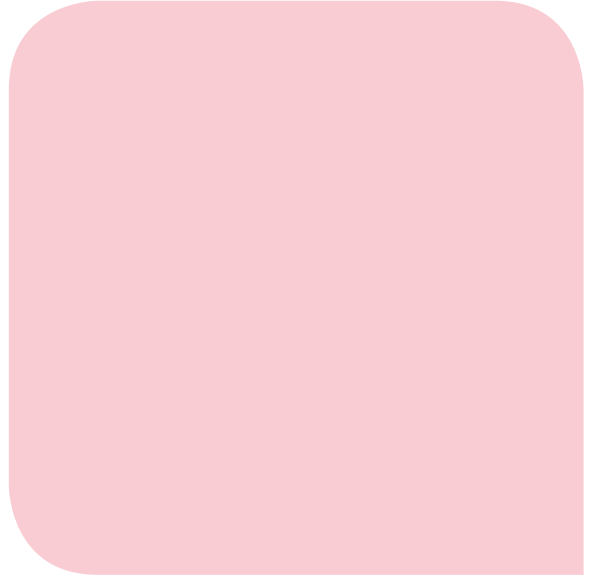


Are we there yet?

Identifying the characteristics of social care organisations that successfully promote diversity



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Preface by Bill Kilgallon	iv
Foreword by Nasa Begum	v
Summary	vii
Barriers	vii
Promoting diversity	viii
Notes on the author	x
Introduction	1
Exploring diversity	1
Needs, discrimination and disadvantage	2
Exploring the evidence base	4
Barriers to promoting diversity	5
Characteristics of organisations who successfully promote 'race' equality	7
Organisations implement a needs-led approach	8
Organisations implement a policy and monitoring framework to promote diversity	8
Organisations implement a monitoring system that produces information that is used	9
Organisations plan for the delivery of services that promote diversity	9
Organisations have processes and a workforce that can implement effective engagement	9
Organisations recruit, retain and develop a workforce that can promote diversity	10
Organisations demonstrate better frontline practice	11
Conclusion	12
References and further reading	14

Preface

The Social Care Institute for Excellence's (SCIE) aim is to improve the experience of people using social care services by developing and promoting best practice in service delivery. Since the *Race equality discussion papers* were published in June 2005, SCIE has hosted a seminar to discuss the issues raised in the papers. This was done to explore some of the challenges facing social care in providing accessible and appropriate services for black and minority ethnic people. The papers have been re-published, informed by the discussion at the seminar and the comments received.

As a result of the seminar there is a commitment to undertake a review that pulls together examples of social care working with refugees and asylum seekers. This is part of the SCIE's work programme in 2006-07.

The seminar and the development of our race equality scheme have provided an opportunity to restate a commitment to embracing diversity as a core value at the heart of our work. SCIE is committed to improving our knowledge and understanding of the needs and aspirations of black and minority ethnic service users, practitioners and other stakeholders. We will draw on the experience and expertise of people and organisations from black and minority ethnic communities and those undertaking race-specific work.

SCIE will also work with non-black and minority ethnic people and organisations to explore race equality issues within the context of social care when taking part in its work programmes.

Bill Kilgallon
Chief Executive
Social Care Institute for Excellence

Foreword

SCIE's role is to develop and promote knowledge about best practice in social care. By working with people and organisations throughout the social care sector, it can identify useful information, research and examples of best practice. The information is used to produce free paper and web-based resources, which bring together existing knowledge about specific areas of social care, identifies gaps in knowledge and draws out key messages for best practice.

SCIE aims to improve the experience of people who use social care services by developing and promoting knowledge about best practice in social care in relation to equality and diversity.

Attention is being paid to race equality and the future challenges for social care. The needs of black and minority ethnic people have often been neglected or marginalised in the provision of social care services. On the one hand myths of black and minority ethnic communities 'looking after their own' prevail on the other hand black and minority ethnic communities are over-represented in the acute psychiatric system.

Over the years concerns have been raised about inaccessible and inappropriate service provision. Also, changes in the demographic profile of the black and minority ethnic population, such as increasing numbers of older people and refugees and asylum seekers, have placed growing demands on the social care sector. The Race Relations (Amendment) Act 2000 outlaws discrimination in employment, in the provision of goods or services and in all the activities of public bodies. The challenge for policy makers and social care practitioners lies in tackling institutional racism and finding ways of responding to the needs of black and minority ethnic people in ways that value diversity, respect human rights and promote independence.

There is a body of knowledge that details the factors that hinder black and minority ethnic people from accessing services. However, there appears to be less knowledge and best practice on the organisational barriers and enablers that facilitate good access and delivery of services.

To start to explore and debate some of the future challenges for social care, SCIE has commissioned three discussion papers. These focus on:

- independent living
- refugees and asylum seekers
- characteristics of social care organisations that successfully promote diversity.

While the discussion papers only capture the tip of the iceberg in terms of key issues within social care, it is hoped that they will open up a much needed dialogue with a range of stakeholders on the challenges to be met.

