Reverse Mentoring (race) Programme
(South East EDI Team)
2021

NHS England and NHS Improvement – South East

Executive summary

In June 2020 the EDI South East Team reviewed existing literature, studies and research on reverse mentoring. A revamped programme was designed for BME (Black and Minority Ethnic) mentors and White senior leaders (mentees). We consulted with regional HR, Workforce and OD, and a programme manager was recruited. The Cohort One programme was launched in October 2020.

In November 2020, the South East EDI Team volunteered to chair cross-regional meetings on reverse mentoring to share best practice, learn from others, and provided guidance on evaluation. This is a significant turning point for reverse mentoring programmes, in that with the aim of standardising regional evaluation, and analysing progress at each stage of programme delivery, we will be able to use a continuous improvement model to assess progress against the key targets of reverse mentoring. We will then use the model to launch reverse mentoring to improve knowledge and engagement for other protected characteristics such as disability, sexual orientation and gender identity.

Purpose of programme

The purpose of our programme is to enable senior leaders paired with junior BAME staff to have insight into issues around BAME populations and working for the NHS. Research shows that without training, only one-third of mentor-mentee relationships succeed, which increases to two-thirds with training. Therefore, all mentors and mentees had separate training before being matched.

Improved insight by senior leaders can influence the system to make positive changes. Research studies have found that senior leaders behave more inclusively following reverse mentoring relationships.

Our reverse mentoring programme hopes to improve senior leaders understanding of:

1. **BME lived experience**

2. **BME experience and wider D&I issues through constructive feedback**

3. **Their own personal thoughts on BME lives**

4. **Dynamics of cultural change**

5. **Fairness, respect, equality, dignity and autonomy**

Benefit of reverse mentoring to organisations

- The new programme will help leaders understand how biases around race, gender, class and educational background can sometimes mean that they fail to recognise different types of talent, and how these biases can keep ethnic minority staff stuck in the most junior bands.

- It will also help create a network of champions, mentors and coaches required to help move careers forward.

- Opportunity to meet regularly and cover issues including respect and inclusion at work, recruiting and retaining BAME people and the importance of resilience.

- Mentees become change agents who harness candid and honest feedback shared by their mentor to influence wider leadership and challenge unhelpful practices.

- As well as providing a safe environment for senior management to learn, these relationships also give junior players a sense of purpose and belonging.

- Evidence from other reverse mentoring programmes has shown an increase in retention rates for BAME employees.

- Evidence of noticeable shift in the way senior White leaders communicate and interact with BAME colleagues and how they represent their organisation to others.

Evaluation

The bedrock of the new programme for the South East is evaluation. The programme is evaluated against core aims at different stages. All evaluation forms are available for other regions to use. We publish evaluation as and when completed and share with other regions and decision-makers.

Resources

The main resources used in the SE reverse mentoring programme:

