

# Cracking the concrete ceiling: Tracking the impact of the Diversifying Leadership programme

Assessing the impact on participants and institutions

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# Executive summary

## Overview

This study was commissioned by Advance HE (formerly the Leadership Foundation for Higher Education) to examine how leadership development can address contextual and institutional issues surrounding the black and minority ethnic (BME) staff pipeline in higher education; and how leadership development for BME staff impacts, and can impact, on facilitating the path to BME leadership in higher education (HE).

The main aim of the project was to investigate the impact of the Diversifying Leadership (DL) programme on:

- + The in-depth and complex experiences of participants in the programme, including how this changed over time and how it was affected by the institutional context.
- + The institutional context with regard to the BME pipeline and BME leadership.

In addition to the overarching aims above, the current research also addressed the question of how this impact might be sustained and improved.

Overall the project aimed to provide a holistic picture of the intersections of contextual factors with personal experiences and how they contribute to the construction of experiences of marginalisation for BME staff working in the UK HE sector and the impact of these intersecting factors on the leadership development of BME staff.

## Approach

A multi-dimensional methodological approach was adopted in addressing complex, sensitive and potentially contested issues in the study. A comprehensive literature review and analysis, interviews with 20 Diversifying Leadership participants and a sponsor, along with in-depth case studies of two higher education institutions were undertaken. In addition, secondary data analysis of the Higher Education Statistics Agency (HESA) staff records was carried out to provide a picture of BME leadership and identify potential pinch points within BME career trajectories, both at the national and institutional level. The study also involved a longitudinal survey of 69 BME and 18 white staff who had either (i) attended the DL programme, or (ii) were working within selected higher education institutions (HEIs) during two time points – at the onset of the project (time point one) and one year later (time point two).

## Key findings

A majority of the DL participants were either recommended to take the programme through formal channels or by other means including recommendations by previous programme participants. Some participants were primarily interested in the BME focus of the programme while others were interested in leadership development. However, most of the other participants were interested in both the leadership and BME aspects.

In general, participants reported experiences of frustration, awareness of racism, discrimination and hidden pathways to formal progression in academia, either personally and/or against other BME colleagues. However, a few participants reported not perceiving these negative experiences, which they attributed to their cultural background. There were disciplinary differences in the perception of the issues, as those from a social science background were more aware and appreciative of the issues addressed in the programme.

The participants reported experience of aggressive behaviours including harassment, bullying, shouting and undermining professional status and achievements. These were often internalised over time and have contributed to their perceptions of lack of confidence. In addition to these examples of overt aggression, participants also noted specific types of micro-aggressions, including prejudicial interpretations of behaviour; difficulties in generating systemic level changes and a hidden workplace culture that was inaccessible to BME staff.

The overall experience and impact of the DL programme was highly positive. Colleagues outside of social science fields found some of the programme content regarding racism and a political analysis of racism more challenging, and those from more business-oriented backgrounds expected more practical input. For others, their own cultural background in relation to acknowledging and accepting the existence of racial discrimination also made some of the content of the programme more challenging. More specifically, participants described feeling more confident; gaining a broader and contextual vision of HEI culture and how to progress; being able to better focus on how to progress; and feeling empowered because of being able to identify and connect with a group like themselves on the programme. However, there was also an expectation that the programme could have acknowledged the role of religion in the construction of the BME identity.

Participants reported varying behavioural changes that, for some, were associated with changes in thinking, identity and orientation to their work. While it is not entirely clear what role the DL programme played, some participants had changed their jobs since attending the programme and some felt that DL motivated them to apply for promotion sooner than anticipated. Overall it appeared that the DL programme inspired BME academics to reach out more to other BME people at their own and at other institutions.

There were some questions raised about the relevance and effectiveness of some of the content and activities within the programme. The issue of social and cultural differences among the academic participants in the DL programme appeared to be a key area of discussion. There were differences in how staff from different disciplinary backgrounds related to the DL material. This was also true for participants from different cultural backgrounds, particularly those who seemed less likely to identify themselves as BME and therefore experienced issues with applying the idea of discrimination to themselves and to their own experiences and in some of the strategies recommended. This raises the question about how the DL programme can address the needs of its participants when that group is so heterogeneous. There is a need to recognise cultural differences in relation to issues such as social justice, and also how people view their own career development.

Another issue raised was the cultural appropriateness of the programme recommendation related to BME staff socialising with white managers, along with questions of social justice and solidarity. Participants felt the need to be cognisant of the heterogeneity of different BME groups and the gender differences within these groups in considering career achievement.

