

Equity, Diversity and Inclusion: Moving Towards Action Together

In partnership with University of Reading



The background image shows a large, multi-story brick building with a prominent arched entrance and a courtyard area with several wooden picnic tables. The scene is partially obscured by large, green pine trees in the foreground. The right side of the image is overlaid with a semi-transparent purple gradient.

Venue
Reading

HOSPITALITY
at
University of
Reading

WELCOME TO PARK HOUSE

Equity, Diversity, and Inclusion:
Moving Towards Action Together

Welcome

Professor Margo Ononaiye (She/Her)

*Psychological Professions Network South East Widening Participation Lead
Programme Director / Professor of Clinical Psychology
School of Equity, Diversity, and Inclusion Lead
University of Southampton*

Dr Bill Tiplady (He/Him)

*Director of Psychological Professions, Oxford Health NHS Foundation Trust
Co-Chair of the Psychological Professions South East*

House Keeping:

- Thanks to the University of Reading
- Refreshments Break 11:15-11:45am and Lunch 1:00-2:00
- Feedback forms placed on tables – we kindly ask that you complete this before you leave
- **All PPN-SE and university support staff are wearing purple lanyards.** Please feel free to approach us with any support or questions.
- EbE support - Beth and Sharon
- Handouts will be available on the PPN SE website: <https://www.ppn.nhs.uk/south-east/resource-library/event-resources-1>
- We will be taking photographs of the event throughout the day for use by the PPN-SE on our website and on the PPN SE social media pages
- Allergies – please be mindful when eating snacks from home as some attendees have mild-severe food allergies.

Health and Safety Information

Venue
Reading

HOSPITALITY
at
University of
Reading



In the event of an emergency evacuation, please follow signs to the nearest emergency exits.



The assembly point is Car Park 15 – at the end of the gravel drive at the front of the building.

The fire alarm is tested weekly on a Wednesday between 8am and 9am, so if you hear the alarm outside of these times or the alarm continues to sound during this timing, please vacate the building.

Housekeeping Information



Have you displayed your parking permit in your vehicle?



Toilets are located in the vestibule directly outside of the Meadow Suite. **Disabled toilets are gender neutral.**



Please keep mobile phones on silent during the event.

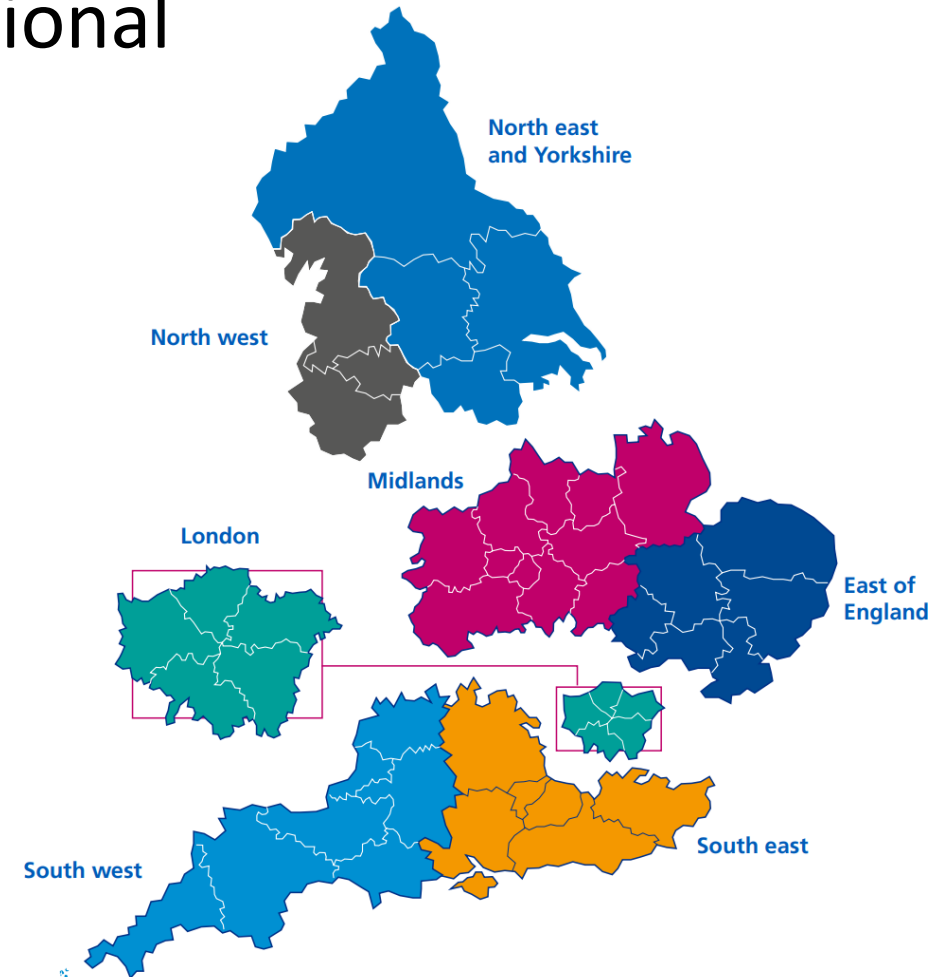


What are the PPNs?

The Psychological Professions Network is a multi-professional network bringing together psychological professionals and other stakeholders in NHS commissioned psychological healthcare to maximise the benefits of the psychological professions to the public.

What are the PPNs?

- ✓ The NHS professional leadership at regional level for the psychological professions, funded by NHS England
- ✓ A network that connects all major stakeholders in the psychological professions:
 - Psychological professionals
 - Policy makers
 - The public



PPN EDI Position Statement

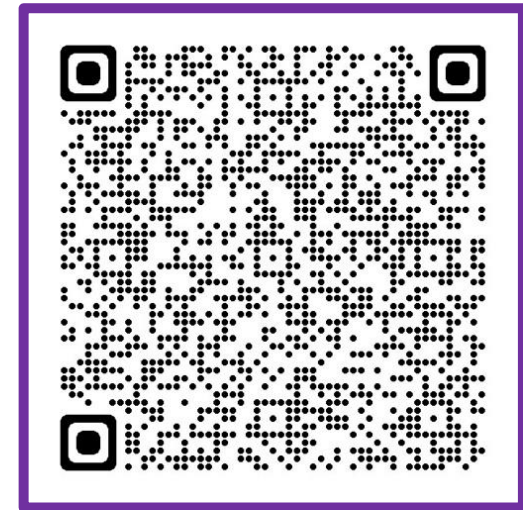


Psychological Professions Network

Equity, Diversity and Inclusion Position Statement and Call to Action

Summary

In February 2022 an Equity, Diversity, and Inclusion (EDI) working group was formed with membership from across all 7 Psychological Professions Network (PPN) regions. The group consisted of staff in a number of roles including assistant psychologists, graduate research assistants, programme managers and chairs with an interest in promoting and progressing Equity, Diversity and Inclusion. Initially the group came together to network and share information and resources and its activity then extended to consulting with the wider PPN teams to inform the development of an Equity, Diversity and Inclusion position statement. The group reviewed several psychological professional bodies' EDI position statements to inform this process. A draft was shared for consultation with a range of stakeholders including the PPN regional teams, Experts by Experience (EbEs), a third sector organisation and an EDI lead on a psychological professions training programme. It was discussed at a PPN development meeting and a chairs and programme managers' meeting to gather feedback and amendments made. The paper was taken to the national Lived Experience Advisory Panel (LEAP) in May 2023 for feedback on content and accessibility and returned to the PPNs development meeting in June 2023. Progress and LEAP feedback was shared, and it was agreed that a final version would be published on the PPN website and disseminated through regional workforce councils and steering groups. The position statement represents the PPN's values, stance and commitment to progressing and meaningfully implementing EDI for the communities we serve. It will inform EDI activity in the national and regional PPN workplans and actively support the implementation of the national Psychological Professions Vision and Workforce Plans.



Equality, Diversity, Inclusion (EDI) Audit Tool

Professor Margo Ononaiye (*She/Her*)

Psychological Professions Network South East Widening Participation Lead

Programme Director / Professor of Clinical Psychology

School of Equity, Diversity, and Inclusion Lead

University of Southampton

With thanks to Tessa T. Thomas

<https://ppn.nhs.uk/resources/equality-diversity-and-inclusion>

Introduction: EDI Audit Tool

Purpose

For Psychological Training Programmes/NHS Trusts to self-evaluate Equality, Diversity and Inclusion initiatives using a Red, Amber, Green (RAG) rating and create a sustainable action plan

Adapted from the Black, Asian and Minority Ethnic Positive Practice Guide (Beck et al., 2019) with consultation from stakeholders and Experts by Experience

In this tool, EDI refers to the following underrepresented groups within the psychology workforce:

- Age
- Sexuality
- Gender identity
- Race/Ethnicity
- Class/Social Economic Status
- Religion/spirituality/belief
- Disability



Introduction: EDI Audit Tool

Versions

Three separate versions of the EDI Audit Tool include:

1. Expert by Experience recruitment & involvement
2. Trainee/Student support
3. Workforce development & support

Sections in each version consist of:

1. Standard
2. Red, Amber, Green (RAG) rating
3. Evidence to substantiate rating
4. Agreed actions moving forward & by whom
5. Agreed timescale

Example:

	A	B	C	D	E
2	STANDARD <i>NB -The expectation is that a separate audit is completed for each of the underrepresented groups</i>	RED, AMBER, GREEN (RAG) RATING Please type in the corresponding cell or use the drop down arrow to allocate a rating: RED = Not integrated AMBER = Work has begun but further improvement required GREEN = Fully integrated	EVIDENCE Review each standard carefully and gather examples of where it has or has not been met	AGREED ACTIONS MOVING FORWARD & BY WHOM If RED / AMBER , determine an action plan going forward to improve on areas needing improvement. If GREEN , determine how standard will be maintained or consider how to improve further. Ensure it is clear who is responsible for delivering on ALL actions. <i>NB - More than one person should have responsibilities for the actions</i>	AGREED TIMESCALE Determine an agreed timescale for ALL actions
3	1. Improving Access to Psychological Professions Training Programmes				
4	1a. HEI ensures it has an 'outreach' plan to increase the visibility of the wide range of Psychological Professions available (e.g., presentations to schools, colleges and use of social media)	<input type="text"/>			
	1b. The HEI provides mentoring for applicants from underrepresented backgrounds including	<input type="text"/>			

How to use this tool?

1. Choose the correct version of the audit tool based on which of following groups you are focusing on:

Experts by Experience?

The Psychological Workforce in Trusts and/or Training Programmes?

Students/Trainees?

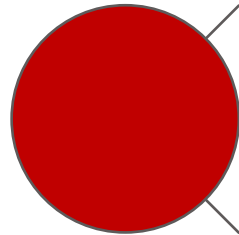
2. Choose one of the under-represented areas, based on the Equality Act 2010, to focus on

Race/ethnicity, Age, Disability, Gender identity, Sexual orientation, Religion or Class

The expectation is that a separate audit is completed for each to ensure nuance and specificity

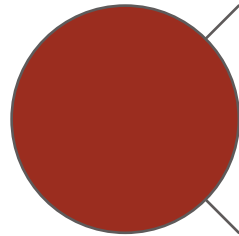
How to use this tool?

3. Evaluate each statement and assign a **RED**, **AMBER** or **GREEN** rating.



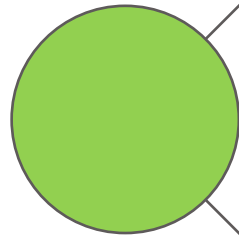
RED

- Not integrated
- Action required using the Action Plan



AMBER

- The work has begun but further improvement required
- Action required using the Action Plan



GREEN

- Fully integrated
- Action required to consider further improvements/how to maintain status

How to use this tool?

4. Review each standard carefully and gather examples of where it has or has not been met

1m. Selection - each interview panel member must be trained, and include people from underrepresented populations. The interview questions must not discriminate by reason of a protected characteristic and ensure reasonable adjustments are in place if required

AMBER Each panel includes at least one interview member from an underrepresented population. The interview questions have been reviewed by a diverse panel to ensure it does not indirectly discriminate. Unconscious bias training has not been arranged yet.

How to use this tool?

5. Set clear actions where standard has not been actioned/met

If **RED** / **AMBER**

Determine an action plan going forward to improve on areas needing improvement
How do you plan to meet standard?

If **GREEN**

Determine how standard will be maintained
Consider how to improve further

6. Ensure it is clear who is responsible for delivering on ALL actions

This should be more than one person.

How to use this tool?

7. Determine an agreed timescale for ALL actions

EDI and Accessibility Lead will arrange external unconscious bias training for panel members. Interview questions will be reviewed by the Diversity, Equality, Inclusion and Anti-racism (DEIAR) working group which includes several aspiring and qualified Clinical Psychologicals from racially underrepresented backgrounds.	Interview questions to be reviewed by February 28th	Training for panel members by March 31st
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8. Choose another one of the under-represented areas (i.e., race/ethnicity, age, disability, gender identity, sexual orientation, religion or class) and repeat process until ALL relevant areas have a clear action plan

Audit Tool Demonstration

Mina Almanza will be demonstrating how to use the EDI Audit Tool during the lunch break.

Psychology Professions Workforce Benchmarking Survey

Dr Adrian Whittington (*He/Him*)

National Clinical Lead for Psychological Professions, NHS England

PPN-SE Co-Chair

The Psychological Professions Workforce – benchmarking equality, diversity and inclusion

Dr Adrian Whittington

**National Clinical Lead for Psychological Professions, NHS England
PPN South East Co-Chair**



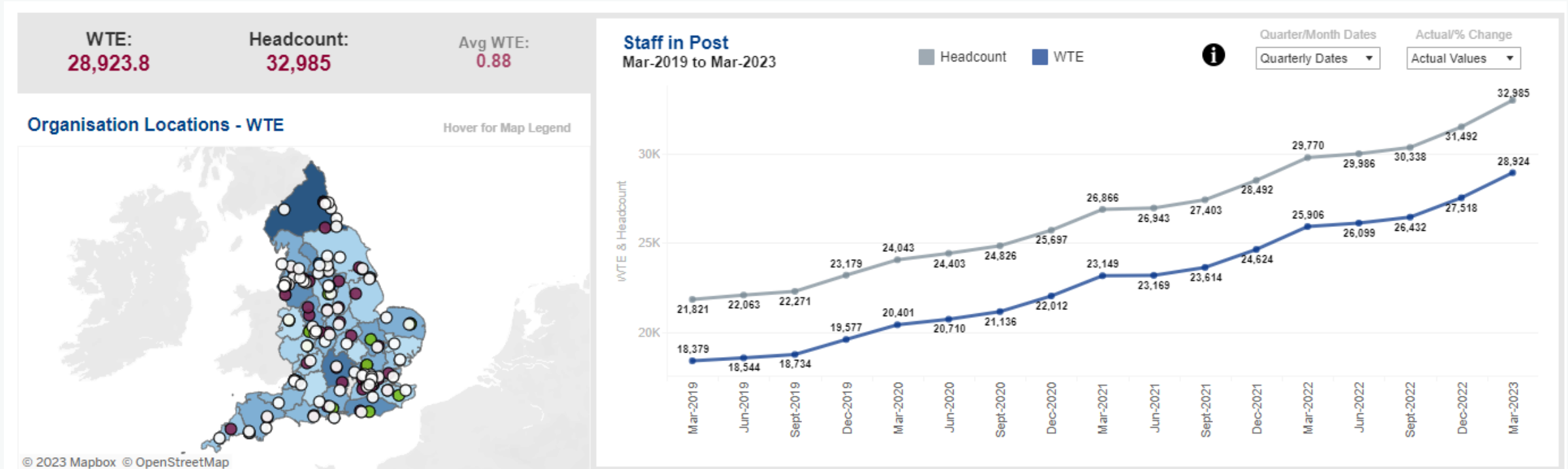
Plan

- (a) Why is this important?
- (b) Insights from the 2023 Psychological Professions Workforce Census (and the Electronic Staff Record)
- (c) Spotlight on clinical psychology training entry
- (d) Conclusions

Psychological Professions*

* including art, drama and music therapists

England, Electronic Staff Record March 2019 – March 2023




- 51% growth in WTE from March 2019 to March 2023
- Total NHS staff growth of 16% WTE in same period

Our legal duty to address inequalities, and policy drivers

Public Sector Equality Duty (2011)

- (a) eliminate discrimination, harassment, and victimisation
- (b) advance equality of opportunity across protected characteristics
- (c) foster good relations between persons across protected characteristics




[About us](#) [Our work](#) [Commissioning](#) [Get involved](#) [Coronavirus](#)

NHS equality, diversity and inclusion (EDI) improvement plan

Document first published: 8 June 2023
Page updated: 8 June 2023
Topic: Culture and leadership, Equality and diversity, Workforce
Publication type: Policy or strategy

This improvement plan sets out targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.

It has been co-produced through engagement with staff networks and senior leaders.



[About us](#) [Our work](#) [Commissioning](#) [Get involved](#) [Coronavirus](#)

Patient and carer race equality framework

Document first published: 30 October 2023
Page updated: 1 November 2023
Topic: Equality and diversity, Healthcare inequalities, Mental health, Patient care
Publication type: Guidance

This document outlines the participatory approach to anti-racism that mental health trusts and mental health providers should take to improve experiences of care for racialised and ethnically and culturally diverse communities.

