

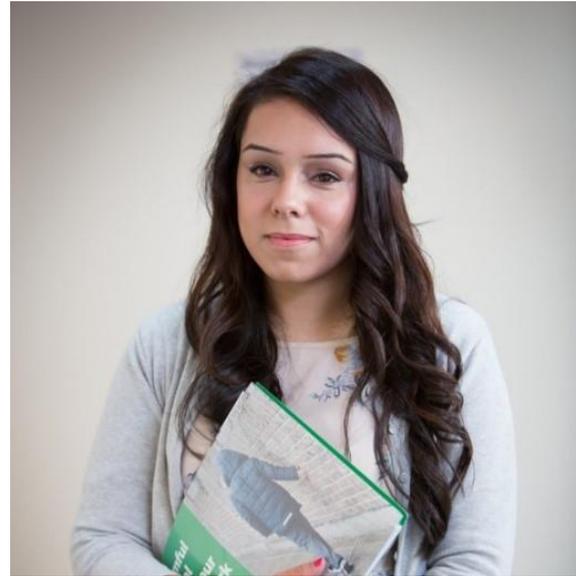
Development of an Anti-Racism Community of Practice in the North-East & Yorkshire



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With Contributions from:

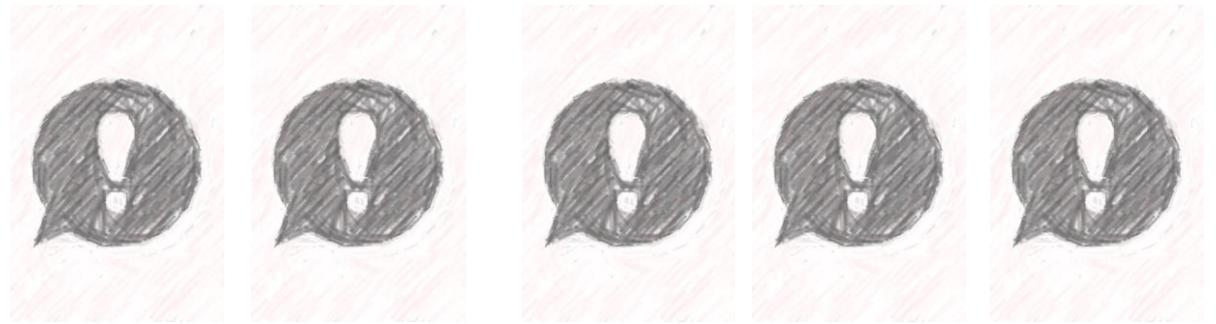
Dr Fameeda Ansari, Dr Rebecca Chan, Dr Alex Perry & Elizabeth Ruth



Welcome & Introductions



A small request....

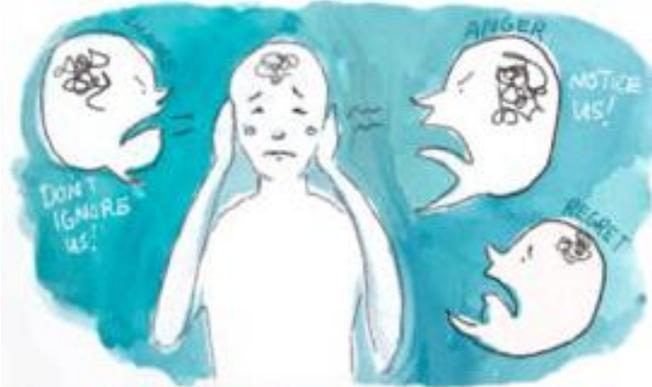


Discussion on Anti-Racism, Anti-Racist Practice, Whiteness and Racism may make you uncomfortable, push you to your margins.....but that isn't always a bad thing!

- Given that it is well documented that psychological practitioners (of all skill level, knowledge and expertise) report this topic evokes discomfort. There are three assumptions that we make:
- Assumption 1: If it evokes discomfort you are probably in 2 groups
- Assumption 2: You are here because you care about others and want to do better
- Assumption 3: You are here to learn, reflect and grow

Safe Spaces or Brave Spaces?

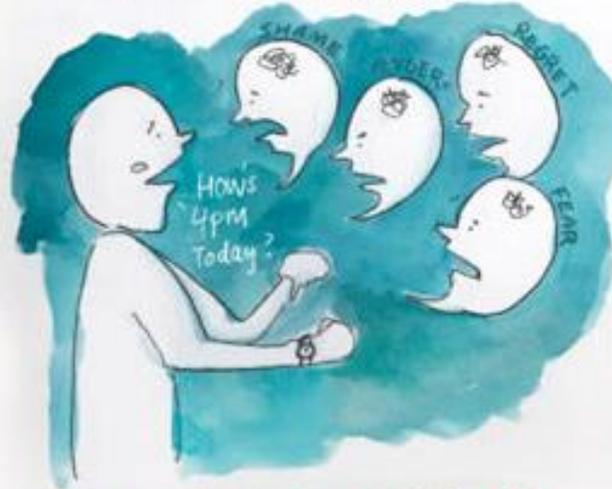
BEFRIEND YOUR DISCOMFORT



NOTICE THE DISCOMFORT
IN YOUR BODY & MIND



CURIOSLY ASK... WHICH
EMOTIONS ARE WANTING ATTENTION?



INVITE THEM FOR TEA
SET ASIDE TIME AND MAKE
AN APPOINTMENT



SIT WITH THEM
HELP THEM FEEL SEEN,
HEARD, AND UNDERSTOOD

A note on language



Session Overview

- Why focus on Anti-Racism in the North-East & Yorkshire?
- The use of Anti-Racist Tools and the evidence base
- A brief overview of the Community of Practice
- Voices of Community Members – the learning & challenges?
- Emerging evaluation of the Community of Practice
- Top Tips for anyone considering setting up an Anti-Racism Community of Practice

The PPN North East and Yorkshire

We represent 4 Integrated Care Systems (ICS's)...

- Humber and North Yorkshire
- North East and North Cumbria
- South Yorkshire and Bassetlaw
- West Yorkshire

What we do?

- Engage and connect all psychological professionals so that we can have a stronger voice together.
- Advise policy-makers, workforce planners and commissioners.
- Support the safe and effective expansion of the existing and new psychological professions.

What is a CoP?

