

# **An overview of the Race Equality Schemes and the Health, Social Care and Wellbeing Strategies produced by Local Health Boards and Local Authorities, with a focus on representation, consultation and collaboration.**

## **Background**

This project has been undertaken by the Wales Equality and Diversity in Health and Social Care Research and Support Service (WEDHS)<sup>1</sup>. WEDHS is made up of a group of academics, community development activists and researchers across Wales who are committed to carrying out, and supporting, high quality research on key health and social care issues facing BME groups. Funded by the Wales Office of Research and Development in Health and Social Care, WEDHS is part of a new research and development structure in Wales: The Clinical Research Collaboration Cymru (CRC Cymru).

## **Introduction: The legislative and policy context.**

It is ten years since the 1997 referendum gave public assent to the creation of the National Assembly for Wales. The Government of Wales Act 1998 that came into being following that result placed an obligation on the National Assembly to function with due regard to equal opportunities. The topography of equalities at local level is pitched to change alongside major changes in the equality landscape GB wide such that it is not too difficult to assert that the climate for taking forward issues of equality of opportunity has never been better. UK equality law now leads the field in European terms as the new framework for the 'single equality approach' is put into place. The single equality framework signals a generic approach to legislation, policy and institutions relating to inequality and discrimination rather than treating each minority status as distinct. The Equality Act 2010 placed expertise on equality, diversity and human rights all in one place by establishing the Commission for

---

<sup>1</sup> Visit [www.wedhs.org.uk](http://www.wedhs.org.uk) for more information. Becoming an associate member of WEDHS is free and provides access to a wide range of research outputs, reports etc and the many benefits from being part of a network of practitioners and academics.

Equality and Human Rights (CEHR). The CEHR brings together the expertise and resources to promote equality and tackle discrimination in relation to all the equality strands and human rights and has replaced the existing Commission for Racial Equality (CRE), the Equal Opportunities Commission (EOC) and the Disability Rights Commission (DRC).

Alongside this development the Labour government is undertaking a major review of Discrimination Law with a view to establishing the Single Equality Act in 2008. In addition, the Welsh Assembly Government's own strategy on equalities is bolstered by a wider philosophy of citizen centred services. *'Making the Connections'*<sup>2</sup> sets out the Welsh Assembly Government's vision of a prosperous, sustainable, bilingual, healthier and better-educated Wales and its ambition to achieve greater collaboration and coordination between public sector bodies. This package of public sector reform has equality and social justice as one of its four key pillars in the delivery of better public services.

The Race Relations (Amendment) Act 2000 which arose in the wake of the Stephen Lawrence Inquiry came into force in 2001 and placed a general duty on public authorities to have 'due regard' to eliminating racial discrimination and promoting equality of opportunity and good race relations.

Section 71(1) states:

*Every body or other person specified in Schedule 1A or of a description falling within that Schedule shall, in carrying out its functions have 'due regard' to the need*

- a) to eliminate unlawful racial discriminations: and*
- b) to promote equality of opportunity and good relations between persons of different racial groups.*

---

<sup>2</sup> Welsh Assembly Government (2004) - Making the Connections: Delivering Better Services for Wales

Article 2(2) of the Act also placed specific duties on certain public bodies which includes the production of a Race Equality Scheme setting out how they intend to meet their statutory duties.

*A Race Equality Scheme shall state, in particular –*

*(a) those of its functions and policies, or proposed policies, which that person has assessed as relevant to its performance of the duty imposed by section 71(1) of the Race Relations Act; and*

*(b) that person's arrangements for –*

- (i) assessing and consulting on the likely impact of its proposed policies on the promotion of race equality;*
- (ii) monitoring its policies for any adverse impact on the promotion of race equality;*
- (iii) publishing the results of such assessments and consultation as are mentioned in sub-paragraph (i) and of such monitoring as is mentioned in sub-paragraph (ii);*
- (iv) ensuring public access to information and services which it provides; and*
- (v) training staff in connection with the duties imposed by section 71(1) of the Race Relations Act and this Order.*

Public bodies were required to develop and put in place Race Equality Schemes by 31 May 2002 and these would be reviewed and updated thereafter on a three year cycle.

## **Aims**

The overall aim of this project is to provide an overview of progress made by Local Authorities (LAs) and NHS bodies in Wales in implementing race equality strategies, particularly in relation to consultation, representation and engagement with BMEs and bring together the 2006 reviews conducted by CRE Wales and draw out some common themes.

## **Methodology**

The evaluation has been conducted in two parts. Firstly, we have undertaken a desk-based review of documents published by a number of relevant bodies including, CRE Wales, The Audit Commission, Welsh Local Government Association, Local Authorities and NHS organisations themselves.

The second part of this evaluation is based on a small piece of direct research into BME representation carried out by WEDHS North Wales Regional Hub. This has involved contacting all 22 Local Health Boards (LHBs) in Wales. Not all LHBs have co-operated which means that the data is incomplete thus far.

WEDHS North Wales Regional Hub has also begun a project looking specifically at collaborative/partnership working and in particular, the mechanisms for BME consultation in the public sector in rural areas. Where appropriate, some of the data collected so far has been selectively used to illuminate aspects of this work.

