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**How Can we Develop an Increased Awareness of Equality & Diversity Issues  
Amongst our Staff**

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## How Can We Develop an Increased Awareness of Equality and Diversity Issues Amongst Our Staff?

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### Abstract

This paper charts a service development initiative, which consisted of a valuing diversity pathway including awareness training days for NHS staff in one Mental Health and Learning Disability Trust. The purpose of the training days was to give staff and service users the opportunity to explore each other's perspectives, beliefs, values, knowledge and behaviours to better prepare them to tackle inequalities and improve access to services.

The main aim of a valuing diversity awareness pathway as stated in this paper is to give staff and service users the opportunity to ensure that staff working in all care services are better prepared to tackle inequalities and to improve access to services for vulnerable groups of people such as those with a learning disability and others with mental health issues requiring treatment. It is recognised that to meet diverse needs both staff and service users need to recognise the value of their differences.

The South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) and the University of Huddersfield worked together to produce the pathway. Both of these organisations are committed to valuing diversity and they have a strong history of partnership working. The following paper provides background information, an overview of the innovative approach taken to develop the pathway and a more detailed account of the design, delivery and evaluation of the training days.

**Key words:** Diversity, Equality, Health Care, Staff Training, Legislation

### Background

Equality and diversity have received a high profile in the NHS in recent years. There is now a solid framework of legislation, government policies and directives and inspection frameworks to which the NHS has to respond.

The Disability Rights Commission papers (Disability Rights Commission, 2005) and the formal investigation: Equal Treatment: 'Closing the Gap' (Disability Rights Commission, 2006) found that people with learning disabilities and people with mental health problems are more likely than other people to face significant health risks and experience major physical health problems. This paper goes on to state that governments in England and Wales should make closing these gaps of health inequality part of their departmental objectives.

Putting People First (Department of Health, 2007) aims to transform social care over the next three years and states that personalised care is and should be at the heart of health and social care. All patients should receive the same high level of health care, regardless of factors such as race, religion, gender, sexual orientation, and whether they have disability. Improvement in access for these groups of excluded groups will drive up the service user experience for all.

People with Mental Health (MH) and Learning Disability (LD) needs, should be able to enjoy their lives in the same way as everyone else; they want equal opportunities to access services and support and to be able to make choices and decisions about

what is important to them. Services need to understand and be responsive, and through exploring staff's values, beliefs, attitudes and behaviours, the organisation is better placed to develop and work alongside service users.

A Disability Rights Commission (Disability Rights Commission, 2005) formal investigation found that people with LD and MH problems were more likely to experience killer diseases and had higher risk factors, including heart disease, stroke, respiratory illness, diabetes, some cancers, smoking and obesity. Other factors included: differential access to health promotion checks and treatments: failure to make 'reasonable adjustments' to ensure access to services; and staff having low expectation or not seeing past the MH problem or LD to the real physical problems needing attention. Other groups had similar experiences with access and attitudes including people with physical, hearing or visual impairments, travellers, lesbian women and people from black and minority ethnic communities.

Furthermore, the outcomes in the learning disability White Paper Valuing People (Department of Health, 2001) stated that people with learning disabilities are amongst the most vulnerable and socially excluded in our society. Very few have jobs, live in their own homes or have choice over who cares for them. The white paper stated that change was needed and that people with learning disabilities must no longer be marginalised or excluded. Valuing People set out the Government aims to provide new opportunities for children and adults with learning disabilities and their families to enable them to live full and independent lives as part of their local communities.

When people get involved and use their voice they can shape improvement in provision and contribute to greater fairness in service use."(Department of Health, 2001)

Over the years legislation has mandated that all employers must not only work with policy/guidance but will be assessed and monitored on its implementation. Examples of recent legislation are:

### **The Equality Act 2006 (Gender Equality Duty)**

The Equality Act 2006 introduced a duty upon public bodies to promote gender equality. Discrimination on the basis of gender has been prohibited by the Sex Discrimination Act 1975 in relation to employment and the provision of goods, facilities and services. However, under the Gender Equality Duty (GED), public bodies are required to actively promote gender equality and have due regard to the need to: eliminate unlawful discrimination with regard to obligations under the Sex Discrimination Act 1975 and the Equal Pay Act 1970.

The GED is also important as it highlights issues of multiple discrimination: i.e. women, men and transgender people may suffer discrimination and unfair treatment not only on the basis of their gender, but also in relation to their ethnicity, age, disability, sexuality, and religion or belief.