Several participants raised the point that using diverse role models and speakers can help convey the message that leadership can take many forms and can incorporate different identities and cultural backgrounds. In particular, the issue of experiences of racism, and having a BME identity, were different for participants who were not raised in the UK. Some of these, particularly those who came to the UK as overseas students, may have come from reasonably privileged backgrounds, and as such do not necessarily identify as being marginal.

Three main barriers to progression for BME staff were identified as lack of dialogue regarding the experiences of BME staff and issues of race equality in general; lack of recognition of the plight of BME staff due to a lack of personal experience of disadvantage and hiding behind a 'colour blind' approach.

Overall, there was a mix of both positive changes and relative stability at the two participating case study institutions across the 12-month period covered in the current study. Specifically, the overall proportion of BME staff improved, as did the proportions of BME staff on fixed-term and part-time contracts. BME staff in the comparison sample at time point two reported feeling more at ease with people from cultural backgrounds other than their own. They also reported that their formal appraisal/performance review was more useful/valuable than participants in the time point one comparison sample. Time point two participants also tended to reference issues related to discrimination, unconscious bias and a lack of BME representation in senior posts less frequently than time point one participants. The survey data from the case study sites also demonstrated that although significant policies and initiatives related to equality may exist within an institution, this engagement in equality and diversity initiatives may not translate into improved staff perceptions or experiences.

From the HESA staff records, the proportion of BME staff in more senior contract levels has not changed over 12 months. Markers of BME leadership were also stable, with BME staff in the two comparison samples being similarly positive in their average ratings of leadership items on the DL survey, and their consistent mentioning of being able to engage with other members of staff and build a reputation for leadership. However, interviews with key members of staff highlighted that the institution could do more to support BME staff development and visibility, to match that which it provides its BME students.

## Recommendations

The following recommendations are designed to address equality issues related to race both within the content of the DL programme as well as more broadly at the institutional and sector level.

<p><b>Addressing experiences of racism and its intersections within the content of the DL programme</b></p>	<ul style="list-style-type: none"> <li>+ Incorporate discussion of individual differences in defining race, racism and discrimination into the course content.</li> <li>+ Consider either creating separate cohorts, or separate sub-groups within the same cohort, for academic and professional and support staff, with the content of each adopting an intersectional lens that considers race and ethnicity across nationalities and social classes.</li> <li>+ Consider creating sub-groups within the one cohort to address specific content related to specific disciplinary, ethnic or cultural backgrounds.</li> <li>+ Expand the content of the DL programme to incorporate different religious identities and how these intersect with ethnic identities to create unique experiences.</li> </ul>
<p><b>Enhancing the role of the sponsor and their support</b></p>	<ul style="list-style-type: none"> <li>+ Define sponsorship and the roles and responsibilities of a sponsor to all DL applicants and their potential sponsors before accepting applicants into the programme.</li> <li>+ Recruitment for the DL programme should be undertaken collaboratively with institutions and applicants.</li> <li>+ Provide applicants for the DL programme with more information and guidance on what factors applicants should consider when identifying potential sponsors, how to select an appropriate sponsor and what kind of role the sponsor will be expected to play.</li> <li>+ Modify the role of the sponsor to be more active in the DL sessions and invite these individuals to participate in the content of the programme.</li> </ul>
<p><b>Refocusing DL action learning sets</b></p>	<ul style="list-style-type: none"> <li>+ Consider how and where vacancies and promotion opportunities are advertised, taking care to specifically remove instances where advertising relies on managers' word of mouth.</li> <li>+ Ensure all staff taking part in recruitment and promotion decisions have had equality and diversity and unconscious bias training.</li> <li>+ Ensure all promotions and recruitment activity is based on a clear person specification for the role, the skills of the applicant and their experience.</li> </ul>
<p><b>Addressing unconscious bias and discrimination in the UK HE sector</b></p>	<ul style="list-style-type: none"> <li>+ Consider making unconscious bias training mandatory for all staff, with more bespoke unconscious bias training for those with specific roles in teaching, research, management and leadership.</li> <li>+ Ensure that there are clear reporting procedures available to staff experiencing discrimination.</li> <li>+ Provide guidance and training to managers on how to manage complaints of discrimination and bias.</li> <li>+ Emphasise commitment to equality and diversity in all higher education roles.</li> <li>+ Respond to cases of discrimination swiftly and consistently when brought to the institution's attention.</li> <li>+ Have regular conversations with BME staff members around aspects of the organisational culture and how these may lead to feelings of alienation. Use these conversations to generate ideas on how to make the culture more inclusive to all staff.</li> <li>+ Examine how frequently BME staff are held up as positive examples within the institution. Introduce practices to increase the exposure of positive examples of BME staff contributions.</li> </ul>

