BME Leadership Network
NHS Confederation

BME Leadership Network Annual Lecture

23 October 2024

BME Leadership Network
NHS Confederation

Welcome

Joan Saddler OBE
Director of Partnerships and Equality,
Co-facilitator of BME Leadership Network
NHS Confederation

Agenda

- Welcome
- Introduction
- ‘Accelerating change with anti-racism approaches in the NHS’ with Professor Stephani Hatch
- Q&A
- Closing remarks
- Reception
- Finish

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‘Accelerating change with anti-racism approaches in the NHS’

Professor Stephani Hatch
Professor of Sociology and Epidemiology, Vice Dean for Culture, Equality, Diversity & Inclusion, King's College London

Where I'm Coming From

Striving for Equity & Justice from My Lived Experience

Identifying Inequalities & Tackling Inequities

- Cumulative adversity over the life course
- Inequalities in mental health
- **Improving health services for service users & workforce**

- **My Education & Training**
  - Psychology, Sociology, Psychiatric Epidemiology
- **Frames My Thinking, Intentions & Purpose**

UK Context:
Ethnic inequalities in health outcomes are evident at every stage throughout the life course, from birth to death.

Kapadia, D., et al. "Ethnic Inequalities in Healthcare: A Rapid Evidence Review." NHS Race and Health Observatory (2022).

ETHNIC HEALTH INEQUALITIES IN THE UK

BLACK WOMEN ARE
4x MORE LIKELY THAN WHITE
women to **DIE** in **PREGNANCY** or childbirth in the UK.
Ref: https://bit.ly/3ihDwcN

IN BRITAIN, SOUTH ASIANS HAVE A
40% HIGHER DEATH RATE
from **CHD** than the general population.
Ref: https://bit.ly/3iifo9V

ACROSS THE COUNTRY, FEWER THAN
5% OF BLOOD DONORS
are from **BLACK AND MINORITY ETHNIC** communities.
Ref: https://bit.ly/3ulg17r

24% OF ALL DEATHS IN ENGLAND & WALES, IN 2019,
were caused by **CARDIO VASCULAR DISEASE** in Black and minority ethnic groups.
Ref: https://bit.ly/3CYz22P

SOUTH ASIAN & BLACK PEOPLE ARE
2-4x MORE LIKELY TO DEVELOP
Type 2 diabetes than white people.
Ref: https://bit.ly/3ulDy88

BLACK AND MINORITY ETHNIC PEOPLE HAVE UP TO 2x
the mortality risk from **COVID-19** than people from a **WHITE BRITISH BACKGROUND.**
Ref: https://bit.ly/3EZS2Qd

ESTIMATES OF DISABILITY-FREE LIFE EXPECTANCY ARE
10 YEARS
LOWER FOR BANGLADESHI MEN living in England compared to their White British counterparts.
Ref: https://bit.ly/3urjmIt

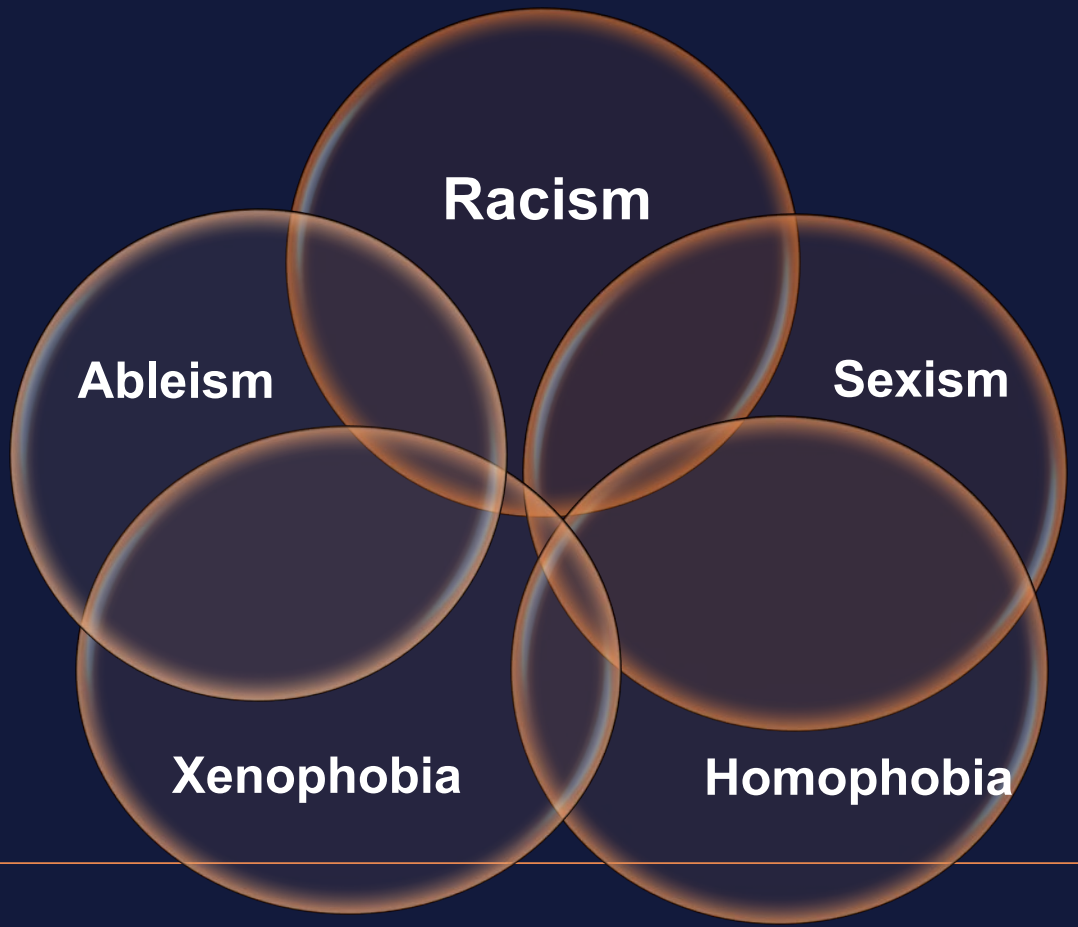
IN THE UK, AFRICAN-CARIBBEAN MEN ARE UP TO 3x
more likely to **DEVELOP PROSTATE CANCER** than white men of the same age.
Ref: https://bit.ly/39KWqEs

