
EQUAL OPPORTUNITIES TASK FORCE
OCCASIONAL PAPER NO 3



Equal opportunities employment policies in the NHS: ethnic monitoring

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**EQUAL OPPORTUNITIES EMPLOYMENT POLICIES
IN THE NHS: ETHNIC MONITORING**

King's Fund



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KING EDWARD'S HOSPITAL FUND FOR LONDON

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1. INTRODUCTION

- 1.1 The King's Fund Task Force was set up to help health authorities tackle racial discrimination by implementing effective equal opportunities policies in employment practice and service provision. It was decided to provide first practical guidance about the development of policies to ensure equality of opportunity in employment, based on the provisions of the Commission for Racial Equality's (CRE) Code of Practice.¹ In July 1987, the Task Force published a model policy for equal opportunities in employment in the NHS. The model policy recommended health authorities to devise and implement programmes of action – to include reviewing advertising procedures, and arrangements and selection criteria for recruitment, promotion, transfers, training and career development, discipline and grievance procedures. The Task Force emphasised that the effectiveness of the policy must be checked by the analysis of records of the ethnic origins of employees and applicants for employment.
- 1.2 The Task Force model policy included preliminary guidance notes on monitoring. Few health authorities had then started ethnic monitoring exercises. The Task Force undertook to look at the experience of those health authorities which had embarked on the process, together with examples from other sectors, and to issue more detailed guidance.
- 1.3 This occasional paper explains initially why health authority management should introduce ethnic monitoring systems and deals in its later sections with how members and managers should use the data to measure and improve their authority's equal opportunities performance. The bulk of the paper is however addressed to personnel and other officers who are given the responsibility for designing and implementing ethnic monitoring systems. Examples of three health authorities which have introduced ethnic monitoring systems are provided in an appendix to the paper.
- 1.4 Although this paper refers solely to ethnic monitoring, authorities will find that much is applicable also to monitoring for sex equality. Parallel guidance on equal opportunities monitoring and evaluation has been issued by the National Steering Group on Equal Opportunities for Women in the NHS.² There are similarities also with systems to monitor equality of opportunity for people with disabilities. The Task Force would recommend authorities embarking upon ethnic monitoring to monitor also by gender and disability.

2. WHY MONITOR?

Identifying racial discrimination and disadvantage

2.1 Health authorities, in common with other employers, are reluctant to accept that racial discrimination might occur within their organisation. Yet the extent of racial discrimination is well documented. Research by the Policy Studies Institute into the effect of anti-discrimination legislation, *Racial Discrimination: 17 Years after the Act* published in 1985³, found that at least a third of employers discriminated against black applicants in recruitment. Evidence is available also which indicates that racial discrimination occurs in promotion, opportunities for training, selection for redundancy and other aspects of employment. The health service is not immune. This is shown both by the increasing number of complaints brought successfully before industrial tribunals and the results of ethnic monitoring exercises made available to the Task Force, which show patterns of inequality in the service. Health authorities must ensure that they identify, and thus are able to remedy, instances of racial inequality.

2.2 Racial discrimination occurs not only directly, on grounds of race, colour, national and ethnic origins and nationality, but also indirectly and unconsciously. Indirect discrimination occurs when requirements or conditions are applied which disproportionately disadvantage particular racial groups and which cannot be justified. Indirect discriminatory practices can be difficult to identify. They are most likely to be revealed by the collection and analysis of data about the ethnic origins of applicants and their success rates in obtaining employment, and by comparing the career histories of employees of different ethnic groups.

2.3 The collection of information about the ethnic origins of the workforce and job applicants is not an end in itself. Such information serves no purpose unless it is analysed regularly and used:

- to assess whether equal opportunity for all ethnic groups is being achieved;
- to see whether equal opportunities initiatives are producing positive results;
- to identify where remedial measures may be required;
- to develop the equal opportunities programme appropriately;
- to determine whether positive action measures may be justified;
- as part of a 'targeting' system designed to achieve a more equitable employment profile.

2.4 An analysis of the ethnic origins of employees and job applicants will show an authority whether, for example:

- black and ethnic minority employees are not represented at all or are under or over represented in particular units, departments, jobs, grades or shifts;
- black and ethnic minority applications for recruitment and promotion are not received, or are disproportionately unsuccessful in the shortlisting or interviewing selection process;
- black and ethnic minority employees are offered less opportunity for training and career progression than white employees;
- a higher proportion of black and ethnic minority applicants than white applicants are not taking up offers of employment, or a significantly larger proportion of black and ethnic minority employees than white employees are subject to redundancy or leave authority employment for other reasons.

Where these or other disparities are found, the reasons should be investigated and remedial action taken. If unlawful practices are revealed, they must be changed. Industrial tribunal cases, which are costly, time consuming and damaging, may be avoided.

Good management practice

2.5 Ethnic monitoring is now widely accepted, and is recognised to constitute good management practice. Monitoring is recommended by organisations such as the Institute of Personnel Management (IPM), the CBI and TUC, and supported by many black and ethnic minority organisations. The major health service trades unions, and some professional associations, have policies which support monitoring. Information leaflets are available from the TUC, health service trades unions, and the IPM.⁴ Monitoring systems have been implemented by many private and public sector organisations, including the Civil Service.

CRE Code of Practice

2.6 The CRE Code of Practice recommends ethnic monitoring as an essential part of an effective equal opportunities policy. While the Code is not legally binding, it has been approved by Parliament, and its provisions are admissible in industrial tribunal proceedings under the Race Relations Act. Where the tribunal considers that provisions of the

Code are relevant, they must be taken into account in determining the outcome of the case.

Industrial tribunals

2.7 Industrial tribunals may, therefore, require employers to give evidence as to whether they have implemented an ethnic monitoring system. Authorities which have not done so should expect to receive criticism. For example, the tribunal in *Bath v Bedfordshire County Council* (30.11.87) commented, 'we were disturbed to be told that the respondents do not know the composition, by ethnic origins, of their employees'. The tribunal pointed out that the respondents had failed to put into practice section 1.34 of the Code of Practice which recommends the collection of this basic information. Tribunals may also require the production of statistics showing recruitment or promotion rates for different ethnic groups. In *Singh v West Midlands Passenger Transport Executive* (18.3.88) the Court of Appeal ruled that the production of statistics showing promotion rates to traffic supervisor over a specified period, by colour, were necessary for disposing fairly of the case. An authority which has an established ethnic monitoring system will have this type of information readily available.

2.8 Authorities faced with defending complaints to industrial tribunals may wish to plead that they have taken 'such steps as were reasonably practicable' to prevent their employees from committing acts of unlawful racial discrimination. The Race Relations Act (Section 32(3)) provides for employers to be absolved from liability on these grounds. Authorities should note however that tribunals are unlikely to accept such defence unless the recommendations of the CRE Code of Practice have been fully implemented, including the ethnic monitoring provisions.

3. PLANNING FOR ETHNIC MONITORING

3.1 Before embarking on ethnic monitoring, the exercise should be planned through to completion. This will ensure that mistakes are not made early on which make it more difficult to analyse or use the data.

The following points will need to be addressed:

- consultation with employees and their representatives;
- how the information is to be collected from employees and job applicants;

- what ethnic origin categories are to be used;
- how employees and applicants are to be informed about the collection of data and its use;
- who will answer queries about the exercise and what guidance they will receive;
- where the information will be stored and who will have access to it;
- how confidentiality of information about individuals will be ensured;
- how the information will be analysed and who will do it;
- how often statistics will be updated and analysed;
- who will receive copies of analyses;
- who will be responsible for devising plans for action consequent on analyses and for ensuring that recommended action is put into effect.