<p><b>Inclusive promotion and recruitment practices</b></p>	<ul style="list-style-type: none"> <li>+ Consider how and where vacancies and promotion opportunities are advertised, taking care to specifically remove instances where advertising relies on managers' word of mouth.</li> <li>+ Ensure all staff taking part in recruitment and promotion decisions have had equality and diversity and unconscious bias training.</li> <li>+ Ensure all promotions and recruitment activity is based on a clear person specification for the role, the skills of the applicant and their experience.</li> </ul>
<p><b>Addressing underrepresentation of BME staff in positions of leadership within HEIs</b></p>	<ul style="list-style-type: none"> <li>+ Pay particular attention to the advertising strategies employed for senior posts, identifying ways to increase the breadth of the audience reached.</li> <li>+ When working with recruitment services for senior posts, make the requirement of a diverse pool of applicants clear.</li> <li>+ Consider what positive action steps can be taken to support recruitment of BME staff in senior posts.</li> <li>+ Monitor the BME staff pipeline closely, distinguishing between different groups of staff to ascertain where there are leaks as well as examples of success that could be investigated further.</li> <li>+ Initiate discussions with BME staff to explore what barriers they face to progression and leadership within the institution and more broadly.</li> </ul>
<p><b>Inclusive decision-making bodies in institutions</b></p>	<ul style="list-style-type: none"> <li>+ Consider the diversity of decision-making bodies, how members of these are recruited and whether the way in which this group operates may be specifically disadvantaging potential members.</li> <li>+ Implement equality and diversity training for all members of decision-making bodies.</li> <li>+ Implement equality impact assessments as a standard accompaniment to all decision-making agenda items.</li> </ul>
<p><b>Engagement in equality issues related to race</b></p>	<ul style="list-style-type: none"> <li>+ Consider the equality and diversity agenda within the institution and whether this work is evenly distributed across different groups of staff.</li> <li>+ Examine the visibility of any work done on equality issues relating to race and find ways to promote and demonstrate commitment to staff.</li> <li>+ Use available data to identify unaddressed issues related to race within the specific context. Complement this information with additional qualitative and quantitative research into the experiences of BME staff in the department or institution to generate an action plan with specific targets.</li> <li>+ Engage with initiatives such as the Race Equality Charter to demonstrate publicly commitment to equality issues related to race among staff and students.</li> </ul>

## Section 1: Overview of the current project and existing literature

The project aims to investigate how leadership development can address contextual and institutional issues surrounding the black and minority ethnic (BME) staff pipeline in higher education; and how leadership development for BME staff impacts, and can impact, on facilitating the path to BME leadership in higher education (HE). This was accomplished through the lens of investigating the impact of the Diversifying Leadership (DL) programme hosted by Advance HE (formerly the Leadership Foundation for Higher Education).

### Key research questions

There were two overarching research questions addressed by the current investigation, specifically exploring what impact the DL programme had on:

- + The in-depth and complex experiences of participants in the programme, how this changed over time and how it was affected by the institutional context.
- + The institutional context with regard to the BME pipeline and BME leadership.

In addition to the overarching aims above, the current research also addressed the question of how this impact might be sustained and improved.

Overall, the current research project aims to provide a holistic picture of how contextual factors might interact with personal experiences (and vice versa) to contribute to the impact of leadership development for BME staff working in HE within the UK. It uses an intersectional approach (Meers, 2014) in the analysis of participant experiences, in that it recognises that a number of social factors can intersect to construct the experiences of marginalised people. We therefore take into account how multiple factors such as nationality, gender and academic background can complicate the picture by interplaying with racial and cultural/ethnic identity to influence career trajectories of HE staff.

### Methodological approach

The project adopted a mixed methods approach (Denscombe, 2008) in order to provide both an overview and an in-depth understanding of contextual (structural and institutional) perspectives, as well as individual experiences at a more micro-level (Archibong et al, 2009). The methods of the current research project are presented in greater detail in Section 4.

