



Mind in the City, Hackney and Waltham Forest

NHS Workforce Race Equality Standards Report 2020-2021

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 boroughs that we represent are some of the most diverse in London and therefore our organisation should reflect 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. It is vital that we provide an accurate report to develop an action plan with the intention of representing the rich diversity of our clients, building an inclusive culture, exploring barriers and to develop an action plan for the BME community within the 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 1st April 2020 to 31st March 2021. 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 2020-21 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 centralised our application process to one form which includes the Equal Opportunities monitoring section, this encourages candidates to complete the whole form when applying for a role. We have adapted our interview methods and have encouraged at least one member of the interview panel to be of BAME background. We have implemented interview training for our network of BME staff to encourage participation. We have urged our BME staff to access training and explore barriers to enable them to thrive working in and leading

Mental Health services. We also facilitate face to face discussions and anonymous consultations, encouraging those of BAME background to provide feedback.

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.

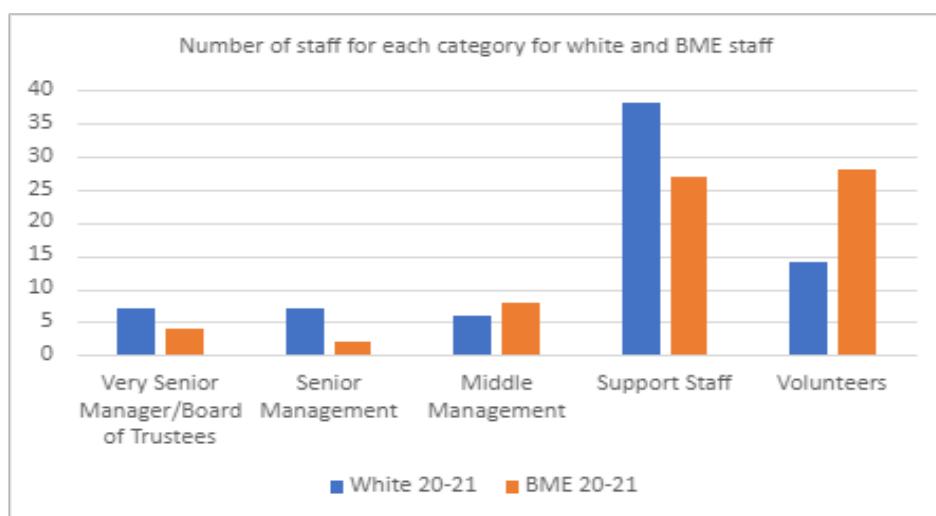
We acknowledge the importance of benchmarking to add value to our WRES data and help us to identify best practice, both in term of NHS but also beyond that. Unfortunately, charities have been reluctant to share their data online, so we have only been able to gather specific data from some local NHS Trusts, which is included in the specific sections of this report. We also aim to get WRES better data through information sharing processes with other LMAs.