Each of these aspects is considered in the sections which follow.

3.2 Some authorities have found it worthwhile to undertake pilot monitoring exercises before embarking on the collection and analysis of information from all applicants and employees. Most pilots have involved one unit, but could be of one staff group, such as nursing staff and applicants for nurse training. Pilot exercises can be useful – for example, to test whether ethnic origin categories are appropriate and whether the administrative arrangements for dealing with data are efficient. It must be made clear, however, that the purpose of a pilot exercise is to test how, and not whether, ethnic monitoring is to be accomplished.

4. CONSULTATION WITH EMPLOYEES AND THEIR REPRESENTATIVES

4.1 Ethnic monitoring information should only be collected with the full knowledge of employees and job applicants. Employees will rightly wish to know why the information is being collected, what categories are to be used for classification, how confidentiality of the information is to be safeguarded, how the information is to be analysed, who will have access to the data and what it will be used for.

4.2 These questions can best be answered by involving employee representatives from an early stage in the planning process. Several health authorities have used the Joint Staff Consultative Committee (JSCNC) as a planning forum. Others have set up equal opportunities committees or implementation committees for this purpose with staff-side representation. Ideally, the request to employees for ethnic origin

information will come jointly from management and staff-side, or will make clear that trades unions and professional associations support the exercise.

4.3 Some health authorities include black and ethnic minority community representatives on their equal opportunities committees. They can be helpful in planning and obtaining support for ethnic monitoring. The next Task Force occasional paper will provide guidance on the role and membership of equal opportunities committees.

5. HOW TO COLLECT THE INFORMATION

Applicants for employment

5.1 Information about the ethnic origin of applicants for employment is collected at the time of application, either by including a question on the application form or on a separate form or tear-off slip. An explanation must be provided as to why the information is required. It is unnecessary to make the provision of ethnic origin information compulsory since most job applicants will readily provide it. On the other hand, it is not recommended that any particular attempt is made to suggest that the provision of such information is voluntary or optional, which could reduce the rate of return. Applicants who do not provide information can be classified at interview if they are shortlisted (but should be told that this will be done) and remaining non-respondents can be classified as such.

5.2 Information about ethnic origin included on the application form will be available to those involved in selection. Safeguards must be operated, by way of supervision and effective monitoring of the selection process, to ensure that information included in the application form is not used to discriminate.

5.3 Separate forms or tear-off slips are often used where authorities wish to assure applicants that information about their ethnic origin will not be available to shortlisters or used in the selection process. Interviewers, of course, will see the colour and ethnic group of shortlisted applicants and the safeguards referred to in paragraph 5.2 above must again operate. There is no evidence that information collected separately results in a higher rate of completion than a question included on the application form.

5.4 The decision whether to include an ethnic origin question on application forms, or whether to use separate forms or tear-off slips, will be principally based on the acceptability of the method adopted, and administrative convenience.

5.5 For some posts in health authorities, predominantly senior appointments, it is common practice to invite applications by letter and curriculum vitae. This practice is discouraged by both the CRE and the Equal Opportunities Commission who point out that efficient and fair selection demands that comparable information is available for all applicants which can be assessed against the agreed criteria for selection. Authorities which do not make use of application forms for all appointments can nevertheless collect ethnic origin information by asking applicants to complete a separate ethnic monitoring form.

5.6 Separate forms and tear-off slips must include the name of applicants or other identifying information. A link is necessary between ethnic origin information and individual application forms. Otherwise authorities will not be able to use the information to investigate whether direct or indirect discrimination occurred in a particular selection exercise, by comparing the applications of applicants from different ethnic groups.

5.7 Reasons for rejecting and selecting applicants must always be recorded. This is an essential part of the monitoring process. Authorities should look in detail at applications and reasons for rejection if, for example, statistical data shows that applicants from some ethnic groups are consistently less successful than others in the selection process.

Employees

5.8 If data is updated regularly when employees are transferred, promoted or leave and new employees join, the collection of information about the ethnic origin of current employees is a 'one off' exercise. Nevertheless, it can be the most sensitive stage of the ethnic monitoring process, and requires careful thought and planning. A number of authorities have taken the opportunity to collect information when updating personnel records in preparation for the introduction of computerised information systems. The Task Force recommends all authorities which still have to introduce computerised personnel systems to include ethnic origin data.

5.9 There are two methods of collecting information about employees' ethnic origin – self classification or management headcount. Many successful ethnic monitoring initiatives have contained elements of both.

5.10 Self classification means that employees themselves state their ethnic origin, normally on a form provided for this purpose. Sometimes envelopes are provided for replies which are returned sealed to the line manager or personnel department. It will be necessary to allocate responsibility for chasing up non-respondents. Although some employers have been able to obtain a satisfactory response rate for analysis through self classification alone, most have not. Some back up is likely to be required such as described in paragraph 5.12 below.

5.11 With a management headcount, line managers or personnel officers record the ethnic origin of employees, from their knowledge or by visual assessment. This method obviates the problem of non-response. The data may, however, be less reliable than when employees themselves have provided it. Employees should always be informed that the exercise is taking place, be told how they have been categorised and given the opportunity to change it.

5.12 Two approaches which have been used in practice combine these methods. In the first, self classification has proceeded as described above. It has been made clear from the start, however, that the ethnic origin of non-respondents will be classified by managers. The second method – a variant of management headcount – can be conducted by managers or personnel officers agreeing the classification in discussion with employees. This method also ensures complete and accurate data.

5.13 There are many ways of collecting ethnic origin information from employees and no 'correct' solution. Any method is 'successful' if it produces accurate and relevant data for analysis and is acceptable to employees. For this reason, it is particularly important that this aspect of the exercise should be discussed fully with staff representatives, and their cooperation sought.

5.14 It is advisable to start collecting information from applicants before undertaking a monitoring exercise of employees. Otherwise data about new employees who join the authority after monitoring of the workforce has taken place, but before applications are monitored, could remain unclassified.

Dealing with opposition

5.15 Given sensible preparation, employers generally encounter less opposition than they fear. Hostility is most likely to arise when employees do not understand why the information is being collected, or are suspicious as to how it will be used, or anxious about who it will be available to. Opposition on these grounds can be reduced by explanation, openness and planning.

5.16 Arguments against ethnic monitoring may come from employees who dislike the idea of ethnic record keeping and consider it unnecessary, or who believe that keeping such records is itself discriminatory. There may be fears that collecting such information could assist discrimination or lead to reverse discrimination. It is essential that misconceptions and misapprehensions such as these are dealt with. Explanations which may assist in persuading those who are doubtful of the acceptability and necessity of monitoring include:

- an account of the extent of racial discrimination;
- understanding that discrimination occurs not only directly, but also may be operating indirectly and unconsciously through existing personnel practices;
- examples of patterns of racial inequality in the health service;
- how ethnic monitoring can assist with identifying and remedying the causes of inequality;
- reference to guidance provided by statutory and other organisations;
- examples of employers who have adopted ethnic monitoring systems;
- emphasis on the need to comply with codes of practice;
- confirmation that monitoring is being introduced to identify and remedy any existing discriminatory practices, not to facilitate reverse discrimination;
- assurance that reviews of procedures based on monitoring data lead to good management practices which enhance equality of opportunity for all ethnic groups.

