



# **Mind in the City, Hackney and Waltham Forest**

## **NHS Workforce Race Equality Standards Report 2019-2020**

## **Who we are**

Mind in the City, Hackney and Waltham Forest (Mind CHWF) is driven by the needs of people experiencing mental distress.

Part of the community since 1981, we aim to empower people with experience of mental ill health through the delivery of innovative, collaborative services to support people's mental and physical wellbeing, resilience and recovery in the boroughs we serve.

While affiliated with National Mind, we are an independent charity responsible for raising our own funds to support vulnerable people in our local areas.

## **Our Vision**

We won't give up until everyone experiencing a mental health problem gets both support and respect.

## **Our aim for the report**

Two of the boroughs that we represent are some of the most diverse in London, so we want to make sure that our staff represent the rich diversity of our clients. The WRES Report provides an opportunity to review the ethnic diversity of our organisation and identify areas of improvement. We understand that we still have a lot of work to do, so this report is a great way for us to develop an action plan with the intention of improving opportunities for the BME community within our organisation.

There are nine WRES indicators. As an independent sector provider with less than 100 BME staff, Mind CHWF is required to assess its performance against five indicators.

## **Methods of data collection**

This report covers the period from 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020. For the purpose of this report, the data has been collected through the following methods:

- Equal opportunities forms, filled out at both the recruitment stage and by new starters
- Up-to-date data audit forms completed by staff and Trustees
- Training logs and appraisals submitted on our HRIS

The WRES Report provides an opportunity to review the ethnic diversity of our organisation, identify areas of improvement and develop an action plan to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. The 2019-20 WRES Report compares data from the previous year to assess trends and benchmark Mind CHWF’s short and long-term strategies to improve workforce and trustee BME representation in the coming years.

We consulted staff about selecting strategic micro, meso and macro measures to improve our diverse workforce strategy (recruitment and development) to enable BME staff thrive working in and leading mental health services. We supported face to face online discussions with an anonymous consultation via Survey Monkey that was opened for a month.

The definitions of “Black and Minority Ethnic/BME” and “White” used in WRES follow the national reporting requirements of ethnic category in the NHS data model. “White” staff include white British, Irish, Eastern European and any other white background. The “BME” staff category includes mixed white and black Caribbean, mixed white and black African, mixed white and Asian, any other mixed background, Asian or Asian British-Indian, Asian or Asian British-Pakistani, Asian or Asian British-Bangladesh, any other Asian background, Black or black British-Caribbean, Black or black British-African, any other background, Chinese, and any other ethnic group.

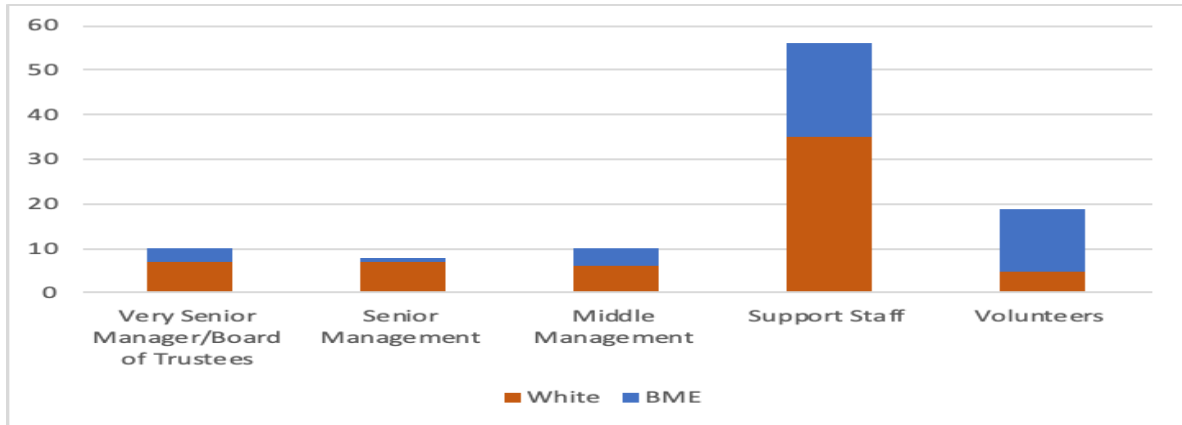
We acknowledge the importance of benchmarking to add value to our WRES data and help us to identify best practice, both in term of NHS but also beyond that. We will do a benchmarking process for next year’s report, as we have only been able to gather specific data from some local NHS Trusts, which is included in the specific sections of this report, and could not find other charities who have published their WRES reports on their websites. We also aim to get WRES better data through information sharing processes with other LMAs.