BLACK AFRICAN AND BLACK CARIBBEAN PEOPLE ARE OVER 8x
more likely to be subjected to **COMMUNITY TREATMENT ORDERS** than White people.
Ref: https://bit.ly/3zK5IjL

CONSENT RATES FOR ORGAN DONATION ARE AT 42%
for Black and minority ethnic communities and **71% FOR WHITE ELIGIBLE DONORS.**
Ref: https://bit.ly/3ogH3fm

NHS RACE & HEALTH OBSERVATORY

Acknowledging Systems of Oppression



Confronting Institutional Racism Policy Review Framework - Prof Camara Jones

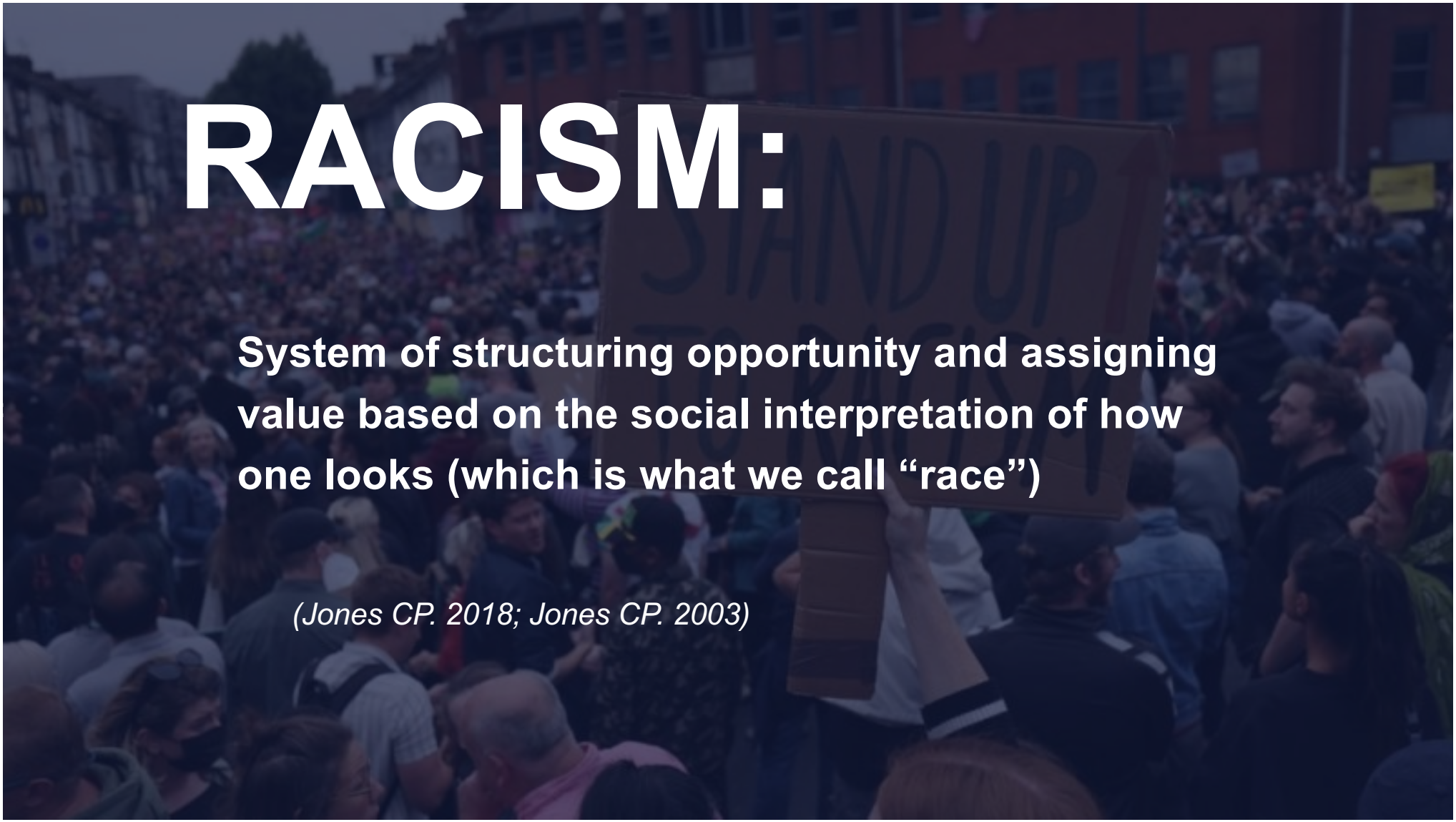
Jones, C. P. (2016). Becoming actively anti-racist: The need to organize and act. *The Nation's Health*, *46*(4), 3.

Jones, C. P. (2018a). Toward the science and practice of anti-racism: Launching a national campaign against racism. Ethnicity and Disease, 28(Suppl. 1), 231–234.

NAME RACISM TO WEAKEN RACISM DENIAL

Jones, C. P. (2016h). The urgency of naming racism: Adding clarity in time of conflict. *The Nation's Health*, *46*(7), 3.

