient care. The Department of Health states that: "An organisation should be a place where all staff, whatever their differences, feel valued and have a fair and equitable quality of working life. One where we accept the differences between individuals, and value the benefits that diversity brings. We all want to be part of a workforce that feels valued and confident…Positively *Diverse* is about turning words into action. It is a process by which organisations can establish the connection between the communities served, services provided and the people who deliver the service". The programme has established 37 pilot programmes with health and social services organisations, involving the appointment of project managers in each pilot. Initiatives include a Healthcare Apprenticeship Scheme to recruit from all sections of the community, targeted recruitment information, coaching for staff seeking promotion, training in interview techniques, practices to deal with harassment and bullying. A field handbook has been produced, containing tools and techniques.

▪ National provision for mentoring/fast track schemes for Black and minority ethnic (BME) staff are in the pipeline in the NHS, and local arrangements are in place across individual health care trusts. Guidance is given to NHS employers on supporting black and minority ethnic staff support networks and on how to set them up. Pump-priming funding has been made available to support BME staff networks through Positively Diverse. National provision of mentoring/fast track schemes for BME staff in the NHS is in the pipeline. A variety of mentoring schemes exist for Black and minority ethnic staff in local authorities.

▪ Local authorities in the UK have also developed support structures for BME staff. The Royal Kingston Borough has a policy to support the career development of all staff. Career development needs are identified through an annual staff audit, this is then monitored in initial and annual appraisals and supervision. A Black and minority ethnic staff group has also been set up to ensure equal access to training. Staff take part in racial awareness training and equality is core to all training programmes, recruitment and services delivery.

▪ A further key development is the development of staff and their competencies. In Essex, the Council has a staff development framework that continually takes account of the needs of our ethnic and all staff generally. It provides accessible entry to the programme and one of the modules links directly to equality and

diversity in the workplace. In addition, the Essex Competency Framework has two competencies relating to equality and diversity in `inter- personal skills' and in `customer/client orientations'. A pilot project is monitoring staff access to development.

- Of crucial importance to managing diversity in organisations is the development of leadership training schemes. The community of Malmö run several programs to help those with management positions to develop their leadership skills and potential. One programmes identifies and trains new leaders and people with minority ethnic backgrounds are especially encouraged to apply to this programme.

- In Ireland, the North Western Health Board supports all employees in their personal development through training and development opportunities. Consideration is currently being given to the development of a supported employment programme for Travellers. Positive action measures exist to tackle imbalances in employment for ethnicity are being explored.

Implementing equality in practice

Despite these notable examples of policies and practices there are difficulties in implementing anti-discrimination policies in practice. Health and social service providers report on a variety of problems in implementing equality in practice including:

- Inadequate funding, including funding for training, to drive the equality agenda through the organisation, and lack of funding to mainstream positive action measures.
- Countering cynicism and resistance, and prejudice amongst staff.
- Absence of baseline information and data.

It is clear that implementing equality in practice requires developments to take place at a variety of levels. First, is the need for leadership and strategic support for equality. Second, is is the commitment of the organisation to implement equality in practice. For example, in the UK, the Royal Kingston Borough a key factor in the success of measure to combat discrimination has been leadership from the Chief Executive and the Corporate Development Team (Chief Officer's Group). This has helped to develop a range of initiatives including training and awareness raising among staff, and with partners and foster carers; opportunities for adults and children to develop and sustain their cultural interests where they are placed in a residential setting; and in foster care, it has been important to drawn foster carers from all areas of the community, enabling young people from minority ethnic groups to be matched according to language and culture.

A key issue for the success of anti-discrimination policies and practices is that managers take responsibility for their implementation. Organisational structures and lines of reporting and communication have to be put in place for this purpose. These also need to be embedded in anti-discriminatory practices that are embedded through training and equal opportunities policies. For example, in the Royal Kingston Borough the responsibility for anti-discriminatory practice (ADP) is held for the whole service at Directorate team level. All managers are required to participate in anti-discriminatory training and anti-discrimination practice is included in appraisals and supervision. In Essex, the Council's Equal Access to Opportunities Policy is part of the Human Resources Policy Framework and service

groups are encouraged to operate within this policy. In 2003/4 service groups will be monitored for actions in line with the Equality Standard for Local Government. Managers can access the Equality and Diversity intranet site for neutral information on the Council's race equality scheme (6 services piloting in 2002/3). The Essex Competency Framework has been put in place to help organisational culture to support changes in attitude and behaviours on equality and diversity. All staff had a competency on equality and diversity in 2002/3. In Rochdale, training, information and instruction are key principles upon which the Council implements its equal opportunities policies. Equality is mainstreamed into the recruitment process and into Personal and Job Specifications. An equalities statement is made in all Committee reports.

