



OFFICIAL REPORT
AITHISG OIFIGEIL

DRAFT

Equalities and Human Rights Committee

Thursday 10 September 2020

Session 5



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EQUALITIES AND HUMAN RIGHTS COMMITTEE
16th Meeting 2020, Session 5

CONVENER

*Ruth Maguire (Cunninghame South) (SNP)

DEPUTY CONVENER

*Alex Cole-Hamilton (Edinburgh Western) (LD)

COMMITTEE MEMBERS

*Mary Fee (West Scotland) (Lab)

*Alison Harris (Central Scotland) (Con)

*Fulton MacGregor (Coatbridge and Chryston) (SNP)

*Gillian Martin (Aberdeenshire East) (SNP)

*Alexander Stewart (Mid Scotland and Fife) (Con)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Carolyn Anderson (Skills Development Scotland)

Agnieszka Davren (Scottish Qualifications Authority)

Nigel Firth (NHS Grampian)

Sarah Leslie (NHS Ayrshire and Arran)

Fergus McMillan (Skills Development Scotland)

Christopher Smith (NHS Tayside)

Mélina Valdelièvre (National Association of Schoolmasters Union of Women Teachers)

CLERK TO THE COMMITTEE

Claire Menzies

LOCATION

Virtual Meeting

Scottish Parliament

Equalities and Human Rights Committee

Thursday 10 September 2020

[The Convener opened the meeting at 09:00]

Race Equality, Employment and Skills Inquiry

The Convener (Ruth Maguire): Good morning, and welcome to the 16th meeting in 2020 of the Equalities and Human Rights Committee. Our first item of business is our second evidence session on race equality, employment and skills. We have two panels. I am very grateful to all witnesses for their attendance today.

I welcome our witnesses on the first panel. Sarah Leslie is a human resources director at NHS Ayrshire and Arran, Christopher Smith is deputy director of workforce at NHS Tayside, and Nigel Firth is an equalities and diversity manager at NHS Grampian.

We will move to questions shortly. I ask members, please, if their question is addressed to a specific witness, to identify that witness by name. Otherwise, we will work to the order in which the witnesses appear on the agenda. If you feel that you have nothing to add in response to a question, please do not feel the need to speak; you can simply say that that is the case. I will then go back to the member for any follow-up questions. People should allow the broadcasting staff a few seconds to operate their microphones before beginning to ask a question or provide an answer.

I will ask the first question. What has been the short-term impact on race and employment of Covid-19, of the measures that have been put in place to deal with it, including lockdown, and of the Black Lives Matter movement? How do we plan for the medium and long terms? The committee is interested to hear whether the witnesses' organisations have made any specific plans that take account of Covid-19 for their minority ethnic staff. I ask Sarah Leslie to answer first.

We seem to have lost Sarah Leslie, so we will go to Christopher Smith.

Christopher Smith (NHS Tayside): Thank you for inviting me.

There have been two responses to Covid-19 in relation to black and minority ethnic staff. The first has been provision of safe work through workplace assessments and ensuring that staff

are working safely with minimum possible risk. That has included moving staff from areas that we in healthcare call red zones to safer areas.

The second response has been an acknowledgement of the psychological impact on staff mental health and wellbeing of what they hear and read about in the press. We provide, over time, emotional and mental health support to staff through occupational health, counselling and wellbeing services support.

In response to the pandemic, NHS Tayside has developed a black and minority ethnic network in order to provide that distinct staff voice within the organisation. People can share their experience not only of Covid-19 but of their whole staff journey, so that the organisation can learn, adapt and respond to what that distinct and specific voice is telling us.

The Convener: Do you have examples of changes that have been made as a result of issues being raised through that forum, or is it too early to say?

Christopher Smith: It is a bit early to say. Initially, the forum was driven very much by the need to make sure that we had a structured and consistent response to Covid-19 that took on board the information and evidence that was coming out in relation to black and minority ethnic groups. However, I think that the network can be used to build on that, so that that particular voice is heard in the organisation. It is valuable.

The Convener: Thank you.

Nigel Firth (NHS Grampian): I certainly agree with Christopher Smith on measures. Our risk assessments for individual staff take into account additional risk factors that are associated with black, Asian and minority ethnic staff. Psychological support is provided for staff; obviously, the Covid-19 crisis poses many challenges, not the least of which is its psychological aspects.

We are also just developing our support network. We have had a series of meetings with the University of Aberdeen, with which we are looking to put together a joint network. A lot of black, Asian and minority ethnic medical students are receiving training in our hospitals, and we are concerned to make sure that they have a network, a voice and support mechanisms as well.

Fulton MacGregor (Coatbridge and Chryston) (SNP): Good morning, panel. I do not know whether you are aware of last week's committee meeting, but I will follow up on a line of questions that I asked then about institutional racism. Do you consider that to be an issue in your organisations? If so, what actions are being taken to tackle it?

The Convener: We have temporarily lost Sarah Leslie, so we will go to Christopher Smith, first.

Christopher Smith: There are three aspects to that. One is having in place the correct recruitment processes and policies, which will have been assessed for their equalities impacts. In the national health service, we have recently introduced a new process on that, through Jobtrain Solutions.

The second element is training—especially for managers and people who make key decisions, including recruitment decisions. Managers receive training so that they can avoid issues such as unconscious bias.

Thirdly, there is the broader culture of the organisation. A culture that is inclusive and that embraces diversity as a strength within the organisation must be developed. In NHS Tayside, we have developed a network of diversity champions to promote that message, and they are spread across the organisation. A combination of culture, training, clear policies and equalities impact assessments is the approach that our organisation is taking.

Fulton MacGregor: That was a good overview of the policies and practices that you have in place in NHS Tayside; I know that the situation will be similar in some other NHS boards. By having those policies in place, are you accepting, as an organisation, that institutional racism is prevalent and is a factor, and that that is why you have those practices?

Christopher Smith: As an organisation, we have to be constantly on our guard and to be constantly proactive in what we do in relation to those issues, in order that we can address them. That is why it is important not just that we focus specifically on recruitment and recruitment training, but that we do something for the broader culture of the organisation to ensure that the whole culture embraces diversity and inclusion.

Fulton MacGregor: I am not sure whether Sarah Leslie is back online. If she is, perhaps she can comment specifically—the other panel members might also want to comment—on whether there is an understanding that institutional racism is a factor and say a wee bit about the policy or policies that are in place to tackle it.

The Convener: I will bring in Nigel Firth on those questions, first.

Nigel Firth: I do not recognise the term “institutional racism” with regard to NHS Grampian. There is a massive amount of formal monitoring, courtesy of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, in recruitment, training and promotions. We are thorough in our application of fairness and

equality, and we have a comprehensive training programme. In the previous financial year, we did face-to-face training with more than 2,500 of our staff.

We also have the NHS knowledge and skills framework for care staff. For the vast majority of staff, that is mandatory. One of the six core elements of the framework is equality and diversity. We also carry out equality and diversity impact assessments for our policies, strategies and reorganisation proposals, which is required of all public bodies in Scotland.

We are only as good as our weakest link. We must have layer after layer of people who know what is acceptable and what is not. That is the intention of the training. Racism is an exceptionally corrosive and destructive force. Under the Equality and Human Rights Commission’s definition, 50 per cent of our workforce are members of an ethnic community, so we are anxious to address any issues, and we do.

Are incidents underreported? I think that they are. For example, a patient makes racist comments to a clinician, but the clinician deals with it and does not report it. There is an issue not with formal monitoring but with regard to some day-to-day interactions. We are currently putting in a lot of work and effort into that area.

The Convener: All those outputs are important. However, you said that 50 per cent of your workforce are black and minority ethnic. What is the make-up of your organisation’s senior management team?

Nigel Firth: We have a wide range of people of different ethnicities at the senior level within the organisation. That is the kind of information that I submitted to the committee. We are a diverse organisation, and not just in terms of race. Our senior management team is split 50:50 between males and females, as is our board. We are very much aware of the need for that.

Every time a board position becomes available, I get early notification of it—I circulate the information through our network and our partner agency, the Grampian Regional Equality Council, and we actively encourage applications from people of different and diverse ethnicities. We are very keen to do that, because we have to represent the society in which we live. In Grampian, our local ethnic communities make up approximately 15 per cent of our population, and we are very much aware that we have to reflect the local ethnicity make-up.

The Convener: Thank you. That is helpful.

I welcome Sarah Leslie, who is back online. Did you hear the initial questions? Shall we repeat them?

Sarah Leslie (NHS Ayrshire and Arran):

Please repeat them for me. That would be much appreciated. Thank you.

The Convener: Fulton MacGregor can repeat his questions.

Fulton MacGregor: Welcome back, Sarah. The question is on institutional racism. First, what role do you think it plays in your organisation, and, secondly, what actions has your organisation taken to address it?

09:15

Sarah Leslie: Thank you for the opportunity to respond. NHS Ayrshire and Arran acknowledges that our workforce has a higher density of medical and dental colleagues who are from BME backgrounds. However, from looking at diversity in our workforce, we see that there is still much to do to engage with communities and to position NHS Ayrshire and Arran—and NHS Scotland—as good places to work, with good career opportunities.

We have policies and procedures, and we deal with incidents of racism in a proactive and supportive way. We are actively doing work for hate crime awareness week by running a series of webinars that draw attention to the importance of the issue, to the fact that there is a zero tolerance approach to racism and to the fact that, as a board, we view diversity as a rich opportunity, because if our workforce represents our communities we deliver better services because we have a greater understanding of the needs of those communities and how to engage with a mix of groups.

We absolutely have a role to play in the response to institutional racism. As a board, we are doing community work through our local authorities. We are engaging with the headteachers of our three councils and are trying to break perceptions about working in the NHS. We speak to primary school kids and high school kids to demonstrate the broad range of careers in health and social care. That work is really important, because if young people understand that the NHS is a good place to work, and that it has opportunities through our educational links to local colleges, people are more likely to apply.