The qualitative aspect of the project used a narrative-constructivist methodology (Andrews et al, 2013; Squire et al, 2014) and an intersectional approach as both are useful for gaining an in-depth understanding of individuals' experiences and interpretations. The qualitative components of this study included interviews with DL participants as well as an interview with a DL sponsor.

The quantitative aspects of the project were two-fold: the first element consisted of secondary data analysis of the Higher Education Statistics Authority (HESA) staff records to provide a picture of BME leadership and identify potential pinch points within the BME career trajectories, both at the national and institutional level for those institutions included in the current study. The second element consisted of a longitudinal survey of BME staff who had either (i) attended the DL programme, or (ii) were working within selected higher education institutions (HEIs). This study included two time points, the first at the onset of the project to establish a baseline and the second one year later.

## Existing literature

The literature indicates a clear underrepresentation of BME groups in HEI leadership in the UK. While there appears to be a strong impetus to address this problem, and a number of relevant suggestions for systemic change across the HEI sector have been made, there is still a need for further detail about what policies and practices are in place, and how these impact on BME progression. It has also been noted that the complexity of BME identities must be recognised: first with the concept of intersectionality, which factors in many aspects including a person's gender, class and place of birth. These aspects potentially complicate how race and ethnicity operate in a person's identity. Place of birth is relevant as it has been noted that there may be a difference between how non-UK BME people see themselves, as opposed to those who are UK born. Lastly the importance of a reflexive stance, especially when undertaking research with BME groups, is noted, particularly given the argument that research on racial equality and diversity issues undertaken by people of colour is often cast by white people as incapable of objectivity.

### **An overview: the diversifying of leadership in UK HE**

The term diversity may take on different meanings for different people over time but the current prevalent policy term for 'diversity' is grounded in the context of racial and ethnic minority-majority relations (Lumby, 2007; Kim and Ng, forthcoming 2019). Contemporaneously, the UK policy agenda for racial equality and diversity is relying on an over-generalised BME category which includes anyone 'non-white'. The complex interplay of leadership and diversity in the UK HE is often framed by this racial category, despite the intersectional nature of equality and diversity.

According to Lumby (2007), leadership is assumed to be relevant to many staff and not just those with formally designated leadership roles. Diverse leadership has the potential to perform more effectively but only if there is integration. In other words, shared and collective identities are key mechanisms to induce followers to transcend their personal interests and perform beyond expectations. Ospina and Foldy (2009) ask some vital questions:

- + How does race-ethnicity (of leaders, followers or both) affect perceptions of leadership?
- + How does race-ethnicity affect the ways leadership is enacted?
- + How do leaders (and/or followers) grapple with the social reality of race–ethnicity?

In research on leadership, the experiences of BME staff are often treated as a special case with the inside perspectives of people of colour often downplayed or ignored, rather than recognised as the potential source for theorising from within a particular social context (Ospina and Foldy, 2009). Social identity leadership theories thus implicitly acknowledge racial hierarchies and unequal power dynamics, while race/ethnicity is viewed as both personal and collective, in that individuals make choices about managing their own racial identity (Ospina and Foldy, 2009).

Race and ethnicity are not only individual characteristics but also a social or political issue with personal and collective meaning, which may become salient within the context in which leadership is operated (Ospina and Foldy, 2009). In this way, minorities can use race and/or ethnicity as a strategic resource, adding value to diversity-driven innovations.

There have been a number of evidence-based research reports on the underrepresentation, limited participation and poor experience of BME academic staff in leadership roles in UK HE (eg Adams, 2017; Bhopal and Brown, 2016; Bhopal and Jackson, 2013; ECU, 2011, 2015, 2016; Morrow, 2015). However, the wider issue remains that there is still insufficient open debate about race and ethnicity in the UK in general and in UK HE specifically. Racial and ethnic issues are potentially a more difficult and uncomfortable topic than gender issues in that there has already been a major political

agenda to improve gender equality and promote women to leadership positions in the HE sector. For example, the Athena SWAN charter mark and Aurora leadership development programme for women have been successful and increasingly marketed.

Although most higher education institutions (HEIs) demonstrate a commitment to equality and diversity through their policies, in terms of racial equality and diversity in HEIs, there is still a visible gap between the official policy narratives and realities on the front line for BME academic and professional and support staff. In the 2015 Runnymede Trust Report, Shilliam (2015) argues that “universities remain overwhelmingly administratively, normatively, habitually and intellectually ‘white’. Their doors have been opened but the architecture remains the same” (p33).