All 22 Health and Well-being Strategy Partnerships in Wales (HSCWBSs) were contacted by email and invited to comment on BME consultative mechanisms. A sample of the replies received to date, representing a geographic spread across Wales, has been referred to in this report. We hope that the data we are currently collecting will be utilised as a basis of a fuller report on HSCWBSs.

## **Mainstreaming race equality within the NHS and Local Government: A review of progress to date.**

By any yardstick, we would have to conclude that implementing race equality strategies within the NHS and Local Authorities in Wales has been a slow process. Confirmation of this can be found in reviews conducted by, for example, both CRE Wales and The Audit Commission. Notwithstanding that examples of good practice have been highlighted in reviews where these have been found, in its most recent review on Local Authorities in Wales (2007), CRE Wales was forced to conclude that '*good examples were so far and few between that they were heavily outweighed by the weaknesses of the scheme*'. In the NHS, the historical legacy of failure in England and Wales speaks for itself. As far back as 1993 the CRE were highlighting glaring inconsistencies between equal opportunities policy and practice<sup>3</sup>.

In 1995 the CRE developed a non-compulsory good practice standard for local government on race equality entitled *Racial Equality Means Quality*. The Standard was intended for use as a tool for Local Authorities (LAs) to assess how well they had incorporated good practice on race equality into aspects of council activities such as policy development, service delivery and community involvement. The Audit Commission introduced a performance indicator (PI) for the financial year 1998/99 on whether authorities had adopted the Standard. For 2000/01 the indicator was altered to record the Level (on a scale of 1-5) that each council had achieved.

By 1999/2000, one-half of all English councils had adopted the Standard whilst just over one-third of Welsh councils had.

In 2000/01 LAs were asked to report which level they had reached against the section of the Standard covering the delivery of services. The first (and lowest) of the five levels specifies that there must be a corporate written race equality policy and a policy for each service delivery area. It needs to

---

<sup>3</sup> CRE (1996) Appointing NHS consultants and senior registrars: report of a formal investigation.

incorporate relevant race relations codes of practice, to have been agreed by elected members and been subject to public consultation. Around two-fifths of English and Welsh councils assessed themselves as not having even reached Level 1, with only around one-fifth of English and one-eighth of Welsh councils having reached Level 2 or higher.

In 2001/2 an investigation by the Audit Commission looked at the different levels of satisfaction with council services expressed by women, disabled people and people from black and ethnic minority communities (BME) across England and Wales. The report, which was published in May 2002, noted that less than half of local authorities in England and Wales had a comprehensive equal opportunities policy in place. It further went on to suggest that Welsh councils were not progressing as quickly as English councils in a number of key areas relating to equality and diversity<sup>4</sup>.

The Audit Commission suggested five critical factors for improving equality and diversity.

- *commitment* – understanding the concept, owning and leading the work at the highest levels, and committing adequate resources
- *involving users* – consulting the actual and potential users of services about their needs and requirements
- *mainstreaming equality and diversity* – integrating equality and diversity into day-to-day work, and translating policy into practice
- *monitoring performance data* – ensuring that data gathering and analysis on equality and diversity is part of core performance monitoring systems
- *sustainability* – continuously keeping up the momentum to counter discrimination and promote diversity, reviewing performance and setting new targets

---

<sup>4</sup> Acknowledge: Learning from Audit, Inspection and Research. Equality and Diversity. Audit Commission, May 2002.

The Audit Commission noted that progress on race equality matters 'is often measured in terms of process, rather than the delivery of outcomes that will impact upon quality of life'<sup>5</sup>. (Audit Commission, 2004:16). Hence, a preoccupation with establishing systems, writing schemes, and preparing policies, rather than determining whether positive outcomes were being realised in relation to employment, influence over decision making, improved accessibility to local services, improved trust and community relationships.

In a 2005 report to the NAW Equal Opportunities Committee<sup>6</sup>, CRE Wales noted that public bodies in Wales were having difficulty getting race equality schemes into place. None of the 22 Local Authorities or 15 NHS Trusts was able to demonstrate that in terms of employment, they were fulfilling the specific duty.

The report attributed this to a number of factors including:

- Senior managers had failed to adequately prioritise the statutory duty with regard to promoting race equality, often on the basis of low numbers of ethnic minorities in their community.
- Schemes hadn't followed the guidelines with regard to content as set out in legislation and the CRE Code of Practice.
- Schemes weren't integrating with the Authority's core plans
- The aspirational aims of schemes bore little relationship to process objectives which were overly ambitious, immeasurable and undeliverable.
- Senior managers and staff demonstrated a general lack of confidence in putting the duty into practice.

---

<sup>5</sup> Audit Commission (2004) *The journey to race equality*.

<sup>6</sup> EOC(2) 09-05 Paper 08 : CRE Report on Race Equality Schemes 2005

- An inability on the part of senior management due to lack of experience and commitment to be able to drive such a programme of change
- An inability on the part of authorities to produce meaningful employment monitoring statistics.

### **Review of Local Authority BME Housing Strategies, 2006**

The BME Housing Action Plan for Wales was introduced by the Welsh Assembly Government in 2002. Since April 2004 social landlords have been required to have an individual BME Housing Strategy or be a partner in a regional BME Housing Strategy.