Psychological Professions Workforce Census 2023 - Insights



Psychological Professions Workforce Census

Census 31st March 2023

November 2023

Summary

25,406 WTE



Reported across all psychological professions

Ethnicity



Asian ethnicities comprise 7% of the psychological professions workforce but 10% of the working age population

Gender



The psychological professions are 82% female, compared to 77% of the NHS as a whole

Disability

9% of the psychological professions workforce are disabled, compared to 23% of the population



Age

- 56% under 40
- 5% over 60



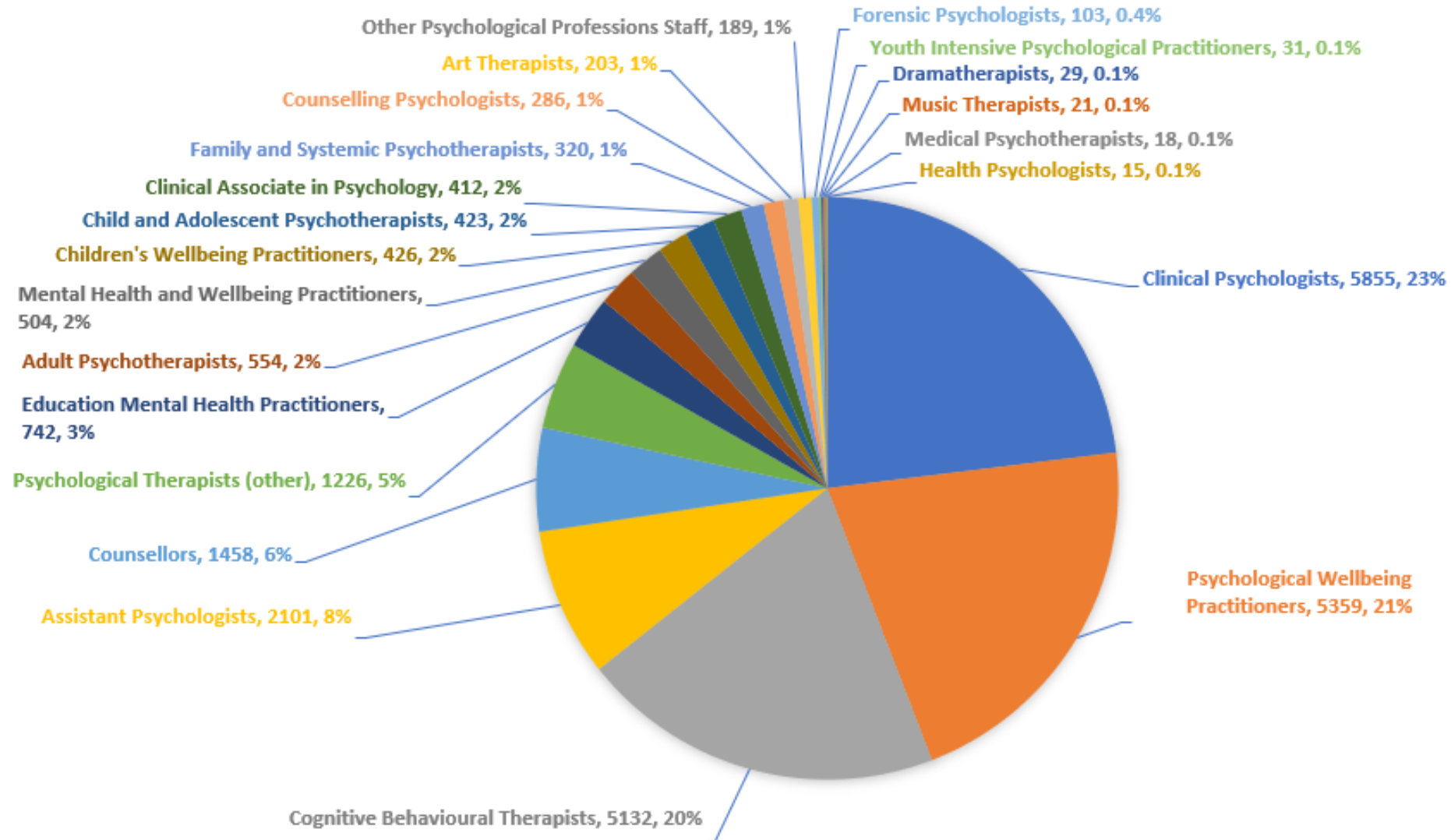
Progression



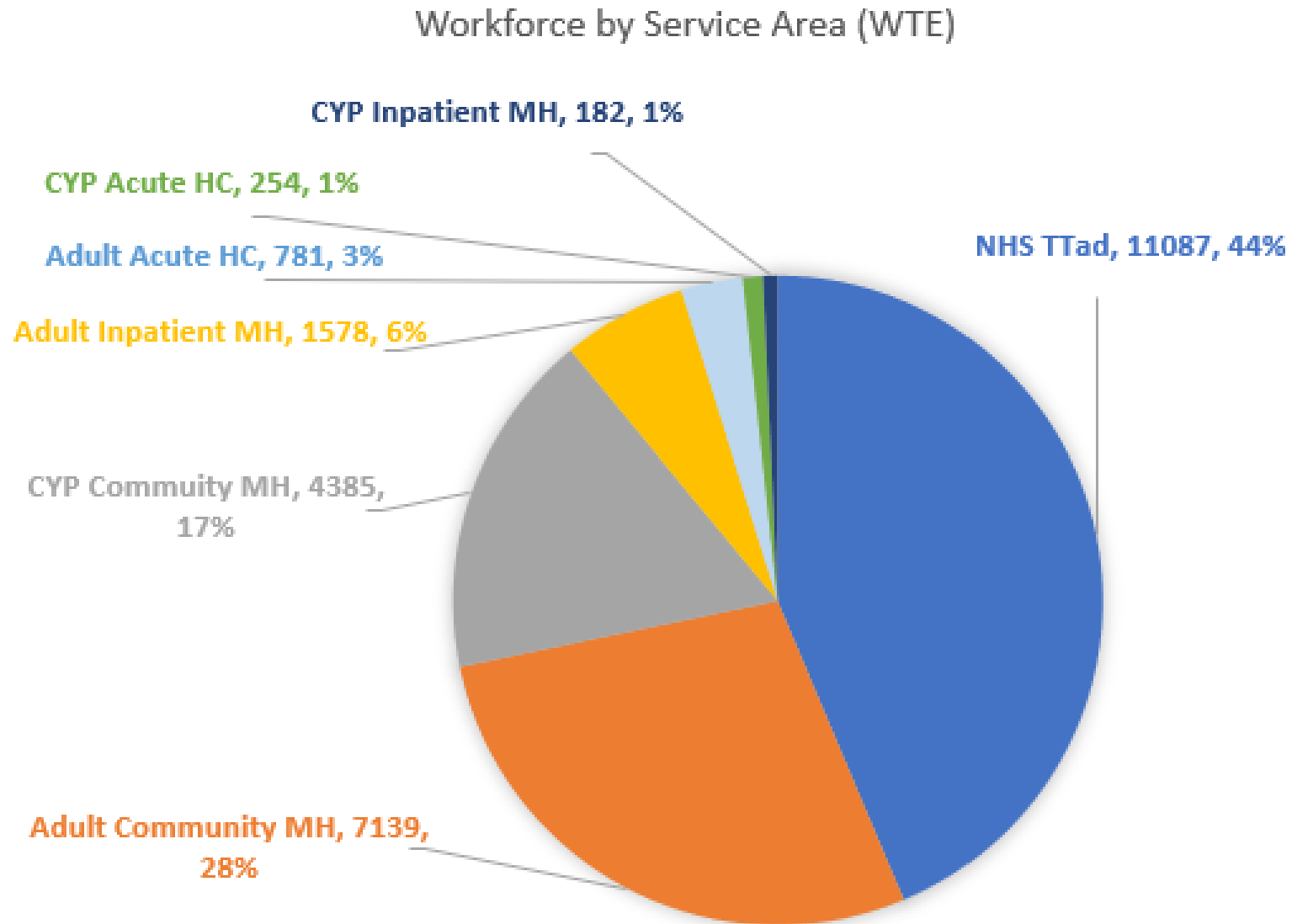
There are fewer ethnic minorities, women and disabled people the higher the pay band

Psychological Professions Workforce by Job Role

Role profile - All Service Areas

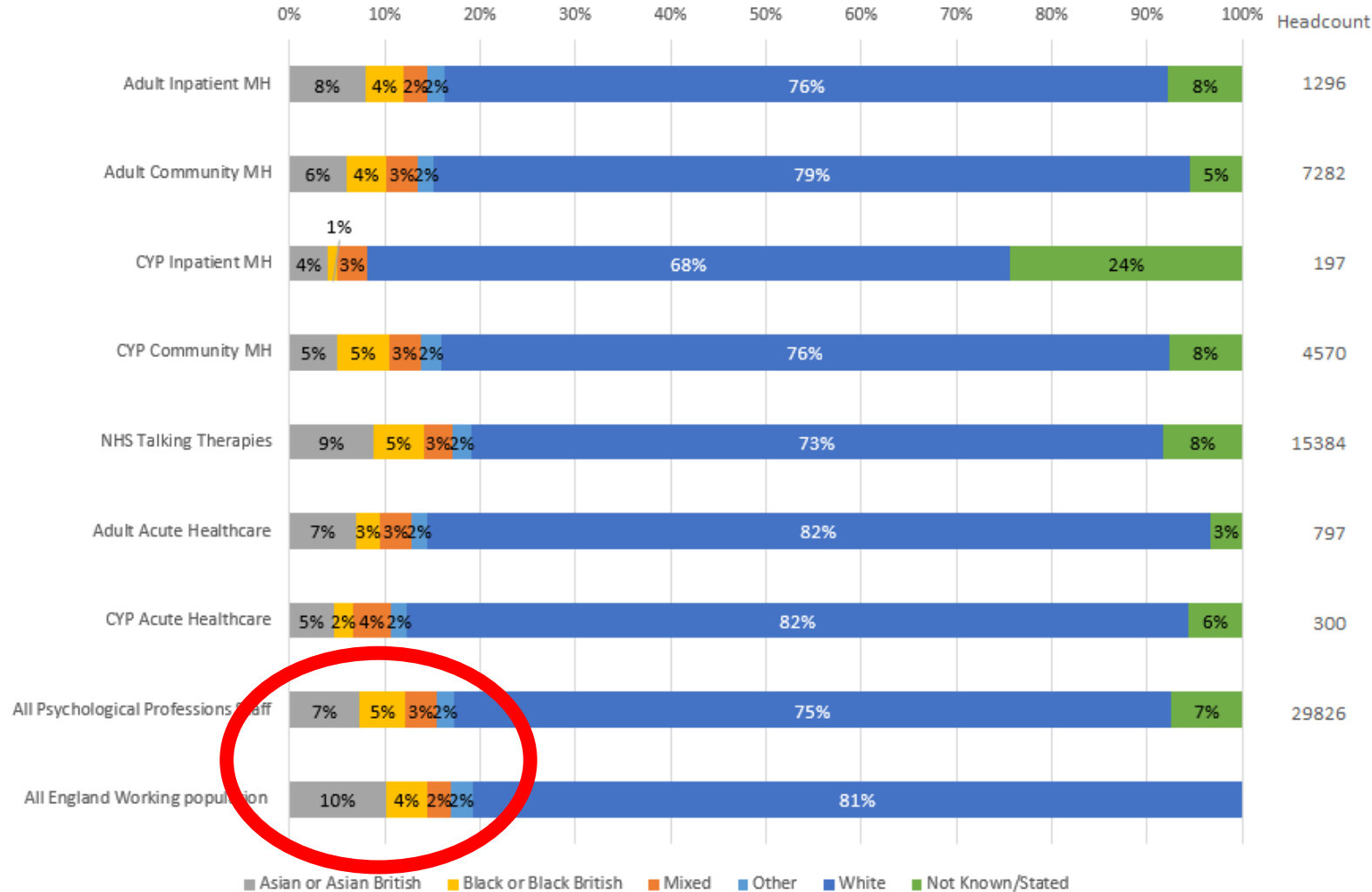


Psychological Professions Workforce by Service Area



Demographics – Ethnicity

Ethnicity Profile by Service Area (Headcount)



Ethnicity is reported by service pathway and not by individual occupations.

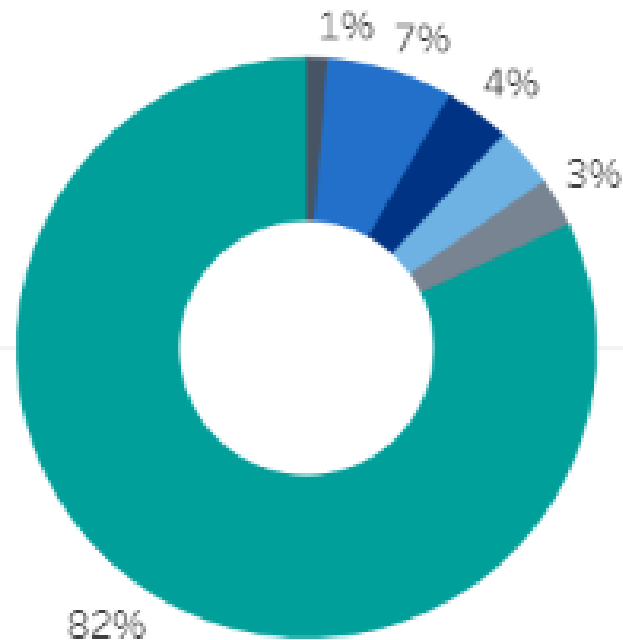
There was significant variation across pathways, and the smallest pathway (CYP Inpatient MH) had a significant amount of missing data. Across all reported psychological professions staff combined, Asian or Asian British WTE staff (7%) were under-represented compared to the England working age population (10%), whereas black or black British WTE staff (5%) matched more closely to the population (4%), as did mixed ethnicity WTE staff (3% of staff, 2% of population) and other ethnicities (2% of staff, 2% of population).

In some pathways there was more significant under-representation of Asian or Asian British staff (4% in CYP Inpatient MH, 5% in CYP Community MH and CYP Acute Healthcare). The pathway with the closest match to the ethnic minority working age population was NHS Talking Therapies.

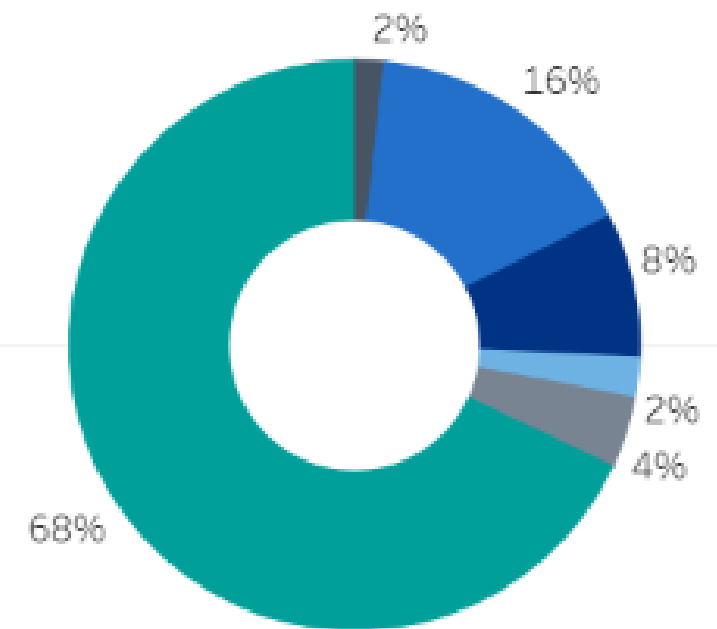


Ethnicity Profile

Psychological professionals



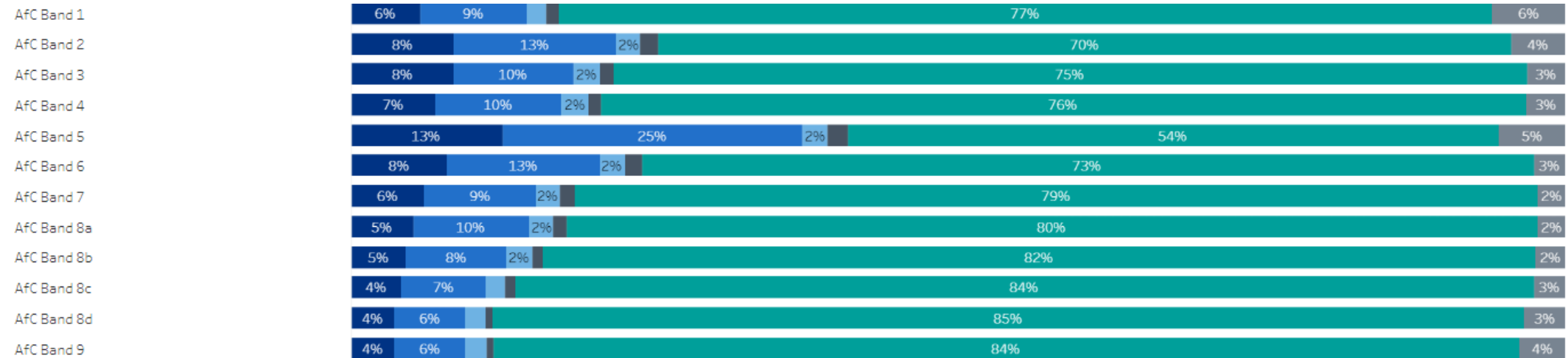
Whole secondary care NHS



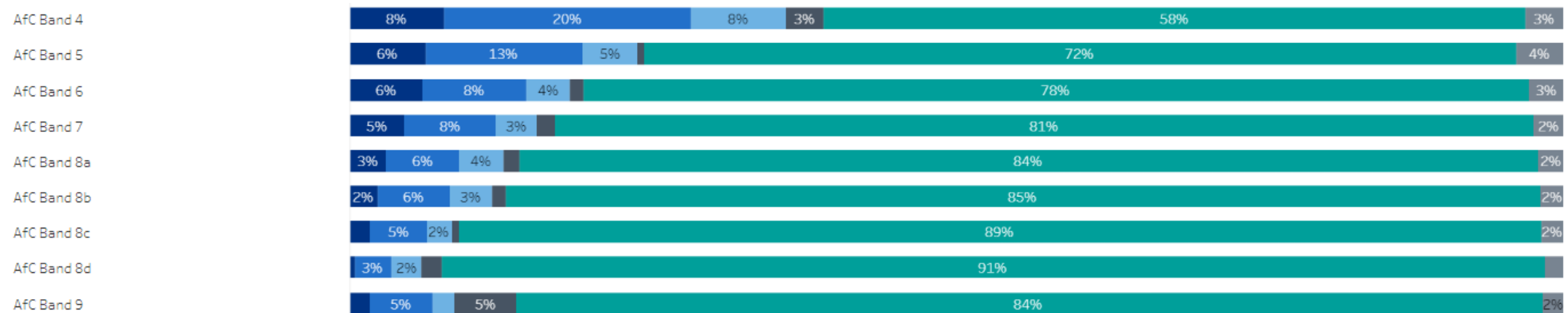
- Not stated
- White
- Black, African, Carib...
- Asian or Asian British
- Mixed or Multiple et...
- Any other ethnic gro...

Ethnicity Profile by Pay Band

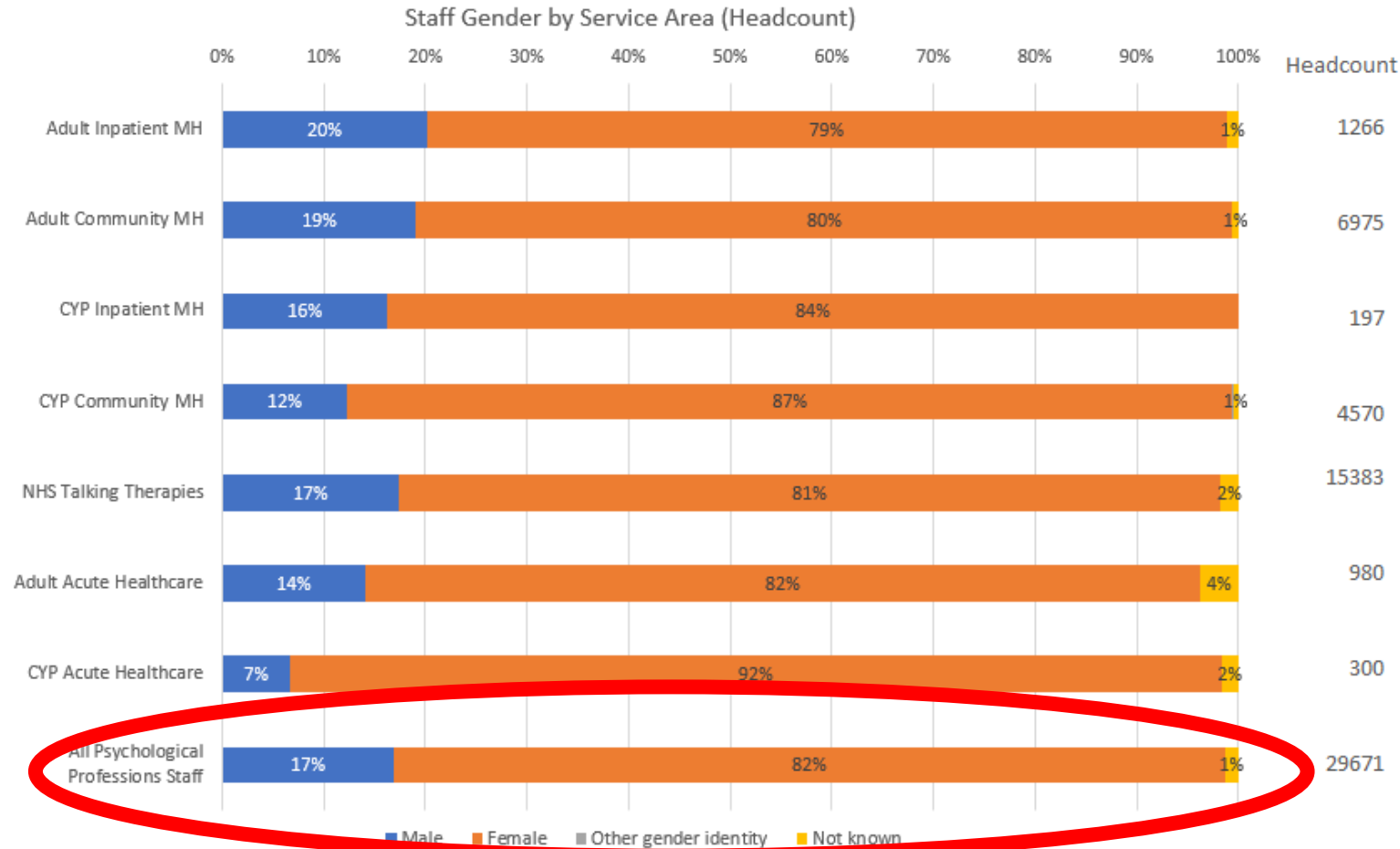
Whole secondary care NHS



Psychological professionals



Demographics – Gender



The psychological professions workforce gender was reported as 82% female across all pathways, with every pathway at least 79% female.