In addition to the statutory equality duties relating to race, disability and gender the premise of a Single Equality Scheme (Department of Health, 2007) is to address the six 'strands' of equality, that is including sexual orientation, religion and belief, and age. While there is currently no statutory equality duty relating to these latter three strands, the legislation set out below informs the inclusion of these aspects in this Single Equality Scheme.

## **Disability Discrimination Act 2005**

Each NHS trust has a statutory duty to carry out its functions with due regard to the need to:

- Promote equality of opportunity between disabled people and other people
- Eliminate discrimination that is unlawful under the Act
- Eliminate harassment of disabled people that is related to their disability
- Promote positive attitudes towards disabled people
- Encourage participation by disabled people in public life; and
- Take steps to take account of the disabilities of disabled people, even where that involves treating disabled people more favourably than other people

This last point is important, as it allows for positive discrimination in favour of disabled people. This is the only piece of equality legislation that allows positive discrimination. Again, there is also specific duty upon public bodies to publish a Disability Equality Scheme (DES) setting out how the Trust intends to meet their duty and to review this Scheme every three years.

## **Employment Equality (Age) Regulations 2006**

In addition from 1 October 2006, the Employment Equality (Age) Regulations made it unlawful to discriminate against workers, employees, job seekers and trainees because of their age. The Regulations cover recruitment, terms and conditions, promotions, transfers, terminations and training.

## **Policy Drivers**

A number of national policy drivers have placed high on their agendas for change the need for an NHS workforce which values and understands the need for equality and diversity towards services users and fellow workers.

In 2003, the Department of Health in England published a document about equality and diversity in the NHS. This document sought views on how the Department of Health Human Resources Directorate could help NHS organisations meet their legal and statutory duties and obligations, in respect of equality and diversity and outlines how the DH intends to approach some of the key equalities and diversity issues and challenges over the next five years.

In 2008, a guide published by the Department of Health intended to raise awareness of service improvement approaches for those working within the Pacesetters programme. Service improvement is concerned with testing ideas, sustaining and sharing best practice, to make a tangible difference in outcomes and experience for staff and service users.

Based upon such policies and background information the South West Yorkshire Partnership NHS Foundation Trust and the University of Huddersfield agreed to work in partnership to develop a process to help the Trust to enhance their service provision related to meeting diverse needs.

## **The Valuing Diversity Awareness Project**

A steering group with representation from both organisations was established to oversee the project. This group set the overall aims and working model and reported into the Trust's organisational processes. An underpinning belief of the steering group was that for the project to be successful there needed to be involvement at all levels of the service. There was a strong desire that the development of any training materials should be undertaken collaboratively to help to ensure relevance to practice and to avoid a perception of having training imposed upon staff.

The main aims were:

- To develop a valuing diversity pathway that identifies and is responsive to the aspects of learning and ever changing needs: linked to service users, carers, posts, localities, service organisation, partners and individual needs.
- This will be linked to a post holder's Key Skills Framework (KSF) requirements in core dimension 6 Equality and Diversity and will consist of predetermined competencies based on the KSF level and indicators.
- Each KSF level will utilise the relevant indicators to provide tangible competencies to be achieved and reviewed through the KSF process.

Following on from these overall aims for trust wide development, the valuing diversity awareness training days were expected to constitute part of an extended pathway of development opportunity which is mapped to:

1. The Knowledge and Skills Framework (KSF) Department of Health, 2004 process, specifically Core Dimension 6 Equality and Diversity level's 1 & 2
2. The 10 Essential Shared Capabilities (ESC's) (Department of Health, 2004)
3. Building a culture of mutual respect programme (SWYPFT, 2008)
4. To develop a way to share understanding
5. To develop a methodology to measure end results and affects in practice

### **Developing the Training Days**

A group of interested parties were recruited from within the Trust and the University School of Human and Health Sciences to discuss the content and outcomes of the training which needed to be linked to the Trust Diversity Strategy (2005) the Knowledge Skills Framework role outlines and the Ten Essential Shared Capabilities (Department of Health, 2004).

Diversity issues need to be approached from the basis of respecting and meeting individual needs. Specific examples such as ethnicity, disability, religion, sexuality, and cultural needs can be included in the materials. It was also appropriate to make sure that the resources were up to date. The group decide that the following elements were important for the project and would form the philosophical basis for the development of training days and any future additional programmes:

1. Attitudes, knowledge, and skills all need to be included.

The legal and policy context needs to be clearly evident within the materials.

2. Narratives and real life scenarios could be included to provide examples of individual experiences.
3. Examples of positive practice within the Trust could be included as practical suggestions for local development and to help to identify 'champions' across the Trust.
4. The training sessions need to include some element of individual planning in the form of what the participants can do in their own workplace.

