

Workplace belonging and staff wellbeing:

IAPT Staff Wellbeing Discussion Document

Joint IAPT Staff Wellbeing Strategy Project
February 2022

The Joint IAPT Staff Wellbeing Strategy Project is a short-term initiative running through 2021-2022 and funded by NHS England. It has been initiated and is facilitated by the four IAPT services based in the Thames Valley (Buckinghamshire, Oxfordshire, Berkshire and Milton Keynes), to develop a Model Staff Wellbeing Strategy for NHS IAPT services.

Introduction

1. This discussion document summarises a range of recent academic literature, organisational policies, frameworks, think pieces and media commentary about ‘belonging’ in the workplace. It has been created to introduce a number of relevant and up to date themes and inform the ongoing work of the Thames Valley-wide NHS Joint IAPT Staff Wellbeing Strategy Project. It is part of an emerging suite of discussion documents prepared as ‘primers’ for this Joint Strategy project.
2. Some of the literature below relates directly to the National Health Service (NHS) in England and some is about the workplace in general, both in the UK context and wider. Although a small amount of material reviewed pre-dates the COVID-19 pandemic much of it has been produced since 2020 and may or may not refer to the significant impact the global pandemic has had on workplace practices, staff inclusion and belonging.
3. The purpose of this summary is to bring to the fore a range of commonly referenced topics relevant to creating and sustaining belonging in the contemporary workplace, including in the context of remote and hybrid working. It is not intended to be a literature review, but is a summary of recent material using keyword internet-based searches (based on terms such as belonging, inclusion, NHS, wellbeing, equality, diversity, teams, leadership, management). Although the themes captured below are dominant in the material reviewed, it remains to be considered which are most relevant to investigate further in the context of staff wellbeing in IAPT (Improving Access to Psychological Therapies) services and identify any gaps. It is not intended to be comprehensive and, to that end, is a conversation starter.
4. Overall, this summary has identified the following themes associated with workplace belonging, as a dimension of supporting good staff wellbeing:
 - Compassionate leadership, and other relational forms of leadership, are most effective in sustaining workplace belonging;
 - Creating a culture of belonging is an ‘adaptive challenge’, requiring skills of adaptive leadership;
 - Inclusivity and belonging are best demonstrated at the team level;
 - Remote and hybrid working demands an intentional approach to establishing and sustaining belonging;
 - Every member of staff should enter into ‘allyship’, contribute to creating ‘psychological safety’ and role-model a range of right behaviours, including civility and respect, all of which contribute to a culture that supports workplace belonging;
 - Belonging also grows out of good staff engagement, shared leadership and creating joy at work;
 - Belonging is not a one-off endeavour - it demands continuous attention, practice and monitoring.

Belonging and Staff Wellbeing

5. The NHS People Plan, published in 2020, emphasises that the NHS “*must welcome all, with a culture of belonging and trust*” and “*understand, encourage and celebrate diversity in all its*

forms”¹. This is not only a core strategic issue for the NHS. Belonging, along with well-being, was one of the top issues in the 2020 Global Human Capital Trends survey, published by Deloitte². An accompanying Deloitte paper on belonging went on to remark how many organisations were struggling with creating and growing a sense of staff belonging in the workplace. This is not least as working arrangements – such as remote and hybrid working, where technology can exacerbate feelings of loneliness and isolation – might make it much harder to cultivate and feel a sense of ‘unity’ and ‘belonging’ at work³.

6. In its detailed report into ‘Building Inclusive Workplaces’ in 2019 - a core facet of belonging - the CIPD (Chartered Institute of Personnel and Development) recognised that what inclusion means in practice is much less clear than the case for needing inclusion in the workplace⁴. They have set out definitions of some of the key terms in the lexicon of workplace belonging:

“Diversity means demographic differences of a group – often at team or organisational level. Often, diversity references protected characteristics in UK law: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Equality means equal rights and opportunities are afforded to all.

Equity recognises that treating everyone equally has shortcomings, when the playing field is not level. An equity approach emphasises that everyone should not be treated the same, but according to their own needs.

Inclusion is often defined as the extent to which everyone at work, regardless of their background, identity or circumstance, feels valued, accepted and supported to succeed at work.”⁵

7. The CIPD goes on to explore the standpoint that a quantitative measure of diversity in teams and organisations may not be sufficient to demonstrate belonging, and that if the working culture of diverse teams is not inclusive it will be “counterproductive”⁶. This implies that quantitative measures of diversity alone, while an important element, are not sufficient indicators of workplace inclusion and belonging. Having a deeper understanding of the lived experience of staff in the workplace may reveal more intensely and authentically true levels of inclusion, and the extent to which people feel they belong.
8. The CIPD goes on to highlight that, being in an inclusive workplace, staff “*must feel able to act authentically at work, without a need to cover their identity*”⁷. For Deloitte, ‘connection and contribution’ are the biggest indicators of belonging at work⁸. Connection is having “*meaningful relationships with co-workers and their teams, and ... with the organization’s purpose and goals*” and contribution is “*feeling respected and treated fairly at work and have strong relationships with their colleagues and teams*”⁹. Workplace belonging is particularly linked by the NHS to

¹ [NHS People Plan](#). (2020) NHS England

² Mallon, D. (2020) [Belonging: From comfort to connection to contribution](#). Deloitte.

³ Mallon, D. (2020) [Belonging: From comfort to connection to contribution](#). Deloitte.

⁴ [Building Inclusive Workplaces: Assessing the evidence](#) (2019) CIPD

⁵ [Building Inclusive Workplaces: Assessing the evidence](#) (2019) CIPD

⁶ [Building Inclusive Workplaces: Assessing the evidence](#) (2019) CIPD

⁷ [Building Inclusive Workplaces: Assessing the evidence](#) (2019) CIPD

⁸ Mallon, D. (2020) [Belonging: From comfort to connection to contribution](#). Deloitte.

⁹ Mallon, D. (2020) [Belonging: From comfort to connection to contribution](#). Deloitte.

‘positive team outcomes, reduced absenteeism and enhanced job commitment’¹⁰.

9. The NHS emphasises the role of leaders in creating a culture of belonging that should be founded on learning. Relational approaches to leadership are strongly emphasised, particularly those described as compassionate, inclusive, and distributed¹¹. A 2020 report from The King’s Fund on workforce inequalities in the NHS highlighted that data showed “*ethnic minority staff are more likely than white staff to report having negative experiences at work*” but recognised that “*there are relatively few studies [focusing on] qualitatively on exploring the experiences of ethnic minority staff in the NHS*”¹². The King’s Fund report highlighted that “*it is down to individuals and organisations making a concerted effort at a local level to iterate the approach that ‘works’ for them*”¹³. This situation speaks to a strong need for NHS services to enter into open dialogue with staff, to understand individual lived experiences in the workplace.