Communities of practice (CoP) are professionals and other stakeholders who share a common interest either in a professional discipline or area of practice or who work with specific clinical populations.

Why focus on Anti-Racism?

1. Staff experience

- Institutional Racism affecting career progression
- Subject to racism (staff/patients/managers)
- Disproportionately subject to disciplinary action

WORKFORCE

Over half of ethnic minority NHS leaders consider quitting due to racism

By Nick Kituno | 17 June 2022



Just over half of senior ethnic minority leaders have considered leaving the NHS due to experiencing workplace racism, a survey shared with HSJ suggests.

Why focus on Anti-Racism?

1. Staff Experience

Table 1: WRES indicators for NHS trusts in England: 2016–2021

WRES indicator		Year						
		2016	2017	2018	2019	2020	2021	
1	Percentage of BME staff	Overall	17.7% *	18.1% *	19.1%	19.9%	21.1%	22.4%
		VSM	5.4% *	5.3% *	6.9%	7.6%	7.9%	9.2%
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants		1.57	1.60	1.45	1.46	1.61	1.61
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		1.56	1.37	1.24	1.22	1.16	1.14
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff		1.11	1.22	1.15	1.15	1.14	1.14
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	BME	29.1%	28.4%	28.5%	29.7%	30.3%	28.9%
		White	28.1%	27.5%	27.7%	27.8%	27.9%	25.9%
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BME	27.0%	26.0%	27.9%	29.3%	28.4%	28.8%
		White	24.0%	23.0%	23.4%	24.4%	23.6%	23.2%
7	Percentage of staff believing that their trust provides equal opportunities for career progression or promotion	BME	73.4%	73.2%	71.9%	69.9%	71.2%	69.2%
		White	88.3%	87.8%	86.8%	86.3%	86.9%	87.3%
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	BME	14.0%	14.5%	15.0%	15.3%	14.5%	16.7%
		White	6.1%	6.1%	6.6%	6.4%	6.0%	6.2%
9	BME board membership		7.1%	7.0%	7.4%	8.4%	10.0%	12.6%

The current context in NE, Yorkshire & Humber?

Least well performing trusts by WRES indicator

Indicator 2	Indicator 3	Indicator 4	Indicator 5	Indicator 6	Indicator 7	Indicator 8	Indicator 9
Northern Lincolnshire and Goole NHS Foundation Trust	Derbyshire Healthcare NHS Foundation Trust	The Shrewsbury and Telford Hospital NHS Trust	North East Ambulance Service NHS Foundation Trust	East of England Ambulance Service NHS Trust	East of England Ambulance Service NHS Trust	East of England Ambulance Service NHS Trust	Barking, Havering And Redbridge University Hospitals NHS Trust
Chesterfield Royal Hospital NHS Foundation Trust	Camden and Islington NHS Foundation Trust	South Central Ambulance Service NHS Foundation Trust	Norfolk and Suffolk NHS Foundation Trust	North Cumbria Integrated Care NHS Foundation Trust	Tavistock and Portman NHS Foundation Trust	Shropshire Community Health NHS Trust	London North West University Healthcare NHS Trust
Wirral University Teaching Hospital NHS Foundation Trust	The Walton Centre NHS Foundation Trust	University Hospital Southampton NHS Foundation Trust	Shropshire Community Health NHS Trust	Northumbria Healthcare NHS Foundation Trust	South East Coast Ambulance Service NHS Foundation Trust	Tavistock and Portman NHS Foundation Trust	University College London Hospitals NHS Foundation Trust
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	Barnet, Enfield and Haringey Mental Health NHS Trust	North Cumbria Integrated Care NHS Foundation Trust	London Ambulance Service NHS Trust	Shropshire Community Health NHS Trust	London Ambulance Service NHS Trust	Tameside and Glossop Integrated Care NHS Foundation Trust	Moorfields Eye Hospital NHS Foundation Trust
Dorset Healthcare University NHS Foundation Trust	Herefordshire and Worcestershire Health And Care NHS Trust	Northampton General Hospital NHS Trust	South East Coast Ambulance Service NHS Foundation Trust	Dorset County Hospital NHS Foundation Trust	Tameside and Glossop Integrated Care NHS Foundation Trust	James Paget University Hospitals NHS Foundation Trust	Royal Free London NHS Foundation Trust
North Tees and Hartlepool NHS Foundation Trust	Kent And Medway NHS and Social Care Partnership Trust	Norfolk Community Health And Care NHS Trust	Devon Partnership NHS Trust	University Hospitals Of Morecambe Bay NHS Foundation Trust	Great Ormond Street Hospital for Children NHS Foundation Trust	East Cheshire NHS Trust	Central London Community Healthcare NHS Trust
Derbyshire Community Health Services NHS Foundation Trust	Shropshire Community Health NHS Trust	Norfolk and Norwich University Hospitals NHS Foundation Trust	West Midlands Ambulance Service University NHS Foundation Trust	Tameside and Glossop Integrated Care NHS Foundation Trust	Walsall Healthcare NHS Trust	County Durham and Darlington NHS Foundation Trust	Barts Health NHS Trust
Liverpool University Hospitals NHS Foundation Trust	Derbyshire Community Health Services NHS Foundation Trust	Essex Partnership University NHS Foundation Trust	South Central Ambulance Service NHS Foundation Trust	East Kent Hospitals University NHS Foundation Trust	Avon and Wiltshire Mental Health Partnership NHS Trust	East Kent Hospitals University NHS Foundation Trust	West London NHS Trust
South East Coast Ambulance Service NHS Foundation Trust	North Staffordshire Combined Healthcare NHS Trust	Sandwell and West Birmingham Hospitals NHS Trust	Camden and Islington NHS Foundation Trust	Northern Lincolnshire And Goole NHS Foundation Trust	Birmingham Community Healthcare NHS Foundation Trust	Walsall Healthcare NHS Trust	Bedfordshire Hospitals NHS Foundation Trust
York Teaching Hospital NHS Foundation Trust	Guy's and St Thomas' NHS Foundation Trust	East Lancashire Hospitals NHS Trust	South Western Ambulance Service NHS Foundation Trust	Yorkshire Ambulance Service NHS Trust	South Western Ambulance Service NHS Foundation Trust	Gloucestershire Hospitals NHS Foundation Trust	St George's University Hospitals NHS Foundation Trust

■ East of England
 ■ London
 ■ Midlands
 ■ North East
 ■ North West
 ■ South East
 ■ South West

Why focus on Anti-Racism?