In 2006, CRE Wales accessed all Local Authority websites and any published BME Housing Strategies and action plans were downloaded. Each website was also checked for evidence of Local Market Housing Assessments (LMHAs).

Having reviewed each website against a set of criteria including for example, whether the LA actually had a BME Housing Strategy and associated action plan in place, and whether a Local Market Housing Assessment had been carried out, CRE Wales was forced to conclude that *'It is evident from the results of the BME Housing Evaluation Project that Local Authorities in Wales are not carrying out race equality work within housing service to the extent required under the RRA'*<sup>7</sup>.

This statement was based on the observations that whilst all 22 LAs had BME Housing Strategies, 'of one kind or another' in place, 6 remained in 'draft' format. 17 LAs showed no evidence that the objectives within their strategies were being actioned, reviewed and updated. Ethnic monitoring and reporting

---

<sup>7</sup> See Local Authority BME Housing Strategies in Wales. A report from CRE Wales. February 2007

was not being undertaken consistently across functions and no LA had carried out a race equality impact assessment of their strategy.

### **The CRE Wales review of public bodies in Wales, 2006.**

In June 2006, CRE Wales announced its intention to undertake an evaluation of progress made by public bodies in Wales after the first year of 2005-2008 schemes<sup>8</sup>. In guidance published in advance of the evaluation, it addressed those weaknesses which it had previously identified and indicated that the focus would be on:

- *Whether or not all the objectives set out in the scheme or action plans have turned out to be relevant or achievable*
- *The degree to which the action plan objectives meet the purposes set out in the scheme itself and each of the three limbs of the general duty*
- *Ways in which the organisation has worked to fulfil its action plans*
- *Progress in building staff confidence and capacity to deliver on race equality*
- *The degree to which staff have been able to carry out effective race impact assessments*

### **Local Authorities in Wales**

The project to assess Local Authority race equality schemes was initiated in February 2007 and reported in September 2007<sup>9</sup>.

---

<sup>8</sup> The implementation of race equality schemes by public bodies in Wales: estimating progress after the first year of 2005-2008 schemes. CRE Wales 5 June 2006

<sup>9</sup> CRE Wales 2007 Putting Priorities in Focus: Race Equality Schemes for Local Government in Wales

Three core objectives were identified:

(a) *Performing the regulatory function of the CRE by assessing the current race equality schemes of local authorities in Wales.* This objective was primarily concerned with carrying out one of the main roles of the Commission for Racial Equality: to regulate public bodies in Wales.

(b) *Enabling local authorities to develop their skills in delivering a radical improvement in the quality of their race equality schemes in May 2008.* As the weaknesses of schemes were already apparent, this objective was considered by the Commission to be the most important.<sup>10</sup>

(c) *Influencing key regulators and policy makers to ensure that they consider race equality in their strategies and plans to bring improved public services in Wales.* The third objective of the project reflected the Commission's view that equality has not been adequately embedded in key standard setting and auditing processes that look at the quality of management practice at the core of a local authority, such as those concerning the Wales Programme for Improvement published by the Welsh Assembly Government and the audit and inspection process carried out the Wales Audit Office.

Two stages of assessment were carried out based on the following criteria:

### **Stage One**

- *Identification of key policies*
- *Consultation*
- *Monitoring of key policies*
- *Publishing Results*
- *Proportionate, realistic and achievable priorities*
- *Identification of SMART objectives*

---

<sup>10</sup> A general report highlighting the weaknesses of schemes was presented by the Commission to the NAW Equality of Opportunity Committee in November 2005. (See EOC(2) 09-05 Paper 08 : CRE Report on Race Equality Schemes).

## **Stage Two:**

- *Creating necessary and essential practices and procedures to prepare for an effective scheme in 2008*
- *Strategic links to corporate documents (internal)*
- *Strategic links to corporate documents (external)*
- *Senior level commitment*
- *Leadership in the community*
- *Production of an annual report*
- *Lessons learnt*
- *Good race relations*
- *Inclusion of Gypsy and Traveller issues*

## **The Findings**

### **Availability of Schemes**

Less than two thirds of published final race equality schemes were available on local authority websites in February 2007, almost two years after the expected publication date of May 2005<sup>11</sup>.

### **Identification of Key Policies and Functions**

Five schemes did not demonstrate conclusive evidence that the identification of key policies and functions had taken place.

### **Consultation**

Only two schemes provided detailed information on consultation.

### **Monitoring**

The establishment of monitoring systems across local authority departments has not taken place on a proper basis. Whilst most schemes acknowledged weaknesses in this area action plans had subsequently failed to address the

---

<sup>11</sup> More schemes have been added to LA websites following the assessment.

issue, despite advice from CRE in Spring 2005 that monitoring systems needed to be in place by May 2008.

### **Publishing Results**

Only one scheme contained detailed information on how it would set about publishing results and what levels of information the public could expect.

### **Proportionate, realistic and achievable priorities**

Many action plans contained immeasurable, unrealistic actions which were 'on-going'. Others were considered 'too general' and applied to the whole authority rather than departments.

### **Internal Strategic Links**

Whilst schemes often made references to a range of the authority's core plans and strategies, an examination of these other strategies found no meaningful reciprocal references. In most cases, Corporate Plans and Community Strategies documents were found to contain only tokenistic references to equality.