The first edition of the 'race' equality discussion papers formed the basis of SCIE's 'race' equality seminar in July 2005. In light of discussions at the seminar, the papers have been revised. They will be used to set a context, stimulate debate and inform SCIE's future work. For example, a project mapping best practice in meeting the

social care needs of refugees and asylum seekers is in the pipeline. As with the first edition of the discussion papers, we welcome your comments or contributions.

Nasa Begum
Principal Adviser, Participation
Social Care Institute for Excellence

Summary

An integral part of the White Paper *Our health, our care, our say: a new direction for community services*¹ is the commitment to promote diversity by developing a workforce that is able to challenge discrimination, by making direct payments more available and by making greater use of the voluntary and community sector. It comes at a time of heightened interest and action in promoting the diversity agenda. While some of this interest has arisen from the death of Stephen Lawrence in 1993, it is also the result of continued discrimination and disadvantage impacting on the choices and control available to black and minority ethnic communities.

This discussion paper considers the characteristics of social care organisations that successfully promote diversity, and explores research on the barriers to promoting diversity and how they can be overcome.

After exploring how the term 'diversity' is used, we suggest that diversity means taking account of the complexities of the lives of individuals, and of groups of people, and the impact these complexities have on their experience of discrimination and disadvantage. In this context, the focus is on black and minority ethnic people as a group with multiple identities. So an organisation that successfully promotes diversity will take account of age, disability, gender, sexual orientation, social class, religion and faith and 'race' issues.

This discussion paper draws on census data to demonstrate the higher rates of long-term limiting illness and disability among black and minority ethnic communities in comparison to white communities, and how women in black and minority ethnic communities are often more affected than men. The data is supplemented by evidence of a greater risk of unemployment, lower incomes and poorer quality housing among black and minority ethnic groups. Black and minority ethnic communities are also less likely to benefit from a range of government initiatives that address social exclusion.

The data on needs, discrimination and disadvantage are not available for all communities – for example, data on the Chinese community is limited. Evidence on the take-up of mainstream services by black and minority ethnic people, and evaluations on the effectiveness of service provision in Britain, are also lacking. Nonetheless, we identify the barriers and steps to effectively promote diversity.

Barriers

The table below summarises the barriers to promoting diversity and highlights some of the evidence that studies have produced.

Barrier	Evidence
Lack of knowledge among black and minority ethnic communities about available support	Families with disabled children are coping with limited resources and a lack of support.
Lack of appropriate services	Few appropriate family support services, such as parent and toddler groups for Somali families, in safe and convenient locations.
Poor quality services	An assumption that the lack of service take-up by black and minority ethnic families with disabled children is the result of a lack of need.
Lack of choice	The provision of homes for black and minority ethnic disabled people that meet the 'Lifetime Homes' standard, are either too small to accommodate larger family groups or are based in an area where existing social and support networks cannot be maintained.
Workers without effective communication skills	Workers carrying out assessments when they are unable to speak the same language as the service user.
Workers without the skills and experience to work with racially and culturally diverse communities	White managers are unable to provide direction to black and minority ethnic workers.
Direct and institutional discrimination	Prevailing stereotypes about particular communities leads to the assumption that informal or family support is always available, resulting in communities having to 'look after their own'.

Much of the evidence points to inadequate and poor-quality support from social care providers. As a result, black and minority ethnic people (and their carers) who need support continue to struggle to find services that provide them with choice and control.

Promoting diversity

The discussion paper then suggests that to promote diversity effectively, we need to stop doing the things that create barriers and start doing the things that break them down.² The steps, and the evidence for them, are considered in this discussion paper.

Black and minority ethnic voluntary organisations are often identified by their service users as effective providers of support. However, there seems to be few mainstream and statutory agencies that can demonstrate how they promote diversity effectively. This suggests that we need to pay closer attention to the process of change and not just what needs to change.

Steps	Evidence
Implement a needs-led approach	Systems exist in policy development, that use evidence of needs to plan the delivery of services. Workers with knowledge of the needs of diverse communities can implement interview and engagement techniques that allow service users to articulate their needs. Service user involvement is fundamental to the engagement process.
Implement a policy and monitoring framework to promote diversity	Organisations are clear about their objectives as part of existing policy and monitoring frameworks that integrate diversity.
Implement an ethnic record keeping and monitoring system that produces information that is used	Information on ethnicity is used by the workers required to collect that information.
Plan for the delivery of services that promote diversity	Organisations prioritise the development of services for black and minority ethnic communities, including allocating money and staff time and involving black and minority ethnic voluntary organisations in the planning process.
Build processes and a workforce that can implement effective engagement	Workers have appropriate language skills, including sign language and the skills to work with people with learning disabilities. Consultations engage a range of communities in a genuine discussion of their priorities and needs. Clear and timely information is provided that enables service users to know and understand what is happening.
Recruit, retain and develop a workforce that can promote diversity	The role of frontline staff is fundamental to promoting diversity. A diverse workforce positively influences how diverse communities are engaged and can lead organisations to implement wider changes. What is less clear is whether such a workforce should be seen as the principal vehicle for effecting change.
Organisations demonstrate better frontline practice	Confident and competent workers communicate effectively, use their knowledge in a non-stereotypical manner and demonstrate flexibility in their approach. Workers draw on available resources and have access to managers who are knowledgeable about diversity and are competent supervisors.