2. Patient experience

Lower rates of access than expected (and over-representation in some secondary and tertiary level services)

- Worse patient outcomes
- Worse patient experience

Organisation Name	Variable Type	Variable A	Variable B	Recovery Rate	Reliable Recovery Rate	Reliable Improvement Rate	No Reliable Change Rate	Reliable Deterioration Rate
NORTH EAST AND YORKSHIRE ...	Ethnic Group	Asian or Asian British	All	46	43	64	26	8
NORTH EAST AND YORKSHIRE ...	Ethnic Group	Black or Black British	All	49	47	63	25	8
NORTH EAST AND YORKSHIRE ...	Ethnic Group	Mixed	All	48	46	67	24	6
NORTH EAST AND YORKSHIRE ...	Ethnic Group	Not stated/Not known/Invalid	All	47	44	61	29	6
NORTH EAST AND YORKSHIRE ...	Ethnic Group	Other Ethnic Groups	All	44	41	62	27	8
NORTH EAST AND YORKSHIRE ...	Ethnic Group	White	All	53	50	70	23	5

Variable Type	Variable A	Variable B	Recovery Rate	Reliable Recovery Rate
Ethnic Group	Asian or Asian British	All	47.1	44.7
Ethnic Group	Asian or Asian British	Any Other Asian Backgro...	44.2	41.9
Ethnic Group	Asian or Asian British	Bangladeshi	41.5	39.6
Ethnic Group	Asian or Asian British	Indian	51.6	48.7
Ethnic Group	Asian or Asian British	Pakistani	45.2	43.2
Ethnic Group	Black or Black British	All	48.6	46.3
Ethnic Group	Black or Black British	African	48.4	46.2
Ethnic Group	Black or Black British	Any Other Black Backgro...	48.4	46.1
Ethnic Group	Black or Black British	Caribbean	48.8	46.5
Ethnic Group	Mixed	All	47.3	44.8
Ethnic Group	Mixed	Any Other Mixed Backgro...	48.2	45.7
Ethnic Group	Mixed	White and Asian	48.4	45.5
Ethnic Group	Mixed	White and Black African	47.8	45.6
Ethnic Group	Mixed	White and Black Caribbean	45.6	43.3
Ethnic Group	Other Ethnic Groups	All	46.1	43.8
Ethnic Group	Other Ethnic Groups	Any Other Ethnic Group	44.5	42.6
Ethnic Group	Other Ethnic Groups	Chinese	54.0	50.3
Ethnic Group	White	All	52.9	50.3
Ethnic Group	White	Any Other White Backgro...	52.6	49.7
Ethnic Group	White	British	52.9	50.3
Ethnic Group	White	Irish	53.6	50.9
Ethnic Group	Not stated/Not known/Invalid	All	49.3	46.6

Anti Racist Tools

- Drawing on internationally recognised racial equity tools can be helpful in creating spaces to have challenging, complex but necessary conversations
- Race based caucusing and affinity groups internationally recognised and used in social work (Buehler, Rogerson & Gushwa, 2021), teacher training (Varghese, Daniels & Park, 2019), medicine and public health (Guh et al, 2020).
- Separate spaces for racially minoritised individuals and those who identify as white – with a further space to come together in an integrated space
- Caucusing can lead to more authentic and powerful integrated groups and allows racially minoritised individuals and white individuals to work better collectively

“Both racially minoritised individuals and white people are needed to work collectively for racial equity, but they have different work to do - precisely because of their different experiences with and location relative to power and privilege. Working only in integrated groups puts an undue burden on racially minoritised individuals to be the teachers and obscures the responsibility of white people to do their own work. The value of caucusing is so both white people and racially minoritised individuals have intentional space and time to focus on their respective work to dismantle racism and advance racial equity” (Racial Equity Foundation, 2023)



Anti Racist Tools

Caucuses and Affinity Groups

- To advance racial equity, there is work for white people and racially minoritised individuals to do separately and together.
- Caucuses provide spaces for people to work within their own racial/ethnic groups.
- Groups that use caucuses generally meet separately and create a process to re-join and work together collectively.
- **Accountability** is a key principle when implementing this methodology.

Overview of the Anti-Racism COP



**How can we understand the impact of the community of practice on its members and beyond?
How can we best communicate this impact?**

- The Anti-Racism CoP had its inaugural meeting in July 2022
- Co-produced COP Charter
- The community has since met 5 times over a year (4 meetings a year)
- Topics covered include: Whiteness, accountability, othering, understanding and exploring emotional responses to racism as psychological professionals
- COP Members decide topic of discussion, enter their caucuses and then engage in inter-caucus dialogue. Conversations are supported by facilitators
- Qualitative feedback after each session shows profound processes occurring for community members

