



# Promoting equality: workforce race awareness training for Health & Justice services

Trainer notes to accompany PowerPoint presentation

# NHS England's Health & Justice Inclusive Workforce Programme project by the Race Equality Foundation

September 2022

## Introduction

These trainer notes are designed to accompany and provide further information to the Promoting equality: workforce race awareness training for Health & Justice services PowerPoint slides.

The aim of this training package is to promote racial equality and address racial inequality in the workforce to help celebrate and promote diversity within the workforce, support staff and hopefully also help with staff retention and career progression. It will also help supervisory staff make practical changes to address racism and race inequality.

This course can be used as a standalone training package delivered over 3 hours, to all staff working in health and justice commissioned services. It can also be used in part to support existing awareness training.

The target audience for this training package is any staff working within health and justice commissioned services.

## The background

The Race Equality Foundation has produced a race equality training programme designed for those working in the health and justice sector (i.e. prison healthcare, non-custodial services such as Liaison and Diversion, RECONNECT, Community Sentence Treatment Requirements, etc).

This builds on the deep dive the Race Equality Foundation undertook for the NHS England Health & Justice [Inclusive Workforce Programme](#) in 2021. The Inclusive Workforce Programme includes a wide range of projects and initiatives designed to address the identified barriers to recruitment and retention for health and justice services with a view to improving 'recruitment and retention of a larger, more diverse, inclusive and representative workforce for all the Health and Justice commissioned services and programmes.'

The Race Equality Foundation carried out the deep dive project through a series of interviews with those working on the Inclusive Workforce Programme and focus groups with frontline healthcare

workers based in prison healthcare services, Community Sentencing Treatment Requirement, and Liaison and Diversion services.

The project identified nine themes and made a number of recommendations for the NHS England Health and Justice Inclusive Workforce Programme, health and justice commissioners and the health and justice commissioned services. The recommendations for these services aim to improve the recruitment, retention and progression of a more diverse, inclusive and representative workforce for all health and justice services; with a focus on race, ethnicity and religion. A summary version of the report is attached as an appendix to this trainer guidance document. **This is only for the trainer to read for background information.**

The **recommendations** for health and justice commissioned services were:

### **1. Raise Awareness**

Develop a structured programme of promotional work to raise awareness of the work roles available in Health and Justice to deliver in secondary schools, colleges, universities, and communities.

### **2. Address Stigma**

Undertake outreach work with Black, Asian and minority ethnic communities to build trust and promote Health and Justice work roles.

Implement promotional work by existing employees to dispel myths and answer any questions they may have about working within Health and Justice services.

### **3. Promote better recruitment**

Advertise wider than within NHS Jobs to ensure wider reach and encourage diversity of applicants, including Black and minority ethnic networks.

### **4. Experience of work environment**

Undertake a wider examination of host settings and other services that influence working environment.

Make extra support available for staff who experience racism/discrimination e.g., counselling, mentoring.

Increase training to all staff on what microaggressions, prejudice and unconscious bias look like and how they can impact people.

## **5. Improve Retention/Progression**

Implement different ways to retain staff e.g., support for career development, staff networks, mentoring, financial incentives, and thus reduce levels of agency staff.

## **6. Address workforce diversity**

Ensure race, lived experience and ethnic diversity is reflected visibly throughout workforce at different levels.

## **7. Improving Data**

Ensure the collection of, and access to race and ethnicity data of workforce and applications to the workforce.

## **8. Improve leadership**

Develop and implement a mentor leadership programme.

Ensure clear pathways to leadership are identified.

Ensure there is transparency of the leadership structure across services.

Implement action that supports Black, Asian and minority ethnic employees to progress.

This training specifically targets the recommendation to increase training for service staff on what microaggressions, prejudice and unconscious bias look like and how they can impact people. However, all of the above recommendations will be referred to in the training with plenty of opportunity for the participants to think about and discuss how they can be actioned and implemented within their service, with guidance in these trainer notes.

These training notes are written to support delivery of this training to members of the Health and Justice workforce in all settings. This training can be delivered in person or online. It is intended to be delivered over a maximum of 3 hours. It can be used alongside any existing Equality, Diversity, Inclusion (EDI) training that your service already has in place, to supplement the knowledge from that training

Things to consider before delivering the training:

- Ensure that you are familiar with the presentation slides, topics and background information and issues for discussion before delivering the training. **Recommended reading in preparing to deliver this training includes:**
  - The Lammy report <https://www.gov.uk/government/publications/lammy-review-final-report>.
  - Race Equality Foundation’s deep dive report executive summary.
  - Race Equality Foundation’s definition of ethnicity and a comparison with the definition of ‘race’ which appears at the end of these trainer notes.
  - Background information regarding the Race Equality Foundation and this training which appears at the end of these trainer notes.
  - This trainer guidance document and the ‘Glossary of Terms’ which appear at slides 15,16,17.
  - The health and justice inclusive workforce programme webpage - [webpage](#)
  - The health and justice inclusive workforce programme [FutureNHS Collaboration Platform](#)
  - The NHS race equality standard data <https://www.england.nhs.uk/wp-content/uploads/2022/04/Workforce-Race-Equality-Standard-report-2021-.pdf>
  - Workforce Race Equality Standard <https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/equality-standard/>
  
- Support available for participants in host settings/work environments. This training can trigger emotions relating to traumatic experiences for some participants. **Explore the support available when planning this training and before delivering it** what practical and emotional support is available in host settings/work environment and be ready to signpost to nationally available support from the resources section of the training [for example, see last PowerPoint slide: NHS health and wellbeing support and NHS support for diverse colleagues.
- For the reasons outlined above and, to facilitate group discussion and activities, consider delivery of training by two trainers who are **skilled at facilitating on issues seen as sensitive or difficult to talk about.**
- Equipment you will need; good working broadband, a laptop or PC, projector and screen and flipchart for in person delivery or laptop camera/webcam and microphone, for online delivery, together with these course notes. There are film clips to show so it is advisable to test out how these play on your IT system before delivering the training.

- Ensure that the recommendations from the deep dive are available to the participants throughout the training, so they can review them as the training session progresses. These have been provided and are available in appendix 4.
- For in person delivery:
  - Ensure the space you are delivering from is fully accessible to all staff, quiet and that you will be undisturbed, so that a safe and confidential space for open and honest conversation can be created. Temperature of the space, adequate ventilation and comfort of seating should also be considered when delivering the training in person.
  - Arrange the space so that participants are sitting in a semi-circle facing the projection screen and flipchart. Tables are not needed, although participants should have a pad of paper and a pen.
  - Ask participants to fill in a paper register and or use the evaluation forms to collect contact email addresses of participants to share presentation slides and in particular the resources slide links after training.
- For online delivery:
  - Familiarise yourself with Zoom, Teams or other platform and the hosting controls, including the use of white boards, break out rooms (if you want to use them), pre-planned polling (to ask questions/collect information, or check on learning), use of emojis to check on learning, how to control cameras and microphones etc. Again, participants will require a pen and paper for some activities.
  - Ask participants to share contact emails either when signing up for the training or in the group chat so that the slides can be shared.

## Learning objectives

- Provide staff with knowledge and better understanding of racism and racial bias.
- Enable staff and managers to feel more able to have conversations about race, which some may find difficult, and what practical steps they can take to address race related issues.
- Support services to start addressing the relevant recommendations set out in the Race Equality Foundation report for the NHS England national Health & Justice Inclusive Workforce Programme (2021).