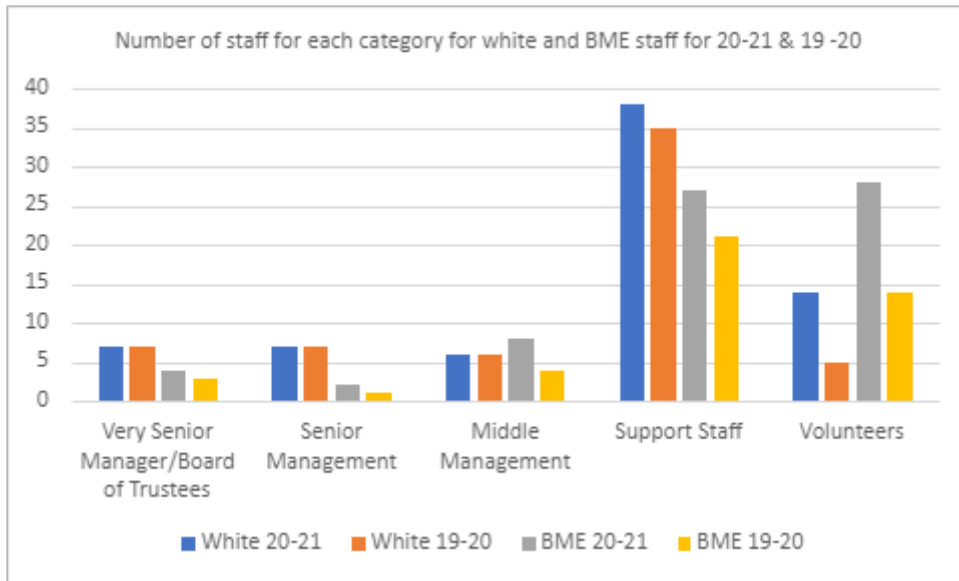
WRES Indicator 1

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

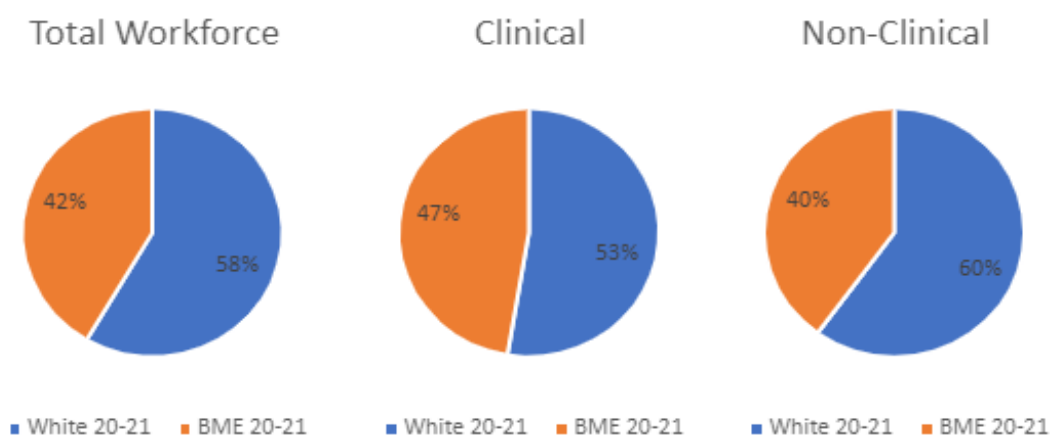
| | White | | BME | |
|---------------------------------------|-------|-------|-------|-------|
| | 20-21 | 19-20 | 20-21 | 19-20 |
| Very Senior Manager/Board of Trustees | 64% | 70% | 36% | 30% |
| Senior Management | 78% | 88% | 22% | 12% |
| Middle Management | 43% | 60% | 57% | 40% |
| Support Staff | 58% | 62% | 42% | 38% |
| Volunteers | 33% | 26% | 67% | 74% |





The data indicates that there has been an increase in the proportion of BME across all categories except for Volunteers. There has been a much greater representation of volunteers for our data count this year (42), compared to last year (19). Although there has been a slight decrease in percentage for BME volunteers in 2020-21 (67%) compared to 2019-20 (74%), the count of BME Volunteers is much higher in 2020-21 (28) than 2019-20 (14), shown in the graph above. In total, each category indicates an increase of 49% BME staff for 2020-21 compared to 40% BME staff in 2019-20. Although the data shows a positive increase, with an increase of BME staff compared to the previous year, there is still much work to do.