Our application rates for people from BME backgrounds are probably lower than we would wish for, other than in medical and dental roles. From our stats, probably about 14 per cent of people who apply for medical and dental roles are BME, which is really good. However, our throughput in others grades of post could be much better. We have a role in support, and we have to look at that through our partner agencies. We have to set the right culture and tone, which is that the organisation does not tolerate any form of

racism or discrimination. We actively campaign, support and engage in order to deal with those issues and to help to create a culture and environment that will mean that people will want to work with us.

Fulton MacGregor: That was a really reflective and open answer.

The Convener: Alex Cole-Hamilton wanted to come in on a couple of specifics, but I think that we have moved on, so I will ask him to mop them up when I come to his questions.

Mary Fee (West Scotland) (Lab): This is not the first time that the committee has looked at race equality, and there have been varying degrees of success in the things that we have looked at. It has been suggested to us that a more effective approach would be to have a public accountability event at which public bodies would attend evidence sessions, be scrutinised by both the committee and equality organisations and go into a bit more detail on what they do and the situation in relation to diversity in their workforce. I am keen to hear the panel's views on such an event and whether you believe that there would be benefit in holding one.

Sarah Leslie: That suggestion is incredibly powerful and it reflects where we are as a public sector community in Scotland. We need to try to move from single engagement to broader engagement, working with local authorities and the voluntary sector to do large-scale events using webinars and such technology, which are benefits of Covid, to achieve a bigger outreach.

We need consistency in how we are working together. One of the benefits of joining the committee today has been hearing about the breadth of different experiences that organisations are working with. The opportunity to share learning, to engage constructively with communities and to answer the public test—asking others what they are doing and presenting our views—is complementary to building our engagement and improving our services in NHS Scotland by including local populations and groups and hearing things truthfully as they are.

As part of our engagement approach, we would welcome the opportunity to learn and work with other colleagues across public sector bodies.

Christopher Smith: I agree with what Sarah Leslie has said. There is an element of challenge as to what we are all doing, and there is also the question of how we support one another across a range of bodies in both the third sector and the public sector, and how we learn from our experiences. There is a developmental element to it.

There is an element of challenge to public organisations as regards what they are doing and what more they could be doing, and there is also the support and development that enables or facilitates that. That is mutually beneficial for both public sector organisations and other groups that have a particular interest in the area.

Nigel Firth: [*Inaudible.*]—Equality and Human Rights Commission, and we have Scottish organisations working through the health board. In NHS Grampian, we do five large-scale involvement events each year with our local ethnic communities, and we gather a lot of information at those events. They are very much listening sessions and there is a two-way exchange of information. I must be perfectly honest about it: we use the same location to try and recruit members of our local ethnic communities. We take literature with us and we plug NHS Grampian as a very good employer.

I would warmly welcome a formal review by a Scottish parliamentary committee. My personal view is that the more scrutiny we have, the better. We are public bodies and we spend public money. We are required to be exemplars of good conduct in every field, and I think that having such a review would be a positive arrangement.

I am not sure whether you would want to do that collectively with every public body or perhaps do it with small groups—you could have two or three sessions with two or three health boards, for instance—but you should do it on a scale that would be meaningful. If you had 60 organisations using Teams, BlueJeans or whatever, I doubt that it would be effective scrutiny. Perhaps there are too many public bodies in Scotland for you to do reviews with them individually, but if you worked with three or four health boards at a time, say, and you had thorough pre-visit, pre-interview or pre-meeting questionnaires, it would fulfil a valuable function. I am very supportive of that idea.

Mary Fee: I thank the panel for their responses. I was particularly interested in the responses from Christopher Smith and Nigel Firth, which touched on a certain element of the subject. I do not have a concern about holding such an event, but, before we went into it, we would need to be clear about the objective and what we wanted to get out of it. Unless we were clear about that, it would become an event—“talking shop” is perhaps too loose a phrase—at which everyone talked about what they did and what they could do, then everyone went away and nothing happened.

Christopher Smith spoke about the developmental element of such events, which is really important, and Nigel Firth touched on the work that he does before such events that targets what he wants to get out of them. That would be a really good thing to do. Before I ask my next

question, would either of you like to make any other comments on that?

Nigel Firth: The preparation is everything. It is important to measure and assess the key elements and to keep it focused. If it is focused on the key elements, what comes out will be incredibly valuable.

I would also like to think that it would be a forum where people would not be defensive and that the aim would be to ask what we are doing well and highlight areas for future work. As long as it was kept within a positive frame, it would be valuable.

Christopher Smith: I broadly agree with Nigel Firth. It is about having clear objectives and trying to get positive outcomes, rather than the event being one where people try to explain or justify actions that have been taken. Everyone should gain something from the developmental aspect.

Sarah Leslie: I want to convey the importance of having an outcome and perhaps shared outcomes. We have a series of commitments and ambitions for Scotland and for public bodies, and we are setting that out as a direction of travel. There is also an accountability arm that asks where we are, how we are progressing and what wraparound support there is given the resources, expertise and networks that underpin that, so Christopher Smith’s comments are wise. We need to read the game, and we need to have that ambition for Scotland and our BAME communities, which is something that we should be collectively accountable for.

Mary Fee: I will move on to look at the make-up of your staff, because there is a mixed picture from public authorities about helping and encouraging minority ethnic communities to move into work. Nigel Firth said that 50 per cent of his staff in NHS Grampian are from a minority ethnic background. I am keen to hear a bit more about how each panel member encourages minority ethnic staff into their organisation. What steps do you take to do that? Where do your organisations currently sit?

The Convener: I point out that we are halfway through our evidence session and a number of members are still to ask their questions, so I make a plea for folk to be succinct.

Sarah Leslie: On outreach, we have an active clinical development fellow programme, which does targeted work with BAME groups and access into medicine. We work with schools through the three local authorities in Ayrshire. We have set up an established link with the Ayrshire Chamber of Commerce. In relation to specific ethnic groups, we have a relationship with the Council of Ethnic Minority Voluntary Organisations, but we have to re-establish some of those links in relation to engagement and activism, looking at how those

groups form, whether they have reformed and whether there are new ways of working.

We have to look at the power of technology through the lenses of young people. Our efforts in engaging with young people are quite historical—they involve, for example, bulletins and newsletters. We know from working with young people that such types of engagement will generally not reach them. From a BAME point of view, we need to talk to the communities, understand what is hitting, use the tech and be young-person friendly. All public sector bodies need to move on with that in relation to the change of pace and design.

Christopher Smith: I agree with Sarah Leslie. In Tayside, it is about linking in with the local authorities and their engagement activities through our employability programmes; linking in with groups such as Amina Muslim Women's Resource Centre to promote that; and, as an outcome, giving people guaranteed interviews to enable them to have opportunities.

Through our networks, we are trying to have that voice with black and minority ethnic staff about working in NHS Tayside. Although some of it is about recruitment and people coming into the organisation, it is also about what happens once they are in the organisation. That touches on the discussion about development, appraisal and career progression. We try to give that distinctive voice and not just listen passively, but expect challenge from that, and also be able to respond.

09:30

Nigel Firth: [*Inaudible.*—the high standard of healthcare in the 21st century, we have to recruit worldwide.

Because 50 per cent of our staff are members of a black, Asian or minority ethnic community, they are often our best recruiters. If somebody is applying from outwith the European Union, there will often be a phone call to friends or former colleagues who work in NHS Grampian to ask what it is like as an employer, what the workload is like, what the quality of life is and what the schools are like. Our ethnic community staff are major recruiters.

We are also fortunate in that, on the Foresterhill site, we have the University of Aberdeen medical school, which is a world-renowned facility. We also have Robert Gordon University, which has a substantial number of overseas students. That is a great boon and assistance to us in recruiting doctors, nurses, physiotherapists and allied health professionals, many of whom are from different ethnic backgrounds.

Going back to local involvement events, I note that making contact with our local ethnic communities and promoting NHS Grampian as a good employer is very positive for recruiting staff. Until very recently, a serious issue in Grampian was that, according to our research, the employers of choice for many members of local ethnic communities were oil industry companies, because of their substantially higher wages. As the oil industry is now in deep recession, many members of our local ethnic communities are looking around at career opportunities and we have taken the opportunity to push NHS Grampian as a good employer.

All our statutory reports help to reinforce the fact that we are a fair employer. When we put into the public domain things such as our ethnic make-up, the ethnicity of people who are being promoted and our training opportunities, that reinforces public confidence, especially among the BAME communities.

The Convener: I think that Gillian Martin wants to expand on some of those areas.

Gillian Martin (Aberdeenshire East) (SNP): I want to pick up on positive actions. Many witnesses have mentioned positive actions that they have used or are still using. How do you assess the effectiveness of any of the positive actions that you use, not just in terms of recruitment, but in terms of retention and progression, which has been mentioned? Do you monitor the effects of the positive actions that you have taken?

Sarah Leslie: When it comes to the evaluation of our metrics, we do scrutinise our data. What we have not done—I think that this is an area for development—is map career journeys. That would involve looking at individuals who have come into posts in NHS Ayrshire and Arran and asking what their progression has been and how things are going in terms of development and succession. For example, if a new student nurse graduates and gets her first job, what longitudinal analysis is done of that career pathway? We have to do more.

Our turnover profile in our local communities is very low. When people come to work in NHS Ayrshire and Arran, they tend to stay, which is really good. However, your point is that we focus on the supply side. What we have not done, and what we need to do better, is to map the experience from the point of recruitment to the point of leaving through either retirement, promotion or succession. What happens? On the challenge about metrics, thinking of a different scorecard would be helpful and timely.

