Unite in Health BAEM Education Resource

June 2021

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*** *Please note that Black and Asian Ethnic Minority (BAEM) used in this document is the agreed acronym by Unite whilst other establishments may use Black, Asian & Minority Ethnic (BAME) or Black & Minority Ethnic (BME) as their preferred acronym.*

RACISM OR NOT RACISM? - RACISM DEFINED

Racism is all practices and procedures that discriminate against people because of their colour, culture and/or 'race' or ethnicity. It includes the whole package of racial prejudice, discrimination, stereotyping, making racist assumptions, harassment, institutional and structural racism and ethnocentrism.

Racial Discrimination is the treatment of people of some 'races' less favourably than others would be treated in the same circumstances. Under the 1976 Race Relations Act, racial discrimination is defined specifically, in several ways, to cover particular situations and circumstances. Racial discrimination is a problem that's bubbling under the surface of workplaces. Full of sensitivities and complexities that have made it an unmentionable – just in the way that sexual harassment had once been.

Racial Group refers to those who are of, or belong to, the same 'race'. They have the same racial origins.

Racial Harassment refers to verbal, nonverbal or physical aggression towards people of various 'races'. If the 'victim' believes that it was because they belong to a particular racial group then, unless proved otherwise, it is usually defined as 'racial' harassment, whatever other people may say.

Racial prejudice is the term for opinions or attitudes about people of various 'races', based on false or inadequate evidence. It is a tendency to judge people in a particular way and is often self-perpetuating because the (usually negative) judgement of people from different 'races' prevents any interaction with them. Surveys in UK show that white people are more likely to be racially prejudiced than others. However, racial prejudice may exist (and sometimes does) between any racial groups. Racial prejudice, where some groups are marked out as 'different', is found in most parts of the world.

DEFINITIONS

Racial stereotyping is categorisation (usually negative) of a whole racial group of people because of the actions or behaviour of one person, or a few people, or as the result of racial prejudice.

It is also when a general stereotype is transferred to a particular person. It often becomes part of the cultural legacy. It is still stereotyping even if the stereotype is positive – for example, being 'good at sport', 'having a sense of rhythm' or 'having the gift of the gab' are all racial stereotypes when applied to groups of people. In UK there is racism against Jewish people, Asian people, Chinese people, Irish people, Travellers, Black people, Gypsies, people from many other ethnic groups, people from particular nationalities and often refugees and asylum seekers.

Institutional racism is racism that is not usually a result of an individual action, and works in precisely the same way as institutional discrimination to discriminate against people specifically because of their 'race'. Such practices and procedures are often long established, but have failed to take account of the reality of multiracial UK. This is similar to 'indirect racial discrimination', as defined under the 1976 Race Relations Act.

Structural racism is racism that is not a result of individual action or of an institutional nature, where the existing structures of the society discriminates against particular racial groups.

Systemic discrimination can be described as patterns of behaviour, policies or practices that are part of an organisation, which can create or perpetuate disadvantage for radicalised persons

There are times when a person can be treated in the same way as everyone else, which results in a different and worse effect on that person because of whom the person is**. The Equality Act 2010 calls this Indirect Discrimination.**

'RACISM RUINS LIVES' REPORT by TUC

"I've had three workplaces where I've had to bring grievances that were race related (racist in nature)…You can never absolutely prove it…It's insidious. The ignoring you is as bad as the shouting at you… I ended up on anti-depressants and suicidal. It makes you forget who you are, your strengths and abilities. I'm a skilled intelligent woman who's worked for 35 years and I ended up barely able to send an email. It's like the perpetrators don't realise. Leaves you powerless. I'm having to leave my job and take a £10k wage reduction for a short-term post instead of my permanent one. It's either that or my life. My children/family have insisted. They want me alive."

(A Black/Black British Female, Children's Services)

RAISING AND RECORDING CONCERNS

Research shows longstanding racial inequalities which existed prior to COVID-19, that renders BAEM staff unable to raise concerns because of past experiences and fear of the consequences for speaking up.

Surveys also show BAEM staff are more likely to be bullied, treated harshly, disciplined and referred to their regulatory body more so than white colleagues. Evidence further shows that there is a correlation between poor treatment of BAEM staff and reduced patient/client satisfaction.