Objective	Slide title and number	Activity	Time approx.
<b>Welcome and housekeeping</b>	Welcome/ slide 2	Introduce yourself, welcome all participants and explain that this training was developed by the Race Equality Foundation. Go through housekeeping for toilets, fire alarms, phones on silent, etc for in person delivery. For online delivery, explain/remind people to sit somewhere they are comfortable and will not be disturbed; how to use the mute and camera off functions (participants should be on mute when not talking) and how to use the hands up function. If two trainers are delivering, it may be useful to suggest that participants use the chat function and the trainer who is not presenting can either make a decision to deal with comments and questions immediately or collect and collate them into ‘themes’ or ‘topics’.	3 mins
<b>Introduction to the session</b>	Agenda/slide 3	Read through agenda and point out the 10-minute break halfway through the session.	3 mins
<b>To ensure participants feel safe and supported</b>	Group agreement/ slide 4	Explain that this training will cover topics which are difficult and might create strong feelings, so that it is very important that everyone feels safe and comfortable talking about their experiences and their emotions. The numbers below link to the corresponding numbers on the slide and can be used to further explain. <ol style="list-style-type: none"> <li>1. Keep an open mind and listen to each other.</li> <li>2. Ask participants to use ‘I’ statements to explain how they feel – this way participants talk about their individual feelings and experiences and not others’.</li> <li>3. We learn by hearing different views and hearing</li> </ol>	5 mins

		<p>other perspectives.</p> <ol style="list-style-type: none"> <li>4. <b>Be conscious of the need to support people who may feel very emotional (this may include stopping and allowing them to step away from the training to compose themselves; participants should be reassured that you will signpost them at the end of training to support services from the ‘resources’ slides (slide 44 NHS wellbeing and following links) and/or any local or host setting support you have sourced.</b></li> <li>5. Although it is important to have open conversations, we need to respect everyone’s time during the working day.</li> <li>6. Check that everyone agrees to ‘keep what is shared in the room confidential’. Remind participants that the main purpose of the group agreement is to create a safe and respectful space for all participants to speak openly about their personal experiences, emotions and views.</li> </ol> <p>Ask if anyone wants to add anything to the group agreement.</p>	
<p><b>Setting the scene</b></p>	<p>Race equality Foundation deep dive/ slide 5</p>	<p><b>Background to this slide:</b> Race Equality Foundation were commissioned to carry out a deep dive analysis for the NHS England, Health and Justice Inclusive Work Programme in order to help the programme meet its aim ‘to improve the recruitment and retention of a more diverse, inclusive and representative workforce’. The work included:</p> <ul style="list-style-type: none"> <li>• A literature review of workforce race and ethnicity issues, with a focus on healthcare/NHS employers, including reference to potential structural and systemic barriers.</li> <li>• A series of interviews with employers and employees of current Health and Justice commissioned services, to capture both best practice examples and identified barriers to a diverse, inclusive workforce.</li> <li>• Working closely with the IWP workstream and programme leads to fully understand the various initiatives and how race/ethnicity issues have and could potentially feature as part of these areas of work, as well as the overarching themes for the</li> </ul>	<p>2 mins</p>



		<p>programme as a whole.</p> <p><b>A summary version has been provided as an appendix to this trainer guidance, this is only for the trainer to review to provide background information.</b></p>	
<b>Setting the scene</b>	Inclusive work programme/ Slide 6	<p>Read through the Inclusive Workforce Programme (IWP) mission statement. Point out there are links to more information in the Resources section.</p> <p>More information can be read about the IWP on their <a href="#">FutureNHS Collaboration Platform</a> and <a href="#">webpage</a>.</p>	2 mins
<b>Learning objectives</b>	Learning objectives/ Slide 7	Read through slide and explain that this is the learning the training will provide.	2 mins
<b>Introductions/ group formation</b>	<p>Understanding the importance of how we identity ourselves and the link to ‘protected Characteristics’</p> <p>Slide 8</p> <p>Hello, I am...</p>	<p>There are <b>two icebreaker activities</b> for this slide. These are intended to help the participants feel comfortable and help the group to form. The second icebreaker will appear when you click the mouse:</p> <p>The first icebreaker is an exercise to start participants thinking about how we all identify ourselves. Tell participants that we will be coming back to this topic in today’s training. If there is time, allow some discussion about why people chose the words they did. Allow 3 minutes thinking and writing time and 5 minutes discussion.</p> <ol style="list-style-type: none"> <li>1. Ask participants to describe themselves in <b>5 words only by using nouns not adjectives</b>. (Make sure you are clear we are <b>not</b> looking for words like kind or clever, but words around identity, like sex/gender, ethnicity, faith, profession). An example would be ‘man, father, police officer, Welsh, Christian’. <b>Do not</b> give any examples or other direction (even if asked) and do not introduce yourself (you will have done this already, in a way, in welcoming the group).</li> </ol> <p>The second ice breaker is an exercise to get the participants to begin thinking about racism and racial equality to gain an insight into their understanding of these terms that is the basis of the training and explored</p>	<p>16 mins (8 per activity)</p> <p>8 mins</p>
<b>Increased knowledge of racism and race equality</b>	What do we know and why do we need to know more?		

		<p>throughout.</p> <p>2. Racism and racial equality</p> <p>What words come to mind for the group when thinking about (1) Racism? and (2) Racial Equality? Depending on numbers, the group can give feedback as a whole or can be divided into groups (use break out rooms online). Allow 4 minutes discussion and then write up the words given on flipchart or online whiteboard. Tell participants we will be looking at the definitions of relevant words next in this training.</p>	8mins
Setting the scene and understanding the issues in different Health and Justice settings	Race Equality Foundation's deep dive findings/slide 9	Explain that Race Equality Foundation identified 9 key themes of workforce related issues which are summarised here. These findings inform the recommendations made. Further information with regards to the findings can be found in the summary version, which should be read prior to reading providing the training.	3 mins
Setting the scene and understanding the issues in different Health and Justice settings	Race Equality Foundation's deep dive findings/slide 10	As in slide 9	3 mins
Setting the scene	Health & Justice staff comments to REF/slide 11	These comments were made to Race Equality Foundation during the deep dive research either in one-to-one interviews or in focus groups. The last comment relates to staff member who had experienced trauma relating to racist abuse, working with offenders known to have violent racist views; ask the group to think about how this might re-traumatise the staff members and the support which might be offered for such staff members.	3 mins
Setting the scene and understanding the recommendations made by Race	Race Equality Foundation's deep dive recommendations/slide 12	This and the following slide contain the recommendations made by Race Equality Foundation. <b>Note: Handouts of the recommendations appear at the end of these notes and should be printed out/emailed as a pdf document to participants.</b>	3 mins