Christopher Smith: [*Inaudible.*—that we do actions. We could do further work to see the

demonstrable positive effect that that has and what we can learn from that. For instance, we provide training for particular groups. In NHS Tayside, we give people in our interpretation and translation service accredited training at diploma level so that they are provided with a qualification. Does that have an absolute effect in enhancing NHS Tayside's reputation as a good employer for black and minority ethnic staff? We need to be a bit more sophisticated in relation to some of the metrics that we have and what we do with them.

Nigel Firth: Under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, which is a superb piece of legislation that was produced by the Scottish Parliament, we have to produce an annual equality and diversity workforce monitoring report. That report shows the ethnic make-up of NHS Grampian and the ethnicity of new starts and leavers, and it is a good indicator of whether our retention policies are fair. If the report highlights anomalies, we go into great detail to find out why there are those anomalies. We also have a system for exit interviews.

In the past few years, there have been far more new starts than leavers in each category. We look at exit interviews because we want to know the who, what, when and why. If someone is retiring or leaving the organisation for promotion, that is fine. If they are leaving for another reason, we ask them nicely what that reason is, because we want to know.

The Convener: That is helpful. Gillian, are you content with those answers?

Gillian Martin: I have one further question. We spoke to representatives of equalities organisations last week, and quite a lot of them said that they had never been invited by a public body to do an assessment of what was effective. How have you engaged with external, third sector equalities bodies to allow them to cast their eye over the processes that health boards have used and their effectiveness?

Sarah Leslie: [*Inaudible.*]*—the equality impact assessment process—*

The Convener: I am just going to pause you for a moment. I remind witnesses to allow a beat—a couple of seconds—for their microphone to be turned on, because we are missing the first words that you are saying. I am sorry to have interrupted you, Sarah.

Sarah Leslie: We have the equality impact assessment process. When we develop strategies and policies, we carry out an EqIA and engage with groups and stakeholders. That is the mechanism that we use.

On Gillian Martin's point about qualitative experience and feedback, we are trying to set up a

BME network, which will include our staff and will be based on some of the really good experiences in NHS Scotland. NHS Greater Glasgow and Clyde has an active network and we know that, when we bring people together to talk about experiences, that informs policy. The EqIA process and the establishment of that network will give us the richness of feedback to allow us to do more and be better.

Christopher Smith: I do not recall having asked groups to come in and do that kind of assessment in Tayside. That will be valuable because, as Sarah Leslie said, the stories and experiences of staff—and people who will potentially become applicants, candidates and members of staff—are probably the most impactful thing in helping us to gain understanding.

Each health board works within a national context. Much of the work that we do, as well as the framework that we operate within, is nationally constructed, so it is about how we work closely with the Scottish Government to take that work forward.

Nigel Firth: In NHS Grampian, we are fortunate to have the Grampian Regional Equality Council, which is a partner agency for race-related matters. Its chief officer sits on our racial equality working group and it is an integral part of our work. It is closely involved in all our activities including our involvement events, which are facilitated by the Grampian Regional Equality Council and held on a joint basis.

The Aberdeen International Centre was also an integral part of the work that we do but, unfortunately, that organisation ceased to function for financial reasons. The Grampian Regional Equality Council is there to pat us on the head when appropriate but also to tell us promptly if it thinks that there are things that we are not doing. It is a useful and supportive organisation, and it gives that external, day-to-day scrutiny of what we do.

Alex Cole-Hamilton (Edinburgh Western) (LD): I have two specific questions for Christopher Smith that follow up on his earlier remarks. After that, I have two broader questions for the panel, but I will be succinct.

Christopher, you said in your opening remarks that your health board had started moving minority ethnic staff out of what you described as Covid red zones. What level of consultation takes place in that process? Is it a paternalistic move or is it done in co-production with the affected staff? I ask because I know many minority ethnic members of the NHS workforce who are very proud of what they do in Covid red zones. Could you explain that to us a bit more?

Christopher Smith: I think that I said that part of the response to Covid-19 was workplace assessments with staff on potential risk that might relate to the work environment that they are in and the kind of work that they do. The outcome of that might be a temporary move from a particular area, such as a red zone, into a green zone, but, if that happened, it would be a temporary move and would first require discussion of a number of other elements with the member of staff.

Alex Cole-Hamilton: Thank you. That answer was helpful and clarifies things. I have another question that is specifically for you. You mentioned the creation of a black and minority ethnic network within the health board. That is great and to be applauded but, once such a network has been set up, we sometimes park the issue and forget about it. What interface does that network have with the board so that it can take meaningful action on the things that the network raises?

Christopher Smith: We want the network to have a close link with our staff governance committee, which is the standing committee within the board for issues to do with the workforce. It should not be a passive network that just says things and is tokenistic; it should be a network that has influence, that is able to challenge the organisation and to which the organisation needs to respond. One would like to think that the board, as part of its scrutinising role, would wish to ensure that the organisation had listened to the particular, distinctive voice of that group and of other networks that we hope to create.

Alex Cole-Hamilton: Can you give us an idea of the issues that that group has raised?

Christopher Smith: At the moment, as I said earlier, it is very much focused on the Covid-19 response. In our submission, we talked about issues such as involving the network in a reverse mentoring scheme and how it can work with us in co-creating that.

09:45

Alex Cole-Hamilton: My final question is a double-header and is for all the panellists. First, how do your organisations ensure that when you go through recruitment, you have a clear way of identifying why people are unsuccessful at application? Secondly, do you think that we should be legislating to improve minority ethnic representation on our public boards?

Sarah Leslie: When it comes to analysis of unsuccessful applications, we do a look back to ensure that the competencies for the post are absolutely suitable. For individuals who continuously apply for jobs but just do not seem to get shortlisted, we look at whether we could do some one-to-one follow-up. It might be a case of

signposting or referring those individuals, even just for some basic help in relation to recruitment applications. We would consider that. In particular, we would look at the issue of people who apply repeatedly without getting interviews.

On the second part of the question, to ensure that Scotland has a diverse public life and that all voices are heard when decisions are made, it would be welcome for a look to be taken at the balance of seniority and who is on boards to make sure that we have representative boards that are the heartbeat of the organisation and are connected to communities. We are a Scottish population; we have our population pressures, but we have communities that we need to support in terms of engaging in public life.

Christopher Smith: [*Inaudible.*]—much that Sarah Leslie has said. I would say that boards should be diverse. That is important in relation to how they scrutinise and hold the organisation to account. [*Inaudible.*]—whether legislation is the best way in which to do that, to ensure that we have encouraged the black and minority ethnic community to be engaged and involved and to be part of the public appointments process and the work that needs to be done around that, because that is important to how the organisation functions.

Nigel Firth: When it is deemed that a post requires to be filled, there is a process to be followed. An accurate job description must be produced and the essential qualifications and experience for the post must be identified, as well as the desirable ones. That is then advertised in the appropriate media. When the applications come in, the biographical details are separated so that the panel that does the shortlisting simply has the qualifications of the individual and the statement in support of the application. Again, we are trying to remove any opportunity for unconscious bias in relation to ethnicity or gender.

We then have the interview panel. The people on the panel use a points-scoring system and all the candidates get the same questions. Obviously, supplementaries are permitted. After that, the panel members have to agree on the scores and we take it forward from there. If a candidate asks for feedback, that can be produced, and on prior occasions, we have anonymised the score sheets and made those available to the candidates so that they can see that the process was fair and open.

There is one example that I can draw on. We noticed that four individuals from a particular ethnic community had made multiple applications for posts and had been unsuccessful, and that stuck out like a sore thumb in our monitoring. We discovered that the four ladies concerned were applying for registered general nursing—RGN—posts. They were working in nursing homes in

Aberdeen City as what we would call healthcare support workers. In nursing homes, however, they are often called nurses. They were applying for registered general nursing posts, but they were not registered general nurses and they had no opportunity to get shortlisted or appointed. As a learning point from that, we made the registered general nursing requirement much clearer and bolder in our adverts.

In terms of legislation, the Scottish Parliament has massive powers, which I think are used very appropriately. We are a public body. What you wish to achieve by way of balance can be achieved, I think, by a process of scrutiny. I would feel sad if, as a public body, we had to be made to act in a fair manner by legislation.

Alison Harris (Central Scotland) (Con): Good morning, panel. What type of support do you offer to your minority ethnic employees to help them to retrain in your organisation or when they return from maternity leave, for instance?

Sarah Leslie: Regarding support for BME staff, if we have new graduates or individuals who are looking to progress, or if we want to deal with a specific work issue, we consider mentoring and coaching. We might consider making arrangements to help an individual with a challenge or issue that they have, or to get them job ready.

When individuals come back from maternity leave, it is really important to acknowledge that confidence can be an issue. Therefore, we have keeping-in-touch arrangements for people who are returning from having family or a career break to ensure that, in the run-up to their coming back to work, they do not feel excluded from what has been going on. It is important that there is a phasing-in process, with departmental orientation, that we provide support from a manager or mentor, that we talk through changes in clinical practice or what has been happening and that we review things. Colleagues have mentioned our NHS appraisal system. There is a six-month review, with coaching and mentoring to support that process, and there is absolutely an open-door culture. If there are things that people are worried about or would like support on, or if they want help with their career, we try to provide wraparound support and to be as inclusive and open as we can to help staff to progress, with a lens of BME or any other protected characteristics.

Christopher Smith: I agree with Sarah Leslie. In relation to maternity, it is a question of being a flexible employer. When it comes to the journey of different employees in the workforce, we need to be able to offer a range of flexible working arrangements, which could include shared working or part-time working. It is a case of building in flexibility, because we want to retain valuable,

skilled employees; we do not want to lose them. It is about having individualised conversations with staff, understanding where they are coming from and balancing that with the range of different approaches that we can take.

Nigel Firth: I very much agree with what Christopher Smith has said. We have a full-time maternity support person, who performs a very valuable function. We offer part-time and flexible working, and we have a nursery. At present, 99 per cent of our female staff who go on maternity leave return to employment, and that flexibility is a major factor.