Organisations with lower CQC ratings correlates directly with a poor culture, reported high levels of bullying and harassment resulting in negative staff and patient feedback. Bullying and harassment can also result in talented staff leaving the NHS.

Jacob is an experienced staff member and has always prioritised his clients and worked within policy and regulatory body guidelines.

He has experienced some issues with his team leader who appears to be critical of his record keeping and on a recent occasion accused Jacob of not capturing safeguarding concerns in his records.

On review of the records it was noted that all safeguarding concerns have been acted on appropriately and liaisons with social care and other agencies have been undertaken. This was pointed out by Jacob to his team leader in a non-aggressive way but resulted in Jacob being accused of falsifying his records by adding amendments after concerns were raised by the team leader.

A review of the records indicated that this was not the case and the information was in the records prior to the review by the team leader, who had not read the records properly. However, rather than an apology being given to Jacob for pointing out the mistake of the team leader. Jacob found himself being victimised, bullied and additional records being scrutinised for minor issues.

STEPS TO RAISING CONCERNS

- Speak to a Trade Union Representative first and discuss a referral to the regulatory body if applicable.

- Read your Trust's recordkeeping, raising concerns policy/whistleblowing and grievance procedures.

- Refer to your Regulatory and Professional body standards and guidance.

- Follow the relevant procedures.

- Contact your Freedom to Speak Up guardian or champion.

- Contact staff network.

- Contact your staff harassment/bullying mentors.

- Contact Trust staff governors for support where applicable.

HOW TO RAISE CONCERNS

- Identify the professional code/guidance/policy or protocol you believe is being compromised.

- Be specific about the issues you are worried about and focus on facts.

- Be specific about dates and times of issues and any witnesses.

- Set out what you think should be done.

- Write down issues, no matter how upset it makes you feel, it will help keep you focussed.

- Raise concerns collectively: This is likely to be effective if your colleagues share the same concerns.

- Keep a copy of all communications/concerns/emails/meetings.

- Keep all actions to your concerns, always keep copies of emails sent by you even if you are ignored, always be professional.

TACKLING RACISM

*"**Structural Racism** is deeply rooted in our society, resulting in BAEM experiencing everyday racism. This has an enormous impact on their lives as it pervades all areas of life and it is hard to challenge. This can have a bigger impact than obvious forms of racism. **Everyday Racism** acts to silence and demean BAEM and reinforces the inequalities they face."*

Coalition for Racial Equality and Rights (CRER)

A thriving organisation is built on compassionate leadership that embraces diversity with a zero tolerance to racial discrimination in all its forms.

- Speak to your Union Rep.
- Refer to your Trust Policy, Standards, Procedures & Equality Diversity Leads.
- Refer to your Regulatory and Professional body standards & guidance.
- Get involved and find out how you can contribute.
- Encourage the sharing of knowledge and experience.
- Consider becoming an Union Equality Rep.
- Link up with an experienced Union Rep.
- Exercise Compassion, Equity, Respect and Dignity for all.
- Be there to support and listen

Unite the Union provides excellent opportunities for education, training and development. Visit: ***www.unitetheunion.org***

CHALLENGING RACIST BEHAVIOURS, ATTITUDES AND LANGUAGES

Structural, interpersonal and institutional racism in society has a devastating effect on people working lives, social environments and access to services for example; Health Care, Police, Law, Education Employment etc. **Interpersonal Racism** is everyday insults and threats that has negative emotional impact on those affected that limits them from having a more positive health and wellbeing.

In order to challenge and eliminate racist behaviours, we need to understand how racist behaviours are enacted daily in a number of ways.

- Using negative racial stereotype labels **"laid back/ lazy, aggressive black man, angry black woman, always have chip on the shoulder, trouble maker, playing the race card"** Knowing that these titles are likely to stick.
- Targeting BAEM staff who speak out or speak up for themselves – by consistently refusing to support their work, valuable contributions and claiming that the person has failed to deliver.
- Increasing BAEM staff workload so that they fail.
- Expecting the impossible from BAEM staff in comparison to white colleagues/ managers.
- BAEM staff are more likely to be complained about or referred down the competency, capability route for minor incidents whereas the white colleagues who exhibit moral inconsistencies and poor behaviours are not held to similar standards/ accountabilities.
- Encouraging white colleagues to micromanage colleagues from ethnic minorities of the same grade.
- Promoting white colleagues with the least experience and qualifications over very experienced and overqualified colleagues from ethnic minorities.
- BAEM Colleagues being the last to know or be notified of important information within the team.
- BAEM colleagues being continually asked to prove themselves/justify actions.
- Singling out BAEM colleagues for targeted and sustained criticism.
- Not recognising BAEM staffs' innovations, contributions, valid views, talents and potential talents.
- Attributing BAEM colleagues' hard work & successes to white colleagues in same team.
- Bias media coverage of incidents involving BAEM groups.
- Not included in team nights out or excluded from social events.
- Not calling out/questioning white colleagues when they denigrate leaders from ethnic minorities in all the above examples.