1. **External coaching for leadership and communication**
2. **External psychological support for managing expectations, improving psychological safety and enabling difficult conversations. This also benefits the potential emotional burden faced by BME mentors and the impact of hearing about traumatic lived experiences of racism on the mentee.**
3. **Training and induction package developed by SE region.**
4. **Evaluation forms and feedback capture mechanisms.**
5. **Supporting documents on race equality, speaking up and NHS model employer aspirations to facilitate mentor/mentee discussion.**
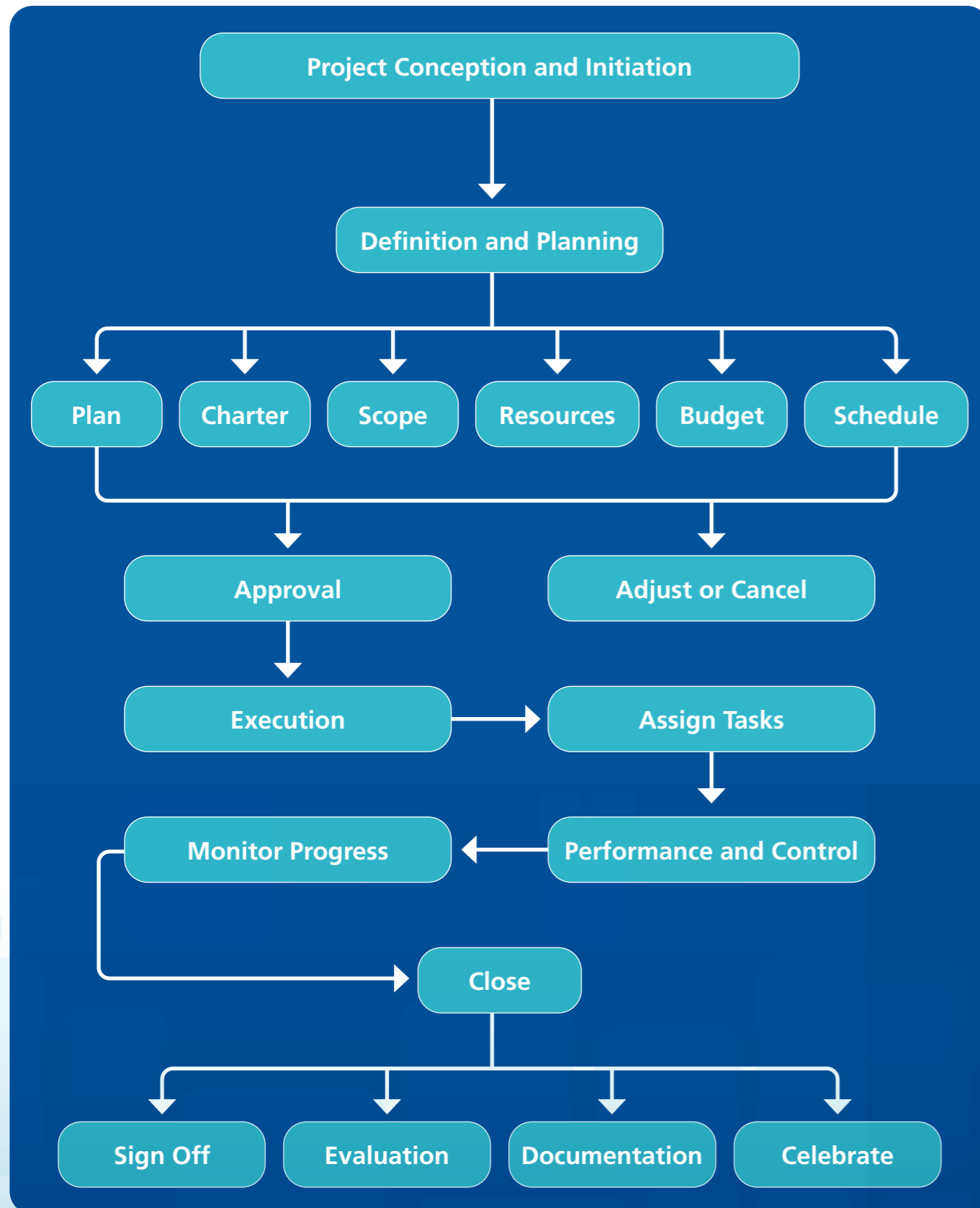6. **Guidance on journaling and capturing the learning journey.**

Equality Impact Assessment

All resources (training, documentation, input from external professionals, evaluation forms) have been equality impact assessed and will be regularly reviewed.

Planning model used to monitor the programme

We are using a step-based planning approach to capture as much learning, data and knowledge. This is to ensure we can rapidly make changes to sections of the programme, rather than waiting to do a complete overhaul. We feel this approach facilitates rapid improvement and reduces the risk of participants suffering unnecessarily through any unforeseen situations. For example, after the induction and feedback, we decided to provide early intervention for mentors on meeting planning and confidence building. They had this intervention before meeting with mentees for the first time.