I must also be honest and say that a factor in that very high level of returning to work is the current recession in the oil industry, because the female of the family is often the only one who is in secure, gainful employment. That is because there have been massive redundancies in Aberdeen and Grampian during the past two or three years, which have had a devastating effect.

If people have been away from the workplace for a few years, we have return-to-practice courses and refresher training; if somebody in the organisation is in a role that is no longer required, we have a redeployment policy; and there is training and support available to all staff.

Alison Harris: Public authorities have policies in place to deal with race discrimination at work. However, the lived experience for many people is that they experience racism at work or when they apply for work, and it is not addressed. How do you respond to that?

Sarah Leslie: The underpinning is psychological safety. We understand that people might have issues and concerns in the workplace, and—as colleagues have noted—we want to ensure that we retain our talented and valuable workforce.

Therefore, we want to create a sense that people are safe to speak up and say what their experiences are in our organisation. We also want managers to have the skill set to take that feedback, respect it and not simply view it as being a case of having a nice conversation and saying, “Things will get better.” We must take that knowledge, deal with the situation using the plethora of NHS Scotland policies and procedures to do with bullying or grievances and then educate and inform so that we are a learning organisation.

If the issue is about language that has been used or about a person not being included in social events or feeling that they are not part of things, we draw attention to it, support the colleagues who might not think in those ways and try to create a safe place where people can say what they really think and feel.

It is up to us to respond with compassion, care and concern, not defensively. We also need to show proactivity, because we all have different life experiences and might rub against one another, but we need to fix things and share the experience, manage it in our policies and educate people so that we do not let the same situation happen again.

Safety is important, because there might be a lot of people who feel that they cannot raise their concerns. Therefore, it is incumbent on all of us to create a culture in which people can say what they think and feel. It is for managers to take that precious truth, to deal with it and to support their team by building the right kind of work culture.

The Convener: Christopher, do you have anything to add to that from the perspective of NHS Tayside?

Christopher Smith: Not significantly. The only thing that I would add is that, although it is a question of having policies and procedures, it is also necessary to have an on-going dialogue with BME staff about what it is like to work in a particular organisation, so that we can try to anticipate situations, because very often when we end up with a policy, something has happened. It is more about prevention than response. However, I absolutely agree with everything that Sarah Leslie said.

Nigel Firth: I agree with what Sarah Leslie and Christopher Smith said. I think that I covered the issue of applications in a previous answer.

Everywhere you go within NHS Grampian, you will see bright black and yellow zero tolerance posters; they are almost like large wasps. We have been running that campaign since 2016, and the idea is to empower staff to challenge. It has been particularly well received in general practitioner practices, where a number of receptionists have said to me, "I had somebody at the front desk who was being abusive, and I pointed to the poster."

When incidents or instances are reported, what happens next—the follow-up—is very important. If somebody reports something and there is no follow-up, that undermines confidence. However, if an incident is reported and there is immediate follow-up, it encourages people to do further reporting, and if colleagues learn of that, it encourages other people to report. It is a case not only of having an on-going process of education but of giving staff the back-up and reinforcement to say, "I can report this. I can challenge this."

10:00

Alexander Stewart (Mid Scotland and Fife) (Con): Good morning, panel. Training is vital in

ensuring that we have a diverse workforce. What we hear from other authorities shows a very mixed picture in relation to how training is provided. Some talk about mandatory training and some about face-to-face training; some training is online and some is optional.

I ask each member of the panel to say what training their organisation provides to encourage a diverse workforce—indeed, to ensure that they have one.

Sarah Leslie: We have mandatory equality and diversity training at the point at which an individual is on-boarded or recruited to our organisation. That has been successful. It is an e-learning module that sets out our equality and diversity commitments for every new start. It ensures that, from the start of their working life in Ayrshire, the individual is clear about our values and behaviours and about what is and is not acceptable.

In relation to on-going training, we ensure that colleagues who are managers and who have responsibility for managing recruitment get the relevant training on equality and diversity in recruitment. We also have training options for colleagues who are involved in service redesign or who have public engagement or community involvement tasks. Those options are around considering what an individual needs to do to engage properly and understand the board's public and staff engagement commitments. It is about making sure that, when people start out on a task or activity, they understand the policies, procedures and, most important, the method.

We offer a range of training, but the really important aspect of which is that, from the point of appointment, individuals are trained in our equality and diversity values. That is monitored through their knowledge and skills framework appraisal at the annual review and, where necessary, they can pick up bespoke training to enable them to fulfil the relevant parts of their role. We have a blend of training.

Christopher Smith: I will expand a wee bit on training and learning. People develop in different ways and have different learning styles. In addition to everything that Sarah Leslie said, which I agree with, we provide information through our equality and diversity web pages so that managers and staff can get more information on particular issues and therefore develop their understanding and consideration of issues. That is also important.

In NHS Tayside we are considering reverse mentoring, because people learn from such experiences. Staff can get the absolutely core training that Sarah talked about, but managers and staff can gain different learning experiences as well.

The Convener: Thank you. That is helpful.

Nigel Firth: Until March this year, all our equality and diversity training was provided face to face. It was what we called KSF level 2, which was aimed at basic grade and supervisory staff and took the form of one 90-minute seminar. Discussion and interaction were integral to that. KSF level 4 training is much more in depth. Again, it is very interactive, with lots of discussion, and it is aimed at consultants, senior clinicians and managers.

In the previous financial year, we trained 2,500 staff face to face. All attendance is recorded and feeds straight into personal development plans. For clinicians, our level 4 training meets the equality and diversity training requirements of all the royal colleges. We also provide impact assessor training at levels 1 and 2, as well as a lot of training for GPs.

That is what happened up to March 2020. Things have changed—the world has changed. Now, we are developing an e-learning course, we use Microsoft Teams and we are using videoconferencing more. Although e-learning is not as interactive or as suited to discussion, we are where we are, and we have to make the best of the situation.

One other thing that we did on a regular basis until last year was obtain anonymous feedback. People could anonymously submit feedback on the training; they could submit it at events. We used that feedback to amend and update our policies, training and syllabus. As it is quite a dynamic field, the syllabus for each training seminar was updated every month.

We are in a transition process, because we have to move to e-learning and to Teams. I was very impressed by the technical back-up from the committee's information technology team. Convening or delivering training is quite a challenge, and technical gremlins are always a fear at the back of your mind. I commend what you are doing with online experts. We have experts but often, when we do a seminar, it is just us.

The Convener: I think that all colleagues would recognise that additional pressure of being online, as well as the benefits. We are indeed grateful to our broadcasting and IT colleagues.

Is Alexander Stewart content? Do you have a further question?

Alexander Stewart: Just a little one, convener.

Staff have to have confidence in the organisation—that is what creates the culture. The witnesses have talked about the culture that they are trying to facilitate across their organisations.

Training, learning and lifelong learning needs change as one goes through a role or job. Ensuring that people have the confidence to apply

for a position because they know that they will stand a chance is also important. It is vital to create that image of an organisation that is structured in such a way that it supports and encourages diverse employment opportunities.

Do the witnesses get feedback on all of that? You have talked about exit strategies and support mechanisms that have been put in place, but, as I have said, feedback is vital in creating that culture and allowing people to have that confidence in the organisation.

Sarah Leslie: This conversation has been really helpful in understanding that, in order to have a diverse workforce, the employee voice and experience are critical. To do that, we need to build confidence in the communities and to reach out in a very meaningful and engaged way. The points that Alexander Stewart made are critical when it comes to ensuring that the importance of reputation is understood and that we build trust through reputational branding and word of mouth.

I have found the comments and questions very helpful. They will help us to challenge and scrutinise what we do locally, and I hope that we will have another opportunity to be part of this discussion and to participate in any key events, particularly in relation to equality outcomes. I am very grateful for the questions and all the suggestions.

Christopher Smith: Again, I agree with Sarah Leslie. In relation to training, we take feedback after events from participants to get an understanding of how impactful the training was and whether any changes are needed. We review that and adjust accordingly.

I agree that there are certain simple continuous messages about valuing diversity and person centredness that we can thread through a range of our training—that message is not necessarily specifically designed for black and minority ethnic staff, but it is a consistent message that we apply to build up that kind of culture.

Nigel Firth: It is essential that our organisation has a good reputation as a fair employer if we are to recruit staff of the highest calibre. That is an ongoing process, because we are only as good as our weakest link. We have maybe 800 new staff a year, and they have to be brought into our culture and our way of doing things.

Sadly, all it takes is one member of staff to make an unacceptable remark or one member of staff to be treated in an unacceptable way by a patient for great harm and destruction to happen. I was involved in one such example when two parents made overtly racist remarks to a doctor who resigned because of that, which hurt us very deeply. Obviously, we followed the matter up with the Central Legal Office and reported everything,

but the damage had been done and it made other black, Asian and ethnic minority staff in the same area question the kind of organisation that they were working in.

One incident is one too many. We followed up that incident very carefully, thoroughly and professionally, but, despite our best efforts, that doctor felt unable to continue with us. It is an on-going process.

The Convener: Thank you very much. That draws our discussion to a conclusion. I greatly appreciate the witnesses' time this morning and their sharing of their expertise, knowledge and thoughts with us.

I ask the witnesses to wait for the broadcasting staff to switch off their video and microphone connections, and then they will be free to leave the meeting. They can continue to watch the meeting on Scottish Parliament TV.

I suspend the meeting briefly while the broadcasting staff set up the second panel.

10:13

Meeting suspended.

10:16

On resuming—

The Convener: I welcome the witnesses on our second panel. Agnieszka Davren is the head of human resources at the Scottish Qualifications Authority; Mélina Valdelièvre is from the equalities advisory group at the National Association of Schoolmasters Union of Women Teachers; and Carolyn Anderson is the director of human resources at Skills Development Scotland. Thank you for finding the time to join us this morning to answer our questions.