### **Initial Ideas on the Management of the Training and Use of Peer Review**

It was decided that the training should be developed as a collaborative project and be fully endorsed through the management structures in the Trust. Individuals in the Trust and representatives from the University were to take joint responsibility for this work.

It was important to establish the suitability of the training sessions. The joint management group decided to develop the training in a structured manner with an evaluation questionnaire given out to the participants at regular intervals during the training sessions. The structure of the valuing diversity awareness training days was initially based upon 8 sessions with a peer review/evaluation exercise to follow each session.

This peer review process acted as a means to develop expertise as nominated members of the training group received constructive feedback from participants and other facilitators. The peer review was based upon a series of three pilot training days developed from initial ideas and delivered to NHS staff. The staff were then asked to feedback on the process and content of their training day. This was an invaluable process in evaluating the delivery style, the timing and the relevance of the content.

### **Development of the Training Pack**

The training task group developed the training day structure and also the peer review questionnaire. The following objectives were used to guide the development of the programme to reflect a structured approach.

The objectives of the peer review were:

- Help ensure that the Trust are providing a quality educational experience for students
- Encourage all trainers to reflect on the effectiveness of their own training
- Assist trainers to identify their development needs
- Foster an environment which encourages the use of best practice
- Enhance the importance attached to the quality of training
- Identify weaknesses and put in place an action plan to remedy them

## **Peer Review**

For the purpose of the peer review 3 pilot training days were arranged. There were 20 in each cohort. All staff were band 5 or below or the equivalent in social care. This fits with KSF level 1 and 2 requirements. The rationale for bands 1-5 is based on the fact that these bands have to meet KSF level 2 in core 6.

Pilot training days:	1 <sup>st</sup> April 2008	Administration bands 2-5 (20 staff)
	3 <sup>rd</sup> April 2008	Clinicians bands 2-5 (20 staff)
	15 <sup>th</sup> May 2008	Facilities bands 1-4 (20 staff)

The evaluation questionnaire contained 25 questions and was completed on the day by all staff attending the pilot days. The analysis was undertaken using an excel spreadsheet.

## **Results of the Peer Review**

The main results of the 3 pilot training days were that the respondents said that their practice would benefit from having attended the day and that the presentation style was excellent or good. Almost all the participants agreed that the facilitator's knowledge was good and that they were given a good level of help with the work. The participants were very impressed with the processes used on the day to meet the outcomes of the training day and were satisfied that the challenges posed by the activities were useful to their everyday work.

The following are the overall results of the evaluation of the valuing diversity awareness pilot days and the action taken by the planning team to improve subsequent training days. The evaluation tool was split into several sections. A total of 69 (100%) questionnaires were completed but not all questions were answered. The following gives an overview of the main results from the evaluations of the 3 pilot training sessions. The results are split into the 8 sessions (Table 1) plus overall evaluation of the facilitators and comments made. They were headed as follows:

- Facilitators
- Session 1 Introduction
- Session 2 Mission
- Session 3 Views on diversity
- Session 4/ 5 Legal implications, valuing diversity
- Session 6 Increasing knowledge
- Session 7 Collage work
- Session 8 Personal action plans
- Comments

For the timetable please see Table 1 in the appendix

## **Summary of Peer Review Results**

The main results of the evaluation of the 3 pilot training days are:

- 100% of the respondents said that their practice would benefit from having attended the day
- 100% thought the presentation style was excellent (35%) or good (65%)

- 98% thought the facilitators knowledge either good or excellent
- 97% found 'how different we are' useful
- 95% stated that they found 'what makes us so diverse' useful
- 95% of the respondents thought the level of help was either good or excellent
- 94% of the respondents thought the collage work was useful
- 90% thought 'mission, vision values and goals' useful
- 88% found 'why value diversity' useful
- 80% found the 'cycle of discrimination' useful

## **Conclusions and Recommendations**

### **Conclusions**

This extensive process of peer review although lengthy has delivered the necessary information to inform the detail needed to deliver a valuing diversity training day which meets staff needs. The process of delivery was well planned to meet the needs of staff working in mental health and learning disability areas in the Trust. Given the importance of the policy drivers in diversity awareness within the NHS it was a useful exercise to pilot and evaluate the training days and to use the information to plan the much larger valuing diversity awareness pathway training sessions.

The whole process took from September 2007 to May 2008 to complete.

The variety of teaching methods and having 2 facilitators was a conscious decision which positively affected the outcome. The different methods addressed 'learners' differing styles and the 2 facilitators one from SWYPFT and one from the University complemented and supported each other.