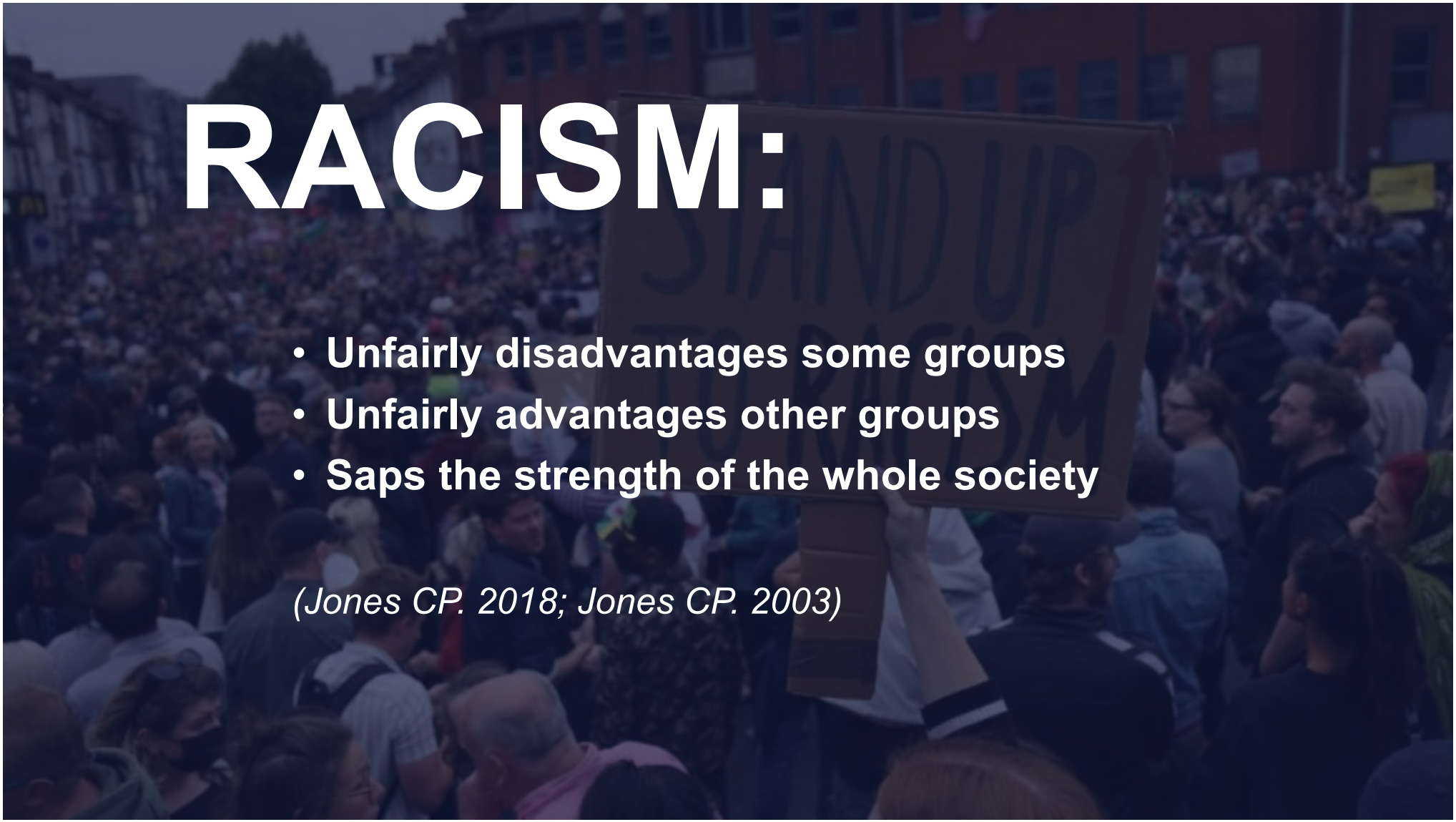

STAND UP
TO RACISM



RACISM:

System of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”)

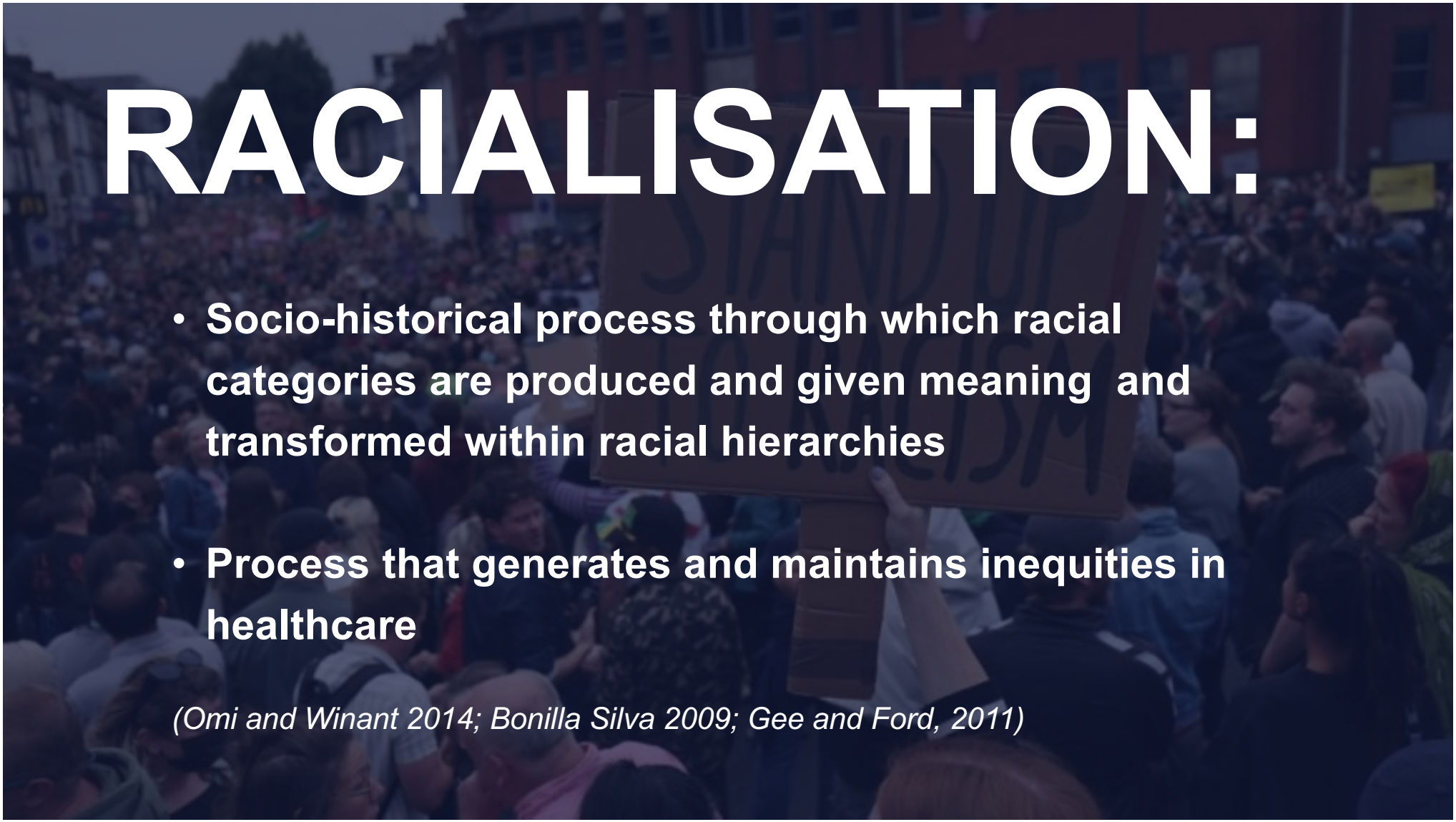
(Jones CP. 2018; Jones CP. 2003)