The lowest proportions of male staff were in acute healthcare settings, and the highest proportion in adult inpatient and community settings.

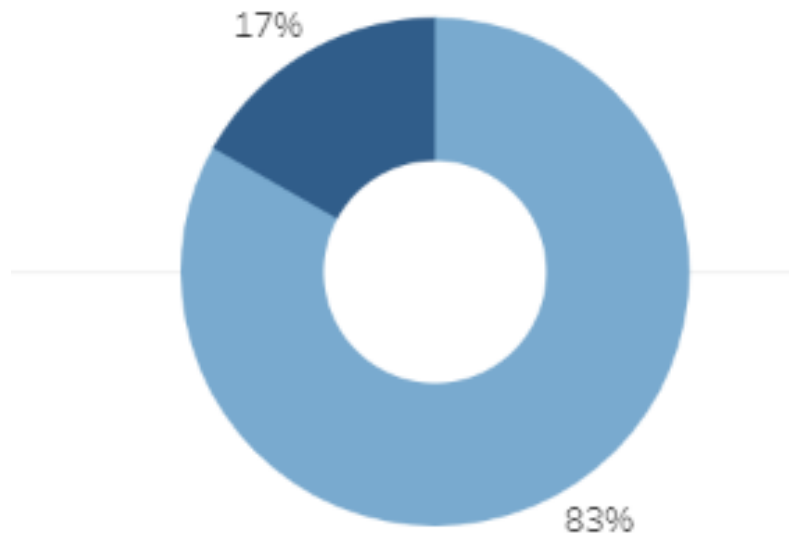
Less than 0.1% of staff were reported as 'other gender identity'.

The latest population estimates from The Office for National Statistics¹¹ reported that 51% of the working age population were female. In the 2021 England and Wales Census 0.5% of the over 16 population reported identifying with a gender other than their sex registered at birth.

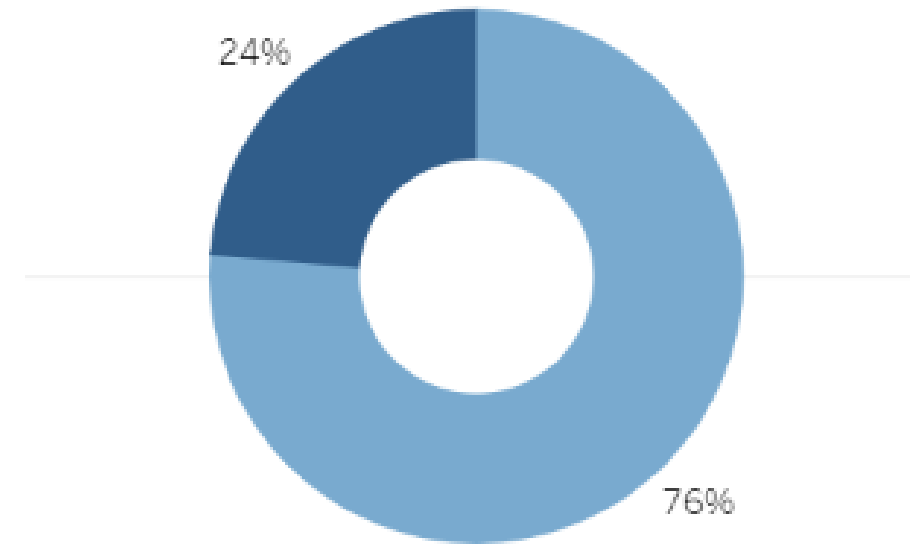


Gender Profile

Psychological professionals

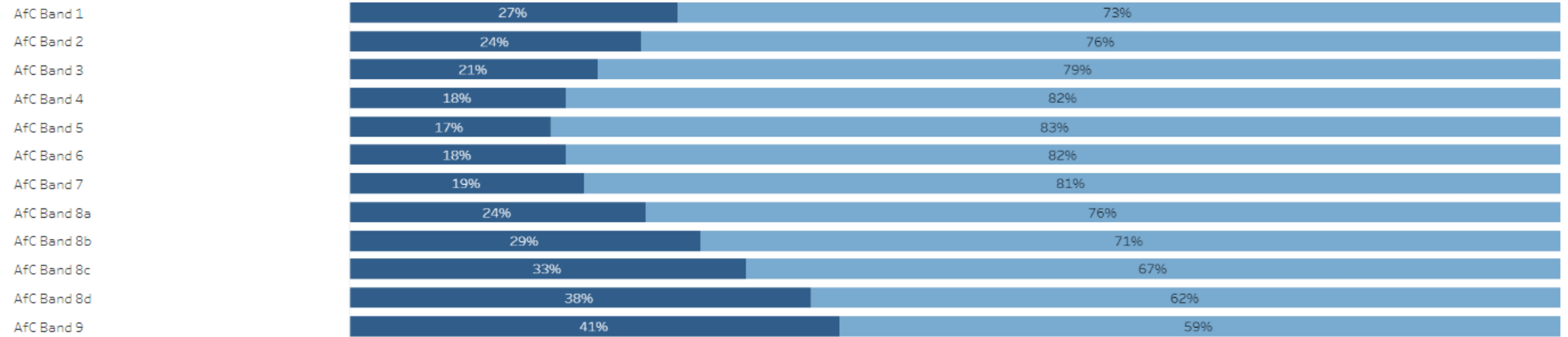


Whole secondary care NHS

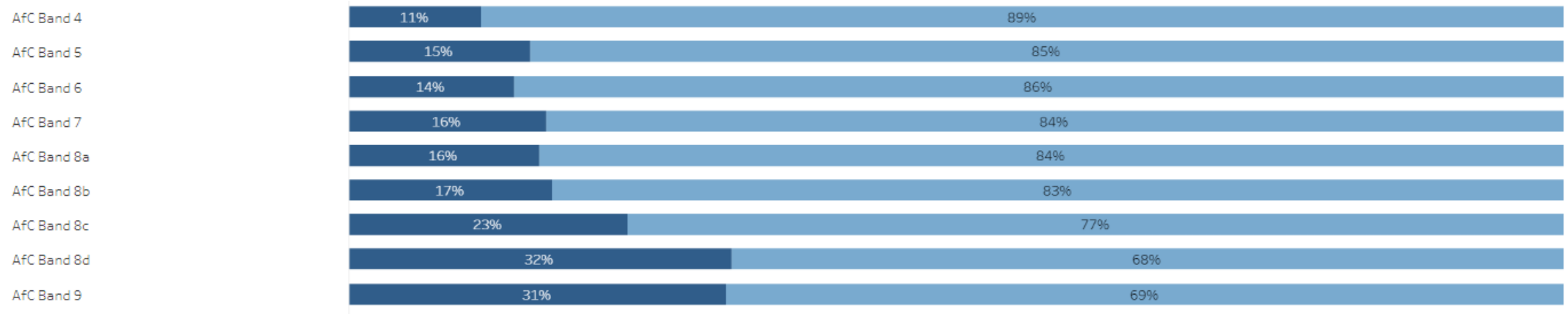


Gender Profile by Pay Band

Whole secondary care NHS

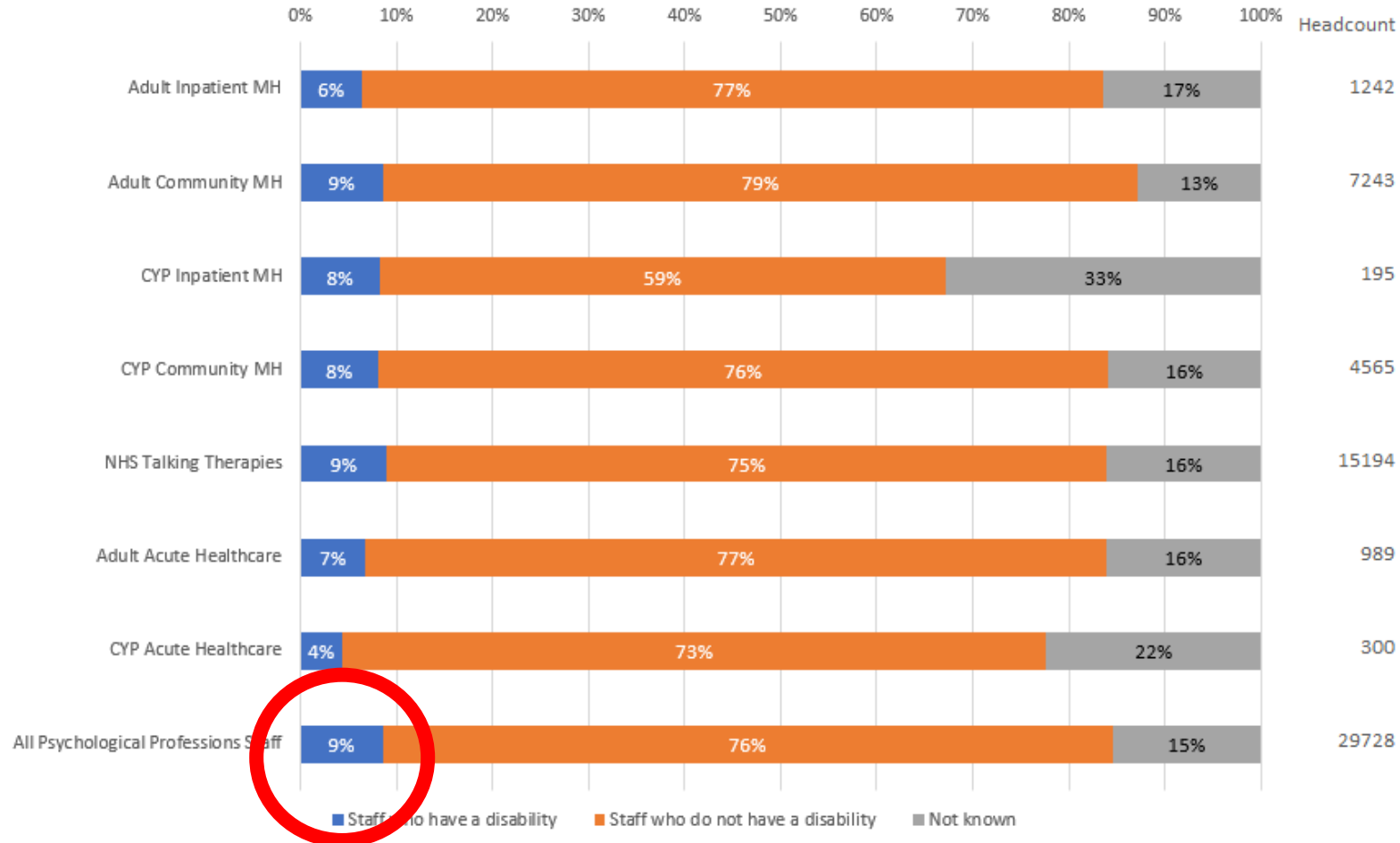


Psychological professionals



Demographics - Disability

Disability Profile by Service Area



Across the psychological professions workforce, 9% reported being disabled. Data was missing for 15% of staff. There was little variation in the disability profile across pathways.

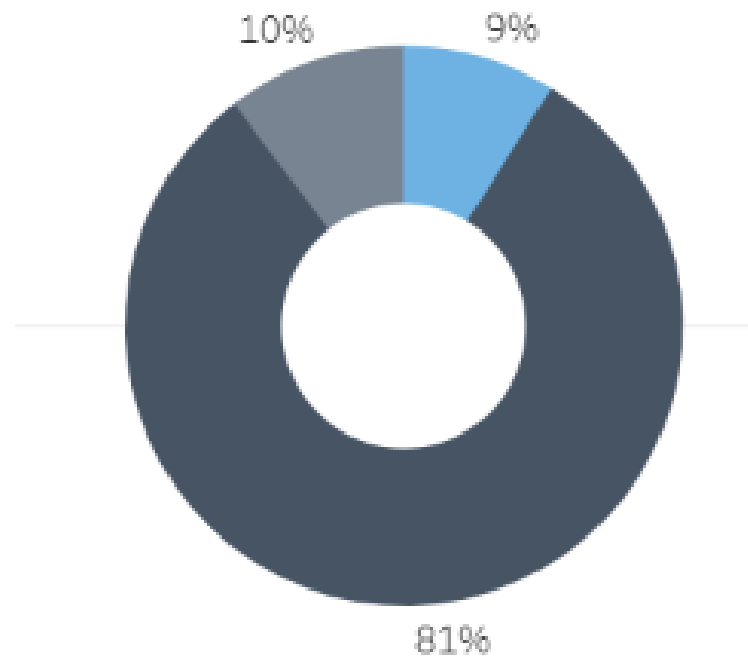
This compares to the most recent 'labour market status of disabled people'¹⁰ published by the government in August 2023 which reported that 23% of the working age population had a disability.

Note: The headcount included in each of the demographic analyses vary slightly due to the different completion rates for each metric

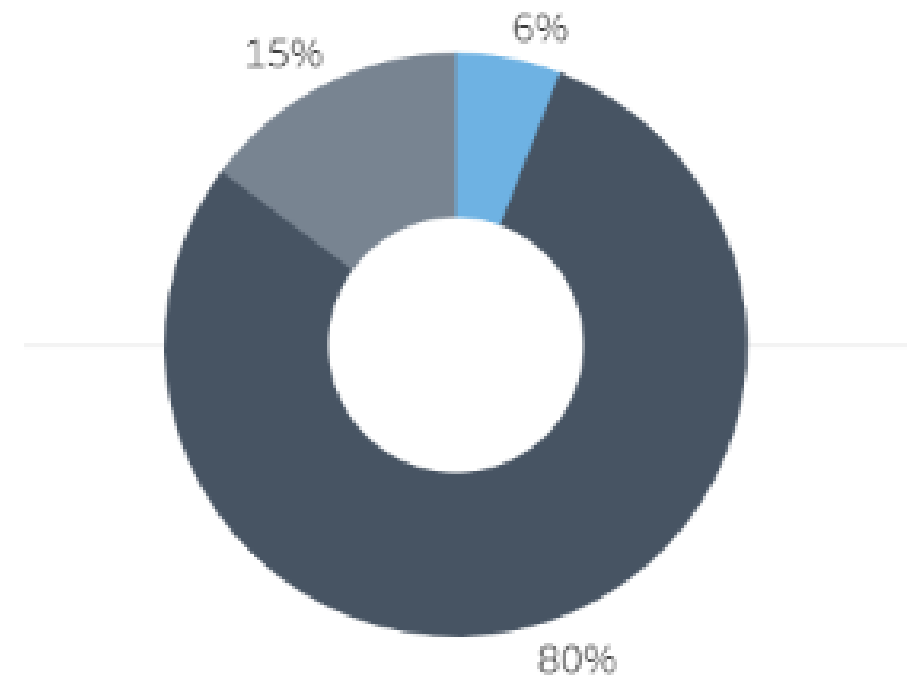


Disability Profile

Psychological professionals



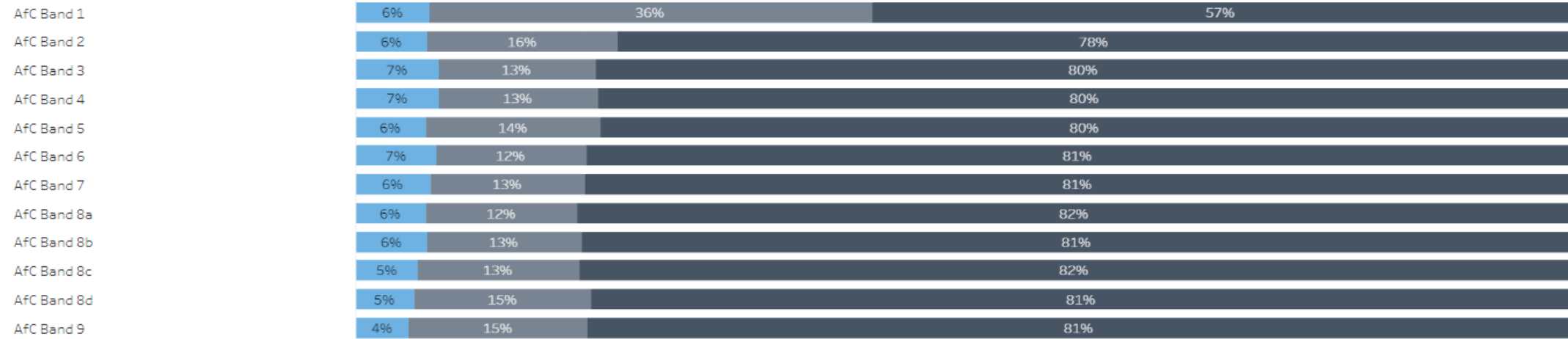
Whole secondary care NHS



- Disabled
- Not Disabled
- Not Disclosed

Disability Profile by Pay Band

Whole secondary care NHS



Psychological professionals



Demographics – Age



Across the psychological professions workforce, 56% were reported as under 40 years old. Only 5% were over 60. There was a high level of consistency in the age profile across service pathways, although acute healthcare pathways had a slightly higher proportion of over 40s.

Compared to the England working age population profile¹² the psychological professions workforce has fewer staff in both the younger and older age groups.