### **External Strategic Links**

Apart from references to the Equality Standard and Wales Programme for Improvement, there seemed to be no links between schemes and other external strategies.

### **Senior Level Commitment**

The commitment of senior managers was often set out in very basic or weak terms. For many schemes, any expression of senior level commitment did not extend beyond the writing of a foreword by the Chief Executive or other senior figure. Only three local authorities included details in their schemes of any role for elected members.

### **Leadership in the Community**

Partnership working appeared to be in most cases limited to working with the Local Health Board, Race Equality Council and other voluntary sector bodies. No references were made to cross- boundary instances of partnership working.

### **Production of Annual Report**

Almost half of all race equality schemes made no reference to the production of an Annual Report.

### **Lessons Learned**

Whilst the majority of schemes made some references to the previous scheme, in most cases this wasn't linked to the current scheme. Only five schemes showed a clear link with the previous scheme and an explanation of how it was linked to current priorities

### **Good Race Relations**

No scheme contained good or strong references or actions directed towards promoting good race relations.

### **Gypsies and Travellers**

Six schemes made no reference at all to Gypsies and Travellers, whilst another 14 only made scant reference to this group. Where schemes did provide detailed information, this was generally presented as a profile of the local Gypsy and Traveller community.

Whilst some evidence of potentially good practice was found across all local authority schemes, good examples were so far and few between that they were heavily outweighed by the weaknesses of the scheme<sup>12</sup>.

The review made it clear that Local Authorities are not meeting the requirements of the legislation and urgent action is needed to address this.

---

<sup>12</sup> Ynys Môn was the only authority where no example of potentially good practice was found.

## **NHS Bodies in Wales**

As is the case with local authorities, the 22 Local Health Boards (LHBs) have been placed within the domain of the RRAA and are subject to Section 71. Along with the 14 NHS Trusts operating across Wales, LHBs were required to produce a Race Equality Scheme in 2002 and again in 2005.

In 2007 CRE Wales reported on a 6 month project to audit the progress of NHS organisations, to establish whether they were showing 'due regard' to their race equality practice over year one of the Race Equality Scheme<sup>13</sup>.

As part of the evaluation process, all LHBs and NHS Trusts in Wales were asked to produce a Race Equality Annual Report which would provide information on the first year (2005) of their Race Equality Scheme. Guidance on a suggested report format was provided by CRE Wales in June 2006 and circulated to all LHBs and NHS Trusts either by email or directly at meetings with the CRE. The guidance was also published on the CRE Wales website.

Annual Reports were submitted to CRE Wales between October and December 2006. An assessment template by which to evaluate whether 'due regard' was being demonstrated was developed and each Annual Report was considered against a set of criteria intended to, firstly, establish what work the organisation had already done to improve its race equality practice and secondly, provide an evaluation by the organisation itself of gaps/weaknesses in current performance and practices and thirdly, demonstrate whether the organisation recognises the need to account for practice gaps in their future work. The criteria were:

*Does the Annual Report link to the RRAA General Duty?*

*Does the Annual Report comprehensively explain their activities/progress with respect to each specific duty?*

---

<sup>13</sup> CRE Wales *The Race Equality Performance of NHS Organisations in Wales*, March 2007.

*Has the Annual Report considered the body's organisational barriers or weaknesses?*

*Has the Annual Report recognised the body's organisational strengths?*

*Has the Annual Report proposed future work programs resulting from the evaluation of strengths and weaknesses and the identification of practice gaps?*

Where updated action plans were provided, researchers noted how many of these had been completed and how many remained partially completed or unactioned.

Instances of good practice identified within the Annual Reports were also taken into consideration.

The analysis revealed that:

- 12 of the 22 LHBs were found to be showing 'due regard'.
- 2 LHBs were showing partial 'due regard'.
- 8 LHBs were found to be failing to show 'due regard'.

and

- 10 of the 14 Trusts were found to be showing 'due regard'.
- 4 Trusts were found to be failing to show 'due regard'.

Against the specific criteria set out in the template,

- 16 of the 22 LHBs had linked their annual report to the fulfilment of the three strands of the general duty.
- 14 of the 22 LHBs had offered a comprehensive explanation of their progress in respect to each specific duty.

- 15 of the 22 LHBs had provided an analysis of their organisational weaknesses in respect of their race equality work.
- 5 of the 22 LHBs had provided information of their organisational strengths in relation to their race equality work.
- 13 of the 22 LHBs had provided proposals for future work which resulted from a realistic appraisal of their organisational capacities.
- 13 of the 22 LHBs had provided updated action plans although the nature and content of these documents was varied.

Of the 13 LHBs which had submitted updated action plans, 50% of their action points had been fully completed, 35% were ongoing and 15% remained unactioned.

In respect of NHS Trust performance against the criteria:

- 9 of the 14 NHS Trusts linked their annual report to the fulfilment of the three strands of the general duty.
- 11 of the 14 NHS Trusts offered a comprehensive explanation of their progress in respect to each specific duty.
- 10 of the 14 NHS Trusts had provided an analysis of their organisational weaknesses in respect of their race equality work.
- 5 of the 14 NHS Trusts had provided information of their organisational strengths in relation to their race equality work.
- 9 of the 14 NHS Trusts had provided proposals for future work which resulted from a realistic appraisal of their organisational capacities.