RACISM:

- **Unfairly disadvantages some groups**
- **Unfairly advantages other groups**
- **Saps the strength of the whole society**

(Jones CP. 2018; Jones CP. 2003)



RACIALISATION:

- **Socio-historical process through which racial categories are produced and given meaning and transformed within racial hierarchies**
- **Process that generates and maintains inequities in healthcare**

(Omi and Winant 2014; Bonilla Silva 2009; Gee and Ford, 2011)

Mechanisms Upholding Racism: Discrimination

Exposure to **adversity** with a **life course** narrative.

Shaped by multiple statuses and identities; entrenched in **social context**.

Limits life chances, e.g., in higher education and occupations.

Interrelated experiences in witnessing, anticipating and experiencing **discrimination**.

Consistent and **robust associations** with a range of health outcomes and health service practices.

(Gee et al., 2012; Hatch et al 2016; Lewis et al., 2015; Priest et al., 2015; Williams et al., 2003)

Mechanisms Upholding Systems: Discrimination

- Exposure to **adversity** with a **life course** narrative.
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(Gee et al., 2012; Hatch et al 2016; Lewis et al., 2015; Priest et al., 2015; Williams et al., 2003)

WHO CARES FOR THOSE WHO CARE?

Marginalisation Processes

(Hall et al., 1994)

- How individuals and groups are **othered and peripheralised** on the basis of identities, associations, experiences, and in social context

Silences Framework

(Serrant-Green, 2010)

- **Unsaid or unshared** aspects of beliefs, values and experiences of marginalised groups
- **Exposes issues shaping, influencing and informing** individual and group understandings of health, health behaviours and life chances
- Draws attention to **systemic erasure** of contributions and experiences

Belongingness

(Shore et al., 2011; 2018):

- Individuals feeling that they belong and **valued for their unique attributes and contributions**

Inclusion as a practice

- Feeling **respected and valued**; **psychologically, culturally and physically safe** to be authentically themselves
- **Able to share divergent views and opinions**, even when they differ from dominant cultures
- **Access** to key resources, having **decision-making influence** and perspectives that are listened to

THREE AREAS FOR CHANGE

- MORE INCLUSIVE RACE EQUITY EVIDENCE
- TRANSFORMATIVE ANTI-RACISM TRAINING & RESOURCES
- INTEGRATED CROSS-SECTOR ANTI-RACISM POLICIES

Largest employer for racial & ethnic minoritised groups

NHS

200

nationalities represented in the NHS workforce

Economic and Social Research Council

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Tackling Inequalities and Discrimination Experiences in health Services