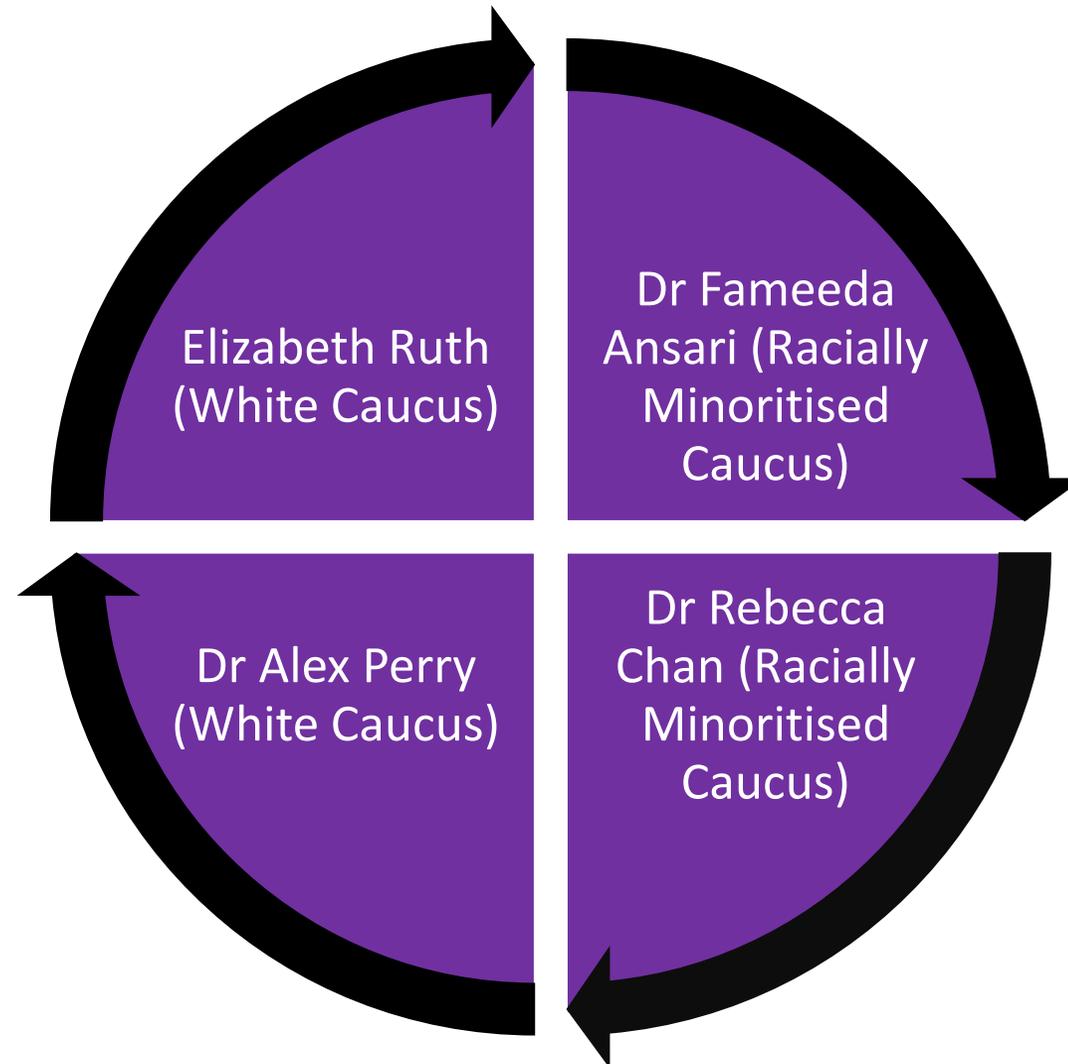
Voices of Community Members



Voices of Community Members

- What has been your experience of the anti-racism community of practice?
- What have been your emotional, personal and professional responses to caucusing?
- What makes caucusing different? (speak about intra and inter-caucus dialogue within this?)
- What have been some of your learning/reflections so far?

Voices of Community Members

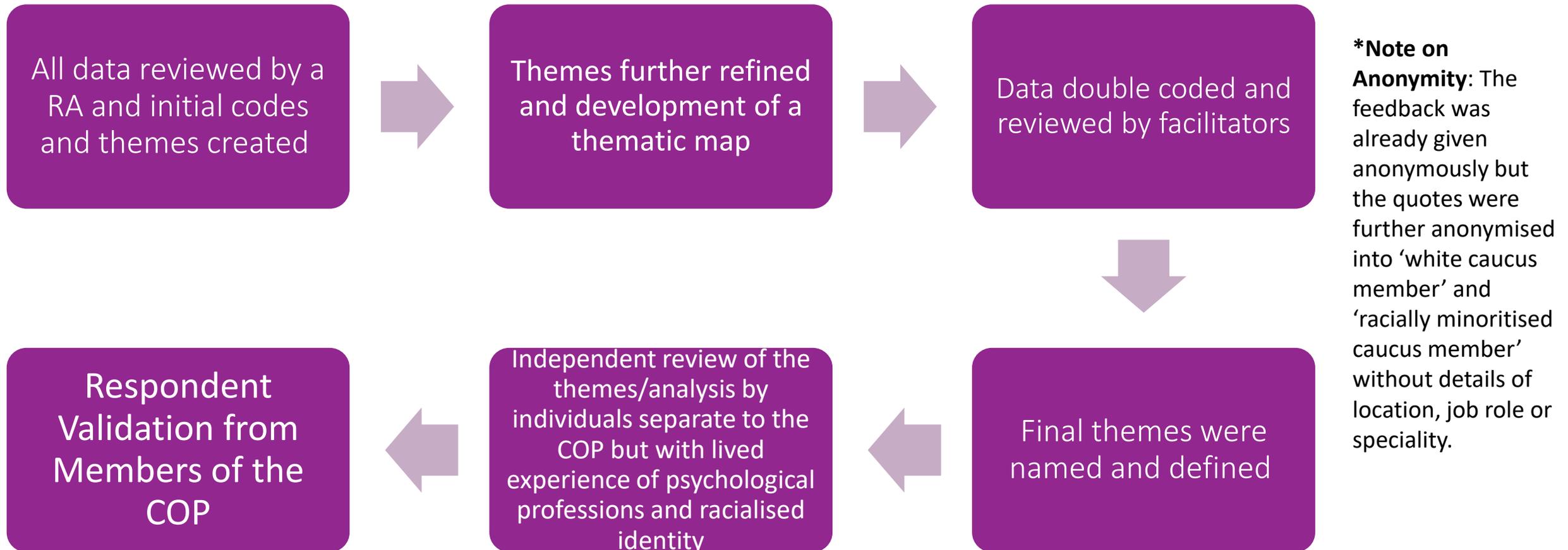


Evaluation of the Anti-Racism Community of Practice



Thematic analysis: Process

After each COP an anonymous survey was sent to all members for feedback and review. CoP members aware that data will be used for evaluation, research and development of the CoP. The qualitative survey responses were analysed using thematic analysis (Braun & Clarke, 2006).



