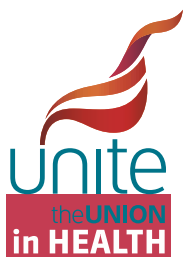


RACE AHEAD IN HEALTH

*Tackling race discrimination
in the workplace*

Unite in Health Reps' Toolkit



www.unitetheunion.org/health

Why 'Race ahead'?

Unite in Health is committed to supporting all our workplace representatives and members, to implement and make progress in eliminating race inequality in health organisations. Despite race discrimination being unlawful for well over 50 years, Black, Asian and Ethnic Minority (BAEM) staff working in health are still treated unequally.

This toolkit is aimed at giving you a step-by-step approach to tackling race inequality at your own workplace.

From 2015, the Workplace Race Equality Standards (WRES) require all NHS organisations in England, employing almost all the 1.4 million health workforce, to demonstrate their progress against a number of indicators of workforce equality. We're keen to see this happen, and it's good practice to check how non-NHS employers tackle inequality too!

In Scotland, you can refer to the Healthcare Improvement Scotland Equality Outcomes 2013-2017. Sound staff governance is ensured by health Boards adhering to the Scottish Government, NHS Scotland employers', and trade unions' 'Partnership Information Network (PIN)' policies. specifically, <http://www.healthscotland.com/equalities/policy.aspx>. Welsh colleagues may want to check the NHS Wales Race Equality Scheme. In Northern Ireland, compliance with the Race Relations (NI) order 1997 is required. Good practice and legislation around race equality can be found in the Equalities Commission's 'Race Equality in Health and Social Care' document, and <https://www.dhsspsni.gov.uk/dhssps-equality>, from the Department of Health, Social Services and Public Safety, Northern Ireland.

The WRES have been implemented to ensure progress is made towards BAEM NHS employees gaining access to career opportunities, advancement, and achieving fair, non-discriminatory treatment at work. Around 250,000, that's 18% of the 1.4 million NHS workers, are BAEM.

Roger Kline's report published in 2014, 'The Snowy White Peaks of the NHS', was a survey of discrimination in governance and leadership in health, and their potential impact on patient care, in London and England.

We might have expected race inequality to improve over the past five years, however, Roger Kline's report displayed that things have got worse – so it's time to race ahead in health to change things for the better across all our health workplaces.

Our KEY PRIORITY areas in our Unite in Health strategy are:

- Fairer recruitment and selection to close the employment gap.
- Tackling pay inequality for BAEM workers.
- Fighting for equality of opportunity at work, like progression and promotion.
- Dealing effectively with racial harassment, discrimination and bullying.
- Promoting fairness for BAEM women workers.
- Negotiating for statutory recognition for Union Equality Reps.
- Organising and recruiting - welcoming BAEM workers into Unite the union.





What is 'institutional racism'?

Some organisations in the public and private sectors have been labelled 'institutionally racist'. What does this mean?

'The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture, or ethnic origins. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping, which disadvantage minority ethnic people.' The MacPherson report, Stephen Lawrence Inquiry, 1999

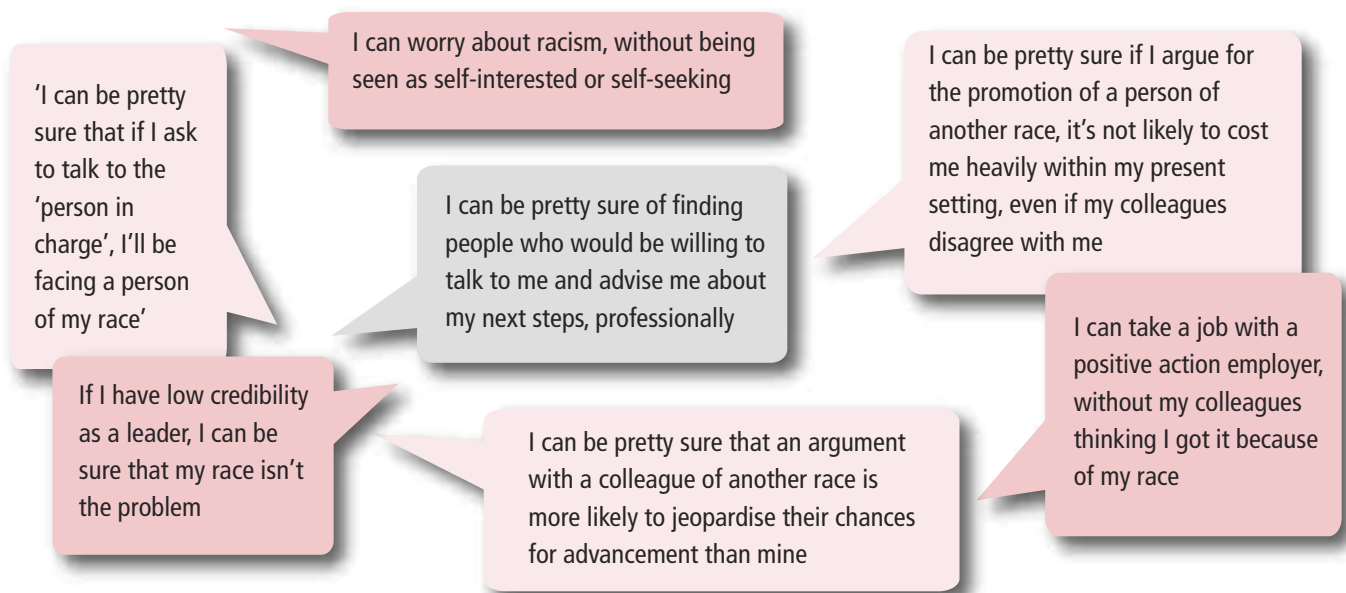
'Institutional racism is that which, covertly or overtly, resides in the policies, procedures, operations and culture of public or private institutions – reinforcing individual prejudices, and being reinforced by them in return.'