Economic and Social Research Council

King's College London

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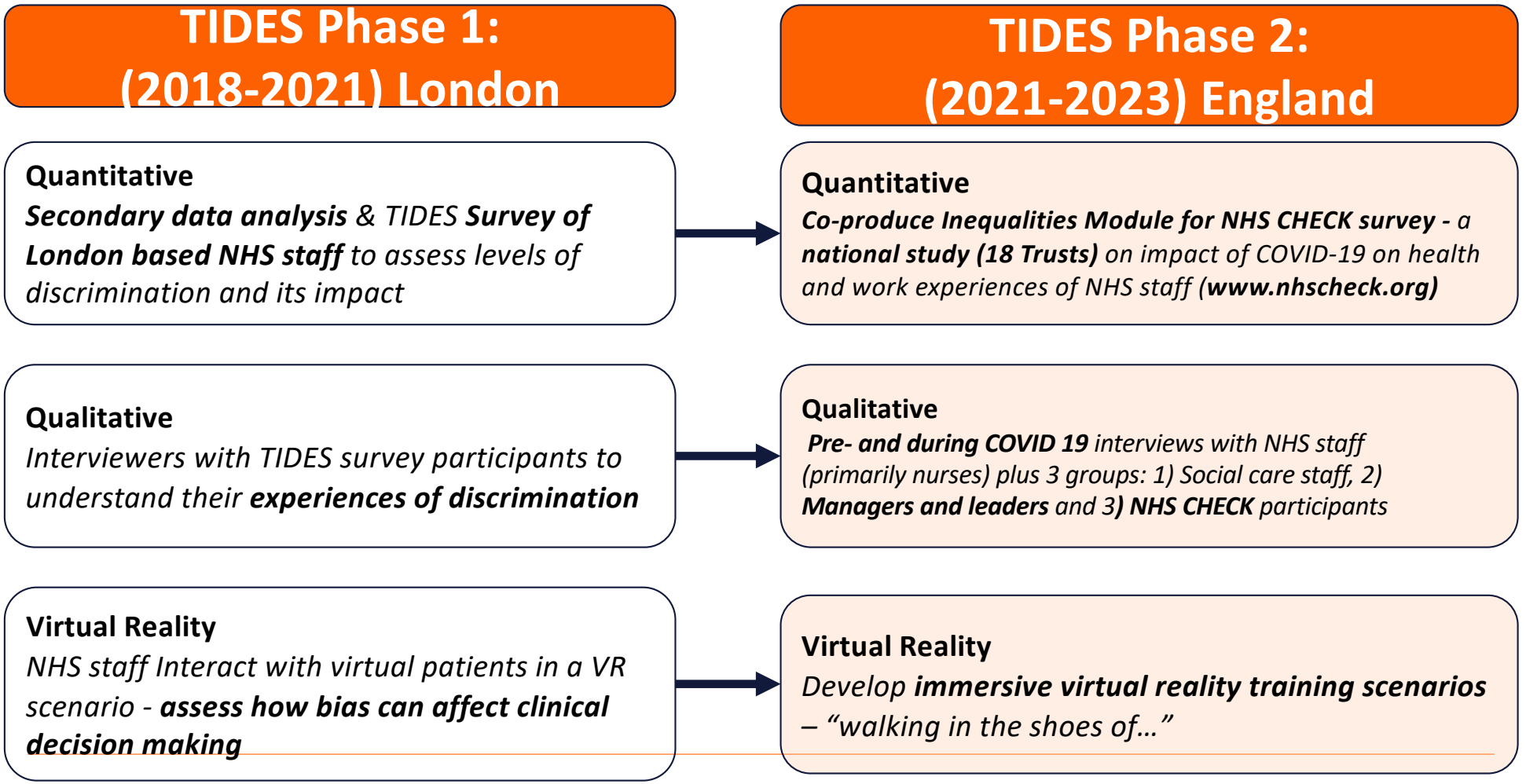
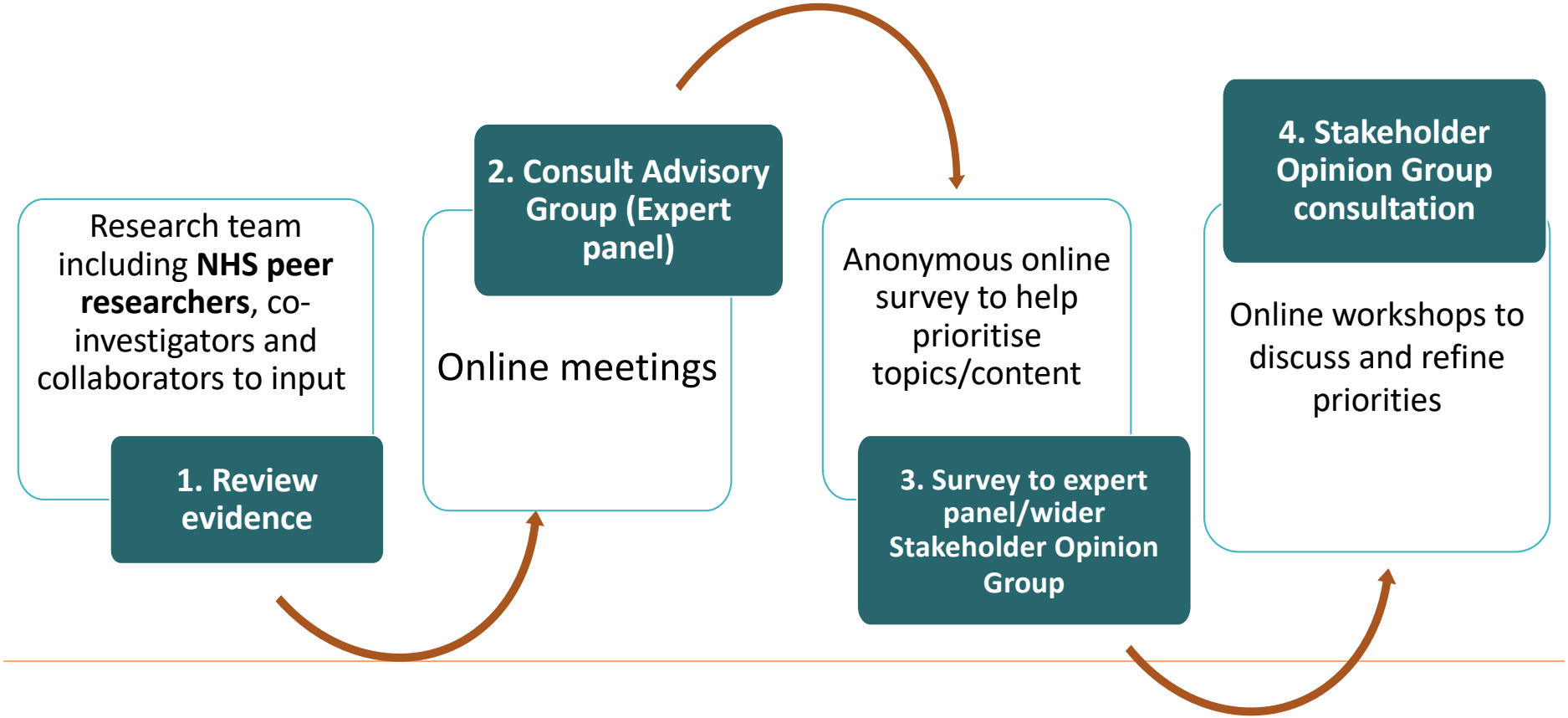
Tackling Inequalities and Discrimination Experiences in health Services

TIDES Phase 1: Investigates how **discrimination** experienced by both patients and healthcare practitioners may **generate and perpetuate inequalities in health services**.