Notes on the author

Jabeer Butt is the Deputy Director of the REU (Race Equality Unit), a charity that promotes race equality in social support and social care. It was formerly the Race Equality Unit at the National Institute for Social Work. Jabeer leads both the research team, and the 'Strengthening Families' team at the REU.

Jabeer is an experienced applied social researcher with an international reputation for his work in the field of ethnicity and social care. Recently he was the principal investigator on the Economic and Social Research Council-funded investigation of the relationship between quality of life and the social and support networks of black and minority ethnic older people. He is presently completing a study of voluntary organisations for the Joseph Rowntree Foundation.

Among other things, Jabeer's research has informed both the *Modernising social services* White Paper and the development of the Sure Start projects. In addition, Jabeer, with Sukhwant Dhaliwal, conducted the research and wrote both the research report and the award-winning *Different paths*, a best practice guide on the housing and service experiences of black and minority ethnic disabled people.

Introduction

The report into the murder of Stephen Lawrence³ by racists has generated new interest in the persistence of racial discrimination and disadvantage experienced by Britain's black and minority ethnic communities. More recently, the inquiry into the death of David 'Rocky' Bennett has focused attention on the health and social care sectors' ability to deal with racism and to promote equality.⁴ This focus on racial discrimination has been accompanied by increased attention on other diversity issues such as disability discrimination, age and gender discrimination and, to a lesser extent, discrimination on the grounds of sexual orientation.

Black and minority ethnic people's experience of oppression, and the need to eliminate discrimination, has influenced significant changes in legislation over the past five years, most notably the duty to promote 'race' equality under the Race Relations (Amendment) Act 2000.⁵ More recently, a similar duty has been imposed to end disability discrimination under the Disability Discrimination Act 2005.⁶ Changes to end discrimination on the grounds of sexual orientation have also been brought into British law as a result of European Union directives, which will be followed by legislation in 2006 to end age discrimination.⁷

These legislative changes have been accompanied by a myriad of initiatives, such as the Department of Health project *Delivering race equality in mental health care*. At the same time, monitoring and reviewing progress in achieving equality has become an activity not only of the non-departmental public bodies directly concerned with equality, such as the Commission for Racial Equality or the Disability Rights Commission, but also of the Commission for Social Care Inspection and the Audit Commission.⁸

This discussion paper examines the key characteristics of social care organisations that successfully challenge discrimination and disadvantage, and promote equality. It begins by exploring what is meant by 'diversity', then comments on the quantity and quality of available evidence in identifying organisations that successfully promote diversity. The paper then reviews the evidence, highlighting the barriers to promoting diversity, and identifies the core characteristics of organisations that have successfully overcome them. While the remit of this discussion paper is to focus on social care, it does draw on other public service areas.

Exploring diversity

The term 'diversity' has increasingly been used in debates on how best to promote equality. One example is the Department of Trade and Industry proposals to implement the European Union directives including the establishment of a single equality body. Diversity came to prominence as a result of its use by US human resource managers,⁹ but it has also been the topic of debates in Britain, particularly on multiculturalism.¹⁰ In terms of eliminating racism, diversity follows in the footsteps of other terms that set out what should be challenged and what needs to be achieved: 'race equality', 'anti-racism' and 'multiculturalism' among others.

However, 'diversity' is often used to mean different things, for example cultural diversity, linguistic diversity, ethnic diversity and gender diversity. It is also often used interchangeably with other terms such as 'race equality' (see, for example, the Audit Commission's report *Directions to diversity*).¹¹ The lack of clear usage of the term 'diversity' can mean that it is difficult to advance one solid definition. It also exposes the term to critics who suggest that the focus on diversity is an attempt to divert attention away from challenging racism.¹²

Another way of looking at this dilemma is to argue that by focusing on diversity, we are better able to address the critics^{13,14} who have identified the tendency of single equality issues, such as gender equality and 'race' equality, to view individuals in a one-dimensional way. In this context, the focus is on one form of oppression only. There is no recognition that, for instance, some black and minority ethnic people may be discriminated against on the grounds of age¹⁵ while some disabled people may be discriminated against because of their ethnicity or gender.¹⁶

For the purpose of this discussion paper, 'diversity' means taking account of the complexities of the lives of individuals, and of groups of people, and the impact these complexities have on their experience of discrimination and disadvantage. In this context, the focus is on black and minority ethnic people as a group with multiple identities. So an organisation that successfully promotes diversity will take account of age, disability, gender, sexual orientation, social class, religion and faith, and 'race' issues. In practice this could mean extending choice and control to a disabled Asian woman wanting to live 'independently' in an extension to her parents' home, or to a 70-year-old Caribbean man with chronic arthritis living on his own in a council flat.

In this discussion paper we use the term 'black and minority ethnic communities' to mean people whose family origins are in Africa, Asia and the Caribbean, and who often share a similar experience of migration and discrimination. On occasion, we draw on other studies or data sources that use different terms to describe ethnic groups. Where this occurs, we use quotation marks to identify the terms used by the study or data source being quoted.