Workplace belonging in a COVID/Post-COVID world

10. The onset of the COVID-19 pandemic in early 2020 led to the rapid transition to remote and hybrid working arrangements in many industries and sectors. This was driven by a health and safety imperative to protect staff and stem transmission of the Coronavirus throughout the workplace.
11. Remote working was not possible for all employers given the nature of their business. Although for others it was already a feature of working practice and presented little technological or practical disruption. For many though, the speed, impact and duration of remote working practices, as the pandemic continued, has been disruptive. Deloitte has commented that “*paradoxically, while technology enables instant communication with virtually anyone, it can also contribute to feelings of isolation*”¹⁴. The IT company Oracle has said that due to the pandemic “*we no longer have an unlimited time frame to figure out culture, flexibility, trust, growing talent, remote working — that is all thrust upon us in this moment*”¹⁵.
12. Leaders and managers were propelled to make quick decisions – sometimes beyond their natural expertise - about operating arrangements in an unknown, uncertain, and shifting situation. They needed to balance business needs with protecting staff, and both recognise and respond to the range of personal impacts that living and working through a global pandemic was having upon individuals. In this context, preserving and growing a sense of workplace belonging was never more needed, despite being evermore challenging.
13. Writing in July 2020, Lauren Romansky, of global insights firm Gartner, highlighted how even pre-dating the pandemic an “*evolving workplace culture, ongoing digitalization, and societal shifts ...made widespread belonging a difficult thing to achieve*”¹⁶. She went on to suggest the ‘creation of virtual touchpoints’ or digital water-cooler opportunities were vital, together with recognising the increased complex needs of staff¹⁷. For her, this was the time to review pre-existing belonging strategies and “*reassess business inclusion*”¹⁸, as well as intentionally equipping leaders

¹⁰ [Building Inclusive Workplaces: Assessing the evidence](#) (2019) CIPD

¹¹ [Belonging in the NHS](#). NHS England website. NHS England

¹² Ross, S et al. (2020) [Workforce race inequalities and inclusion in NHS providers](#). The King’s Fund

¹³ Ross, S et al. (2020) [Workforce race inequalities and inclusion in NHS providers](#). The King’s Fund

¹⁴ Etchegaray, M. (2020) [Belonging in a time of crisis Creating a sense of belonging at work](#). Deloitte

¹⁵ Oracle. [4 Reasons Inclusion and Belonging Remain Timeless Priorities for High Performance Companies](#)

¹⁶ Romansky, L. (2020) [HR leaders need to build workplace belonging during COVID-19](#). HRD Connect

¹⁷ Romansky, L. (2020) [HR leaders need to build workplace belonging during COVID-19](#). HRD Connect

¹⁸ Romansky, L. (2020) [HR leaders need to build workplace belonging during COVID-19](#). HRD Connect

and managers with the skills to cultivate belonging – such as adopting a variety of communication styles to meet the needs of face to face and online interactions.¹⁹ Also in 2020, a Harvard Business publication commented that *“diverse employees and new hires are at greatest risk of falling into this [remote working] disconnected state, because their social ties and sense of belonging may have already been tenuous before everyone was sent home.”*²⁰

14. Meanwhile, writing in People Management in 2022, Occupational Psychologist Professor Lee Waller commented that *“in the UK, 19 million workers handed in their notice between March and July 2021, leaving more than 10 million job vacancies”*²¹. While not drawn from sector specific data, she went on to highlight that a pay increase was not always the main motivation, suggesting that feeling a lack of workplace belonging could be a factor driving departures. She remarked that common responses to not feeling belonging is to leave a job saying: *“when we feel that we do not belong...we disengage, retreat, and ultimately, leave.”*²² Waller goes on to recommend four key strategies to grow workplace belonging in the new culture of hybrid working: ‘connection and community, inclusive leadership, fostering psychological safety, and focusing on development over reward’²³.

15. Harvard Business in 2020 set out the *“Three A’s of Inclusion: Awareness, Authenticity, and Accountability.”*²⁴ This approach, particularly in the COVID-19 context, includes ‘awareness’, such as noticing people you’ve not connected with recently and reaching out. ‘Authenticity’ involves leaders being *“open, authentic, and vulnerable about your own challenges”*. While ‘accountability’ includes awareness *“while we are all weathering the same storm, we are not all in the same boat”*.²⁵

16. In a similar article in Harvard Business in 2021, Abbey Lewis wrote how *“quickly evolving work arrangements amplified relational issues [in remote teams]”*²⁶. The struggles faced by teams were listed as ‘new hires feeling disconnected from their teams during on-boarding; team members becoming disengaged with less face-to-face time, employees over-connecting online to compensate for the lack of face-to-face time, and increased burnout as some staff found it hard to “switch off” online while working from home’²⁷. Lewis went on to list ‘5 human skills’ for the new world of work as ‘empathy, communication, adaptability, a (non-directive) coaching style, and trust-building’²⁸.

17. McKinsey highlighted in 2020 how workplace disruption caused by the pandemic had given organisational leaders a reason to *“build a more equitable and inclusive workplace that will*

¹⁹ Romansky, L. (2020) [HR leaders need to build workplace belonging during COVID-19](#). HRD Connect

²⁰ Lipton, A. (2020) [Cultivating Belonging in the Era of COVID-19: Putting the Three A’s of Inclusion to Work](#) Harvard Business Publishing Corporate Learning

²¹ Waller, L. Professor (2022) [Amid the ‘Great Resignation’, creating a sense of belonging is more important than ever](#). People Management

²² Waller, L. Professor (2022) [Amid the ‘Great Resignation’, creating a sense of belonging is more important than ever](#). People Management

²³ Waller, L. Professor (2022) [Amid the ‘Great Resignation’, creating a sense of belonging is more important than ever](#). People Management

²⁴ Lipton, A. (2020) [Cultivating Belonging in the Era of COVID-19: Putting the Three A’s of Inclusion to Work](#). Harvard Business Publishing Corporate Learning

²⁵ Lipton, A. (2020) [Cultivating Belonging in the Era of COVID-19: Putting the Three A’s of Inclusion to Work](#). Harvard Business Publishing Corporate Learning

²⁶ Lewis, A. (2021) [5 Key Human Skills to Thrive in the Future Digital Workplace](#). Harvard Business Publishing Corporate Learning

²⁷ Lewis, A. (2021) [5 Key Human Skills to Thrive in the Future Digital Workplace](#). Harvard Business Publishing Corporate Learning

²⁸ Lewis, A. (2021) [5 Key Human Skills to Thrive in the Future Digital Workplace](#). Harvard Business Publishing Corporate Learning

*strengthen their organizations far beyond COVID-19*²⁹. They went on to comment that rapid adaptation in the face of the pandemic will have *“alleviated some negative effects, [but] employees—particularly diverse employees and working parents—are still struggling to cope with the wide range of pandemic challenges that go beyond remote working”*³⁰. McKinsey went on to identify ‘33 interventions’ to drive diversity, equality and inclusion in the new workplace. These included: ‘staff mentoring and leadership training for under-represented staff groups, training for virtual inclusive leadership, frequent employee pulse surveys, driving equality diversity and inclusion through governance structures’³¹.

Compassionate leadership

18. In 2019, the University of the West of England published the findings of a literature review into the ‘DNA of leadership for inclusion’, as part of an NHS Leadership academy initiative. The report emphasised that *“the time has come to focus efforts on the development of compassionate and inclusive cultures that truly value the diverse health and care workforce, enabling people to deliver the best quality services to our increasingly diverse communities.”*³² It went on to set out that leadership strategies for inclusion should recognise and include: ‘lived experience, emotion, complexity, knowledge and engage people through collaborative inquiry’³³.

19. Similarly, in May 2021, Laura Simms - Equality and Inclusion System Influencer Lead in NHS England’s People Directorate, said *“compassion also means belonging. Trusting our authentic selves to the world, without having to adapt to fit others’ ideals or expectations”*³⁴. This reflects the NHS’s ongoing focus on amplifying and embedding a ‘compassionate’ approach to leadership – and not only for those who hold senior positions of authority, but at all staffing levels. In the 2020 Deloitte report on workplace belonging, it was similarly highlighted this can be achieved by *“leaders unit[ing] teams in common goals rather than by top-down rules, and team members [having] the autonomy to make decisions and provide input instead of following a command-and-control structure”*³⁵.

20. In his 2021 book ‘Compassionate leadership’ Professor Michael West asserts *‘if it’s not inclusive, it’s not compassionate leadership’*³⁶. For West – and extending and building on the work of others who promulgate relational forms of leadership – compassionate leadership comprises: ‘attending, understanding, empathising and helping’ others³⁷. He argues that this style inherently promotes equity, diversity and inclusion. He also argues that inclusive teams are more “productive and innovative” – implying it stands to reason because the engagement, participation and contribution of all, generates greater ‘creativity and innovation’³⁸. Indeed, Roger Kline in a 2015 report from the Race Equality Foundation (quoting Fay et al from 2006) set out that *“health care teams are generally more innovative when they have a more diverse set of backgrounds represented”*³⁹.