TIDES Phase 2: Identifying and mitigating **the impact of COVID-19 on racial and ethnic inequalities** experienced by health and social care staff.


TIDES Phase 1:
(2018-2021) London
TIDES Phase 2:
(2021-2023) England
Quantitative
Secondary data analysis & TIDES Survey of London based NHS staff to assess levels of discrimination and its impact
Quantitative
Co-produce Inequalities Module for NHS CHECK survey - a national study (18 Trusts) on impact of COVID-19 on health and work experiences of NHS staff (www.nhscheck.org)
Qualitative
Interviewers with TIDES survey participants to understand their experiences of discrimination
Qualitative
Pre- and during COVID 19 interviews with NHS staff (primarily nurses) plus 3 groups: 1) Social care staff, 2) Managers and leaders and 3) NHS CHECK participants
Virtual Reality
NHS staff Interact with virtual patients in a VR scenario - assess how bias can affect clinical decision making
Virtual Reality
Develop immersive virtual reality training scenarios – "walking in the shoes of…"

Participatory Process with Healthcare workers



GENERATING & CHALLENGING RACE EQUITY EVIDENCE

THE CONVERSATION
Academic rigour, journalistic flair

Racism, harassment and discrimination takes a terrible toll on ethnic minority NHS staff

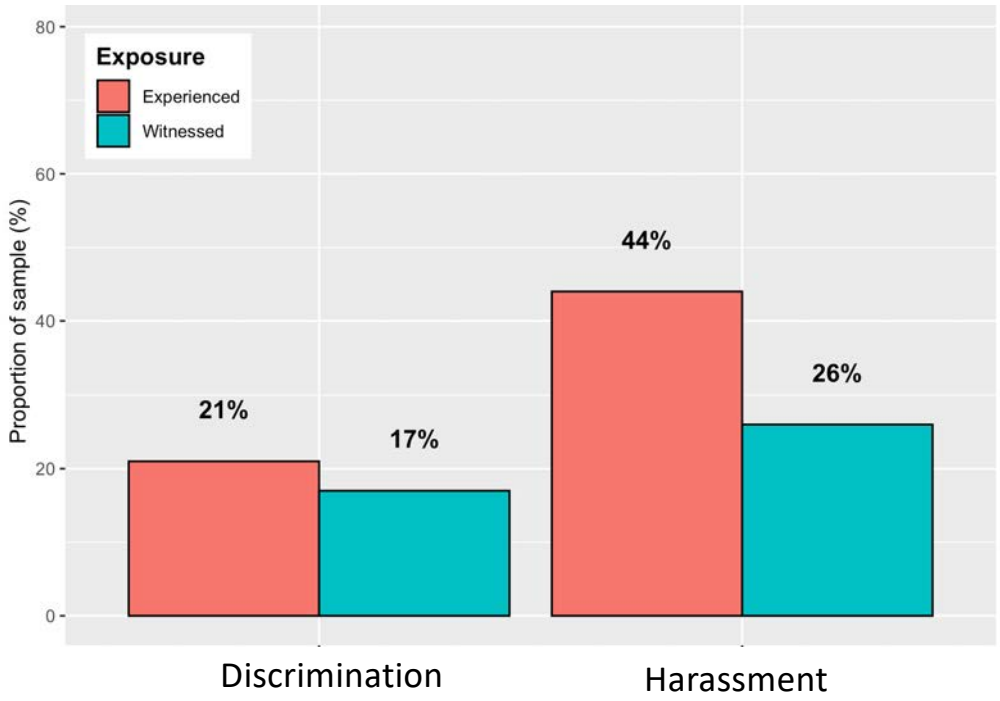
Published: April 3, 2024 5.30pm BST

BJPsych Open (2021)
7, e10, 1–8. doi: 10.1192/bjo.2020.137

Impact of workplace discrimination and harassment among National Health Service staff working in London trusts: results from the TIDES study

Rebecca D. Rhead, Zoe Chui, Ioannis Bakolis, Billy Gazard, Hannah Harwood, Shirlee MacCrimmon, Charlotte Woodhead and Stephani L. Hatch

TIDES Phase 1: Discrimination and Harassment from other staff



- **Women, Black ethnic groups, and migrants** were more likely to experience and/or witness both discrimination and harassment.
- Of the total sample:
  - 3% experienced discrimination only
  - 27% experienced harassment only
  - 18% experiencing both
- **52% of nurses in the sample experienced discrimination and/or harassment from other staff.**

(Rhead et al., 2020)

TIDES Phase 1: Perceived Reason for Discrimination

Migration and Ethnicity Group Status	Most common reason	2nd most common reason
Non-migrant	Race/Ethnicity	Socioeconomic status
Migrant	Race/Ethnicity	Socioeconomic status
White British	Socioeconomic status	Age
White Other	Race/Ethnicity	Socioeconomic status
Black	Race/Ethnicity	Socioeconomic status
Asian	Race/Ethnicity	Socioeconomic status


Poorer health, especially mental health
Long periods of sickness absence
Underrepresentation in senior roles
More likely to face disciplinary action
Poor staff retention

TIDES - Qualitative

Received: 9 July 2021 | Accepted: 11 November 2021

DOI: 10.1111/1467-9566.13414

SOCIOLOGY OF HEALTH & ILLNESS

ORIGINAL ARTICLE

"They created a team of almost entirely the people who work and are like them": A qualitative study of organisational culture and racialised inequalities among healthcare staff