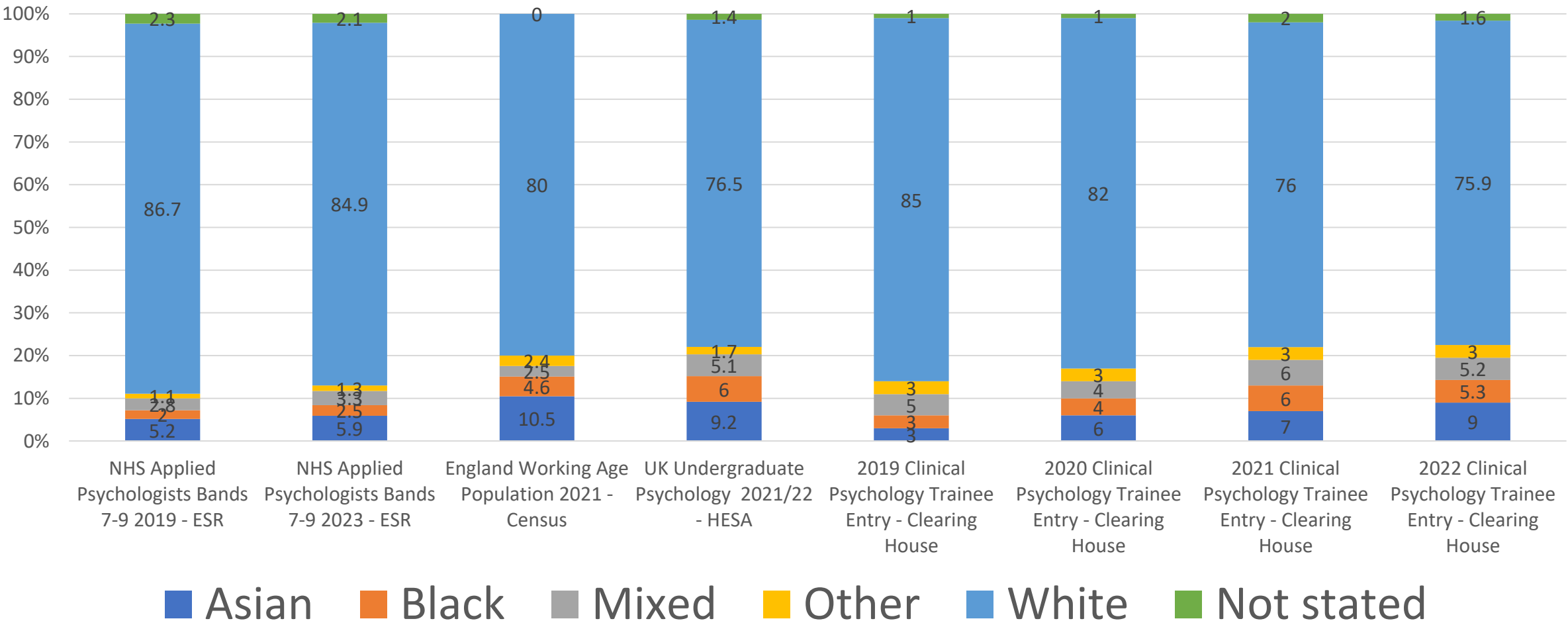
* Under 20 = 16-19, 65+ = 65-69

Note: The headcount included in each of the demographic analyses vary slightly due to the different completion rates for each metric



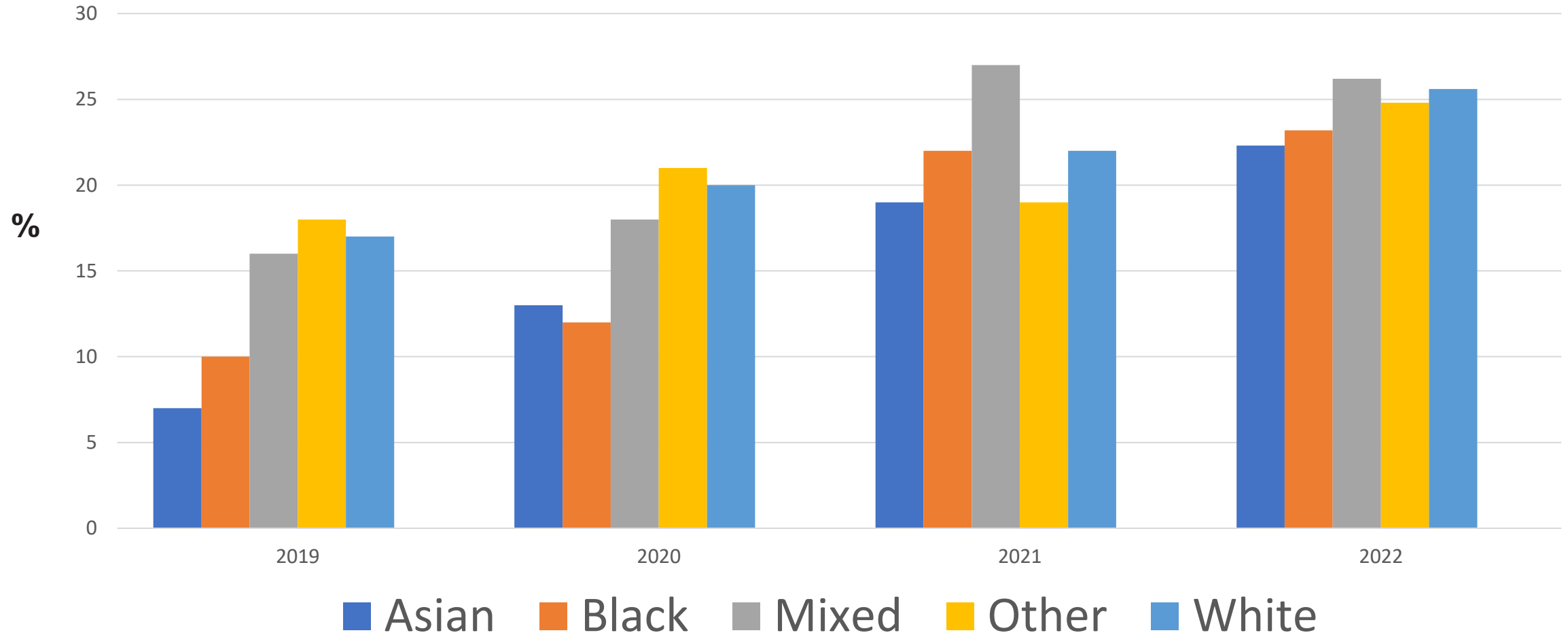
Spotlight on Clinical Psychology Training Entry

Clinical psychology training: ethnicity

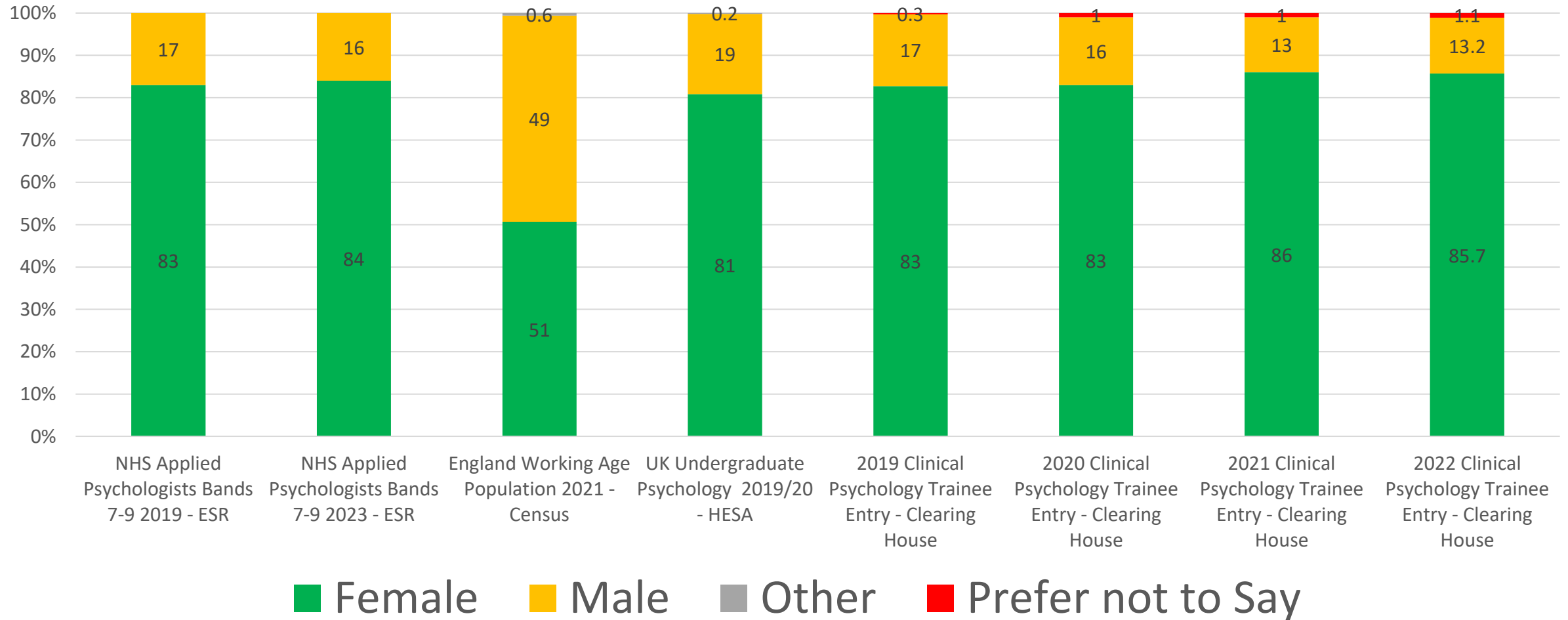


Clinical Psychology - Application success rate by ethnicity

(Clearing House)

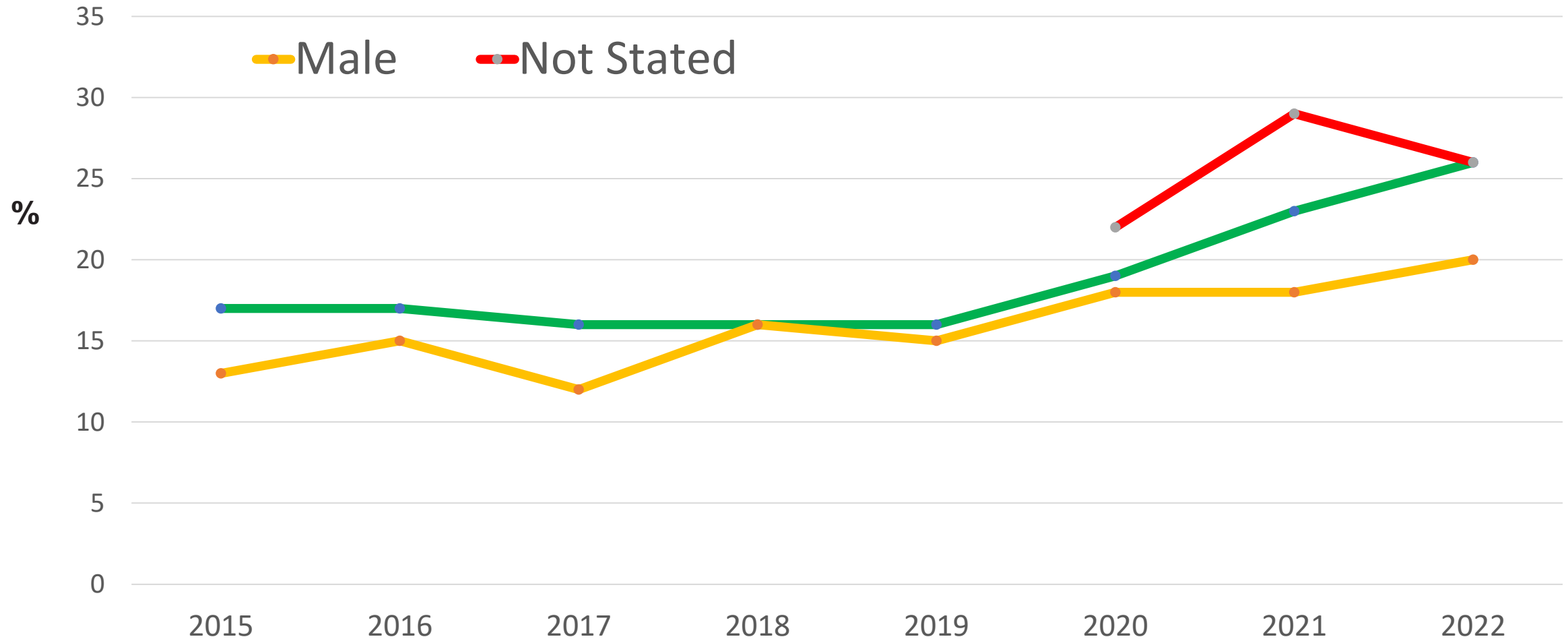


Clinical psychology training: gender



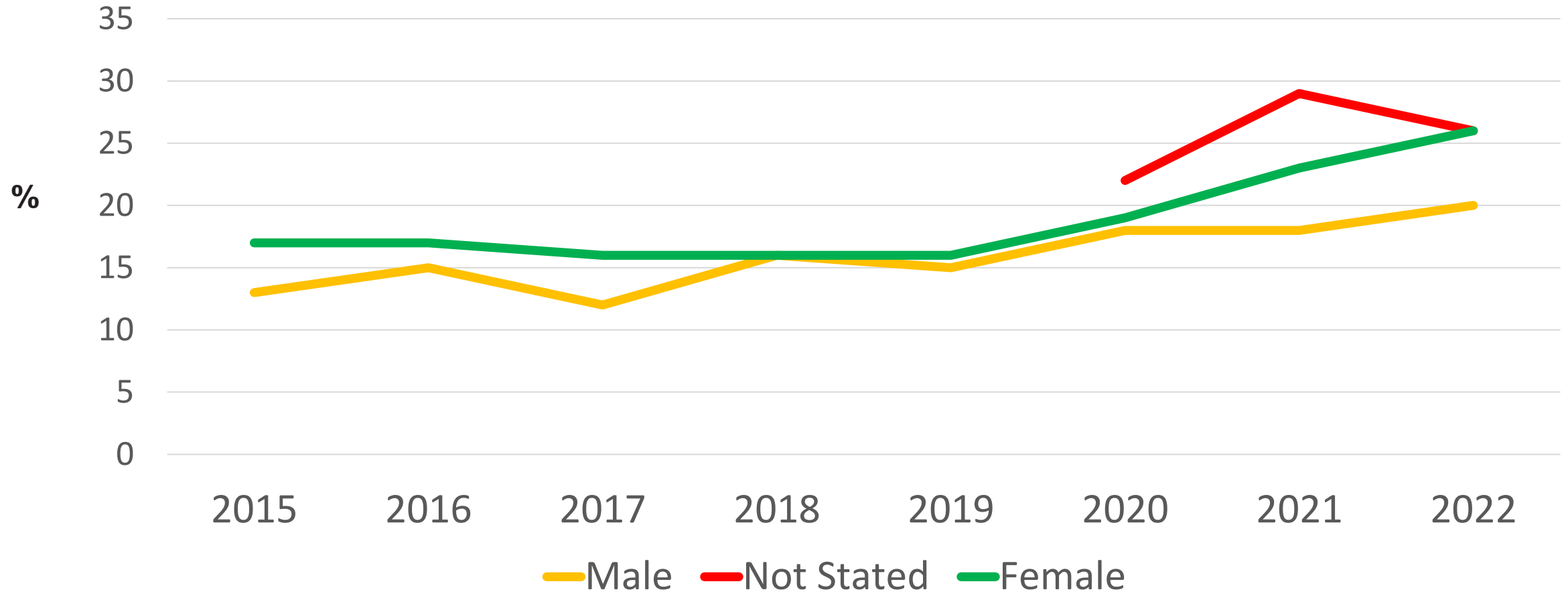
Clinical Psychology - Application success rate by gender

(Clearing House)



Clinical Psychology - Application success rate by gender

(Clearing House)



Conclusions – more work to be done

- (a) To grow Asian ethnicities' access to psychological professions careers
- (b) To ensure all ethnic minorities can progress fairly
- (c) To ensure men can join fairly, and women can progress fairly
- (d) To support disabled people to join and progress fairly
- (e) To support our young workforce and retain psychological professionals into their sixties

LGBTQIA+ Positive Practice Principles

Professor Allàn Laville (*He/Him*)

Dean for Diversity and Inclusion

Professor of Equity in Psychology

University of Reading

LGBTQ+ Positive Practice Principles



Professor Allán Laville
Dean for Diversity and Inclusion
Professor of Equity in Psychology
2023 Advance HE National Teaching Fellow

Context

- National LGBT Survey: Research Report 2018 found that 24% of respondents accessed mental health services in the 12 months preceding the survey. However, 28% of respondents who had accessed or tried to access mental health services in the 12 months preceding the survey said it had not been easy.
- This is a significant issue as previous studies (e.g., Cocks et al., 2019) have found higher rates of mental health conditions including anxiety and depression in LGBTQ+ people compared to heterosexual and cisgender individuals.
- To explain these differences, Meyer (2003) suggests that higher incidence of mental health in the LGBTQ+ community is due to cultural, societal, and historical discrimination that LGBTQ+ people are victim to.

Context

- LGBTQ+ individuals are often sceptical of mental health services and are concerned that practitioners will not be aware and understanding of LGBTQ+ considerations (Cocks et al., 2019).
- A central focus must be to improve practitioners' confidence and competence when working with the LGBTQ+ community (Ho et al., 2023).
- Services need to instil confidence in prospective patients that the psychological therapy will be inclusive and affirming (Cocks et al., 2019).

LGBTQ+ Positive Practice Principles: Access

- 1) Inclusive nature of self-referral forms
 - Range of options for gender identity and sexual orientation
 - Option to self-describe
 - Be aware of issues with 'other'
- 2) Inclusive nature of the service and practitioners
 - Visible signs of LGBTQ+ inclusion
 - Positive impact on patient's sense of inclusion
 - Positive impact on patient's sense of safety



LGBTQ+ Positive Practice Principles: Access

- 3) Consideration of intersectionality
 - Be aware of the impact of potential multi-discrimination
 - Intersecting factors such as religion, ethnicity, age, and being LGBTQ+
 - Providing holistic care that accounts for all protected characteristics
- 4) Consideration of the environment for therapy
 - Ensuring the patient is in a safe space to speak openly
 - Be aware of the issues raised by Laville (2022) regarding concealment of identity
 - Be responsive to changes in the patient's environment

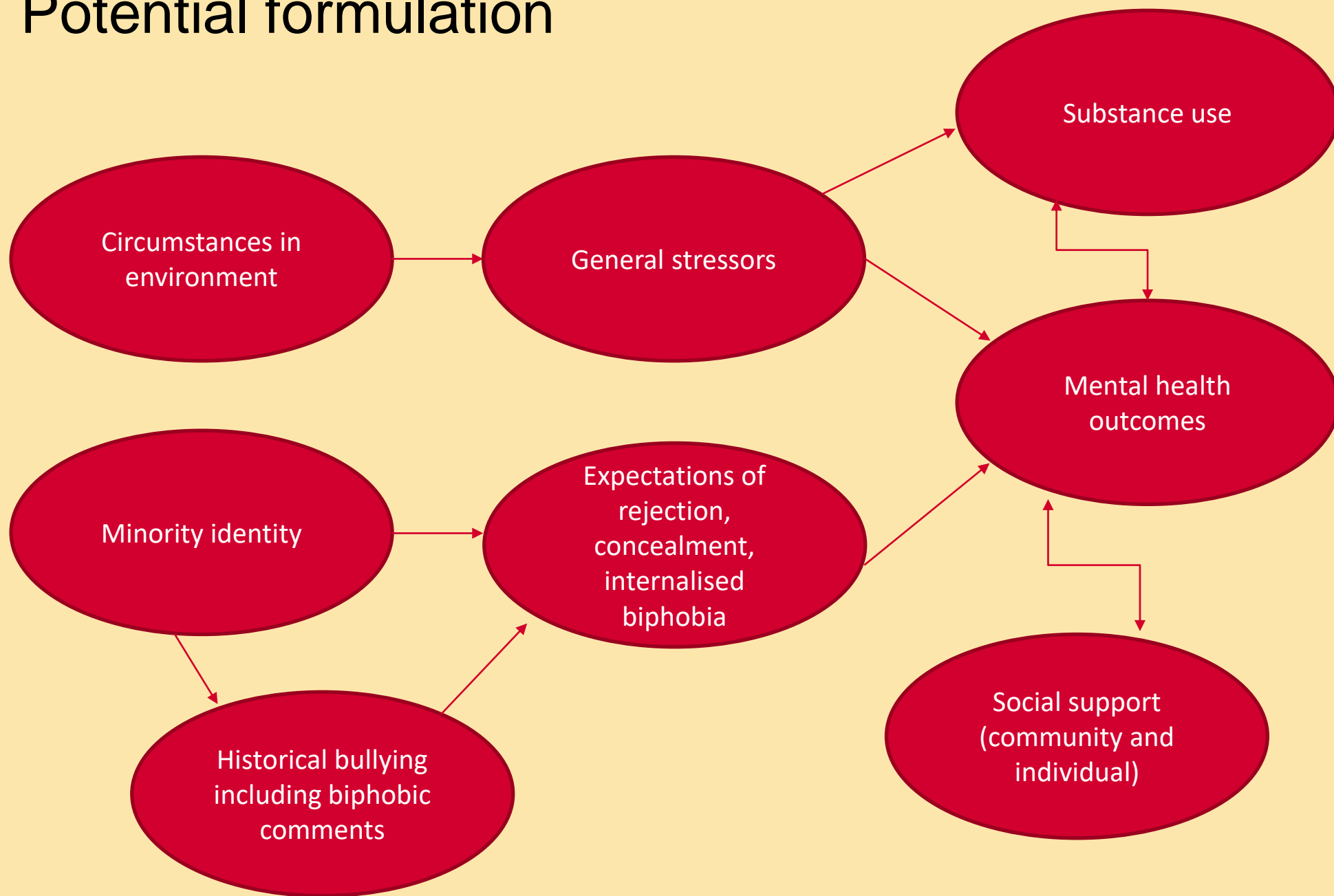


LGBTQ+ Positive Practice Principles: Adaptations

- 1) Appropriate consideration of identity throughout assessment and treatment
 - Utilise the ‘appropriate’ awareness framework (Kell and Laville, 2021) to guide discussions about identity and to plan appropriate next steps
 - Avoid assumptions based on lack of information
 - Be aware of poor data collection (Foy et al., 2019)
- 2) Formulation and psychoeducation
 - Embed the Minority Stress Model (Meyer, 2003) into practice to guide the development of formulation
 - Psychoeducation can be guided by an understanding of minority stress (Hambrook et al., 2022)
 - An understanding of minority stress supports conversations within treatment



Potential formulation



LGBTQ+ Positive Practice Principles: Adaptations

- 3) Appropriate consideration of barriers to progress
 - Utilising models such as COM-B (Michie et al., 2011) to explore barriers
 - Specific consideration can be given here to accessing LGBTQ+ specialist services
 - Specific consideration can be given here in relation to identity and environment
- 4) Utilising supervision
 - Share experiences of working with LGBTQ+ people
 - Broaden knowledge of LGBTQ+ topics
 - Supervisors supporting practitioners to discuss their own biases and assumptions



Coming in May 2024...