Equality Foundation		This training addresses the recommendation for training on the impact of microaggressions, prejudice and unconscious bias BUT the other recommendations will be referenced throughout this training too. Ask participants to think about these as the training progresses and how they might be able to implement them.	
Setting the scene and understanding the recommendations made by Race Equality Foundation	Race Equality Foundation's deep dive recommendations/slide 13	As slide 12.	3 mins
Increased knowledge of racism	Racism/slide 14	This graphic introduces the next set of slides and the order in which they appear. To read the slide, begin at the 3 o'clock position with 'glossary of terms' and move in a clockwise direction. Explain to participants that the next set of slides will look at the different forms racism can take: <b>remind the participants that they should be mindful throughout this section of the effects of racism on the victims.</b>	3 mins
Define common terms relating to racism and race equality	Glossary of Terms/slide 15	<p>This and the following three slides contain definitions of terms relating to racism and race equality. The trainer should be very familiar with these words and their meaning before undertaking the training. There is also a deeper definition of the term 'ethnicity' and how it relates to race at the end of these notes. This, together with digital or hard copies of slides 15,16, and 17 should be provided to participants.</p> <p>Explain that we do not have time to go through every definition on the next three slides, which can be shared after the training, although it is important for the participants to read and understand all of the terms in their own time. Pick out the following to read through and emphasise:</p> <p><b><u>Anti-racism</u></b> - by being in this training we are <b>actively</b> learning about being anti-racist.</p> <p><b><u>Banter</u></b> - is a two-way joke-it is not one sided-if it becomes</p>	<p>6 minutes for next 3 slides</p> <p>2 mins</p>

		<p>one sided and it is about race, ethnicity or culture and someone is feeling hurt then it can become racist.</p> <p><b>Cultural Competence</b> - the simplicity of this definition will help every participant to think about their own culture: it is the reason why everyone in the room chose to have different breakfasts this morning (including no breakfast at all).</p>	
	Glossary of Terms/ slide 16	<p><b>Discrimination</b> - when we said hello, did anyone describe themselves by one of the 9 protected characteristics? Does this show how important/sensitive these characteristics are?</p> <p>Especially <b>Ethnicity</b> - How we see ourselves is important to all of us, but for those from minority ethnic groups there might be greater sensitivity if their ethnicity results in negative experiences for them and their family; remind people how they described themselves at the beginning of the training. Did people choose ethnicity? If so, why? If not, why not? Encourage participants to think about this as there is not time for discussion here.</p>	2 mins
	Glossary of Terms/ slide 17	<p><b>Intersectionality</b> - understanding that for some people there can be more than one layer of discrimination they have to cope with. Ask participants to think for a moment how it might feel to be discriminated against because of your sexuality, race and age (a heterosexual Black woman with a disability). We will be looking at how direct and indirect discrimination might look later, but the added layers for this person would almost certainly increase the chances and therefore the effects of discrimination.</p> <p><b>Prejudice</b> - we will be looking at how stereotypes can be behind less obvious racism.</p>	2 mins
<b>Increased knowledge of racism</b>	Obvious racism/ Slide 18	<p>Remind participants that we thought of words associated with racism at the beginning of the training. Most people will <b>first</b> think of obvious, hate filled, intentional forms of racism when asked.</p> <p>Please explain that the headings on this slide are the forms that obvious racism can be broken down into as you read through them and this is what we will look at in</p>	2 mins

		next slides.	
<b>Increased knowledge of racism</b>	Malicious behaviour slide/19	<p>This slide begins with the visual of England footballer Raheem Sterling and a headline relating to racial abuse shouted at Black footballers which is a national example of malicious behaviour.</p> <p>The two other examples on the slide that relate to racism in criminal justice settings. Both of these examples relate to the workplace.</p> <p>Open a discussion on what effect participants think these examples may have had on individuals as in both cases this may have been seen as ‘banter’.</p> <p>It is important to explain to participants about what routes they can take to raise a grievance/complaint through your local and NHS policies.</p>	2 mins
<b>Increased knowledge of racism</b>	Hate crime slide/20	<p>Explain to the participants that a hate crime is any criminal act motivated by hate or where the perpetrator demonstrates hatred based on race, religion, disability, sexual orientation, transgender identity.</p> <p>The statistics show that around three quarters of all hate crimes are race hate crimes.</p> <p>Reference for statistics source available in the resources section at the end of the slides.</p> <p>Read the quote from former Director of Public Prosecutions Alison Saunders, to emphasise the <b>devastating effects</b> of hateful, intentional racism.</p>	2 mins
<b>Increased knowledge of racism and race equality in the workplace and link to Race Equality Foundation recommendations</b>	The Equality Act 2010/ slide 21	<p>The Act makes it illegal to discriminate against other ‘protected characteristics’, (<i>age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation</i>).</p> <p><b>Those on the slide only look at those which are relevant to Race Equality Foundation’s recommendations.</b></p> <p><b>Direct</b> discrimination example might be choosing a white employee for recruitment, career development or</p>	5 mins

		<p>promotion, who is less capable/profitable/successful, rather than the Black employee who had also applied for the promotion.</p> <p><b>Indirect</b> discrimination example might be requiring all job applicants to have UK university degrees.</p> <p>Explain that in the deep dive research found some staff experienced discrimination that impacted on their progression. The recommendations suggested developing support for career development and retention: examples of which could be through staff networks, mentoring, financial incentives, ensure race, lived experience and ethnic diversity is reflected visibly throughout workforce at different levels.</p> <p><b>This is a good place to ask the participants to reflect on what steps can be taken in their own service to create a more inclusive environment.</b></p>	
<p><b>Increased knowledge of racism and race equality</b></p>	<p>What is White Privilege? / Slide 22</p>	<p>John Amaechi OBE is a renowned British-American psychologist and consultant. Here he gives a clear explanation of what white privilege is.</p> <p>Read through John Amaechi's quote on the right of the slide and then show bitesize video and encourage group discussion.</p> <p>Ask the participants if they can think of an example of white privilege? Take 1 or 2 examples.</p> <p><b>Be observant and ensure Black and minority ethnic participants are not the focus of any examples or solutions. All participants need to think about this issue.</b></p>	<p>5 mins</p>
<p><b>Increased knowledge of racism and race equality</b></p>	<p>Examples of white privilege/slide 23</p>	<p><b>Read out some examples from the slide</b>, particularly those which may be relevant to these participants.</p> <p>Emphasise the <b>opposing</b> thoughts and feelings of people from Black, Asian and minority ethnic groups, for example, for a Black man, he may feel "I don't belong", as a counter to the last bullet point on the slide.</p> <p>Remind participants of the quotes from the deep dive looked at earlier in the slides, one frontline worker spoke of being referred to as '<i>the brown girl</i>' and another said</p>	<p>5 mins</p>

		<p><i>“When I first went into the prison doing this particular role I was coming out with an assessment and with the practitioner and I know that the officer was looking at me as if to say what cell you in...”</i></p> <p>Invite a short discussion on how steps might be taken to address white privilege in the workplace, for example, the feeling of ‘I don’t belong’ and linking back to Race Equality Foundation’s recommendations - e.g. “Ensure ethnicity, race and lived experience <b>diversity</b> is reflected visibly throughout workforce at different levels” also, the recommendation on leadership “mentor leadership, transparency of leadership structure and support for Black, Asian and minority ethnic employees to progress”.</p> <p>What support is available for staff who experience racism/discrimination? Do participants know of any support?</p>	
	First Half		78 mins
	Slide 24	<p><b>Break</b> Remind online participants to switch off mic and video. Be clear on time to reconvene (10-minute break).</p>	10 mins/ 88 mins total (1 hr, 28 mins)
Increased knowledge of racism	Less obvious racism/slide 25	Remind participants that before the break they looked at examples of obvious racism. The next section will look at less obvious racism and is broken down into two topics: unconscious bias and microaggressions.	2 mins
Increased knowledge of racism and race equality Define unconscious bias	Unconscious bias/slide 26	Introduce this short video from the Royal Society about unconscious bias: This is an animated video explanation of how we all make unconscious decisions, made by the Royal Society (the world’s oldest independent scientific academy).	3 mins
Demonstrate and understand own bias	Unconscious bias/slide 27	<b>This is an activity and participants will need paper and a pen even if the training is being delivered online.</b>	8 mins