5.17 Opposition may also arise if employees consider that the ethnic categories selected do not cater for their group. While account must be taken of reasonable representations, too many categories will complicate analysis and lead to additional expense without necessarily contributing to the outcome of the exercise. An explanation of the purpose of monitoring (see paragraphs 6.2 and 6.3 below) may help. An 'other ethnic groups' category should always be included so that employees

and applicants who do not feel that their group is catered for in the categories listed have the opportunity to specify the group to which they belong.

5.18 It is particularly important that senior managers and staff-side should understand and openly support the introduction of monitoring. Managers will have responsibility for ensuring that the data is actively used to improve equal opportunities performance and, together with staff-side, they can give a valuable lead to opinion. Trades union officers may be able to support and brief local staff-side officials where necessary. Local officials should be encouraged to attend equal opportunities courses arranged by their trade union.

5.19 Although there is no legal requirement for employers to collect information about the ethnic origin of employees, or for employees to supply it, there is an obligation on employers to comply with the Race Relations Act. It is generally accepted that this can best be ensured by having an equal opportunities policy which is effectively monitored. Authorities should therefore seek to deal with the causes of opposition rather than allowing objections, or the fear of objection, to deter them from implementing the monitoring recommendations of the Code of Practice.

6. ETHNIC ORIGIN CATEGORIES

6.1 It is for each health authority to decide which categories are appropriate, taking into account the ethnic origins of their present workforce and local population. There are at present no universal categories recommended by the Department of Health or health service organisations. Some regional health authorities have however provided guidance for their districts.

6.2 The purpose of collecting ethnic origin data is to assess from the employment profile whether equal opportunity is being achieved or whether discrimination may be occurring. Racial discrimination occurs principally on grounds of colour – the data must therefore enable identification of black and white employees and applicants. Some employers use only three categories 'black', 'white' and 'other'. Categorisation based solely or mainly on colour may be appropriate particularly in areas where the black and ethnic minority population is longstanding.

6.3 Racial discrimination can however also be directed against particular ethnic groups. It is sensible therefore for monitoring also to identify the major ethnic groups in the workforce or applicant pool. Nationally, most of the black and ethnic minority population are of African, Caribbean or Asian origin or descent. Identifying these groups, together with the white population, may well be sufficient for many authorities.

6.4 The Task Force has considered which categories in the context of the health service are likely to prove most acceptable, easy to administer and lead to most cost effective and efficient analysis. Its recommended categories are: African, Asian, Caribbean, European (including UK), other (please specify). Where there is a significant local population or proportion of the workforce from other ethnic groups – for example, Chinese, Greek or Turkish Cypriot, or Irish – these can be added to the basic categories. Similarly, if an initial monitoring exercise reveals a large number of applicants or employees specifying a particular ethnic group in the ‘other’ category this can subsequently be added to the basic categories.

6.5 Neither nationality nor place of birth reliably indicates colour or ethnic group and they must not be used for ethnic monitoring. The resulting data will be inaccurate.

6.6 Some employers, however, include a ‘black British’ category, acknowledging that over 40 per cent of the black population was born here. It is possible that an increasing proportion of the black population may wish to categorise themselves in this way. However, this category refers to nationality, which can be linked with immigration status, and some may regard it as controversial. Consultation with staff-side and local black and ethnic minority community groups may be helpful to authorities considering including a ‘black British’ category. Equal opportunities advisers can also provide useful guidance on such issues.

6.7 The total number of categories should be as few as possible, both to facilitate analysis and so that it is easy for applicants and employees to identify their appropriate category. An ‘other’ category should always be included.

6.8 Sometimes guidance is provided for employees and applicants to enable them to select their category correctly. This is also helpful for managers or personnel staff who have to deal with queries.

6.9 Some authorities are introducing monitoring of their service provision to ensure that services are accessible and relevant to all ethnic groups.

The number of categories required for this will normally be larger, and different, to those required in the employment field. In monitoring service provision, distinctions may be required, for example, to identify different linguistic and religious groups from the Indian subcontinent and elsewhere. It will not usually be possible therefore to use identical ethnic origin categories to monitor employment and service provision. Nevertheless it is possible, in deciding categories for service provision and employment, to ensure that broad comparisons can be made between the ethnic origins of clients and service providers.

6.10 It has not yet been decided whether an ethnic origin question will be included in the 1991 census. This will depend substantially on the result of census tests early in 1989. Meanwhile, from its field trials, the Office of Population Censuses and Surveys (OPCS) has indicated in its recent White Paper, *1991 Census of Population*⁵, that if the census includes an ethnic origin question the categories are likely to be 'white', 'black', 'Indian', 'Pakistani', 'Bangladeshi', 'Chinese', 'any other ethnic group'. Authorities should ensure that the categories they select for monitoring employment and service provision will enable appropriate comparisons to be made with the population statistics which this breakdown would provide.

7. INFORMATION AND BRIEFING

7.1 Both applicants and employees will require explanation of the monitoring system. Staff responsible for dealing with any queries will require more detailed briefing.

Applicants

7.2 The request to applicants to state their ethnic origin must be accompanied by an explanation as to why the information is required. For example, 'The (name) health authority aims to be an equal opportunities employer. Please state your ethnic origin so that we can monitor whether our equal opportunities policy is effective.'

7.3 Some employers take this opportunity to inform applicants in more detail about their equal opportunities policy by enclosing a copy of the policy statement, and making clear that all employees will be required to comply with it.

Employees

7.4 When the collection of ethnic origin information is introduced for employees, a more detailed explanation will be required, covering the points listed in paragraph 4.1 above.

7.5 The explanation to employees must be included with the request for the information. Briefing about the monitoring system can also be included in staff meetings, training or guidance for employees preceding or following the introduction of the equal opportunities policy. A number of authorities have held meetings for all employees to introduce their policies. This enabled them to explain the monitoring system as well as other changes, to seek cooperation and to deal with any queries.

Managers and personnel staff

7.6 Employees must be given the names of managers or personnel staff who can answer queries about the exercise. Questions are most likely to be from employees who do not understand why monitoring is necessary or who are uncertain which category they belong in. Managers and personnel staff allocated responsibility for dealing with queries, and staff-side officials where they are involved, will require more detailed briefing. Copies of this occasional paper should provide managers and personnel staff with much of the information required to deal with queries effectively.

8. CONFIDENTIALITY: STORAGE OF INFORMATION: ACCESS TO DATA

Information about individual employees and applicants

8.1 Information about the ethnic origin of individual applicants and employees must be subject to the same confidentiality safeguards as any other personal information held by the authority. Satisfactory methods to safeguard information are required, together with a clear ruling that information will only be used for monitoring equality of opportunity and will not be analysed in a way which could identify individual employees.

8.2 Although colour and ethnic grouping are visible and may not therefore appear to be as confidential as some other information held, all employees will rightly regard such records as personal. Black and ethnic

minority employees and applicants in particular will be concerned that this information, linked to their address and other personal details, is protected from individuals or groups who could misuse it. Unless the data is seen to be used to develop the equal opportunities policy and firm assurances are given as to confidentiality, employees and applicants may be unwilling to provide information.