- Beattie, S. and Laville, A. (2024). *NHS Talking Therapies for anxiety and depression: LGBTQ+ Positive Practice Guide*. LGBT Foundation and NHS England.

References

- Cocks, L., Jonas, K., and Laville, A. (2019). Exploring LGBT mental health and recommendations for clinical practice. *CBT Today*, 47(3), 10-11.
- Foy, A. A., Morris, D., Fernandes, V., & Rimes, K. A. (2019). LGBTQ+ adults' experiences of Improving Access to Psychological Therapies and primary care counselling services: informing clinical practice and service delivery. *The Cognitive Behaviour Therapist*, 12(42).
- Government Equalities Office. (2018). *National LGBT+ Survey: Research Report*.
- Hambrook, D. G., Aries, D., Benjamin, L., & Rimes, K. A. (2022). Group intervention for sexual minority adults with common mental health problems: preliminary evaluation. *Behavioural and Cognitive Psychotherapy*, 50(6), 575-589.
- Ho, J. K. Y., O'Rourke, C., Laville, A., Chellingsworth, M. & Callaghan, P. (2023). Clinician experiences on training and awareness of sexual orientation in NHS Talking Therapies Services for Anxiety and Depression. *The Cognitive Behaviour Therapist*, 16, 1-28.
- Kell, L. and Laville, A. (2021). *Diversity and Inclusion Vignettes: For Psychological Wellbeing Practitioner Training Programmes*. British Psychological Society. Available at: [PWP Diversity and Inclusion Vignettes.pdf](#) (bps.org.uk)
- Laville, A. (2022). LGBT+ History Month: The importance of awareness and understanding for LGBT+ considerations within clinical practice. *CBT Today*, 50(1), 14-15.

References

- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*, 129, 674–697.
- Michie, S., Van Stralen, M.M., & West, R. The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Sci* 6, 42 (2011).

Refreshments | Networking

11:15am – 11:45am



Why we should stop talking about under-represented groups: Social Justice-doing through co-production & clinical psychology training

Dr Warren Matofsky

Senior Lecturer, Clinical Psychologist & Group Psychotherapist

Psych. D Clinical Psychology Training Programme

University of Surrey

Dr Goran Lukic (*He/Him*)

Lecturer & Admissions Lead

Psych. D Clinical Psychology Training Programme

University of Surrey

**Time to stop
talking about
under-
represented
groups**

**Social Justice-doing
through collaboration,
co-production &
clinical psychology
training**





Dr Warren Matofsky

Senior Teaching Fellow, Clinical & Community Psychologist, Group Psychotherapist

@ w.r.matofsky@surrey.ac.uk

Academic and research departments
School of Psychology.



Dr Goran Lukic

Admissions Lead & Teaching Fellow

DClinPsy

@ g.lukic@surrey.ac.uk

🕒 Mon-Weds

Academic and research departments

Social justice and inequalities in mental health, Faculty of Health and Medical Sciences.



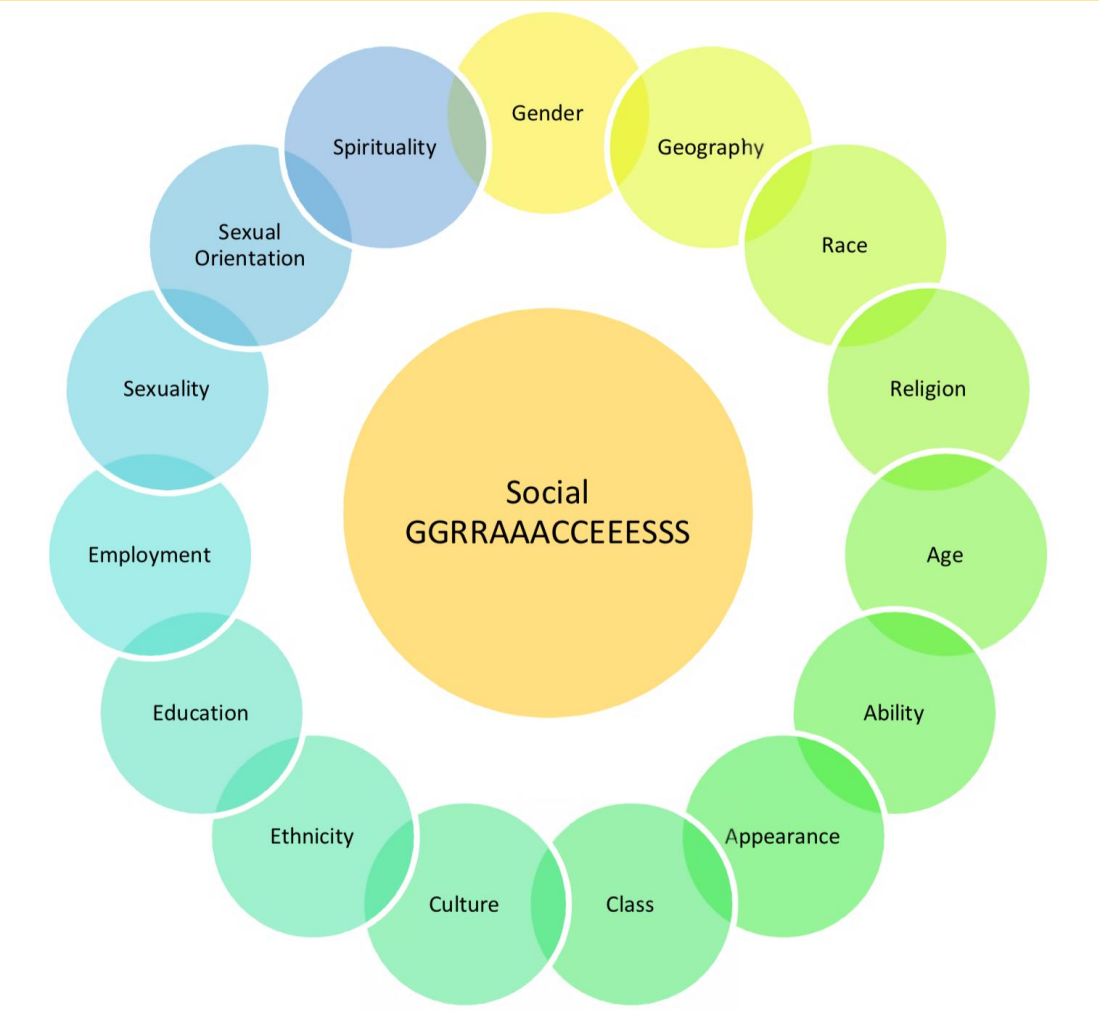
UNIVERSITY OF SURREY



What under-represented groups do we come from?

- Visible/audible differences
- Invisible/inaudible differences
- The value of inclusive professions

Who is under-represented in your team/service?



What visible/invisible social identities are missing from your team

- **Visible/Audible**

Gender, race/ethnicity, age, religion(?), disability (?), class (?) etc

- **Invisible/Inaudible**

Class, religion, disability, LGBTQIA+, psychiatric survivor/user, neuro-diversity, care-experienced, refugee-experienced, education, military etc

**Under-represented menti:
Which groups are under-
represented in your team or
workplace?**

[Menti is no longer available](#)

Questions for your group

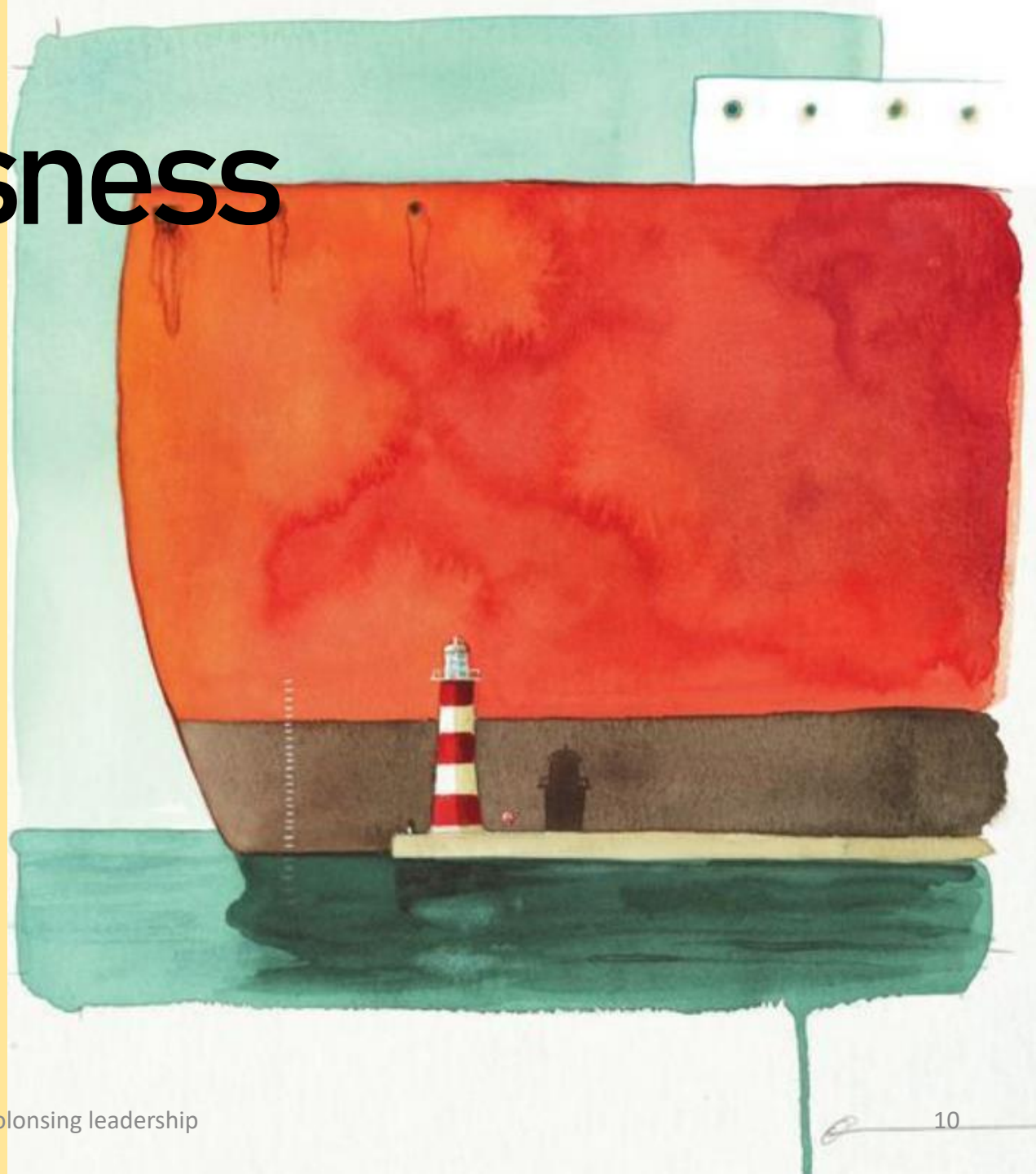
- Responses to who's missing from your workplace?
- Does this shift across levels of seniority?
- Are some roles more exclusionary than others?

Why we need to stop talking about “under-represented” groups

- Politics of politeness
- Learned helplessness
- From talk to action

Learned helplessness

- “Lost & Found” by Oliver Jeffers
- Fathers & initiative fatigue
- Outcomes & sustainability
- From talk to action



C52: Professionalism & Leadership Unit: Social Inclusion Projects

C52: leadership through social action

Decolonising
Leadership & Social
Justice

Social Inclusion
Leadership
Assignment

Current Social
Inclusion Projects

Developing your
own project

Decolonising as leadership

Equality and Inclusion in Clinical Psychology

Decolonising Professionalism and Leadership

blogs.surrey.ac.uk

Distributed leadership
model

What is distributed leadership?

What practice dilemmas does it create for leaders and followers?

PDF

Social Inclusion Projects
2024

2024 Leadership Development Projects

For all projects: before you contact the key person, post a note on the update-board for that particular project on the Padlet. Once you have required numbers, make group contact; let your peers know if the project numbers are full. Shared responsibility for keeping notice boards clear and reducing admin burden/email traffic for the wonderful people who link us to wider community. Please consider if a project is time sensitive

Community Psychology in Surrey
Key contact: a.hobbes@surrey.ac.uk VP Lead School of psychology
Work on reducing social inequalities in your region through access to the university. Work with a local colleges/education providers to bring young people to university for taster lectures/workshops/co-production. New project so will involve scoping & planning follow-ups. University policy on UN Sustainability goals. Project evaluation, coms & press/social media policy. [Publishing your learning about social justice work for EDI blog](#) 3-4 trainees
Time Sensitive: Project needs to happen to fit school year; contact before end of Feb 2024.

Surrey PsychD network of aspiring Clinical Psychologists from minoritized ethnic groups 2
CPD sessions, network support & project coordination Key Contact: g.jukic@surrey.ac.uk
Scoping interest, engagement and planning one-off workshops. This might be about topics like applying to get onto the programme, as well as more practical topics, like formulation or forms of therapy. Recruitment and maintenance of social media use
[@pairs/threes](#)

DOCX

Reflexivity

Co-producing the Social Inclusion Leadership task

How are we doing with our distributed leadership model?

How can we co-develop the projects and the sustainability of the social inclusion work?

How do I take up responsibility for a shared and exercise my delegated authority for its development?

PDF

Co producing the Social Inclusion Leadership task 1

Social justice-doing

Find your people

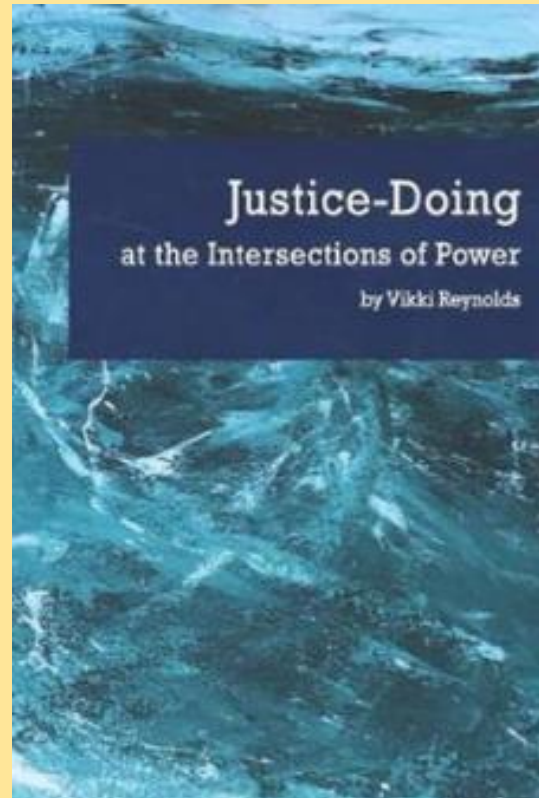
- What action fits with your style/time/energy?
- Who in my team would support action?
- Who in my organisation is working on this?
- Who in my community can support us?

Planning next steps



The theory/ethics of justice-doing

-



Increasing diversity in the Psychological Professions at Sussex Partnership NHS FT: 'What Went Well', 'Even Better If' and 'Where Next'?

Dr Nick Grey (He/Him)

Consultant Clinical Psychologist

Associate Director of Psychological Professions

Sussex Partnership NHS Foundation Trust

Dr Neha Cattrra (She/Her)

Counselling Psychologist, Education and Training

Specialist for Psychological Professions

Increasing diversity in the Psychological Professions at Sussex Partnership NHS FT: 'What Went Well', 'Even Better If' and 'Where Next'?

Nick Grey and Neha Cattrra

Feb 2024

Outline

- Context of our work
- Examples of our work
- What we have learned
- Sharing and connection
- What are (all of) our next steps?

Thank you!

- Nick Lake



- Olatayo Afuape and Anjum Yazdani



- Emran Hussain and Musa Nyoni



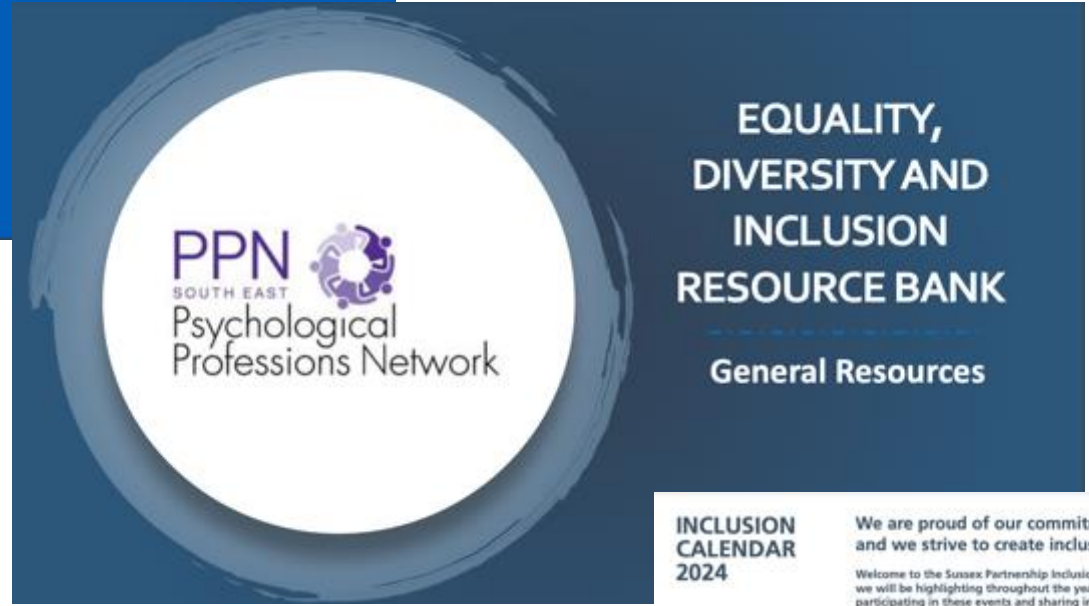


New tab

NHS equality, diversity, and inclusion improvement plan



Sussex Partnership NHS Foundation Trust



INCLUSION CALENDAR 2024

We are proud of our commitment to equality, diversity and inclusion at Sussex Partnership, and we strive to create inclusive and supportive workplaces and services for our people.