²⁹ Ellingrud, K (2020) [Diverse employees are struggling the most during COVID-19—here’s how companies can respond](#). McKinsey

³⁰ Ellingrud, K (2020) [Diverse employees are struggling the most during COVID-19—here’s how companies can respond](#). McKinsey

³¹ Ellingrud, K (2020) [Diverse employees are struggling the most during COVID-19—here’s how companies can respond](#). McKinsey

³² Bolden, R et al. (2019) [Inclusion: the DNA of leadership for change](#). University of the West of England/NHS Leadership Academy

³³ Bolden, R et al. (2019) [Inclusion: the DNA of leadership for change](#). University of the West of England/NHS Leadership Academy

³⁴ Simms, L. (2021) [Compassion for inclusion and the link to belonging](#). NHS England Website. NHS England

³⁵ Mallon, D. (2020) [Belonging: From comfort to connection to contribution](#). Deloitte.

³⁶ West, M. (2021) [Compassionate Leadership](#). The Swirling Leaf Press. (Chapter 7)

³⁷ West, M. (2021) [Compassionate Leadership](#). The Swirling Leaf Press. (p111)

³⁸ West, M. (2021) [Compassionate Leadership](#). The Swirling Leaf Press. (p127-128)

³⁹ Kline, R. (2015) [Beyond the snowy white peaks of the NHS?](#) Race Equality Foundation

21. Curiosity is also posed, by West, as a lever for the ‘understanding’ dimension of the compassionate leadership model. That is not making assumptions or imposing a singular view of the world but encouraging staff, as individuals, to share their range of perspectives to achieve a depth of real understanding. This understanding then becomes a rich basis for the ‘empathy’ and ‘helping’ components of compassionate leadership. West describes this as *“listening with fascination”*⁴⁰. Similarly, creating a ‘fair and just’ culture – and in the light of compassionate leadership – suggests what is fair and just takes account of the needs and context of the people being led⁴¹.

22. Jennifer Brown in the 2019 book ‘How to be an inclusive leader’ describes the inclusive leadership continuum from ‘unaware to advocate’⁴². These stages for Brown comprise:

- unawareness that diversity and inclusion is more than compliance-related;
- becoming aware of the role you as a leader play in inclusion and becoming educated;
- being active in engaging with and supporting diversity; and
- being an advocate, leading to confront discrimination and to bring about systemic change⁴³.

This can be argued to demand honesty and authenticity from leaders to self-reflect on their understanding and experience of leading in diversity and for inclusion, and acknowledging where they need to develop further.

23. In their 2020 Diversity and Inclusion report, IBM highlighted that *“leadership action and accountability are critical to fostering an inclusive culture at IBM”*. Diversity is *“a business imperative”* and inclusion means *“building and developing empathetic relationships; fostering meaningful collaborations; embracing flexibility; [and] listening”*⁴⁴.

24. In the 2020 report from The King’s Fund on workplace inclusion and diversity, key learning points for leadership were found to include everyone having a role to play in an organisation’s approach race equality and inclusion – through ‘leadership, participation or allyship’. It is everyone’s responsibility, and leaders (who may need support in this) need to design and implement strategies to *“model the principles of inclusion”*.⁴⁵ Hunt et al, in 2021, highlighted that learning programmes for leaders should have a strong focus on behaviours including *“inclusive, compassionate and collaborative leadership”* which they see are *“integral to psychological safety”* in the workplace.⁴⁶

Belonging as an ‘adaptive challenge’

25. Bolden et al. in 2019 consider inclusion as an ‘adaptive challenge’ and in this light it may be relevant to consider belonging likewise. These are *“challenges that are difficult to address”* according to Bolden et al. and characterised by no clear and existing solution⁴⁷. They argue that achieving inclusivity in the healthcare workforce is an adaptive or ‘complex’ challenge, and it

⁴⁰ West, M. (2021) [Compassionate Leadership. The Swirling Leaf Press.](#) (p130)

⁴¹ West, M. (2021) [Compassionate Leadership. The Swirling Leaf Press.](#) (p142)

⁴² Brown, J. (2019) [How to be an inclusive leader: Your role in creating cultures of belonging where everyone can thrive.](#) Berrett-Koehler Publishers Inc. (USA) (Content not fully accessible)

⁴³ Kimer, S. (2019) [A new fantastic book on Inclusive Leadership – “How to Be an Inclusive Leader” by Jennifer Brown.](#) Total Engagement Consulting by Kimer Blog

⁴⁴ [IBM 2020 Diversity & Inclusion Report](#) (2021) IBM.

⁴⁵ Ross, S et al. (2020) [Workforce race inequalities and inclusion in NHS providers.](#) The King’s Fund

⁴⁶ Hunt, D. F. et al. (2021) [Enhancing psychological safety in mental health services.](#) International Journal of Mental Health Systems

⁴⁷ Bolden, R et al. (2019) [Inclusion: the DNA of leadership for change.](#) University of the West of England/NHS Leadership Academy

requires a leadership approach suitable for engaging with complexity⁴⁸.

26. Adaptive challenges are sometimes alternatively termed ‘wicked or complex problems’, and – it is argued – leaders need the skills to identify the category of challenges they are confronted with and respond accordingly⁴⁹. The ‘Cynefin’ model from Snowden and Boone in 2007 categorises challenges as: ‘*simple, complicated, chaotic and complex*’. Typical of an approach to complex challenges is to ‘probe, sense and respond’⁵⁰.

27. Professor Keith Grint similarly comments that a “*leader is required to reduce the anxiety of [staff] by facilitating the construction of an innovative response to the novel problem, rather than rolling out a known process to a previously experienced problem*”⁵¹. He goes on to describe the adaptive or wicked problem as: “*more complex, rather than just complicated – that is, it cannot be removed from its environment, solved, and returned without affecting the environment. Moreover, there is no clear relationship between cause and effect. Such problems are often intractable*”⁵². While Professor Ronald Heifetz of Harvard University and an internationally renowned commentator on leadership, writing with Marty Linsky in 2002, said you cannot solve adaptive challenges from “*on high*”⁵³. These challenges require ‘experiments’, ‘new discoveries’, and ‘adjustments’ from within the organisation⁵⁴. Adaptive leadership is inherently facilitative, collaborative and exploratory. It can be argued to be complementary to the compassionate leadership approach.

Role-modelling

28. Role-modelling by leaders is highlighted by Michael West as important for compassionate leadership that, as set out above, he argues is inherently inclusive⁵⁵. This involves demonstrating understanding and appreciation to each individual and being “truly present” in doing so⁵⁶, as well as noticing when not being so and promptly remedying this. One thing to guard against is a leader being drawn towards people who they find most comfortable or easy to interact with. This implies that people acting with compassionate leadership do not erect invisible barriers towards individuals and must intentionally seek the voices of all. They should also intentionally notice when they are gravitating towards certain staff. Remtulla et al, also advocate role-modelling together with a ‘transformational’ style of leadership that contributes to a culture of psychological safety⁵⁷ (see below).

