

<p><b>Institution:</b> University of Bradford</p>
<p><b>Unit of Assessment:</b> C19</p>
<p><b>Title of case study:</b> Equality, diversity and inclusion policy and practice development in the health care sector</p>
<p><b>1. Summary of the impact</b></p> <p>Bradford academics developed a research framework to understand equality, diversity and inclusion which health organisations used in formulating policy and practice. This led to more effective engagement in these issues thereby improving community wellbeing and addressing health inequalities. The framework informed changes in the commissioning and delivery of local community health services and in national level human resources rationale. A service provider redesigned their preventive services, incorporated novel employment and peer adviser opportunities and achieved higher levels of engagement and service use within their diverse community. The framework has been used by a range of organisations including Brap and Gateway Family Services, to underpin their participation-based, voice-centred research. Notably McMillan Cancer Support has used the voice-centred approach, developed by Brap using the Bradford framework, to develop their policy and practice.</p>
<p><b>2. Underpinning research</b></p> <p>Bradford’s research has generated a body of evidence addressing equality and diversity issues over 20 years by Dr Myfanwy Trueman (Part-time Teaching Fellow 1996-1998, Lecturer 1998-2012), Nelarine Cornelius (Honorary Senior Research Fellow 2006-2008, Professor 2008-current), Tom Franks (Professor 1997-2013), Dr John Lawler (Senior Lecturer 1999-present) and Dr James Wallace (Senior Lecturer 2004-present). Lawler’s research in public sector management examined how changes in government policy, organisational climate and leadership practices influenced community service delivery (1,2,3). The group's work on well-being and regeneration was the focus of a 2008 Bradford conference, including the challenges of targeting need in communities, which led to a special issue of the <i>International Journal of Public Sector Management</i> edited by Trueman, Cornelius, Franks and Lawler. Cornelius and Wallace built on the theme of the conference and Sen’s “capabilities approach” to develop a capability framework to promote understanding of equality, diversity and inclusion practices in non-profit service organisations and the effectiveness and impact of their service provision to communities (4,5,6).</p> <p>Cornelius and Wallace’s research was disseminated in four outputs: a conceptual piece on how community interventions involving multiple organisations are best configured to enhance the capabilities of communities and reflect community views (4); an empirical study of the importance of ethicality structures (including governance and employee well-being policies) for sustainability of social organisations and impact of social provision (5); a conceptual piece on UK community development policies, highlighting how funding institutions need to evaluate hard evidence on the effectiveness of social organisations in terms of value created (e.g., community cohesion and social inclusion) (6), and a study of how organisations can develop capabilities-based corporate social responsibility (CSR) structures that focus on the social good created and the ethicality and sustainability of this good. The <i>capabilities framework</i> developed from this research was a core element in an ESRC-funded seminar series. Based on the Bradford research, we worked with the national social research think tank, Brap, to run a seminar (in 2009), which resulted in on-going collaboration, between the researchers, the NHS (South Birmingham PCT (SBPCT), now Birmingham South Central), a social enterprise (Gateway Family Services, GFS) and Brap, focused on city-wide, community-based well-being and, in particular, community health issues. These organisations adopted, adapted and applied the capabilities framework to enhance equality, fairness and quality of life through the redesign of community health services. Co-production of further research and an understanding of issues in converting academic ideas into sustainable action were enhanced by Cornelius’ Board and Director roles in community regeneration organisations, social enterprises and equality initiatives.</p>

Although Sen's capabilities' thinking has been applied extensively in development studies, economics and education, there are few examples in business and management. Two of the articles cited in the case study have been published in the leading journal in business ethics, *Journal of Business Ethics*, after vital developmental scoping work in *International Journal of Public Sector Management*. Articles which appeared in 2011-2013 were based on research conducted between 2008 and 2009. The research (6) discovered that social enterprises have an important restorative role which is strengthened through their employment of local people and volunteers because this gives the community a voice. The research recommends that organisations train staff to be mediators between the service provision and the client groups to facilitate lifestyle changes that move them out of the margins of society. Research (4) highlighted the importance of service deliverers and service commissioners aligning service delivery and community outcome objectives in order to enhance capabilities within communities. The research discovered that where community level concerns were given a clearer voice, the solutions were more appropriate and effective. Research (5) on ethicality structures (including governance and employee well-being policies) provided recommendations on how social organisations can ensure that their internal organisational structures and ethical norms are configured to enable successful quality of life and service provision outcomes.