Racism is everybody's business whether it is directed at you or not!

Jane is a Band 5 BAEM nurse. She has been registered with the NMC for 10 years. For the past 5 years she has been working in theatres and the surgical department in a large hospital.

Jane wants to specialise in this area and requires specialist leadership and clinical qualifications to progress her career.

Jane has applied for several courses over the past 2 years and has met the criteria however following interview she is never selected. Jane notes that although she has more experience than other candidates she is never shortlisted.

She discusses this with a colleague who advises her that because she is from the BAEM community, it Is unlikely she will be successful as the manager doesn't think BAEM candidates make good leaders.
Jane leaves her job and goes to another employer as she sees no future for her career prospects.

Jane is devastated at her naivety as she had no idea her manager had this belief, She realises she never had a chance.

During a team meeting it was noted by Mary that a new colleague Cokonua was named incorrectly by the manager despite the manager being informed of the correct pronunciation. The manager ignored this and continued pronouncing the name incorrectly despite several corrections. The manager chose to ask the colleague to be called "Coconut "making a joke of the name and the rest of the colleagues were laughing. This was synonymous with everything that Cokonua did.

This made Cokonua feel embarrassed, humiliated, disrespected and depersonalised. Cokonua felt that she has been undervalued.

Thomas is a health care worker with 10 years of experience in the NHS. He has a diagnosis of dyslexia and the manager calls him lazy because he takes additional time to do his work.

Thomas struggles with lengthy instructions and is very meticulous with his record keeping in the way that he takes time to write the records and delivery of his work. Thomas has never had any capability issue, clients and doctors like working with Thomas because of his high standards of care. There was no reasonable adjustment arranged for Thomas by the manager.

The manager talks about Thomas in a derogatory way to other white team members referring to him being on "Caribbean time" and he needs to learn to work faster.

This encouraged and created a negative attitude against Thomas within the team and did not give Thomas the credit he deserved for providing compassionate care and being respected by doctors and clients. This resulted in Thomas being bullied and harassed by some of his white colleagues and Thomas being allocated increasingly complex workloads in comparison with his white colleagues because Thomas never says NO and is under pressure to prove his worth as part of the team.

WAYS TO CHALLENGE RACISM

Individuals/Organisations must have a ZERO tolerance approach

- Contact your Union Rep.
- Refer to your Regulatory and Professional body standards & guidance.
- Collate evidence - emails, witnesses, minutes and keep a log.
- How long has this been a problem?
- Has this happened before?
- Does it affect anyone else or other groups?
- Think about what goals and outcomes that you want to achieve.
- What further evidence do you have?
- Talk about Racism - It is not Taboo.

UNCONSCIOUS BIAS

BACKGROUND

Unconscious Biases are described as learnt stereotypes that are unintentional, deeply ingrained and able to influence behaviour. It can have a big impact on people-related decisions at work in relation to recruitment, promotion, performance management and appreciation of talent.

There are many types of unconscious biases and a few have been captured here:

Racial Bias – This occurs when people are treated unfavourably as a result of their race.

Perception Bias - Thinking something is true of a group of people making it impossible to remain objective when considering an individual.

Affinity Bias - Liking people who are perceived to be just like you and the unconscious bias can occur during the resume review process or during an interview.

Confirmation Bias - These biases are realised when people attempt to prove them and can impact the hiring process before a candidate even walks through the door.

Effective Heuristic - This type of bias occurs when individuals are judged as a result of superficial factors such as tattoos, weight or piercings.

Halo Effect - This type of bias is realised when you think someone is a good person because you like them.

Education Bias - This occurs when the hiring manager or interviewer decides that the candidate is a great fit because they went to a similar college or university.