- 8.3 Access to information about the ethnic origin of individual employees and applicants must be strictly limited. Guidelines should be prepared about how data is to be stored, which employees will have access to manual and computer-held data and for what purpose, and how information will be protected from unauthorised access. The guidelines should be agreed with staff-side, be available to employees, and must be strictly adhered to.
- 8.4 Information which is stored on computer is covered by the provisions of the Data Protection Act 1984. The Data Protection Registrar's enquiry service provides guidelines about the legislation free of charge.⁶

Statistical data and monitoring analyses

- 8.5 Statistical analyses of monitoring data do not identify the ethnic origin of individual employees or applicants and do not, therefore, require the same confidentiality safeguards.
- 8.6 Analyses of ethnic origin data will need to be available to those who are responsible for the authority's equal opportunities policy and those who have responsibility for implementing and developing it. This is likely to include health authority members, the management board, unit managers, personnel staff, and members of the equal opportunities or implementation committee where these have been set up. It is usual to make the information available also to staff-side as part of the consultation process on equal opportunities issues.
- 8.7 Indeed, since statistical analyses do not identify individuals, there is nothing to prohibit wider circulation. Making such analyses more widely available to staff, for example in the context of training courses, may underline the need for equal opportunities measures and increase commitment to them. Community health councils and community groups may also have a legitimate interest in the data.

9. ANALYSIS OF ETHNIC ORIGIN DATA

The workforce

9.1 The analysis of the ethnic origins of employees must show:

- the number and proportion of employees from different ethnic groups in each staff group;
- within staff groups, the number and proportion of employees from different ethnic groups in particular departments/jobs/grades/shifts.

The analysis should be available by unit, as well as for the health authority overall.

9.2 Some authorities have used fairly broad staff groups for their employee profile; others have produced a more detailed breakdown. Although broad groups may provide some useful information, the analysis will only be sufficiently informative if a more detailed breakdown is available for large or disparate staff groups, such as nurses, medical staff and professions allied to medicine.

Applications

9.3 Analysis of applications, whether for recruitment, promotion, transfer or training, must show:

- the total number and proportion of applications received from different ethnic groups;
- the number and proportion of applicants from different ethnic groups taking any selection or qualifying tests, and the outcome;
- the number and proportion of applicants shortlisted for interview from different ethnic groups;
- the ethnic group of the successful applicant(s).

10. INTERPRETING THE ANALYSIS

The workforce

10.1 Authorities should aim to ensure that in the long term the ethnic composition of their workforce broadly reflects that of the local population, and thus of their consumers. The ethnic monitoring analysis will show whether this aim is being achieved and also indicate whether discrimination may be occurring in selection and allocation to jobs.

10.2 The analysis of the workforce must therefore be examined to see whether:

- black and ethnic minority employees are under or over represented in units, departments, jobs, grades or shifts;
- there are disparities between the proportion of black and ethnic minority employees in lower grades and in senior positions within staff groups;
- there are disparities between the proportion of black and ethnic minority employees in the same jobs, grades, shifts between different units.

Where under/over representation is shown, or disparities revealed, the reasons must be examined and remedial action taken as appropriate. Examples of remedial action are given in section 11.

Applications

10.3 Analyses of applications for recruitment, promotion, transfers or training must be examined as appropriate to see whether:

- no applications, or fewer than might be expected, are received from black and ethnic minority applicants;
- lower proportions of black and ethnic minority applicants than white applicants are successful in any selection or qualifying tests applied;
- a lower proportion of black and ethnic minority applicants are short-listed than the proportion who apply, or than the proportion of white applicants shortlisted;
- a lower proportion of black and ethnic minority applicants are successful at interview and offered employment, promotion, transfer or training compared to the proportion shortlisted, or compared with the success rate of white applicants;
- a higher proportion of black and ethnic minority applicants do not take up offers of employment, compared to white applicants.

Where any such situations are revealed, the reasons must be examined and appropriate remedial action taken. Examples of remedial action follow in section 11.

Under/over representation: comparisons

10.4 The paragraphs above refer to under and over representation of employees and applicants from different ethnic groups. This section

provides explanations of over and under representation and suggests appropriate populations for comparison.

10.5 It must be emphasised that the desired outcome is not an exact statistical match between the proportion of employees in all jobs from different ethnic groups compared with their representation in the local population, nor are research techniques necessary to interpret data. Rather, the analysis should be interpreted with common sense in the light of knowledge available about the workforce, the local population and the labour market for specific jobs.

10.6 Where jobs are normally filled by local recruitment, a comparison with proportions of different ethnic groups in the local population will indicate whether black and ethnic minority employees and applicants are under represented. Information about the ethnic breakdown of the local population may be available from:

- census data from the OPCS;
- local authorities;
- the CRE;
- local community relations councils (CRCs).

10.7 Where recruitment is from a wider area, census data may be available on an appropriate regional basis. Information from the Labour Force Survey published by the OPCS⁷ may be useful. Local authority statistics can be aggregated to produce an estimated profile of the relevant recruitment market. The regional offices of the CRE may also be able to advise.

10.8 With recruitment from a national pool, comparisons are not so easily available and will be less exact. Sometimes the Labour Force Survey may again be relevant. Training schools and professional associations should be able to provide some information about the proportion of different ethnic groups who are qualified or undertaking training (and should be pressed to do so if they do not already maintain statistics), and the CRE may again be able to advise. Personnel officers' professional knowledge of the labour market for different jobs may enable them to make reasonable comparisons.

10.9 Other useful comparisons may be drawn from:

- ethnic monitoring statistics of other health authorities in adjacent or similar demographic areas;

- proportions of employees of different ethnic groups in the same or similar jobs employed by local authorities or other employers.

Equal opportunities advisers, where they are employed, may be able to assist with identifying suitable comparisons.

10.10 In making estimates of different groups in the relevant labour market, care should be taken not to stereotype the capabilities and qualifications of different ethnic groups. When reliable data is not available, the proportion of black and ethnic minority applicants is often underestimated and inaccurate assumptions are sometimes reached about the numbers from minority communities with appropriate qualifications and experience.

10.11 Health authorities often find that their black and ethnic minority employees are concentrated in certain jobs, departments, grades and shifts. Such concentrations may be an indication of 'over representation' if black and ethnic minority employees are not similarly represented in other jobs demanding the same qualifications or experience, in similar jobs in other units or departments, and are not represented in jobs carrying higher grading or status.

10.12 A useful rule of thumb in comparing success rates of black and ethnic minority applicants with white applicants at the shortlist and interview stages is the 'four-fifths' rule. The rule states that differences in success rates are significant, or indicate adverse impact, if the selection rate for one group (black and ethnic minority applicants) is less than 80 per cent of the majority group (white applicants). The four-fifths rule was developed in the United States by the US Equal Employment Opportunity Commission and has been applied by the CRE in formal investigations.

11. REMEDIAL ACTION

11.1 The following chart provides examples of inequalities which monitoring data may reveal, together with suggestions as to why these may occur and possible remedial action.

11.2 *Analysis of the workforce*

<i>Analysis shows:</i>	<i>May be due to:</i>	<i>Possible remedial action:</i>
a. Black/ethnic minority employees under represented in particular staff groups/grades.	Under representation of black/ethnic minority applicants. Discrimination/ disadvantage in selection process.	Review application and selection process. See 11.3 below.
b. Disparities between proportions of black/ethnic minority employees in senior positions compared to junior grades.	Direct/indirect discrimination in promotion system. Black/ethnic minority employees do not apply; lack of confidence in equality of opportunity in promotion process.	Review application and selection process. See 11.3 below. Make sure equal opportunities policy is known and implemented; career counselling and positive action encouragement.
	Black/ethnic minority employees disproportionately disadvantaged by justifiable skills/ experience/ qualifications required.	Positive action access/training courses.

