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Racial and social equalities in action:

What can possibly go right?

Division of Clinical Psychology

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Introductory Note:
'A call to action – beyond the rhetoric'

What can possibly go right is an invitation to embody voices spoken at our listening events and consider action. Whilst we are hopeful that this will stimulate generative thinking to move forward, we are aware of the risk of this report becoming part of the plethora of publications and media reports on the subject. We want to avoid 'a repeated narrative' Pillaya (2020) highlights as '…reframing deprivation and racism as the cause of or way forward in tackling the poor health outcomes in BAME groups' and how this can be 'used as a defence and distraction from proactive and timely intervention'.

We want to go beyond blaming the individuals and look at structural issues. We have noted two key aspects through our observations and work in this area:

1. The conversation stops at the acknowledgment of deprivation and racism. There is often a sense of giving up with the implications that it is too big and difficult rather than seeking to understand systemic factors that contribute to deprivation and racism.
2. Where systemic factors are understood, there is a lack of concerted and sustained action plans to address and change these alongside regular evaluation of impact.

We are keen to mobilise engagement with the wide-ranging and intersectional lived experiences of people from minorities groups, facilitating exchange and collective effort from a diverse set of professionals to play our part in introducing changes at practice and policy levels. The paper comes from a collective effort through a bottom-up approach to hold the mirror at us to consider where we are at and where we could go through forging meaningful links and actions to address issues raised following the publication of our paper Racial and social inequalities in the times of Covid-19 – taking conversations forward.

We hope that the report would allow readers to consider the very important question 'what can possibly go right?'. We have to ride the tide and become part of the solution in order to work towards racial and social equality. A group relations workshop event 'Fully Human: Soul, Psyche, Skin – Exploring Race in Psychology' is planned in December 2021 to explore and encounter the lived experience of the dynamics of racial and social inequalities that have emerged in the context of Covid-19. It will be an active learning event aimed at generating an understanding of the realities we all face and formulating plans to meet the challenges going forward.

Dr Amra Saleem Rao
Co-Chair Racial & Social Disparities in the times of Covid Working Group

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Foreword

The DCP position paper Racial and social inequalities in the times of Covid-19 – taking conversations forward offered initial thoughts on the risks and impact of Covid-19 on pre-existing racial and social inequalities and structural racism. The DCP webinar on Racial and Social inequalities in September 2020 launched a campaign to raise awareness and mobilise action. This latest paper Racial and social equalities in action: What can possibly go right? has been written based, in part, on the conversations from the September webinar and is aligned to the work of the BPS Presidential Task Force on Equality, Diversity and Inclusion, the DCP Minorities sub-committee as well as the DCP Equality, Diversity, Inclusion and Antiracism Task and Finish Group.
The paper highlights a number of key themes and comments that have emerged, raising awareness, naming barriers to change, and sharing the words and personal experiences of people from a diverse range of perspectives.

The paper repeatedly challenges the reader to reflect on 'What can possibly go right?', and encourages us to identify the actions that we should all take to achieve racial and social equalities.

We have all been encouraged to reflect on actions that we may and to take a 'pledge' 'Towards racial and social equality: Be part of the solution'. In January 2021, the DCP Executive made a collective Pledge which was shared at the DCP AGM in March 2021, with the following statement and actions:

We condemn racial violence, discrimination and structural racism.

We pledge to:

- Continue to listen, learn and improve
- Be inclusive and welcoming to all
- Increase, value and celebrate diversity
- Take positive action for positive change
- Evaluate our progress

We invite all our members to make a personal pledge and will set up a page in the DCP Online Community to enable people to share their pledges and share what they have put into action, and the outcomes/impacts. We will share case studies to support us all with listening, learning and formulating actions.

This latest publication is an important step in our learning, sharing and taking action.
In my role as Chair of the British Psychological Society's Division of Clinical Psychology, I recommend strongly recommend it to all of our DCP Members to reflect on actions that we all may take to move us closer to 'what can possibly go right'.