At the end of the project, all documentation will be archived and made available for others.
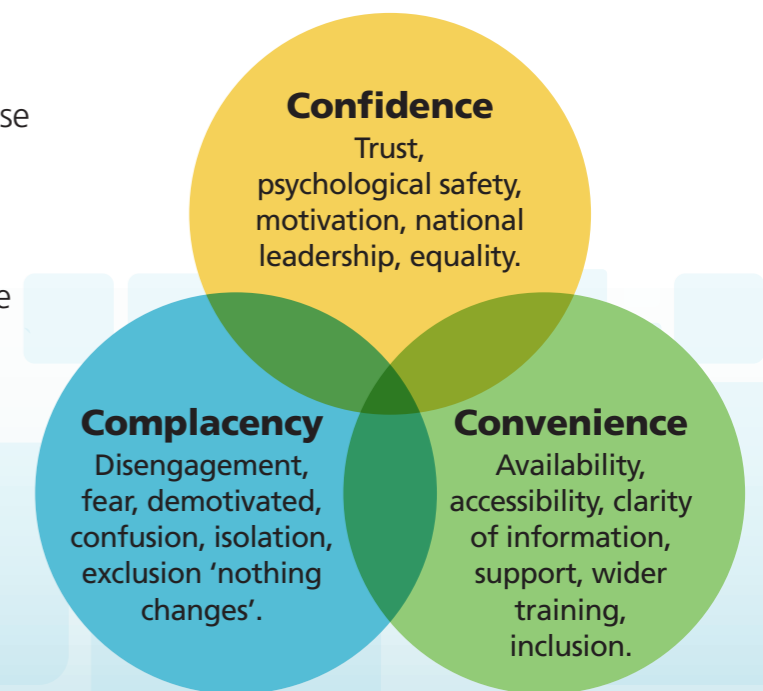
Flowchart (left)

Project Conception and Initiation

Definition and Planning

Plan · Charter · Scope · Resources · Budget · Schedule

Approval · Adjust or Cancel

Execution → Assign Tasks

Monitor Progress ← Performance and Control

Close

Sign Off · Evaluation · Documentation · Celebrate

Aims of our reverse mentoring programme

1. apping into the lived experience of staff – supporting mentors to share authentic experiences.

2. Ensure mentors develop their leadership skills through the process.

3. Ensure that mentees gain confidence and are empowered to talk about race in the NHS.

4. Lessen concerns about failure when progressing race equality in the NHS.

5. Contribute to general wellbeing of mentors and mentees so they can support race equality in the NHS.

6. Provide a stepping point for mentors interested in specific development programmes for BME staff.

7. Upskill White senior leaders about race equality standards and strategy in the NHS.

Three core challenges on race addressed by reverse mentoring programme

The areas of confidence, complacency and convenience were identified through scoping, consultation and research. All these areas are linked to workforce indicators such as grievance, disciplinaries, retention, induction, onboarding, health and wellbeing, leadership development and the Workforce Race Equality Standard (WRES).

Figure 1. Core challenges on race addressed by reverse mentoring programme

Confidence
Trust, psychological safety, motivation, national leadership, equality.

Complacency
Disengagement, fear, demotivated, confusion, isolation, exclusion 'nothing changes'.

Convenience
Availability, accessibility, clarity of information, support, wider training, inclusion.

Cohort 1, South East: Evaluation of publicity and enrolment

As a result of evaluating publicity for the programme, engagement for future cohorts has been escalated. We also found that some mentors did not feel supported by their line managers to sign up for the programme. This is being addressed by the delivery team.