### 3. References to the research

1. Holt J, Lawler J. (2005) Children in need teams: service delivery and organisational climate. *Social Work and Social Sciences Review* 12(2): 29-47.
2. Lawler J, Harlow E. (2005) Postmodernization: a phase we're going through? *Management in social care. British Journal of Social Work* 35(7): 1163-1174.
3. Lawler J. (2007) Leadership in social work: a case of caveat emptor? *British Journal of Social Work* 37(1): 123-141.
4. Cornelius N, Wallace J. (2010) Cross-sector partnerships, city regeneration and social justice. *Journal of Business Ethics* 94 (Supplement 1): 71-84.
5. Wallace J, Cornelius N. (2010) Community development and social regeneration: how the third sector addresses the needs of BME communities in post-industrial cities. *Journal of Business Ethics* 97(1): 43-54.
6. Cornelius N, Wallace J. (2013) Capabilities, urban unrest and social enterprise: limits of the actions of third sector organisations. *International Journal of Public Sector Management* 26(3): 232-249.

The research framework has been published in journals that are of international quality and double-blind, peer reviewed. Two of the articles cited in the case study have been published in the leading journals in business ethics - the *Journal of Business Ethics* and the *International Journal of Public Sector Management*.

### 4. Details of the impact

The research led to changes in policy and practice in healthcare and new community-based employment opportunities in Birmingham which spread to the development of organisational policy guidance concerning fairness and quality of life. Theoretical principles were converted into policy and practice through organisations developing new, rights-based ideas to address social inequality. The interface between research and practice has been a core characteristic of this case, and the understanding of the importance of the enduring co-production of knowledge is now embedded in the policy and practice development methods of these organisations.

**NHS Birmingham South Central.** SBPCT used Bradford's research by introducing equality and diversity into their human resource policies (a) and service delivery. They were interested in how best to develop appropriate measures of effectiveness and outcomes for their commissioning of community health services for the local population (a). The PCT used the Bradford research on cross-sector partnerships to enhance their partnership working in reforms to their patient and public involvement work (a). The capability framework also influenced a new field research strategy where a Community worker developed a model of provision which moved away from a health professional driven approach to a community-based/informed model of health provision where members of the public (paraprofessionals) were trained to provide support (a,b). Paraprofessionals worked with community nurses based in 48 GP surgeries, with the specific remit of working with those least likely to seek healthcare but also highly likely to need interventions to improve health and prevent future ill-health. The chair of the former SBPCT states that health inequalities did decline and that the capability still influences contemporary approaches (a).

**Gateway Family Services** is a social enterprise in Birmingham that provides health care services to disadvantaged communities, new migrants and those that are on the margins of society (c,d). Our research (5,6) was fundamental to changes made at Gateway. Gateway adopted the Bradford capabilities framework, to inform their governance policy and training of staff, extending the *paraprofessionals model* of healthcare provision into the *Health Trainers model*. Health Trainers work within communities to help individuals to evaluate their state of health (e.g., blood pressure monitoring) and to develop tailored health plans (e.g. exercise provided in peer groups) which are revised as an individual's health improves. Gateway works in particular with those beyond the reach of statutory services, who are often unaware of available healthcare/welfare options. Cornelius worked with Gateway to train and develop one of their community workers to include research that built on the capabilities framework. Individuals who had previously failed to access the health service, and were on the margins of society, were helped to access these vital services, and could also train and gain qualifications as Health Trainers (c). Our research led to the inclusion of the views of the marginalised within the design of Gateway's service policy and provision. Gateway now employs 80 people including Health Trainers and Pregnancy Outreach workers, including staff that had previously been in severe health and economic difficulties. The organisation's diversity is demonstrated in the 18 different languages spoken. Gateway used the Bradford framework to develop an approach to addressing equality, diversity and inclusion that would allow them to provide services whilst maintaining the "dignity and voice" of their client group with a focus on well-being, voice, rights and limited aspirations (adaptive preferences). Gateway stated: "*We used the research in our redesign of services for local people, in particular our Health Trainers and Pregnancy Outreach Workers. Employing local people to offer community health care makes significant savings and offers realistic solutions to gaps in health provision...We have improved lifestyle in hard to reach communities and have demonstrated reductions in smoking and obesity. Not only will these changes lead to lower use of health services in the future, they increase life skills and economic prospects*" (d).