<i>Analysis shows:</i>	<i>May be due to:</i>	<i>Possible remedial action:</i>
c. Black/ethnic minority employees concentrated in certain departments/jobs/grades.	Channelling or stereotyping into certain jobs; lack of equal opportunities elsewhere; lack of knowledge of alternatives.	Ensure applicants aware of full range of opportunities; train recruiters and 'gatekeepers' to avoid stereotyping; career counselling and positive action where appropriate.

11.3 *Analysis of applications*

<i>Analysis shows:</i>	<i>May be due to:</i>	<i>Possible remedial action:</i>
a. Black/ethnic minority applicants do not apply or are under-represented.	Informal methods of recruitment: word of mouth, networking, personal recommendation.	Check sources of recruitment; advertise vacancies, including job centres, careers offices, local press where appropriate.
	Recruitment from waiting list not representative of multi-racial population.	Check ethnic origin of applicants on waiting list; change or cease waiting list system if not representative of population.
	Black/ethnic minority population not aware of vacancies.	Advertise in ethnic minority press; inform CRC and local ethnic minority groups about vacancies; employ 'outreach' worker.

<i>Analysis shows:</i>	<i>May be due to:</i>	<i>Possible remedial action:</i>
	‘White’ image of job or authority; black/ethnic minority applicants do not think they will get job.	See above. Review advertisements and recruitment literature; include positive action statements encouraging applications in advertisements and recruitment literature.
	Internal recruitment when relevant workforce is not multi-racial.	Advertise vacancies externally as well as internally.
	Recruitment from training schools which do not have multi-racial intake.	Widen recruitment sources; encourage training schools to monitor and broaden their intake.
	Black/ethnic minority applicants are discriminated against or deterred by ‘gatekeepers’, eg, receptionists, telephonists, or by ‘informal visits’.	Train ‘gatekeepers’; make sure they are aware of and comply with equal opportunities policy; review informal visit system.
b. Lower proportion of black/ethnic minority than white applicants successful in qualifying tests.	Tests culturally biased or demand knowledge not equally available to all sections of the population.	Review and change tests.

<i>Analysis shows:</i>	<i>May be due to:</i>	<i>Possible remedial action:</i>
	Tests indirectly discriminatory. Have differential impact on ethnic groups and include criteria which cannot be justified by needs of job.	Examine test results of applicants from different ethnic groups; identify and change questions which have differential impact; validate tests; change tests if not related to job performance.
	Discrimination or disadvantage caused by test administration.	Check procedures; ensure consistent administration; train test administrators.
	Black/ethnic minority applicants uneasy or unfamiliar with test selection methods.	Increase preparation/explanation time; introduce 'pilot' questions; circulate test examples to all applicants in advance.
	Tests measuring irrelevant criteria not related to job performance.	Devise new tests based on job description/person specification and job performance; or change assessment method.
	Previous discrimination/disadvantage in education system.	Set up 'access' courses.

<i>Analysis shows:</i>	<i>May be due to:</i>	<i>Possible remedial action:</i>
c. Proportion of black/ethnic minority applicants shortlisted significantly lower than proportion who applied, or than proportion of white applicants shortlisted.	Direct discrimination by shortlisters.	Examine reasons for rejection; provide guidance about legislation, Code of Practice and equal opportunities policy; train selectors to ensure fair assessment of all applicants; supervise and monitor future selection exercises; set up targeting system; disciplinary action if appropriate.
	Indirectly discriminatory and unjustifiable selection criteria applied.	Check reasons for rejecting applicants; review criteria with disparate impact on different racial groups, change if not directly job related; ensure selection criteria based on job description/person specification and job performance; train selectors in applying criteria to selection process; monitor future selection and validate criteria; set up targeting system.

<i>Analysis shows:</i>	<i>May be due to:</i>	<i>Possible remedial action:</i>
<p>d. Proportion of black/ethnic minority applicants offered employment significantly lower than proportion shortlisted or than proportion of successful white applicants.</p>	<p>Direct discrimination in interview process.</p> <p>Indirectly discriminatory and unjustifiable selection criteria applied</p>	<p>See c. above</p>
<p>e. A higher proportion of black/ethnic minority than white applicants refuse offers of employment.</p>	<p>Black and ethnic minority interviewees uneasy, not encouraged to interview well.</p> <p>Authority seen as hostile, 'white', or not offering equal opportunities.</p>	<p>Train interviewers in cultural differences which can arise in interview situations; include black/ethnic minority interviewers where possible.</p> <p>Review literature used in recruitment, and procedures; ensure applicants told about equal opportunities policy; train interviewers, 'gatekeepers' and staff involved in recruitment; seek reasons for refusing employment and take action as appropriate.</p>

Targeting

11.4 Where the workforce profile or the analysis of applications for employment reveals under representation of black and ethnic minority groups either overall or in particular sections of the workforce, ethnic

monitoring data can be used as the basis for a targeting system as part of a remedial programme of action. Targets are a numerical increase in the proportion of black and ethnic minority employees which managers agree to seek to achieve over a specified period of time. Targets are set having regard to measures available to reach them, labour turnover and what is known about the ethnic origins of the relevant labour markets, and are to be achieved by the effective implementation of the equal opportunities programme. Targets are not quotas and must not be achieved by discrimination in the selection process, which is unlawful.

11.5 Targeting systems were recommended in the 1986 and 1987 CRE Annual Reports and have been implemented by a wide range of local authorities, some private sector companies and by the Manpower Services Commission for employers participating in the Youth Training Scheme. They can be successful, if operated sensibly and set in consultation with line managers, by giving impetus to the identification of barriers to equal opportunity and to steps taken to remove them. In health authorities, targets could form part of the region review and individual performance review processes.

Priorities for action

11.6 When ethnic monitoring data is analysed, authorities are likely to find that there are many areas which require investigation and remedial action. Some method to determine priorities is required. Authorities should deal first with any areas where there is reason to believe that unlawful discrimination, whether direct or indirect, may be occurring. Identification of the staff groups or jobs where there are the greatest discrepancies – for example, between the proportions of black and ethnic minority applications and those appointed, between black and ethnic minority staff in junior compared with higher grades, or where black and ethnic minority applicants apply but are never selected – may also help to determine where priorities should lie. Other factors which authorities should consider in deciding where to take action first are whether measures are available which are likely to result in significant change in the short term; whether remedial action is within their control (in some cases it may rest elsewhere – for example, with selection by training schools); and where managers are most concerned to achieve change and therefore likely to cooperate enthusiastically in introducing new procedures. The setting of priorities should be in the context of a timetable for tackling all inequalities which monitoring data reveals, and priorities should be re-examined as additional data becomes available.

12. UPDATING THE ANALYSIS

Workforce profile

12.1 An annual analysis of the ethnic origins of the workforce will normally be sufficient. Analyses prepared at more frequent intervals are unlikely to show significant change. Some authorities, however, produce more frequent analyses, which could be useful to managers operating targeting systems to indicate how far targets are being met.

Applications

12.2 Ethnic monitoring data about applications and their outcome should be collected for each recruitment, promotion, transfer and redeployment exercise, as should information about the provision of training opportunities and any redundancies. Ethnic monitoring to assess racial equality should become an automatic part of such processes. Where analysis of the information indicates a lack of equal opportunity, or possible discrimination, the situation must be investigated and remedial action taken as appropriate. Aggregate data should be prepared at least on an annual basis or more frequently if appropriate – for example, for jobs with a high labour turnover.