29. A Nuffield Trust report from 2021 highlighted that within the NHS the learning and development gap needs to be closed and people in leadership positions should be honest about their own learning needs and be seen to proactively address them⁵⁸. Showing honesty is part of role-modelling. Similarly, as set out by the CIPD “*If a senior leader behaves in an exclusionary way, it signals that inclusion isn’t a key priority ... championing inclusion allows senior leaders to have*

⁴⁸ Bolden, R et al. (2019) [Inclusion: the DNA of leadership for change](#). University of the West of England/NHS Leadership Academy

⁴⁹ Bolden, R et al. (2019) [Inclusion: the DNA of leadership for change](#). University of the West of England/NHS Leadership Academy

⁵⁰ Bolden, R et al. (2019) [Inclusion: the DNA of leadership for change](#). University of the West of England/NHS Leadership Academy

⁵¹ Grint, K. (2008) [Wicked Problems and Clumsy Solutions: the Role of Leadership](#). Clinical Leader

⁵² Grint, K. (2008) [Wicked Problems and Clumsy Solutions: the Role of Leadership](#). Clinical Leader

⁵³ Heifetz, R. & Linsky, M. (2002) [Leadership on the Line](#). Harvard Business Review Press

⁵⁴ Heifetz, R. & Linsky, M. (2002) [Leadership on the Line](#). Harvard Business Review Press

⁵⁵ West, M. (2021) [Compassionate Leadership. The Swirling Leaf Press](#). (p132)

⁵⁶ West, M. (2021) [Compassionate Leadership. The Swirling Leaf Press](#). (p133)

⁵⁷ Remtulla, R. et al. (2021) [Exploring the barriers and facilitators of psychological safety in primary care teams: a qualitative study](#). BMC Health Services Research

⁵⁸ Hemmings, N. et al. (2021) [Attracting, supporting and retaining a diverse NHS workforce](#). The Nuffield Trust/NHS Employers.

*positive influence, can encourage helping behaviour and is also linked with performance, productivity, satisfaction and well-being*⁵⁹.

30. Badenoch and Clark, the recruitment company, highlighted how “employees look for role models” to see how they are reflected in organisational leadership⁶⁰. They went on to say this “requires leaders to embrace their own vulnerability on inclusion [and] be empowering”⁶¹. While the Institute for Healthcare Improvement, as part of its White Paper on ‘Joy in the Work’ (see below), highlighted how “each team member has a responsibility to be a good colleague, in addition to role modelling the core values of transparency, civility, and respect”⁶².

Team working

31. A report commissioned by the NHS and produced by The King’s Fund in 2015 (based on 2014 NHS staff survey data) argued that the most effective level to address inclusion is at the team level, and that most workplace discrimination takes place within teams. Furthermore, in 2017 the Department for Work and Pensions set out that “evidence shows that how employees are managed, and the behaviours and competency of line managers, are crucial to creating a healthy and inclusive workplace where everyone can flourish”⁶³. This suggests relationships between team level line-managers and staff, and among team members, as well as between teams, are crucial to cultivating workplace belonging. Deloitte’s 2021 report on workplace belonging also argued that teams play a pivotal role in aiding staff to feel connected around “meaningful work outcomes”, and see how their “unique strengths” are contributing to team and organisational goals⁶⁴.

32. The 2015 report from The King’s Fund on diversity and inclusion set out a series of approaches that contribute to inclusive teams, which were characterised as demonstrating:

- clear vision and values;
- shared team leadership;
- valuing diversity as a positive element of the team; and
- a pattern of listening to and valuing all voices within the team⁶⁵.

The same report went on to review evidence⁶⁶ that highlighted the actions of teams should have ‘a positive and motivating vision of the team’s work’ - with ‘five or six clear, agreed, challenging team objectives’. This suggests a shared aim that team members contribute to defining and contributing to fulfilling a clear shared vision.

33. That report went on to highlight the importance of staff having clear roles that are mutually understood, and line-managers providing ‘regular and helpful performance feedback linked to the objectives’. Hence, there should be no ambiguity or differences of opinion about the nature

⁵⁹ [Building Inclusive Workplaces: Assessing the evidence](#) (2019) CIPD

⁶⁰ [Workplace Inclusion In Times Of Covid, Crisis And Beyond What Employees Say And What It Means For Workplace Culture, Recruitment And Leadership](#) (2020) Badenoch and Clark

⁶¹ [Workplace Inclusion In Times Of Covid, Crisis And Beyond What Employees Say And What It Means For Workplace Culture, Recruitment And Leadership](#) (2020) Badenoch and Clark

⁶² Perlo J et al (2017) [IHI Framework for Improving Joy in Work \(White Paper\)](#). Institute for Healthcare Improvement

⁶³ [Improving Lives The Future of Work, Health and Disability](#). (2017) Department for Work and Pensions.

⁶⁴ Mallon, D. (2020) [Belonging: From comfort to connection to contribution](#). Deloitte.

⁶⁵ West, M. et al. (2015) [Making the difference: Diversity and inclusion in the NHS](#) (Summary Report – 2014 NHS staff survey data). The King’s Fund

⁶⁶ West, M. et al. (2015) [Making the difference: Diversity and inclusion in the NHS](#) (Summary Report – 2014 NHS staff survey data). The King’s Fund

of a specific role and line-managers should be alert to the activities and reality of the post holders work and approach, to be able to provide helpful feedback regularly⁶⁷.

34. Listening to and valuing all voices within the team was furthermore emphasised, where people are encouraged to speak up and contribute to how things work, from staff experience, insights and ideas. This implies team leaders should have the training or ability to facilitate quality team discussions to draw out the range of perspectives. This speaks to a shared team leadership model, where the team leader facilitates team engagement and involvement rather than dominating and dictating in a hierarchical way. Similarly, a subsequent report from The King's Fund in 2020 on NHS workforce race inequalities, highlighted that *"successful race equality initiatives require organisation leaders to make clear that race equality is a high priority ... and multiple strategies will be needed"* including at 'workplace, interpersonal and intrapersonal levels'⁶⁸.
35. Finally, from The King's Fund 2020 report, there should also be commitment at the team level to 'quality improvement and innovation' and 'time out' and 'after-action' reviews, with co-operative and supportive ways of working with other teams in the organisation⁶⁹. This suggests there should be empowerment of team leaders to make certain decisions within their team about how things operate - and for team managers to engage effectively beyond team boundaries, to represent their team and effect change that works well for their team.
36. In his book 'Compassionate Leadership' published in 2021, Michael West highlights that most discrimination in the workplace happens within teams, indicating the importance of good interpersonal relationships between close colleagues. Teams, he asserts, must be structured to be places of 'psychological safety'⁷⁰ (see below). He provides a series of sample questions leaders can use to self-reflect and with others to assess how inclusive they are in practice. This includes the extent to which they really understand the 'lived experience' of their staff⁷¹.
37. More specifically, a small study of junior doctors in 2021, by the University of Birmingham, found that staff working in cohesive teams have better mental health, and those experiencing a lack of leadership is associated with poorer mental health. It also found the protective factors against highly stressful workplaces and sources of support for junior doctors rely on *"support from work colleagues, help with managing workloads and emotional support; supportive leadership strategies, including feeling valued and accepted, trust and communication, supportive learning environments, challenging stigma and normalising vulnerability; and access to professional support"*⁷². This study went on to highlight that many of its participants highlighted working in protective and supportive work cultures, characterised by good interpersonal relationships, a strong team morale where there was a shared responsibility for workloads⁷³. In this light, the intra-team relationships play a vital role in cultivating a supportive sense of belonging and

⁶⁷ West, M. et al. (2015) [Making the difference: Diversity and inclusion in the NHS](#) (Summary Report – 2014 NHS staff survey data). The King's Fund

⁶⁸ Ross, S et al. (2020) [Workforce race inequalities and inclusion in NHS providers](#). The King's Fund

⁶⁹ West, M. et al. (2015) [Making the difference: Diversity and inclusion in the NHS](#) (Summary Report – 2014 NHS staff survey data). The King's Fund

⁷⁰ West, M. (2021) [Compassionate Leadership](#). The Swirling Leaf Press. (p141)

⁷¹ West, M. (2021) [Compassionate Leadership](#). The Swirling Leaf Press. (p147)

⁷² Riley, R et al. (2021) [Protective factors and sources of support in the workplace as experienced by UK foundation and junior doctors: a qualitative study](#). BMJOpen

⁷³ Riley, R et al. (2021) [Protective factors and sources of support in the workplace as experienced by UK foundation and junior doctors: a qualitative study](#). BMJOpen

contributing to staff wellbeing. The authors recommended checking-in with colleagues, listening, reflecting, reframing, sense-making as important to reduce workplace isolation⁷⁴.