A Sivanandan, Director, Institute of Race Relations

Essentially, institutional racism is discrimination, pervading attitudes and behaviour towards people because of their colour, culture, ethnicity or nationality, causing disadvantage, damage, and hurt. This exists in many workplaces, including the NHS. Institutional racism can be challenged - with sustained long-term work on organisational behaviour and practices.

Inclusion, Diversity & Power: Assumptions of White Privilege (after Peggy McIntosh)

Adapted by Dr E Charles & T Jolliff (2014)



Race Ahead in Health! Your pack includes:

- Step-by-step Action Plans for each key priority area – linked to the Workforce Race Equality Standards (WRES) for England – to check that health organisations actually do what they say they will do.
- What to do if the employer won't comply with good practice or the law.
- Case studies.
- Further information and contacts.

Reps and officers should look out for the Workforce Race Equality Standard (WRES) metrics, and other equality data published by their own health organisation

CLOSING THE ETHNIC MINORITY EMPLOYMENT GAP

Recruitment and selection – valuing diversity, representing the community

The relative likelihood of white staff being appointed from job application short-lists, across all health posts, is greater than compared with BAEM candidates. This can vary in different workplaces because of the make-up of local population (demographics).

STEP 1 Gathering the facts:

At your next joint negotiating or consultative meeting between the unions and management, ask to see the organisation's information required by the WRES on recruitment and selection (WRES indicator 2). Find out if ethnic monitoring records are kept, and cover who applied, who was short-listed, and who was appointed.

STEP 2 Analyse advertised posts:

Look at the proportion of BAEM people applying for, being short-listed, and appointed to posts at all levels (in each pay band), and compare this with figures for your local BAEM population. If they're available, look at the interview 'score matrix' and comments to see what reasons there may be for appointing or not appointing each candidate.

Look across the current workforce - Are there differences between different professions in relation to the success of BAEM candidates? Is there better representation of BAEM colleagues in some departments compared to others?

STEP 3 Work with your employer to review and improve internal and external advertising methods:

- Equality-proof interview criteria and tests
- Engage and involve members of the local BAEM community in the recruitment and selection process (see UNITE Race Negotiators Guide)
- Write adverts for jobs that will encourage BAEM people, at all levels, to apply
- Advertising in the ethnic minority press is a good way to reach BAEM groups and individuals
- Introduce spot-audits of the recruitment process to check

STEP 4 Is there any racial bias in selection panels?

Has everyone involved in the recruitment and selection process been trained in equality and diversity? (The NHS Knowledge and Skills Framework makes equality and diversity part of everyone's role, in the core dimensions). If not, work with your employer, to set up and implement a suitable training programme for all those involved in recruitment and selection. It could work well if managers and union reps are trained together.

STEP 5 Monitor and review

Ensure that race equality monitoring records, WRES action plans, and equality and diversity training are regularly evaluated and reported on – at least once a year. If under-representation is shown in future, then revisit this Action Plan and implement areas as appropriate.



CASE STUDY

Positive action in recruitment workshops

How Dudley and Walsall Mental Health Partnership NHS Foundation Trust met the challenge:

Workforce data highlighted a significant under-representation of BAEM workers from the community in certain pay bands and roles. Local BAEM people told the Trust that many felt reluctant to apply for NHS jobs, due to cultural differences, and fear of the application process being discriminatory.

Community development workers and the HR department delivered workshops in Dudley, designed to explain facts about working for the NHS, and how the recruitment process should be transparent, fair and equal. They also held community drop-in surgeries with voluntary organisations, providing information and encouraging people to look at on-line applications.

Over 60 BAEM men and women received coaching and information on NHS jobs, and following a recruitment drive, six out of 20 BAEM applicants were successful in being appointed to advertised posts.