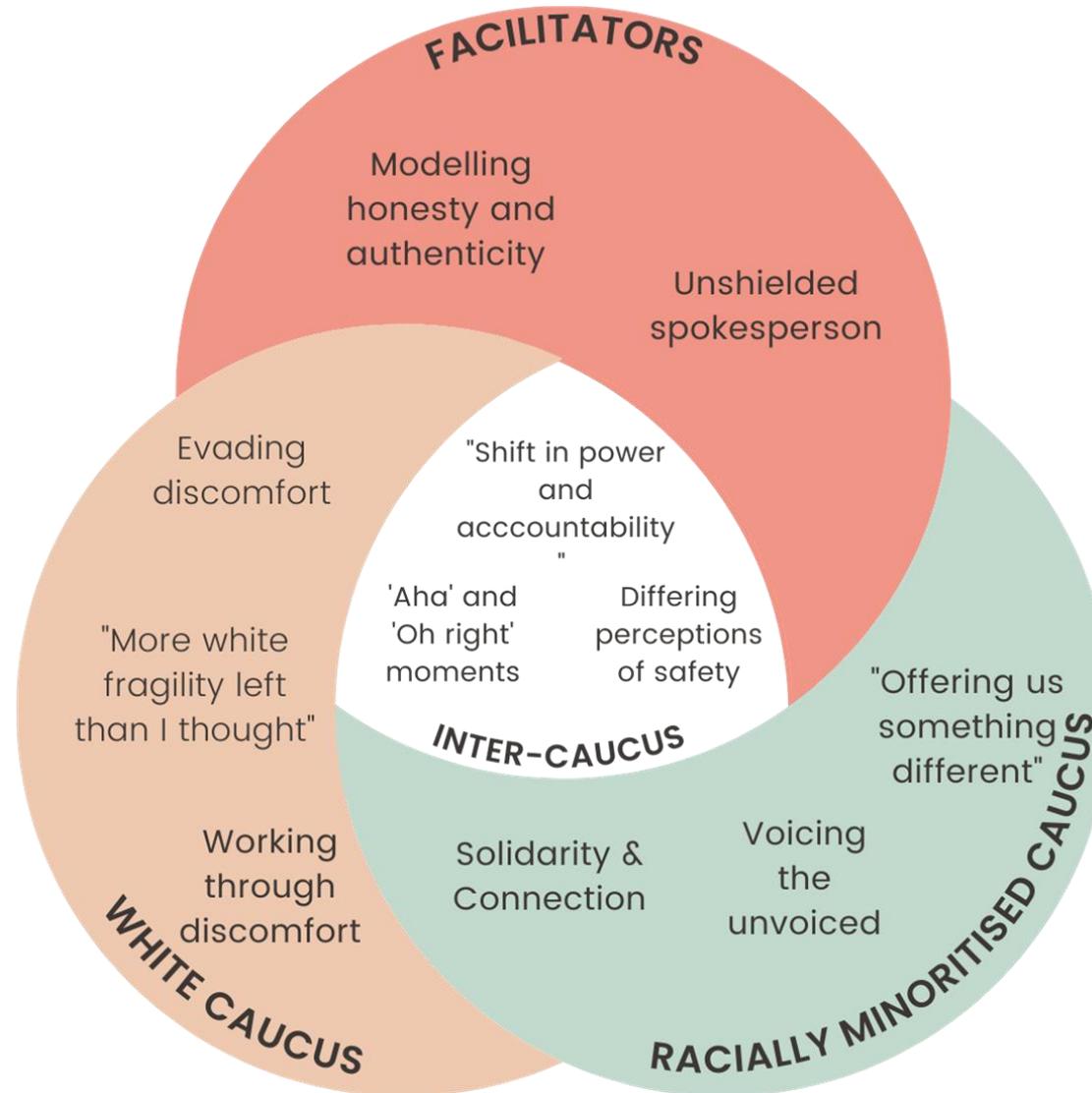
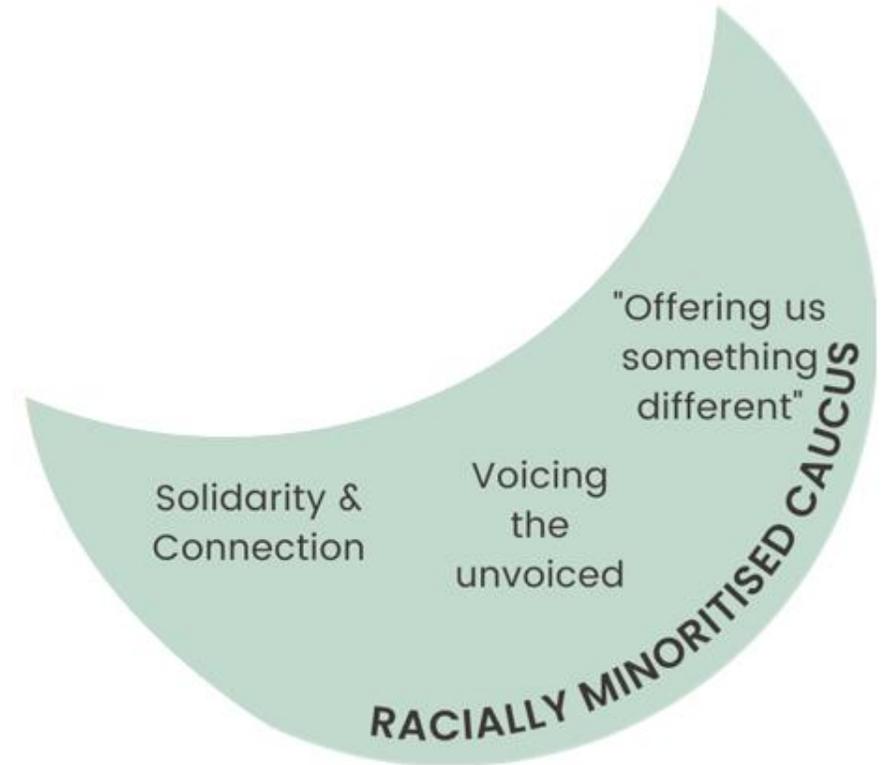


Figure 1. A thematic map of the themes split into four interconnected sections: racially minoritised caucus, white caucus, facilitators and intercaucus

Racially Minoritised Caucus:

Theme 1: Solidarity and Connection

- “I really value how authentic and honest people are in our caucus and it helps me connect with all of them”. *Racially Minoritised Caucus Member*
- “I feel the caucus is so very powerful, and every COP I attend it appears to deepen”. *Racially Minoritised Caucus Member*
- “I found it more comfortable to speak up about my difficulties as I was aware people had been through similar experiences”. *Racially Minoritised Caucus Member*
- Although I was saddened to hear some of the experiences my fellow BAME psych professionals have had or continue to have, I felt connected to them”. *Racially Minoritised Caucus Member*



Racially Minoritised Caucus:

Theme 2: Voicing the Unvoiced

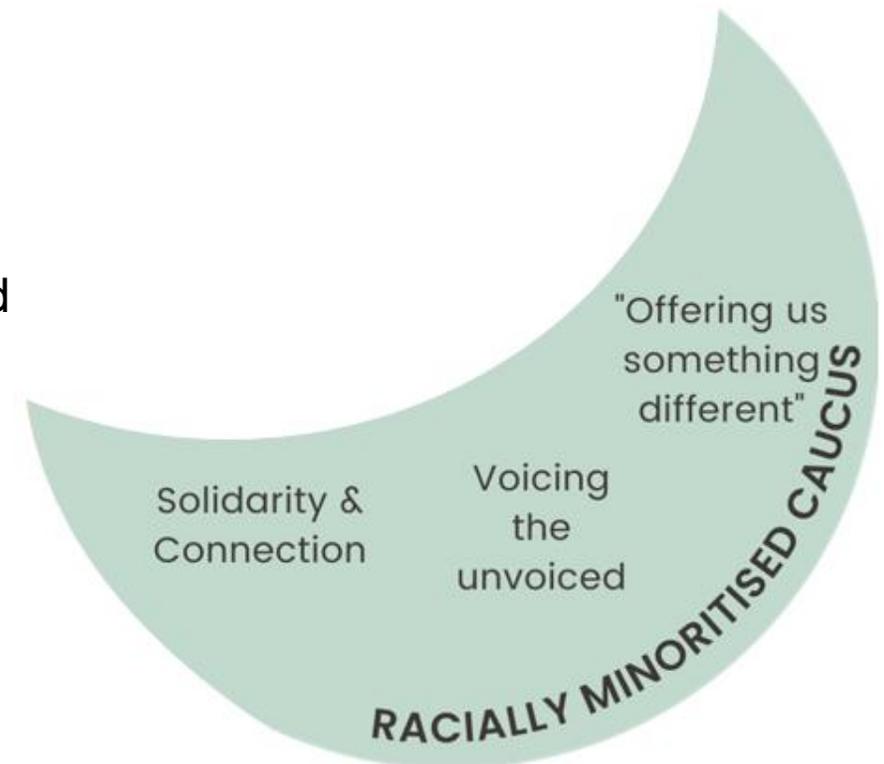
- “For me it has impacted how open I am with myself. I am starting to acknowledge experiences that have been minimised by others and myself”. *Racially Minoritised Caucus Member*
- “[I will] start to raise issues around racism whereas previously I would have stayed quiet”. *Racially Minoritised Caucus Member*
- “I was also interested in the conversations about forgiveness and permission seeking, this will mean that I will name this in supervision with individuals from a racially minoritised background”
Racially Minoritised Caucus Member
- “There was a statement made about the silence that accompanies whiteness and that this maintains white supremacy. I became interested in this and now will be more aware of the quietness in the room. I may even name it now”. *Racially Minoritised Caucus Member*



Racially Minoritised Caucus:

Theme 3: “Offering us something different”

- “This [caucusing] was really beneficial - especially for people of colour who feel burdened and angry in spaces where white people are silent. I think its useful to have separate spaces but also a space where we come together”. *Racially Minoritised Caucus Member*
- “I feel a space where our experiences are validated and acknowledged is so important to keep us going and to re-energise us”. *Racially Minoritised Caucus Member*
- “We spend our lives being in spaces for white individuals and although the COP is offering us (people of colour) something different, we do not know how to use it or how we would like the space to look for us”. *Racially Minoritised Caucus Member*
- There are many dynamics that are likely to get played out [...] the main one being that it can become a space just for white people because that is the default”. *Racially Minoritised Caucus Member*



White Caucus

Theme 1: Evading Discomfort

- “I do find myself questioning every response and contribution I make, and this was especially so when feeding back to the large group”. *White Caucus Member*
- “I was also really taken with hearing about the differences between the two groups - with the white group being quite detached and intellectualising. That is absolutely what I do in that space, and it was helpful to have that reflected back at me”. *White Caucus Member*
- “I find myself becoming increasingly irritated at my perception of a lack of progress”. *White Caucus Member*
- “I'd like to see a move towards action”. *White Caucus Member*
- “Maybe (this is one of those rare occasions) that psychological practitioners need to spend more time on reflection and thinking about themselves before rushing to action?” *White Caucus Member*

Evading
discomfort

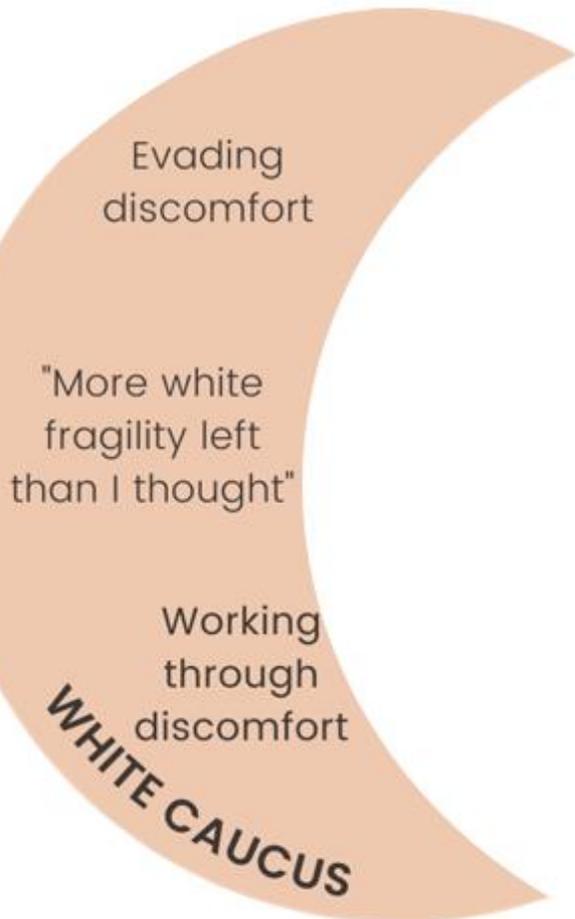
"More white
fragility left
than I thought"