### **BME leadership in HE**

Given the status quo, BME staff are notably underrepresented at senior levels in UK HE (Advance HE, 2018; Bhopal and Jackson, 2013). Among the 535 senior officials surveyed at 163 UK universities, 510 were white, 15 were ‘Asian’ and 10 were recorded as ‘other, including mixed’ (Adams, 2017). According to the HESA 2016/17 staff records, only 9.7% of UK BME academics were professors, compared with 11.2% of UK white academics (Advance HE, 2018).

However, there is significant variability among UK BME academic staff who were professors. Chinese (15.8%) and other minority ethnic (12.2%) staff were more likely to hold professorial roles than their Asian (meaning South Asian in the UK) (9.6%), mixed (7.5%) or black (4.6%) counterparts. Furthermore, when we examine non-UK staff, only 3.7% of non-UK BME academics were professors compared with 9.0% of non-UK white academics (Advance HE, 2018).

According to the report by the Equality Challenge Unit (2015), there were just 20 UK-born BME deputy or pro vice-chancellors, against 530 who were white. More recently, the Higher Education Funding Council in England (HEFCE, 2017) reports that only 3% of vice-chancellors and principals (university presidents) were BME. These proportions are even lower when international staff are excluded.

There were only five BME vice-chancellors in UK universities, and among them, three were in the UK’s top 50 universities: School of Oriental and African Studies (Baroness Valerie Amos), London School of Economics (Dame Minouche Shafik), and the University of Surrey (Max Lu). All have taken unconventional routes to the top. Baroness Amos has been a British politician and diplomat, while Shafik and Lu are from a non-UK background. Shafik is an Egyptian-born American-British economist and Lu is a Chinese–Australian chemical engineer and nano-technologist. Before coming to Surrey, Lu was provost and senior vice-president at the University of Queensland, Australia, and previously also worked in Singapore (Nanyang Technological University). The diversity within this group alone highlights the variability in BME backgrounds among staff in senior positions within UK HE.

However, in addition to the variability within the BME group and by nationality, there are other disparities depending on the subject area examined and the intersection between ethnicity and gender. For example, there are 9,105 professors working in science, engineering and technology (SET) subjects within the UK, but only 40 are black (Advance HE, 2018). Similarly, while 24.6% of professors were female in 2016/17, only 8.4% of these women were BME (Advance HE, 2018).

## BME inequality and diversity in British HE

In the UK, black was historically referring to 'a person of colour', a general term for non-European peoples. For instance, when the Runnymede Trust published a list of black female professors in 2017, the black category meant non-white. The list includes 54 BME women professors of African, Asian (including East Asian) and Caribbean origin. Among these, many are South Asians and Other Asians, including 15 Chinese and East Asians, such as Japanese, Korean, Chinese Malay/Singaporeans (Runnymede Trust, 2017).

Furthermore, ethnic minorities in the UK have been regarded as a racialised class fraction within the wider 'working class' (Miles, 1982). Racial and ethnic minorities are often perceived as lower class in the UK, regardless of their actual socioeconomic status. In this regard, racial equality and diversity policies in UK HE tend to elide with the widening participation initiative which is measured by socio-economic background. "The specific needs of BME students have become subsumed within generic widening participation policies" (Runnymede Trust, 2011, p4).

Racism is often embedded in everyday life, with racial inequalities manifesting themselves in ordinary situations, processes and interactions. Bhopal (2015) reports that racist bullying often manifests itself in subtle, covert and nuanced ways of exclusionary processes related to ethnicity, resulting in differential treatment and career progression (eg a lack of trust, questioning of credibility and over-scrutinisation). There are plenty of anecdotes and auto-ethnographic narratives of experiencing misrecognition and infantilisation, by which a lower status position was often ascribed to BME academics (Ahmed, 2017; Bhopal and Jackson, 2013; ECU, 2015; Faucher, 2018; Hall, 2017). Both misrecognition and infantilisation can be attributed to multiple factors, including stereotypical perceptions of the BME socio-economic positions in British society, and the imagery of the British HE profession which acts as a barrier to BME academics. The BME academics are often perceived as outsiders who do not fit in the norms or conventions of 'the ideal academic', especially in leadership positions within traditional white hegemonic spaces such as the British professoriate (Faucher, 2018; Finkelstein and Altbach, 2013; Mirza, 2015). As portrayed by Hall (2017), Mirza describes how "in many meetings, even though I am a professor, I have been mistaken for the coffee lady. Even now, students do a double-take when they realise I am the expert professor taking the class".