Top Tips for positive action

- ✓ Work with BAEM people from your local community to understand misconceptions people may have about your organisation
- ✓ Listen to feedback and comments to understand the best way to address any issues
- ✓ Find the best way to connect with BAEM people in your community, eg deliver face-to-face workshops, and provide information to dismantle negative perceptions.

'An employer that values diversity and equal opportunities for all will be an employer of choice'

'I now understand that people from different ethnic backgrounds will not be discriminated against'

'... I'm encouraged to apply for jobs within the NHS now'

'I was always under the impression that ethnicity and race were disclosed, and so BME applications would not be considered for certain jobs'

Find out:

How many BAEM apprentices your organisation has taken on, (new, and existing staff).

TACKLING THE PAY GAP FOR BLACK, ASIAN AND ETHNIC MINORITY COLLEAGUES

The Workforce Race Equality Standards ask employers to declare the percentage of BAEM staff in posts in bands 8 and 9 and very senior manager roles, including Board membership and senior medical staff (WRES 1).

BAEM workers are less likely to attain these roles compared with the percentage of BAEM staff in the overall workforce. Research has shown that this is a widening, rather than a narrowing gap. If BAEM colleagues are disproportionately in lower pay roles, there will be a pay gap. Unite in Health campaigns for non-discriminatory pay systems for all.

Statistics from Roger Kline's 'Snowy White Peaks in the NHS' report:	2010	2013
• Proportion of BAEM senior and very senior managers in England	6.4%	5.9%
• BAEM Trust Board appointments in England	8.5%	5.8%

In **Stockport**, in 2015, 9.7% of an acute trust's staff were BAEM, compared with 4.6% BAEM colleagues in bands 8, 9, and very senior management roles. This Trust would have to recruit 11 BAEM people to address the disproportionate representation at top level.

London is a city where 41% of NHS staff and 45% of the population are BAEM. However, London Trust Board BAEM Executive membership fell from 9.6% in 2010 to 7.4% in 2014.

Studies show that BAEM nurses have to work for over 15 years, on average, to reach the levels of management that white nurses can expect to reach in around 11 years and 9 months.

To get a true representation of how BAEM colleagues are paid, you should look across the whole organisation, at every pay band in each department or service area. Include healthcare support workforce roles, apprentices, assistants and trainees.

STEP 1 Find out:

Has your employer carried out a recent pay audit across the organisation?

Does it cover all service areas and roles?

STEP 2 Analyse the pay audit results and WRES metrics from your employer to establish:

- If BAEM workers are concentrated in particular work areas, or are being paid less than colleagues in some departments
- Are BAEM workers are concentrated in lower pay-band jobs?
- How many BAEM staff would the organisation need to recruit to achieve proportionate representation at senior level - compared with the existing workforce and local community?

STEP 3 Tackle this issue directly with your employer:

It is something that could be discussed at joint staff and management meetings. Why not offer to work with them on 'equality-proofing' the future workforce?



STEP 4 Evaluating the findings of the pay audit for current colleagues:

You'll need to ensure that fair and equal pay policies, and equal access to roles at all levels of the organisation, are in place for the future.

Make some helpful suggestions towards positive action:

Could individual members of your senior team mentor BAEM staff members?

Can recruitment for proportionate representation be phased in ('stretch targets') so it's realistic to meet the WRES?

Encourage BAEM reps and members to get involved in work focus groups, and ask your employer to set up a BAEM workers' group or network if there isn't one already.

Could individual members of your senior team mentor BAEM staff members?

STEP 5

Pay audits should be conducted regularly, and the findings reviewed and monitored. If disparities are shown in the future, then these should be tackled with the employer at the earliest opportunity.



FIGHTING FOR EQUALITY OF OPPORTUNITY IN PROGRESSION AND PROMOTION, LEARNING AND DEVELOPMENT

Indicator 7 of the Workforce Race Equality Standards (WRES) looks at what percentage of its BAEM staff believe that their organisation provides equal opportunities for career progression and promotion for them.

WRES 4 asks 'what is the relative likelihood of BAEM staff accessing non-mandatory training and Continuing Professional (and Personal) Development (CPD)?'

STEP 1 Find the facts:

Does your employer keep monitoring information on who applies for promotion, who is short-listed, and who is promoted within the organisation?

In England they should have this information at least from April 2015, when the WRES came in.

- If they don't yet have full information, then ask your employer how they'll develop a monitoring process to show who applies for promotion, which colleagues are short-listed, and those who are successful in being promoted.

Your employer should also keep statistics on how many staff have (at least) an annual appraisal, as well as training and learning records, across the organisation – these could be useful too - IF they include ethnicity data.