- 8 of the 14 NHS Trusts provided updated action plans although the nature and content of these documents was varied.

Of the 8 NHS Trusts which had submitted updated action plans, 53% of their action points had been fully completed, 34% were ongoing and 13% remained unactioned.

In overall terms the results of the evaluation appear to be positive, with 64% of LHBs and over 70% of NHS Trusts being deemed to be showing 'due regard' to their race equality practices.

#### Problem areas identified by organisations included

- Consultation. Organisations reported difficulties in engaging with BME groups which are low in numbers in rural areas of Wales.
- Undertaking Impact Assessment due to lack of skills and experience and also difficulty in using the EQIA Toolkit.
- Financial and human resource constraints
- Lack of appropriate training. Competing training agendas have often resulted in other training issues (eg, Disability, Gender) taking priority over race.
- Difficulty in raising awareness of race and ethnicity issues within the organisation.
- Too many prioritised areas of work existing with the original schemes action plan.
- Monitoring in both employment and service delivery. For example, the collection of patient ethnicity data.

## **BME representation on LHBs in Wales.**

The Welsh Assembly Government (WAG) appoints members to 15 National Health Trusts in Wales, as well as the Chairs (and occasionally Vice Chairs) of 22 Local Health Boards (LHBs).

It is suggested that increased diversity can enhance the accountability and effectiveness of boards and that heterogeneous boards are adept at strategic change, more flexible, make better decisions and create a good organisational image (DTLR 2000)<sup>14</sup>. Yet several reports specific to Wales (*inter alia*, NAW 2001, 2002<sup>15</sup>) have indicated that the profile of public appointees in Wales does not reflect the involvement of people from diverse backgrounds.

Announcing a review of remuneration and expenses for public appointments, in January 2001 the then Finance Secretary, Edwina Hart, stated that 'The Assembly is committed to modernising its approach to public appointments, and in particular to encouraging and enabling a greater diversity of people to come forward for public appointments'. The Assembly's strategic plan *A Better Wales* (2000)<sup>16</sup> contained a commitment to 'increase the participation of under-represented groups in the management of public bodies', and to ensure that the membership of public bodies and advisory committees is 'of the highest calibre and at the same time more representative of the diversity of the population of Wales'. It is asserted that increased diversity will 'improve breadth of perspective and sensitivity to equality or opportunity issues'. In this same year (2001), individuals from a BME background made up 1% of all Assembly Sponsored Public Bodies (ASPBs) and NHS Board members<sup>17</sup>. By April 2003 WAG reforms seemed to have demonstrated a modest impact in terms of outcomes with BME Chairs and members making up 2.8% of the total 350 positions (NAW 2003).

---

<sup>14</sup> (DTLR) (2003) *Making a Difference: Women in Public Appointments* Cabinet Office

<sup>15</sup> NAW (2001) *Modernising Public Service in Wales* Cardiff: NAW

NAW (2002) *National Assembly for Wales Code of Practice for Ministerial Appointments to Public Bodies*. Cardiff: NAW

<sup>16</sup> NAW (2000) *A Better Wales* Cardiff: NAW

<sup>17</sup> NAW (2001) *Modernising Public Service in Wales* Cardiff: NAW

In the collating of this report we were interested to find out how many BME members there are currently serving on LHB Boards in Wales. As of July 2007, there is currently one (1) LHB Chair appointment in Wales<sup>18</sup>. We also tried to establish how many Board members other than Chair are from a BME background. As these appointments are made by LHBs and LAs directly, data collection proved somewhat more elusive. We were informed that NHS Centre for Equality and Human Rights did not hold any data of use to us<sup>19</sup>. On 19<sup>th</sup> September 2007 an email was sent to the CEO of every LHB in Wales. Follow-up emails were sent ten days later on 28<sup>th</sup> September to the LHBs which had not responded.

**Table 1: BME Representation on LHBs in Wales 2007**

<b>Local Authority</b>	<b>Number of BMEs on Board</b>
Blaenau Gwent	3
Bridgend	0
Caerphilly	N/A*
Cardiff	4
Carmarthen	0
Ceredigion	0
Conwy	0
Denbighshire	0
Flintshire	0
Gwynedd	0
Merthyr Tydfil	N/A**
Monmouthshire	0
Neath Port Talbot	1
Newport	1
Pembrokeshire	0
Powys	0
Rhondda Cynon Taf	2

<sup>18</sup> Email response from Employment Policy Branch, Health and Social Care Dept. WAG. 11.07.07

<sup>19</sup> In same written response above.

Swansea	2
Torfaen	N/A*
Vale of Glamorgan	3
Wrexham	0
Ynys Môn	0

\*Caerphilly and Torfaen did not respond to our emails

\*\*Merthyr Tydfil were 'currently in the process of data cleansing the representation of our Board members in relation to all Equality strands and therefore unable to provide the information you require'. 2.10.07

In a general discussion of minority participation on ASPBs and NHS Bodies in Wales<sup>20</sup>, Day et al (2003) concluded that, 'the needs of such minorities are not to the forefront of the concerns of most board members'.