In Malmö in Sweden, meetings are held continuously with managers in order to inform and discuss issues; among these the anti-discrimination policies are prioritised. In Ireland, the North Western Health Board has undertaken a number of initiatives to ensure that the managers take responsibility for implementing anti-discrimination policies. The Board has employed an Equality Officer (the only dedicated Equality Ofiicer in any health board in the Republic of Ireland) whose role is to support managers in developing and maintaining anti-discriminatory practices in managing and delivering services. The Board has a "Diversity Management Training Programme" which aims to equip service managers with the skills to manage diversity issues in the workplace. Awareness raising/ training sessions on discriminatory practices and equality legislation are also given to staff and information about training materials are disseminated widely

Similarly, informing employees of anti-discrimination policies is crucial to their operation in practice. In the UK, local authorities normally inform employees of equal opportunities polices at induction as well as through equalities training. In Essex County Council, new employees are informed about the Council's Dignity at Work manual, which highlights supervision and performance management, the Code of Conduct, violence at work, complaints, disciplinary and grievance procedures, bullying and harassment policies, managing stress, health and safety and staff counselling. In the City of Malmö an emphasis is place on continuous discussions and meetings with staff and managers as well as partnership working with unions. New staff are also informed about the values of the organisation and anti-discrimination policies. In Ireland, in the North Western Health Board employees are issued with equality policies on commencement of employment, and are kept up to date with new developments. Information is available on the Board's intranet and Internet website and through newsletters, notice boards, staff meetings and email.

There also exist a number of forums where equal opportunities issues are discussed.

- The Royal Kingston Borough has an Equal Opportunities Forum, which comprises representatives from each Directorate, unions and partner organisations in the voluntary sector. At a Directorate level there is a Black and Minority Ethnic Staff Group, which provides support, considers policy, looks at racial equality issues and assists in training, briefings, community information etc.

- In Essex, the Human Resources Operational Development Projects Team has a responsibility to help develop Equality and Diversity in the organisation. There is a Commissioning Plan for Equality and Diversity and the Race Equality Scheme is being implemented. A Black Workers Support Group has been established and the Council is currently introducing an updated Harassment and Bullying Policy with a new role of Human Resources Liaison Officer. New initiatives are agreed

by the Council's Equality and Diversity Group and then recommended to the Strategic Management Board and the Corporate Management Board.

- The community of Malmö has a central equal opportunity plan. This plan constitutes the foundation for the local plan that has been decided by the city district council of Kirseberg. There is also a local anti-discrimination policy. These issues are discussed in different kinds of meetings, for example regular meetings with union representatives.

- The North Western Health Board an Equality Advisory committee, a cross-sectoral, partnership committee which reviews and makes recommendations to the Senior Management Team on issues of equality, diversity and anti-discrimination as they relate to Board practices and procedures. The Equality Office also addresses issues of equality and anti-discrimination and convenes the Equality Advisory Committee and develops specific initiatives to combat inequality and discrimination in relation to employment and service delivery.

5. Conclusions

This report has presented a range of examples of managing diversity and race equality in and by health and social services organisations. However, it is evident that the experience of racial discrimination both within health and social service organisations and in the provision of services requires fundamental changes in the culture, organisation and provision of services.

A key conclusion is that race equality needs to be mainstreamed into all activities and functions of health and social service organisations. Race equality also needs to be seen as a key element of service quality improvement. This means, first, that organisations need to be equipped with the skills, understandings, resources and leadership to achieve equality in practice. Managing a diverse service and a diverse workforce requires that this diversity be represented at all levels of an organisation. Second, this means that services need to be planned, delivered and monitored so that they meet the diverse needs of the community.

It is clear from many of the examples that by designing services for the majority of the population the effect is to inadvertently discriminate against certain groups by neglecting to recognise, respond to and plan for their particular needs and circumstances. Key issues arising from this report include the need for health and social care organisations to have:

- Vision, aims and corporate priorities that integrate race equality
- Clear aims and objectives regarding race equality, including action planning, targets and improvement actions
- Partnership with local communities and race equality agencies and institutions
- Services that meet specific needs in coordinated and integrated ways
- An Equal Opportunities Policy with an implementation plan
- Equal opportunities mainstreamed into service planning, commissioning of services and business/strategy plans
- Monitoring of the uptake of services across different racial groups.
- Consultation and involvement in service developments with and by local communities.