Working
through
discomfort

WHITE CAUCUS

White Caucus

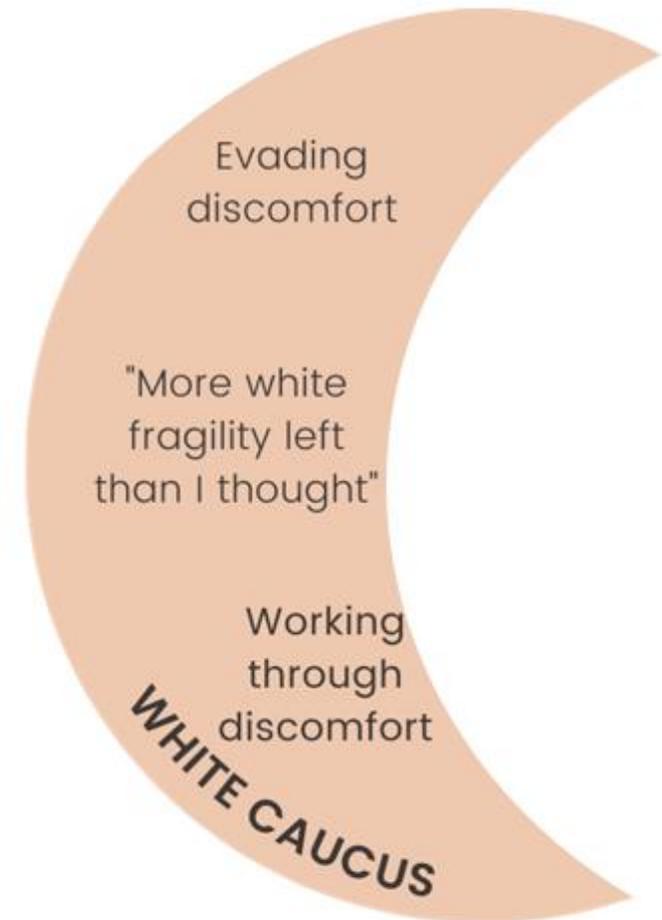
Theme 2: 'More white fragility left than I thought'



- “Unfortunately, a lot of my learning was internal rather than anything generally useful. Firstly, I have got more white fragility left than I thought”. *White Caucus Member*
- “I experienced a strong rush of emotions, a sense that this 'wasn't fair' and that I wanted to protect or defend the person [...] I have learnt something about my own responses to talking about racism and also being directly called out, and I don't particularly like what I have seen about myself.” *White Caucus Member*
- “This time I found the experience concerning and felt that something really unhelpful is happening”. *White Caucus Member*
- “We need to do that work within the white-identifying caucus to make the group discussions safer for the racially minoritized- identifying caucus. That feels quite urgent. Our response as a group to perceived criticism was to explain, feel uncomfortable, challenge back”. *White Caucus Member*

White Caucus

Theme 3: Working through discomfort

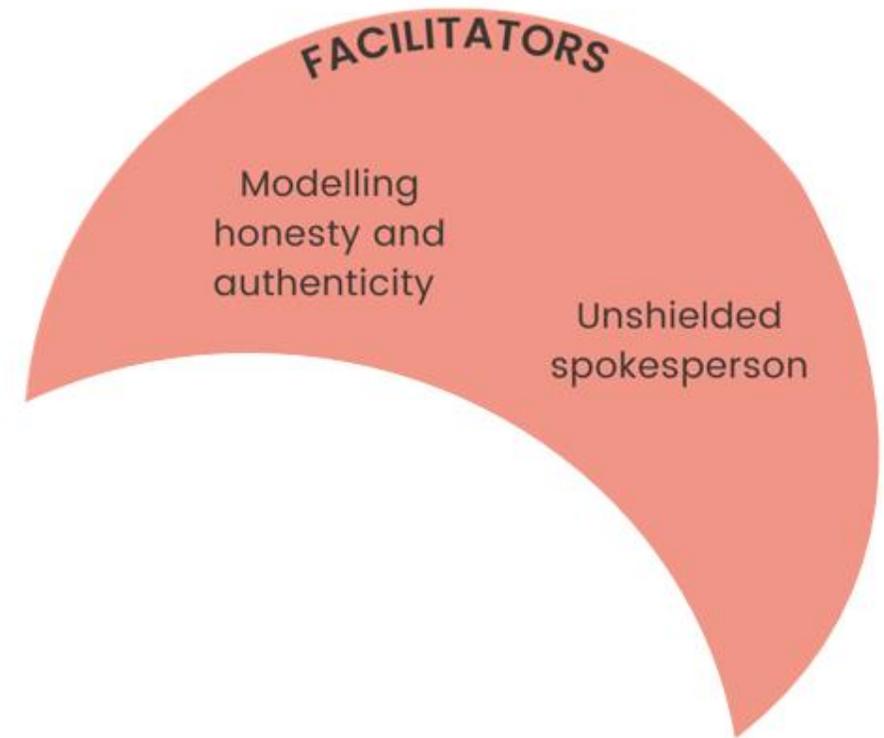


- "Whilst it creates discomfort for me at times, I feel able to take responsibility for managing that. I find the process really valuable because there is a sense of authenticity, and I am learning in an embodied way". *White Caucus Member*
- "I found this helpful in seeing my own instinctive response to challenge - defensive, certain, protective. It was a really useful experience". *White Caucus Member*
- "The reflections from the minoritised caucus on the risks of speaking truthfully to a group of white people really struck me". *White Caucus Member*
- "It highlighted for me the experience of being grouped according to race which is not something I am used to. This was uncomfortable but aided learning". *White Caucus Member*
- **"The CoP is a forum where often unconscious and automatic processes are observed and articulated. It almost puts conversations into slow motion so that we can look at what is happening. So now I have a language to describe what I am seeing".** *White Caucus Member*