Henry is an exceptional IT team member with 5 years' experience in the NHS and he regularly receives positive feedback from staff and colleagues. Henry notices that when opportunities present themselves for a volunteer from his team to lead on a short term project, it is never given to him as it is usually given to 1 of 3 individuals within the team.

These individuals regularly meet up with the manager outside of work and are often seen sitting and chatting together. This has been noticed by other team members who will comment to Henry that he would be the best fit for some of his projects. Henry decided to speak to his manager about the most recent project and request to be involved - he approached his manager as soon as the manager entered the office.

The manager informed Henry to send her an email with what he wants to discuss along with a few dates/times of his availability. Henry returned to his desk, then notices that one of his colleagues, who is often selected for projects, immediately approaches the manger and asks if she can have a quick chat. The manager immediately replies yes, and then engages in a lengthy conversation.

The interactions were observed by Henry and others present, this made Henry feel frustrated and undervalued.

STEPS TO MANAGING UNCONSCIOUS BIAS

- *Education and Training for all staff.*
- *All workers to start by recognising and understanding their own unconscious bias.*
- *Managers to be aware that if team suspects they are suffering the consequence of unwitting discrimination as a result of an unconscious bias, it can lead to mistrust, lowered morale and good staff leaving the organisation.*
- *Ensure all staff understand their role and responsibility in relation to discrimination law.*
- *Consider reverse monitoring.*

Resultant Effect of Unconscious Bias

- ***If the team member feels they are being discriminated due to unconscious bias it could result in a grievance procedure being raised and ultimately litigation.***

See Recording and Raising Concerns Section

ACCESS TO TRAINING AND DEVELOPMENT (CPD)

Research data from the Workforce Race Equality and from other sources highlight progress of BAEM staff in leadership roles is woefully lacking in the NHS.

Furthermore staff from BAEM background are more likely to be in the lower Agenda for Change banding and be referred to the regulatory bodies on the grounds of fitness to practice.

Also BAEM staff are more likely to face disciplinary, capability, grievance procedures, bullying and harassment from their colleagues and managers.

Research shows that BAEM staff are less likely to access any training other than mandatory in the workplace and are more likely to undertake training in their own time, self-fund and make personal sacrifices to achieve this.

Regardless of these adversities, WRES data shows that majority of BAEM staff have high levels of qualification in comparison to their white nursing colleagues without improving the chances of BAEM career progression.

Vivienne has been working as a Band 5 health worker for 34 years within the outpatient's department and has worked within two hospital during her career.

Despite her extensive years' experience and loyalty, she has had difficulty progressing her career and has lost confidence in applying for leadership projects or jobs.

Vivienne has tried to access training in areas that she is interested in with the belief it will enhance her clinical practice and make her role more meaningful.

Vivienne has had all her training requests rejected repeatedly and she has become despondent, frustrated and is losing interest in her role.

STEPS TO ACCESSING TRAINING

- Read your Trust's policies/procedures on accessing internal and external training.
- Refer to your regulatory standards and professional body guidance.
- Ensure you are aware of what courses are needed for your role.
- Plan in advance for any additional courses that may help your career development.
- Ensure you keep abreast of any new internal/external courses through your trust websites, bulletin, emails, team briefs and notice boards.
- Be familiar with trust process for applying for courses.
- Discus your learning at 1 2 1 with your line manager.
- Put a section on your learning needs in your yearly joint development Review (JDR) or Personal development plan (PDP).
- Volunteer for team projects, task/finish groups.
- Contact your trust HR or staff education development lead and ask about staff training/development.

HOW TO ACT ON CONCERNS/ISSUE

- Speak to your Union Rep.

- Note if the course is relevant for your role and how it may improve services and develop you.
- Be mindful of cost during times of financial challenges – and see if the leadership academy has free courses. Check out offers of funded training through national organisations or nursing groups (CPHVA, UNITE, RCN, QNI, Mary Seacole or CNO BME networks).
- Consider other ways to get the experience training (e.g. Coaching, mentoring, shadowing, supervision, online training, Microsoft Teams meeting, project work).
- Note any course rejection and reasons why.
- Compare access to courses with team members of a similar band role to yourself.
- Any concerns must be raised with your team leader or manager.
- Be specific about the issues you are worried about and focus on facts.
- Put it in email and have a 1 2 1 discussion, raise with manager above line manager if you remain concerned.
- Inform how the course will enhance your skills, practice, the team, organisation and client care.
- Be specific about dates and times of issues and any witnesses.
- Keep a copy of all communications/concerns/emails/meetings/1 2 1, JDR or PDP.
- Keep records of all actions to your concerns, always keep copies of emails sent by you even if you are ignored, always be professional.