		<p>Ask participants to think of 5 people who they trust the most. This can be people from their personal or professional life, but do not give any more guidance than that. They have just 3 minutes to jot down the names of the first 5 people they think of [overthinking/analysing should be avoided].</p> <p>After 3 minutes, ask participants to confirm either with a show of hands or use of the hands up facility (if doing the training online) and ask the following questions. For each question give a score of the number of hands up - so, for example, everyone in the group or 7 of 10 have their hands up - and relay numbers back to group.</p> <ul style="list-style-type: none"> <li>● Who chose a family relative to be in their group?</li> <li>● Who chose someone of the same gender?</li> <li>● Who chose someone around their own age?</li> <li>● Who chose someone with a different core political view than their own?</li> <li>● Who chose someone from a different ethnic group to their own?</li> <li>● Who chose someone who has a criminal record?</li> </ul> <p>Participants do not need to feedback specifics on who they chose, but encourage a short discussion around why we choose people who are ‘like us’ (ethnically/socially/politically, etc) for our ‘inner circle ‘of trust: this is an example of how unconscious bias works.</p> <p>Remind people of the 5 words they used at the beginning of the session to describe themselves. Do any of those words link to people in their inner circle - to explain how we choose people ‘like us’ (Profession, faith, gender, ethnicity, sexuality, etc). For example, one might describe themselves as a nurse, Muslim, woman, Pakistani, heterosexual and might have chosen people with similar characteristics for my inner circle. Ask the group why we might choose people like ourselves and how this may affect work relationships and opportunities in the workplace?</p>	
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	Top tips to counter unconscious bias/slide 28	<p>We know we all have biases but how might these affect decisions made in the workplace?</p> <p>These ‘top tips’ can be used to counter our unconscious bias when making decisions to action the Race Equality Foundations recommendations:</p> <ul style="list-style-type: none"> <li>• Raising awareness of the services and roles available in Health and Justice to Black, Asian and minority ethnic communities.</li> <li>• How to reduce the stigma associated in working in Health and Justice roles.</li> <li>• More inclusive recruitment.</li> <li>• More inclusive and diverse workforce at every level, support to progress and clearer leadership pathways for Black, Asian and minority ethnic employees.</li> <li>• Creating anti-racist workplaces in every host setting.</li> <li>• Collection of clear data to set and measure key performance indicators in relation to diversity.</li> <li>• Changes from leadership level to include the recruitment and progression of Black, Asian and minority ethnic employees.</li> <li>• Changes to commissioning and at contract management stages.</li> </ul>	3 mins
<p><b>Increased knowledge of racism and race equality</b></p> <p><b>Define microaggressions</b></p>	Microaggressions/slide 29	<p>Explain to participants that we will now be looking at microaggressions by watching a video - the sketch from BBC’s successful ‘Goodness Gracious Me’ is over 20 years old but the message around stereotypes and ‘jokes’ which are in fact microaggressions hold true. Suggest that participants watch and note any microaggressions they spot. <b>Show just a couple of minutes of the video and give the group a few minutes to feedback a few examples of the microaggressions seen in the video.</b></p> <p>Some examples might include: Getting James’ name wrong repeatedly, only judging English food by its ‘blandness’, behaving badly/loudly/rudely, talking about the ‘crap’ on the side (garnish) and sexualising/stereotyping James’s/Englishmen’s genitals.</p>	5 mins
<p><b>Increased knowledge of</b></p>	Racial microaggressions	Read through the definition from Derald Wing Sue and examples of frontline health and justice workers’ quotes	3 mins

racism	ons/slide 30	<p>to Race Equality Foundation during Deep Dive interviews shown on the slide in bold. The quotes from staff are given to show that microaggressions go unnoticed by those who use them (and may be well-meaning) but are noticed and felt by those who are affected by them.</p> <p><b>Note: gaslighting means creating a false narrative so that someone else does not believe their own reality.</b></p>	
Increased knowledge of racism and race equality	Activity/slide 31	<p>For the following activity the group needs to be separated into 2 groups to prepare for the activity. Each group will need the information on slides <b>32 or 33 respectively</b>. Consider how to do this practically - for in person delivery, printing out the slides, which the groups can fill in or for online delivery, having them available in break out rooms (decide which platform you are using and look at how to share a document). Tell the groups that they will be given a written list of microaggression actions/statements and they will need to write down how they might be interpreted.</p>	2 mins
Define microaggressions, understand how they might make the receiver feel	Group activity/slide 32	<p>Each group needs to imagine how the microaggression might be <b>interpreted or perceived</b> by a member of staff who is Black, Asian or from a minority ethnic group <b>AND how might it make that person feel?</b> In the discussion, ask participants to link feelings of the person's experience to the workplace. How would a person feel if their name is always mispronounced? Would they want to stay in that job? How might statements affect career progression and perceptions of skills and abilities? Etc.</p> <p>Allow 15 minutes in group and 10 minutes to feedback and discuss.</p>	15 mins (for each group - running contemporaneously with slide 33)
Define microaggressions, understand how they might make the receiver feel	Group activity/slide 33	<p>Each group needs to imagine how the microaggression might be <b>interpreted or perceived</b> by a member of staff who is Black, Asian or from a minority ethnic group <b>AND how might it make that person feel?</b> In discussion, ask participants to link feelings of the person's experience to the workplace. How would a person feel if their name is always mispronounced? Would they want to stay in that job? How might statements affect career progression and perceptions of skills and abilities? Etc.</p>	15 mins (for group 2 - running contemporaneously with slide 32)

		Allow 15 minutes in group and 10 minutes to feedback and discuss.	
<b>Define microaggressions, understand how they might make the receiver feel</b>	Group activity/slide 32 & 33 discussion	Once each group has talked through their respective slide, bring the groups back together and encourage a discussion between them talk through some of the points on each of their slides, why and how they came to the interpretations and how they linked to a person's experience of a workplace.  <b>Note: Both groups have been given the same question relating to a Muslim woman. This is intentional so that views can be compared</b>	10 mins
<b>Increased knowledge of racism and race equality in the criminal justice system</b>	Racial bias in the criminal justice system/some examples/slide 34	As this training is designed for the Health and Justice workforce, knowing more about the challenges in the criminal justice system is essential to understand how racism can affect offenders and also those who work with them. We give examples in the next slide, <b>but trainers should be aware of any relevant issues in the news at the time of delivery.</b>	2 mins
<b>Increased knowledge of racism and race equality in the criminal justice system</b>	Some examples of racial bias in the criminal justice system/ Slide 35	Explain to the participants that the overrepresentation of Black, Asian and minority ethnic people in prison and their treatment (Lammy report), together with reports of racism in other areas, creates fear, resentment and anger towards the criminal justice system for many people. In turn, this may have a consequential effect on some people working with them in Health and Justice settings who may see 'all' young Black men as aggressive without understanding the cause of aggression being from these situations. The case of child Q is included here as a recent example (March 2022). It involved the case of a 15 year old Black Hackney schoolgirl removed from an exam at school and strip searched by two police officers without a teacher or parent present. The search was for drugs; none were found. The girl was having her period and made to remove her sanitary towel. Her parents were not contacted for permission.	3 mins
	Inclusive Britain/ slide 36	The Inclusive Britain report is the Government's response to the Commission on Race and Ethnic disparities. The report was published on 17 <sup>th</sup> March 2022 and contains an action plan for many areas, including health, education,	3 mins