One LHB Chair interviewed in the course of the research expressed the view that:

The Board members that are appointed are profession specific – not looking for [diversity], couldn't be because of the way the Board is structured in statute – looking for GPs who can network with other GPs, not just a member of the public who felt they could be a GP! It's very much about the role you want on your board; you want that expertise there.

Further, interviews with existing board members and Chairs of ASPBs and NHS Bodies indicated that

- *There was little clarity about the rationale for increasing diversity in public appointments*
- *There was little consensus as to what is meant by diversity*
- *Respondents were unconvinced of the value of increasing diversity*

---

<sup>20</sup> Day G and Williams C (2003) Public Appointments: Motivations and Prompts. University of Wales Bangor.

- *The level of awareness and competency to approach diversity issues was low*
- *The requirements of 'expertise' and knowledge take precedence over diversity*
- *Welsh language and geographical diversity are seen as of value to boards*

It has been argued that one of the main barriers to the lack of representation of BMEs in senior leadership positions within the NHS generally is stereotyping and preconceptions about the abilities of certain groups<sup>21</sup>. One of the main issues appears to be that training in diversity is most often low level and in the main directed towards increasing people's awareness of diversity and challenging preconceptions of minorities. The outcome is a well-meaning management pool, yet lacking the practical skills on how to lead or effect strategic change in diversity management.

In a major study of BME communities in North Wales, The Best Report (2004) noted that *'[BME] Agencies reported that still too few of their members served on boards or committees of mainstream organisations or have a voice'*<sup>22</sup>. That none of the individuals from BME agencies interviewed in the course of the study was a Board/committee member of any mainstream agency, was considered by the authors to be major factor influencing the lack of engagement and involvement.

## **Consultation**

Community engagement and consultation are key aspects of the race equality duty yet it is clear that few public bodies have effective consultation mechanisms in place. The 2007 CRE Wales review of LA equality strategies indicated that only two schemes provided specific information on how they consulted with minority groups. The review of NHS bodies revealed similarly

---

<sup>21</sup> The Health Foundation 'A critical review of leadership interventions aimed at people from Black and Ethnic Minority Groups. University of Manchester, June 2005.

<sup>22</sup> Williams C, Hold M, Turenen S and Jeffries J (2004) *The Best Report: North Wales BME Communities Research*. Black and Ethnic Minority Support Team.

that many had problems over effective consultation particularly in area where ethnic minorities were few in number.

The Best Report (2004) noted that most mainstream agencies had 'some mechanism' in place for engaging with BMEs, although they all reported difficulties with the process. A number of barriers to engagement were commonly reported, some the product of agency action and/or inaction and others arising from within the BME communities. The diversity and dispersal of the BME communities within North Wales was one frequently cited barrier. Other barriers identified were the lack of knowledge amongst BME communities of the purpose and function of consultation events, a lack of confidence, trust and/or capacity amongst BMEs to participate. Inflexibility of arrangements for consultation events and lack of representation from BMEs on public bodies were frequently cited deterrents. BMEs questioned the outcomes of consultation exercises in terms of having tangible impacts on their everyday lives. Consultation fatigue was often highlighted. BME organisations report being 'over-researched' and 'over-consulted' and lacking sustainable funding. Agencies operate with very limited models of engagement and there is a need for organisations to institute new and multi-tiered methodologies.

WLGA (2006) regard community engagement and consultation as key opportunities for local and possibly regional consultation initiatives that would promote a more efficient use of resources, better sharing of information and joint objectives/priorities and avoid duplication of effort across the sector<sup>23</sup>. However, they argue that the legal obligation to 'involve' people in the development of equality schemes and in the identification of priorities is not backed by the means to support and capacity build local groups to achieve this. They suggest the establishment of 'regional funding streams' for grassroots agencies which could be accessed by the public sector to engage in consultation as well as provide individual case support and local advocacy to the community. Further, funding to Race Equality Councils has historically been provided by Local Authorities in partnership with the Commission for

---

<sup>23</sup> Improving Outcomes for all: Equality and Diversity in Welsh Local Government January 2006

Racial Equality. There is now a need to consider whether other public bodies subject to the same race equality duties should contribute towards funding.

### **Consultation mechanisms and Health, Social Care and Well-being Strategies.**

Health, Social Care and Well-being Strategies (HSCWBSs) are unique in that the Local Authority and the Local Health Board are jointly responsible in law for the planning of services which promote the health and well-being of the community.

In January 2003, the National Assembly for Wales made the *Health, Social Care and Well-being Strategies (Wales) Regulations 2003* (SI 2003 No 154 (W.24)) (the Existing Regulations) that came into force on the 31st March 2003. The Existing Regulations set out the procedure for Local Health Boards and Local Authorities in formulating and implementing the Health, Social Care and Well-being Strategy for their local area. The formulation and delivery of the Strategy requires them to co-operate with a range of local partners. The named partners are:

- NHS Trusts
- Health Commission Wales (Specialised Services)
- Community Health Councils (CHCs)
- County Voluntary Councils (CVCs)
- Any other voluntary, business or private body with an interest in health and well-being.