The benchmarking data from NELFT indicates that the percentage of BME representation for Very Senior Management has increased from 23.5% in 2019 to 28.6% in 2020. This finding is similar our percentage of BME representation with an increase from 30% in 2019-20 to 36% in 2020-21. In NELFT, 40.5% of the workforce is from a BAME background, compared to 53% from a white background and 6.4% undisclosed (Nelft.nhs.uk., 2021). Our workforce data shows a larger representation of BME staff by 8.5%. The 'Home Truths' report (2020) suggests that pandemic has taken its toll on the charity sector, as they are heavily impacted by the crisis. This means BAME populations may be over reliant on self-help. The report indicates that 222 BAME people working within the charity sector had been subject to ignorant or insensitive questions about their culture or religion. Research showed that 114 respondents had been subject to excessive surveillance and scrutiny by colleagues. A further 94 who had experienced racism said it had a negative impact on their 'desired career path' (Acevo.org.uk., 2020).

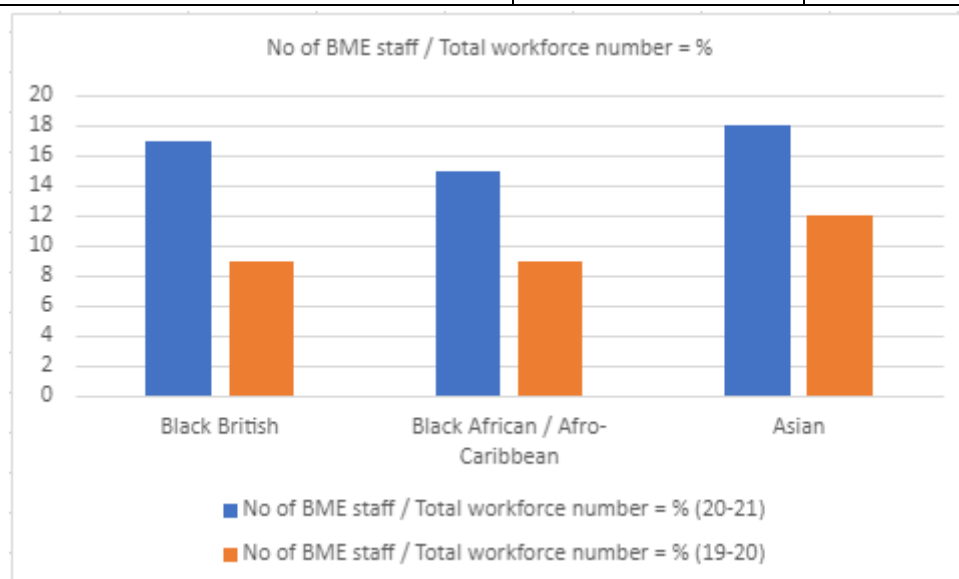


The above charts show that 47% (23% in 2019-20) of our Clinical Staff and 40% (40% in 2019-20) of our Non-Clinical Staff are of BME origin. The total percentage of BME staff this year, excluding volunteers, equates to 42% of our paid workforce, up 7% from last year. This year's data, including volunteers, shows that 49% (43% in 2019-20) of our entire workforce is of BME origin. We continue to include 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. The data indicates that 41% of our total BME workforce in 2020-21 are Volunteers, compared to 33% in 2019-20. In fact, the highest number of BME staff are Volunteers compared to any other category in 2020-21. 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 |
|--|-------|-------|-------|
| Very Senior Manager/Board of Trustees | 50% | 55% | 60% |
| Senior Management | 12% | 20% | 50% |
| Middle Management | 55% | 65% | 70% |
| Support Staff | 50% | 60% | 70% |
| Clinical Staff | 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 calculated the specific statistics for this purpose and included last year's statistics:

| Ethnicity | No of BME staff / Total workforce number = % (20-21) | No of BME staff / Total workforce number = % (19-20) |
|---------------------------------------|--|--|
| Black British | 17/141 = 12% | 9/107=8% |
| Black African / Afro-Caribbean | 15/141 = 11% | 9/107=8% |
| Asian | 18/141 = 13% | 12/107=11% |



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 via our application process which includes the Equal Opportunity Monitoring Section, this emphasises 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 strongly encourage applications from those from ethnic minority backgrounds or other underrepresented backgrounds.