		<p>business and criminal justice. Listed on the slide are some of the relevant actions for the <b>criminal justice system</b> that participants should think about. Action 69 is aimed at promoting inclusion in the workplace.</p> <p>Reference to the full report is contained in the resources section</p>	
<p><b>Understanding the practical steps which can be taken to make the workplace anti-racist</b></p>	<p>How to ensure Health &amp; Justice settings are anti-racist/slide 37</p>	<p>Explain that so far, this training has looked at expanding knowledge on the different forms of racism, how this looks in Health and Justice settings and in the criminal justice system. We are now going to look specifically at how all Health and Justice settings can become anti-racist to ensure racism is not tolerated: read through slide as an introduction to this section, starting from the left hand dark blue section, which looks at the NHS workforce Race Equality standard and the recommendations of Race Equality Foundation to see what needs to be done. Then read the right-hand side in white and explain that these are the three things which are key to ensuring that health and justice workplaces are anti-racist.</p>	<p>2 mins</p>
<p><b>Increased knowledge of the need for workforce Equality and diversity data</b></p>	<p>NHS Workforce Race Equality Standard (WRES) and the importance of workforce data/slides 38</p>	<p>In the NHS, Workforce Race Equality Standard (WRES) was brought in in 2015/16 (see link in the resources section) and, from 2017, independent healthcare providers have been required to publish their WRES data. Participants should be aware of the WRES requirements, so give a general overview of the data required (<b>in preliminary reading</b>) around the recruitment, progression, disciplinary and abuse/bullying numbers in the minority ethnic members of the workforce.</p> <p><b>Most importantly, data is needed to set targets and to see if those targets are met. As will be seen in the next slide, Race Equality Foundation recommended the setting of key performance indicators for more inclusive recruitment and commissioning. Data could also be used in relation to the numbers of Black, Asian and minority ethnic staff at different grades and leadership levels.</b></p>	<p>3 mins</p>
<p><b>Check on learning</b></p>	<p>REF recommendations/slide 39/40</p>	<p>The recommendations appear again here as a reminder.</p> <p>The trainer should facilitate a <b>short</b> discussion around the practical steps which participants might take in their own</p>	<p>5 mins</p>

		<p>settings to incorporate/act upon these recommendations. Examples might include:</p> <ul style="list-style-type: none"> <li>• Asking existing Black, Asian and minority ethnic Health and Justice staff to share their experiences by way of outreach work in local Black, Asian and minority ethnic community groups to deal with the stigma associated with working in H&amp;J settings or to promote vacancies.</li> <li>• Set up coaching and mentoring schemes for Black, Asian and minority ethnic staff to progress their career.</li> <li>• Collect data at all stages from advertisement of positions to the shortlisting, interviewing, recruitment, career progression, continuing education opportunities, disciplinaries, and leadership opportunities.</li> </ul>	
<b>Define practical steps to achieve non-racist H&amp;J workplaces</b>	Ensuring no racism in H&J settings/slide 41	<p>Read through slide. These points were derived from discussion with participants from the deep dive research.</p> <p>Highlight to the participants that the starting point for inclusivity is ensuring that people can speak freely, and race and ethnicity are sensitive topics. This sensitivity cannot be ignored - these difficult conversations need a safe place to happen. Establishing regular meetings and/or a space where all staff can address their concerns will create these safe spaces for staff. Developing and implementing a mentoring/coaching programmes for Black, Asian and minority ethnic staff, is also another way some providers have created a safe space for staff conversations. These programmes also help with career development and progression.</p>	3 mins
<b>Review and check on learning</b>	Reviewing and reflecting on the learning objectives/slide 42	<p>Remind participants that the group has looked at obvious and less obvious racism including unconscious bias and microaggressions. They have looked at racism within the criminal justice system and at how to create safe spaces for discussions around race to take place in H&amp;J settings. Remind participants of the 'Top Tips' to counter unconscious bias from slide 29 and the discussions they have had around the need for data and how the data they have available in their service might be used and the practical steps which they might take to start addressing</p>	10 mins

		<p>all of the other Race Equality Foundation's recommendations.</p> <p><b>Ask</b> what actions will participants take away from the training? Choose a participant who has been very vocal to go first and depending on time and numbers, ask everybody to name 1 or 2 actions/takeaways.</p>	
	Resources/slides 43, 44,	<p>Point out NHS Health and Wellbeing support on slide 44 and signpost staff to host settings/local further support as appropriate. Ideally slides can be shared digitally with participants.</p> <p>Trainers need to understand the type of support which might be requested:</p> <ul style="list-style-type: none"> <li>• practical support to put in place REF. recommendations - see NHS good practice guide and anti-racism strategy - slide 44.</li> <li>• trauma and emotional support, NHS Wellbeing support - slide 44.</li> <li>• isolation - NHS future collaboration platform - slide 44.</li> </ul>	<p>5 mins</p> <p>Full session 170 mins/ 2hr 50 mins</p>
<b>Evaluation</b>	Slide 45	<p>Get evaluation feedback from participants of the training. Use evaluation for training to improve the training delivery – such as timing for exercises, where more information is needed etc. There may also be examples with consent from participants that can be considered for further delivery.</p> <p>Evaluation can be at the end of the session, or after the training by sending participants either a form to complete and return to the trainer, or a form to complete online.</p> <p>A draft evaluation template is included for reference.</p>	<p>5 mins</p> <p>180 mins TOTAL 3 hours</p>

## Appendix 1: What is ethnicity?

Ethnicity is a socially constructed concept and as such often elicits discussion about what constitutes an ethnic group and how ethnicity data is recorded and used. The Oxford dictionary defines ethnicity as:

*A term for the ethnic group to which people belong. Usually it refers to group identity based on culture, religion, traditions, and customs. In some contexts, it is a “politically correct” term equivalent to the word “race,” which may have pejorative associations.*

([Oxford Reference](#), access March 2022)

Examples of ethnic groups: Black Caribbean, Chinese, Roma, Traveller, White Irish

It is accepted that ethnicity should be self-defined and this can lead to the complexity in understanding and researching ethnicity.

Religion is an important consideration in ethnicity, for religion is often expressed within the context of ethno-national identifications. Indeed, asking about religion as part of ethnicity coding was considered in 2001 census because both Jews and Sikhs are defined as ‘racial groups’ for the purpose of anti-discrimination legislation (Farkas, 2020).

It is worth noting that ethnicity is fluid and an individual’s self-identified ethnic group could change over time due to sociocultural trends or changes in Census methodology (Saunders, 2013). A modern example is how DNA testing has influenced how some people may change their ethnic identify after getting their test results. Another example is the classification of Arab as a separate ethnic group in the 2021 census whereas previously, individuals might categorise themselves under ‘white other’

Whilst ethnicity and race are often used interchangeably, it is important to understand the difference. Race is understood to refer to a mixture of physical, behavioural and sometimes cultural attributes.