The first draft strategies were developed by the end of March 2004, and following public consultation were adopted by Local Authorities, Local Health Boards and many local partners by the end of December 2004. The strategies became operational from 1 April 2005 and were to cover the period 2005-2008.

In accordance with the Government's response to *Making the Connections: Delivering Beyond Boundaries*, Local Service Boards will be established in each local area during 2007/08. The Boards will, as far as they are able, engage with the production of the new round of HSCWBSs and help to ensure that they take account of and link appropriately to other local strategies and are founded on strong local commitment to delivery (para 1.2). HSCWBSs will be the main driver for commissioning health improvement and health and social care services.

In guidance notes sent out to HSCWBSs Partnerships to assist them in preparing their Strategies for 2008<sup>24</sup>, WAG suggested that Partnerships should involve the community *throughout* the process and consider:

- (i) treating all involvement as a process, not an event
- (ii) ensuring all involvement is meaningful - and always feeding back decisions taken on issues
- (iii) involving a wide-range of people through the many networks, forums and voluntary sector groups operating at a local level
- (iv) involving senior people - executives, Councillors and Board members - in participative events
- (v) reaching out to those who tend not to participate and actively facilitating their involvement
- (vi) being creative in how to engage people - town hall meetings are not for everyone.

Further, Local Partnerships will be expected to evidence how they have engaged with their local community in a range of ways *other* than the 12 week formal consultation period which comes at the end of the process of strategy development (para 3.15).

WEDHS has an ongoing research project looking at how public bodies respond to the challenge of consultation in rural areas<sup>25</sup>. In July 2007, WEDHS

---

<sup>24</sup> Health, Social Care & Wellbeing Guidance 2008 WAG

researchers accessed all 22 Partnership websites in order to download a copy of each HSCWB Strategy. Although issues of access are not part of our research interest, a couple of points are worthy of note. What is immediately evident from this exercise is that responsibility for HSCWBSs is spread across a variety of departments including social services, adult services, housing and human resources. Because of this, we generally found that rather than try to negotiate the LA website to find any reference to HSCWBSs, it was simpler and quicker to use the search facility to find the web page.

In nine instances there was no link to the Strategy document on the HSCWBSs web-page. This meant having to begin a fresh search over again. (Flintshire for example has a very clear link from the Local Authority home page to Health and Social Care. However, when we followed the link, the Health and Social Care page has no reference to the Strategy, not even under a section entitled 'Policies and Strategies').

In two instances we were unable to find the HSCWB Strategy on the LA website at all.

In six instances we found it necessary to email the LA to ask the name of the lead person to whom we could address our questions. In one case it took more than 4 weeks to get a reply.

On October 2, 2007 all Partnerships were contacted by email to elicit information on the following questions:

*What, if any, representation do BMEs have on strategic groups and in the planning, delivery and monitoring of services?*

*How does your Partnership engage with existing BME groups or networks? ie what consultation mechanisms are currently in place?*

---

<sup>25</sup> This is funded by Carnegie UK and in collaboration with North Wales Race Equality Network which started in early 2007 and will report in 2008.

*Do these (mechanisms) work well? If so, what do you think contributes to this success?*

*Does your Partnership provide any support or capacity building to facilitate effective engagement?*

*Speaking more generally, what issues arise for Local Authorities in trying to engage effectively with minority ethnic groups (or individuals in areas of low BME numbers)? Are you affected by any of these issues? How do you address them?*

Data on consultation is still being collated. However the responses we have received thus far indicate that consultative mechanisms range from the highly developed and structured (Cardiff for example) to an example in mid-Wales where BMEs have no representation on strategic groups nor any input into the planning, monitoring and delivery of services. Even where Local Partnerships do have more formalised consultative mechanisms in place, none is in a position where some improvements are not necessary.

A number of Local Partnerships have mentioned 'consultation overload' on the part of BMEs. This was also highlighted in the Best Report (2004). In an area of relatively small BME numbers like Conwy for example, the same community-minded individuals find themselves being asked over and over again to take part in consultation events and sit on equality and diversity committees.

Again, some Local Partnerships have confirmed the observations made by WLGA that Race Equality Councils/Networks lack the capacity and resources to engage in consultation other than in ad hoc ways.

## Discussion and Conclusions

This overview of the major reviews of the performance of LAs and LHBs on race equality planning and actions indicates a number of issues that continue to hamper progress. Since 1995 the reviews have consistently cited *lack of leadership* and commitment to integrating equality and diversity work at the highest levels, noted that authorities have struggled with finding solutions to *effective consultation* with BME individuals and groups, that *collaborative/partnership arrangements* for taking forward work on equalities has been weak and that *monitoring* performance data remains problematic. Despite significant drivers within the period since the 1995 CRE Standard, most notably the Race Relations (Amendment) Act requirements, authorities have failed to make real their stated aspirations for change. In addition it is clear that the focus of much of the activity in the ten year period has been on developing processes and preparing policies rather than on measurable outcomes that impact on the quality of life of BME individuals.

Sullivan et al (2004)<sup>26</sup> have argued that a degree of complacency has characterised the commitment and approaches of many authorities in Wales. This, they suggest, was because Local Authorities were being driven into action by the legislation and fear of sanctions rather than being proactive.