STEP 2 Look at the stats:

Using any available information on promotion (if possible, use records gathered over the last 3 years), analyse the proportion of BAEM workers who have applied for, who have been short-listed and who have been appointed to a higher position in the organisation.

- Does this show any disparity in relation to BAEM workers?

In one **North-West** Trust, only 7 BAEM staff responded positively to the WRES 7 question, so the employer did not disclose the data in 2014.

However, in 2013, 85% of BAEM workers, who were just less than 10% of the workforce, did agree that they thought their employer provided equal opportunities for career progression and promotion – by comparison, 92% of the staff who are white replied positively.

NB – If fewer than 11 BAEM staff respond to any question on an organisation's WRES survey, they don't have to disclose the answers, to preserve the anonymity of individuals





STEP 3 Work with your employer to ensure the following:

- Managers and team members are fully trained in equality and diversity.
- Access to learning and training is fair, and equally open to all employees.
- Feedback to unsuccessful job applicants is thorough, fair and helpful.
- Appraisals and development reviews must be transparent, non-subjective and equal – especially if your organisation has performance-related pay.
- For all roles across the workplace, make sure that progression from first appointment to full competence is the same for anyone undertaking that role, (a first principle of the NHS Knowledge and Skills Framework).

STEP 4 Positive action can be taken if evidence of under-representation in particular departments or job roles has been found. It could include:

- Targeted training - levelling the playing field for anyone applying.
- Actively encouraging BAEM employees to apply for promotion, and supporting them to succeed.
- Are BAEM colleagues encouraged to go on coaching programmes? This could address racial bias and promote cultural awareness when coaching for progression and promotion.

STEP 5 Monitoring information on career development should be evaluated at least once a year.

All NHS staff members should have at least an annual appraisal/development review. Check if this is the case for all staff. Any disparities in relation to BAEM employees being successful in progression within role, or promotion, will need relevant measures to address the issue.

Union learning reps (ULRs) can work closely with union equality reps and workplace reps to make sure that all staff have access to learning and training, whatever their role, and whatever their pay band.

Encouraging BAEM colleagues to take on the ULR role will ensure that they'll be well-placed to provide confidential and comprehensive support to other BAEM colleagues wanting to progress at work.

Funding for learning for lower-paid staff: Various initiatives are in place to encourage employers to help members of the healthcare support workforce to progress into professional roles, if they wish to. These opportunities should be open to every eligible member of staff, regardless of race or nationality. Ask your Learning and Development (L&D) or HR team colleagues about learning opportunities and funding, available to lower-paid staff.

In **Scotland**, In Scotland, organisations have to comply with the HEAT (Health improvement Efficiency and governance, Access and Treatment) targets, and Local Delivery Plans (LDPs). NHS Education Scotland requires reporting on staff education and training. The NHS Knowledge and Skills Framework (KSF) was a mandatory HEAT requirement for all staff appointed under Agenda for Change in Scotland, promising support and development within role. **Equality and diversity is one of the KSF's six 'core' dimensions - for every staff job.**

At your next negotiating or consulting meeting between staff side and management, ask what progress the organisation is making towards Continual Professional (and Personal) Development (CPD) for all staff. There should be an equality impact assessment carried out, of the appraisal and development processes and policies. BAEM colleagues should be actively encouraged and supported onto in-house, local, regional and health leadership programmes.

DEALING EFFECTIVELY WITH RACIAL HARASSMENT, DISCRIMINATION AND BULLYING

Importantly, there is a link between discrimination in the workplace and patient care. Some researchers conclude that bullying, harassment, and abuse of staff is generally related to poor patient experience. The Healthcare Commission has provided evidence in the past to show that the NHS experience for BAEM patients is worse than for white patients.

Number 6 of the Workforce Race Equality Standards (WRES) requires organisations to report on the percentage of staff experiencing harassment, bullying or abuse from other staff, over the previous 12 months.

WRES 8 asks about staff experiencing personal discrimination by a colleague (manager, team leader or other member of staff).

There's also WRES 3, asking employers to declare the relative likelihood of BAEM staff entering the formal disciplinary process compared to that of white colleagues – which could indicate discrimination or bullying taking place. See the case study on page 12.

Unite in Health has found that BAEM NHS staff are twice as likely to be disciplined at work as white colleagues, (one Trust reports their figure for WRES 3 as 2.21 times more likely).

STEP 1

Find out from the employer if monitoring records are kept on complaints, disciplinaries and grievances involving racial harassment, discrimination or bullying. Under WRES 6, all complaints of racial harassment, discrimination or bullying should be recorded, including what action was taken, and what the end result was.

Discrimination, harassment and bullying are unlawful. By discriminating against workers, employers run the risk of missing out on much-needed talent. NHS employers that tolerate harassment and bullying amongst staff will find their ability to retain a quality workforce difficult, with high staff turnover as a result.