**Figure 2. How did participants find out about the programme?**
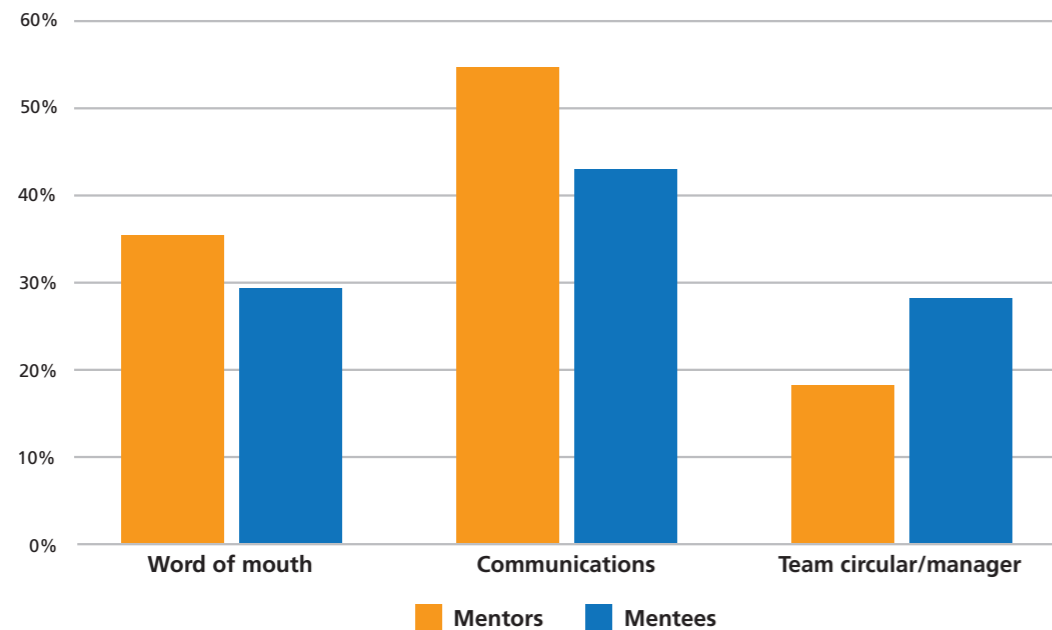
Evaluation of enrolment – main themes mentors

- While mentees said they had faith in the process that had been set up, this was an issue for mentors.
- When asked the question: on a scale of 1 to 10 how confident are you talking about your BAME experiences in the NHS with senior leaders, on average, mentors registered 8 on the scale, representing a high level of confidence.
- When asked the question: on a scale of 1 to 10, how comfortable are you with discussing your own needs (when it comes to race) with your line manager, occupational health, human resources and other workforce services, on average, mentors registered 7 on the scale, representing a mid-to-high level of confidence.
- Mentors felt they could benefit from additional guidance on what was expected from them, how to set boundaries, and the best way to think about what they were happy sharing about themselves and their experiences.
- Mentors felt that they would need additional support on speaking to senior staff, establishing boundaries and managing expectations.

What do you hope to contribute to the reverse mentoring sessions?	
Mentors	**Mentees**
Genuine interest in sharing my experience of being a BAME employee in the NHS.	Genuine interest in learning about BAME lived experience.
Gain and maintain trust of senior leader.	Upholding personal ethics and values and behaviours in the NHS.
Upholding personal ethics and values and behaviours of the NHS.	Gain and maintain trust of BAME colleague.
Time commitment.	Willingness to learn about strengths and weaknesses.
Wider discussion about BAME experience.	Empathy and listening skill.
NA	Time commitment.

What would you like to gain from the reverse mentoring relationship?	
Mentors	**Mentees**
Personal development – learning about what reverse menoring is.	Learn about different perspectives.
Provide feedback to programme developers to improve race initiatives in the NHS.	Ask appropriate questions in a space designed to facilitate understanding about race.
Answer appropriate questions in a space designed to facilitate understanding about race.	Have a deeper understanding about those I lead.
Confidence in speaking to senior leaders.	Learn about inequalities and health inequalities.
Building resilience through explaining about the BAME lived experience in the NHS.	Personal development and growth.
Gain a better understanding of the NHS EI vision of equality and diversity from a senior manager's perspective.	Connect theory with hearing about lived experience.