Dr Roman Raczka
DCP Chair
April, 2021

CHAPTER 1

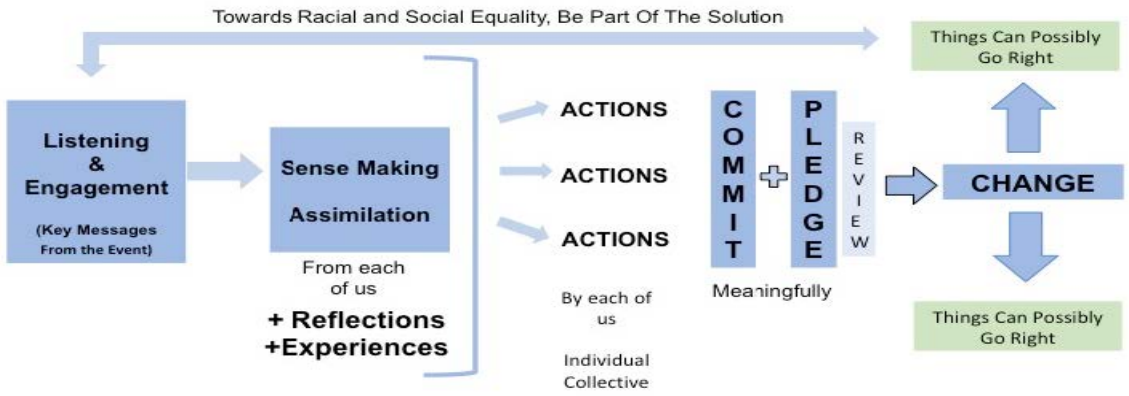
1. Introduction

Every person has continued to be impacted by the pandemic but Covid-19 health risks, experiences, burdens and outcomes are not the same for everyone: the virus has exposed many racial and social inequalities. It has also highlighted the importance of the social determinants of health such as housing, income, nutrition, employment, sickness benefits, financial support, social and health care (The Independent Sage Report, 2021)

The DCP position paper Racial and social inequalities in the times of Covid-19 – taking conversations forward offered initial thoughts on the risks and impact of Covid-19 on pre-existing racial and social inequalities and structural racism. We fully acknowledge that a lot of different groups have been impacted unequally by Covid-19. The scope of the work has been to specifically look at the disproportionate number of people from Black and minorities background losing their lives during the pandemic. The paper has presented an understanding of why this is happening and has outlined an urgent call to action.

Working in partnership with key stakeholders is an important element of responding to the challenge of getting clinical psychology's 'house in order'. As the work progresses we are working collaboratively with both the BPS Presidential Taskforce, DCP Executives, DCP Minorities Group and the newly established DCP Equality, Diversity, Inclusion and Anti-Racism Task and Finish group. Our hope is to connect with people with a range of perspectives both from inside and outside the profession of psychology in a way that is respectful and appreciative to build trust and learning from one another.

We have initially been working with stakeholders within psychology rather than people who use our services. We heard loud and clear from the events the importance of 'getting our own house in order'. We can take responsibility within profession of clinical psychology. However, the problems are much wider than obstacles around representation and career progression. We need to start having conversations with people within minoritised groups who have used psychology services to understand how best to earn their trust and meet their needs. Centralising the voices of colleagues from our listening event and rebuilding trust with communities of service users needs to happen simultaneously and is interdependent. It is essential to have our own house in order but to have credibility, centralising the experiences of people with lived experience of using psychology services who are also from minoritised groups still needs to be done. Forming part of the solution by rebuilding bridges of trust and offering equitable services to communities who have been poorly served in the past would need to be part of any action plan.



A campaign to raise awareness and mobilise action was launched at the DCP webinar in September 2020. The event attracted wide-ranging interest with over 600 registrants from a variety of backgrounds.
It offered valuable information, reflections and commentary on racial and social inequalities and what working toward change may look like. The report is structured alongside the key themes and messages from the event. An attempt is made to look at them closely, to consider the challenges and how best to rise to meet them. Readers are invited to engage with the key messages and bring their own reflections and experiences to consider actions. This could move us closer to what can possibly go right, if we were to follow these messages to commit and pledge meaningfully. Our commitment is to ensure that every aspect of our work is informed by the views expressed at our listening events. A list of action taken up following the event are listed in the section on 'Where we are at and where next'.

As we co-create the action we hope to get a better sense of 'what counts as action' and 'what could be good enough' to move towards reparation and reconciliation. The last section of the report is formulated as 'what next' in terms of our actions, informed by the ongoing development of our understanding of inequalities as we continue to hear from people.

We want to acknowledge that this report is written in the context of the pandemic up to September 2020, and therefore does not fully cover the impact of the ongoing pandemic, subsequent lockdowns and long Covid. Neither it addresses emerging concerns about vaccination and its impact on minoritised groups. We are also aware that this piece of work has not opened up discussion on how faith and spirituality intersect with issues discussed in this report.