13. FORWARD ACTION PLANS BASED ON MONITORING ANALYSES

13.1 Each health authority should produce an annual report about progress in achieving equal opportunities with a forward plan for developing the implementation of their policy. Ethnic monitoring data is the essential background to this and the plan should be based on remedying inequalities which monitoring data reveals. Responsibility for the region or district plan for ensuring equal opportunities must rest with the officer who has responsibility for the policy overall – normally the general manager or director of personnel. He or she is in a position to assess and compare ethnic monitoring data throughout the authority and to advise on priorities accordingly. The annual equal opportunities report and forward plan will normally be discussed with staff-side and equal opportunities committees.

13.2 Unit managers, personnel officers and line managers are often best placed to act upon the results of monitoring data and to develop plans for implementing the equal opportunities policy effectively within their command. Reviews of progress, based upon the results of ethnic monitoring, and plans for remedial action may therefore originate at unit level. Some health authorities are including progress on equal opportunities in the review process for unit staff.

13.3 Annually, health authority members should be presented with an equal opportunities report which includes:

- an account of progress over the past year, including a report of the work of the equal opportunities committee where appropriate;
- a recent analysis of the ethnic composition of the workforce;
- comparative figures showing change which has occurred in the ethnic composition of the workforce over the past year;
- an analysis of the ethnic origins of applicants for employment, and of applications for promotion, transfers, training and so on, as appropriate;
- the annual plan for developing the equal opportunities policy and for remedying any inequalities which monitoring analyses reveal.

In the light of such information, authorities should assess their performance as equal opportunities employers, determine priorities for action and allocate resources to ensure that progress can be achieved.

14. RESOURCES

14.1 Apart from printing revised application forms, monitoring forms and staff guidance, the costs of devising and implementing a monitoring system are substantially measured in staff time. The actual cost of ethnic monitoring will differ between health authorities, depending on the size of the workforce, labour turnover, and other factors, such as the number of applications received, the method adopted for monitoring and the frequency of analysis.

14.2 The monitoring system should be carefully planned to ensure that it operates efficiently, that forms are not unnecessarily complex and do not seek irrelevant information, and that responsibility for preparing data and action on the analysis is shared and delegated as appropriate. Line managers, for example, can prepare aggregate data about recruitment

and promotion exercises. Those health authorities which employ equal opportunities advisers have often relied heavily on both their expertise and time in devising and setting up monitoring systems.

14.3 The computerisation of personnel information systems also enables analyses of the workforce, of promotion, transfer, redeployment and redundancy exercises, and the allocation of training opportunities, to be prepared more cheaply and speedily than with manual systems. Some health authorities are purchasing computer packages for their recruitment functions which also assist with analysing ethnic monitoring data obtained from job applicants. When computer systems are introduced, care should be taken to ensure that programmes are able to cope with the cross analyses which ethnic monitoring may require.

14.4 While resources required to operate a system effectively should not be underestimated, ethnic monitoring is an integral and essential part of an effective equal opportunities programme. The Task Force has consistently taken the view that achieving equal opportunities is dependent on the allocation of adequate resources.

15. CONCLUSIONS

15.1 The Task Force has prepared this detailed guidance about ethnic monitoring to encourage and assist all health authorities to implement monitoring systems. The 'colour blind' approach which the health service has traditionally adopted has not served well and has not resulted in equality of opportunity for black and ethnic minority health service staff. The ethnic monitoring data becoming available from those health authorities which have taken the lead in this process confirms this view. All health authorities are therefore strongly recommended to obtain statistical information about the ethnic composition of their workforce and job applicants and to take appropriate action to ensure equality of opportunity is achieved throughout the health service.

15.2 Task Force staff will be pleased to advise health authorities about the introduction of ethnic monitoring systems and to assist with the analysis of data. Examples of monitoring and analysis forms and other documentation developed by health authorities which have implemented monitoring systems are available from the Task Force data bank. Health authorities requiring further advice on this or other aspects of the implementation of equal opportunities policies are welcome to contact the Task Force at 14 Palace Court, London W2 4HT. Telephone 01-727 0581.

APPENDIX: CASE STUDIES

LEEDS EASTERN DISTRICT HEALTH AUTHORITY

The Leeds Eastern DHA formally agreed an equal opportunities policy statement in September 1985. This was followed in April 1986 by a policy and implementation plan for ensuring equal opportunities in employment. The implementation plan included a section on monitoring the policy which confirmed that the authority would 'keep accurate and up-to-date statistics in relation to the numbers of racial minority groups, men, women and disabled persons employed within the health authority'. The information was to be derived from application forms and by self-classification. The document confirmed that the information collected would be used solely to monitor the effectiveness of the equal opportunities policy and would be protected from misuse, and that discussions would be held with staff organisations to ensure their full commitment. Finally, it was agreed that monitoring results would be reviewed annually to assess the effectiveness of the implementation of the policy and to determine where adjustments were required to ensure that the authority's policy commitment was achieved in practice.

The implementation plan was devised by a small group of authority members, together with personnel department representatives. Consultation took place with staff-side, unit managers and personnel staff. No objections were received to the principle of monitoring, although personnel staff were keen that time and resources needed to be allocated if implementation were to be successful.

In September 1986, in preparation for introducing their computerised personnel information system (MAPIS), the authority asked all employees to complete an initial input form confirming the accuracy of personal data already held, and seeking additional information. The forms were completed by staff personally or by managers in consultation with staff. The additional information required included ethnic origin. Employees were told that this information was required to monitor the equal opportunities policy and were asked to tick the coded box 'which you feel best describes your ethnic origin'. The categories were white, Asian, Afro-Caribbean, Chinese, other.

In October 1987 the district started to consider the monitoring of applicants. The categories used would need to be compatible with data already collected. Further thought was given to the categories and, in the absence of national NHS categories or a Körner requirement, they decided to

adopt the CRE recommended categories (black – Afro-Caribbean, African, Asian, other; and white – European, other). Information already collected was recoded into the appropriate category.

No use was made of the information until an equal opportunities adviser was appointed in July 1987. It was decided that before releasing analysed data, a joint management/staff-side seminar would be helpful since reservations had been expressed by some staff about collection of the data. This ensured also that both managers and staff-side were fully briefed. The seminar, *Ethnic Monitoring: Ethics, Issues and Practice*, was held in October 1987, attended by management representatives from all three units, and included representatives of departments such as domestic services, catering and building, personnel, medical and nursing managers, and staff-side representatives from six trades unions. Speakers at the seminar, which was led by the director of personnel, were from the CRE and the Task Force together with a trade union officer. The seminar included a presentation by the equal opportunities adviser of the first results of the monitoring exercise. At this stage, about 88 per cent of staff had been entered on the MAPIS system and of that number 81.5 per cent had provided ethnic origin information (72.4 per cent of payroll). The overall figures were shown, however, to conceal significant variation in the rate of return by different staff groups – from over 90 per cent of nursing and midwifery staff to 54 per cent of ancillary staff and even lower rates of return from smaller staff groups. An ethnic origin analysis was prepared for those staff groups with a rate of return of over 70 per cent, which it was decided was reasonable for initial ‘workable’ data. The analysis was compared, for staff groups recruited locally, with an ethnic origin breakdown of the local population prepared by the City Council planning department based on projections from 1981 census data.

The response of the delegates at the seminar to the data was very positive, most discussion centring around how to increase the rate of return for those staff groups which had not produced ‘workable’ data. Some managers expressed the view that, had they been briefed, they could have ensured a higher rate of return. As it was, some staff had been told that the information was optional and the significance and use of the data had not been fully appreciated.