### References

Farkas, L, 2020, *Analysis and comparative review of equality data collection practices in the European Union: data collection in the field of ethnicity*. European Commission, Directorate-General for Justice and Consumers, Publications Office.

<https://data.europa.eu/doi/10.2838/447194>

Saunders, C.L. et al, 2013, 'Accuracy of routinely recorded ethnic group information compared with self-reported ethnicity: evidence from the English Cancer Patient Experience survey', *BMJ Open*, 3(6), pp. 1-9). 2013

### Further reading

[Laux, 2019, How we're helping people understand ethnicity data](#)

[Ethnicity facts and figures: Government data about the UK's different ethnic groups](#)



## Appendix 2: Resources referred to in the slide pack

Equality Act 2010 [www.acas.org.uk/race-discrimination](http://www.acas.org.uk/race-discrimination)

[Inclusive Britain Report](#) (2022)

[Lammy review](#) into the treatment of, and outcomes for Black, Asian and minority ethnic individuals in the criminal justice system.

[NHS England Health and Justice Inclusive Workforce Programme](#)

NHS England's Midlands Health and Justice region, Top Tips for EDI

NHS Equality, Diversity and Inclusion (EDI) training [good practice guide](#)

NHS [Future collaboration platform](#) for the Inclusive Workforce Programme

NHS [Health and wellbeing support](#)

[NHS Leadership Academy](#)

NHS People Plan Having safe and effective wellbeing [conversations](#) (training for line managers to support staff)

NHS Workforce [Race Equality Standard](#) (WRES)

[One to one coaching](#) for Black Asian and minority ethnic staff in the NHS

Other resources:

Developing an [anti-racism strategy](#) from the Institute of Personnel and Development

Hate crime statistics - [Home Office National statistics 12/10/21](#)

Appendix 3: Summary version of the Race Equality Foundation Deep Dive



Deep dive analysis into Race and Ethnicity for the  
NHS England, Health and Justice, Inclusive Workforce Programme

Summary version  
September 2021

Tracey Bignall, Jes Phillips and Jabeer Butt  
Race Equality Foundation

## **Introduction**

The Inclusive Workforce programme (IWP) aims to improve ‘the recruitment and retention of a larger, more diverse, inclusive and representative workforce for all the Health and Justice commissioned services and programmes.’ The Race Equality Foundation has been commissioned to conduct a deep dive impact analysis into race and ethnicity for the IWP to ensure the programme is doing all it can to promote diversity and awareness via its respective projects.

## **Background**

The IWP includes a range of projects and initiatives designed to address the wide range of identified barriers to recruitment and retention for Health and Justice services. The intention of this commissioned deep dive analysis is to enable the IWP to have a better understanding of the race related issues pertaining to Health and Justice workforces. This will help to ensure that all strands of work within the IWP are optimised to help ensure a representative and diverse workforce for Health and Justice services impacted by the work of the IWP.

## **Methodology**

The deep dive started with a literature review<sup>1</sup> on the healthcare workforce in Health and Justice and related settings, with a focus on structural and systemic barriers, including career progression and continual professional development, ethnic and racial representation and the recruitment and retention of staff and is presented as a separate report. The literature review informed the engagement stage of semi-structured interviews with 10 employees working across a range of Health and Justice programmes, including those working on the IWP and three focus groups held with frontline staff from a range of Health and Justice commissioned services.

## **Themes highlighted in the deep dive**

This deep dive revealed nine clear themes with regards to workforce issues to help inform the work of the IWP. Each of these themes is outlined below and specific programme and service level recommendations provided in later section.

The nine themes include:

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<sup>1</sup> Available upon request

## **Raising awareness of roles/careers**

A commonly cited issue in the focus groups was limited awareness of the Health and Justice sector as a key factor influencing recruitment. There is a lack of awareness of the sector in general and of the type and range of job roles within it.

When participants were asked how they came to be working in their current role, common responses were 'word of mouth' and it had been recommended to them. The general consensus was that it wasn't widely advertised, and people weren't sure how the general public would find out about it unless they knew someone already involved.

Participants agreed that the profile of Health and Justice needs to be raised, identifying the need to improve the image and address some people's negative perception of what healthcare in the criminal justice system may entail. Some participants are already proactively doing this by engaging with local schools, colleges and universities to give talks and lectures.

Within the interviews, participants spoke about measures being taken to address raising awareness, in particular the planned online module, which is part of the IWP. The module aims to provide people with relevant information around working in Health and Justice, the roles within this and exactly what this entails. There are also plans in place to facilitate student placements within Health & Justice settings. However, the challenge often cited here is the vetting process. Despite this, plans to try and establish ongoing and strong connections between universities and service providers are being developed.

## **Stigma/image**

One topic raised was a felt stigma about working in Health and Justice commissioned services, which may be related to public perceptions of working within a criminal justice setting and/or with offenders.

This correlates with the findings from the literature review, which indicated the stigmatisation of offenders often transferred to those working with them and resulted in their colleagues and peers often seeing their job in a negative light.

The focus group participants found that public understanding of the Health and Justice sector is often limited to working in prisons and their perception of prisons is formed by the sensationalised/negative image they may see on television and in films. This public perception of a dangerous work environment was mentioned several times by focus group members as being seen as a key barrier to recruitment.

Focus groups participants noted that when they spoke about their jobs and working with prisoners, other health professionals, family and friends, and members of the public had little

understanding of why someone would choose to work within a criminal justice setting. This lack of understanding sometimes led to their skills and ability to work in other healthcare settings being called into question by other healthcare professionals and staff within different services. In fact, for many the opposite is true and to work within Health and Justice you need a more diverse set of skills to succeed in sometimes challenging environments.

The difficulty in addressing stigma was acknowledged, largely because it exists in many different forms and can vary between services. For example, working with children and young people with complex needs might be seen as '*too upsetting*', which is a different type of stigma from '*prison is a dangerous place to work*'.

Some participants from the prison healthcare and Liaison and Diversion focus groups told us that the image of working in their services for people from Black, Asian and minority ethnic backgrounds can sometimes be seen as negative. This is again a different type of stigma to be addressed, which stems from ongoing overrepresentation of these communities, such as the African Caribbean community, within the criminal justice system leading to a deep-rooted mistrust.

Despite all the different variations of stigma, participants described their main motivations for working in this sector as being part of people's rehabilitation process, to change the common perception of people in prison not being worthy of health care, wanting to positively contribute to a better society, represent their own community and to be a role model.

## Recruitment

With regards to the theme of recruitment, a lack of awareness and/or having potential negative perceptions/stigma noted above will likely impede people applying to roles in the first place. The first two themes are therefore significant barriers to recruitment. Processes concerning recruitment, particularly issues to do with advertising and marketing were also raised as important.

Using NHS Jobs to advertise for roles was said to potentially limit the amount of people seeing the adverts, as it is not necessarily seen as the obvious platform for Health and Justice jobs that are outside traditional healthcare settings.

Geographical location was also a factor to influence recruitment as in some areas, the potential pool of people to recruit from is small or due to transport reasons, the location may not be accessible to all. For example, a lack of public transport routes close to the workplace will prevent someone without a car applying.

It was found that for some professions, the level of ethnic diversity was influenced as early on as university. Some participants noted that their entire cohort at university was White and predominantly female, this, in turn, affects how diverse the workforce will be in that particular field and, as noted, affects the service that is offered. The lack of diversity was reflected in the negligible numbers of students of Black, Asian and minority ethnic backgrounds studying psychology as a degree.

