NHS England North West

NHS NORTH WEST Race Equity Assembly

Manchester Integrated Care Partnership

directors of adass adult social services North West

NHS Leadership Academy North West

DRIVING RACE EQUITY

Session title: Transforming Anti-Racist Practice Through Dialogic Spaces Breaking the Silence

Workshop host: Kash Haroon, Associate NWADASS and Founder of Intelligent OD

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Background and Context

About me

- Held various public sector leadership roles
- Founder at Intelligent OD Ltd, a local OD consultancy focused on building capability in teams Vs reliance on external consultants
- ADASS Associate supporting various projects

About the work

- Designed to build inherent capability within leaders to be more anti-racist, using an organisational development approach
- Designed and delivered regional anti-racist leadership workshops for staff group network members and leaders to attend

Session Objectives

- Get honest, in a **genuine safe space**, about what's blocking their own anti-racist leadership practice, and see where those blockers are shared across the room and where they differ
- Understand how creating **real proximity** to a colleague's lived experience makes **honest conversations** and **leadership action** possible
- Leave knowing **how to have a real conversation** about anti-racism in their own organisation, using our learning

Answering Your Pre-Event Questions

1	anonymous	in times of increasing tensions ho do we tackle the rise in racist behaviour whilst maintaining dignity and respect
2	anonymous	How do we embed the voice of lived experience into policy and practice, without engagement being tokenistic.
3	anonymous	• How can systems and partnerships use dialogic safe spaces to drive collective action on race equity, rather than change within individual organisations alone? • Can you share an example where dialogic practice led to tangible organisational change?
4	anonymous	We have taken an unapologetically anti-racist position as a Trust, achieving Bronze status under the NHS Race Equity Assembly's Anti-Racist Framework, and have adopted a 'zero tolerance' approach to all forms of racism. However, in practice I'd like to understand how organisations support staff in implementing / following this zero tolerance approach, for example in a busy ED when someone in need of medical care is acting in a racist way.
5	anonymous	How can we effectively translate anti-racist principles into measurable actions within our everyday roles?

1. What are the most effective measures of success when implementing race equity initiatives, beyond representation and workforce demographics? 2. Can you share examples of practical changes that have led to measurable improvements in staff experience or patient outcomes for ethnically diverse groups? 3. What barriers do organisations most commonly face when moving from discussion and strategy to meaningful action, and how can leaders overcome them? 4. How can clinical leaders ensure that the voices and lived experiences of staff and service users genuinely influence decision-making and service development? 5. What advice would you give to middle leaders who want to drive race equity but may have limited authority or resources? 6. How can organisations maintain momentum and accountability for race equity work during periods of operational pressure and competing priorities? 7.How can clinical leaders effectively translate race equity principles into everyday practice and ensure that improvements are sustainable and measurable across teams and services?

1. From commitment to practice
How do we move anti-racism from policy, frameworks and good intentions into everyday behaviours, decisions and ways of working?
2. Voice, power and leadership
How do we ensure lived experience genuinely shapes decisions, while helping leaders at every level challenge racism, influence the system and act with confidence?
3. Impact, accountability and sustainability
How do we know the work is making a difference, hold people and organisations accountable, and maintain momentum when pressure, priorities and resources compete?

Design Principles

These have been developed retrospectively, deconstructing the activities that have led to impact and capability building.

Creation of a contracted shared space	Demonstrating psychological safety	Storytelling to create deliberate proximity	Nurturing honest, non-performative dialogue	Practising attention that generates the thinking

Theoretical Underpinnings:

Edmondson, 1999. *Safety is a climate, built between people by design. Ours: reciprocal mentoring, where kindness means naming our own biases, and hearing them named.*
Kahn, 1990. *Whole selves at work. For many staff, a daily choice: be fully known and risk rejection, or filter to fit in.*
Bushe & Marshak, 2015. *Systems change when their conversations change. Spaces like this exist to examine the narratives we carry. To confront and be confronted.*
Kline, 1999. The quality of our thinking depends on the quality of the attention we're given. Ours: uninterrupted pairs, where the listener's only job is attention, not advice.

The Contracted Shared Space

The space we're creating today is intentionally designed as a safe learning space for genuine dialogue, sharing experiences and asking questions. We want to be clear about what is being nurtured:

Genuine curiosity over performative action: We're not looking for the "right" answers or polished statements. We want real questions, honest reflections, and authentic engagement.

Humility in exploration: None of us have this figured out completely. We would not be here if we did. Today is about learning together, acknowledging what we don't know, and being willing to be vulnerable and uncomfortable.

Permission to get it wrong: This is a space where you can ask the questions you're genuinely wondering about, even if they feel awkward or imperfect.

We'll hear directly from the leadership community about their experiences. But this conversation belongs to all of us.

Demonstrating Psychological Safety

Two responsibilities at the centre. Equitable access to adult social care for every Trafford resident, and understanding the whole person so people get a genuinely good outcome.

The talent is already here. People have not been afforded the opportunity to work at the level they are capable of. The most senior Black person in the structure is an opportunity problem, not a talent one.

Personal why. From a large multi-ethnic family, giving perspectives and growth that would not otherwise have had.