There is also an acknowledged ethnicity pay gap in the higher education sector, in favour of white academics (Advance HE, 2018). According to the recent report by the Universities and Colleges Employers Association (UCEA, 2018), there were sizeable earnings differences by both gender and ethnicity, with women earning on average less than men and most broad ethnic groups earning less than both white men and white women. Black men and women earned the least on average with pay penalties after taking into account observable characteristics that influence earnings across the sector. The pay gap between black men and black women was not significant, suggesting that there is not a compounded intersectional effect for these groups. There was, however, a clear pay gap between Asian men and Asian women, indicating the presence of an intersectional effect for these groups. Asian men earned significantly less than white men on average but tended to earn slightly more than white women while Asian women earn markedly less than white women.

The BBC recently reported that the data gathered from 22 universities in the Russell Group of highly selective, research-based universities, which responded to the BBC's freedom of information requests. The data revealed that black and Arab academics at the UK's top universities earned 26% less than white colleagues on average, while female academics fared even worse, with an ethnicity pay gap on top of the gender pay gap (Croxford, BBC News, 7 December 2018).

UCEA (2018) attributed the existing ethnicity pay gap to the vertical job level segregation rather than different pay for like workers that results in the pay differences (ie black members of staff are much more likely to work in lower pay grades with salaries up to £35,000 than their white and Asian counterparts). Nationality was also a significant factor: non-UK ethnic minority staff experienced larger pay penalties than UK ethnic minority staff.

Research by Bhopal and Jackson (2013) sheds light on why BME staff are overrepresented in lower paying grades. Specifically, the BME academics participating in Bhopal and Jackson's (2013) research indicated that BME academics encounter more detours in their career progression than white colleagues, as well as feeling that they need to work harder compared to their white colleagues and meet higher thresholds for promotion. An additional issue lies in the fact that universities tend not to recognise and may even devalue the provenances, styles, expressions and substance of diverse ethnic cultural capital. Shilliam (2015) argues that the very presence of black people (in particular) in high-level meetings complicates and unsettles implicit biases and mono-cultural practices that structure the spaces of white privilege. These findings make clear the need for a more principled diversity at the highest levels that will contribute to the making of a less mono-cultural and institutionally racist environment for BME academics to inhabit (Runnymede Trust, 2015).

Overall, there is still a general underrepresentation of BME staff in senior decision-making roles across the sector (Advance HE, 2018). Bhopal and Brown (2016) suggest that unconscious bias training offered by Advance HE (formerly the Equality Challenge Unit), used by several universities, should be made mandatory for all staff on university recruitment and promotion panels to help eliminate potentially racist hiring decisions. Based on interviews with 15 BME academics in leadership positions and a survey of 127 BME university leaders, Bhopal and Brown (2016) found that several staff members believed unconscious bias was responsible for their failure to get promoted in the first instance.

Bhopal and Brown (2016) made the following recommendations, focusing on developing supportive cultures for staff from BME backgrounds:

- + Mentoring (formal and informal), by senior BME academics.
- + Diversity in interview panels, such as the inclusion of BME staff.
- + The setting up of BME networks within individual HEIs to provide specific support to address issues that affect BME academics (such as racism and prejudice).
- + Access to relevant training and events which would enable career progression (such as Aurora or other training programmes).
- + A formal requirement for HEIs to ensure BME representation at managerial and senior academic levels (this could take the form of a quota system).
- + Interviews for promotion for BME groups if essential criteria are met (such as positive discrimination).
- + Recognition that continued professional development (CPD) training must include diversity awareness for all staff and the impact of this on career progression.

Advance HE's development and administration of the Racial Equality Charter is expected to incentivise participating universities to improve racial equality and diversity especially at senior levels. However, there is still limited evidence of the impact of the policies already in place, and without comprehensive programmes of targeted action and more diverse staff profile at senior levels, it is unclear when actual change will take place.

There is still a need to investigate further how, and whether, these sorts of policies and programmes have been put in place within institutions, and the kind of impact they are having on BME staff progression.

## Complexity and intersectionality embedded in the BME group and the reaction to the diversity political correctness rhetoric

Furthermore, if we consider intersectionality between gender and race and ethnicity, the underrepresentation and disadvantage reported for BME staff in UK HE is compounded for BME women in academic or professional and support posts, and especially for those trying to attain positions of leadership or enter traditional prestigious disciplines (ECU, 2017; Morley, 2013). Ahmed (2017) suggests that BME women are often given other responsibilities such as 'dirty, messy, diversity work', which may include sitting on committees, attending meetings just to represent diversity, or heavier teaching loads in order to distract these women from progressing further in the profession.