Participants also mentioned the length of the application process, especially once someone has been offered a job and going through security clearances. It was said that this stage can take months and during this process is often where they lose people who had been offered positions. For people with lived experience, the application process was described as daunting and knowing people within the organisation to support them was said to be beneficial. Action is being taken within the IWP to help ensure the application process is accessible for all.

Some participants from Black, Asian and minority ethnic backgrounds and those with lived experience said the perceived negative working environment and lack of representation may be factors that put people off. As also reflected in the literature concerning the experiences of those working in the public sector, examples of systematic racism, discrimination and unconscious bias were all mentioned as factors that could affect recruitment.

For example, potential discrimination during the recruitment process could be having an '*all White*' interview panel, which may lead to unconscious bias or may lead people to think they are not reflected in the organisation. These factors were recognised by those practitioners consulted and services are taking actions to address the issues. For example, by having a more inclusive interview panel and also via the lived experience charter project which has run workshops to help make the recruitment process accessible to all.

## **Experience of the work environment**

People's experience of their work environment varied depending on the service and setting they were in. For some people with lived experience who were part of a diverse team, feelings of being supported and valued by their immediate team created a positive inclusive work environment. It was noted the same people going into host settings, such as prisons, described situations where they were treated negatively by staff in other services and experienced subtle but nonetheless traumatic forms of racism and prejudice.

Host settings were raised as a factor affecting people's work environment. The workplace culture of host settings, for example secure settings, was noted as potentially inhospitable towards

people from Black, Asian and minority ethnic groups, described as being ‘*old-fashioned*’ using language that is not ‘*politically correct*’ and although people said the ‘*banter*’ wasn’t directed at them, it could make the workplace quite a difficult place to be. This coincides with what was found in the literature review and the evidence of poorer experiences for Black, Asian and minority ethnic groups in other areas of criminal justice, for example probation, and within the wider NHS. Microaggressions and other prejudices that impact people’s work environment have a direct impact on recruitment and retention. If people hear negative things about a workplace, they may not apply, or if people have these negative experiences, they may leave their job.

To create a support network and increase workforce resilience, some frontline participants from Black, Asian and minority ethnic communities spoke about the BME Network they were establishing in their own organisations and reaching out to others to find out what they were doing. Lived experience participants raised the need to reflect on whether there is a support network around them when supporting offenders in situations which might re-traumatize them. It was acknowledged that the motivation to recruit a diverse and inclusive workforce must be equalled with the motivation to build a positive work environment. The Lived Experience Charter is being developed by the IWP for recruiters to engage with and sign up to and it includes three key themes: policy, work environment, and positive practices.

## **Retention and progression**

Important factors for retention included the support provided in the work environment. Lived experience participants talked about the support they received working alongside ‘professional’ Health and Justice staff.

The literature highlights how Black, Asian and minority ethnic staff experience trauma and re-traumatisation issues when working with perpetrators of hate crime. For example, we heard how entering prison settings can re-traumatise lived experience participants.

Black, Asian and minority ethnic focus group participants mentioned how the lack of diverse representation at senior level impacted on people applying for senior roles, noting that if people cannot see themselves represented in senior management, there is the perception that those positions are not for them.

The implications of the lengthy vetting process were raised in terms of recruitment, but this also raises additional challenges with progression for staff with lived experience.

Lived experience participants stated it was a ‘*minor miracle*’ for them to be working in prisons but vetting prohibited their progress, as they continued to be viewed as a risk in prison healthcare

settings. Participants spoke of the need to ensure those with lived experience were given the opportunity to develop within their roles and move on to more leadership positions. It was recommended that there should be an inclusive workplace that not only retains staff but makes sure there is opportunity for growth for those with lived experience, ensuring they are '*equally represented across the various levels of seniority*'.

The IWP current work on lived experience includes looking at elements of training for employers to better support lived experience staff through development of the lived experience charter and recruitment guidance. A positive working environment is conducive to supporting an inclusive and diverse workforce. Development of such an environment will need to focus on improving workforce culture for staff retention and progression. One example given was how staff teams are prepared for lived experience individuals to be equally part of their workforce and having conversations on whether to disclose their past or not.

Some participants stated that they felt that their career progression is dependent on their employer's commitment to race equality and diversity. Staff development was noted to be influenced by wider factors than what an employer had to offer. Focus group participants were willing to be role models to raise awareness of this career path to improve diversity of the workforce. Some participants mentioned how they provided support through coaching and mentoring to other Black, Asian and minority ethnic staff to enable them to progress in their careers.

## **Workforce diversity**

What was clear was the perception of a more ethnically diverse workforce for those staff working in direct contact with offenders (as frontline staff). Almost all Black, Asian and minority ethnic participants stated that diversity diminished as seniority increased.

Some staff noted that, in some areas, the lack of diversity impacts the services offered to the service users. For example, reported requests to be seen by a practitioner of the same sex/race and it not being possible. Most participants were aware that ethnic, gender and cultural factors could influence service user engagement and response to services being offered in the wider health sector. Having a diverse workforce does have implications for service provision, particularly when working within settings such as prisons that have a diverse population. Some settings had provision that recognised the cultural needs of offenders.



Recruiting an ethnically diverse workforce was challenging for some regions, with one participant mentioning how the lack of diversity within the local demographic meant it was difficult to have a diverse workforce compared to larger cities.

It was noted that some organisations actively embed diversity throughout, including actions on recruitment using a range of traditional and social media routes for advertising; training, raising awareness about health and justice posts and apprenticeships. One private provider organisation reported having specific organisation-wide equality, diversity and inclusion working groups. Black, Asian and minority ethnic participants pointed out how informal networking impacts on their progression. More considerations should be given to how informal staff events can be inclusive of a person's cultural or religious beliefs as opposed to excluding staff. The expectation is that a more diverse leadership would lead to inclusivity at social events, where networking takes place.

## Data

Due to the different types of organisations involved, different types of data are collected and being held on different systems.

The literature review notes that the current NHS occupation codes and trust level data does not differentiate which staff are working in Health and Justice settings. However, any such workforce data collected was likely to be for an individual organisation's internal use and not shareable. Demographic data on students and what courses they are undertaking can show trends and would be useful to plan recruitment campaigns for particular health areas and settings. In order to recruit staff for specific areas, baseline information is needed concerning the gaps as well the current workforce profile. But some participants were not able to access baseline data. Difficulties in accessing workforce data for the IWP are further impeded by national and regional practices concerning data access and use.

Specific communications regarding workforce diversity activity were dependent on the issues relating to data sharing across the NHS and is leading to less autonomy regarding how communications campaigns can be developed and implemented for the IWP.

The implication of the issues raised is the need for workforce data to be a high priority across Health and Justice and within the IWP. Moreover, sufficient time should be allocated to the collection and recording of data. Everyone needs to understand why this data is necessary to collect and how it can be used.

## Commissioning

Commissioning was identified as an area that can have a clear impact on workforce diversity. The commissioning process sees various size providers delivering healthcare in justice settings. Some participants identified areas where commissioners can support the development of an inclusive and diverse workforce, by including specific requirements in the procurement tender documents. Providers bidding for contracts could demonstrate how they are addressing specific requirements for an inclusive workforce.