CHAPTER 2

2. Key themes and asks from the event

We acknowledge the length of this section. After much deliberation, we have decided to include most of the comments rather than attempting to summarise them fully to give the reader a flavour of how the themes and the dialogue emerged at the event. We have not been directive in stating 'what can possibly go right', although there are various references made to a variety of actions. We have provided a space at the end of the each section for the reader to reflect and make their own notes, which can help them to think about their pledges and how they can move towards racial and social equality. Where possible we are encouraging readers to share it with us by using the space provided at the online community pages.

2.1. 'NOT JUST SAYING THE RIGHT THINGS BUT DOING THEM'

The lack of progress in enhancing diversity and inclusivity, and barriers to change things has been a reoccurring theme in recent years. Much of the work seemed to be focused on how to facilitate talking about doing the right things through policies, networks and communication. However, this had not been enough, 'we have not travelled far'. It is important to go beyond talking and take concrete positive actions and meaningful pledges with a key question: 'What difference what we are doing is making and for whom?'.

WHAT CAN POSSIBLY GO RIGHT?

(Space to note your thoughts)

2.2. PUTTING OUR OWN HOUSE IN ORDER – THE REST MIGHT JUST FOLLOW

If you can't 'see it' you can't 'be it'. Racism is often hidden behind subtle discrimination, exclusion, defensive behaviour, biased reporting and confusing communication. This perpetuates distress, powerlessness, shame and lack of safety in those impacted. The lack of inclusivity in clinical psychology has contributed to the perseverance of the structural racism which has been shown to light by Covid-19. There has to be good ethnic diversity and representation in the profession at all levels as well as the commitment to develop a culture of psychological safety. Increasing the diversity may not be enough.

A culture of inclusivity, respectful appreciation of differences, acceptance of denial of racist behaviour within and around us and vocabulary we use to address racism require attention. As we put our house in order it is important to track the impact of this on the levels of trust and access of services on the communities we serve. We need to develop plans to ensure that as psychology increasing access reflects the whole of the community and that the wider health system and society is not resistant to becoming more accessible and equal.

'Being mindful of subtle micro-aggressions, more powerful and harder to call out'.

'White privilege is the absence of living with the consequences of racism or structural discrimination – listen to experiences and look out for racism'.

'Here is learning from the past such as.... disbanding of the Faculty of Race and Culture... in December 2013 with the promise of a better 'inclusion strategy' which although developed, it was not actioned. We know that prior behaviour is predictive of future behaviour. What confidence should psychologists have in any future change within the BPS given the fact that, when the excitement is past, we revert to business as usual'?

More broadly, membership needs to consider petitioning the BPS to research into the evidence base for healing racism as well as looking at a number of questions including the ones below at individual and collective level to open up spaces for change and action.

How can we consider theory to practice links in our work when it comes to race or racism? What might be our unconscious biases?

In what ways we see racial and social inequality in the workplace linked to health and social outcomes?

How are disadvantaged groups and those with lived experiences represented and enabled in groups such as a taskforce? What are their experiences on being able to influence?

What is being done to increase accessibility of psychology professions? Could the BPS make an immediate improvement by offering reduced membership to the BPS and admission to conferences and events to those on a low or no income (not just students)? Could clinical and academic doctorate programmes offer alternatives to self-funded masters degrees, to those who can't afford.

Have there been enough changes to teaching and training courses to encourage discussion around inclusivity, racism equitable access to services, awareness of unconscious cultural and racial bias?

What are we doing to increase the diversity of the profession so it represents the wider communities that it serves (e.g. changes in the selection and recruitment processes, academic syllabus).

How do we practice cultural humility within a cultural competency framework?

Are there meaningful processes in place such as audit of ethnicity data, surveys looking at experiences and open dialogue forums across professional and statutory bodies? If yes, what differences they are making?

Can we take affirmative action/positive discrimination in order to advance equality and diversity in the workforce?

Are our operational processes enabling or hindering change?

What can we do to bring change and actively engage with the recommendations put forward by Racial and social inequalities in the times of Covid-19 – taking conversations forward?

WHAT CAN POSSIBLY GO RIGHT?

(Space to note your thoughts)

2.3. BARRIERS TO ACCESS AND BLOCKAGES TO CAREER PATHWAYS

'For people of all races almost impossible to transfer from one psychology course to clinical psychology, no part-time courses etc. Consider barrier we are putting as clinical psychologists to retain exclusivity'

'The costs to become chartered are exorbitant and will inevitably be a barrier to brilliant potential psychologists who would be an asset to our profession'.