In 2015 in one North-West Hospital Trust, 20% of white staff reported they'd experienced harassment, bullying or abuse from other colleagues, amongst BAEM staff it was 36% (WRES 6). For WRES 8, 'have you personally experienced discrimination at work from colleagues?', 3% of white staff, and 31% of BAEM staff said 'yes, in the past 12 months'.

STEP 2

Ensure that all colleagues understand what to do if they think they are being harassed, discriminated against, or bullied. For Unite members, the advice is:

- Make notes – keep a 'diary' of all incidents – when, what happened, who was there?
- Contact your Unite rep as soon as possible.
- Decide what you want to do.
- If things go further, be aware of the three-month time limit for legal cases (six months in Northern Ireland).
- Take your Unite rep with you to meetings for support and representation.

Unite in Health reps should contact their regional women's and equalities organiser, or regional officer for BAEM, for support if they need it, they're based at our regional offices - find yours on www.unitetheunion.org/regions.



STEP 3

What's your policy? Is there a joint union/employer policy on racial harassment, discrimination or bullying? What about zero-tolerance?

Good, negotiated policies should include clear statements on

- What is unacceptable.
- The commitment to tackling and preventing harassment, discrimination and bullying.
- Training for managers to deal effectively with issues and incidents.
- Clear definitions on different forms of harassment, discrimination and bullying.
- Relevant legislation and how complaints of racial harassment, discrimination or bullying will be dealt with, referring to relevant procedures.
- Providing an informal 'first stage' in the process is more likely to encourage people to come forward to report harassment, bullying and discrimination.
- Staff need confidence that a policy of 'zero tolerance' towards harassment, discrimination and bullying actually works within their organisation.

STEP 4

Union reps should always take complaints about harassment, discrimination and bullying seriously. Make sure all union reps are trained so they can deal effectively with members' issues around racial discrimination, harassment and bullying.

- Union reps and managers can act as role models in promoting good practice and behaviour, and encourage people to have the confidence to speak out without fear

Your Unite workplace or local health branch should have an elected branch equalities officer - find out who yours is if you don't know!

If all members of staff feel valued, and included, they'll be a more committed and motivated workforce.

In turn, that'll have a positive impact on patient care!

STEP 5

Regularly review and analyse monitoring information on racial harassment, discrimination or bullying. If there are patterns of harassment, discrimination or bullying, raise the matter with your employer and your Unite regional officer. You may also contact your Unite regional women's and equalities equalities organiser, or the regional officer with responsibility for BAEM equality to make sure that appropriate action is taken. Your Unite regional office can be found on www.unitetheunion.org/regions

... what about a focus group for managers to meet with BAEM colleagues to understand the issues, and improve our equalities data?

Following the study Employee engagement and NHS performance, by Michael A West of Lancaster University, and Jeremy F Dawson from University of Sheffield, a paper commissioned by The King's Fund to inform its review of leadership in the NHS, The King's Fund concluded: 'If BAEM staff feel engaged, motivated, valued and part of a team with a sense of belonging, patients were more likely to be satisfied with the service they received. Conversely, the greater the proportion of staff from a BAEM background who reported experiencing discrimination at work in the previous 12 months, the lower the levels of patient satisfaction.'

CASE STUDY

Fair treatment at work –

The West Midlands Cultural Ambassadors Project

After Trade Union representatives sent Freedom of Information requests to several NHS Trusts in the West Midlands, they found there was a clear pattern that BAEM employees were being discriminated against, particularly in disciplinary proceedings.

A focus group was set up of BAEM stakeholders employed by the NHS in the West Midlands. The focus group discovered BAEM employees in certain West Midland NHS Trusts were being taken through disciplinary proceedings for seemingly trivial matters.

As a result of the focus group, there was a need to train NHS employees to look out for cultural bias and discrimination. In partnership with four NHS Trusts in the West Midlands a pilot project, 'cultural ambassadors', was created. There were three days of training, with cultural ambassadors sought from NHS BAEM employees from the four Trusts, at pay band seven and above.

Training for the cultural ambassadors focused on the following issues:

- Equality law.
- Conscious and unconscious bias.
- Understanding bias and discrimination.
- Questioning - open and closed questions.

Partnership between trade unions and the NHS trusts was vital; this included getting buy-in to the project from senior, middle management and all trade unions.

Once trained, cultural ambassadors sat in on disciplinary investigations, and a different cultural ambassador sat in on the disciplinary hearing.

Most importantly, conversations took place when the investigating officer and human resources colleagues were in the room with a cultural ambassador, rather than without them.

In one example, when she reviewed film of staff sleeping, the cultural ambassador spotted that there were also white staff sleeping on shift, when the panel had originally seen just the BAEM employees who were being disciplined.

As a result of the project, the disproportionate rate of BAEM disciplinary proceedings receded.