After the seminar, effort was made to increase the information available from those staff groups which had not produced ‘workable’ data and the equal opportunities adviser undertook more detailed analysis of staff groups for which there was adequate information. A leaflet was circulated to all employees and placed with a poster on notice boards throughout the

authority describing the policy and referring to the monitoring provisions. The equal opportunities adviser sent a letter to all district headquarters staff who had not provided ethnic origin information asking them to complete an enclosed ethnic monitoring form, and unit personnel managers were asked to follow up similarly with their staff. Unit personnel managers were provided with an analysis by unit of the proportion of employees who had provided ethnic origin information and an ethnic origin analysis of their total staff.

By May 1988, when the first report *Equal Opportunities Audit 1988* was presented to the health authority, a response rate of 82 per cent of all staff had been achieved. The health authority noted the ethnic origin analysis of staff groups together with progress made on other aspects of the implementation of the policy, and approved future plans.

It is intended that an ethnic audit be produced annually in the health authority to help assess the effectiveness of its equal opportunities policy. Rerunning the audit should be a fairly straightforward task: the audit is automatically updated as new starters' files are entered on to MAPIS and leavers' files are deleted from the system.

The health authority had also planned the collection of ethnic monitoring data from applicants for employment, which was implemented as part of a complete review of recruitment and selection procedures. The review included information and guidance to staff involved in selection about ensuring equal opportunities in the selection process; the use of employee specifications for all posts to ensure that agreed criteria were applied consistently; the monitoring of applications by gender, ethnic origin and disability; analysis by personnel departments of the monitoring data at shortlisting and selection; and training for managers and personnel staff in applying the revised procedures.

Information about the ethnic origin of applicants is collected on a tear-off form attached to the application form. The form refers to the authority's equal opportunities policy and explains that monitoring information is required 'to assess the effectiveness of the policy and to assist in its development'. Applicants are assured that the information will remain confidential, will be used for statistical purposes only and will not be available to those considering their applications.

For each selection exercise a recruitment analysis form is completed by unit personnel listing the applicants, their sex, ethnic origin and whether or not they have a disability. After shortlisting and selection, reasons for rejecting applicants are added according to coded categories. Neither the recruitment analysis form, nor the monitoring forms completed by

applicants, are available to shortlisters. The recruitment analysis form is retained by the unit personnel department.

For each appointment, the unit personnel department also completes a recruitment monitoring form for the district personnel department, giving the number of applicants and the numbers shortlisted and appointed by ethnic group, sex and disability. The recruitment monitoring forms will be used firstly in conjunction with the staff audit to determine whether action is required, for example, to stimulate applications to departments or jobs where ethnic minority and other groups are under-represented. Subsequently, unit personnel departments will be able to use recruitment monitoring and analysis forms, together with their staff audits, to identify and deal with any direct or indirect discrimination which may be occurring in the selection process.

WEST LAMBETH DISTRICT HEALTH AUTHORITY

West Lambeth DHA adopted their equal opportunities policy in 1985. The policy included provision for monitoring the ethnic origins of employees and applicants for employment, with a commitment to regular reports 'to identify any areas where there is significant under or over representation in order that reasons for this may be examined and targets set where necessary'. The director of personnel was allocated responsibility for ensuring that the policy was 'properly and adequately monitored' and that information about an individual's ethnic origin was collected solely for the purpose of monitoring the policy and protected from misuse. The results of ethnic monitoring were recognised, however, to be primarily for the use of the district management board and unit management.

The policy had been devised by an equal opportunities working group which included health authority members, the director of personnel, the chief nursing officer, staff-side representatives and two community representatives from London CRCs. After the policy had been adopted the working group became the equal opportunities advisory committee, a member subcommittee of the health authority.

The advisory committee attached great importance to the implementation of the monitoring provisions of the policy. The committee felt it was essential to obtain an ethnic breakdown of the workforce as quickly as possible and decided to undertake a management headcount. Details of how this would be done were agreed with staff-side and all employees received notification that the exercise would take place. The district

personnel department sent guidance to all heads of departments, who were asked to categorise their staff by gender and ethnic origin and to provide overall figures by staff group and grade. The ethnic origin categories used were Afro-Caribbean, Asian, white and other. Department heads were asked to provide the information in consultation with their staff. The district personnel department dealt with any queries.

The headcount took place at the outset of the authority's equal opportunities policy development and it was appreciated that there was at that time a low level of awareness among managers of the rationale behind the introduction of the policy. It was recognised that a concerted effort would be required to ensure cooperation. Nevertheless, complaints received from managers were mainly about the amount of work involved rather than against the principle of the headcount. While the personnel department reminded and persuaded managers to complete monitoring forms for their staff, the main factor ensuring a high rate of return was the strong lead given by health authority members, the district general manager and director of personnel. A return of 80 per cent of staff was achieved: the staff not included were in isolated locations or were omitted for other reasons from the exercise. The information was compiled manually into a report, *Equal Opportunities Headcount 1986*, and original data was destroyed. The report was presented to the health authority, through the equal opportunities advisory committee, and was sent to unit management and discussed with members' unit advisory committees.

The health authority had realised that in order to obtain maximum benefit from the data, specialist expertise would be required. They decided to recruit an equal opportunities adviser, who joined the health authority in March 1987. The results of the headcount also gave impetus to a district-wide review of recruitment and selection procedures. New procedures for recruitment and selection were devised which included external advertising of vacancies, job descriptions and employee specifications for all jobs, recording of reasons for selection/rejection of applicants, and training for all appointing officers in interviewing and appropriate selection techniques.

Other measures had been implemented by the health authority, particularly in relation to nursing, before the results of the headcount became known. Statistics were not required to make nursing management aware that there was serious under-representation of black and ethnic minority trainees in the nursing school and that applications for training from young people in the local black and ethnic minority communities were not being received. Attempts were made to increase the number of local applications by holding open days and inviting local schools to visit to hear about

training opportunities. However, these initiatives were unsuccessful in increasing the number of local, and particularly black and ethnic minority, applications. Early in 1987 it was decided therefore to employ an 'outreach' worker who would go out into the local community, visiting schools, youth clubs and community centres, particularly those used by black and ethnic minority communities, to ensure that people locally were aware of the opportunities for training and for other kinds of employment with the health authority and to encourage local applications. The nursing school also arranged an access course in conjunction with a local college to provide an alternative means of entry for applicants without the requisite academic qualifications for entry to nurse training. The majority of students who completed the access course successfully, and obtained entry to training, were from black and ethnic minority groups.

The health authority was committed to an annual audit of its workforce. In 1987 a second headcount was completed. Since the authority had not then computerised its personnel record keeping systems, the collection of information and analysis were again completed manually. Department heads provided a second categorisation of their staff, this time against a nominal roll of employees, and included classification of people with disabilities as well as by race and sex. The exercise was coordinated through unit management (which had not been in place at the time of the previous headcount) and on this occasion the data was analysed by the equal opportunities adviser.

The second headcount was easier than the first. The health authority attributed this partly to some change which had been brought about in the culture of the organisation. There was more understanding among managers about why the policy had been introduced. Training and operating revised procedures had demonstrated the benefits it could bring. Equal opportunities work was beginning to be built into the routine and managers found the issues easier to discuss. Some complaints were received from managers about the work involved in a second headcount but the major problems raised involved the identification of people with disabilities, which had not been included in the previous headcount.