Figure 3. Rank in order of importance your feelings about the organisational benefits of reverse mentoring programmes
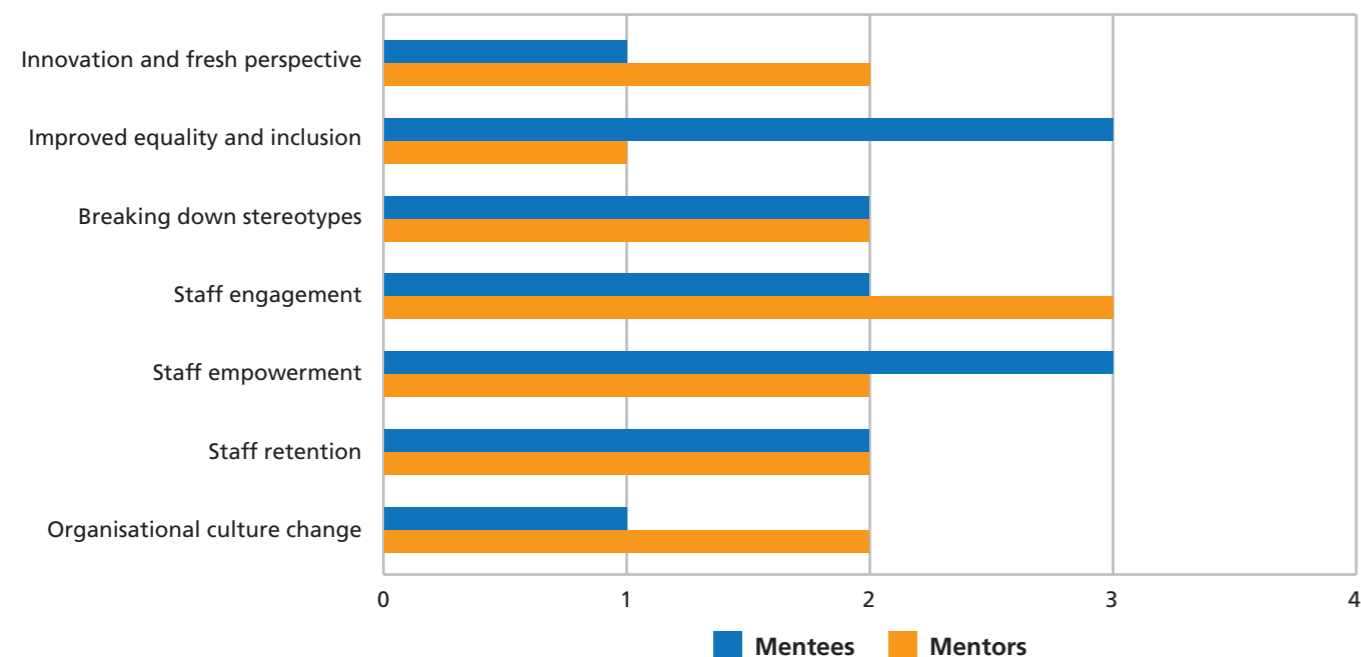
What are the main areas of work of the participants?	Mentors	Mentees
People management	55%	86%
Project management	82%	86%
Process management	72%	43%
Budget management	36%	43%
Communications	55%	14%
Data and analysis	27%	0%
General administrative	55%	0%
Support to senior manager	18%	0%
Regional oversight	0%	14%

Evaluation of enrolment main themes – mentees

- While mentees said they had faith in the process that had been set up, this was an issue for mentors.

- When asked the question: on a scale of 1 to 10 how confident are you talking about BAME related experiences in the NHS with other senior leaders, on average, mentees registered a 6. It is hoped that this figure will rise by the end of the programme as mentees gain more confidence and familiarity with BAME lived experiences through listening to mentees. When asked the same question, but this time about speaking to junior staff across professional groups, on average, mentees registered 5.

- Mentees felt they would benefit from additional guidance on the best way to ask questions of their mentors, when the subject matter was delicate.

- Mentees felt there would be a genuine opportunity to learn more about BAME lived experience through a programme that was managed and evaluated. This was important as it provided a framework for a psychologically safer space to ask questions related to race in the NHS.