This translated into a number of practical constraints, such as the relatively low number of officers appointed to take the lead on equality. The formal status of many equality officers was – and indeed remains - comparatively low within public sector organisational hierarchies in Wales. Equality posts tend to be situated in the corporate centres of Local Authorities, although they are invariably linked to different - and frequently competing - agendas including access, social inclusion and performance management.

---

<sup>26</sup> Sullivan M, Wooding N and Williams P (2004) - Managing Equality in Welsh Local Government. Swansea University

A wide range of political and corporate management structures have developed to manage the equality agenda within all public bodies. As Sullivan et al (2004) have suggested, the effectiveness of these is dependent upon the nature of the relationship between the corporate centre and service departments, the degree to which effective implementation frameworks are constructed to enact policy, the quality of leadership and the general health of corporate working within a local authority.

Sullivan et al (2004) identify a number of 'key tensions' in the management of equality in local government that could also be applied to the whole of the public sector<sup>27</sup>. These are suggested as:

- The tension between the imperatives of standardisation and normalisation versus difference and diversity of need.
- The tension between developing a management culture based around compliance and enforcement of statutory legislation and legal rights, as opposed to the promotion of equality in service policy and practice.
- The tension between a fragmentation of equality streams, as against a strategy of integration and mainstreaming.
- The tension between the respective roles and behaviour of corporate centres of organisations, and the service delivery units.
- The tension between the creation of specialist structures and people, as opposed to mainstreaming generic equality responsibilities.

WLGA (2004) have argued that putting equality at the heart of policy and service development is central to tackling these 'tensions', and go further to add, '*however, the most crucial factor, central to whether or not the public sector gets this right, is leadership*<sup>28</sup>.

---

<sup>27</sup> WLGA (2004) Managing Equality in Welsh Local Government

<sup>28</sup> WLGA Briefing (January 2006) Local Public Services Review. Improving Outcomes for all: Equality and Diversity in Welsh Local Government.

Few authorities show themselves willing or able to respond in any sustainable way to major demographic shifts such as the emerging issues associated with the in-migration of workers from Eastern European countries. Where there are initiatives springing up, they are short term and ad hoc, with little attempt to ensure sustainability or coherence with wider race equality planning. Other areas of neglect are in relation to Gypsies and Travellers. In a number of Local Authority schemes Gypsies and Travellers were given no mention despite the proposal of a Strategy on Gypsy Travellers in the National Assembly 2007/8 operational plan.

The reasons for this ostensible lack of progress are multiple, complex and unevenly spread. Explanations that have been put forward for the implementation gulf range from 'initiative overload', multiple priorities and lack of resources, to lack of political will and leadership. In some areas of Wales it is clear that the numbers game: 'low density of minorities = low need' acts as a major obstacle with authorities implicitly operating with the 'no problem here' agenda. By contrast commendable efforts by some authorities aimed at robust and effective consultation with BMEs have floundered because of lack of capacity of voluntary organisations in their area to respond to their demands. In general, however, LAs and LHBs have shown themselves to be unwilling or unable to move beyond minimalist legislation driven interventions and towards more innovation and creativity in action planning for change. The 'tick box' culture of most action plans with adherence to the letter rather than the spirit of the law means progress will remain slow and patchy.

The main aim of the WEDHS research collaboration is in determining the future priorities for research into BME health and well being and in this context, a number of research trajectories suggest themselves from this overview:

## **Training**

The training needs of senior management have been flagged as a key issue in progressing the equalities agenda. Inexperience, ignorance, lack of confidence and in some instances fear hamper developments in putting duties into practice. It is clear there is a need to move beyond standard diversity training aimed at raising awareness to methodologies that include ways on engaging significantly with organisational equality initiatives and enhancing ownership and commitment. Thus a research question might be:

*What range of training in diversity management is available to senior managers in the public sector?*

## **Collaboration**

The newly developing HWBS and the establishment of the LHBs as commissioning bodies implies the need for careful monitoring of these development in terms of race equality action planning and strategy. To date it is reported that too few explicit references to BME need and engagement strategies are apparent in the HWBS. Within the context of the new generic approach to equalities safeguarding initiatives focused on BME groups will become ever more important. Consequently a research agenda might be established around *a review of the strategies of LHBs in taking forward race equality issues and addressing BME need in their areas.*

## **Consultation**

Further work needs to be focused on reviewing and capacity building in relation to strategies for consultation and engagement. The over-reliance on traditional and standardized forms of consultation and the potential for sharing good practice initiatives is evident. The WEDHS collaboration is currently undertaking a study aimed at enhancing consultation and engagement practices with BMEs in rural areas. There is scope to build on this with further research looking at *consultation models in use across Wales, their potential and their limitations.*

## **Representation**

This report included a preliminary review of representation of LHBs. In most areas of Wales, representation on these bodies is poor. BME engagement is likely to be significantly enhanced where there is good representation of 'voice' if not actual descriptive representation on these bodies. Thus key research questions might be:

*What strategies are deployed by these bodies to enhance BME representation in their area? How are equality issues promoted by LHBs? Do race equality issues receive 'voice' on their agendas?*

WEHDS is committed to the development of high quality research with and on behalf of BMEs in Wales. The research priorities identified in this overview will be included in their action planning.