

	Common Issues	General Considerations: <i>What to expect of providers</i>	Service/pathway specific considerations: <i>Questions to ask</i>
Policies and procedures	<p>Failure to mainstream ethnic diversity within organisational cultures and structures;</p> <p>Equality Impact Assessments 'tick box' exercises.</p>	<p>Strategies and action plans with detailed, consistent attention to minority ethnic needs.</p> <p>Equality Impact Assessments carried out adequately leading to change in practice.</p> <p>A complaints procedure that is easy for all to use.</p> <p>Regular reporting of complaints and grievances by ethnic group.</p>	<p>Does the organisation regularly access and act upon relevant national guidance and good practice on minority ethnic needs?</p> <p>Which sources would I expect them to be currently using? (Local/national briefings e.g. Positive Steps for Mental Health)</p>
Partnership working	<p>Poor partnership working limits understanding of needs and identification of solutions.</p> <p>Organisations with knowledge of minority needs not effectively included.</p>	<p>Positive contributions to multi-agency strategies and working practices.</p> <p>Nurture links with the voluntary and community sector working with and representing minority ethnic communities.</p>	<p>Which local, regional and national organisations would I expect this provider to be well linked with?</p> <p>(e.g. For a cancer service, National Cancer Equalities Initiative, Cancer Equality)</p>
Service user and carer involvement	<p>Lack of user input</p> <p>Needs overlooked or misunderstood</p> <p>Poor accountability</p>	<p>Functioning participation strategy for engaging local service users, families and carers from diverse ethnic communities.</p> <p>Engagement at all levels of activity from:</p> <p>Awareness of service provision to</p> <p>Involvement in decision-making processes.</p>	<p>Are there any specific considerations in gaining meaningful minority ethnic user and carer input in this area of service provision?</p> <p>(e.g. Past insensitive interventions may mean mistrust and require creative inclusion approaches</p> <p>Individual service users may not representative or accountable to all local communities)</p>
Workforce	<p>Low levels of minority ethnic representation in the workforce.</p> <p>Mistrust between minority users and service providers; miscommunication; insensitivity</p>	<p>Staff representative of local ethnic profile;</p> <p>Regular, meaningful cultural competence training for staff;</p> <p>Staff with knowledge of local communities;</p> <p>Collect staff feedback on confidence/ competence in meeting diverse needs.</p>	<p>What knowledge and understanding do practitioners (including BME staff) working in this area need to provide good services to minority ethnic people?</p> <p>(e.g. midwives aware of how to sensitively accommodate the special needs of women with genital mutilation)</p> <p>How should staff competence be assessed?</p>
Access and engagement	<p>Low knowledge/awareness</p> <p>Navigational problems</p> <p>Fear and other obstacles = low service uptake and high non-attendance.</p>	<p>Regular comparison of patient ethnic profile with catchment population (ideally adjusted for level of need);</p> <p>Understand and address under-representation, e.g. monitoring of DNA rates by ethnicity, problems with referral mechanisms, awareness raising, outreach, navigational support.</p>	<p>What specific issues of access and engagement are there?</p> <p>(e.g. Asian women with drugs dependency may require home visits as fear of public disclosure may prevent attendance at clinics).</p> <p>How might collaboration with other providers help with problems of under referral or non-attendance etc.?</p>
Care standards	<p>Missed and late diagnosis</p> <p>Poor adherence</p> <p>Low levels of satisfaction</p> <p>Failure to identify and accommodate spiritual and cultural issues</p> <p>Differential access to treatments/interventions</p> <p>Frequent/repeat attendance</p>	<p>Care standards defined in collaboration with minority ethnic service user groups.</p> <p>All patients able to communicate with staff in preferred language (provision of effective interpreting service);</p> <p>Availability of information in accessible formats;</p> <p>Incorporation of religious and cultural requirements in options for care;</p> <p>Choice of staff from various backgrounds and gender.</p>	<p>Are there concerns about missed diagnosis, poor adherence, and/or differential prescription in this area of service provision?</p> <p>Are there issues relating to low patient satisfaction?</p> <p>Are there best practice standards that should be in place?</p> <p>(e.g. Missed diagnosis of heart disease in Asian patients; disproportionate seclusion of BME mental health patients; diabetes self-management approaches adapted for BME communities)</p>
Facilities and amenities	<p>Inconvenient location of premises</p> <p>Look and feel of premises unwelcoming to minority people ('White spaces')</p> <p>Certain needs overlooked</p>	<p>Suitable location (accessible; non-stigmatising):</p> <p>Multi-ethnic images; signs in various languages; single sex accommodation; accommodation of dietary and religious/spiritual needs.</p>	<p>Are there any factors relating to facilities and amenities that need to be considered?</p> <p>(e.g. End-of-life care facilities adjusted to accommodate family members' needs and necessary religious rites)</p>
Performance monitoring, data collection and knowledge generation	<p>Poor ethnic monitoring data / assumed barriers to collection</p> <p>Satisfaction surveys and key outcomes not reported by ethnicity</p> <p>Little evaluation</p>	<p>Monitoring of key outcomes by ethnicity and plan for data improvement</p> <p>Engagement in audit, evaluation and research</p> <p>Designated 'knowledge mobiliser' for minority ethnic populations</p> <p>Carefully conducted patient satisfaction surveys reported by ethnicity</p>	<p>Are there issues and outcomes that should be monitored by ethnicity or for particular ethnic groups over-and-above the core KPIs?</p>
Vulnerability and other axes of difference and inequality	<p>Difference within ethnic groups overlooked</p> <p>Low awareness of discrimination between ethnic groups</p> <p>Tendency to see all issues as culturally based;</p> <p>Inadequate awareness and response to vulnerable patients</p>	<p>Protocols and procedures that recognise diversity, discrimination and particular vulnerabilities cross-cutting each of the areas identified above</p>	<p>What aspects of vulnerability and discrimination should this service address and be alert to?</p> <p>(e.g. Sickle cell services may have a high proportion of new migrants, asylum seekers or refugees with additional needs that complicate disease management; service pathways for cardiac rehabilitation based on majority cultural norms for exercise and so unintentionally discriminate)</p>