I will quickly repeat my previous comments with regard to how the session will continue. I will invite members to ask questions, and I remind them that if their question is addressed to a specific witness, they should identify that witness by name; otherwise, we will work through the order in which the witnesses' names appear on the agenda. I ask everyone to give the broadcasting team a couple of seconds to operate the microphones before they begin to ask their question or provide an answer.

With all that said, we will get down to questions. My question is for all the panel members. What impact has there been on race and employment in your organisation as a result of Covid-19 and the measures that were put in place to deal with it and make people safe during the lockdown, and what has been the impact as a result of the Black Lives Matter movement? We are interested in hearing

about the short term and about any plans that you may be making for the medium and long term. Has your organisation done any specific planning for your minority ethnic staff to take account of Covid-19?

I come to Agnieszka Davren first.

Agnieszka Davren (Scottish Qualifications Authority): Good morning, everybody. I will take that as two separate questions on Black Lives Matter and Covid, and I will begin with Covid. In the early days of the lockdown, we carried out an assessment of the impact on various groups, by protected characteristic, in our organisation. We did not find that any BME members would be affected in ways that would be different from anybody else. Our evidence, certainly at this stage, does not support that.

The one element that we identified pretty much across the board was the potential impact on mental health as a result of people feeling isolated from colleagues and from society in general. We ran a very wide scheme with various interventions, including programmes that enabled people to sign on and ask any questions of the agency's management and directors.

Our organisational development team also ran a number of specific mental health interventions on, for example, coping mechanisms, how to stay in touch socially with colleagues in the circumstances and how to work together in a new environment. We found that there was quite a big uptake for those.

We also ran two surveys; the results of the latest one were revealed just last week. There was a very high response rate—almost 90 per cent of our colleagues responded—and we got very good feedback. Colleagues feel that they, their managers and leadership are keeping in touch and that the support mechanisms are all there.

We have also made the large intervention of providing equipment to colleagues so that, as much as possible, they feel, safe and happy to work. Our focus has always been very much on individual circumstances, and we have encouraged managers to have individual conversations with every staff member. Most of our staff members are on the system and have laptops. A handful of people do not have laptops, and we have asked their managers to keep in regular contact through phone calls. We appreciate that these specific circumstances will affect every individual differently, so we have made an effort to accommodate every individual's needs as far as we can. We have found that that works particularly well.

Black Lives Matter has had a very positive impact. I will qualify that comment. We have a number of employee networks. We have a

rainbow network, which has been very active since 2017, and, of late, we have disability and women's networks. We called for a race network, but there was no response; in fact, we got feedback from our colleagues that they did not feel the need for one.

However, on the back of the Black Lives Matter campaign, our executive team started sharing blogs and stories online. We got a big response to those and we now have volunteers to form a network. Of course, since then, the committee has asked a number of questions for its inquiry. Therefore, the whole thing about race and equality now has impetus. We all welcome that in the SQA, because it will put a big focus on the issue and things will start to happen in that area, as they already have in others.

Mélina Valdelièvre (National Association of Schoolmasters Union of Women Teachers): Good morning, everyone. I am a secondary school teacher and I represent my trade union as an equality adviser. I have been heavily impacted by Covid-19 from the beginning, because I had to do remote teaching when lockdown happened.

I also represent my trade union on the Scottish Trades Union Congress black workers committee, which has had a huge impact on my trade union's response to Covid-19. First, we lobbied for the Scottish Government to release data around the disproportionate impact of Covid-19 on BME people, because, at first, there were no details to support any change in risk assessments or legislation. That was the first process that my trade union was involved with. Following that, we were able to create a support network via social media and a WhatsApp group with our BME members in Scotland, to make sure that everybody's concerns were heard and directly passed on to the trade unions.

It has been helpful to see how much impact Covid-19 has had on the mental health of all our BME members. There has been stress over the lack of risk assessments for the return to school, where there is still a bit of denial around the disproportionate impact on BME teachers, in particular, and BME pupils and their communities.

My trade union encouraged bespoke risk assessments that were tailored to BME members, and it supported every BME member who did not receive a specific, individualised risk assessment or support from their management team. We have caseworkers who give support and advice around those risk assessments. We also organised an online event, where every member of the trade union could ask questions about risk assessments at what is a vital and stressful point in our teaching careers.

I personally found my trade union's advice really helpful when it came to the restrictions of remote learning and the child protection needs that resulted from some schools asking for lessons to be live streamed. The advice that my trade union made easily accessible for all our members was important for BME teachers to feel supported.

On top of that, through our survey we have been gathering not only responses from all Scottish teachers, but data from BME teachers, in particular, to see what their experience of going back to school has been, how supported they have been feeling and whether they have had individual risk assessments and support for returning to school safely. There has definitely been a huge mental health disadvantage for BME teachers: not only have they found teaching stressful, but they have been affected by the deaths of the many people in our communities—they have been personally affected by Covid-19.

I have been pleased to see that my trade union has actively engaged with the Black Lives Matter movement. I am proud to say that, this year, the union elected its first black general secretary and black president, who have been vocal about anti-racist education, decolonising the curriculum and paying close attention to how anti-blackness issues need to be challenged in education. We have been pushing for calls to decolonise the curriculum. Over the summer, our black leaders were involved in organising a conference on that subject, at which we held open discussions on anti-blackness issues in education and what all teachers can do to ensure that they address them.

Carolyn Anderson (Skills Development Scotland): All our employees moved to remote working as we went into lockdown. Our main emphasis was on ensuring that our staff had access to wellbeing support, and on signposting them to resources and settling them into remote working, but we also had to ensure that we could all keep in touch.

We examined issues such as recognising the parenting and other challenges that arise from staff having to juggle working from home around there being multiple people at home. We put in place arrangements that recognised that it was challenging for people to juggle doing their work at home with other aspects of their lives and household commitments. Those arrangements enabled staff to request special leave or a reduction in hours. That did not have an impact on their pay but meant that they could confidently manage parenting around set hours and concentrate on work at the times when they were able to contribute. That enabled them to feel that they could still make their contribution without worrying about juggling the two aspects.

Having carried out surveys on the particular challenges and the guilt that could arise from parenting during lockdown, we put in place webinars that brought parents together to share their stories.

As we move on, we are starting to progress towards a return to providing our careers advice in schools and to working as part of the school community. We have undertaken individual risk assessments for those staff. We have a strong relationship with our recognised trade unions, which have signposted us towards a form of individual risk assessment that is based on the risks of Covid. It was particularly helpful for individuals to work through that, in discussion with their managers, to understand whether they were at greater risk, what adjustments we might need to put in place, whether it was the right time for them to return to such a face-to-face service or whether we should make alternative arrangements.

At the end of the day, the safety of our employees and our customers is at the heart of the process. The risk assessment has been helpful in reassuring people. It has also highlighted that if individuals, who are involved in the decision, feel sufficiently comfortable to return, while recognising the risks, that is their choice, but that if others are concerned we need to go with their concerns.

The Black Lives Matter movement could be described as a wake-up call for our organisation. It has mobilised colleagues to come out and say that they would like to establish a BME network, in the way that Agnieszka Davren referred to. We have a very successful lesbian, gay, bisexual and transgender allies network, which has made a huge impact on understanding the experiences of the LGBT community. Although there was nervousness around that network, as it is a small group, it has been great to see it mobilising.

10:30

As with many other organisations, the proportion of our organisation that comes from the BME community is very low—it is not where we would want it to be—but it is important that members of that community have a voice. As all the discussions around Black Lives Matter started to appear in the press and to gain a profile on social media, we got on board with that in our local connections and on our website, and we are starting to share some blogs on Black Lives Matter in Scotland. We are also profiling some of our BME colleagues and their lived experiences. Colleagues have found that enlightening—it has made many of us sit back and reflect.

An additional measure that we have put in place and which links into matters concerning the BME

community and Covid is an informal mentoring offer. We recognise that individuals may be seeking some additional support with the challenges that they are going through and are going on around them, whether those are to do with work or life, or both. That mentoring offer is in something of a pilot phase at the moment, but we hope that it will be taken up, so that people can have that support.

I am pleased to say that some BME colleagues have volunteered as mentors. It is clear from discussions that I have had that there is a real opportunity for diversity mentoring, so that we can understand the perspective of the BME mentor and their lived experience and can think about how we apply that in our own lives.

I hope that that gives you an insight.

The Convener: Thank you.

Fulton MacGregor: I would like to continue with the subject of institutional racism, which we discussed with the previous panel, although I have slightly different questions for each panel member, if that is okay, convener.

The Convener: Yes—absolutely.

Fulton MacGregor: Starting with the SQA, does Agnieszka Davren think that institutional racism plays a role within the organisation when it comes to employment opportunities? Is that recognised by the organisation? Are any steps in place to combat it?

Agnieszka Davren: That is an emotionally charged question. I do not think that any organisation represented around the table would like to admit that there is institutional racism within it. It is a very complex matter. I would say that, consciously, institutional racism has absolutely no role to play. We have lots of policies, practices and checks in place to ensure that we are an equality and diversity-embracing employer. Those measures include equality impact assessments and our people surveys, which contain specific questions on the experience of harassment or bullying, whether or not that is connected to particular characteristics. We work closely with our trade unions, too.

That said, institutional racism is connected to unconscious bias and decision making. From that point of view, as a society, we definitely have a journey still to go. In order to tackle and recognise that, we ensure that, as well as covering equality and diversity, our recruitment module for recruiting managers specifically addresses unconscious bias.

I have noted the committee's summary of evidence, which says that many race-based organisations consider that unconscious bias training is tokenism and does not necessarily

address actual practice. They say that tackling institutional racism should be about changing behaviours and changing the culture, and I absolutely agree with that.