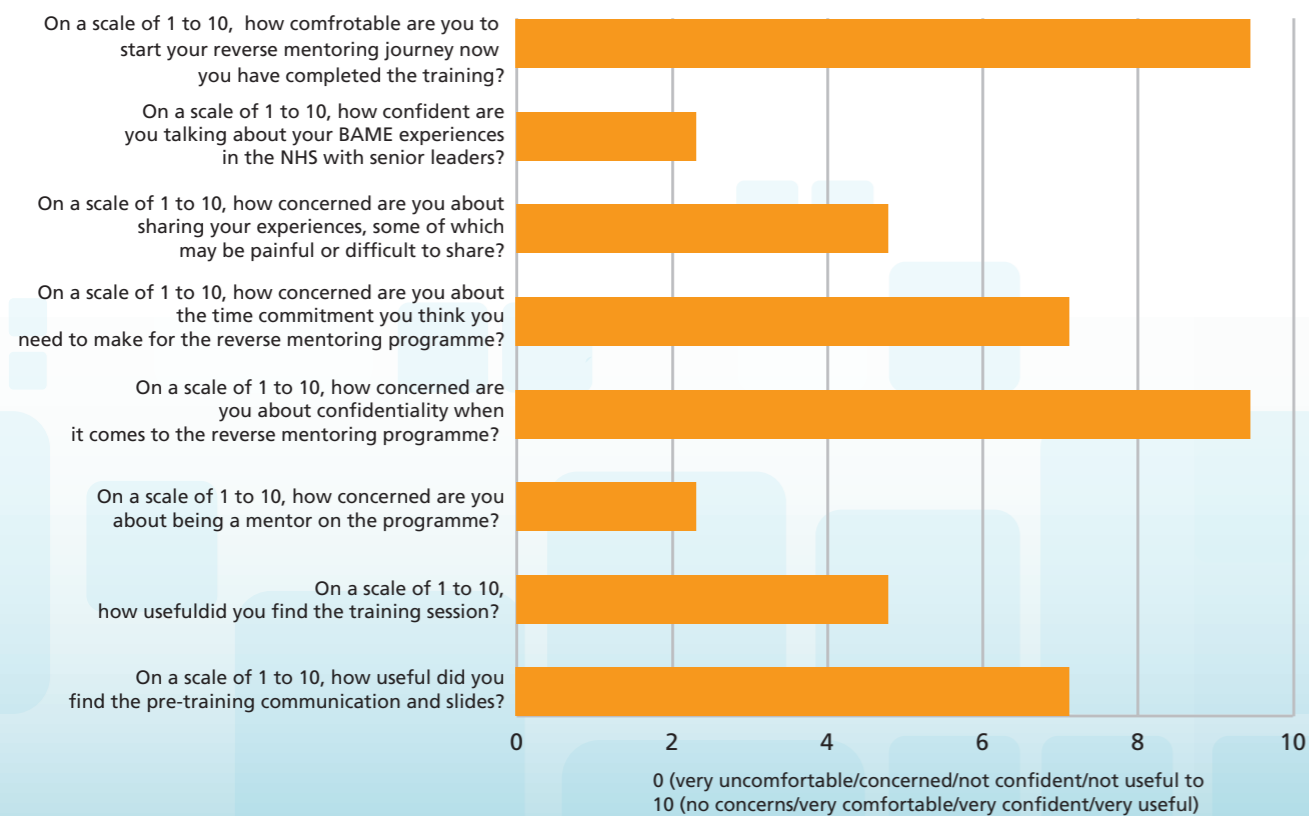# Cohort 1: Evaluation of feedback on training

In general, mentors were positive about the training session. They did the raise the following as areas they would like more help with:

1. **Provide guidance on how to structure mentoring sessions.**

2. **They would like help on arranging meetings with mentees and have a flow chart on the process for the sessions.**

3. **Support on helping mentees develop an action plan.**

4. **Signposting links and perhaps reminders for the as to the long-term outcomes and what will happen with data collected.**

5. **Would be helpful to have dates well in advance of sessions they need to attend.**

6. **Speaking to people with situational power.**

7. **General summary of other equality areas and terminology.**

Figure 4. What additional resources/guidance do you feel you need at this point to begin working with your mentee?