The use of 'black and minority ethnic communities' continues to engender debate. Sometimes this debate appears to be at the cost of taking action. However, on occasion, it also reflects the concern that some service users or communities do not identify with this term or category. There is also concern that the term may lead to a blanket policy and practice response that doesn't take diverse individual needs into account. While recognising these possibilities, we argue that any terminology used to describe most socially constructed groups is open to challenge, for example those who can be described as 'disabled' or 'older'. However, there is still a significant value in using the term 'black and minority ethnic' as it focuses attention on groups that share a similar experience of discrimination and disadvantage when using services and trying to access support.

Needs, discrimination and disadvantage

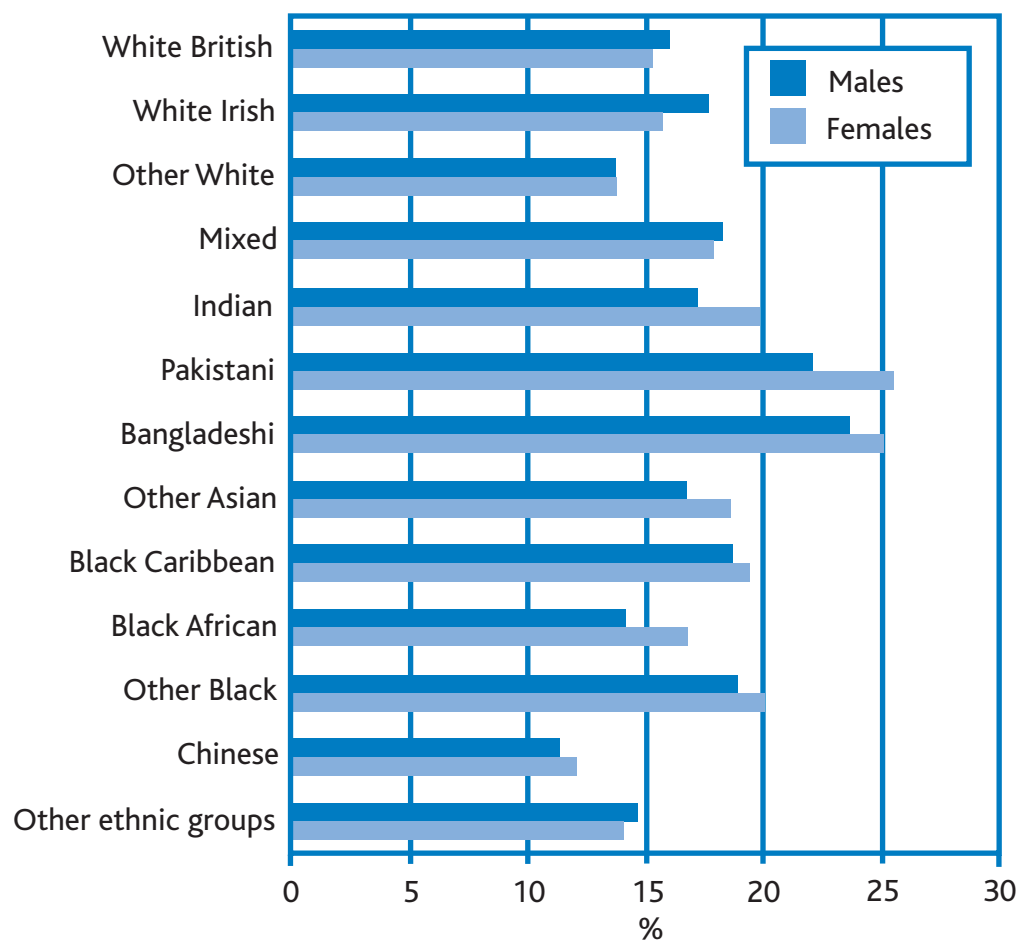
A number of studies conducted in the 1970s and 1980s reported two views among service providers: that black and minority ethnic communities did not have needs

that required support,¹⁷ and that their existing needs were being met by the community. In short, that they ‘look after their own’.¹⁸ National data sets, and studies, have increasingly used these views to explain the lack of service take-up¹⁹ but find the excuses for the lack of service provision²⁰ to be unjustified.

For example, the experience of black and minority ethnic disabled people shows how, despite the systematic identification of need, there is continuing evidence of discrimination and disadvantage. Figure 1 uses data from the 2001 census to show the age-standardised rates of long-term limiting illness or disability that restricts daily activities for a variety of ethnic groups. Around 16% of men and 15% of women of the ‘White British’ ethnic group have a long-term limiting illness or a disability.

In comparison, the figures are nearer 17% for ‘Indian’ men and almost 20% for ‘Indian’ women. For ‘Black Caribbean’ men they are nearer 18% and over 19% for ‘Black Caribbean’ women. The greatest contrast is with ‘Bangladeshi’ women (25%) and ‘Pakistani’ women (over 25%). Importantly, these patterns reflect black and minority ethnic communities’ self-assessment of their own health in responding to the health survey of England in 1999.²¹

Figure 1
Age-standardised rates of long-term illness or disability that restricts daily activities: by ethnic group and sex, England and Wales (April 2001)²²



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Figure 1 suggests that there is some difference between black and minority ethnic groups and between men and women from these groups. But the data also suggest that black and minority ethnic communities have higher rates of 'disability' than their 'White British' counterparts when standardised by age. In addition, it shows that black and minority ethnic women are more likely than men to have a 'disability' that restricts their daily activities. This again contrasts with the pattern for the 'White British' ethnic group where the census records higher rates for men than women. The 'Chinese' group is the one black and minority ethnic group for whom these conclusions do not apply; the census records comparatively lower levels of 'disability' for them.