**Brap and MacMillan Cancer.** Brap is a national think-tank whose work focuses on equalities and human rights (e,f,g). Brap incorporated *the capabilities framework* in work conducted for MacMillan Cancer Support (the Cancer Reform Strategy) to provide on-the-ground approaches to improving equality practice. Research published in references 4 and 6 form the basis of the ideas central to these approaches. The Bradford framework underpinned the handbook that Brap produced for the Equality and Human Rights Commission (EHRC) on how to develop human rights based policy in organisations (e). The handbook emphasises capabilities grounded corporate social responsibility and how client groups benefit from a sustainable, empowering approach (6). This formed the basis for policy and practice development for the MacMillan project.

The Cancer Reform Strategy and Human Rights Standard for service provision (the latter coproduced by staff and patients) developed by Brap (f) was informed by feedback from focus groups and interviews conducted by the Gateway community worker in conjunction with Cornelius. "*The Bradford framework underpinned the participation-based, voice-centred research methods. Cancer patients, their family and staff worked together to define issues and develop MacMillan's policy and service level agreements*" (g). Brap highlighted the importance of the voice centred

approach developed through this research for effective policy and practice development at MacMillan (g), highlighting the key role of community research worker in this process. The community research worker believed that he had gained a powerful insight into how to develop equalities based health interventions (b).

The approach developed by MacMillan for service delivery to people with cancer is based on an established check list of agreements developed using the capabilities framework, that allow service providers and clients to judge whether dignity, voice and rights are embedded in the service transaction. The process has now been developed as a service level agreement and rolled out nationally for all of MacMillan Cancer’s health and social care providers including 3,700 nurses, 200 care centres and its volunteer carer network. This has *“not only improved the quality of service provision but ensured that the views of cancer patients are core to the development of policy and practice at MacMillan”* (g).

**5. Sources to corroborate the impact**

- a. Testimonial #1: former Chair, South Birmingham PCT and Brap board member, who *“Having read and been influenced by Nelarine Cornelius’ work...asked [Cornelius] to work with SBPCT to provide intellectual input...”* . The Testimonial explains how the research was embedded in local health planning and provision.
- b. Testimonial #2: Gateway community worker on paraprofessionals project and MacMillan Cancer Support project. The testimonial corroborates the explanations in section 4 and states how the community worker developed community-based research methods to embed voice and community shaping of service provision, based on the recommendations in references 1 and 5. *“I think more prosaically it has helped me to understand that a passive approach to equalities, a failure to examine the invasive and shifting nature of prejudice and discrimination, is stupid.”*
- c. Gateway Family Services <http://gatewayfs.org/?s=health+trainers> – provides details of the Health Trainers scheme that is mentioned in section 4 and in source d.
- d. Testimonial #3: Chief Executive, Gateway Family Services. The testimonial explains how *“The framework was instrumental in the redesign of recruitment and selection processes in Gateway, in developing the methodologies we use and continue to use to collect and utilise data to inform our service provision.”* The testimonial also corroborates that Gateway built on the Bradford framework in the development of their Health Trainers and Pregnancy Outreach Workers programmes.
- e. Booklet ‘Why bother with human rights?’ published by Brap on behalf of the Equality and Human Rights Commission (EHRC). In source g, the CEO of Brap states *“We have also combined this [the Bradford research] with human rights approaches as a means to create a new paradigm about how we think about equality.”* This document illustrates how Brap developed policy guidance on how to incorporate human rights issues into organisational equality policy informed by the Bradford framework.
- f. MacMillan Cancer Support Human Rights Strategy and Standard for Cancer Care policy document – The CEO of Brap stated in source g that *‘We have used this approach to support the concepts we have developed in the MacMillan Human Rights standard project.’* This document (pdf available) illustrates the policy that was developed from ‘community voice’ based research underpinned by the Bradford research.
- g. Testimonial #4: Chief Executive, Brap. The testimonial details how the Bradford research underpinned the development of the Equality and Human Rights ‘Step by Step’ guide for the development of organisation human rights policies.