MAKING A SUCCESSFUL TRAINING & DEVELOPMENT REQUEST

- Know your organisational aims, objectives and goals.

- Establish your knowledge and competency skills set to help you identify your training and developmental needs.

- Identify the existing skills that are transferable to enhance your career progression by undertaking the training you are applying for.

- Articulate your training and developmental needs in line with your team and organisational aims, objectives and goals.

- Have action plans for training and developmental needs.

- Access information on available training within your organisation.

- Use your supervision and appraisal to highlight your training needs, ensuring that it is in line with your organisation aims and goals.

- Be familiar with the communication platforms of your organisation e.g., emails, newsletters, digests, briefings, websites etc. If you need training do request via your line manager.

- Consider that in some cases you may be required to make a business case explaining why you need the training.

- Refer to the Principles for continuing professional development and lifelong learning in health and social care document by The Interpersonal CPD and Lifelong Learning UK working group.

- Be ready to present and share knowledge gained with the team to improve practice as required.

GOING BEYOND THE QUESTION - BIOLOGICAL WEATHERING & IMPOSTER SYNDROME

Biological Weathering describes how the constant stress of racism may lead to premature biological ageing and poor health outcomes for black people.

BAEM endure chronic stress from living in an unequal society. The stressors, coupled with more importantly the high-effort coping it takes to confront them combine to produce damaging or deadly consequences that causes wear and tear on vital body system resulting in dysregulation or exhaustion of the body systems.

As a result the person is susceptible to diseases, ill health and chronic conditions like disproportionately high death rates from heart disease, stroke, diabetes, and most cancers.

Biological Weathering happens over a period of time, consisting of a host of factors, including the person's socio- economic conditions, physical environment, behaviours and biological processes. The body ages faster due to ongoing mental stress from consistently struggling against larger structures and systems can have an impact on health.

What is imposter syndrome anyway? Cambridge Dictionary defines it as: *"The feeling that your achievements are not real or that you do not deserve praise or success." In basic words, it's when you feel like a 'fraud' and you feel like you don't belong where you are. 'Imposter' as in a fraud, a deceiver, and 'syndrome' a term that medical students know all too well to refer to a condition with distinct symptoms. **Together, these words refer to a phenomenon characterized by intense feelings of self-doubt in one's own abilities.***

SCENARIO 4 CONT (THOMAS)

Thomas is a health care worker with 10 years of experience. He has a diagnosis of dyslexia and the manager calls him lazy because he takes additional time to do his work. Thomas struggles with lengthy instructions and is very meticulous with his record keeping in the way that he takes time to write the records and delivery of his work. Thomas has never had any capability issue, clients and doctors like working with Thomas because of his high standards of care.

There was no reasonable adjustment arranged made for Thomas by the manager. The manager talks about Thomas in a derogatory way to other white team members referring to him being on "Caribbean time" and he needs to learn to work faster.

This encouraged and created a negative attitude against Thomas within the team and did not give Thomas the credit he deserved for providing compassionate care and being respected by doctors and clients. That resulted in Thomas being bullied and harassed by some of his white colleagues and Thomas being allocated increasingly complex work load in comparison with his white colleagues because Thomas never said no and is under pressure to prove his worth.

This caused Thomas increased stress, anxiety, sleepless nights, irritability, tiredness and low mood. Thomas was conflicted with prioritising his own health needs or carry on working.

Thomas is beginning to believe his manager's opinion of him and he started doubting his ability to practise.
Thomas family noticed a change in his personality and wellbeing and encouraged him to see his GP.
Thomas was diagnosed with having Hypertension, Diabetes and Depression. He was prescribed antidepressants and hypertensives medicines and was signed off sick.

WHAT TO DO

Now you are aware of the signs and symptoms of Biological weathering and imposter syndrome:

- Do not wait for your health to deteriorate to seek help and support.
- Speak to your Union Rep or Regional Office.
- Raise concerns about your health. (See the Fact Sheet on Raising Concerns.)