Lessons learned

1. Employers and unions blended resources to implement the cultural ambassador project.
2. This wasn't just a trade union project, the employers gave it priority that went beyond the Trusts' Equality & Diversity Leads.
3. Lack of understanding about the need for change could impair initiatives to address race inequality.
4. Partnership working needs trust between unions and the employer in order to work.
5. Effective communication is the key to successful project implementation.



PROMOTING FAIRNESS FOR BAEM WOMEN AT WORK

Unite recognises that BAEM women can be doubly-discriminated against at work, because of their ethnicity and nationality, as well as their gender.

STEP 1

Find out from the employer whether separate monitoring records are kept in relation to BAEM women workers. Employers should ensure that separate monitoring records are kept in relation to BAEM women, covering all aspects of recruitment, progression, promotion, pay, and any other local terms and conditions at work.

Around 70% of women work in catering, cleaning, clerical, cashiering, and caring roles – ie, usually lower-paid jobs – what about BAEM women at your workplace?

STEP 2

Using the information available, (ideally using records gathered over the last 3 years), try to find out if BAEM women are under-represented in areas of recruitment and selection, progression or promotion, and whether they work in lower-banded roles or receive less pay.

STEP 3

Work together – as health unions, and with the employer to ensure that

- Everyone involved in recruitment and promotion is fully trained in equality, and understands the issues for BAEM women.
- Pay audits look specifically at BAEM women.
- Stereotypes of BAEM women are challenged – as are racial and sexual harassment, and any form of bullying.
- Race, gender, well-being, and family friendly policies are fully inclusive, taking into account BAEM women workers.
- BAEM women are actively encouraged to take up learning and development opportunities, and are supported to progress at work.

STEP 4

Make sure that BAEM women are consulted and involved, particularly concerning issues around both race and gender equality.

Unite against discrimination faced by black women Equality monitoring exposed that BAEM women were hardest hit by redundancies, completely undermining stated commitments to race equality. Unite successfully negotiated joint training and fairer processes to stop this happening.

STEP 5

Regularly analyse monitoring information about BAEM women in relation to recruitment, promotion, training and pay. If under-representation or disparities are found, then revisit the issues, and implement action in the relevant areas.

Check Unite's 'charter' for black, Asian and ethnic minority women.

Actively and positively addressing inequality for all workers should ensure that BAEM women aren't disadvantaged on any grounds.

BAEM women may face harsher sanctions and penalties in the disciplinary process – and are more likely to be reported to professional regulators than white women colleagues.

NEGOTIATING FOR UNION EQUALITY REPS IN HEALTH

It's important that Unite in Health reps are involved in all aspects of race equality at work - in England to ensure that the Workforce Race Equality Standards (WRES) are implemented, reported on and improved, and in Scotland, Wales and Northern Ireland that legislation around race is complied with (as a minimum), and good practice is the norm. Inclusion and fair treatment of BAEM staff will ensure better patient care in any health organisation.

Every team of workplace reps should include equality reps, and every workplace or local Unite branch should elect an equality officer. Although equality reps don't yet have statutory rights to facilities and time off to carry out their role, enlightened employers should see their value!

STEP 1 Are there Unite equality reps in the reps' team at your workplace?

If YES, move to STEP 2. If NO, find out more about the role of Union equality reps from www.unitetheunion.org/equalities, and speak to your Unite regional officer about how to elect one or more equality reps. Make sure that other Unite reps and members are clear about their role and the importance of what they do.

STEP 2 Are your equality reps granted full facilities and time off to undertake their duties?

If YES, move to STEP 4. If NO, move to STEP 3.

STEP 3 Negotiate with the employer to support facilities for Unite equality reps using the following 'business case':

- Well-trained union equality reps make an important contribution to understanding, promoting and establishing non-discriminatory policies and procedures, supporting staff, and ensuring issues are identified early
- Union equality reps support their employers' drive (and legal requirement) to tackle inequality, and ensure positive action is taken on equality and dignity at work.
- Trained equality reps can provide specialist support, skills and advice on diversity issues, like equal pay, fair treatment for all staff, preventing and tackling all forms of discrimination
- Good practice helps with recruitment and retention of talented staff, particularly from under-represented groups

Union equality reps can support their organisation to become an employer of choice in the community, ultimately helping to reduce complaints, and provide better care – it makes good business sense!

STEP 4 Ensure that Unite equality reps

- are trained - Unite equality education courses run in all our regions, check out www.unitetheunion.org/education for the training programmes
- are involved in carrying out equality audits and impact assessments
- are supported in raising awareness on equality issues, and work with other health unions in getting equality monitoring and implementation on the agenda of every meeting with the employer.