Welcome to the Sussex Partnership Inclusion Calendar 2024! This calendar is your guide to the awareness events and celebrations we will be highlighting throughout the year. We believe that inclusion is a journey that requires continuous effort, and by actively participating in these events and sharing in the conversation, you can help us make a positive impact together.



Sussex Partnership NHS Foundation Trust

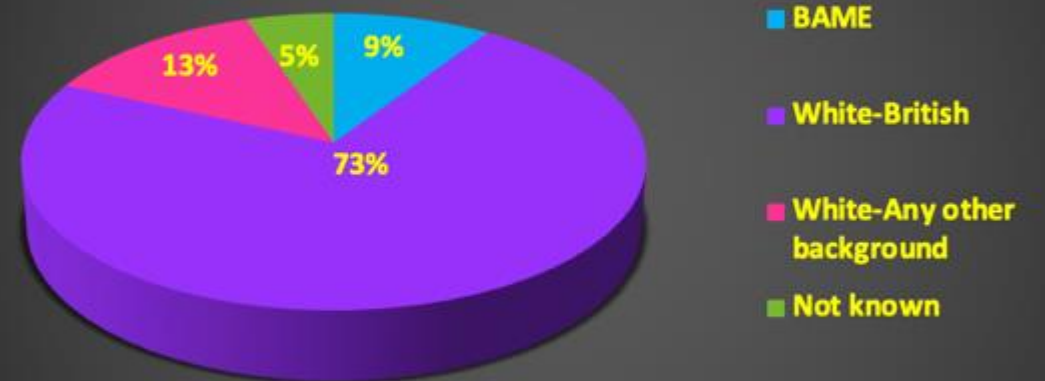
	January	February	March	April	May	June	July	August	September	October	November	December	
Spotlight events	10 - Black History Month 17 - Holocaust Memorial Day	12th - History Month 18 - Lunar New Year	8 - International Women's Day 18 - Refugee Support	Autism Awareness Month 22 - Autism Awareness Day	8 - National Day for Staff Networks 16 - Global Accessibility Awareness Day	16 - Pride Month 18 July - 17 August - Reserves Day in Armed Forces Week 24-25 - 22 - World Book Day	Disability Pride Month 18 July - 17 August - South Asian Heritage Month	10 - World Suicide Prevention Day 14 - International Inclusion Week 21 - National Inclusion Week	10 - World Suicide Prevention Day 14 - International Inclusion Week 21 - National Inclusion Week	10 - World Suicide Prevention Day 14 - International Inclusion Week 21 - National Inclusion Week	11 - Remembrance Day 16 - Day of Remembrance	11 - Remembrance Day 16 - Day of Remembrance	2 - International Day of People with Disabilities 19 - Human Rights Day
More information	Black History Month A dedicated time to celebrate the achievements and contributions of Black people in the UK and around the world. It is a time to reflect on the struggles and triumphs of Black people and to work towards a more equitable and inclusive society.	History Month A time to celebrate the rich and diverse history of Sussex Partnership. It is a time to reflect on the achievements of our staff and to work towards a more inclusive and equitable future.	International Women's Day A global day celebrating the achievements and contributions of women. It is a time to reflect on the challenges women face and to work towards a more equitable and inclusive society.	Autism Awareness Month A time to raise awareness of autism and to support autistic people. It is a time to reflect on the challenges autistic people face and to work towards a more inclusive and equitable society.	Staff Networks Day A day to celebrate the achievements and contributions of our staff networks. It is a time to reflect on the challenges staff networks face and to work towards a more inclusive and equitable society.	Global Accessibility Awareness Day A day to raise awareness of accessibility and to support people with disabilities. It is a time to reflect on the challenges people with disabilities face and to work towards a more inclusive and equitable society.	Pride Month A time to celebrate the achievements and contributions of the LGBTQ+ community. It is a time to reflect on the challenges the LGBTQ+ community face and to work towards a more inclusive and equitable society.	South Asian Heritage Month A time to celebrate the achievements and contributions of South Asian people. It is a time to reflect on the challenges South Asian people face and to work towards a more inclusive and equitable society.	World Suicide Prevention Day A day to raise awareness of mental health issues and to support people with mental health problems. It is a time to reflect on the challenges people with mental health problems face and to work towards a more inclusive and equitable society.	International Inclusion Week A week to celebrate the achievements and contributions of people from all backgrounds. It is a time to reflect on the challenges people from all backgrounds face and to work towards a more inclusive and equitable society.	Day of Remembrance A day to remember the people who have died in service of their country. It is a time to reflect on the sacrifices they made and to work towards a more peaceful and equitable world.	Day of Remembrance A day to remember the people who have died in service of their country. It is a time to reflect on the sacrifices they made and to work towards a more peaceful and equitable world.	Human Rights Day A day to celebrate the achievements and contributions of human rights activists. It is a time to reflect on the challenges human rights activists face and to work towards a more just and equitable society.

NHS Benchmarking Network Workforce Audit

Psychological Professions by Whole Time Equivalent (WTE.)

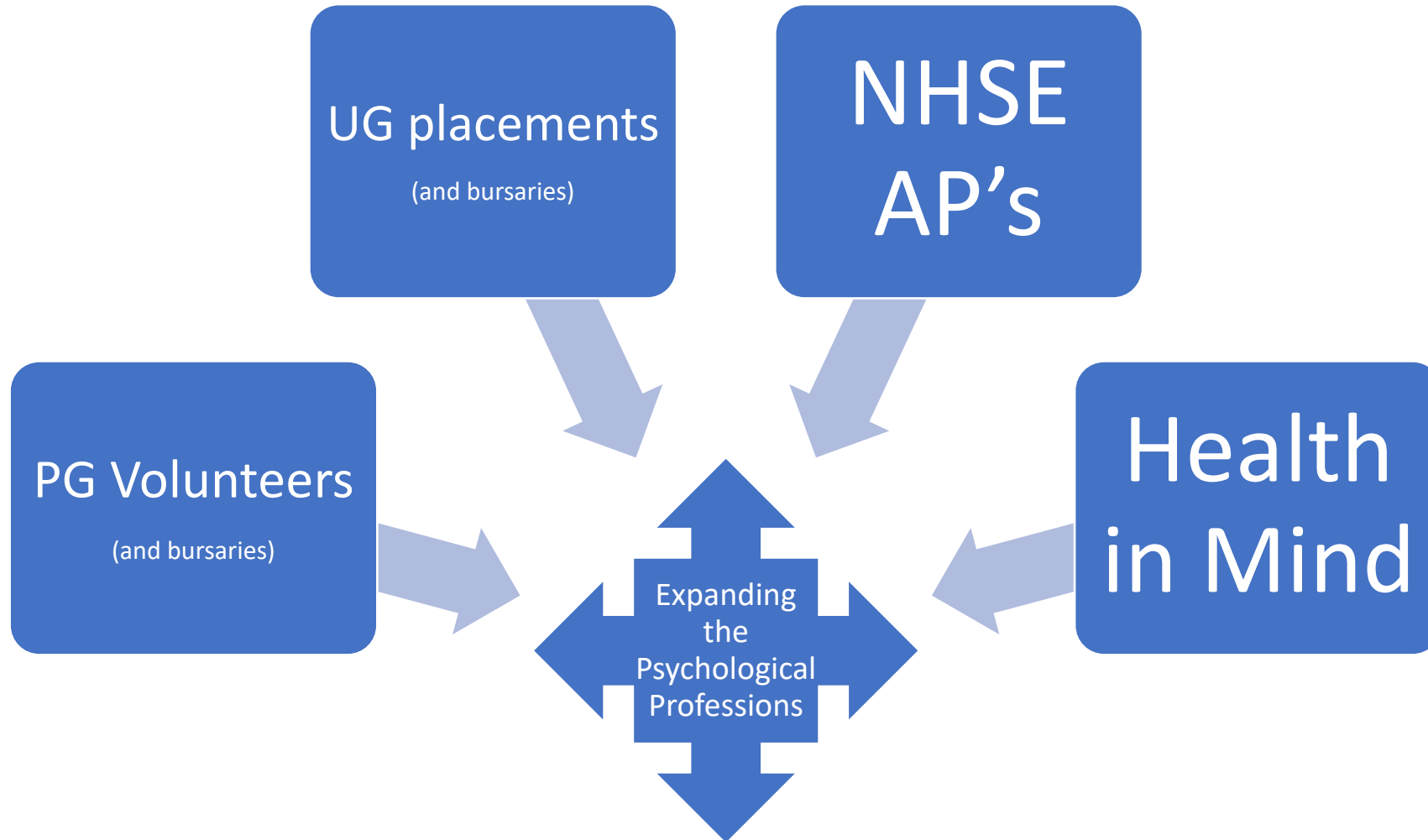


Psychological Professions by Ethnicity



SPFT PP strategy

- Supporting Inclusive and Diverse Practice
 - Ethnicity
 - Disability
- Culturally sensitive supervision training
- Links with university partners – esp. clinical psychology, Salomons and Surrey
- Link with trust wide initiatives
 - E.g. inclusive recruitment



Origins

- HEE announced funding about Dec 2020
- Bold bid for 12 x 0.6wte posts for 6 months
- Built on a longstanding undergraduate psychology placement scheme and a postgraduate psychology volunteer scheme – the infrastructure was familiar!

Evaluation of a psychology graduate internship programme

Alesia Moulton-Perkins, Alexandra Wressle, Nick Grey and Rebecca Sired

Abstract

Purpose – Applications for clinical psychology training far outstrip places and relevant work experience is key. Paid opportunities are limited and therefore many choose volunteering, with well-connected graduates faring best. To promote equal opportunities a coordinated psychology graduate voluntary internship programme was established in a National Health Service Trust in the South of England. The purpose of this paper is to evaluate intern and supervisor outcomes, equality of access and adherence to governance standards.

Design/methodology/approach – Three cohorts of interns, unappointed applicants and supervisors were surveyed. Between 2013 and 2016, 270 psychology graduates applied, 119 were recruited and 151 either refused a place or were unsuccessful. In total, 91 supervisors provided service-level feedback.

Findings – Interns and applicants were predominantly young, able-bodied white British heterosexual females. Demographic profiles were similar and broadly representative of psychology graduates nationally. While fewer were from Black and Ethnic Minority backgrounds, proportions were greater than the local population. Participants were more socioeconomically privileged than undergraduates nationally. The scheme was popular and well governed according to interns and supervisors. Post-internship employment prospects were improved, with most interns gaining paid mental health roles like assistant psychologist. Most supervisors commented on the positive contribution made by interns to service outcomes.

Originality/value – This study makes a significant contribution to the literature on voluntary psychology graduate posts, an area under-researched until now. Our results suggest that a coordinated, transparent approach can benefit both interns and services by minimising exploitation and maximising developmental opportunities for the new graduate. The programme makes an important contribution to addressing inequalities experienced by psychology graduates attempting to enter mental health careers.

Alesia Moulton-Perkins is based at the School of Psychology, University of Surrey, Guildford, UK. Alexandra Wressle is based at the Institute of Management Studies, Goldsmiths University of London, London, UK. Nick Grey is based at Sussex Partnership NHS Foundation Trust, Worthing, UK and School of Psychology, University of Sussex, Brighton, UK. Rebecca Sired is based at the Department of Psychology, University of Bath, Bath, UK.

2020/21

- **12**
- 3 started July 21, 9 started Sept/Oct 21

2021/22

- **4**
- 2 started Feb 22, 2 started April 22

2022/23

- **16** (countywide with Sussex Community NHS FT)
- 9 started Apr-Jul 23, 2 started Sept 23

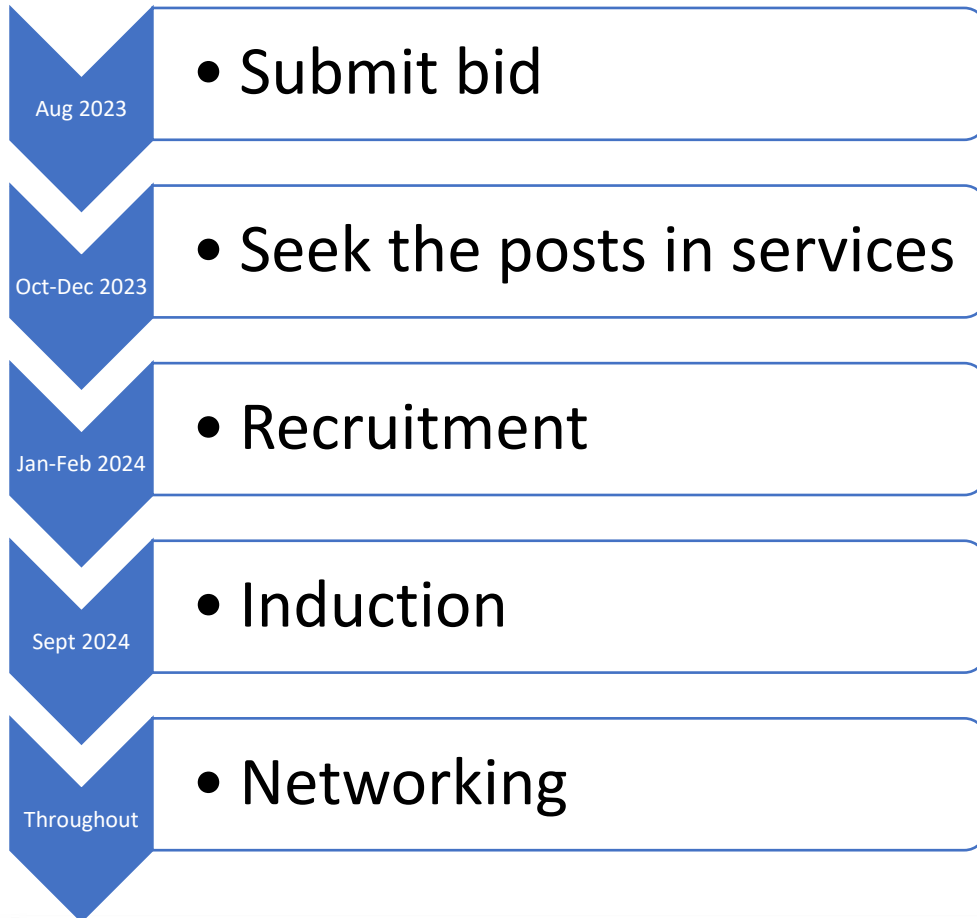
2023/24

- **4**
- Currently in recruitment

Management

Recruitment is managed centrally

Day to day management



- Clinical supervision and professional supervision from the (usually) clinical psychologists in the service in which they are working.
- Management supervision within existing structures of the service.

These posts are employed – therefore subject to the same HR processes for other substantive members of staff.

Recruitment

Advert & Brochure

“We are committed to increasing diversity within clinical psychology and therefore particularly welcome applications from people from groups under-represented in the profession”

JD/PS - desirable experience:

“Lived experience of membership of a group/identity that is currently underrepresented within Clinical Psychology”

Interview panel

Central representation, Expert-by-experience, and one of the supervisors from one of the services

Services - experiences

- What services

- Adult services: community teams, Assertive outreach teams, Acute and urgent care - liaison and LT health
- Child services: CAMHS, Paediatrics, Schools
- Learning disabilities: community and inpatient
- Older adult community services and dementia assessment services
- Specialist services: Eating Disorders, Forensic CAMHS, OCD research clinic

- What experiences

- **Weekly supervision from a clinical psychologist!**
- Contribute to assessment, formulation and treatment under supervision
- Service evaluations, quality improvement projects and audits
- Be involved in complex case reviews, reflective practice, training provided (e.g. Recovery College)

Developments

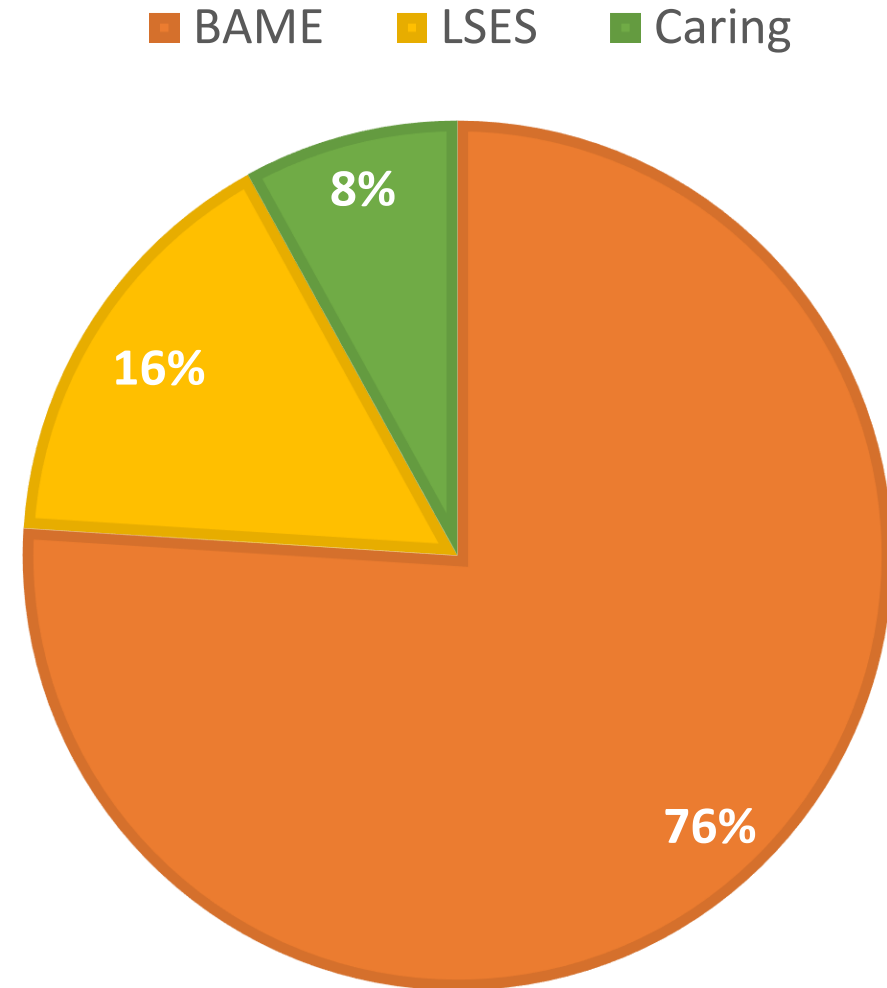
- 3 posts joint with University of Southampton (in cohort 1)
- Close links with Salomons
 - Mentoring from Dclin trainees
 - Webinar regarding applying to training
- Matched funding posts
 - Services contribute same as HEE/NHSE/PPN
 - Full-time posts for 8months
 - 5 of the last 10 recruited
 - The 4 to be recruited now are all matched funding

Key: Maintain this matched funding model!

Outcomes

- 17 have completed contracts with us
- 6 have had extended contracts in SPFT
- 6 other AP roles
- 1 on DClIn training
- 1 ended early due to demands of inpatient setting
- 4 Interviewed last week!