As Nikesh Shukla, the editor of *The Good Immigrant* (2016), a collection of essays on race, immigration and being 'other' in Great Britain, describes it:

“...diversity is the wrong word – diversity is the celebration of otherness, often filtered through a white male perspective. And I don't want to be celebrated for what makes me different... I very much hope we can stop being short-sighted about diversity and get to the point where writers can just be writers.”

In *The Good Immigrant*, essay author Wei Ming Kam reminds us that “being a model minority is code for being on perpetual probation” as well as denying an individual's complexity. In the same vein, essay author Reni Eddo-Lodge suggests that “it is up to you to make your own version of blackness in any way you can – trying on all the different versions, altering them until they fit” (Shukla et al, 2016). Bhopal (2015, p39) also acknowledged that “BME academics are not a homogenous group. There are various factors which affect an individual's experience including gender, class, nationality, age, religion and culture”.

## On BME non-UK nationals among the academic and research staff in British universities

In terms of ethnicity, in 2016/17, the proportion of UK staff who were BME was 9.4%, compared with 28.4% of non-UK staff (Advance HE, 2018), suggesting a disadvantage for BME UK nationals. Research by Fernando and Cohen (2016) supports this interpretation. Based on their interviews with 32 Indian academic migrants working in science and engineering departments of a UK university, they suggest that ethnic capital tied with cultural knowledge and networks can be used to move up the career ladder. Although it is difficult to view ethnic capital as an independent variable, they argued that overseas academic staff are very well placed to craft a career in the increasingly market-driven UK university system. The academics from India interviewed by Fernando and Cohen (2016) were comfortable with the new 'rules' of the game that promote 'performativity':

“If you are comfortable with the new rules, you are more likely to be able to play the game better than those who have not embraced the rules.”

Based on their interview data, Fernando and Cohen (2016) concluded that single-mindedness and competitiveness, influenced by early experiences of getting through challenging circumstances, enabled these academics from India to focus exclusively on publishing and research income, especially as 'status' associated with senior positions is very important in their country of origin.

Sang, Al-Dajani and Özbilgin (2013) suggest that first-generation migrant academic female professors in their study, who represented the intersection of gender and ethnic disadvantage (ie occupying the status of double outsiders) were able to mobilise resources in a way that enabled them to reach the position of full professor. Contrary to expectations, migrant female academics from BME backgrounds displayed greater levels of agency, connectedness, and entrepreneurial flair

to mobilise their varied resources in order to achieve career success. Intersectionality of otherness opened up possibilities for this group of professors to transcend some of the embedded assumptions of gender and ethnic privilege at work (Sang, Al-Dajani and Özbilgin, 2013).

Overall, we need a better understanding of the interface and disparity between the equality, diversity, and inclusion (EDI) and internationalisation policy and reality as manifested in both HEIs and individual BME academic biographies (Kim, 2011).

### **Epistemic positionality in doing BME research**

In *The Unbearable Whiteness of Mesearch*, Ray (2016) discusses a general perception of 'mesearch' as a particular issue for scholars of 'colour' lacking self-awareness on the part of researchers in the social sciences and humanities. This critique pinpoints the underlying bias of people of colour as incapable of objectivity, while certifying the objectivity of the speaker. Ray (2016) argues that white scholars do 'mesearch' all the time and in many disciplines and it is simply called the canon. White norms and culture are projected as universal standards, but it is only the socially dominant position of white people that allows this work to be considered universal (Ray, 2016). Relations of dominance are built into what we think of as legitimate topics of study, which was eloquently and powerfully expressed by bell hooks (1990, 241-43):

“No need to hear your voice when I can talk about you better than you can speak about yourself. No need to hear your voice. Only tell me about your pain. I want to know your story. And then I will tell it back to you in a new way. Tell it back to you in such a way that it has become mine, my own. Re-writing you I write myself anew. I am still author, authority. I am still colonizer, the speaking subject and you are now at the centre of my talk.”

The arguments of this paper point to the need for reflexivity in research (awareness of and transparency about how their social positions, both positioning and being positioned, or personal biographies might influence their assumptions). This seems to be a particularly pertinent point in relation to research on BME groups. In terms of positioning, Jean Paul Sartre (Sartre, 1956) saw the gaze as the battleground for the self to define and redefine itself. The gaze of the other is outside our immediate control and the way the gaze objectifies us robs us of our freedom as a subject: “insofar as I am the object of values which come to qualify me without my being able to act on this qualification or even to know it, I am Enslaved” (p110). Reflexivity will therefore form an important principle in the way this research is implemented, particularly in the analysis and interpretation of experiences from the qualitative aspect of the study.