Engagement and shared decision-making

Engagement and agency

38. The CIPD sees the inclusion agenda having moved beyond diversity policies and management practices, towards employee participation and internal communications⁷⁵. Their 2019 report into workplace inclusion reflected how inclusive organisations include where *“Employees should feel like they have agency in decision-making processes and important networks so that no individual is left wondering ‘what about me?’, helping contribute to a sense of organisational belonging. Allowing everyone to have influence and actively taking feedback on board can contribute to improved, inclusive practices.”*⁷⁶

39. The CIPD goes on to say that inclusive organisations should *“facilitate [staff] reflection on what inclusion means to them in their day-to-day role, what their role is in building inclusion, and how this is reflected in organisational values”*⁷⁷. This points to an operating environment, reflective of shared or distributed leadership models, where staff have opportunities to contribute to decision-making and that everyone is part of creating a culture of belonging.

40. Belonging has been described in the article by Atwal et al in 2021 (citing Hammell in 2014) as *“occupational engagement and connections, and refers to mutual support and reciprocity and a sense of being valued and socially included”*.⁷⁸ While, in 2020, the British Psychological Society published a guide to ‘Covid-related anxiety and distress in the workplace’. It sets out the SHARE mnemonic model of support for staff experiencing negative feelings and distress about new ways of working prompted by the COVID-19 pandemic. This included, the ‘adapt’ element, emphasising the importance of consulting staff about workplace changes and engaging staff to ensure they are involved in and can influence both change and solutions⁷⁹.

41. Indeed, the annual NHS Staff Survey measures employee engagement, demonstrated by the following 2021 question areas:

- Making suggestions to improve the work of my team / department (Qu. 3d)
- Involvement in deciding on changes introduced that affect my work area / team / department (Qu.3e)
- Making improvements happen in my area of work (Qu. 3f)
- Asked for my opinion before making decisions that affect my work (Qu. 9c)
- Works together with me to come to an understanding of problems (Qu. 9f)⁸⁰

⁷⁴ Riley, R et al. (2021) [Protective factors and sources of support in the workplace as experienced by UK foundation and junior doctors: a qualitative study](#). BMJOpen

⁷⁵ [Building Inclusive Workplaces: Assessing the evidence](#) (2019) CIPD

⁷⁶ [Building Inclusive Workplaces: Assessing the evidence](#) (2019) CIPD

⁷⁷ [Building Inclusive Workplaces: Assessing the evidence](#) (2019) CIPD

⁷⁸ Atwal, A et al. (2021) [Making a difference: Belonging, diversity and inclusion in occupational therapy](#). British Journal of Occupational Therapy Vol 84 (11) 671-672.

⁷⁹ [Covid-related anxiety and distress in the workplace: A guide for employers and employees](#) (2020) British Psychological Society

⁸⁰ [National NHS Staff Survey 2021](#). NHS England

The results arising from these questions may be relevant to monitor and where necessary improve, as an indicator of effective staff engagement and as a contributory factor to growing and maintaining belonging.

Co-production

42. Furthermore, Hunt et al. in 2021 – in the context of creating ‘psychological safety’ in healthcare organisations – particularly mental health services, discussed how “*co-production demonstrates and utilises the value of experiential knowledge of staff, patients and their carers and families*”⁸¹. They describe how it is the “*collective responsibility in contributing to innovation and change that may lead to safer patient care. This includes contributing to suggestions for change, experimentation and providing feedback, and making efforts to implement changes into practice*”⁸². They point out that “*the experience of collaboration in itself can foster an experience of psychological safety and persuade staff of the sincerity of the intentions of executive leadership*”. They also link this to staff motivation and increased staff engagement in the workplace.⁸³

Joy at work

43. Influential work by the Institute for Health Care Improvement (IHI), under Professor Don Berwick, includes the ‘IHI Framework for Improving Joy in Work (White Paper)’. It provides an approach and accompanying tools to identify and amplify aspects of joy at work, and the barriers to achieving a sense of joy. The White Paper introduces joy as impacting “*individual staff engagement and satisfaction, but also patient experience, quality of care, patient safety, and organizational performance*”⁸⁴. The alternative results in “*burnout [that] affects all aspects of the pursuit of better health and health care. [Leads to] lower levels of staff engagement, which correlate with lower customer (patient) experience, lower productivity, and an increased risk of workplace accidents*”⁸⁵. IHI commented in this work that where there is staff disengagement, “*output becomes less diverse, opinions are marginalized, decisions and performance suffer, and consequently, patients suffer*”⁸⁶. The implication is that joy at work can potentially increase a culture of belonging.

44. IHI therefore believes a response to burnout in healthcare staff is to restore a sense of joy for all healthcare staff. In fact, they see joy as “*one of healthcare’s greatest assets*”⁸⁷. Hence, it can be argued, joy becomes a vital component in garnering staff engagement and vice versa - and so creating a sense of belonging at work.

45. In 2015-16 IHI developed a ‘four-step leadership’ approach to improving joy in the healthcare workplaces⁸⁸. This comprised:

- 1) Ask staff, what matters to you?
- 2) Identify local impediments to joy

⁸¹ Hunt, D. F. et al. (2021) [Enhancing psychological safety in mental health services](#). International journal of Mental Health Systems

⁸² Hunt, D. F. et al. (2021) [Enhancing psychological safety in mental health services](#). International journal of Mental Health Systems

⁸³ Hunt, D. F. et al. (2021) [Enhancing psychological safety in mental health services](#). International journal of Mental Health Systems

⁸⁴ Perlo J et al (2017) [IHI Framework for Improving Joy in Work \(White Paper\)](#). Institute for Healthcare Improvement

⁸⁵ Perlo J et al (2017) [IHI Framework for Improving Joy in Work \(White Paper\)](#). Institute for Healthcare Improvement

⁸⁶ Perlo J et al (2017) [IHI Framework for Improving Joy in Work \(White Paper\)](#). Institute for Healthcare Improvement

⁸⁷ Perlo J et al (2017) [IHI Framework for Improving Joy in Work \(White Paper\)](#). Institute for Healthcare Improvement

⁸⁸ Perlo J et al (2017) [IHI Framework for Improving Joy in Work \(White Paper\)](#). Institute for Healthcare Improvement

- 3) Commit to a systems approach to making joy at work a shared responsibility
- 4) Test approaches as part of quality improvement⁸⁹

They use the term ‘boulders’ to depict more complex barriers to joy that need escalating and addressing at an organisation or system level, with smaller barriers being addressed locally. IHI is clear that creating joy is everyone’s responsibility, but not everyone has the same role to play. For example, while individual staff can contribute to daily measurement and improvement of joy levels, managers can create a climate of participative management and effective team working, with leaders setting a culture of meaning and purpose, psychological safety that give staff choice and autonomy⁹⁰.

46. Finally, the White Paper provides a range of techniques to understand and measure joy in the workplace. In simple terms, this could include a local level measure of joy *“using a glass jar placed by into which staff drop one marble each day: a blue marble for a good day, where the individual made progress, or a tan marble for a day without progress. A designated staff member counts the number of blue and tan marbles each morning and tracks the total count. A quick glance at the jar enables staff to gauge the daily mood of the organization. Leaders also use this data to assess levels of joy in work over time”*⁹¹.