Charlotte Woodhead[1,2] | Nkasi Stoll[1,2] | Hannah Harwood[1] | TIDES Study Team | Obrey Alexis[3] | Stephani L. Hatch[1,2]

TIDES – MSc Project

WILEY Online Library

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JAN
Leading Global Nursing Research

EMPIRICAL RESEARCH QUALITATIVE | Open Access

Ethnic inequalities during clinical placement: A qualitative study of student nurses' experiences within the London National Health Service

Chenel R. Walker, Cerisse Gunasinghe, Hannah Harwood, Annahita Ehsan, Farah Ahmed, Sarah Dorrington, Juliana Onwumere, Paula Meriez, Nathan Stanley ... See all authors

First published: 03 October 2023 | https://doi.org/10.1111/jan.15891

Chenel R. Walker and Cerisse Gunasinghe joint first authors.
Stephani L. Hatch and Rebecca Rhead joint last authors.

Identifying Racialised Organisations (Ray, 2019)

Racialised Organizations:

Enhance or diminish the agency of racial groups

- e.g., Lack of involvement in decision making and leadership

Legitimate the unequal distribution of resources

- e.g., Differential access to training/opportunities need for career progression

Treat whiteness as a credential

- e.g., Reported by White British student nurses in TIDES – Walker et al., 2023

Decouple formal rules from organizational practice in a racialised way

- e.g., Disproportionate disciplinary action

Key Findings

- **Racism, discrimination and bullying and harassment behaviours, independently and in combination, exploit and maintain racialised hierarchies**
- **High diversity-low inclusion dynamic shaped exclusion processes within teams**
- **Racism linked to intersecting factors (e.g., race, ethnicity, migration, language and religion) and increases segregation**
- **Racial and ethnical minoritised groups cope through in-group maintenance, moving teams or leaving the NHS**

(Woodhead et al, 2021)

Key Findings

Themes Identified:

- Role of mentors
- Discrimination and unfair treatment
- Speaking up/out
- Career progression
- Consequences of adverse experiences

- Student nurses from ethnic minoritised backgrounds
  - **experienced racism, religious discrimination**
  - lack of mentor support, negatively impacting their learning and career progression
- White British students also faced discrimination due to their age, gender, sexual orientation but felt **valued for their whiteness**
- Ethnic minoritised students particularly noted a **lack of diverse representation in senior nursing roles** as a barrier to progression

tides

Occupational & Environmental Medicine

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Article Text

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Original research

Ethnic inequalities among NHS staff in England: workplace experiences during the COVID-19 pandemic

Rebecca Rhead [1, 2], Lisa Harber-Aschan [1, 3], Juliana Onwumere [1, 4], Catherine Polling [1, 4], Sarah Dorrington [1, 4], Annahita Ehsan [1], Sharon A M Stevelink [1, 5], Kamlesh Khunti [6, 7], Ghazala Mir [8], Richard Morriss [9, 10], Simon Wessely [1, 5], Charlotte Woodhead [1, 2], Stephani Hatch [1, 2]

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Economic and Social Research Council

TRANSFORMATIVE ANTI-RACISM TRAINING & RESOURCES

How is racialisation impacting health & work outcomes?

Nursing & Midwifery Anti-racism Resource

Anti-Racism Engagement and Oversight Group

Nursing & Midwifery Council

NHS England

KING'S College LONDON

NHS Confederation

OUTCOME:

Racially inclusive leadership and workforce practices

Combatting racial discrimination against minority ethnic nurses, midwives and nursing associates

- The resource helps nurses, midwives and nursing associates recognise and challenge racial discrimination. By doing so, it supports staff wellbeing, physical and psychological safety.
- Includes practical examples and tools to help staff to discuss, explore and challenge racism safely and effectively.
- The resource also outlines the expected behaviours from NHS organisations and leaders, which include:
  - the provision of training to support zero tolerance policies
  - senior leaders acting as proactive allies by taking the appropriate action
  - the provision of safe spaces for conversations - such as robust staff networks and events
  - organisations working with staff to educate and reform practice.

https://www.england.nhs.uk/publication/combatting-racial-discrimination-against-minority-ethnic-nurses-midwives-and-nursing-associates/

How do we improve anti-racism training and support?

- **Learning Module**
- **VR Videos + Facilitated Guide**
- **Artificial Intelligence Tools**

NHS pilot uses virtual reality to tackle racism and discrimination among staff

Immersive training scenarios highlight experiences of minority ethnic colleagues in health service