This report has shown that there are a variety of different approaches being taken to address race equality. Examples of different strategies include:

- Development of culturally appropriate and sensitive services
- Culturally appropriate information, consultation and communications with and by minority ethnic communities
- Action to promote excellence in anti-discrimination work around issues of accessibility, cultural sensitivity and service responsiveness
- Improved representation of black and minority ethnic people at all levels of employment in the health and social services.
- Leadership programmes and networking opportunities for black and minority ethnic staff

- Race equality awareness training
- Modern leadership, strategic development and vision
- Support and development opportunities for black managers

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Appendix 1: Black and minority ethnic service users: ESN Staffordshire Workshop

A workshop of Black and minority ethnic service users in Staffordshire, UK[4] discussed positive and negative experiences of discrimination when using or trying to use health and social care services. The outcomes were presented to health and social care managers at a follow-up workshop in January 2003.   The minority population is much younger on average than the white population and is estimated to have grown much more quickly during the 1990s. However the minority population is also ageing – many 'first generation' Commonwealth migrants are reaching pensionable age.

Health Services

The workshop reported on some positive experiences of using local health and social care services, including good experiences of care and interpreters available at North Staffordshire Hospital Trust for Muslim women.

- *Information and communications:* Information about health services was hard to access, particularly for older minority ethnic people and there have been problems about communicating information about services. For example, information about major diseases is only provided in English and web-sites are in English. Many people have to rely on other family members because of the language barrier. NHS organisations are not aware of voluntary/community organisations who could help people to access services.

- *Accessing services:* Services are hard to access because the system is hard to understand. Frontline staff are rude, unwelcoming and in some cases racist. A major barrier to accessing services is that most front line staff only speak English and as a result there is a perception that minority ethnic people receive poorer services. Insensitivity to religious and cultural beliefs, for example, in accessing female doctors.

- *Receiving treatment:* Users state that white patients are treated differently and that minority ethnic people are more likely to receive poorer quality care and to find staff rude and unhelpful. Although hospitals are taking account of dietary needs, it is of a poor quality.

- *Complaints:* Most service users did not know that they had the right to complain; the complaints procedure is not familiar to black and minority ethnic communities and staff do not take complaints seriously.

- *Involvement in the planning of health care services:* African-Caribbean communities in Stafford feel welcomed and included. People feel there is a 'tick box' culture, consultation fatigue, and no hope of change.   Often it feels like 'lip

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[4] The workshop was hosted by Jane Routledge, Patient/Public Involvement Manager, Shropshire and Staffordshire Strategic Health Authority and The North Staffordshire Racial Equality Council represented by Mohammed Tufail, Director, Nadim Butt, Race Equality Officer (Health and Social Care), and Rita Sarin. The workshop was facilitated by Christine Adams, Primary and Community Care Development Manager, Staffordshire Moorlands Primary Care Trust and Tina Randall, Health Scrutiny Officer, Staffordshire County Council. Sixty-seven Black and minority ethnic service users and organisations representing Black and minority ethnic people attended the workshop.

service' because planners have been told to involve black and minority ethnic communities. Health professionals need to ensure that 'real' communities are involved and not just the usual representatives because that results in tokenism.

Solutions
- It was felt that having a 'one stop' shop would be helpful where people could access information in one place, about all of the services available.
- Information in community languages would help people to access information and services.
- Health professionals need to consider services for elderly people from black and minority ethnic communities, as they often need help.
- Health professionals have to abandon the myth that 'they look after their own' and change health service delivery to be sensitive to the needs of black and minority ethnic communities.
- Look at issues on a locality basis – there may be differences between Stoke and Stafford for example.
- There is a need to re-educate health professionals in relation to equality issues (all professionals including GPs, nurses and receptionists). Since the government is putting race equality high on the agenda can they fund this? Could they also fund interpreters as access to interpreters varies across the country?
- Hospital appointment letters should contain more explicit information to help people who do not understand the system (i.e. name of clinic, name of doctor).
- Help black and minority ethnic communities to understand how to challenge the system, organisations and individuals.
- Look at the comparison between NHS services across the country, and between the private and the NHS sector – there are some places where more staff from black and minority ethnic communities are employed. Patients feel more comfortable in these areas. In the areas where there are more staff from black and minority ethnic communities the health professionals are more willing to listen to the advice and suggestions of patients from black and minority ethnic communities.
- There were positive experiences of being involved in the planning of a regeneration project –health services could learn from that.