We can start with training, which a number of colleagues have told me they found useful because they did not appreciate that they have biases, as we all do. In practice, however, we want to work towards practical solutions. We very much hope to work with our BME network, once it gets up and running, so that it can help us in that regard. We also want to work with other organisations in the public sector and with race-based organisations on the practical barriers that people face and the practical solutions that might be available.

Those barriers often come from society—people from BME backgrounds may come from underprivileged levels of society or a particular socioeconomic background. The issues are complex, and we cannot fully address them simply as an employer, although the workplace is also the place in which to do that.

Fulton MacGregor: Thank you for that full answer.

I turn to Méline Valdelièvre. Does the NASUWT recognise the existence of institutional racism in the teaching profession? I am thinking, for example, of the recruitment and promotion of teachers from BME communities. Is that a concern? Has the union had to fight on that issue at any point?

Méline Valdelièvre: Absolutely. As an organisation, we acknowledge that it would be naive to assume that any organisation is immune to institutional racism. For clarification, institutional racism is the collective failure to support the needs of BME workers, whether in retaining them or supporting them in promotion opportunities, or when they face discrimination in the workplace.

I am proud that my trade union has been working for a long time on challenging institutional racism and getting it recognised. We do that by engaging with our BME members and ensuring that we are always there to support them. That comes about through the different events that we organise. Every year, we hold an equalities conference in Scotland, at which we consult BME teachers. We gather information on their experiences and use all the data to inform our policies and practice for the coming year. We also organise the biggest conference of BME workers in Europe, at which we consult with such workers and gather their experiences. We then use that information to inform what we do to support BME teachers in subsequent years.

We have been working closely with the Scottish Trades Union Congress to ensure that institutional

racism is put on the agenda every year, through motions, as something that needs to be continuously challenged. That has been essential to the work of the Scottish Government working group on teaching in a diverse Scotland. In 2017, the group released a report—“Teaching in a Diverse Scotland: Increasing and Retaining Minority Ethnic Teachers in Scotland’s Schools”—that actively acknowledged that there is institutional racism in the education system and that, in order to dismantle and challenge it, it is important that we work collectively to make sure that we recruit more BME teachers, retain them and support them in their promotion.

BME teachers currently make up 1 or 2 per cent of the teaching population across Scotland, but we should be at 4 per cent at least. That is an example of institutional racism. We are failing our pupils by not having diverse representation that reflects the Scotland in which we live. Tackling that issue partly involves ensuring that we work collectively through mentoring programmes to support BME teachers. The Scottish Association of Minority Ethnic Educators is running a leadership and mentoring programme, which I am happy to announce has been formally endorsed by Education Scotland. It is a national network that will support BME teachers who are currently in the workforce.

On top of that, we are considering the importance of developing more training; we have mentioned unconscious bias training, but that is not the only thing that we need to think about. We need to think about the racial literacy of white leaders and people who have power, who do not always have a critical understanding of how racism works in the workplace when it comes to promotion and retention.

Fulton MacGregor: Do you know how many BME teachers are in the ultimate promoted position of headteacher?

Méline Valdelièvre: If I remember correctly, there is only one.

The Convener: We do not expect you to have those figures off the top of your head.

Méline Valdelièvre: I think that there is just one such headteacher in Scotland, in a primary school, so there are not very many.

Fulton MacGregor: I move on to Carolyn Anderson. Does Skills Development Scotland recognise institutional racism within the organisation? Do you actively keep the issue in mind when setting up programmes and in the various good work that you do? I am a big fan of Skills Development Scotland. The Coalition for Racial Equality and Rights told us that society often comes from the wrong angle on the issue and looks for deficiencies within ethnic minority

communities rather than coming at it from another angle. Do you recognise that in your work?

Carolyn Anderson: It definitely needs a fresh look. I will explain that from two perspectives. We have an ambition to be a fair work employer; we are very passionate about that and we work actively with our trade unions. That is about trying to make sure that we are actually where we think we are, so we commissioned a PhD internship, which started as we went into lockdown, to give us a bit of academic rigour and to speak to a cross-section of employees about how they felt SDS matched up under each of the dimensions of fair work.

That work involved connecting with some of our BME colleagues, and one of the key findings was that those individuals did not feel that they had a strong or effective voice and did not feel comfortable, which points back to that issue of psychological safety. They also felt that they did not have the same opportunity to progress in work. The feedback on working in the organisation was positive, but there were issues with that progression aspect. They might be polite and say that that is not institutional racism, but there are issues there.

Since that time, I have had the opportunity to speak to a number of BME colleagues about their experience, which has been a wake-up call for me that we need to look at some of our practices. We have all the practices that tick the boxes on equality, but we need to ask why, in practice, individuals are applying for promoted posts on more than one occasion and not making that progression. I am conscious that we need to look at that.

For me, it is about understanding those employee experiences of all our policies and procedures. I need feedback from our BME colleagues, and I need to take it on the chin and be open to that feedback. I need to educate myself, and I have said to those individuals that they need to educate me on their experience. They have explained to me that they might go through a recruitment process and be unsuccessful and get feedback, but they have a nagging doubt at the back of their mind that it was because of the colour of their skin or their accent, and that that has been formed by their life experiences.

We will actively work with those colleagues to see what we can do. It is about what we do in practice. We need to ensure that we have a different view on the issue and that we understand and evaluate some of those practices in a different way. It is about starting to look at it differently. That needs to be informed by the voices of employees who have that lived experience.

10:45

The issue is very much a feature of our programmes. We work with communities and encourage people to take up diverse opportunities. As has been said, it is also about working with employers to help them to see the value of diversity and encourage them to bring in that variety and innovative thinking. In practice, the benefits of having a diverse workforce are not just about the numbers; they are about thinking differently, and being able to respond to the diverse communities that employers serve. It is definitely about educating employers.

Fulton MacGregor: I thank all three members of the panel. They have been very strong witnesses.

The Convener: I reflect that we may need to be cautious about the burden that we put on employees. It is quite an emotional burden for them to have to share their experience.

I see that Mélina Valdelièvre wants to come in. I am happy to bring you back in, Mélina, but I ask you to be succinct, as we have loads to get through.

Mélina Valdelièvre: I just want to emphasise the point that you just made, convener. As a woman of colour, I have found it extremely draining over the years to be consulted by various organisations, although not necessarily my trade union. Organisations keep asking us to put in the emotional labour of talking about our often racially traumatic experiences of discrimination based on race. If teachers do not see any change or action, or any dedication to acting on those experiences, they will disengage, and there is a risk of disenfranchisement.

In my trade union, I have continued to engage, because I have felt a sense of agency and that my experiences and expertise have been valued. I have been given many development opportunities to expand on my research background. That is really important, and I encourage all the other witnesses to consider in their organisations what sort of development and leadership opportunities are being offered in exchange for that emotional labour.

The Convener: Thank you for sharing that.

Alison Harris: What support do our witnesses' organisations offer their minority ethnic employees to help them retrain within the organisation? What support is there for those who return to work, perhaps from maternity leave?

Agnieszka Davren: As I mentioned, we are in the early stages of forming our BME employee network. I have high hopes that the network will give us practical solutions and suggestions and an

insight into the specific issues that BME employees may have.

We have a very high rate of employees coming back from maternity leave—it is over 95 per cent, so that is not a bad story to tell. A large proportion of our workforce are on flexible working contracts; that includes formal flexible working and plenty of informal flexible working arrangements. We have over 100 different codes for flexible working, so you can imagine how many different versions there are.

We have been driving flexibility throughout our management team—so much so that, over the past two years, we have introduced specific HR key performance indicators in that regard. One of the indicators reflects the current flexibility in every directorate and business area. That builds in an element of healthy competition, which helps a little. We also look at what we call flexibility readiness, which is about the proportion of posts that we advertise, internally and externally, as potentially flexible. Again, the proportion of such posts is rising.

It is not just about flexibility—or rather, flexibility can in effect have more than one face. There is a strong emphasis on discussions in the lead-up to employees returning to work to find out exactly what their personal circumstances are and how the organisation can help. The emphasis is on the idea that, if we can accommodate something, we absolutely should, and we absolutely do.

The Convener: I will bring in Mélina Valdelièvre to comment on Alison Harris's point about retention of staff, and perhaps on the specific example of maternity leave.

Mélina Valdelièvre: As I mentioned, every year the NASUWT organises consultation conferences that focus on the different protected characteristics and equality strands. For example, there is an LGBT conference, a women's conference and BME conferences. At those sessions, we are given various opportunities for training. Last year, I attended a leadership course, which encouraged me to apply for more promotions. I am also aware of other training sessions that support teachers who are perhaps considering retraining but want to remain in the profession.

In Scotland, we also organise development sessions, which again relate to the protected characteristics. At those sessions, we ensure that all workers are aware of their rights and of how the trade union can support them. That is crucial in ensuring that people are retained in the profession.

Carolyn Anderson: Broadly, we do not differentiate in terms of access to flexible working—it is for everybody. A high proportion—25 per cent—of our workforce work flexibly. Some

work reduced hours, and others work compressed hours, which brings the total up to 29 per cent overall. We are happy to talk to people about working flexibly, either as they join the organisation or in order to accommodate family arrangements.

On access to retraining and upskilling, we have a commitment to all our colleagues that they will get a minimum of 21 hours' continuing professional development. That commitment recognises that, if someone works part time, we do not necessarily expect them to do 21 hours, but we encourage them to do so as the opportunity is there. People can access a variety of courses in a self-directed way, in line with their career aspirations.

Many of those courses, which may previously have involved face-to-face workshops, are now virtual. We also offer individuals the opportunity for sponsorship to enable them to study for further qualifications—that scheme runs annually and includes giving people time off work to do a study day at a college or university. That package is essentially available for everybody. We also support maternity returners through keeping-in-touch days, and by easing them back into the workforce.