Currently following up more closely



“Feel super lucky with this opportunity. **Great supervision, that can really make or break your experience.** Great in confidence-building. “

“**6 months go very quickly**, so would have loved to have had it extended. But equally I can see why it's important to share out opportunities.”

“Perhaps either making the role 6 months full-time, or a whole year part-time...or just a full time fixed-term contract for a year. “

“**More clear communication before starting my role**, so I could have better hit the ground running, as I definitely wanted to make those 6 months count as much as they possibly could.”

Do you think roles like these could change access to clinical psychology for people from under-represented backgrounds?

“Yes, roles such as this one are really good in giving an idea of what careers in clinical psychology are actually like and allowing me to judge whether it is for me.”

“I only thought to apply to this scheme because it explicitly encouraged applications from people from BAME backgrounds. I think these six months were invaluable and provided me with a lot of experience in a short time.

“Yes, because this already opens up the opportunity. “

“I think definitely. Widening the participation, creating more opportunities for people from different backgrounds. “

“Yes, it allows groups that wouldn't have had an opportunity to "get their foot in their door“”

“Strongly agree. **Good opportunity, but it could have offered more.**”

Learning so far

- Very tangible way of increasing access to those from underrepresented groups.
- Good opportunity for services - helps catalyse projects and work that needs doing
- Seems to be a good learning opportunity for the APs
- Supervision crucial component (of course!)
- Highlighted the need for additional support in acute/inpatient services
- Need to provide networking opportunities and support for the future
- Managing expectations of APs regarding the kind of work they can do
- Managing expectations of Services regarding the kind of work they can do!

UG / PGV

Bursary pot of £40k per year

A joint SPFT Trust and PP commitment to diversifying the Psychological Professions

Awarded predominantly to PG volunteers with some allowance for UG volunteers

Health in Mind

- <https://emran.craft.me/ikG2bC30kKVP7I>



The development of the Health in Mind Ethnicity, Diversity & Inclusion (EDI) Strategy



Emran Hussain

Created 4 months ago · Updated 7 days ago

- <https://padlet.com/HIMEthnicDiversity/ethnic-diversity-main-page-wfs7wnfdb3yt2z3m>

Ethnic Diversity Working Group + 2 + 7mo

Ethnic Diversity - Main Page

Scroll down and along to find more!

Padlet Index

Ethnic Diversity Padlet Index

1. [Ethnic Diversity - Main Page](#)
2. [Ethnic Diversity - Clinical Practice](#)
3. [Ethnic Diversity - The Working Group](#)

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Other Padlets...

1. [HIM Ethnic Diversity Padlet](#)
2. [Racial Equality Resources and Reading](#)
3. [People Participation at Sussex Partnership](#)
4. [Sussex Partnership NHS Foundation Trust Membership](#)
5. [Information for Family & Friend Carers](#)
6. [SPFT Spiritual Team](#)

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Resources

rethink.org

Challenging attitudes, changing lives.

Black Asian and Minority Ethnic mental health

0 0

THE REFUGEE PROJECT

therefugeebuddyproject.org

The UK and the World as a whole is becoming more hostile toward people seeking refuge. Our role ensures those seeking refuge in our town and surrounding areas receive a positive experience of welcome, community and friendship. We are all human and we all belong to the Earth.

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The Anti-Discrimination Trust

Media/ Articles

Playing the Race Card Exhibition

playingtheracecard.co.uk

Exhibition | Playing The Race Card

0 0

YouTube

Chimamanda Ngozi Adichie: The danger of a single story | TED

0 0

The Anti-Discrimination Trust

HiM Share drive Links

June Newsletter

Ethnicity & Diversity Newsletter - June 2023

PDF

0 0

'BAME' - what's in a name? - paper

'BAME' - What's in a name? - paper

PDF



What went well:



Even better if:



Next steps:

For you:

Menti is no longer available

What Went Well

Even Better If



Where next for us all?

Menti is no longer available



Sussex Partnership
NHS Foundation Trust

One next step we can make



pp@spft.nhs.uk

nick.grey@spft.nhs.uk

neha.cattra@spft.nhs.uk

Lunch | Networking
1:00pm – 2:00pm

Audit Tool Demonstration
1:30pm-1:45pm



Audit Tool Demonstration

ppn.nhs.uk/resources/equality-diversity-and-inclusion

The resource also hosts the PPN SE EDI Audit Tool, which has been devised for Psychological Training Programmes, Professional Bodies and NHS Trusts to evaluate and improve upon their existing EDI strategies. The tool is designed based on clear expectations, targets and the ability to rate progress with a reviewable action plan.

There are clear guidelines available on how to use this tool:

- [PPN SE Audit Tool Guidelines \(212 KB\)](#)

Three versions are available to choose from:

- [PPN SE Expert By Experience EDI AUDIT TOOL \(54 KB\)](#)
- [PPN SE Trainee & Student EDI AUDIT TOOL \(64 KB\)](#)
- [PPN SE Workforce EDI AUDIT TOOL \(59 KB\)](#)



<https://www.ppn.nhs.uk/resources/equality-diversity-and-inclusion>

Expressing experiences through poetry

Shaine Singer (*He/Him*)

Experts by Experience,

Poet

Published Author

Star of Channel 4's 'The Undateables'

Paul Wilshaw (*He/Him*)

Expert by Experience

Theatre Producer

Podcast Presenter

Expressing experiences through poetry

Feedback for Shaine and Paul

Menti is no longer available

The Importance of Historical Awareness in Equity, Diversity & Inclusion: a Psychological Perspective

Dr Alasdair Churchard (*He/Him*)

Course Tutor and Clinical Psychologist

The Oxford Institute of Clinical Psychology Training and Research

The Importance of Historical Awareness in Equity, Diversity & Inclusion: a Psychological Perspective

Dr Alasdair Churchard

Clinical Psychologist & Research Tutor

The Oxford Institute of Clinical Psychology Training and Research
& Buckinghamshire Older People's Psychological Services

Alasdair.churchard@hmc.ox.ac.uk



Aims

- To explore why historical awareness is central to EDI
- To take a closer look at how to incorporate historical knowledge into psychotherapy with people from minoritised ethnicities
- Explore broader relevance within NHS
- Covering some troubling material: do contact me if this brings anything up

Sit down if...



Is an awareness of
history important for
EDI in the NHS?

[Slido.com](https://www.slido.com)

[#PPN](https://twitter.com/PPN)

Why might an awareness of history be important for EDI in the NHS?

[Slido.com](https://www.slido.com)

[#PPN](https://twitter.com/PPN)



“History... does not refer merely, or even principally, to the past. On the contrary, the great force of history comes from the fact that we carry it within us, are unconsciously controlled by it in many ways, and history is literally present in all that we do.”

James Baldwin, Civil Rights Activist, 1965

Locating myself

- Personal history
- Studying history
- Therapeutic practice: CBT with strong systemic influence
- Developing research



Historical awareness and EDI in the NHS

- NHS Long Term Plan focus on Health Inequalities
- NHS Race & Health Observatory (2023): Ethnic Inequalities in Improving Access to Psychological Therapies (IAPT)
- NHS equality, diversity, and inclusion improvement plan (2023)
 - High Impact Action 4: wellbeing conversations
 - High Impact Action 6: addressing bullying, discrimination and harassment
- Research:
 - NIHR Research Design Service Equality Diversity and Inclusion Toolkit (2022)
- Leadership:
 - Addressing Institutional Racism in Healthcare Organizations (Institute for Healthcare Improvement, 2021)
- Trauma-informed practice

Examples of relevant histories

Racialised minorities

- Windrush
- Grenfell Tower

Learning disabilities

- 1995 Disability Discrimination Act

LGBTQIA+

- 1988: Section 28 introduced
- 1997: first openly gay MP elected

Gender

- 1992: forced sexual activity within marriage made illegal

Key areas

Probable that historical awareness would support:

- Engagement, including addressing mistrust of healthcare structures and leadership (NIHR RDS, 2022; IHI, 2021)
- Understanding the meaning of what people say, think, feel and do
- Addressing specific historical traumas (e.g. Grenfell Tower, Syrian civil war)
- Knowing how to intervene, including empowerment
- Our own development as clinicians and leaders

HISTORICAL AWARENESS IN PSYCHOTHERAPY WITH PEOPLE FROM MINORITISED ETHNICITIES



Historical awareness & therapy

- Cohort factors
- 'differences may interfere with the establishment of a solid working relationship' (Laidlaw, 2016)



Clinical effect

White client:

**“I left London for the
countryside in 1940.”**

Client from
minoritised ethnicity:

**“I went to primary
school in Kenya in the
late 1940s.”**

More
recent
example

Black British Client:

“I grew up in New Cross in London in the early ‘80s”

Conceptualising as clinical skill development



Links to previous theoretical paper (Churchard, 2022)



Based on Declarative-Procedural-Reflective model (Bennett-Levy, 2006)

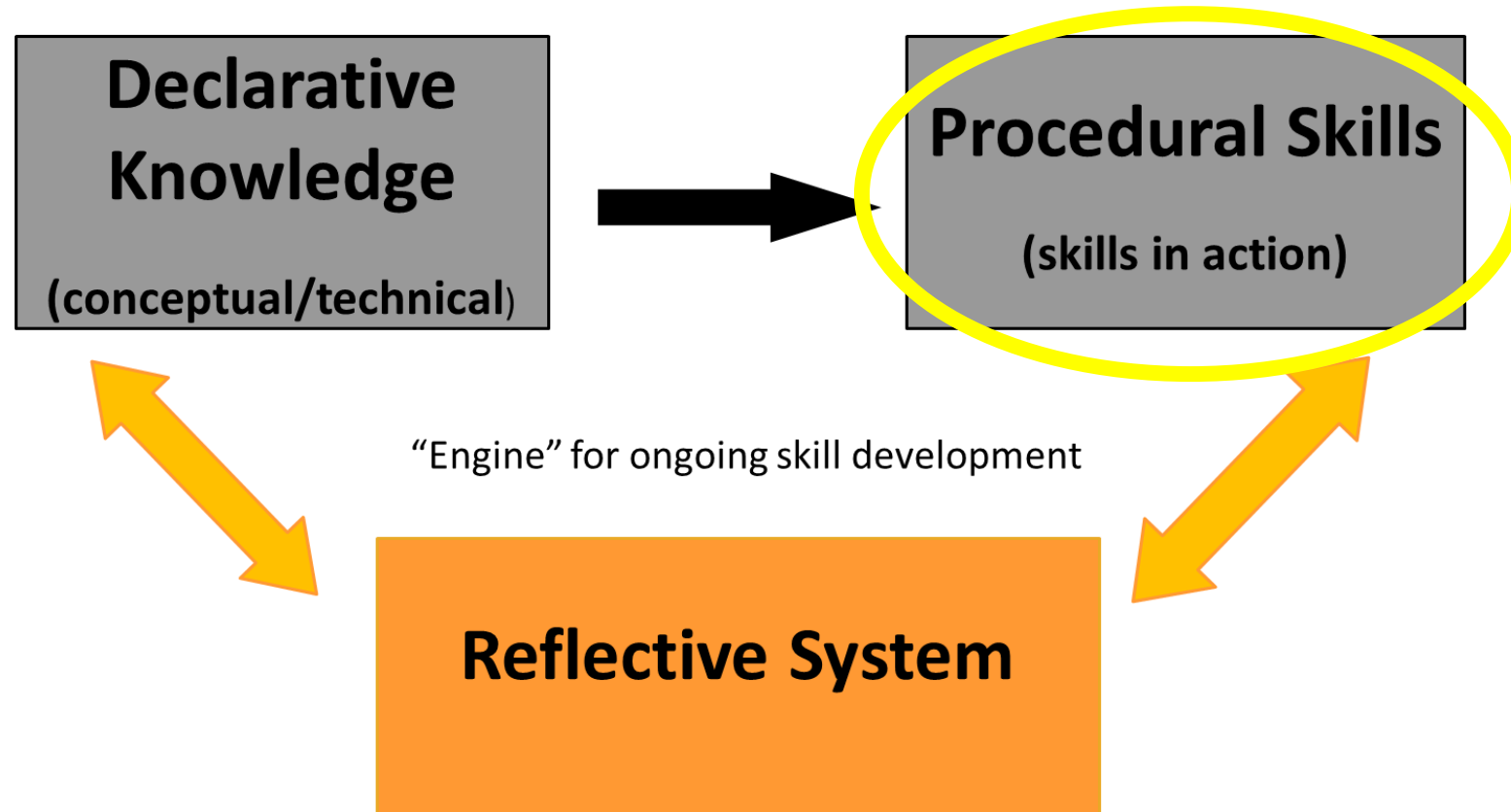


Understanding why developing skills in EDI areas may be challenging, and specific actions that can be taken to improve skill



Considering the interaction between the personal and the professional

How to improve historical awareness?



Declarative-procedural-reflective model (Bennett-Levy, 2006)

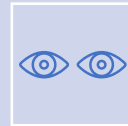
See also Churchard (2022)

Content vs process

Content: what we know

- Probable that some knowledge of historical facts is important
 - E.g. Working with someone who had left Bangladesh in 1972 vs 1985

Process: how we ask



Recognising when this is a salient area

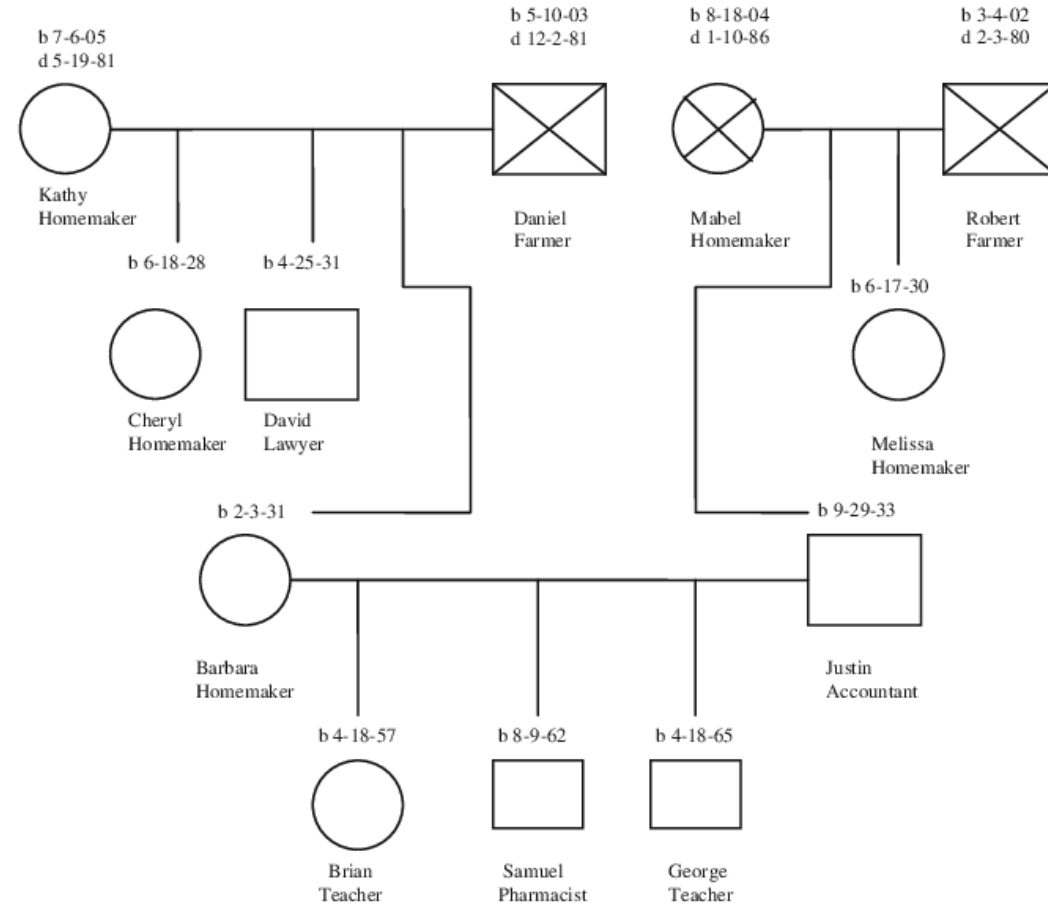


Knowing how to raise the historical context

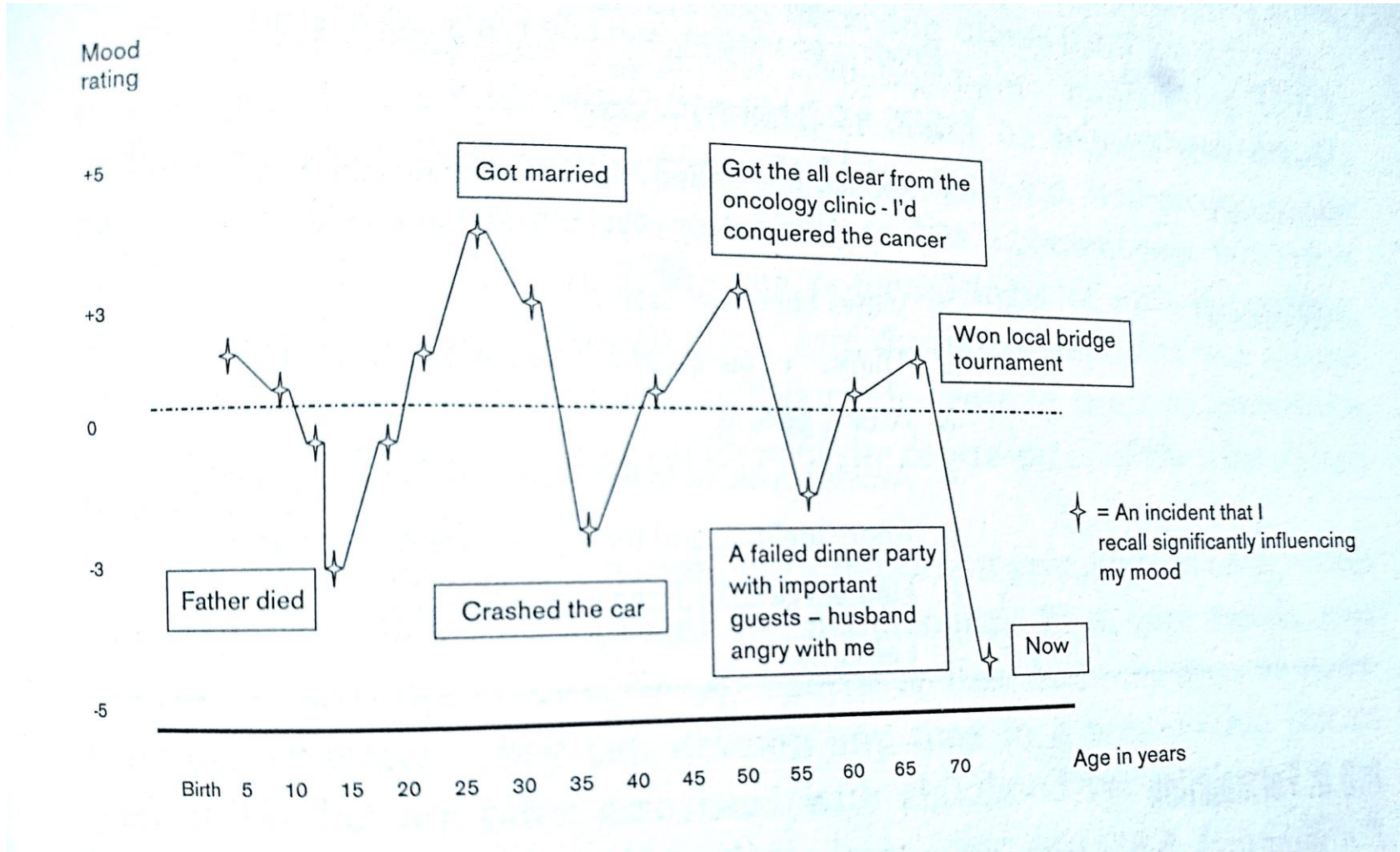


Knowing how to inform oneself

Genogram



Timeline



Formulation

How does history
continue to be a
part of the service
user's experience?