Resilience is not about putting up with Racial Harassment and bullying at work

BAEM WORKERS & PASTORAL CARE

BACKGROUND

The Black Lives Matter movement combined with the disproportionate deaths of BAEM NHS and social care workers in comparison to their white colleagues, shone a light on the inequalities in society and laid bare the discrimination impacting BAEM Healthcare workers.

The NHS is the largest employer of BAEM workers in the UK but unfortunately many of these workers are employed in the lower bands, work part-time, on temporary/agency contracts and on the front line, where they are most likely to have lengthy exposure to the virus and with inadequate or no PPE.

SCENARIO 7

Tan is a health worker and has access to PPE, he has been undertaking regular contacts with his clients and attending team meetings. Tan is anxious all the time and is worried that he may catch COVID-19 from his clients or work colleagues and then pass the infection onto his family.

In addition, Tan has underlying health issues such as raised blood pressure, type 2 diabetes and migraine, for which he is on prescribed medication.

Tan looks after his elderly father who has high blood pressure, thalassaemia and diabetes.

Tan does not want to cause a fuss or be stigmatised by raising his health concern with the line manager as he wants to contribute to the needs of his busy service, which he describes as under staffed and demanding. He is now finding it hard to sleep and feels constantly tired coupled with a constant state of watchfulness and anxiety.

STEPS TO MANAGING HEALTH WORRIES

- Arrange a 1 2 1 discussion with line manager.
- Complete risk assessment or review existing one. Act on Red-Amber-Green (RAG) rating score.
- Access to correct PPE along with Infection prevention control training.
- Consider accessing chaplaincy services.
- Consider referral to organisations occupational health.
- Contact GP for discussion on your health and fitness to work.
- Consider accessing health screening and counselling programmes.
- Discuss workload management and request additional help as need be.
- Consider accessing organisations health and wellbeing support.
- Consider discussion with organisations speak up champion/guardian.
- Consider completing a DATIX/incident report.
- Maintain a healthy diet and exercise.
- Obtain plenty of rest or relaxing activities or hobby of your choice– e.g. mindfulness or yoga.
- Take adequate breaks during work and rest in between shifts or jobs in agreement with your manager.

Ensure you take your annual leave

HOW TO ACT ON CONCERNS WITH STAFFING/WORK PRESSURES

- Speak with union rep for guidance/advice or Health and Safety Rep.
- Note the dates that incidents occur.
- Are others experiencing the same?
- Be familiar with organisations policy/procedures on raising concerns.
- Discuss with team leader and consult your Regulatory and Professional Standards and Guidance.
- Contact Speak up champion and complete necessary documentation
- Put it in email and have a 1 2 1 discussion, raise with manager above line manager if you remain concerned.
- Be specific about the issues you are worried about and focus on facts
- Consider collective reporting to HR if it affects other staff.
- Keep a copy of all communications/concerns/emails/meetings/1 2 1, JDR or PDP.
- Keep all actions to your concerns, always keep copies of emails sent by you even if you are ignored, always be professional.
- Speak with your staff governor where applicable.

HOW RACISM IMPACTS ON PROFESSIONALS, TEAMS & EMPLOYERS

BACKGROUND

The institutional racism in the NHS has contributed to the high mortality rate amongst Black, Asian and Ethnic Minority Healthcare workers during the COVID-19 pandemic.

In April 2020 independent research by health Service Journal (HSJ) found the BAEM individuals account for 63% of all NHS staff deaths from COVID-19 in which BAEM Health care workers accounts for only about 21% of the overall NHS workforce.

BAEM NHS staff are suffering from increasing levels of bullying and abuse, according to NHS England's latest Workforce Race Equality Standard (WRES) report.

The COVID-19 pandemic and recent events exposing institutionalised Racism in various institutions and workplaces mean that Racism has to stop. The impact of racism if not addressed in the workplace poses a serious detrimental effect on both health and national economy.

SCENARIO 8

Devesh Sinha, lead stroke consultant at Barking, Havering and Redbridge NHS Trust says:

"Like most doctors of colour, I have experienced insults, micro-aggressions, racial gaslighting and, to put it frankly, prejudiced violence.

My experiences may be the norm for all trainees and senior doctors and may be something we never talk about openly. One works hard to deliver excellence in patient care and yet still gets told it is 'only' sheer luck. When exciting opportunities come along, one is told that we only need the best people – implying bias, that with my colour such excellence is inconceivable."