The Guardian

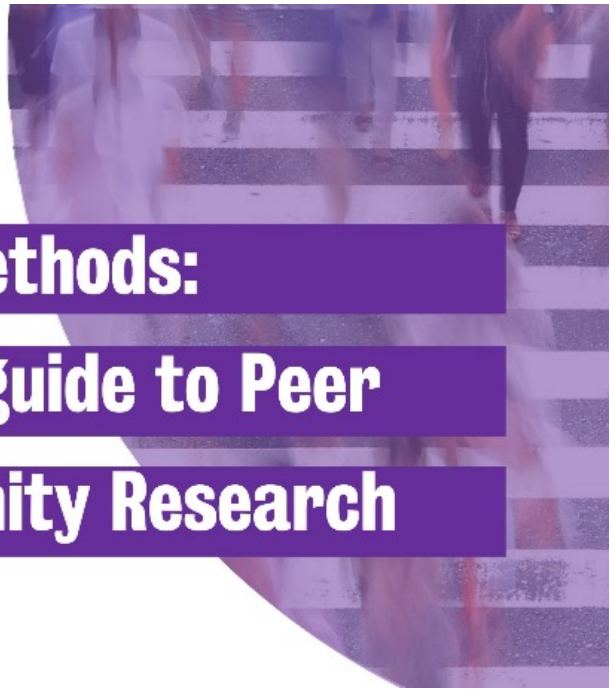
OUTCOME:
Scalable anti-racism resources

IMPROVING TRAINING ACCESS TO BETTER CHALLENGE EVIDENCE

8658 learners

134 countries

Centre for Society and Mental Health



Research Methods: A practical guide to Peer and Community Research

Free Online Course

REGISTER: bit.ly/CSMHPeerResearch

UKRI Economic and Social Research Council

King's College London

Future Learn

Cultural Safety

- **Co-developed by Ramsden (1991), Maori nurse scholar with the Maori community in New Zealand**
- **Social justice focused**
- **Focus on cultural change in healthcare, education, research and policy through exposing and addressing:**
    - **Structural issues** (societal, institutional, and political power structures**)**
    - **Power imbalances** (service users and communities determine level of safety needed during healthcare interactions)
    - **Cultural dominance** (recognizes historical and contemporary colonization)
    - **Racism**

(Also see Cox and Simpson, 2015; Williams 1999; Kurtz et al., 2018; McCleland 2011)

INTEGRATED CROSS-SECTOR ANTI-RACISM POLICIES

ASKING “HOW IS RACISM OPERATING HERE?”

Jones, C. P. (2018a). Toward the science and practice of anti-racism: Launching a national campaign against racism. *Ethnicity and Disease*, *28*(Suppl. 1), 231–234.

Are anti-racism policies & strategies fit for purpose?

EVALUATE existing policies

IDENTIFY unintended consequences

INTEGRATE siloed approaches

DISSEMINATE actionable insights

NHS RACE & HEALTH OBSERVATORY
Breaking barriers for better health

NHS Confederation

NHS England

PCREF

OUTCOME:
More rigorous, racially inclusive policies

Confronting Institutional Racism Policy Review Framework: How is Racism Operating Here?
Prof Camara Jones

Structures:
who, what when and where of decision-making

Policies:
documents the rules for the 'how'

IDENITIFY LEVERS FOR CHANGE & TARGETS FOR ACTION

Practices:
how things are actually done

Norms & Values:
unwritten embedded rules and why groups or actions valued over another

Jones et al., 2024; Jones, 2018

Confronting Institutional Racism Policy Review Framework: How is Racism Operating Here?
Prof Camara Jones

Policies allowing segregation of resources and risks

Policies creating inherited group advantage or disadvantage

FOUR TYPES OF CORE POLICY MECHANISMS OF RACISM

Policies favouring differential value of human life (*and care provision*)

Policies limiting self-determination

Jones et al., 2024; Jones, 2002

COLLECTIVELY ORGANISE & STRATEGISE TO ACT!

Jones, C. P. (2016). Becoming actively anti-racist:
The need to organize and act. *The Nation's Health*, *46*(4), 3.

Achieving Systemic and Cultural Change

Two key underlying principles:

- **Cultural Humility**:
  - Process of self-reflection and understanding one's own implicit and explicit biases and how these biases may influence research.
- **Cultural Safety**:
  - Creating a safe environment where there is no assault, challenge or denial of their identity, of who they are and what they need.
  - Establishing shared respect, meaning, knowledge, living and working together with dignity and truly listening

(Miller et al., 2019; Ramsden 1993; Williams, 1999)

Achieving System & Cultural Change – Be Curious!

- Move beyond knowing racialised cultures exist to detailing and evidencing **how** they work
- Evidence **how** racialisation impacts education, training and development (e.g., hidden curriculums)
- Evidence **how** racialisation plays out in institutional responses to discrimination, bullying and harassment and within disciplinary processes
- Evidence **how** racialisation is enacted in interpersonal interactions and internalised
- Also focus on **how** advantaged groups maintain advantages or 'inequality diversions' (Link & Garcia, 2021)

Commit to Racial Inclusion in Everyday Practice

- How have you been **inclusive and created psychologically safe** services and workplaces today?
- What have you done to **increase support and representation of staff networks, patients and carers on decision making committees and boards**?
- How have you made sure that **opportunities for decision making and action are integrated**?
- How have you **involved racial and ethnic minoritised staff in development and leadership of training and policies**?

ALL STAFF are impacted by structural and cultural contexts generating and perpetuating racial inequities

Anti-racism Action

- **Must work towards structural, systemic and cultural change**
- **Challenge racialised organisational norms**
- **Increase focus on structural inequalities** in career progression and access to training and opportunities

ALL STAFF are impacted by structural and cultural contexts generating and perpetuating racial inequities

Interrogate Structures and Practices

- **Revise Codes of Practice/Conduct** as a structural and public demonstration of commitment
- **Address the hidden curriculum**: identify and tackle practices in education, training/placements reinforcing inequity
- **Failures to comply and progress** should be sanctioned by governing and regulatory bodies

Hold Managers and Leadership to Account: Be Courageous!

- **Disrupt accepted norms within organisational culture**
- **Expect buy-in from all leadership levels**
- **Monitor and take action on resistance and collusion** against cultural safety and anti-racism practice **– especially among leaders**
- **Onus is on leaders, organisations and institutions across sectors to think about and demonstrate how they are not enabling systems of oppression**

Confronting Institutional Racism Policy Review Framework - Prof Camara Jones

Jones, C. P. (2016). Becoming actively anti-racist: The need to organize and act. *The Nation's Health*, *46*(4), 3.

Jones, C. P. (2018a). Toward the science and practice of anti-racism: Launching a national campaign against racism. Ethnicity and Disease, 28(Suppl. 1), 231–234.

Thank You &
Thanks to my Team!

BME Leadership Network
NHS Confederation

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Q&A

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Closing remarks

Joan Saddler OBE
Director of Partnerships and Equality,
Co-facilitator BME Leadership Network
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Reception