Social care services

There were few positive experiences of using local social care services:
- Limited information provision by social services departments and a lack of knowledge about how services work, about complaints and other procedures.
- Language barriers, an absence of culturally sensitive services and an absence of day and respite services.
- There had been no involvement in the planning of social care services.

Solutions
- A multicultural centre and access to information and services.
- Services and professionals need to be culturally sensitive.
- Appropriate services need to be offered to black and minority ethnic communities.
- Planning for new communities coming into the area (Asylum Seekers/Refugees)
- Social care needs more attention than health care, particularly for black and minority ethnic communities. There is little knowledge of minority ethnic culture in social care services.
- A more diverse workforce; if the diversity of the workforce were appropriate it would solve many of the problems.
- More information in community languages would be helpful.
- Health and social care services need to be 'joined up'.

- Social services need to involve black and minority ethnic communities in planning social care services.
- There is a need to look at mental health/depression in black and minority ethnic communities in North Staffordshire, and how the services could reach out into the communities. Incidence is high and reporting is low.
- Social services in Staffordshire are poor and need radical changes. They need to learn about the problems faced by black and minority ethnic communities, involve the communities, ask what the communities need and empower the communities.

Appendix 2: Anti-discrimination legislation, policies and equality bodies

Country	Anti-discrimination legislation: Race and Ethnicity	Equality bodies	Role of the Equality Body
Austria	Administrative Procedures Act makes it unlawful to discriminate against persons in access to public places or services. Local authorities can withdraw operating licences from businesses that discriminate.		
Belgium	Act on Racism and Discrimination, 1981 (based on the UN Convention on the Elimination of Racial Discrimination)	Centre for Equal Opportunities and Fight Against Racism	Promotion of equality, training, legal advice, mediation.
Denmark	Act on the Prohibition Against Discrimination in Respect of Employment and Occupation	Board for Ethnic Equality	Policy advice on discrimination, counselling, campaigns
Finland	The Constitution covers race discrimination and the Contracts of Employment Act sets the non-discrimination principle.	Immigration and Refugee Policy Programme Ombudsman for Foreigners	Labour protection authorities monitor compliance with the Contracts of Employment and other Acts
France	The French Constitution and the Labour Code prohibit discrimination on the basis of race or religion.	High Council on Integration Group to Study and Combat Discrimination National Advisory Committee on Human Rights	Network building, advice, redress for action Analysis of discrimination, research and campaigns
Germany	The Constitution provides for non discrimination and is part of the Civil Service Codes on employment Work Constitution Act covers the private sector and covers race discrimination.	Commissioner for Foreigners' Affairs	Campaigns, training, policy advice, mediation
Greece	Constitutional principle on equality, although no		

	specific civil and labour laws. Criminal law prohibits racist acts and activities.		
Ireland	Employment Equality Act Equal Status Act (Race and Religion are two of nine grounds)	Equality Authority Office of the Director of Equality Investigations	Information, legal advice, research and development to promote equality. Equality tribunal, investigation of complaints and mediation, binding and enforceable decisions.
Italy	The Constitution and human rights legislation prohibit discrimination based on race or ethnic origin. The Workers Statue (Law No 3000) prohibits discrimination at work.	Commission for Integration Policies	Policy advice, campaigns and training
Luxembourg	The Penal Code was amended in 1997 to bring in comprehensive anti-discrimination legislation, including Race and Religion	Special Commission Against Racial Discrimination	Proposals and policy advice, campaigns and training.
The Netherlands	Equal Treatment Act, 1997, further develops the principle of equality and prohibition of discrimination found in the Constitution and human rights conventions.	Equal Treatment Commission	Training, counselling, investigating complaints, hearings, decisions and recommendations are not legally binding.
Portugal	The principle of non-discrimination is found in Article 8 of the Constitution and this is backed up by various provisions in civil, labour law and criminal law.	Commission for Immigration and Ethnic Minorities	Recommendations for legal measures, investigations.
Spain	Workers Statute applies non-discrimination to the employment relationship. On a constitutional basis public authorities may take positive action on equality.		
Sweden	Ethnic Discrimination Act, 1999	Ombudsman Against Ethnic Discrimination	Reviewing legislation, campaigns, training, telephone counselling, investigations and reconciliation.
UK	Human Rights Act, 2000	Commission on Racial Equality (England,	Policy advice on legislation, training, campaigns,

	Race Relations Act, 1976 and Race Relations (Amendment) Act 2000 Northern Ireland Act (Section 75), 1998	Wales and Scotland) Equality Commission (Northern Ireland)	advice, formal investigations and legal representation Formal consultative status, public education campaigns, training, advice, formal investigation and non-discrimination notices, support in legal cases.