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 ensure you complete the equal opportunities section of the application form.

We at Mind CHWF want to assure you that your privacy and the security of your data is our top priority. It always has been, and it will continue to be, as we refine our policies and internal processes. Please take a moment to read through our applicant's privacy notice.

To apply, please complete the application form and Equal Opportunities Form and ensure you attach it when you press "Apply Now" via the Breathe HR link.

Our completion rate for 2020-21 of this form by external candidates is 41% as received by our HR Team. Compared to 5% last year, this is a significant increase, a reflection of the success of centralising our application process to include the Equal Opportunity Monitoring Section. As part of our proposed action plan, we are reflecting on ways in which we could continue to encourage the external collection of this data.

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 Specifications, where we advertise our jobs, and how long we advertise our jobs to ensure equal access for all.

Last year, we aimed to centralise our application process to one form that includes the Equal Opportunities Monitoring Section. Over the past year we have created this form and continued to use this process when recruiting. We have found a significant improvement in the number of completed EQ forms compared to undisclosed forms from external candidates and therefore will continue to use this method and make the form accessible to all candidates. Throughout the year we have encouraged managers to include a peer with a BAME background to interviewing panels. This was included in our recruitment training for

managers. We hope this has brought unique perspectives to the dialogue between the interviewer and interviewee, as it sends a message to prospective employees that we are committed to an inclusive culture. We have also implemented a value-based recruitment focus, with job descriptions and advertisements. They must reflect our values as an organisation, promote the recovery service's commitment to equity, diversity, and inclusion, and engage the local communities through effective communication, transparency, and collaboration to promote recovery in all aspects of the service. We have provided interview training to BME colleagues to encourage participation in our recruitment process, these practices have benefitted the number of BME staff appointed and are free from unfair discrimination. We are also in open consultation with our BME staff to help overcome barriers and take up more training opportunities, we hope this has made a positive impact.

We are taking the following steps in the upcoming year to create a recruitment process which attracts a more diverse workforce:

- Encouraging value-based job descriptions and advertisements, carefully wording job postings to attract a diverse pool of candidates.
- Offering workplace policies that are more appealing to a diverse workforce, such as a flexible working policy.
- Sourcing recruitment methods that contain more diverse candidate pipelines.
- Consider implementing blind resumes when shortlisting by removing the candidates name and only including their initials.

Internal recruitment activity

There were 5 internal posts in total throughout the year, 1 post was split by 2 candidates and the 4 other posts appointed only one internal applicant each. The applicant for each role was shortlisted, interviewed, and then appointed. From the 5 internal posts recruited throughout the year, there were 3 shortlisted applicants of BME origin, and the remaining 3 applicants were white. The same numbers apply for the number appointed from shortlisting, since each 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. These findings match the 2019-20 data, when the relative likelihood of white staff being appointed from shortlisting compared to BME staff was 1. This outcome demonstrates that we have not made an improvement compared to last year. This suggests that we should try to externally recruit when hiring to advertise for one of our roles. Relying solely on internal hiring means we may be missing the chance to hire people with new skills and ideas therefore with external recruitment we can increase the chances of attracting a more diverse pool of candidates.

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 20 applicants who were hired to fill the 17 posts that were recruited. 3 posts were split