STEP 5 Unite in Health

strongly believes that the role of union equality reps can make a real difference for our diverse membership. The more evidence we can give the Government that equality reps have a key role to play in tackling inequality within health organisations, the greater our chances of achieving statutory rights for union equality reps. Your support in getting equality reps elected and supported in the workplace, and equality officers in Unite health branches, is important.

Reputation is very important to health employers, the community they serve - and to the wider public. Tackling race inequality head-on generates a positive image: in the media, awards for excellence, (and ultimately more funding?). Employers, unions and voluntary organisations should work together to make sure inequality is tackled for staff – and for better patient care!

Why not form an Equalities Committee at work, a bit like a health and safety committee – it's a more structured way to deal with discrimination and promote equality for everyone there.

A diverse workforce can better understand the needs of patients and clients in their local community.

Discrimination against staff can take the form of unfair treatment because of their sickness/absence, disability, work-life balance, family or caring commitments – make sure all the organisation's policies and procedures are fair for everyone, and can't be used to discriminate against, discipline or bully BAEM colleagues further.

Many BAEM staff speak more than one language, and can be effective in communicating with patients, service users and their families if their first language isn't English.

WELCOMING BLACK, ASIAN AND ETHNIC MINORITY WORKERS INTO UNITE IN HEALTH – Organising and recruitment

BAEM colleagues aren't just under-represented in higher pay-bands in health, they also make up a disproportionately small percentage of union membership - and even fewer become union reps. A higher number of people from BAEM backgrounds actually work in health and public services, compared with other sectors and private companies.

It's important for unions to fully represent the members of their communities and workplaces, so everyone can understand and tackle issues, like race inequality, together.

STEP 1 Do you know where your black, Asian and ethnic minority colleagues work? Are all your BAEM colleagues members of a union?

If not, make sure your reps' team try to 'map' all the departments, and identify the union members in each one. You'll then have a good picture of membership - including who, and where, BAEM team members are. If work colleagues don't belong to any of the recognised health unions then you can ask them to become Unite members! Personal contact can help non-members feel that Unite is the union that they'd like to belong to.

STEP 2 Does the proportion of BAEM staff match up with your local population?

Work with other unions and your employer to find out:

- Whether BAEM people are applying for roles - but not being appointed.
- If adverts are placed in appropriate places.
- If the equal opportunities policy is highlighted, including an indication of under-representation of particular groups.
- If positive action has been undertaken in the community, to encourage more BAEM people to apply for jobs in health.

STEP 3 Does your 'map' (who people are, and where they work) show that BAEM colleagues are fully represented in the union at your workplace?

- If not, talk to non-members to find out why they haven't joined, and to Unite members to ask why they're not more actively involved in their union.
- Welcome BAEM members to workplace and branch meetings, offer to come with them if they're at all worried about turning up alone.
- Encourage BAEM members to come forward for election as reps, and ensure they get full support and training.
- Active BAEM Unite reps and members will show non-members that we're the union they'll feel at home in - we're here to support and work with them to improve issues like inequality at work.

STEP 4 Make sure that at every workplace union or branch meeting, (as well as at every meeting between staff side and management) the needs of all colleagues are represented.

Ensure that religious and cultural needs are understood and catered for; that racist comments/actions are challenged; that you work with relevant community groups; and that meetings are held in appropriate venues.



STEP 5 Ensure that your information about Unite membership and workforce mapping is regularly analysed and evaluated in relation to BAEM staff.

If in future BAEM workers are not joining or becoming involved in the union, you can revisit this Action Plan and implement areas as appropriate.

Encourage BAEM Unite reps to take part in our quarterly regional BAEM committee meetings, or even stand for the national BAEM committee!

Also, ask active members to think about becoming reps!

... or they could sit on one of our **Organising Professional Committees (OPCs)** if there are regional seats free for their staff group – like Speech & Language Therapy, Applied Psychology, and our Mental Health Nurses' Association, or sit on our **Health Regional Industrial Sector Committees (RISCs)** ... they're always looking for new people!



WHAT TO DO IF THE EMPLOYER WILL NOT MONITOR BAEM EQUALITY INFORMATION OR CONDUCT AN AUDIT

This shouldn't happen! Legislation is there to ensure that at least all NHS employers implement, monitor, and report on equality outcomes within their organisation. In England the Workforce Race Equality Standards (WRES) have been in place since April 2015. In Scotland, NHS employers should comply with the Partnership Information Network (PIN) policy, (and see <http://www.healthscotland.com/equalities/policy.aspx>), in Wales, the Welsh government are 'committed to creating a fair and equitable Wales', and publish equality data on their site <http://gov.wales/topics/people-and-communities/equality-diversity>. Specific information can be found on the Race Council Cymru website, <http://racecouncilcymru.org.uk> and in Northern Ireland see <https://www.dhsspsni.gov.uk/dhssps-equality>.