A slightly different initiative, which does not relate only to the BME community, involves what we call gender Skype calls. We open up a conversation with senior female leaders on opportunities to progress in work and on how people should not feel limited by having a family, as things can be juggled. We offer mentoring based on others' experiences, so that people are not held back by self-limiting beliefs.

Mary Fee: Good morning, panel. This is not the first time that the committee has examined the issue of race equality. It has been suggested to us that it would be a good idea to hold a public accountability event to which senior accountable officers from public authorities would be invited to discuss with the committee and stakeholders what they do to encourage diversity. The committee and the stakeholders would have an opportunity to ask questions of those accountable officers. Does the panel think that such an event would be beneficial to our inquiry?

Agnieszka Davren: I watched the previous panel give evidence, and I am very much with Christopher Smith, who said that that would be a good idea as long as there was a strong learning and development angle to it. Such events require an enormous amount of preparation. As much as I am absolutely not undermining their value, it is a matter of resource for organisations, and some organisations have more resource than others.

I am slightly worried about whether most of the time is spent on doing the activities or on compliance and reporting on the activities. I would rather it was the former than the latter. I would welcome having panel sessions such as this one but larger, comprising employers and race-based and other characteristic-based organisations, at which we could facilitate learning.

I have noted from the committee's summary of evidence that the Scottish Government works with about 20 different race-based organisations. The SQA could never dream of doing that, because we do not have the resources, but we would love to be able to tap into the ideas and practical solutions that they have.

I am all for accountability, of course, as accountability drives actions and makes us do things rather than just talk about them. If those events had a very strong development and learning angle, perhaps allowing people from the various organisations concerned to follow up the event or read up on it somewhere and to meet up with people in other organisations that had specific initiatives of interest to them, that would be welcome.

Mélina Valdelièvre: On the question of a public accountability event, I would approach that sort of thing with a lot of caution. From my experience with the STUC black workers committee and the Scottish Government's teaching in a diverse Scotland working group, I am aware that a lot of work is already being done to ensure accountability and collaboration between different educational key stakeholders. There is a risk that such an event would be about reinventing the wheel rather than using the existing working groups and other structures that are already involved in all that work to hold key stakeholders accountable. There would be a risk of it becoming a tick-box exercise—"We have done an event." It would perhaps be more interesting to consider the long-term structures.

Instead of holding an event, I would love to see a long-term structure put in place. The teaching in a diverse Scotland working group is a short-term working group. If we had that sort of thing as a permanent structure, with funding to ensure an ongoing conversation and commitment, we would have long-term engagement. As soon as a one-off event is finished, a new priority comes up and all the issues that have been discussed go to the margin because there is just not enough time or investment for them.

Carolyn Anderson: The events are always worth while, but they need to be focused on particular outcomes. I suggest that we want to stimulate a change of emphasis, with an approach of thinking differently about practices among employers. I would value an event where people

could come together to collaborate and to generate innovative ways to address the problem differently. If we continue to do what we have always done, we will always get what we have always got. I would very much appreciate an event such as that. There would be some value in working with professional bodies such as the Chartered Institute of Personnel and Development Scotland, which is very experienced in employment matters and could act as a resource to bring things together, bring a focus and introduce new approaches. There is also the fair work convention.

11:00

I am conscious of the reference that has been made to continuing the effective voice, perhaps with the STUC involved on behalf of employees. It is about taking a rounded approach, with a focus on thinking differently. It goes back to the point about the institutional aspect. We need to work out how to unlock cultures to create that approach. It is not about diversity; it is about inclusion. Having numbers is good, but the focus is on inclusion and valuing everybody in the workplace and the contributions that they make rather than their having to adjust to fit in. Everybody should bring themselves and contribute in that way. That is where I would like the discussion to go.

Mary Fee: What has clearly come out in response to my question is the importance of the focus of the event and its outcome. It is important to build in that focus on outcomes to ensure that we get the most out of such an event.

I will move on to ask about the work that is done in each of your organisations to increase diversity. In your answers to previous questions, each of you has talked a bit about some of the work that you undertake to increase the ethnic mix of your workforce. I am not sure whether either of you has anything specific to add to what you have already said or whether you are quite happy to rest on your previous comments.

Agnieszka Davren: This might be stating the obvious, but the one thing that I would like to add is that, in order to increase the representation of any group, we need to know the data in the first place. I have heard comments that people's race is obvious, but it is not necessarily obvious. For people of mixed race, we might not be able to tell by looking at them. Indeed, it would not be appropriate to make any assumptions on the basis of the look of people, their names or anything of that kind.

We have been trying to encourage our colleagues to fill out their equality data so that, armed with those statistics, we can take proper positive action where we believe there to be

underrepresentation. Just last year, we changed our HR system. However, because we updated the characteristics for equality and diversity at that point, we did not migrate that data. We therefore have an uphill task to start with, asking employees to fill out their data.

Nevertheless, I am pleased to say that we have had quite a large success. We are in the midst of running a big campaign, and our trade unions have been very helpful in encouraging their members to fill out their data. We have been doing a big campaign with heads of service, too, and we have managed to double the amount of data that we hold on the system. It is still nowhere near 100 per cent, so we will continue that work—our focus will be very much on gathering the data. Armed with that, we can effectively choose the focus of interventions and decide where to go. We can measure that, as we will be able to set targets and measure ourselves against them.

The Convener: Mélina, you mentioned several things that your organisation has been doing. Do you wish to add anything further?

Mélina Valdelièvre: I echo what Agnieszka Davren said about gathering data. We take that very seriously and, by using that data, we can ensure that everyone feels supported. We can promote events and leadership opportunities, encouraging union members to become reps in their schools. They can also be trained to become equality reps. All those things are provided free to all our different members.

I have been given the opportunity to join the Scottish executive team, which has given me a better understanding of how the trade union works, and I can see how easily I could progress if I wished to. The trade union is very good at leading by example—our current general secretary and our president are both black. As soon as we see ourselves up in those positions of leadership, we start to feel more confident about the opportunities that are out there.

The Convener: That is helpful. Does Carolyn Anderson have anything to add on the actions that SDS is taking?

Carolyn Anderson: The key action that has been successful for us is working with race equality organisations to signpost opportunities as they come up or if we know that they are coming up. That has proven very useful with regard to our young talent programme. We are also able to signpost work placement opportunities to one specific race equality organisation, to encourage school pupils to come in for work experience. We are trying to create a pathway.

Our challenge is that we work nationally, so we need to work out which organisations operate across Scotland or in a particular locality. That

does not always work for us, but, when we can signpost opportunities, we certainly see more applications, and that is helping to drive up the number of successful appointments.

The Convener: Is Mary Fee content with those responses and ready to move on?

Mary Fee: I am, convener.

The Convener: I will bring in Gillian Martin.

Gillian Martin: In the interests of brevity, I will pick up on one issue with Mélina Valdelièvre specifically, given her experience as a trade union representative.

Mélina, what is your assessment of the positive action measures that you have seen in other educational institutions or in education departments in local authorities? Given that progress in recruiting more BME teachers and in ensuring that they progress to headteacher status has been so slow, do you feel that the positive action methods that you have seen in use are effective? Are they working?

Last week, we heard from equalities experts, some of whom felt that the wrong methods are being used and that there is no real assessment of their effectiveness. What are your thoughts on that?

Mélina Valdelièvre: There tends to be a great deal of reluctance to use positive action. It is often seen—working from a deficit mindset—as something that wrongfully advantages BME people, as if we were underqualified.

My trade union and the working group on teaching in a diverse Scotland have been trying to put forward the idea that positive action is a way of supporting BME teachers to overcome the barriers that we tend to face when it comes to promotion. We often reach a glass ceiling and, as we have other identities, too, intersectional forms of oppression often come into play. As a woman of colour, I might face sexism and racism, so the glass ceiling becomes a concrete ceiling, and it becomes really hard for me to get promotion.

We need to move past that and accept that, in Scotland, white privilege is still at play. As soon as we mention whiteness and white privilege, there is often a bit of reluctance to talk about it. I would encourage people to start thinking about how white privilege is making it easier for majority applicants to get promotion and how positive action such as having quotas—for example, ensuring that there are a certain number of BME people on an interview panel or that there is a quota for people getting through an interview—is not an example of favouritism but is about trying to rectify the effect of the privilege that exists in Scottish society.

I come back to the idea of encouraging white leaders to undertake racial literacy training in order to overcome the barriers to their understanding of racism and develop a more critical understanding of how racism operates in Scottish society.

The Convener: Does Gillian Martin have any follow-up questions for the other witnesses?

Gillian Martin: Yes. What positive actions have you used, and how have you assessed their effectiveness in your own organisations?

Agnieszka Davren: The difficulty with positive action goes back to what I said earlier: we do not have proper data to back up such action. As Mélina Valdelièvre said, there is a level of nervousness among employers from the perspective of their wanting to protect themselves. The legislation allows for that in respect of disability but not other characteristics, so employers can be reluctant in that regard.

Positive action will be absolutely fine as long as we can back it up with proper data. We are aiming to gather that data and home in on the experiences of other organisations such as ours and organisations that could support us in relation to any specific characteristic that we find to be underrepresented.

Carolyn Anderson: We analysed data on progression through the recruitment process and identified that BME candidates were less likely to progress even to the level of being shortlisted for interview. That led us to move to an anonymous application process, and we have seen a direct benefit from that, as more BME applicants are getting through to the shortlist stage. At the same time, in our young talent recruitment, in particular, we took the opportunity to move to consideration of values and life experiences rather than competencies. That is definitely having an impact, and BME applicants are moving from interview to successful appointment. We will then move on to understand what barriers might arise at the interview stage.