The IWP commissioning guidance being developed is an opportunity for more attention on workforce diversity during procurement that can include student placements through to leadership opportunities. Including assurance requirements around the racial, ethnic and gendered make-up of employees will lead to a more diverse workforce at every level and provide improved services.

Participants suggested there was potential for commissioning services to be more effective in addressing diversity through the integrated care systems (ICS). Some participants highlighted the opportunity of the ICS to raise awareness, facilitating diversity of roles because of the number of providers available enabling wider recruitment routes other than the NHS jobs.

## Leadership

Leadership was a clear theme to emerge; however, within it there were some distinctions. A point that was reiterated throughout the prison and L&D focus groups was the higher level of ethnic diversity among frontline staff and lower-level leadership positions, whilst moving up in seniority introduced a dominance of White males.

It was noted that the lower-level leadership roles in some services were ethnically diverse and the people from Black, Asian and minority ethnic backgrounds in those positions felt they had the ability to influence change and support others from Black, Asian and minority ethnic communities to develop and progress in their careers.

Another commonly cited factor relating to leadership was around people with lived experience and potential barriers for them to develop within their role and embark on a pathway to leadership. The difficulties for people with lived experience progressing in their career have been discussed within the retention and progression theme, highlighting vetting as a significant barrier, with the potential to re-traumatise people who are living a positive and crime-free life.

## Recommendations

Listed below are some recommendations under each theme to address some of the issues raised during our conversations. Many of the recommendations overlap in how they address each theme. All of the recommendations are important to increase ethnic diversity within the workforces that the IWP covers, but the most urgent recommendations that will impact on doing so are to address the data issue, raise awareness and address recruitment.

### Awareness

- Autonomous social media campaign for Health and Justice and IWP (action for the IWP)
- Develop a structured programme of promotional work to deliver in secondary schools, colleges, universities and communities (could be national or local action)
- Create a map of the Health and Justice sector, all the services it provides and the roles within those services to use for all awareness-raising activities (action for IWP)

### Stigma

- Outreach work with Black, Asian and minority ethnic communities to build trust and promote Health and Justice roles (action for services)
- Promotional work by existing employees to dispel myths and answer questions (action for services, possibly also the IWP)

### Recruitment

- Set Key Performance Indicators for commissioned services (national action potentially with regional input)
- Advertise wider than within NHS Jobs to ensure wider reach and encourage diversity of applicants, including BME networks (actions for services)

### Experience of work environment

- A wider examination of host settings and other services that influence working environment (actions for services)

- Extra support available for staff who experience racism/discrimination e.g. counselling, mentoring (actions for services)
- Increased training on what microaggressions, prejudice and unconscious bias look like and how they can impact people (actions for services, possibly a role for the IWP)

## **Retention/Progression**

- Implement different ways to retain staff e.g. support for career development, staff networks, mentoring, financial incentives, to reduce levels of agency staff (actions for services, possibly a role for the IWP)

## **Workforce diversity**

- Ensure race, lived experience and ethnic diversity is reflected visibly throughout workforce at different levels (actions for services, possibly a role for the IWP)

## **Data**

- Data collection of race and ethnicity a requirement for commissioned services (action to be led at a national level)
- Data collection of race and ethnicity across all services as standard practice (action to be led at a national level)
- Services have access to data as a baseline to support implementation of IWP (action to be led at a national level)

## **Commissioning**

- Set diversity (gender, race, ethnicity) Key Performance Indicators across all commissioned services (action to be led at a national level)

## **Leadership**

- Mentor leadership programme (could be a local or national action)
- Clear pathways to leadership identified (could be a local or national action)

- Transparency of leadership structure across services (action for providers)
- Support for Black, Asian and minority ethnic employees to progress (could be a local or national action)

## Conclusion

The deep dive analysis of the IWP and snapshot of some of the workforces it covers has found the race and ethnic diversity of the workforce is not as widely perceived, with participants identifying contrasting variability at frontline services compared to senior leadership level. Wider factors affect Health and Justice being seen as a career path and variations amongst the organisations that provide services mean staff have different experiences, which can impact on retention.

There is interesting work taking place and opportunities to make a difference through the various workstreams of the IWP, particularly regarding lived experience staff, but the lack of access to, and knowledge of, workforce data will make it difficult to measure impact of the programme in relation to race and ethnicity. There is a real enthusiasm for change leading to a more inclusive and representative workforce. Acting on the recommendations will help the opportunities within the programme to make a difference on workforce diversity.

## Appendix 4: Evaluation

<b>Title Evaluation</b>	
<b>Time required</b> 10 minutes	<b>Equipment required</b> Evaluation sheets
<b>Overview</b> To get feedback on the training	
<b>Objectives</b> To check if training met is objectives	
<b>Process</b> Each participant will be asked to complete an evaluation sheet.	
<b>Discussion points</b>	

We are committed to delivering the best skills development courses and we would appreciate your comments.

Can you identify three lessons that you gained from today
1
2
3
What else should have been covered by the programme?
Were there aspects of the programme that should be dropped?
In order to assess the facilitators of today's training, please complete the following sentence. <i>The facilitators of this programme were.....</i>
Is there anything you would like to add?

## **Appendix 5: Recommendations from Race Equality Foundation Deep Dive for health and justice providers**

### **Recommendations for Health and Justice service providers from the Race Equality Foundation deep dive analysis into Race and Ethnicity for the NHS England, Health and Justice, Inclusive Workforce Programme**

#### **1. Raise Awareness**

Develop a structured programme of promotional work to raise awareness of the work roles available in Health and Justice to deliver in secondary schools, colleges, universities, and communities.

#### **2. Address Stigma**

Undertake outreach work with Black, Asian and minority ethnic communities to build trust and promote Health and Justice work roles.

Implement promotional work by existing employees to dispel myths and answer any questions they may have about working within Health and Justice services.

#### **3. Promote better recruitment**

Advertise wider than within NHS Jobs to ensure wider reach and encourage diversity of applicants, including Black and minority ethnic networks.

#### **4. Experience of work environment**

Undertake a wider examination of host settings and other services that influence working environment.

Make extra support available for staff who experience racism/discrimination e.g., counselling, mentoring.

Increase training to all staff on what microaggressions, prejudice and unconscious bias look like and how they can impact people.



## **5. Improve Retention/Progression**

Implement different ways to retain staff e.g., support for career development, staff networks, mentoring, financial incentives, and thus reduce levels of agency staff.

## **6. Address workforce diversity**

Ensure race, lived experience and ethnic diversity is reflected visibly throughout workforce at different levels.

## **7. Improving Data**

Ensure the collection of, and access to race and ethnicity data of workforce and applications to the workforce.

## **8. Improve leadership**

Develop and implement a mentor leadership programme.

Ensure clear pathways to leadership are identified.

Ensure there is transparency of the leadership structure across services.

Implement action that supports Black, Asian and minority ethnic employees to progress.

## **About the Race Equality Foundation**

This training was developed by Eleni Bloy, Associate and Tracey Bignall, Senior Policy and Practice Officer at the Race Equality Foundation. The Foundation tackles racial inequality to improve the lives of Black, Asian and minority ethnic communities. We are an acknowledged authority on the health and social care experience of Britain's Black, Asian and minority ethnic communities as well as on how to improve experiences and outcomes. Our expertise has been developed over 30 years of collecting and collating evidence, translating these into good practice guides and learning materials, and then using a range of methods to disseminate these to deliver change.

<https://raceequalityfoundation.org.uk/about-us/>