The headcount did not include medical staff, for whom a separate ethnic monitoring exercise was undertaken. The health authority will incorporate all ethnic origin data into its computerised personnel information systems, due to be introduced shortly.

The *Equal Opportunities Headcount 1987* was reported to the health authority early in 1988, having been considered by the equal opportunities advisory committee. The health authority agreed that action to remedy

inequalities which the audit revealed should be identified initially by units – acute, community, mental health, central services and the nurse training school – who were each required to produce action plans. These were submitted to the equal opportunities advisory committee and subsequently combined by the equal opportunities adviser into a district-wide plan for the next year, which the health authority approved in September 1988.

The unit action plans were addressed specifically to problems which their monitoring data had revealed. Decisions were taken, for example, to advertise vacancies in the ethnic minority press for jobs where black and ethnic minority staff were under-represented, to set targets for increased minority group recruitment for some jobs, to put pressure on training schools to provide a multi-racial pool of applicants in other cases, and to provide career counselling and identify training needs where women and black staff were concentrated in lower grade jobs. The acute, mental health and community units agreed to set up their own equal opportunity working groups to oversee the progress of their action plans.

All the unit plans included monitoring of recruitment and selection decisions. Information about the ethnic origin of applicants for employment was included in application forms which were revised when the equal opportunities programme was introduced in 1985. The information is not, at present, systematically analysed for all jobs, but is used by unit personnel departments to identify where discrimination, whether direct or indirect, may have affected selection decisions. Any such instances are taken up with selectors. All monitoring data of applications is forwarded to the equal opportunities adviser, who also raises queries where appropriate. A sample analysis of applications for employment over a two-month period is to be prepared shortly.

A progress report on action taken by the units will be considered by the health authority in March 1989, together with the 1988 headcount and the sample analysis of applications. The health authority see ethnic monitoring on a regular basis as an integral part of their equal opportunities programme. They stress the concerted effort which is required to ensure that equal opportunities concerns are built into routine personnel practices and the importance of gaining the cooperation of staff if change is to be brought about in the 'culture' of the organisation.

NORTH EAST THAMES REGIONAL HEALTH AUTHORITY

The North East Thames RHA adopted an equal opportunities policy in July 1987. The regional manager wrote to all staff with information about

the policy, including the survey of staff which it was proposed to hold during the next year. An implementation committee was set up, including personnel and staff-side representatives and chaired by a member of the authority, to devise an action plan for implementing the policy. In September 1987, the implementation committee produced a paper, *Implementation: Monitoring Procedure*, which was approved by the management board. The paper set out the procedure to be adopted for monitoring the workforce, together with methods for safeguarding the confidentiality of information.

The responsibility for collecting monitoring data, primarily by self classification but with provision for a back-up management headcount, was placed with heads of departments. The exercise was coordinated by the personnel department.

At the end of 1987, a senior personnel officer attended meetings of heads of departments to explain the monitoring exercise – why it was necessary and the method to be adopted. Emphasis was placed on the need to find out the facts about the composition of the organisation as a precondition to determining further action, and it was made clear that the information would not be used for purposes of reverse or positive discrimination. The meetings helped to diffuse anxieties which some managers had about monitoring, and the strong lead given by the general manager further helped to ensure managers' subsequent cooperation.

At the meetings, departmental managers were given monitoring forms for completion by their staff with envelopes for confidential return. Information sought included ethnic origin, gender, marital status and disabilities. The ethnic origin categories listed were: black (including UK born or settled) – Afro-Caribbean, African, Asian, other; and white (including UK born or settled) – European, other. Managers were instructed to explain the exercise to their staff either individually or in group meetings. Forms were to be completed by managers and employees jointly in the individual meetings; alternatively, employees could take the form to complete privately. Completed forms could be returned to the manager or to the personnel department in sealed envelopes. In practice, about half the forms were placed in sealed envelopes, either on the employees' or the manager's initiative. Very few were returned directly to the personnel department.

Few queries were received by the personnel department from departmental managers during the exercise, and none from individual employees. Such queries as there were related overwhelmingly to the marital status rather than the ethnic origin question.

The response rate varied by department from 70 per cent to 98 per cent. After the closing date for completing questionnaires a senior personnel officer, in discussion with departmental managers, classified non-respondents. Employees had been told in their letter from the general manager that this would be done.

The regional workforce taking part in the monitoring exercise included 300 district-based senior medical staff. In their case, monitoring forms were sent to them directly accompanied by a covering letter from the regional medical officer. A high and prompt return directly to the personnel department was achieved, with only about six significant queries or objections received about the exercise.

Information from the survey was entered in the computerised personnel information system (MAPS). In October 1988 all employees will be given a printout of personal information held about them, including ethnic origin, for the purposes of the Data Protection Act. At this stage employees who have been classified by management headcount will have the opportunity to change their ethnic origin classification if they wish to do so. When the accuracy of information held has been checked in this way, analysis will commence and original monitoring forms will be destroyed.

Analyses will be sent initially to heads of departments for their information. A senior personnel officer will discuss with them problems which the data reveals and action which can be taken to remedy inequalities. Analyses will be updated at least annually and possibly at more frequent intervals. A summary of the information collected will be presented each year to the management board and the health authority.

The authority commenced collecting ethnic origin information from applicants for employment in December 1987, to ensure that data was available for new starters from the time of the workforce audit. Information is sought on a tear-off slip attached to the application form. No analysis of applications for employment has yet been undertaken, the health authority taking the view that the audit of the workforce should be completed satisfactorily before embarking on an additional exercise. Only one complaint has been received about the request for monitoring information from applicants for employment.

The view of the authority is that their monitoring exercise has proceeded smoothly so far with few difficulties, apart from the inability due to lack of resources to analyse the information more promptly.

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EQUAL OPPORTUNITIES TASK FORCE

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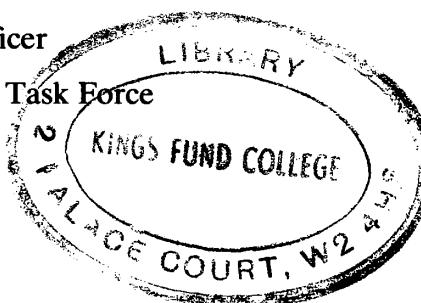
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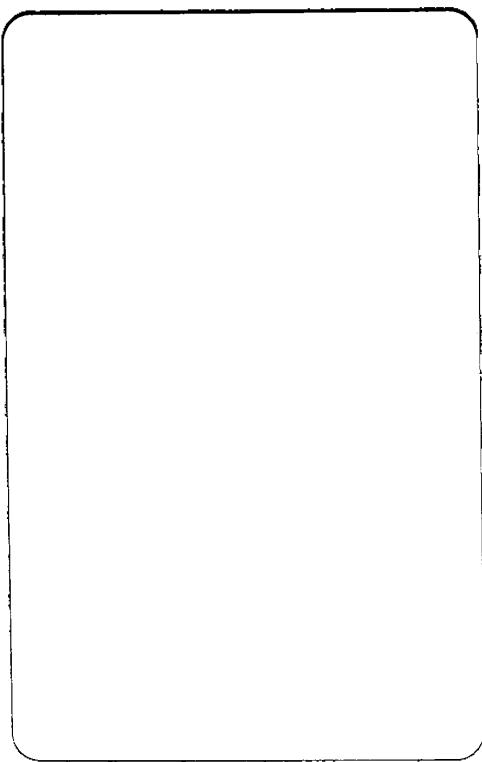
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