'Often I found in the health care I have felt discrimination as soon as I am in the Zoom meeting, one feedback I received was simple… it was my face, which did not fit with the team. How can I even begin to progress in my career in psychology if this the type of behaviour towards myself – my difference highlighted from the dominant group, which isn't just during Covid-19?'

There are numerous shades of discrimination, which can leave many feeling disillusioned. We require attention to structural racism by reviewing our structures and processes as well as attitude and behaviour. There are many blockages such as costs, long conversion processes, and requirements of high grades, which discriminate people from disadvantaged groups. Fee charges for courses such as 'preparing your application for the doctorate' are discriminatory for those with limited means. The competition and high numbers of applicants within the field of clinical psychology needs to be managed in a way that doesn't perpetuate disadvantage. The profession needs to consider barriers to 'achieving good grades or gaining other skills' that are required to get into training. There are a disproportionately small number of paid assistant psychologist posts, which makes learning in role harder. There is a need to seriously review the offering of honorary assistant posts and what part this plays in fostering inequity?

In addition to this, there are the shocking instances of overt racism such as people being told that their face does not fit and not much effort made to pronounce or remember someone's name correctly. Overt and micro aggressions amongst ourselves as well as within the work systems needs to be addressed. Preliminary research[1] on clearing house data has shown the disparities and how some barriers are overt prejudices.

WHAT CAN POSSIBLY GO RIGHT?

(Space to note your thoughts)

[1] Rennalls, S., Baah, J., & Alcock, A. (2019, November). *'People didn't quite see me': Addressing ethnic disparities in clinical psychology by enhancing facilitators and minimising barriers into training.* Group of Trainers in Clinical Psychology Conference, Liverpool.

2.4. RACIAL GLASS CEILING

'It seems the seats at the table where power resides are often highly resistant to making these open and inclusive spaces. How can we change this and learn from those with lived experience of being stuck on the career ladder'.

'Putting your heads above the parapet is not always easy, more so if you come from a minoritised background'. The racial glass ceiling needs to be acknowledged'.

We need to address the systemic racism that normalises the racial glass ceilings many psychologists from minorities groups face in their careers. We know of many people from minority backgrounds who have excelled in their field. Although many have had tough experiences, this has not been acknowledged. There are many others who have not found their way to the higher leadership positions as they get stuck at the racial glass ceiling. Just counting the number of people from the minorities groups in leadership is not enough. Attention is needed to the experiences of leaders from minorities background such as imposter syndrome, whether senior leadership groups are representative of communities served, and how their contributions are received and used'.

WHAT CAN POSSIBLY GO RIGHT?
(Space to note your thoughts)

2.5. SETTING OUT MEANINGFUL WORKING PARTNERSHIP

Working in partnerships across disciplines, professional groupings and community networks is vital to bring systemic change by attention to the following themes. Centralising people's lived experience of using services will be a key aspect of this going forward.

Connect with our common humanity, humility, compassion, and curiosity to open learning from each other.

Develop and expand networks. Set out open dialogue and collaboration across disciplines, marginalised groups and communities.

A public health and community psychology approach is vital to bring positive action in collaboration with the public health and prevention groups within and outside BPS.

Understand shared concerns within the health and social systems as well as shared concerns with other professional groups. Without this, we remain at risk as psychologists of doing 'to' rather than 'with'.

Be inclusive and work within the framework of representative forums across the disciplines at leadership and strategic level, to tackle common issues.

Strategic thinking in forging partnership is important but not at the cost of short-term actions.

Forge links with Psychiatrists and Psychotherapists, NHSE/I, HEE National Psychological Professions Workforce Advisory Group and with the broader mental health field (Mind, Rethink etc).

Develop a programme of trainings and workshops, a series of public-facing events in partnerships with organisations beyond those we usually work with.

WHAT CAN POSSIBLY GO RIGHT?

(Space to note your thoughts)

2.6.RECOGNITION OF EMOTIONAL LABOUR AND SETTING OUT A SUPPORTIVE NETWORK

'Standing up to racism and inequality can often feel quite isolating. I've seen activists burning out and giving up as the hurdles and opposition feels too great. How can we create a network of activists who can support each other? How could the BPS as an organisation support professionals in this?'

'How do we deal with the defences that arise when conversations in this area are raised with white colleagues, particularly the responses from clinical psychologists, which hinder progress and are emotionally draining[2]'.