### **Specific Recommendations for Future Diversity Pathways**

As a result of the evaluation of the pilot, the team agreed a number of good practice recommendations for the designing and implementing of diversity pathways.

1. The needs of each individual will be assessed via the KSF Review/Appraisal processes and the most appropriate strand of valuing diversity pathway pursued. Customer care/values/attitudes and behaviours need to be an integral component of the valuing diversity pathway.
2. Further work needs to be explored regarding the use of e-learning as a possible 'strand' to be added to the valuing diversity pathway. A trial use of the 'valuing people equality and diversity' module on the NHS Core Learning Unit site has been completed.
3. To invite service users and carers to the awareness days as their contribution adds value to the day

4. The KSF assessment tool needs to be utilised via the KSF/appraisal system to ensure that learning and development is incorporated into practice with measurable and visible outcomes. The 10 Essential Shared Capabilities (ESC's) have been mapped into this process.
5. A quality control process must be incorporated into the pathway. It is recommended that the pathway is evaluated in September 2009 one year after commencement and then annually. It is essential that there is liaison with the diversity compliance co-ordinator to ensure policy/guidance/HCC drivers are up to date.
6. All new staff will attend induction which will include a brief introduction to both the KSF and the diversity agenda.
7. All staff required to meet KSF levels 1&2 will have access to the 'valuing diversity awareness day'. This 'need to attend' will be identified via the KSF/appraisal process, an individual may be able to evidence the KSF requirements without attending the awareness day.
8. All staff required to meet KSF levels 3 & 4 will access specific learning and development opportunities identified in their review process (could be service specific, academic route; this work yet to be finalised).
9. The Trust intranet has a dedicated link to equality and diversity information regarding religion, cultures, and race, this is to be updated and maintained by a named person(s).
10. Training sessions to be organised to deliver 2 hour sessions on the legal aspect, including the 6 Strands of the diversity, equality Impact assessment and the Healthcare Commission aimed at specific staff.
11. To plan a one day workshop exploring the main faiths service users/carers have. This day will be delivered by people who work in the Inter Faith network. The Inter Faith Network for the UK was founded in 1987 to promote good relations between people of different faiths in this country.
12. To pilot a one day workshop on 'Spirituality and Mental Health'.
13. To organise visits to places of worship which will be focused on the identified service user need e.g. Christian, Hindu, Muslim, and Sikh. These will be arranged via the Inter Faith network.

As the NHS begins to embrace the implications of the Lord Darzi compliances, outlined in the final report (Department of Health, 2008), it is seen as highly appropriate for services to explore some of the causes of in-equality for vulnerable service users such as those with mental health and learning disabilities. The process outlined in this paper aims to start this journey by taking a bottom-up approach and assisting NHS staff to find their own solutions and good working practices.

The team acknowledges that further work, could explore the possibility of a certificate in equality and diversity' which is pitched at KSF level 2. This could consist of 3 units and is promoted by The National College of Further Education. Further work is also needed to develop relevant information that may be accessed via the Trusts intranet, working in partnership with the University and the

communications and media departments. A test of the project will be maintaining sufficient numbers of staff able to facilitate the training sessions and to ensure that the content develops in response to good practice, policy and legal changes.

**Table 1. Valuing Diversity Awareness Day timetable**

<b>Time</b>	<b>Session</b>
9.15	T&C & Registration
	<b>Session 1</b>
9.30-10.45	Introduction
	Ground Rules
	Learning outcomes/10 ESC's/KSF
	What do you see? Ice breaker
	How different are we? Exercise
	Why value diversity?
	<b>Session 2</b>
10.45-11.00	Mission, vision, values and goals/4+2 model/customer care
	Diversity and you Exercise
	KSF
11.00-11.05	Q&A session
11.05-11.15	<b>Comfort break</b>
	<b>Session 3</b>
11.15	What makes our world so diverse?
	What influences our world view of diversity?
	Who do you think you are? Exercise
12.30-1.00pm	<b>Lunch</b>
	<b>Session 4</b>
1.00-1.40	Legal implications/6 strands of diversity Exercise
	<b>Session 5</b>
1.40-1.50	Why value diversity? Facing the facts Equality legislation
	<b>Session 6</b>
1.50-2.05	Increasing our knowledge of diversity
2.05-2.15	Cycle of discrimination
2.15-2.30	Health inequality and impact
2.30-2.45	<b>Break</b>
	<b>Session 7</b>
2.45-3.45	Collage work and feedback
	<b>Session 8</b>
3.45-4.30	Personal action plans What will you do differently Q & A KSF evidence form

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