by 2 candidates. Of the 64 candidates shortlisted for interview, 27 candidates were of BME origin, 35 were white, and 2 were undisclosed. Of the appointed candidates, 12 were BME and 8 were white. Without including the undisclosed candidates, the relative likelihood of shortlisting/appointed for BME candidates was 0.44. The relative likelihood of shortlisting/appointed for white candidates was 0.23. The relative likelihood of white staff being appointed from shortlisting compared to BME staff was 0.52 times less likely (a figure of 1 would mean the same relative likelihood was reached). This year we had a much wider pool of candidates who completed EQ forms when submitting application forms. The relative likelihood of a BME candidate being appointed/shortlisted compared to a white candidate was much higher than last year (0.26). This may have been because of the nature of the roles in 2020-21, one of our departments which we recruited for the most was the IRIE Mind Department. IRIE Mind is an African and Caribbean Service designed to Champion and Promote positive Mental Health within the Black Community. They look for a self-starter to provide culturally sensitive Counselling/Psychotherapy for individuals from African and Caribbean Communities. This year, the 20 appointments made were split between 40% white and 60% BME staff being appointed. Therefore, the external recruitment of BME staff is up 10% from last year. We have reached our target of a likelihood of 2 for this year, however despite the 10% increase, we will continue to monitor our recruitment process and actively seek ways to improve, as we will aim to keep the likelihood of a figure equal to or below 1. As part of it, we are taking the below steps to improve our recruitment strategy to attract a more diverse workforce:

- Encouraging value-based job descriptions and advertisements, carefully wording job postings to attract a diverse pool of candidates.
- Offering workplace policies that are more appealing to a diverse workforce, such as a flexible working policy.
- Sourcing recruitment methods that contain more diverse candidate pipelines.
- Consider implementing blind resumes when shortlisting by removing the candidates name and only including their initials.

Regarding our long-term strategy, we aimed to reach a target of 50% BME Support Staff by 2020-21, however this year our data indicates 42% BME Support Staff. Although we didn't reach our target, this is still an increase in BME for Support staff compared to last year (38%). This may have been a result of the pandemic, many colleagues did not risk leaving their role, and many were furloughed. 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.

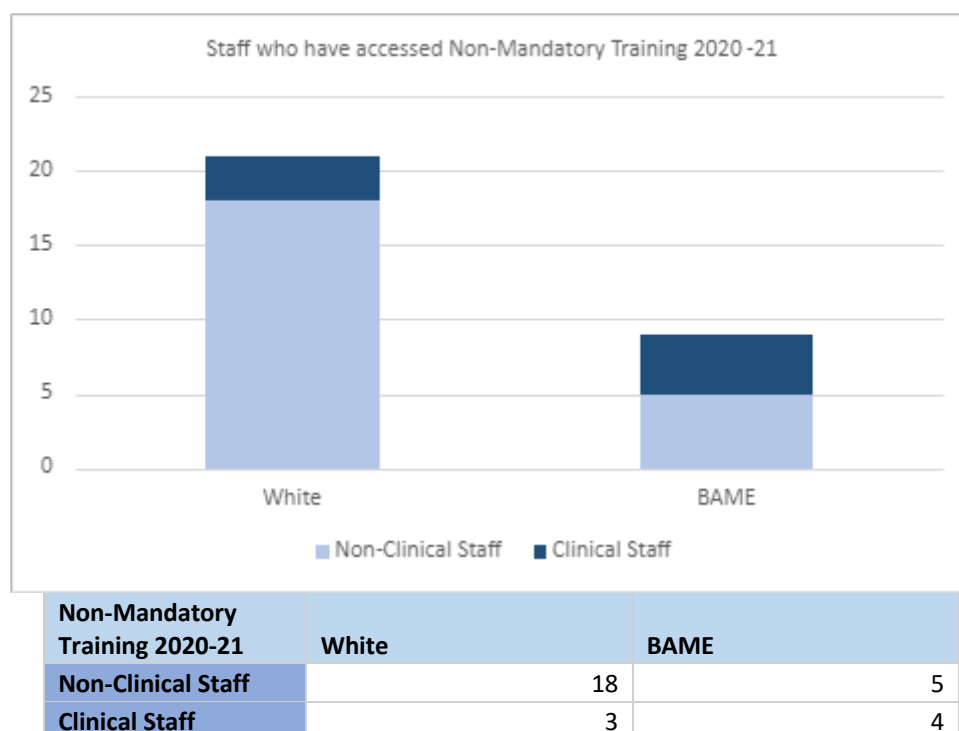
There have been no members of staff entering Mind CHWF's formal disciplinary process in the last two years. This remains the same as last year, and it is our aim to maintain this figure.