Having listened to the evidence from the previous panels, I have reflected that we could be doing more on positive action around race. We ring fence roles for disabled applicants, and we signpost opportunities to certain organisations that work with specific groups, but we would like more applicants who are disabled or from the BME community, and we could do more in the positive action space. We will reflect on that.

The Convener: I will bring in Alex Cole-Hamilton.

Alex Cole-Hamilton: The panel members have largely answered the questions that I was seeking to ask about how they assess feedback and the

application process in which certain people are rejected.

I will ask a slightly different question, about how we disseminate best practice. We heard quite a lot about best practice from a range of witnesses last week. Is there a way in which we can better capture best practice, perhaps through a Kitemark to ensure that recruitment processes are as inclusive as possible? Is that something that we should aspire to create? I am thinking of something along the lines of the Investors in People accreditation.

Agnieszka Davren: Is your question essentially about how we could capture best practice?

Alex Cole-Hamilton: Yes. Forgive me; it might be that this already exists and do not know about it. I am thinking of a standard to which organisations could aspire, along the lines of the Investors in People standards for how organisations manage their people. Could something like that be applied to inclusive recruitment? It would not necessarily have to be about race—it could also be about disability, gender and the rest.

Agnieszka Davren: Thank you for the clarification. Such standards exist—there is Investors in People, Investment in Young People and the Chartered Institute of Personnel Development's standards. There is a variety of best practice across those standards that organisations could use. The Advisory, Conciliation and Arbitration Service also has guidance.

I come back to what Carolyn Anderson said. Perhaps we need to take an approach that is a little radical. We are, as responsible public sector organisations, using all that best practice, but we still find that certain characteristics—BME in particular—are underrepresented. Where does that come from? Is there an issue with the design of the jobs? Is it about the types of qualifications or experiences that are required for jobs? Do we need to do something more radical?

11:15

I listened to the evidence from witnesses at the committee last week. Dilraj Sokhi-Watson from the Amina Muslim Women's Resource Centre said that we do not seem to consider at all the life skills and experience that women gain while they are caring for children and relatives. When they start employment, they are starting from scratch—from nothing—because that experience does not count for anything.

I was chatting about that with Carolyn Anderson the other day, and she mentioned something that struck a chord with me; I am sorry if I am stealing

her thunder here. She said that people from BME communities in particular might have high levels of resilience because they might have experienced things that white people would not experience. Is that not something that we, as employers, should embrace?

We should take quite a radical approach, rather than just following legislation, and we should use best practice to ensure that there is no discrimination, that we gather new data and all those kinds of things. How do we ensure that we actually look at ways to attract and retain people from all walks of life? They might come to employers in a non-standard way, from non-standard backgrounds.

Mélina Valdelièvre: I absolutely agree with what Agnieszka Davren said about the need for a radical way of thinking and the added value that BME workers bring to the workforce. I would focus on a collaborative approach to ensure that every organisation that is involved in race equality is consulted, because there is a lot of good practice out there. If we do not join the dots, we cannot work together on that.

I have had the opportunity to work as part of the teaching in a diverse Scotland working group. Various key stakeholders in education have been working together to understand what each organisation is doing and how we can work together to ensure that procedures are put in place collaboratively.

For example, the Scottish Association of Minority Ethnic Educators has been working on a leadership and mentoring programme for BME teachers, to empower BME people to recognise the added value that they bring as teachers in Scotland. However, that will not work on its own. It is important that we look at leaders and employers—at how they recognise the added value that is brought and how they question their recruitment practices and interview questions. Do those practices offer BME applicants the opportunity to showcase their added value? Liaising with all the organisations that already do such work is crucial in that regard.

Carolyn Anderson: The standard for equalities that SDS uses is the Stonewall UK workplace equality index. That is a UK-wide benchmark, and it involves a rigorous assessment. It has made a big difference in enabling us to address our equalities practice, not just for LGBTI colleagues, but for a range of groups. However, Alex Cole-Hamilton is right to highlight that there is nothing specific in place. There might be relevant bits in the race equality charter scheme.

Good practice is about rethinking the future of work. If the future of work is increasingly about remote working and being innovative and creative,

we need to harness diversity—that is how organisations will succeed. We need to rethink the design of roles and the skills that people need to bring to work, which will be much more about meta-skills. Organisations need to think about what the leadership attributes of the future will be, and to ensure that inclusive leadership and the definitions around that are very much part of that thinking.

That is something that we could focus on, working with the likes of the CIPD. The fair work convention refers to not only fair work but to FIT—fair, innovative and transformative—work. We need to think about how we approach work and the design of roles. We also need to think about how people apply themselves and how we draw on their skills in a rapidly changing world of work. We need to apply that different thinking to what we are looking for. I do not know whether we have perhaps paused on that. Is the design of job roles, and the requirement for certain skills, fit for now? We need to define those things in a different way.

The Convener: Thank you. That was very interesting.

Our final questions are from Alexander Stewart.

Alexander Stewart: I will ask specifically about training, which we discussed with the previous panel. What training should public authorities provide to employees to ensure a diverse workforce? Perhaps you can give some examples. There seems to be a mixed picture: organisations variously provide mandatory training, face-to-face training and online training. In some organisations, such training is optional. We have heard throughout this and previous evidence sessions about the importance of training to ensure that organisations get the diverse workforce that they require.

Agnieszka Davren: The SQA provides a blend of training. We can look at training from two perspectives. First, there is training to ensure that all employees are aware of diversity and equality, and secondly, there is training available for underrepresented groups to enable them to progress and develop better throughout their employment.

On the first area, we have a compulsory corporate induction, in which a module on diversity and inclusivity is compulsory; every employee must complete it. The training involves a blend of online learning and a workbook exercise, and employees need to have their training signed off.

We also have compulsory training for our managers, and for anyone who becomes a manager or has been promoted to that level. Again, diversity and equality are part of that. There is a module, followed by a training session in

which there is more discussion about how we create an all-inclusive environment.

As the previous panel acknowledged, online module-based learning is a great idea, because it reaches out to people and they can do it as and when they require, and they can refresh their learning. However, it does not give people an opportunity for interaction, which is why we go for both approaches. We also have training for recruitment managers. Every recruitment manager who is going to recruit people should have completed the relevant module, which covers not just equality and diversity but unconscious bias.

Just last year, we introduced a big programme for what we call values-led leadership. The SQA has three main values: that we be trusted, enabling and progressive. We have designed a programme that has been rolled out to all employees. The executive team has had the training, as have the heads of service and managers, and eventually all employees will have received it.

To summarise, the training is about providing psychological safety for everybody, so that everyone can bring their whole self into the workplace. We can then home in on people's specific and unique talents. It is a bit like comparing a game of chequers with a game of chess. We do not want to play chequers, in which everybody is required to do the same thing in the same way, and to bring the same skills. We want to play chess in which we are able to know what a person's specific talents are and we can allow them to use those talents.

That ties in with the fair work framework dimensions, which include opportunity and fulfilment. There is a lot of evidence and research to show that if people are able to use their specific skills and do what they are good at, that brings them an element of satisfaction and fulfilment. They will tend to stay with the employer; retention is a pretty good brand that an employer can advertise.

I will mention one final point. The SQA has recently, through Business in the Community Scotland, signed up to the race at work charter. That has very much come on the back of the Black Lives Matter campaign and is quite a big thing, culturally. For starters, we have an executive sponsor—someone from the executive team is allowed to sponsor the initiative. We will then ask our board to commit to zero tolerance of bullying and harassment. Support from the board is quite a powerful element.

The whole intervention is, in effect, focused on managers. It is about giving them opportunities for training so that they are able not only to identify people from minorities, but to see individuals for

who they are. That will enable them to see people's potential and help them to achieve that potential through whatever training and development opportunities we have in the organisation.

Alexander Stewart: Do any other witnesses want to contribute?

I am not sure whether the convener is still online.

Mélina Valdelièvre: A lot of the NASUWT's BME members have been asked about training and have given us their views. First, we need to think about the workplace experience. Every BME member is at risk of experiencing discrimination and harassment from pupils, parents and their colleagues. That is an on-going problem; we need to acknowledge that racism is a pervasive feature and that we are at risk of facing discrimination.

In that regard, training should be offered to every teacher and employer, starting from initial teacher education, as people train to become teachers, on ensuring that BME pupils are always safe and that their cultural heritage and identity are recognised. Training should be pushed for employers in particular on developing their racial literacy in order to ensure that BME employees are always supported.

BME teachers are at risk of facing a disproportionate level of competency grievances. As soon as they try to talk about their experiences of racism in schools, they are at risk of losing their job, or losing work if they are a supply teacher. We have members who have tried to complain about the racism that they faced as supply teachers, and who did not get any more contracts with certain schools. It is important that employers go through training and that that training is on-going and compulsory.

The other side of training involves BME teachers. As long as there is training for employers, BME teachers should be given the option of extra training to help them to develop and to feel more confident in applying for promotion.

Alexander Stewart: Thank you. Can I follow that up with another question, convener? The convener no longer appears to be online, so I will ask it anyway. Earlier, we talked about the culture and reputation of an organisation, and how that can be affected. One of the witnesses told us that, when it comes to ensuring that staff are motivated through receiving training, an organisation is only as good as its weakest link. Does that have a major impact on the process?

Mélina Valdelièvre: Absolutely. As long as a BME teacher risks facing discrimination in their workplace, they will not feel supported by their

work environment. It is important that their managers are always confident in dealing with issues of discrimination and racial harassment. If they are not, we risk the loss of another great BME teacher. I absolutely agree with what was said in that regard.

The Deputy Convener (Alex Cole-Hamilton): I thought that we had the convener back online, but we do not, so I will step in briefly as deputy convener. I thank the witnesses for their evidence. That concludes our evidence session and the public part of the meeting.

11:30

Meeting continued in private until 11:44.

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Official Report
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Edinburgh
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