In private health or voluntary sector organisations, the Equality and Human Rights Commission (EHRC) and ACAS guidance provide frameworks for good practice.

This is what you should do if, despite legislation, inequality exists within your organisation, or does not improve:

STEP 1

Use the Equality and Human Rights Commission (EHRC) Guidance and ACAS Guidelines to negotiate for an audit/monitoring in the workplace.

EHRC Good Equality Practice for Employers: equality policies, equality training and monitoring recommends that employers can monitor information about:

- How many people with a particular protected characteristic (including race, colour or national origin) apply for each job, are shortlisted, and are recruited.
- How many people in the workforce have a particular protected characteristic (eg race, colour or national origin) compared with the local population.
- The satisfaction levels of staff with a particular protected characteristic (eg race, colour or national origin) – the NHS publishes the results of the staff survey annually – what happens in your organisation?
- It might be useful to monitor the levels of internal complaints and/or the number of staff using the grievance, or harassment and bullying procedures.

ACAS Advisory booklet 'Delivering Equality & Diversity: a summary guide'

Section on monitoring – 'The purpose of monitoring is to enable you to make sure your policy and action plan are working. If they are not working well you need to ask yourself 'why?' and do something to put it right.'

Monitoring involves gathering individual personal information on the diversity of your potential recruits or existing employees at certain times, and then comparing and analysing this against:

- other groups of employees in your company
- jobseekers in your local community
- the broader national labour market.

STEP 2

Ensure that members fully understand and support the reasons for auditing/monitoring and back up the request.



STEP 3

Talk to your Unite regional officer, the regional equalities officer, or their colleague who has responsibility for the Unite regional BAEM committee.

STEP 4

If all else fails, conduct your own informal monitoring exercise, involve the other recognised health unions, so you cover everyone on all sites, departments and teams, and use the information you find out to resume negotiations.

STEP 5

Do not allow the employer's refusal to audit/monitor stop you from assessing how BAEM workers are faring, or stop you from making real progress on race equality at your workplace.

Unite against racial harassment

An NHS manager, who's a member of Unite, suffered 'persistent discrimination and an intimidating environment', when unlike his white colleagues, he was bullied and harassed about his work. His health suffered very badly, and although with Unite's support, he won a tribunal case, and was paid over £1m, now his aim is that no-one should ever have to suffer as he did.

'I am pleased that the Employment Appeal Tribunal has dismissed my employer's appeal. Hopefully my case will demonstrate to other managers that racial discrimination won't be tolerated. I now wish to move on with my life.'



For further Unite information please refer to:

www.unitetheunion.org/equalities for resources like these:

- Unite Race Negotiators Guide
- Unite Equality Reps Toolkit (including Unite HDB1 Form)
- Unite Model Agreements

You can also refer to the Unite in Health strategy for 2016/18 at www.unitetheunion.org/health

Useful organisations' contact details:

Equality and Human Rights Commission (EHRC):

3 More London, Riverside Tooley Street, London SE1 2RG

www.equalityhumanrights.com Tel: 0203 117 0235

Scotland: <https://www.equalityhumanrights.com/en/commission-scotland>

Northern Ireland: <http://www.equalityni.org/HeaderLinks/About-Us/Information-we-provide.aspx>

Republic of Ireland: <http://www.ihrec.ie>

Wales: <http://www.racecouncilcymru.org.uk> Tel: 07872 059 085

Trade Union Congress (TUC):

Congress House, Great Russell Street, London WC1B 3LS

www.tuc.org.uk Tel: 0207 631 0728

Acas (Advisory, conciliation and arbitration service):

www.acas.org.uk/equality Confidential helpline: 0300 123 1100

Labour Research Department (LRD):

78 Blackfriars Road, London SE1 8HF

www.lrd.org.uk Tel: 0207 928 3649

Coalition for Racial Equality and Rights (CRER) Scotland

<http://www.crer.org.uk/public-sector-equality-duty>

<http://www.crer.org.uk/scottish-specific-duties>

Strengthening Communities for Race Equality, Scotland

<http://www.scorescotland.org.uk>

Unite Equalities Contacts:

National Officer for Equalities, Unite the Union, Unite House, 128 Theobald's Road, London WC1X 8TN

Email: equality@unitetheunion.org Tel: 020 7611 2643

Regional Women's & Equalities Organisers

North East/Yorkshire & Humberside 0113 236 4830

North West 0151 203 1907

London & Eastern 0208 800 4281

West Midlands 0121 553 6051

East Midlands 0133 254 8400

South West 0117 923 0555

South East 0118 402 6810

Scotland 0141 404 5424

Wales 0292 039 4521

Ireland: Belfast 028 90 232381 Dublin 00353 (0) 1 8734577

Unite reps can find out who the regional officer for their health organisation is, by contacting their local district office, details can be found on www.unitetheunion.org/regions