Facilitators

Theme 1: Modelling authentic communication

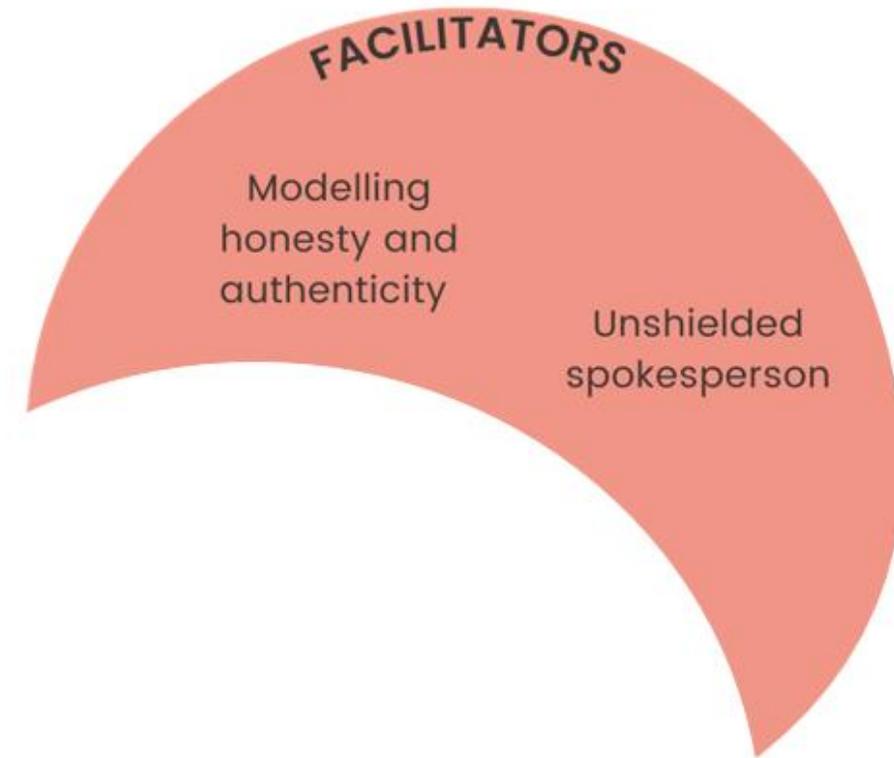
- “I have noticed the safety and ease that the facilitators have with each other [...]” *Racially Minoritised Caucus Member*
- “I admire the way the facilitators challenge one another and pick up on certain observations. I appreciate that this is one of the goals the facilitators have for us”. *Racially Minoritised Caucus Member*
- “I am noticing more that we are being shown a model and way of being with regards to inter caucus dialogue. This is based on psychological safety, trust, respect and vulnerability” *Racially Minoritised Caucus Member*
- “Seeing [the facilitators] role model this [intercaucus dialogue] has been inspiring and helpful” *Racially Minoritised Caucus Member*



Facilitators

Theme 2: Unshielded Spokesperson

- “[I] thought that the themes were fed back to the wider group in a sensitive and considered way - really skilfully facilitated”. *Racially Minoritised Caucus Member*
- “I feel the way the workshop was conducted allowed for very useful and progressive dialogue, and that the facilitators were able to sensitively amplify our voices, whilst remaining respectful and empathic towards both groups”. *Racially Minoritised Caucus Member*
- “I have appreciated the facilitators leading the feedback and I am confident that this will be more shared once we 'break the seal' and dare to take risks”. *White Caucus Member*
- “I also struggled with a man always being the person to summarise the group discussion in the inter-group dialogue and I think this process needs re-thinking in order to account for intersectionality and to get a broader range of perspectives”. *White Caucus Member*



Inter-caucus

Theme 1: 'Aha' and 'oh right' moments

- “It has really helped me think about the feelings associated with 'othering', what this term means and how it is experienced”. *White Caucus Member*
- “I was struck by how for some oppression is relentless, whilst others openly admitted that they can't even imagine what it is like. I wondered how this influences the work we do. The things we notice and are drawn to, or what we might miss or avoid discussing with our colleagues and service users”. *Racially Minoritised Caucus Member*
- “The discussion around people from the racially minoritised caucus responding differently to being 'called out'. I hadn't considered this before, and I found the reflections delivered from that interesting”. *White Caucus Member*
- “That white fragility includes having our feelings hurt and realising that that being the worst thing indicates privilege - I was struck by the other caucus' experience of saying that survival needs were more important than feelings”. *White Caucus Members*
- “I noticed how individuals can use intellectualisation as a process to detach from issues which may evoke challenging emotions such as shame and guilt. I learned how strongly conditioned this response is”. *Racially Minoritised Caucus Member*

“Shift in power
and
accountability”

'Aha' and
'Oh right'
moments

Differing
perceptions
of safety

INTER-CAUCUS

Inter-caucus

Theme 2: Differing Perceptions of Safety

- “I feel like the sense of mutual trust, respect and safety has developed organically within the racially minoritised caucus which has made discussions flow more naturally”.

Racially Minoritised Caucus Member

- “The white-identifying caucus felt more cohesive than in previous meetings. We were able to be honest about our experience of the CoP, even when we weren't all on the same page”. *White Caucus Member*

- “Very difficult today. I missed the last one and not sure whether that has influenced how I felt. Much more discomfort and not able to articulate things the way I would like to.”.

White Caucus Member

- “Whilst I feel we are developing this space in my caucus I don't think we are there yet when we are interacting as a wider group and that in this space we are pushing each other further and further away from a joint brave space” *White Caucus Member*

- “I am starting to feel like there is some movement in terms of progress with the inter-caucus dialogue, we are starting to have more of those uncomfortable conversations that we more readily shied away from at the beginning of the CoP”. *Racially Minoritised Caucus Member*

“Shift in power
and
accountability”

‘Aha’ and
‘Oh right’
moments

Differing
perceptions
of safety

INTER-CAUCUS

Inter-caucus

Theme 3: “Shift in power and accountability”

- “It feels like a necessary rift is emerging between the two groups that is produced by honest communication of experience that has maybe not been vocalised in shared spaces before”. *White Caucus Member*
- “The feedback from the racially minoritized-identifying caucus is increasingly frustrated with the white caucus. This feels like an honest voicing of experiences of discrimination that many in the white caucus will be oblivious to”. *White Caucus Member*
- “I very much appreciated this workshop and the shift in power and accountability which occurred”. *Racially Minoritised Caucus Member*
- “I haven't HAD to develop a thick skin around how I am treated due to my race”. *White Caucus Member*
- “I really liked that we looked at this topic in-depth, as an example of how power dynamics play out in everyday interactions in the workplace”. *Racially Minoritised caucus*

"Shift in power
and
accountability
"
'Aha' and
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INTER-CAUCUS

Evaluation Summary

- In summary:
 - The Community appears to be having a profound impact on individual members
 - The learning and shifts is different for each member and in particular between caucuses
 - The process is emotional, challenging, complex and insightful



Top Tips

- The role of the facilitators – what work have the facilitators done individually and together? What is the level of understanding and safety in their relationship?
- The role of the PPN and organisational support

How

Thank You

**Any comments,
questions or
reflections?**