Significantly, the census data also suggests that if we disaggregate the 'white' community, there is evidence of higher rates of disability and long-term limiting illness for some of the Irish community.

The data on higher rates of disability and long-term limiting illness are accompanied by evidence of continuing discrimination and disadvantage. So, for example, black and minority ethnic disabled people are:

- at greater risk of experiencing unemployment and lower incomes than other disabled people²³
- more likely to live in private rented accommodation (the sector with the poorest quality of housing) and in 'non-decent homes' than other black and minority ethnic people²⁴
- seen to share two of the characteristics that those who have benefited least from the post-1997 attack on social exclusion have: disability and coming from a black and minority ethnic community.²⁵

Similar evidence of needs, with some evidence of discrimination and disadvantage, can be identified for black and minority ethnic older people,²⁶ those with mental health problems²⁷ and families with children.²⁸

Care must be taken, however, not to view black and minority ethnic communities as passive victims at the mercy of racism and disadvantage. There is clear evidence that some people from these communities have actually prospered, and that those with significant support needs are still active in shaping and maintaining their lives, including their social and support networks.²⁹ Nevertheless, the evidence is also clear that some people need support to ensure greater choice and control in their lives.

Exploring the evidence base

In a recent review of effective parent education programmes for black and minority ethnic families, the authors concluded that there was a significant shortage of British evaluative studies that assessed the value of these programmes for these communities.³⁰ Others have similarly highlighted the limited evidence in other areas of social care, for example community-based support for young offenders.³¹ Meanwhile, evidence on the experiences of some communities is inadequate, particularly evidence on the Chinese community.³² Furthermore, mainstream studies

of social care continue to see ethnicity and other diversity issues as a minor issue or of little relevance.³³

However, the 1990s saw a significant growth in evidence gathering.³⁴⁻³⁷ This has been accompanied by a greater use of inspection.³⁸ At the same time there has been a growth in national data sets that collect evidence on ethnicity, gender and disability. For example, the Family Resources Survey has become a major source of information for measuring the poverty levels of various groups such as single-parent households and households with a disabled adult as well as 'minority ethnic communities'.³⁹

Some of this evidence has attempted to reach an overall assessment of the response of the social care sector to aspects of the diversity agenda. In 1978, a joint report from the Association of Directors of Social Services and the Commission for Racial Equality⁴⁰ stated:

One conclusion stands out: few departments have specifically and explicitly worked through the implications to social services of a multi-racial clientele.

In 1991, Butt et al reported on their survey of UK social services departments:

Our survey shows that, while most SSDs [social services departments] have made some commitment and a few appear to have made some headway in progressing equality, many have adopted a piecemeal or haphazard approach that makes it difficult to answer the question whether or not the services they provide are equally fair.⁴¹

In 2004, the Audit Commission and Social Services Inspectorate reported that there had been some change since 1996, but concluded:

However ... overall progress was frequently disappointing, with people often struggling to get access to services that would meet their needs well.⁴²

Researchers have begun to record the frustrations of service users about the lack of progress in achieving equality. In one case a group of black and minority ethnic older people complain that they have been 'researched to death' and recommend action.⁴³

The picture is of some change, and possibly some good services or service providers, in a sea of limited overall improvement. This is confirmed by local studies looking at specific issues such as family support,⁴⁴ services for disabled people⁴⁵ or for carers,⁴⁶ or services to meet the support needs of adults with mental health problems.⁴⁷

Barriers to promoting diversity

Some people who have attempted to engage in the debate on how to promote diversity and achieve equality have claimed that this area is still "a field of experimentation and debate".⁴⁸ To this we want to add that the breadth of evidence does not allow us to conclude what solutions will work and in which situations. For example, what interventions are appropriate for service providers working with a small black and minority ethnic population in a mainly rural setting? Also,

mainstream service providers have only recently begun to grapple with the role of leaders and leadership, so this is an area requiring further attention where promoting diversity is concerned.

However, while the evidence may not be robust enough to allow meta-analysis, it is possible to make an effective argument as to what the barriers are to promoting diversity. Equally, it is possible to identify policies, practices and strategies that will successfully promote diversity. This approach is used in a number of guides for best practice, such as the Sure Start Unit's *Sure Start for all*⁴⁹ or *Different paths*, which is a guide to better housing and support.⁵⁰

The barriers identified by various studies are explored below.