Some of the racist behaviours include being treated as inferior or less skilled, name calling, 'jokes' or 'banter' unwarranted criticism; being given unfair or inappropriate work, being mocked for appearance, mannerisms or speech, being blocked from promotion or training.

INDIVIDUAL

- Devaluation of Physical, Emotional, Mental and Psychological being
- Isolation
- Imposter Syndrome- see going beyond the question fact sheet.
- Fear & Frustrations
- Stress- biological weathering
- Low Productivity
- Sickness- Psychological damage, physiological and mental illness
- Unfulfilled potential
- Stagnancy

PROFESSIONALS & TEAMS

- Tension and loss of respect dignity and confidence
- Culture of fear and anxiety- state of high alert
- Micromanagement
- Subtle Aggressions & Hostility
- Prejudiced Violence
- Absenteeism/ High Rate of Staff turnover
- Increased Sickness rate
- Increased and unsustainable workload-as staff is sick or leaves the team
- Low Productivity and Innovation- untapped talented potentials
- Increased Grievances and Disciplinary
- Unhealthy team dynamics and health economy
- Unwarranted Regulatory referrals
- Professional Isolation
- Bullying and Harassment

Note that this not an exhaustive list –it goes on and on…

EMPLOYERS

- Disgruntled and frustrated employees
- High rate of staff turnover
- Poor recruitment and retention of staff
- Stressed management and workforce
- Culture of fear and hostility
- Increased Grievances and Disciplinary
- Loss of talents & potential talents
- Endless staff recruitment and retention costs.
- Service users suffers
- Bad Reputation and stigma
- Unhealthy for organisation Health and Economy
- Death in Service that can be prevented
- Expensive Litigations and Compensations
- Poor Communication and Communication break down
- Blame Culture

Not tackling Endemic Racism in the workplaces has cost implications and devastating consequences to the wider workforce in relation the service provision and delivery.

SEE & TREAT OTHERS AS YOU WOULD LIKE THEM TO SEE & TREAT YOU

- Review Polices, Standards & Procedures that breed institutionalised racism.

- Invest on Policies, Standards & Procedures that eradicates racism and value people of all races.

- Be Open, Honest, Transparent and talk about Racism- it is not a taboo.

- Encourage multicultural and racial events where education and learning can take place.

- Have Equity & Fairness at the core of all activities.

- Re-educate staff & management on Race issues and the impact on humanity.

- Acknowledge & give credit to BAEM Successful activities. "DO NOT OWN IT"

- Highlight and raise the profile of BAEM role models among staff.

- Actively seek and ensure a BAEM representation at meetings, interviews, board decision making etc.

- Include Equality and Diversity as mandatory training.

- Address and correct the current imbalance of BAEM staff at senior leadership level within your workforce ensuring that appropriate monitoring and reporting mechanisms are in place to positively support career development. Do not set any one up to fail.

- Implement a regular robust reporting, monitoring and audit system for BAEM promotions to senior management, racial abuse, bullying and harassment with the accountability to the Executive management team.

- This must be central and pivotal to the Employers Objectives, Visions, Core values, Behaviours and Mission statements in line with Work Race Equality Standards (WRES).

- Promote cultural competency.

- Joint working with other allies that share and promote best practice. e.g., Unions, Independent and Voluntary Agencies.

- Speak to a Trade Union.

"We must always take sides, neutrality helps the oppressor, never the victim. Silence encourages the tormentor, never the tormented."

- Elie Wiesel

UNITE TO END RACISM

https://www.cmpsolutions.com/library/posts/is-racial-discrimination-the-next-metoo/

https://www.cumbria.gov.uk/elibrary/Content/Internet/537/6381/6387/40828163633.pdf

https://www.manchester.ac.uk/discover/news/racism-is-still-a-huge-problem/

http://hummedia.manchester.ac.uk/institutes/code/research/projects/racism-at-work/tuc-full-report.pdf

Of Race and 'Weathering' by Ted Hartzell | Nov 11, 2019 | Arline Geronimus https://lynntodman.org/of-race-and-weathering/

saubiosuccess.com/biological-weathering-and-its-deadly-effect-on-black-mothers/

https://samaraaabigail.com/whatsonmymind-imposter-syndrome

https://www.kevinmd.com/blog/2020/08/imposter-syndrome-and-covid-a...

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