### WRES Indicator 1

*The first indicator requires organisations to compare the percentage of staff, including the Board of Trustees, for each category for white and BME staff.*

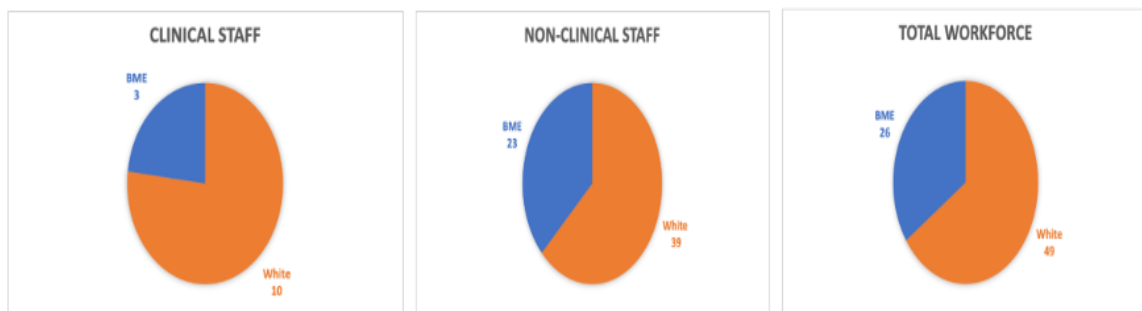
#### Data

	White		BME	
	19-20	18-19	19-20	18-19
<b>Very Senior Manager/Board of Trustees</b>	70%	60%	30%	40%
<b>Senior Management</b>	88%	88%	12%	12%
<b>Middle Management</b>	40%	45%	60%	55%
<b>Support Staff</b>	62%	59%	38%	41%
<b>Volunteers</b>	26%	-	74%	-



There have been minimal shifts between our 2018-19 and 2019-20 data. The only significant change comes from the addition of volunteers into our data count this year. Volunteers are a greater representation of the community we serve, and we aim to increase staff, volunteer and trustee BME representation. Prioritising funding for I.R.I.E. and adjusting our recruitment process has shown positive changes in 2020-21, but there is still much work to do.

The benchmarking data indicates that the percentage of BME representation for Very Senior Manager/Board of Trustees in London is 15%, whilst ELFT's percentage is 50%. The "Home Truths" report, based on the experiences shared with Voice4Change England and ACEVO (2020) by BAME people working in the charity sector indicates that 68% of respondents (335/489 people) said they had experienced, witnessed or heard stories about racism in their time in the charity sector", and that "61% (304/491 people) of online surveyed respondents said they feel/have felt that they need to 'outperform' white British counterparts to make comparable progress in the charity sector". Research from NVCO (2019) suggests that "fewer than 1/10 voluntary sector employees (9%) are from BAME backgrounds, a lower proportion than in both the public and private sectors (both at 11%), and a lower proportion than in the UK population as a whole (14%)".



The above graphs show that 23% (25% in 2018-19) of our Clinical Staff and 40% (41% in 2018-19) of our Non-Clinical Staff are of BME origin. The total percentage of BME staff this year, excluding volunteers, equates to 35% of our paid workforce, down 3% from last year. This year's data, including volunteers, shows that 43% of our entire workforce is of BME origin. Moving forward, we plan to continue including volunteers as part of our WRES report as they do play a vital part in the composition of our organisation, and to learn from the

achievements in BME volunteer recruitment to embed what works well in our paid workforce recruitment strategy. In aiming to become a majority BME organisation, where the composition of our organisation reflects the profile of people, our paid workforce WRES/BME representation targets for 2028 are as follows:

	20-21	22-23	27-28
<b>Very Senior Manager/Board of Trustees</b>	50%	55%	60%
<b>Senior Management</b>	12%	20%	50%
<b>Middle Management</b>	55%	65%	70%
<b>Support Staff</b>	50%	60%	70%
<b>Clinical Staff</b>	25%	40%	60%

We acknowledge the importance of the perception of those visiting our offices seeing services for them being provided by people like them. We have therefore created the specific statistics for this purpose:

<b>Ethnicity</b>	<b>No of BME staff / Total workforce number = %</b>
<b>Black British</b>	<b>9/107=8%</b>
<b>Black African / Afro-Caribbean</b>	<b>9/107=8%</b>
<b>Asian</b>	<b>12/107=11%</b>

## **WRES Indicator 2**

*The second indicator requires organisations to show the likelihood of staff being appointed from shortlisting across all posts in relation to both external and internal posts.*

We currently invite both internal and external applicants to complete an Equal Opportunities Monitoring Form through our advertising channels, emphasising our policy on equal opportunities and our commitment to continue to be a Disability-Confident Employer (please see specific wording below).

*Mind in the City, Hackney and Waltham Forest is committed to equality of opportunity for all staff, and applications from individuals are encouraged regardless of age, disability, sex, gender reassignment, sexual orientation, pregnancy and maternity, race, religion or belief and marriage and civil partnerships.*

*We are a disability confident employer. All applicants with a disability, who meet the minimum essential short-listing criteria are guaranteed an interview. If this applies to you, please email us the attached equal opportunities form to the HR Team.*

*To apply please send your CV, a supporting statement outlining how you meet the Person Specification and Equal Opportunities Monitoring Form to [HR.team@mindchwf.org.uk](mailto:HR.team@mindchwf.org.uk)*

However, the completion rate of this form by external candidates is less than 5% as received by our HR Team. As part of our proposed action plan, we are reflecting on ways in which we could improve the external collection of this data.

However, our records for internal recruitment are accurate as per the continuing monitoring and collection of ethnicity information, although there are risks of missing data due to the completion of the data audit form being optional; thus, some staff have chosen 'undisclosed' as their response.

We continue to monitor our recruitment process and actively seek ways to improve. This includes reviewing the wording of our Job Descriptions and Person Specification, where we advertise our jobs, and how long we advertise our jobs to ensure equal access for all.

Some steps we are taking in the upcoming year to create a recruitment process better suited to recruiting a more diverse workforce are the following:

- Centralising our application process to one form that includes the Equal Opportunities Monitoring section
- Ensuring at least one member of interview panels is of BAME background
- Transitioning from experience-based to values-based recruitment/job descriptions
- Running interview training for our network of BME colleagues to encourage further participation in the recruitment process
- Reviewing with individual BME staff access to training, exploring barriers and enablers to take up more training opportunities

#### Internal recruitment activity

There were 5 internal posts available throughout the year, with each post having only 1 internal applicant. The applicant for each role was shortlisted and then appointed. 2 of the posts were applied to by, and appointed to, the same person. So, from the 5 internal posts recruited throughout the year, there were 2 shortlisted applicants of BME origin and the remaining 3 applicants (2 of whom were the same person) were white. The same numbers apply for the number appointed from shortlisting, since every shortlisted candidate was appointed. This indicates that the relative likelihood of shortlisting/appointed was 1 for both BME staff and for white staff. The relative likelihood of white staff being appointed from shortlisting was the same as the relative likelihood (1) of BME staff being appointed from shortlisting. This compares to 2018-19, when the relative likelihood of white staff being appointed from shortlisting compared to BME staff was 0.5. This reduction in likelihood of BME staff being appointed over white could be due to the lack of competition for internal vacancies, with roles being filled by the sole applicant per post, rather than due to the ethnicity of applicants. This outcome demonstrates that we would not want to go out for internal only recruitment when hiring but to advertise more of our jobs externally to attract a more diverse pool of candidates. We are also confident in that the planned reviews with BME staff access to training and our BME Staff Network empowering Mind CHWF's BME staff to take further opportunities for progression will increase the relative likelihood of BME staff being appointed from shortlisting for next year.