Lack of knowledge among black and minority ethnic communities of the availability of support

Problems identified in the studies included:

- families with disabled children having to cope with limited resources and a lack of support^{51,52}
- families caring for their children at home only coming to the attention of social services when the situation has reached breaking point^{53,54}
- some carers of disabled adults did not know that they could access respite services.⁵⁵

Lack of appropriate services

Problems identified in the studies included:

- the unavailability of services such as appropriate residential care for older Caribbean and Asian people⁵⁶
- a lack of appropriate family support services such as parent and toddler groups for Somali parents in a location they felt was safe and convenient⁵⁷
- counselling services for people with mental health problems^{58,59}
- appropriate services having to rely on short-term funding.⁶⁰

Poor-quality services

Problems identified in the studies included:

- a lack of preventative services that engage black and minority ethnic families⁶¹
- services not being built on the strengths of black and minority ethnic families⁶²
- assumptions that the lack of service take-up by black and minority ethnic families with disabled children was the result of an absence of need⁶³
- not taking into account issues to do with ethnicity and religion in service provision.⁶⁴

Lack of choice

Problems identified in the studies included:

- a lack of available family placements that meet the needs of a diverse group of children, leading to higher rates of breakdown in some placements⁶⁵
- a lack of specific services for Asian families⁶⁶

- the provision of homes for black and minority ethnic disabled people that meet the 'Lifetime Homes' standard are either too small to accommodate larger family groups who are still part of their communities, or are located in areas where the existing social and support networks cannot be maintained, including being too far from appropriate shops or places of worship.⁶⁷

Workers without effective communication skills

Problems identified in the studies included:

- workers carrying out assessments when they cannot speak the same language as the service user⁶⁸
- child protection investigations being carried out without any certainty that the parents have understood the information provided to them, or that they have understood the questions being asked of them.⁶⁹

Workers without the experience and skills needed to work with diverse communities

Problems identified in the studies included:

- white workers at the National Society for the Prevention of Cruelty to Children claiming that they did not possess the skills and experience to work effectively with black and minority ethnic families⁷⁰
- white managers being unable to provide direction to black and minority ethnic workers⁷¹
- some white workers feared being described as racist and were therefore unsure about intervening.^{72,73}

Direct and institutional discrimination

Problems identified in the studies included:

- prevailing stereotypes about particular communities leads to the assumption that informal or family support is always available, resulting in communities having to 'look after their own'^{74,75}
- viewing certain groups as 'dangerous', such as young Caribbean men, leading to inappropriate interventions, including their over-representation in the most secure forms of mental health institutions^{76,77} and in the use of medication to control their behaviour.^{78,79}

Importantly, much of the evidence points to the interaction of these barriers leading to consistently inadequate and poor-quality support from social care providers. As a result, black and minority ethnic people (and their carers) who need support continue to struggle to find services that provide them with choice and control.^{80,81}

Characteristics of organisations who successfully promote 'race' equality

It is possible to argue that if an organisation was to operate in the opposite manner to the barriers identified above, it would go some way towards adopting the characteristics that promote diversity. However, this suggests a very simplistic

relationship between what works and what does not work, which belies the complex nature of how to bring about necessary change.⁸² More importantly, the evidence suggests that to promote diversity effectively you need to not only stop doing the things that create barriers, but start doing the things that break down barriers.⁸³ This discussion paper considers what these steps are.

Organisations implement a needs-led approach

Implementing a needs-led approach means implementing systems in policy development, and planning the delivery of services in a way that draws on evidence of needs.^{84,85} It also includes employing and developing workers who have knowledge of the needs of diverse communities^{86,87} and who do not use their knowledge to create racial or cultural stereotypes.⁸⁸ At the same time, it means ensuring that workers implement interview and engagement techniques⁸⁹ that allow service users to articulate their needs, rather than create uncertainty for them.⁹⁰

Fundamental to this process is effective user involvement,⁹¹ whether to identify outcomes for services^{92,93} or to decide the priorities for service development.⁹⁴ Sometimes it may involve supporting and using competent advocates⁹⁵ to ensure that all potential service users who want to, are able to play a part in service development.

While legislative and practice changes since 1989 have promoted a needs-led approach,^{96,97} the evidence shows that it is not always pursued.⁹⁸ Importantly, mainstream attempts to encourage service user involvement have not always met with success; at times they have been accompanied by resistance from managers and workers.⁹⁹ Also, attempts at service user involvement often exclude black and minority ethnic people, yet include white people. While some studies have showed that greater involvement of black and minority ethnic service users in defining the services they need can lead to a greater use of these services,¹⁰⁰ achieving this level of involvement continues to be a challenge.¹⁰¹ Worryingly, it also raises concerns about the involvement of newly arrived communities, or involvement where numbers are particularly small such as in rural settings or in Northern Ireland.

Organisations implement a policy and monitoring framework to promote diversity

Implementing a policy and monitoring framework to promote diversity includes adopting policies that are clear about what an organisation is trying to achieve.¹⁰² This may be best demonstrated through the development of standards and targets.¹⁰³ However, evidence also shows a significant association between the number of initiatives taken and the response to equality in terms of policies and monitoring systems. Butt et al¹⁰⁴ identify the following as common components of this framework:

- The department has an equal opportunities policy for service delivery
- The policy states the aims and objectives in relation to 'race' equality
- The policy includes a strategy for implementation
- The policy identifies who is responsible for implementation

- The department monitors the delivery of any services to black and minority ethnic communities
- The department has an ethnic recording system for service delivery.