47. Another suggestion is the ‘three daily questions’ method where each staff member must be able to answer ‘yes’ to the following questions each day *“Am I treated with dignity and respect by everyone? Do I have what I need, so I can make a contribution that gives meaning to my life? Am I recognized and thanked for what I do?”*⁹²

48. It is worth pointing out, that the iCope IAPT service in Islington and Camden used techniques included in the IHI Joy at Work White Paper as a basis to develop their own staff wellbeing interventions in around 2017. By focusing on the local level ‘pebbles’ that were perceived as barriers to joy at work, and chipping away at the ‘boulders’, the approach was believed to help make staff feel heard and take a shared responsibility in addressing factors that get in the way of good staff wellbeing. More information about the approach iCope took is found on the NHS England website⁹³.

Psychological safety

49. In 2020, the NHS Trusts’ membership body, NHS Providers, described psychological safety as *“about candour, and whether we feel able and supported to be direct, take risks, and be willing to admit mistakes. Teams need psychological safety to be effective.”*⁹⁴ They went on to link psychological safety with staff wellbeing, a learning culture and positive change management environments, concluding that *“inclusivity, trust and respect are central”*⁹⁵. Elsewhere, psychological safety is also linked to ‘engagement, reducing burnout, and promoting creativity’; as a predictor of employee retention, fundamental for ‘organisational resilience’⁹⁶; and of team

⁸⁹ Perlo J et al (2017) [IHI Framework for Improving Joy in Work \(White Paper\)](#). Institute for Healthcare Improvement

⁹⁰ Perlo J et al (2017) [IHI Framework for Improving Joy in Work \(White Paper\)](#). Institute for Healthcare Improvement

⁹¹ Perlo J et al (2017) [IHI Framework for Improving Joy in Work \(White Paper\)](#). Institute for Healthcare Improvement

⁹² Perlo J et al (2017) [IHI Framework for Improving Joy in Work \(White Paper\)](#). Institute for Healthcare Improvement

⁹³ NHS England website. [Staff wellbeing is everyone’s responsibility at Islington iCope](#). NHS England

⁹⁴ Harrison, C. (2020) [Psychological safety and why it matters](#). NHS Providers

⁹⁵ Harrison, C. (2020) [Psychological safety and why it matters](#). NHS Providers

⁹⁶ Remtulla, R. et al. (2021) [Exploring the barriers and facilitators of psychological safety in primary care teams: a qualitative study](#). BMC Health Services Research

performance⁹⁷. Yet, as O'Donovan and McAuliffe comment in 2020, "*Despite the importance of psychological safety in healthcare teams, it is often lacking.*"⁹⁸

50. Psychological safety was originally described as: "*where individuals feel empowered to ask questions, admit mistakes or voice concerns without fear of negative repercussions from their team*"⁹⁹. In 2021, David Hunt et al., investigating mental health settings in particular, said that "*psychological safety—speaking up about ideas and concerns, free from interpersonal risk—are essential to the high-risk environment, such as healthcare settings*"¹⁰⁰.
51. In 2021, Remtulla et al., building on the founding work by Amy Edmondson, identified four barriers to psychological safety and eight facilitators. The barriers are 'hierarchy, perceived lack of knowledge, personality and authoritarian leadership'. The facilitators are 'leader inclusiveness, open culture, vocal personality, support in silos, boundary spanner, chairing meetings, strong interpersonal relationships, and small groups'¹⁰¹.
52. Remtulla et al. also recognised that a body of literature already identifies leadership style as a key driver or constraint of psychologically safe workplaces, with hierarchical and authoritarian leadership styles being a barrier, and an inclusive leadership style a facilitator¹⁰². To them, psychological safety should be enabled at the organisation, team and individual level. For example, 'team dynamics and relationships' can be an inhibitor - such as dominant personalities and a perceived individual lack of knowledge and awareness to engage within team discussions¹⁰³. Similarly, individual perceptions of being "*lower' in a hierarchy may incorrectly assume others in the team possess more important information and consider their own knowledge to be irrelevant to the discussion*"¹⁰⁴. They went on to say 'cognitive biases' can negatively impact on patient safety¹⁰⁵. While leaders become facilitators, whether at the organisational or team level, by showing support - actively listening to team members and demonstrating inclusive behaviours, such as encouraging contributions or introducing new members of the team to their colleagues¹⁰⁶.
53. O'Donovan and McAuliffe, in 2020, identified the 'enablers' of psychological safety in a health care work setting, which they distilled into five themes. These themes were 'priority for patient safety, improvement or learning orientation, support, familiarity with colleagues, status, hierarchy and inclusiveness and individual differences'¹⁰⁷.

⁹⁷ O'Donovan, R. & McAuliffe, E. (2020) [A systematic review of factors that enable psychological safety in healthcare teams](#). International Journal for Quality in Health Care

⁹⁸ O'Donovan, R. & McAuliffe, E. (2020) [A systematic review of factors that enable psychological safety in healthcare teams](#). International Journal for Quality in Health Care

⁹⁹ Remtulla, R. et al. (2021) [Exploring the barriers and facilitators of psychological safety in primary care teams: a qualitative study](#). BMC Health Services Research [Taken from the work of Amy Edmondson, 1999]

¹⁰⁰ Hunt, D. F. et al. (2021) [Enhancing psychological safety in mental health services](#). International journal of Mental Health Systems

¹⁰¹ Remtulla, R. et al. (2021) [Exploring the barriers and facilitators of psychological safety in primary care teams: a qualitative study](#). BMC Health Services Research

¹⁰² Remtulla, R. et al. (2021) [Exploring the barriers and facilitators of psychological safety in primary care teams: a qualitative study](#). BMC Health Services Research

¹⁰³ Remtulla, R. et al. (2021) [Exploring the barriers and facilitators of psychological safety in primary care teams: a qualitative study](#). BMC Health Services Research

¹⁰⁴ Remtulla, R. et al. (2021) [Exploring the barriers and facilitators of psychological safety in primary care teams: a qualitative study](#). BMC Health Services Research

¹⁰⁵ Remtulla, R. et al. (2021) [Exploring the barriers and facilitators of psychological safety in primary care teams: a qualitative study](#). BMC Health Services Research

¹⁰⁶ Remtulla, R. et al. (2021) [Exploring the barriers and facilitators of psychological safety in primary care teams: a qualitative study](#). BMC Health Services Research

¹⁰⁷ O'Donovan, R. & McAuliffe, E. (2020) [A systematic review of factors that enable psychological safety in healthcare teams](#). International Journal for Quality in Health Care

54. Similar to Remtulla et al., they recognised that approaches at the organisational, team and individual level are necessary to cultivate psychological safety. Their systematic review of the literature found that where there is a strong safety culture driven by leader integrity, and clear professional responsibility, psychological safety can grow. Where there is a learning culture, exemplified by continuous improvement and a ‘change-oriented leadership’, demonstrated by “*encouraging innovative thinking, envisioning change, taking personal risks*”¹⁰⁸, psychological safety can be created. Also, where there is a supportive culture - organisationally, from peers and from leaders and managers - psychological safety can ensue.¹⁰⁹
55. O’Donovan and McAuliffe also went on to identify “*familiarity and face-to-face communication between team members as facilitating psychological safety*”. They particularly pointed out that geographically dispersed teams can reduce the “*direct communication needed to develop psychological safety*” and that maintaining psychological safety in continually changing teams – such as through staff changes and new arrivals – can make the maintenance of psychological safety more difficult¹¹⁰. Finally, they said that “*team members with high status, and more knowledge and experience, are more likely to feel psychologically safe*” compared to less experienced staff, but this can be mitigated by an inclusive leadership style¹¹¹.
56. The work of Hunt et al. in 2021, included highlighting a link between environments with strong quality improvement cultures - where trust and respect are in evidence, as well as workplaces that emphasise workplace wellbeing, can be synonymous with good psychological safety¹¹². They went on to recognise that within healthcare organisations there may be numerous “*sub-cultures*” and therefore varying levels of psychological safety. They highlighted the relevance of “*local leadership behaviours*” which for them include “*transformational leadership, leadership inclusiveness, managerial openness, trustworthiness*”¹¹³.