Feeling heard and validated – psychological safety is imperative for someone to raise things safely. Standing by those who whistle blow and bring attention to what raises discomfort in us is not always easy. There are inherent tensions in acknowledging our blind spots and owning up to our own faults. At the same time an attempt can be made to re-imagine humanity, which amongst many things include; respecting and valuing lived experiences, acknowledging the impact of colonial history, connecting with varied experiences of pain, mistrust and guilt with an open mind to question our defences and learn. We need to challenge existing narratives that might make it harder for people to speak, for example, 'don't rock the boat', 'don't put your head above the parapet', 'keep soldiering on', 'put your head down and get on with it'.

Reverse mentoring and spaces for open dialogue and reflections to individual and group process can help to explore where 'clots' of resistance to authentically embrace anti-racism/decolonising approaches to work towards system level change.

WHAT CAN POSSIBLY GO RIGHT?

(Space to note your thoughts)

[2] Lowe, F. (2014). Thinking Space: The Model. In: *Thinking space: Promoting thinking about race, culture, and diversity in psychotherapy and beyond* (pp.11–34). Karnac, London.

2.7.TAKING RESPONSIBILITY AND PLAYING OUR PART

'it is everyone's responsibility both morally and ethically to do all we can to eradicate all forms of discrimination from our society, culture and workplace'.

'Speaking as a white woman to other white people: it is so important that we all take our individual responsibility for where we are now – how did we get here and what can I do to change? we need to educate ourselves and take the next step. Find the vocabulary, find the way to change'.

'Advice by a supervisor to a psychologist to reconsider her application for clinical psychology doctorate programme as her face did not fit in! Such horrifying discrimination needs to be called out'.

'A trainee BME psychoanalyst was raising issues of racism in their personal analysis but getting no response - when they queried this the analyst actually banged the table and said they should stop raising political issues in their analysis....'

WHAT CAN POSSIBLY GO RIGHT?

(Space to note your thoughts)

Examples of bad practice and discrimination are not things of the past. They are pervasive and are around us. Systemic understanding of the role and task boundaries, authorisation and role biography can help to bring a system level change. Noticing the roles we take across our life span can be revealing. Combatting defensiveness and denial in each one of us can help to cut through the fog. A collective voice and effort is needed to avoid individuals being scapegoated.

Turning the tide would require pledging and taking responsibility for action at individual and collective level. Otherwise it remains at the level of intellectual discussion. Commitment to change is informed by values and is not tokenistic. The system needs to act as well as individuals **'to learn, create and be driven by curiosity'... and 'reimagine our humanity'.** Values informed by human rights of FREDA principles (freedom, respect, equality, dignity and autonomy) could be a good starting point.

CHAPTER 3

3.WHERE WE ARE AT AND WHAT NEXT

We will continue to work with the BPS Presidential Taskforce on Diversity and Inclusion, the DCP Minorities Subcommittee and the newly formed DCP Equality, Diversity, Inclusion task and finish group.We hope to use the new BPS Expert by Experience Framework as a way to centralise the lived experience of using psychology services by people from minoritised groups.

Racial and social equalities in the times of Covid-19 campaign has a key focus on taking the conversation further with the aims of (a) raising awareness (b) naming barriers to change (c) co-producing with diverse perspectives (d) inviting pledges to anti-racist action. Our work is now entering into its last phase to mobilise action to consider what can possibly go right – with firm actions towards racial & social equalities. This includes:

- A strapline line has been adopted by the DCP as below.

We are inviting all to consider using it in all aspects of their work by asking a key question, 'what have we done to move in this direction'. Examples include incorporating it to their meeting agenda, clinical work, strategic plans, operational processes etc.

- An invitation to all to pledge both as individuals and in relation to roles within the system. The work has started with a pledge from the DCP Exec. Ideas for the content of the pledges can be built on the recommendations from the paper, from the themes that emerged from the event noted here or from elsewhere. We are inviting all to consider the following:

> **Having read the racial and social inequalities paper on taking conversations forward, I pledge to take the following…..**

See Appendix 1 for the DCP pledge.

- Our work has been born out of suffering and loss of lives during Covid-19. A Group Relations Workshop Event 'Fully human: Soul, psyche, skin – exploring race in psychology' is planned in December 2021 to take stock, mark where are at, facilitate learning, consider 'working towards', what needs to be learned by whom and setting out ways to move forward with commitment for firm actions that count. The event will offer space to encounter the lived experience of the dynamics of racial and social inequalities that have emerged in the context of Covid-19.

APPENDIX

Appendix

The Division of Clinical Psychology of British Psychological society condemn racial violence, discrimination and structural racism.

We pledge to:

- Continue to listen, learn and improve
- Be inclusive and welcoming to all
- Increase, value and celebrate diversity
- Take positive action for positive change
- Evaluate our progress.

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