#### External recruitment activity

As per the described challenges regarding obtaining ethnicity information from external applicants, it is relevant to mention that we were able to obtain the ethnicity information of all 18 applicants who were hired to fill the 15 posts that were recruited. 1 post was split by 3 candidates, and another post was split by 2 candidates. Of the 62 candidates shortlisted for interview, 34 candidates were of BME origin, 10 were white, and 18 were undisclosed. Of the appointed candidates, 9 were BME and 9 were white. Without including the undisclosed candidates, the relative likelihood of shortlisting/appointed for BME candidates was 0.26. The relative likelihood of shortlisting/appointed for white candidates was 0.9. The relative likelihood of white staff being appointed from shortlisting compared to BME staff was 3.46 times greater (a figure of 1 would mean the same relative likelihood was reached). We were unable to compare the relative likelihood of white staff being appointed from shortlisting compared to BME staff in 2018-2019 due to lack of data. However, the 18 appointments made were split evenly between 50% white and 50% BME staff this year. Therefore, the external recruitment of BME staff is up 3% from last year. Despite the slight 3% increase, we continue to monitor our recruitment process and actively seek ways to improve as we want to reduce to a likelihood of 2 in 2020-21, and of 1 the year after by implementing our short-term strategy. As part of it, we are taking the below steps to improve our recruitment strategy in order to attract a more diverse workforce:

- Centralising our application process to one form that includes an Equal Opps Monitoring section to increase the 5% completion rate by external candidates
- Ensuring at least one member of interview panels is of BAME background
- Transitioning from experience-based to values-based recruitment/job descriptions
- Running interview training for our network of BME colleagues to encourage further participation in the recruitment process

Other recruitment-related measures suggested by staff that we are implementing are:

- Reduce the significance of/remove the requirement for degree level entrants
- Sell an exciting vision which explicitly encourages D&I in our job ads, trying to come across as a positive place to work for underrepresented groups
- Advertising posts in more diverse platforms/channels

Regarding our long-term strategy, 20% of the benchmarked 21 posts in 2019-20 (4 voluntary + 17 paid) would need to be filled by BME people to increase by 11% our BME workforce and achieve our target of 50% BME support staff. That would equate to 8 posts across 2020-21 provided the size of our workforce remained relatively stable. As part of our workforce planning strategy, we are also aiming to provide more entry level roles with values-based rather than experience-based job descriptions to promote equal access to career opportunities for underrepresented groups.

### **WRES Indicator 3**

The third indicator requires organisations to report the likelihood of BME staff entering the formal disciplinary process compared to white staff over the last two years.

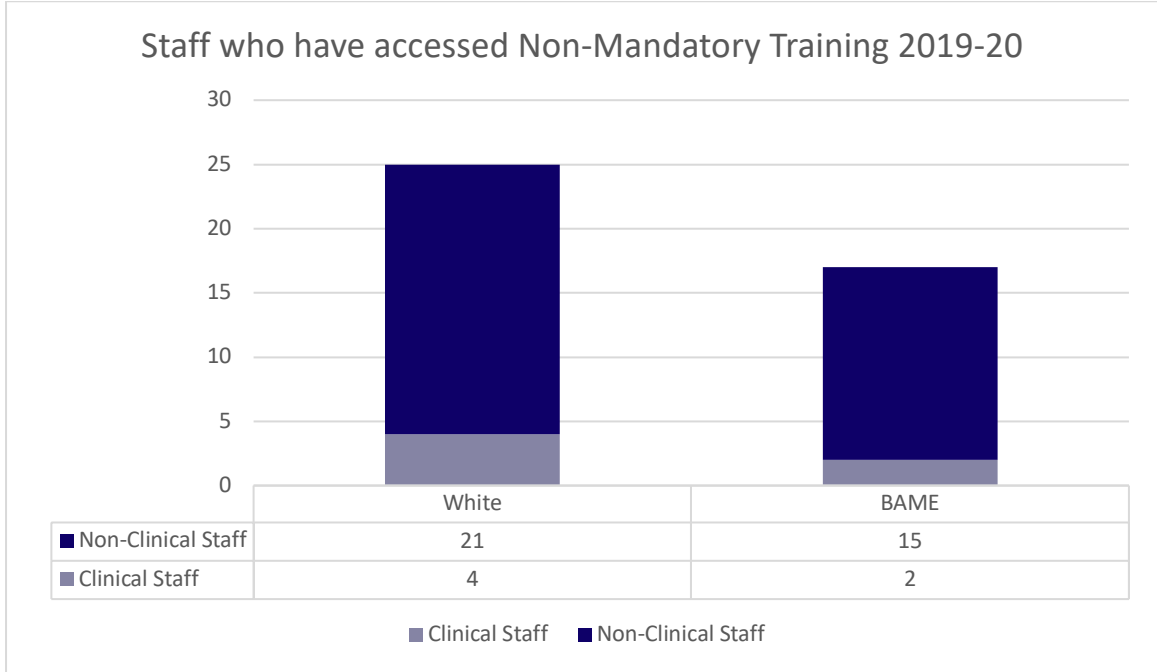
There have been no members of staff entering Mind CHWF’s formal disciplinary process in the last two years. This remains the same as last year, and it is our aim to maintain this figure.