Intervention

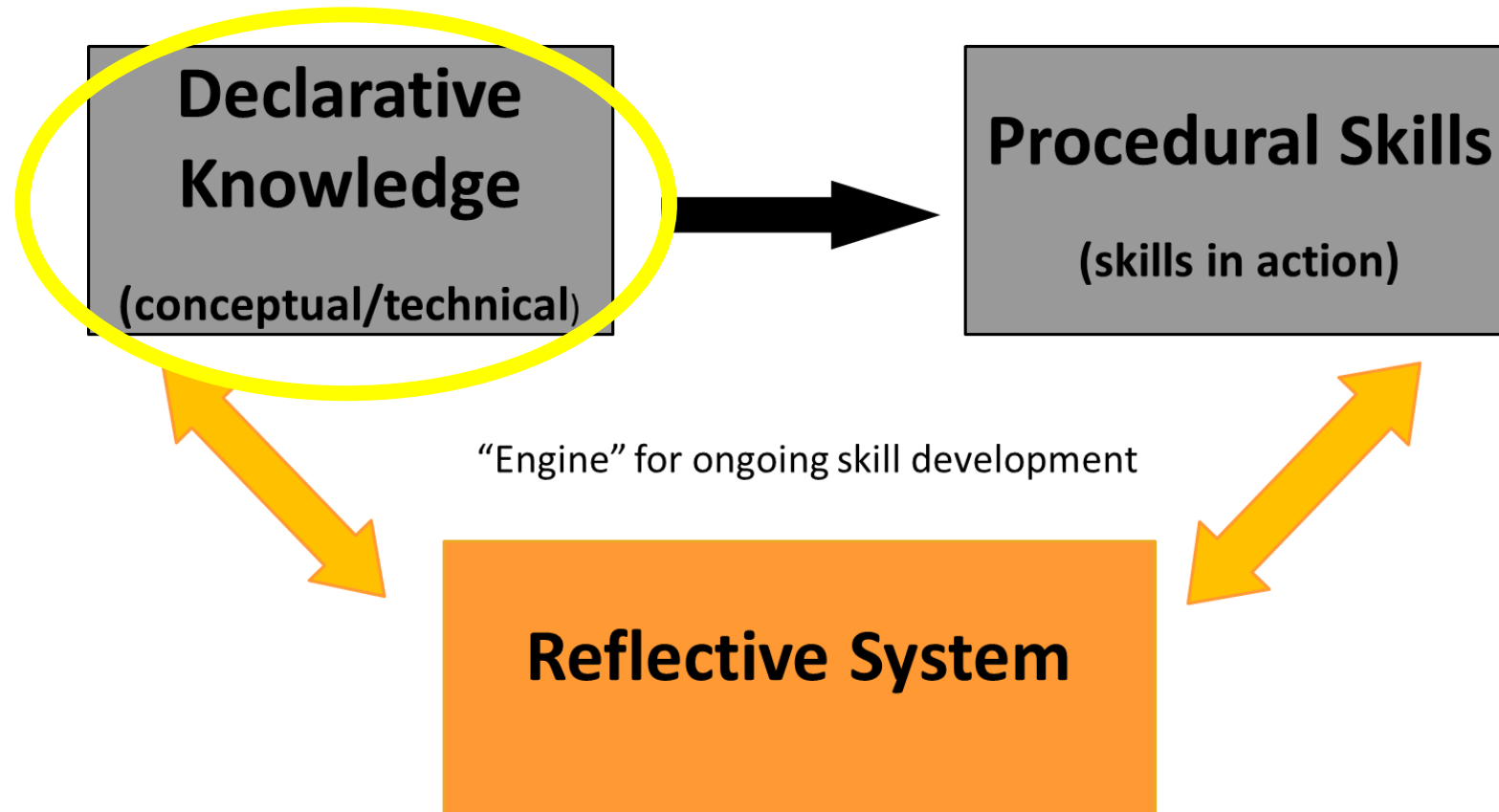


Addressing ongoing effect of
historical racial trauma
(Williams, 2023)



Contextualising interventions
(Beck, 2016)

How to improve historical awareness?



Declarative-procedural-reflective model (Bennett-Levy, 2006)

See also Churchard (2022)

Declarative knowledge:
deficits in historical
knowledge are not
accidental



“Perhaps, in the future, there will be some African history to teach. But at present there is none, or very little: there is only the history of the Europeans in Africa. The rest is largely darkness, like the history of pre-European, pre-Columbian America. And darkness is not a subject for history.”

Hugh Trevor-Roper, Regius Professor of Modern History at the University of Oxford, 1963

Picture: Rob Mieremet /
Anefo, CC BY-SA 3.0
<<https://creativecommons.org/licenses/by-sa/3.0/>>, via
Wikimedia Commons



“The tragedy of Africa is that the African has not fully entered into history ... They have never really launched themselves into the future. The African peasant only knew the eternal renewal of time, marked by the endless repetition of the same gestures and the same words. In this realm of fancy ... there is neither room for human endeavour nor the idea of progress.”

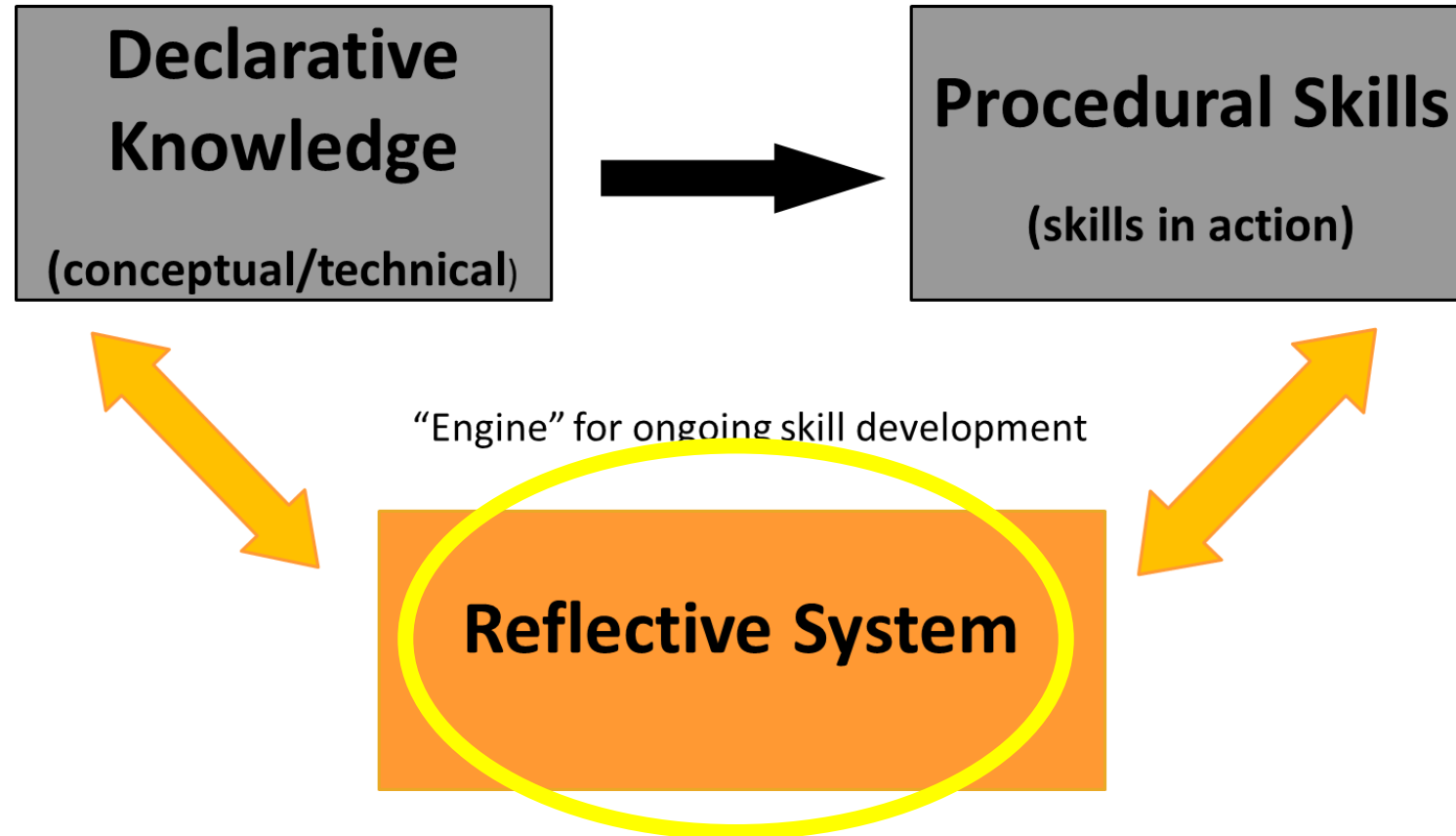
Nicolas Sarkozy, President of France, 2007

*Picture: European People's Party, CC BY 2.0
<<https://creativecommons.org/licenses/by/2.0>>, via Wikimedia Commons*



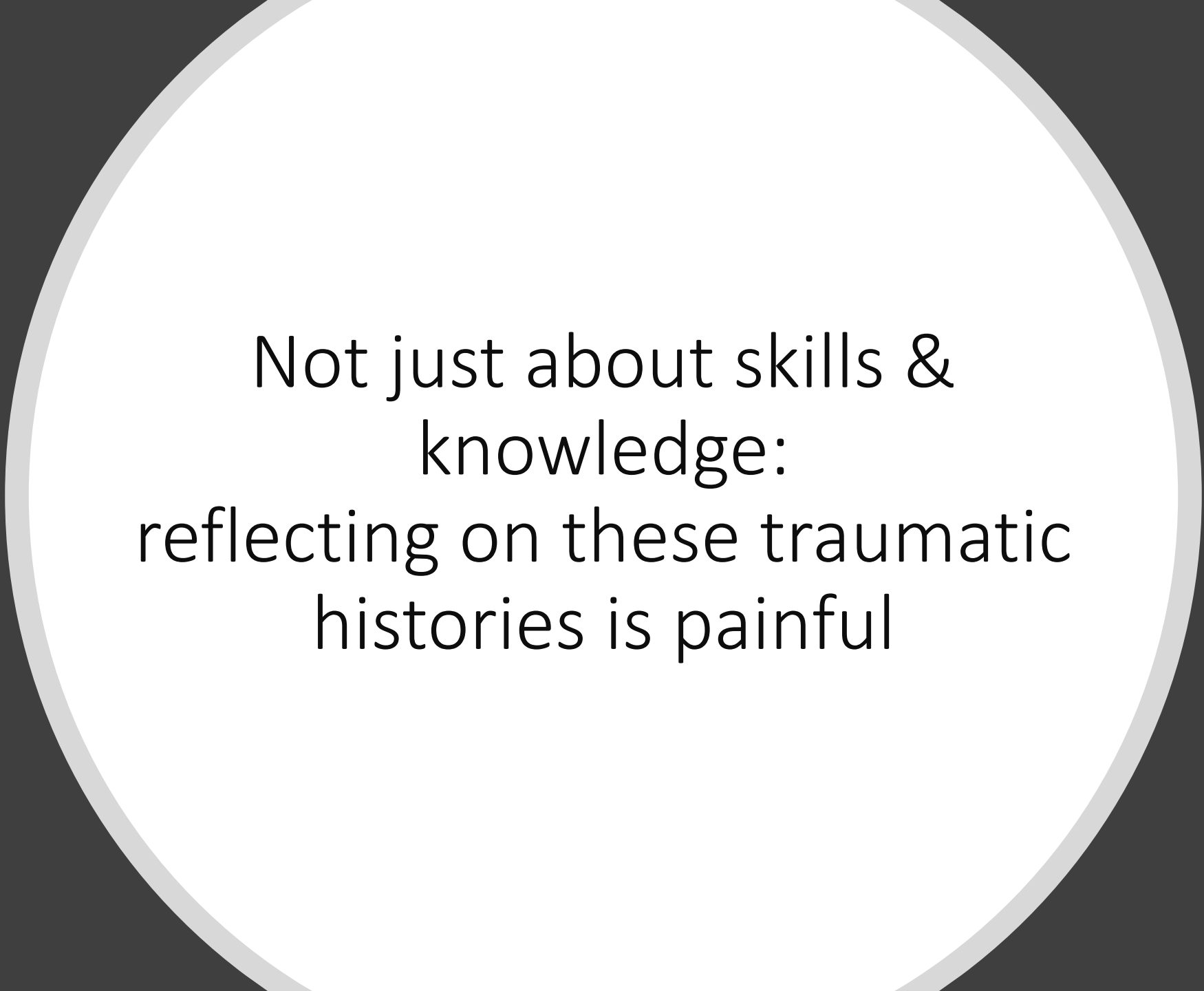
Picture: Joyofmuseums, CC BY-SA 4.0
<<https://creativecommons.org/licenses/by-sa/4.0/>>, via Wikimedia Commons

How to improve historical awareness?



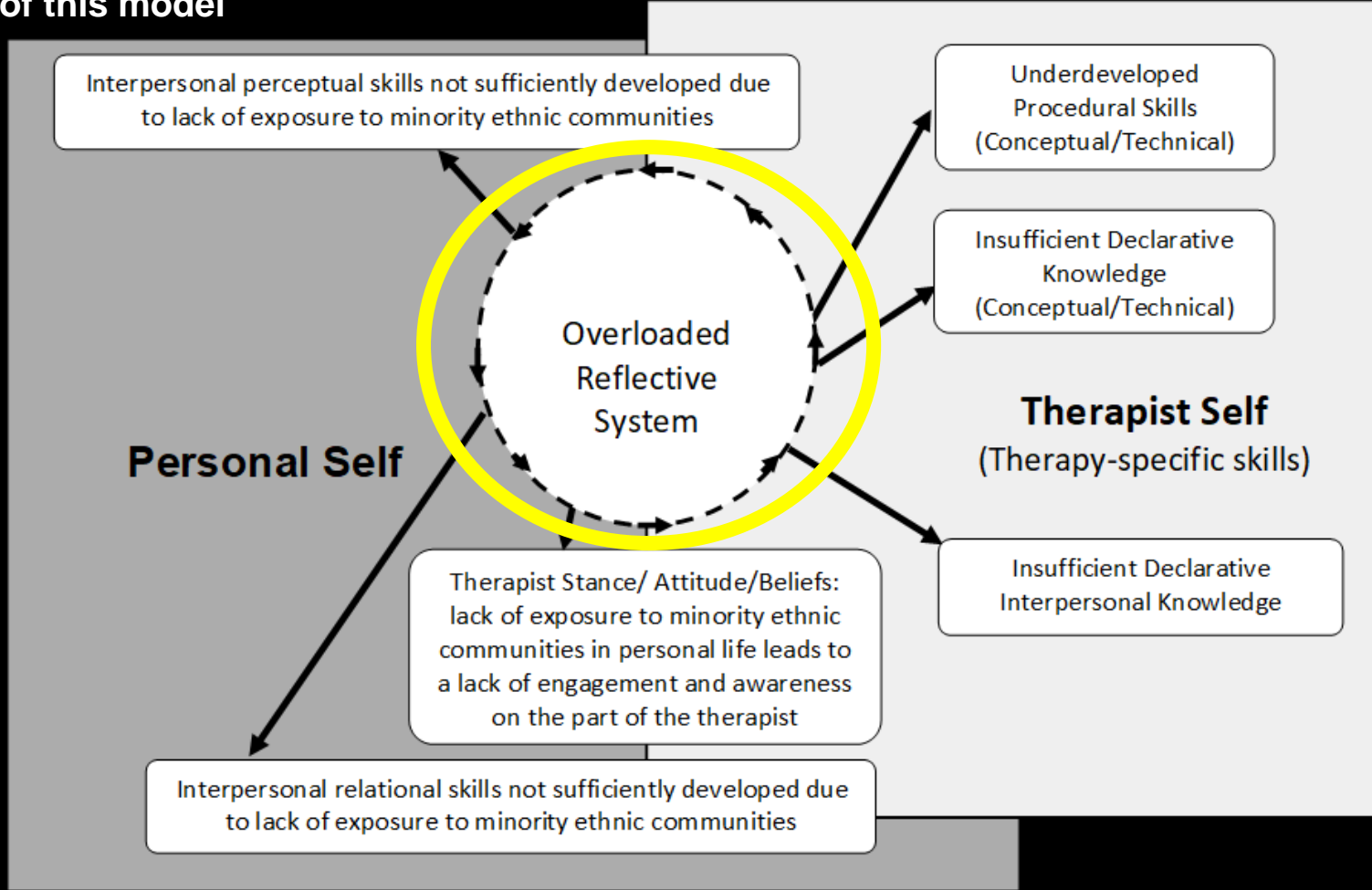
Declarative-procedural-reflective model (Bennett-Levy, 2006)

See also Churchard (2022)



Not just about skills &
knowledge:
reflecting on these traumatic
histories is painful

Personal and therapist selves develop against a background of systemic racism and lack of attention to ethnicity-specific issues: these factors impact every area of this model



Adapted DPR model (Churchard, 2022)

“It is difficult at times to repress
the thought that history is about
as instructive as an abattoir”

Seamus Heaney, Nobel Lecture, 1995




Picture: Frankenthalerj, CC
BY-SA 4.0
<<https://creativecommons.org/licenses/by-sa/4.0/>>,
via Wikimedia Commons



The Poet
The Piper

SEAMUS HEANEY • LIAM O'FLYNN



So what would make
reflection easier?

“I began a few years ago to try to make space in my reckoning and imagining for the marvellous as well as for the murderous.”

Seamus Heaney, Nobel Lecture, 1995



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History and empowerment

- Drawing on what trauma-informed approaches say about collaboration and empowerment
- Paying attention to interplay between challenges / past trauma and strengths
- See in particular work of Patricia Hays, Monnica Williams



The Poet
The Piper

SEAMUS HEANEY • LIAM O'FLYNN

Other aspects of identity

- Knowledge of history is relevant to other minoritised groups, e.g. LGBTQIA+, gender, religious minorities
- Similar themes about lack of knowledge, procedural skills, lack of spaces for reflection. But there will be differences.
- Consider intersectionality



HISTORICAL AWARENESS IN EQUITY, DIVERSITY & INCLUSION




Key areas

- What history do you need to know?
- How can you raise key historical events with service users or staff that you work with?
- What is your relationship to these difficult histories? What do you need to help you to reflect, then to act on that reflection?



Making this actionable

- You don't need to know everything! Knowing how to ask and how to inform yourself is probably more important
 - Make this specific to the particular communities you come into contact with
 - Particularly important at the start of the relationship
 - Relate this to your existing practice
 - Therapeutic practice
 - Wellbeing conversations
- 

Developing the evidence base



What do service users want?



Do clinicians lack knowledge of historical events relevant to diverse communities?



Do clinicians know how to raise historical context and how to incorporate this into therapy?



Is reflection particularly challenging in this area? What can be done to make reflection easier?



Ultimately working towards an intervention for NHS staff



“History... does not refer merely, or even principally, to the past. On the contrary, the great force of history comes from the fact that we carry it within us, are unconsciously controlled by it in many ways, and **history is literally present in all that we do.”**

James Baldwin, Civil Rights Activist, 1965

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Feedback

Please tell us what key points you are going to action following today's event.

Menti is no longer available

Closing Remarks

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Team





Thank you

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