When this framework was in place, social services departments were more likely to have implemented a range of diversity initiatives.

The Race Relations (Amendment) Act 2000 requires that 'public authorities' have 'race' equality schemes or plans (with accompanying systems) to monitor progress.¹⁰⁵ This requirement has the potential to formalise the establishment of a policy and monitoring framework.

Organisations implement a monitoring system that produces information that is used

Ethnic record keeping and monitoring systems have been plagued by conflicts over the need to record ethnicity.¹⁰⁶ That said, they have been shown to make a difference when they produce information that is used by workers required to collect the necessary information. Also, without such systems, it is impossible to check on progress in promoting equality.^{107,108}

Organisations plan for the delivery of services that promote diversity

Where organisations are shown to have prioritised the development of services for black and minority ethnic communities, including allocating money and staff time,¹⁰⁹ they are more likely to have black and minority ethnic service users. Furthermore, if black and minority ethnic voluntary organisations are consulted in the planning process, this is more likely to lead to resource allocation.¹¹⁰

There is some evidence that the development of specific services leads to an expectation that only specific or 'special' services will work with black and minority ethnic service users.¹¹¹ This may mean that there is little change in mainstream service provision. However, it is clear that the development of specific services, if properly funded and supported, does make a difference.¹¹² The lesson appears to be that we need both mainstream provision and specific services.

Organisations have processes and a workforce that can implement effective engagement

This includes having workers with the right language skills,^{113,114} including sign language,¹¹⁵ and methods that engage people with learning disabilities.¹¹⁶ It also includes using consultation methods that engage a range of communities in genuine discussions of priorities and needs.¹¹⁷ Also the provision of clear and timely information enables service users to know and understand what is going on.^{118,119} In addition, providing information that targets word-of-mouth networks, which continue to be the principal source of information for black and minority ethnic communities,¹²⁰ is essential.

If organisations are serious about plugging the knowledge gap about what support is available – and for which there is continuing evidence – ¹²¹⁻¹²³ they need to reach out to black and minority ethnic communities. Butt and Box¹²⁴ demonstrate that, in family centres where outreach work was used to reach people in their homes, it was often associated with greater use of services by black and minority ethnic parents and their children.

Organisations recruit, retain and develop a workforce that can promote diversity

Fundamental to all these developments is the role of frontline staff in promoting diversity. Having a diverse workforce makes a difference to how effectively you engage diverse communities, whether they are older people,¹²⁵ deaf people,¹²⁶ or families with children.¹²⁷ In part, there is a symbolic value. For example, black and minority ethnic fathers are more ready to use family centres when male workers are present.¹²⁸ But, it is also about the knowledge and experience that members of a diverse workforce bring to the delivery of support.¹²⁹ In addition, their ability to engage service users effectively is valued, with one study reporting that black and minority ethnic and white parents involved in the child protection system reported that they were better informed when dealing with black and minority ethnic workers.¹³⁰

Some studies have also argued that black and minority ethnic workers bring 'cultural knowledge' or 'cultural competence' to service provision.¹³¹ However, there is a need to tread carefully here as there is a tendency to move away from the valuable insights provided by understanding a service user's values and practices,¹³² to trying to gather cultural information that often ends up creating stereotypes.¹³³ For example, one report suggested that a demonstration of cultural sensitivity is taking your shoes off when entering a Muslim home.¹³⁴

Two continuing debates also need to be addressed:

- that only black and minority ethnic workers can provide effective support to black and minority ethnic service users¹³⁵
- that black and minority ethnic workers bring 'cultural knowledge' rather than different practice.¹³⁶

While many black and minority ethnic workers undoubtedly bring knowledge and experience of their communities and cultures, a note of caution needs to be added. The implications of one or both of these positions is that there is potential for:

- black and minority ethnic workers to achieve status as cultural experts only with little acknowledgement of their professional skills and merit^{137,138}
- white staff to abdicate responsibility for working with black and minority ethnic service users^{139,140}
- black and minority ethnic workers to be undervalued and their ability to achieve promotion to be impacted because they are seen as having specialist experience that is not transferable to the mainstream¹⁴¹

- black and minority ethnic workers to be marginalised and, as a result, poorly managed or supported¹⁴²
- it to be assumed that black and minority ethnic service users always want a worker from a similar cultural and racial background.¹⁴³

In summary, black and minority ethnic workers do appear to make a difference to frontline practice. Their presence may also have a catalytic effect on organisations, sparking wider changes in the way an organisation operates. But they should not be seen as the principal vehicle for bringing about change.

Evidence of the experience of racism by black and minority ethnic workers has also emerged.¹⁴⁴ This involves both direct and indirect incidents of discrimination where workers felt they were not always supported by their managers or organisations.¹⁴⁵ Whether this leads to a greater turnover of black and minority ethnic staff is unclear, but it is certainly a challenge that needs to be addressed. Equally, any effective strategies for retaining workers that have been produced need specific attention.¹⁴⁶

While much of this debate suggests the need to focus on training to develop the skills and knowledge of all workers, there is little in the research literature, to date, that highlights how this might be done effectively.