**WRES Indicator 4**

The fourth indicator requires organisations to report the likelihood of staff accessing non-mandatory training and CPD.

“Non-mandatory training and CPD” refers to any learning, education, training or staff development activity undertaken by staff members, the completion of which is neither a statutory requirement nor mandated by the organisation. Mind CHWF’s definition of “non-mandatory training and CPD” is wide and includes access to acting up, shadowing, leading projects, bitesize learning sessions, secondments, coaching, mentoring, leadership development programmes, etc. Because we only record training completed by Mind CHWF employees and not sessional staff or volunteers, our data will be a representation of those numbers.

Of the 5 white clinical staff members, 4 (80%) accessed non-mandatory training. Of the 2 BME clinical staff members, both (100%) accessed non-mandatory training. Of the 24 white non-clinical staff members, 21 (87.5%) accessed non-mandatory training. Of the 19 BME non-clinical staff members, 15 (78.9%) accessed non-mandatory training.



Data shows that 86% of Mind CHWF’s clinical staff have accessed non-mandatory training, down from 100% last year, while 84% of non-clinical staff have accessed non-mandatory training this year, up from 70% last year.

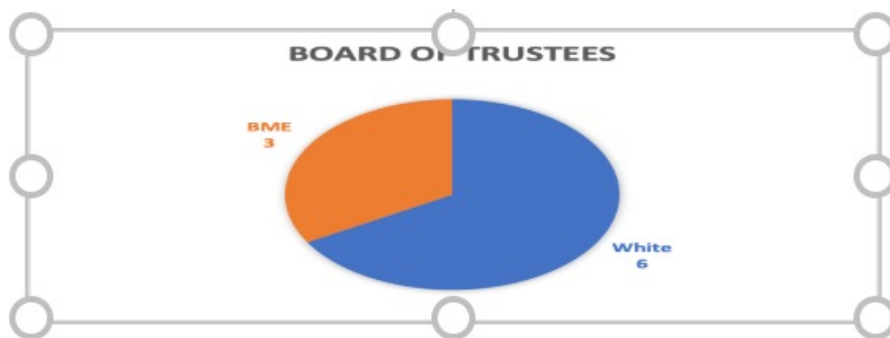


The likelihood of white staff accessing non-mandatory training and CPD is 0.86 whilst the likelihood of BME staff accessing this is 0.81. Therefore, the relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff is 1.06 times greater (compared to 1.11 times greater in 2018-19). A figure of 1 would indicate the same rate of access, so we acknowledge that there is still room for improvement. The benchmarking data indicates that Local Trusts perform better against this indicator, as evidenced by the relative likelihood of white ELFT staff accessing non-mandatory training being 0.87, and of white NELFT staff being 0.68.

Intending to achieve a relative likelihood of 1 in 2020-21 that is to be increased up to 0.85 by 2028, we are taking steps to improve the rate of access, including having seen funding come through for 3 BME staff to undertake formal managerial training, and utilise the measure selected in consultation with staff - assessed as having medium impact - , namely 1:1 reviewing with BME staff access to training, exploring barriers and enablers to take up more training opportunities and encouraging an investment mindset. We will conduct a mid-year review to correct action.

**WRES Indicator 9**

*The ninth indicator is the Board representation indicator.*



Mind CHWF’s Board is a Board of Trustees, who have voting rights and are non-executive members. Mind CHWF’s Board is composed of 9 Trustees, 3 of whom are of BME origin (1 less than 2018-19). Therefore, 33% of the BoT are of BME origin, down 7% from 2018-19. Reviewing trustee BME representation as part of the upcoming governance review with a particular focus on BAME MH / H&SC professional was the most supported measure by staff and the one they thought would be more impactful. Staff also suggested reformatting Board meetings and working – albeit accepting that this would be a longer-term goal – towards a Board that best represents our community in diversity and with strong links with our area.

Our Board and overall workforce is -5%, compared to +12% in 2018-19. Although there is a smaller gap between the % of BME staff in the workforce vs the BoT this year, we are working towards increasing both percentages rather than have them be as close to equal as possible.