Chart 5. Reverse Mentoring: Feedback from mentors after training session

In general, mentees were positive about the training session. They did the raise the following as areas they would like more help with:

1. **How to determine boundaries about conversational points which would minimise discomfort for mentors.**

2. **Additional resources on race and belonging in the NHS and wider.**

3. **Support on developing an action plan for learning.**

4. **General summary of other equality areas and terminology.**

Figure 6. What additional resources/guidance do you feel you need at this point to begin working with your mentor?
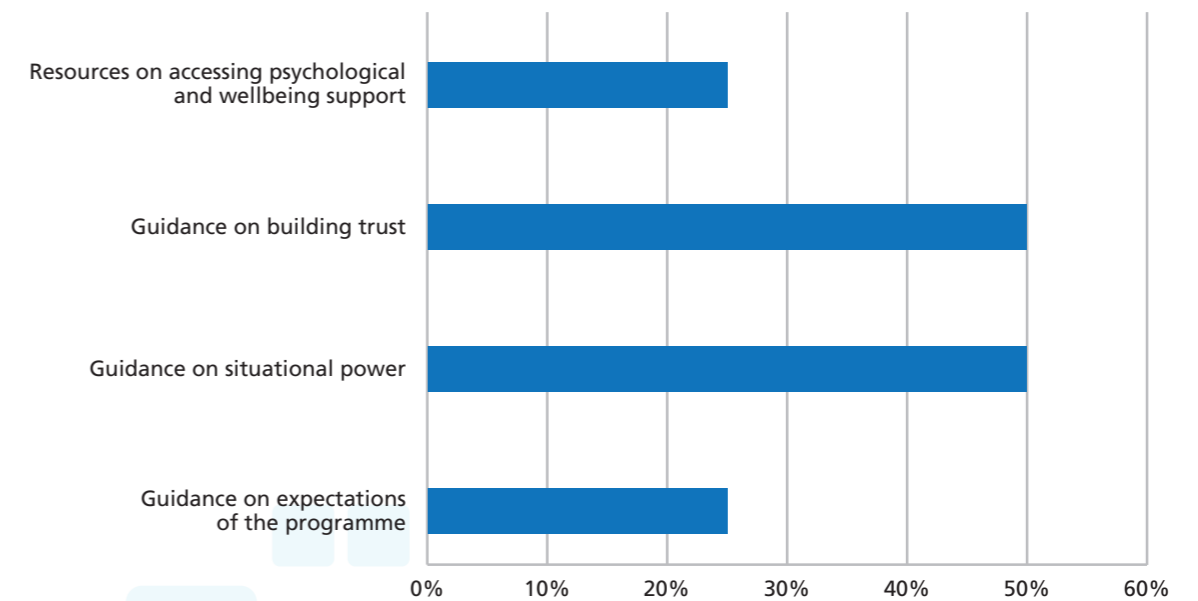
Conclusion

✓ **Over 20% of our learning comes from coaching, mentoring and developing through others.**

✓ **Most popular structured learning: mentoring; reverse mentoring; coaching; sponsorship; shadow boards.**

Research shows – people tend to gravitate towards those similar to themselves, hence there is a lack of opportunity for senior staff and junior staff to develop learning relationships, especially when there are additional differences based on race, gender, disability, sexual orientation and religion/belief. Structured approaches are important because organic connections do not always work, and people sometimes need additional support.

Evidence shows that the NHS needs to make substantial gains in diversity, inclusion and addressing workforce inequalities in order to deliver on the NHS Long Term Plan, the NHS People Plan and to abide by the Public Sector Equality Duty (Equality Act 2010). We hope reverse mentoring goes some way to support these aims.

We will be publishing reports as our different cohorts progress, and will be sharing evaluation and training across regions.

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Lead: **Cavita Chapman**, Head of Equality, Diversity and Inclusion
Programme Manager: **Gold Egele**
Authors: **Olivia King**, Regional Equality Manager
For other formats or queries contact Olivia.King6@nhs.net

NHS England and NHS Improvement – South East