- Cemented commitment to this work and welcomed everyone
- The CEO wants all staff to enjoy their roles, feel supported, and be comfortable in teams.
- Pride in the intention behind the work and in the differences that can be celebrated.
- There was a direct ask of the staff to speak up

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What We've Learned Together So Far

Authentic relationships matter more than perfect processes.

Senior leadership visibility and vulnerability drives real change.

Networks provide safety, but action requires stepping outside comfort zones on all sides.

Systemic change needs both **individual awareness** and **structural change** framed through **dialogue**.

Data and accountability frameworks must support, not replace, human connection.

Allyship is earned through sustained action, not claimed through declaration.

The emotional and cognitive labour of underrepresented leaders is real and must be actively reduced.

Brave spaces for dialogue require leaders to **model vulnerability first**.

"I'd say maybe I've been ignorant of the fact that the colour of my skin is different than everyone else's, but this year especially, it's the first time in my career in my life, really, that there's ever been a question where I'm safe going into somebody's house and that's scary."

The Cost

Thick skin as a job requirement.

Your name, mispronounced, again.

Explaining your trauma to educate your colleagues.

The flags went up overnight…

"I hate driving down my street now“ - flags appeared at 2am in pouring rain, lads on top of cars, no choice given to residents” and named the feeling: "You don't belong here. You're not welcome here.“

White colleagues broke their silence: Admitting she'd "never been so grateful my daughter has blonde hair and blue eyes";
Another feeling "embarrassed" driving past eight flags near her mum's house;
Another unfriending people she "never thought would have those views."

The breakthrough wasn't finding a solution, it was “permission to name the discomfort from all sides”: white colleagues' fear of being called racist if they speak, staff of colour's exhaustion from having to explain again, the shared recognition that "most people aren't actually racist but they've got this problem they want sorted" while being fed propaganda.

This created the conditions for a further challenge: "If we want to learn and grow, we need to be comfortable saying the wrong thing and learning from it“- and for the room to ask collectively: "How equipped do we feel to go back to our workplaces and do this? Or are we just going to stay quiet?“.

Staff Experiences

1

Microaggressions
Years of microaggressions and intrusive "is this normal for your community?" questions. Overheard by colleagues, left unchallenged.

2

Harassment on a visit
Touched and racially abused on a long-term home visit. No procedure in place to support her. She signed off sick.

3

Abuse on duty
Called a racial slur on a duty visit, with a white colleague silent. The conflict of still having to support him.

4

Front Line Worker
Competence read as a threat. A manager phoned her service user to fish for criticism. The service user was full of praise. This person had to stand her ground.

“I am more than what he thinks I am”

5

Not an interpreter
Left to challenge a racist joke alone. Bilingual staff used as unpaid interpreters, no policy, clients' rights at risk.

Building Anti-Racism as a Capability

Knowing: What, as a minimum, does an anti-racist leader need to understand/know?

Doing: What are the skills and activities needed for success?

Being: What is the optimal professional mindset and personal values for sustained improvement?

Building Anti-Racism as a Capability*

Knowing: What, as a minimum, does an anti-racist leader need to understand/know?

1. We know our **communities** and their **contributions** to Rochdale
2. We understand how **our experiences** shape our leadership
3. We **recognise systemic patterns**, not just individual incidents
4. We know our **pipeline** and **succession** data

Doing: What are the skills and activities needed for success?

1. We are **authentic** in our approach to **know our people**
2. We practice **professional curiosity** and exercise our discretion with accountability
3. We **actively develop diverse talent** through unconventional means
4. We adapt our **daily practices** for inclusion
5. We **challenge bias** without confrontation

Being: What is the optimal professional mindset and personal values for sustained improvement?

1. We are **genuinely curious** about people
2. We are **open to challenge** and **reflection**
3. We are **willing to break convention** when it's right
4. We **model the behaviour** we want to see
5. We **create belonging**, not just inclusion

Where is my organisation / team strong?

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*Taken from the anti-racist leadership programme at Rochdale Council

Having Conversations about Anti-Racism

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Let's talk about something contested

Teabag, Water,
Wait, Milk at the end

Milk at the start, teabag
Water, Wait

Milk in first or last?

Putting the milk in first or last is a much debated subject—milk going in last has often been seen as the 'correct' way in snobbish circles. This is probably due to the fact that the bone china of the wealthy could easily withstand the hot tea, whereas inferior quality tea cups may have cracked so often the lower classes would add milk first to cool it down.

Having Conversations about Anti-Racism

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A colleague says of a candidate, "great on paper, but I'm not sure they'd be a good **fit** for the team"

Challenge openly

Challenge privately

A colleague says of a candidate,
"great on paper, but I'm not sure they'd be a good **fit** for the team"

Probe the criteria

Let it pass

A team member tells you a patient refused their care because of their ethnicity.

Report it formally

Handle it in-team

A team member tells you a patient refused their care because of their ethnicity.

Comfort them

Take no further action

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CLOSING SESSION

Please return to the main auditorium for the closing remarks. Thank you

Please don't forget to complete the event evaluation at the end of the day.

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