Organisations demonstrate better frontline practice

Many of the characteristics discussed so far will only be effective when they are demonstrated through best practice in the frontline provision of services. Here we should see confident and competent workers who communicate effectively,^{147,148} use their knowledge in a non-stereotypical manner¹⁴⁹ and demonstrate flexibility in their approach.¹⁵⁰ They will have the resources to draw on,¹⁵¹ and have access to managers who are knowledgeable about diversity¹⁵² and are competent supervisors.

Perhaps the demonstration of best practice is most needed in the way assessments are carried out. From the 'care programme approach' to the 'single assessment process', as well as the new system for assessing the need for adaptations, there is a greater emphasis on implementing an holistic or person-centred approach. How successfully organisations achieve this is dependent on them overcoming the barriers to, and implementing what works in, diversity promotion.

If organisations are to achieve the 'vision' set out in *Independence, well-being and choice*¹⁵³ (the government Green Paper on adult social care), effective diversity promotion is central. For instance, creating a workforce that is "non-judgemental" and which "challenge[s] discrimination" is both an aim of the green paper and a vehicle for improving the choices and control available to black and minority ethnic people who need support.

Conclusion

The range of studies consulted on for this paper suggests that there has been a significant growth in the evidence base. This should not lead us to conclude that there are no gaps to be filled. Gaps in the experience of particular groups, such as young people with mental health problems, persist as do gaps in studies that demonstrate the effectiveness of particular approaches to meet the support needs of black and minority ethnic communities.

However, this paper has highlighted policies, practices and structures that appear to promote diversity. But is it possible to name social care organisations that demonstrate these 'characteristics'? Studies suggest that black and minority ethnic voluntary organisations are often identified by their service users as being effective providers of support.¹⁵⁴⁻¹⁵⁶ Yet it is not clear if any of these organisations can demonstrate that they successfully promote diversity in a systematic manner.¹⁵⁷

Equally, as we have already seen from our historical overview, there are few mainstream voluntary organisations that can demonstrate that they successfully promote diversity. The same can be said of statutory service providers. This inevitably raises the question of why more organisations are not demonstrating that they successfully promote diversity. After all, many of the policies, practices and structures identified in this paper have been known, in some form, for some time. Answers to this question include:

- Diversity messages have not permeated mainstream consciousness.
- Mainstream service providers have not committed themselves to achieving these changes.
- There are no organisational or personal sanctions for failing to promote diversity. So far no social services department has lost any stars under the performance-rating system, and no social services director has been sacked for failing to progress diversity.
- We still do not understand how to promote a process of change.

Furthermore, the limits of the evidence base do not allow us to suggest that some characteristics are more important than others. This problem may persist if we do not invest in evaluating services that seem to successfully engage black and minority ethnic people in need of support, such as those provided by black and minority ethnic voluntary organisations. Also, we are unable to identify the critical path for any process of change, which means that organisations embarking on this journey are faced with taking a significant number of steps at the same time.

An important part of this process is being able to clarify what exactly it is we are trying to achieve. The earlier discussion on what 'diversity' means should warn us that without clarity it is likely that any development will lack direction. It may also encourage the persistence of approaches that are of limited value or just plain wrong.

It is likely that organisations promoting the Race Relations (Amendment) Act's requirement that all public bodies develop a 'race' equality scheme will say that this provides a framework to manage the process of change. But we have to wait and see

whether the mountains of paper this produced are accompanied by clear actions to promote diversity. Furthermore, past experience with 'race'-related legislation shows that it has only had limited impact,¹⁵⁸ beyond which the impending establishment of the single equalities commission may lead to a loss of attention to 'race' equality.

The lack of clarity about the critical path to be followed should not, however, lead to the conclusion that it is unclear what needs to be done, or which barriers should be addressed in the process of effectively promoting diversity. Providing leadership certainly appears to be one way of ensuring that progress is made. Also the many initiatives to bring about change in the provision of public services, for example the Audit Commission's work under the *Change here!* umbrella,¹⁵⁹ would suggest that there are methodologies that can be used to manage the process of change.

In some senses, this discussion paper has concentrated on the provision of support that diverse communities need. We have paid little attention to the demand side – that is, which demands communities are making. This is important, because we need to ensure the provision of support that communities want, and because there is continuing evidence that some people who need support are only coming to the attention of service providers when in crisis.

Finally, if diversity leads us to understand that people are complex beings, and that discrimination and disadvantage can impact on individuals differently, it will be a significant and welcome development. If, however, it leads to a loss of focus on challenging racism and other forms of discrimination, it will be an undermining development.

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Are we there yet?

Identifying the characteristics of social care organisations that successfully promote diversity

An integral part of the White Paper *Our health, our care, our say: a new direction for community services*, is the commitment to promote diversity by developing a work force that is able to challenge discrimination, by making direct payments more available and by making greater use of the voluntary and community sector. This discussion paper considers the characteristics of social care organisations that successfully promote diversity, and explores research on the barriers to promoting diversity and how they can be overcome.

This publication is available in an alternative format upon request.