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 3 white clinical staff members, 3 (100%) accessed non-mandatory training. Of the 4 BME clinical staff members, 4 (100%) accessed non-mandatory training. Of the 19 white non-clinical staff members, 18 (95%) accessed non-mandatory training. Of the 6 BME non-clinical staff members, 5 (83%) accessed non-mandatory training.



Data shows that 100% of Mind CHWF’s clinical staff have accessed non-mandatory training, up from 86% last year, while 92% of non-clinical staff have accessed non-mandatory training this year, up from 84% last year.

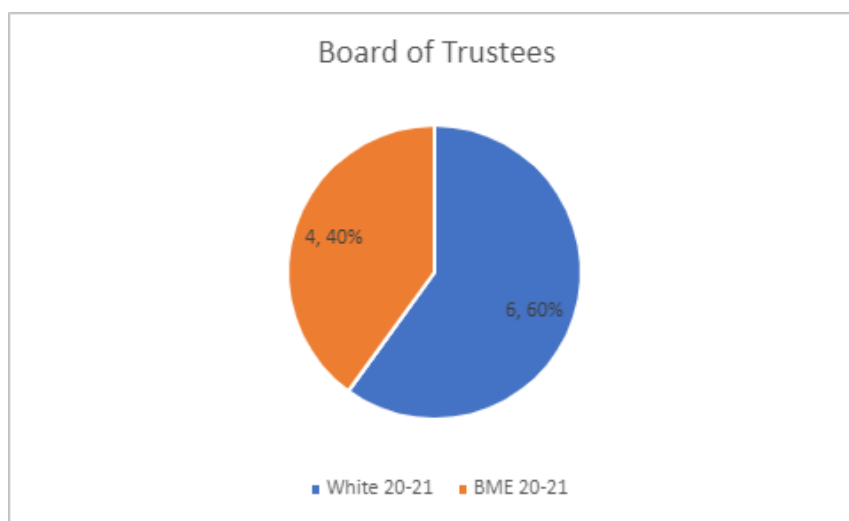
The likelihood of white staff accessing non-mandatory training and CPD is 0.95 whilst the likelihood of BME staff accessing this is 0.9. Therefore, the relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff is 1.05 times greater (compared to 1.06 times greater in 2019-20). A figure of 1 indicates the same rate of access and a figure above indicates that BME staff members are more likely to access non-mandatory

training and CPD, 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 0.6.

Intending to achieve a relative likelihood of 1 in 2021-22 that is to be increased up to 0.85 by 2028, we are taking steps to improve the rate of access, 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.

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 10 Trustees, 4 of whom are of BME origin (1 more than 2019-20). Therefore, 40% of the BoT are of BME origin, up from 33% in 2019-20. 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.

We have 51% white staff and 49% BME staff in our overall workforce, including our board of trustees. Therefore, our workforce indicates a -2% difference, compared to -5% in 2019-20. Although we have narrowed the gap between the % of BME staff in the workforce vs the BoT this year, we are working towards increasing BME workforce percentage rather than have them be as close to equal as possible.

| | White 20-21 | BME 20-21 |
|---------------------------|----------------|--------------|
| Board & Overall Workforce | 72/141= 51% | 69/141= 49% |

References

Acevo.org.uk. 2021. [online] Available at: <https://www.acevo.org.uk/wp-content/uploads/2020/06/ACEVO_Voice4Change_home_truths_report_v1.pdf> [Accessed 1 September 2021].

Nelft.nhs.uk. 2021. [online] Available at: <<https://www.nelft.nhs.uk/download.cfm?doc=docm93jijm4n6203.pdf&ver=9840>> [Accessed 1 September 2021].