Allyship

57. Allyship is described by the NHS as ‘*finding someone who believes in you, who can lift you up and create beneficial opportunity, is one of the key drivers of a sense of belonging in the workplace*’¹¹⁴. An NHS guide to allyship from November 2020, created by NHS England/Improvement in the North West region, set out seven characteristics of being an ally towards others:
- Taking on someone’s struggle as your own
 - Transferring the benefits of your privilege to those who lack it
 - Amplifying voices of the oppressed before your own
 - Acknowledging that even though you feel pain, the conversation is not about you
 - Stand up, even when you feel scared
 - Owning your mistakes and de-centring yourself

¹⁰⁸ O’Donovan, R. & McAuliffe, E. (2020) [A systematic review of factors that enable psychological safety in healthcare teams](#). International Journal for Quality in Health Care

¹⁰⁹ O’Donovan, R. & McAuliffe, E. (2020) [A systematic review of factors that enable psychological safety in healthcare teams](#). International Journal for Quality in Health Care

¹¹⁰ O’Donovan, R. & McAuliffe, E. (2020) [A systematic review of factors that enable psychological safety in healthcare teams](#). International Journal for Quality in Health Care

¹¹¹ O’Donovan, R. & McAuliffe, E. (2020) [A systematic review of factors that enable psychological safety in healthcare teams](#). International Journal for Quality in Health Care

¹¹² Hunt, D. F. et al. (2021) [Enhancing psychological safety in mental health services](#). International journal of Mental Health Systems

¹¹³ Hunt, D. F. et al. (2021) [Enhancing psychological safety in mental health services](#). International journal of Mental Health Systems

¹¹⁴ [The power of allyship – we belong, we stay, we thrive](#). NHS England website. NHS England

- Understanding that your education is up to you and no one else.¹¹⁵

58. NHS Health Education England provides links to the 'Guide to allyship' website that expands on how to be an ally, the do's and don'ts, and why allies are necessary¹¹⁶. Furthermore, a number of NHS Trusts and other notable organisations have developed their own guides. These include 'Doing White Allyship' from Sussex Community NHS Foundation Trust¹¹⁷; 'Allyship toolkit' from the NHS England Midlands Leadership and Lifelong Learning¹¹⁸, and how to be an 'inclusion ally', from The Law Society¹¹⁹.

59. In 2021, NHS Employers Health and Care LGBTQ+ Leaders Network partnered with NHS Confederation's Health and Care Women Leaders Network and BME Leadership Network to explore the united action that could be taken and developing learning events for NHS members¹²⁰. While a discussion article from 2021 in The British Occupational Therapy Journal, called on all occupational therapists to think about how they can be an active ally by asking, 'what can I do?' and being comfortable as allies listening, taking action and speaking out in the workplace¹²¹. The article was intended to generate debate in the occupational therapy profession around support for ethnic minorities and career progression. Also in a 2021, the Bulletin of the Royal College of Surgeons of England, on the topic of physician burnout, called on medical practitioners to be "*the voice that supports those from diverse backgrounds ... the voice that inspires... Now is the time to be an ally*"¹²².

60. The IBM 2020 Diversity & Inclusion Report was published in 2021 which highlighted that company's four strategic aims for diversity and inclusion. These included allyship and giving training to support IBM staff to be "*an upstander through inclusive behaviors*", and providing employee experiences that champion all diverse staff communities of IBMers to "*support every employee to thrive and bring their authentic selves to work*". An example accompanying project from 2020 was the 'IBM Words Matter initiative' launched to identify discriminatory terms in technology¹²³.

Civility and respect

61. The NHS has published its 'Civility and respect' toolkit that aims to embed a practical approach to tackling bullying and any behaviours and working culture that exists to allow bullying and harassment to grow. The toolkit is in part based on the work of Professor Michael West on 'compassionate leadership' and aims to tack a 'workforce climate' that "encourages" or "colludes" with bullying and harassment¹²⁴. This positioning of the toolkit suggests it is not good enough to rest on the perceived laurels of low recorded bullying allegations or disciplinary action within teams, but to recognise that a positive operating environment must also be maintained. That is, a civil and respectful working culture must continually be promoted and amplified. In this

¹¹⁵ NHS England/Improvement. (2020) [A Guide to Allyship as part of Anti-racism toolkit](#)

¹¹⁶ [Guide to allyship](#)

¹¹⁷ [Doing White Allyship](#), Sussex Community NHS Foundation Trust

¹¹⁸ [Allyship toolkit](#), NHS England Midlands Leadership and Lifelong Learning

¹¹⁹ [Inclusion allies](#). (2020). The Law Society

¹²⁰ NHS Employers website. (2021) [Trans allyship: an NHS Confederation Health and Care LGBTQ+ Leaders Network statement](#). NHS Employers

¹²¹ Atwal, A et al. (2021) [Making a difference: Belonging, diversity and inclusion in occupational therapy](#). British Journal of Occupational Therapy Vol 84 (11) 671-672.

¹²² Okocha, M. (2021) [For whom the bell tolls: an equality, diversity and inclusivity reminder](#). The Bulletin - Royal College of Surgeons of England Volume: 103 Issue: S1, September 2021, pp. 010-013

¹²³ [IBM 2020 Diversity & Inclusion Report](#) (2021) IBM.

¹²⁴ [Supporting our staff: A toolkit to promote cultures of civility and respect](#). (2020) NHS England

light a 'sustained' approach is required.

62. The toolkit advocates the effective use of data and monitoring to understand the operating climate, that involves accessing quantitative data held on HR systems and already collected, gathering qualitative insights from staff, and ongoing staff engagement and feedback opportunities. It emphasises the analysis, understanding and triangulation of data¹²⁵. It suggests, a range of workforce data already collected for a range of purposes also be utilised in the understand of workplace culture and form the backdrop of discussions and decisions relating to workplace culture, inclusion and staff wellbeing.
63. The toolkit is based on the AIM model of 'analyse: understand the issues, intervene: take action to address the issues, and measure: evaluate the impact of interventions'. It also sets out a wealth of model survey and sample focus group material to explore and understand this area in collaboration with staff colleagues, and names desirable and undesirable behaviours, within a behavioural framework¹²⁶.
64. The Mersey Care NHS Foundation Trust's award winning 'Respect and Civility' programme has aimed to raise awareness and empower staff to challenge poor behaviour and choose respect, reinforcing civility and positive culture; develop a comprehensive training programme to enhance emotional intelligence as to how behaviours can be perceived and received, and triangulate data sources to measure and evaluate impact¹²⁷. Mersey Care has developed four online learning modules that are free for the NHS. The modules are 1 – Introduction to 'Just and Learning Culture'; 2 – HR and Policy in a 'Just and Learning Culture'; 3 – Board and Leadership in a 'Just and Learning Culture', 4- Respect and Civility Awareness¹²⁸.
65. Oxford Health NHS Foundation Trust and Berkshire Healthcare, as part of a Buckinghamshire, Oxfordshire and Berkshire Integrated Care System initiative, are currently embarking on the development and delivery an ICS-wide 'Restorative, Just and Learning' (RJL) programme based on the Mersey Care model, following face-to-face RJL training.

Recruitment and retention

66. Badenoch and Clark, the recruitment company and part of the Adecco group, conducted a survey of 1,000 UK employees in early 2020 just after the first COVID-19 lockdown started. It found that, amongst other things, where inclusion was not a strong workplace focus, employees experienced lower morale, less teamwork and discrimination. Senior employees and directors (and often graduates) rated their organisation more highly for valuing difference, promoting authenticity and enabling employees to effect change, whereas junior managers, clerical and manual staff did not agree as strongly. Only 30% of respondents said recruitment information was inclusive and that roles were open to diverse applicants, and only 18% saw diverse people involved in recruitment processes. However, 80% of those surveyed said workplace culture and inclusion were discussed at interview.¹²⁹ They also highlighted examples of recruitment candidates increasingly showing interest in corporate approaches to diversity and inclusion during interview processes. This suggests an authentic approach to belonging, inclusion and equality are

¹²⁵ [Supporting our staff: A toolkit to promote cultures of civility and respect](#). (2020) NHS England

¹²⁶ [Supporting our staff: A toolkit to promote cultures of civility and respect](#). (2020) NHS England

¹²⁷ [Respect and Civility at Mersey Care NHS Foundation Trust](#), NHS Mersey Care NHS foundation Trust

¹²⁸ [Just and Learning Culture](#) (2021) NHS Employers

¹²⁹ [Workplace Inclusion In Times Of Covid, Crisis And Beyond What Employees Say And What It Means For Workplace Culture, Recruitment And Leadership](#) (2020) Badenoch and Clark

increasingly considered facets of corporate reputation and brand, and are potential pull factors for job applicants.

67. The Inclusive Companies website goes on to list a series of factors for diversity and inclusion, including maximizing joy and connection, minimizing fear, and finding ways to frame challenges through a lens of possibility. It advocates creating a culture where every individual can contribute their full potential *“to uncover sore spots and blind spots, and then finding ways to reimagine them”*¹³⁰.

68. The NHS Leadership Academy has developed a suite of resources to support recruitment and retention, including equality, diversity and inclusion in talent management. The Academy says: *“All organisations should be taking action to embed an inclusive approach to talent management, supporting their staff to appreciate difference and ensuring they are focused on attracting, developing and retaining a diverse workforce”*¹³¹. The ‘Stepping Up Programme’ provides leadership development programme for NHS ethnic minority staff, aimed at bridging the gap between where applicants are and where they need to be, to progress into more senior roles¹³². The ‘Ready Now Programme’ aims to help senior leaders from ethnic minority backgrounds realise their potential in the NHS¹³³.

Data and monitoring

69. In their work on ‘Joy at Work’, IHI highlights that *“regardless of what is measured, leaders need to track data regularly, make the results transparent, and address issues that are identified as a priority”*¹³⁴. This data driven, evidence-based approach, is also relevant to creating and maintaining workplace belonging. The CIPD in fact has developed a CIPD Inclusion Health Checker online tool that enables a temperature check of employee and manager actions in support of inclusion¹³⁵.

70. The NHS, in its Civility and Respect Toolkit, also sets out that *“good data and data analysis”* enable management *“better understand issues and make them more visible”*¹³⁶. They promote the use of existing available quantitative data from in-house systems and data sets, new qualitative data including staff feedback and through employee engagement activity. They also state that *“the key is to apply different lenses to identify themes, areas of concern and good practice”*.¹³⁷

71. A particular data driven approach has, since 2015, been the enforcement of the NHS Workforce Race Equality Standard¹³⁸. It comprises nine measures, strongly relating to workplace diversity and increasing underrepresented groups particularly at Board level. It is based on the premise that a workforce, and its leadership, that more closely reflects the community it serves is more effective in meeting patient needs. Indeed, in a 2020 report by the University of Exeter, Samantha Allen Chair, Health & Care Women Leaders Network Chief Executive, Sussex Partnership NHS Foundation Trust said: *“Authentic health and care leadership, based on breadth*

¹³⁰ Inclusive Companies website. [Diversity and inclusion: 8 best practices for changing your culture](#). Inclusive Companies

¹³¹ [Inclusion, equality and diversity](#). NHS Leadership Academy

¹³² [Inclusion, equality and diversity](#). NHS Leadership Academy

¹³³ [Inclusion, equality and diversity](#). NHS Leadership Academy

¹³⁴ Perlo J et al (2017) [IHI Framework for Improving Joy in Work \(White Paper\)](#). Institute for Healthcare Improvement

¹³⁵ CIPD website. [Understanding inclusion in your organisation](#). CIPD

¹³⁶ [Supporting our staff: A toolkit to promote cultures of civility and respect](#). (2020) NHS England

¹³⁷ [Supporting our staff: A toolkit to promote cultures of civility and respect](#). (2020) NHS England

¹³⁸ [NHS Workforce Race Equality Standard](#). NHS England website. NHS England

of thought, expertise and experience from multiple perspectives, is not just a lofty ideal we should strive towards. It is essential, overdue and needed now. Leadership which lacks diversity is outdated and inexcusable in modern society”¹³⁹. Although there is much work still to do to reduce variations across the NHS, in meeting new standards like WRES, has resulted in improvements, including in relation to the “relative likelihood of BME staff entering the disciplinary process”¹⁴⁰.

72. The King’s Fund in 2020 additionally quoted five key enablers for addressing race inequalities in NHS (drawn from Darling and the WRES Implementation Team 2017). These included “good-quality data” as well as “clarity around the rationale for change; accountability and responsibility, senior leadership support and advocacy... and clear and consistent communications”.¹⁴¹

73. Similarly, the Workforce Disability Equality Standard – comprising 10 metrics - has been in place since 2019 in the NHS. There has been a 0.4% increase in the number of NHS staff declaring a disability since 2019 as 3.5% of staff have declared a disability on the NHS Electronic Staff Record (ESR).¹⁴² There are 95% of trusts that are now accredited as Disability Confident¹⁴³, although overall disabled staff are less likely to feel engaged at work than non-disabled staff¹⁴⁴. These figures were compiled prior to the COVID-19 pandemic.

74. Despite the vital importance of these specific data driven interventions, the CIPD describes that “while UK legislation – covering age, disability, race, religion, sex and sexual orientation among others – sets minimum standards, an effective inclusion and diversity strategy goes beyond legal compliance and seeks to add value to an organisation, contributing to employee wellbeing and engagement”¹⁴⁵. Similarly, Inclusive Companies write “Quotas don’t automate inclusion - Hiring goals may boost diversity numbers, but this won’t automatically create an inclusive culture. ...it’s critical to take an honest look at the end-to-end employee experience, with an eye toward creating conditions that promote inclusion on a daily basis and designing ways to measure the impact”¹⁴⁶.

Questions for Discussion

1. What do you understand by the term ‘adaptive challenge’ and ‘compassionate leadership’ and how does this resonate with the IAPT context?
2. The team level is vital for growing belonging, what are the enablers and barriers to this within IAPT services?

¹³⁹ Sealy, R. (2020) [Action for equality: The time is now](#). NHS Confederation/University of Exeter Business School

¹⁴⁰ [Workforce Race Equality Standard 2020 Data Analysis Report for NHS Trusts and Clinical Commissioning Groups](#). NHS England website. NHS England

¹⁴¹ Ross, S et al. (2020) [Workforce race inequalities and inclusion in NHS providers](#). The King’s Fund

¹⁴² [Workforce Disability Equality Standard: 2020 data analysis report for NHS trusts and foundation trusts](#). NHS England website. NHS England

¹⁴³ [Workforce Disability Equality Standard: 2020 data analysis report for NHS trusts and foundation trusts](#). NHS England website. NHS England

¹⁴⁴ [Workforce Disability Equality Standard: 2020 data analysis report for NHS trusts and foundation trusts](#). NHS England website. NHS England

¹⁴⁵ CIPD website. (2021) [Inclusion and diversity in the workplace](#). CIPD

¹⁴⁶ Inclusive Companies website. [Diversity and inclusion: 8 best practices for changing your culture](#). Inclusive Companies

3. How can IAPT services become more intentional in sustaining belonging within face to face, and hybrid working?
4. How is and can 'psychological safety' be strengthened at all levels – service, team and individually?
5. What would it mean to intentionally and continually role-model inclusion and belonging, including through allyship, within a service?
6. What are the enablers and barriers to effective staff engagement to create strong staff belonging?
7. To what extent can a shared leadership approach be adopted within IAPT services as part of staff engagement that strengthens belonging?
8. How can staff belonging be given continuous attention?

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