### **Summary of themes arising from the literature review**

The literature indicates a clear underrepresentation of BME groups in HE leadership in the UK. While there appears to be a strong impetus to address this problem, and a number of relevant suggestions for systemic change across the HE sector have been made (eg Bhopal and Brown, 2016; the Race Equality Charter), there is still a need for further detail about what policies and practices are in place, and how these impact on BME progression. Additionally, we described the complexity of BME identities, with an emphasis on intersectionality, which addresses how other characteristics such as class, nationality and gender complicate how race and ethnicity operate in a person's identity. Lastly, we emphasised the importance of a reflexive stance, especially when undertaking research with BME groups and particularly given the argument that research undertaken by people of colour is often cast by white people as incapable of objectivity.

## Section 2: Overview of project methodology

### Project strands

The study of the impact of the DL programme involved several strands of data collection that centred on either the DL participants or on the institutions identified as case study sites (targeted because of the number of staff they have had attend the DL programme). A summary of the data collection strands and their relation to the research questions addressed in the current project is presented in Table 1.

**Table 1. Summary of data collected and their relation to study research questions.**

Strand of data collection	Research question
Qualitative interviews with DL participants	Experiences of the DL participants Impact of the DL programme on individuals
Qualitative interviews with key members of staff from case study institutions	Impact of the DL programme on organisational context
A qualitative interview with a DL sponsor	Impact of the DL programme on individuals
A quantitative survey of DL participants	Impact of the DL programme on individuals
A quantitative survey of a cross-sectional comparison sample of staff from case study institutions	Impact of the DL programme on organisational context

The survey, referred to herein as the DL survey, consisted mainly of quantitative items, but also four free-text items to allow DL participants and the comparison samples space to describe their experiences and perceptions in greater detail. Unless stated otherwise, data collection (across all strands) took place at two time points, 12 months apart. The first time point took place before DL participants attended the DL programme (T1) and the second was 12 months after DL participants completed the programme (T2). Copies of the interview questions used with DL participants, a DL sponsor, and key members of staff at case study sites can be found in Appendices 1, 2, and 3 respectively, and the DL survey in Appendix 4.

The interviews with DL participants and one DL sponsor aimed to address our first overarching research question regarding the impact of the DL programme on the individual. In combination with secondary analysis of HESA staff records from 2015/16 and 2016/17, the comparison sample survey and interviews with key members of staff at case study sites were included to address our second overarching research question concerning the impact of the DL programme on organisational context.

Given the complex design of the current project, we describe the samples, procedures and materials for each strand of data collection involved in each research question separately below.

### What impact did the DL programme have on the individual?

There were five cohorts of DL participants eligible for recruitment to the current study. Cohorts 1, 2 and 3 had already completed the DL programme in the 2015/16 academic year and offered a retrospective take on how the DL programme had influenced their own leadership strategies and career progression. Cohorts 4 and 5 were those participating in the two iterations of the programme in the 2016/17 academic year, allowing the research team the opportunity to interview these participants both before and after attending the DL programme.

## Interviews with DL participants

We interviewed 13 BME academics from DL Cohorts 1 through 3. Participants were mainly from Asian (Indian and Pakistani) or West Indian backgrounds, although there was one person of Chinese background, and one from an African background. The first round of interviews were conducted between January 2017 and January 2018. Five of these participants were interviewed a second time, between July 2017 and March 2018. First and second interviews for any individuals were spaced approximately six months apart. All the interviews were conducted one-to-one, either face-to-face or by Skype or telephone call.

The interviews were semi-structured, consisting mostly of open-ended questions such as:

- + Can you tell me about your background?
- + What is it like to be a BME academic in British higher education?
- + Are there particular incidents which stand out for you?

We also interviewed seven participants from Cohorts 4 and 5, three of which were from Chinese backgrounds and four were from African backgrounds. There were three rounds of interviews with these participants. The first round of interviews took place between January 2017 and June 2017; the second round between July 2017 and December 2017; and the third round between January 2018 and March 2018. Three of the seven participants from Cohorts 4 and 5 were interviewed three times, and a fourth participant was interviewed twice.

Interviews were semi-structured and mostly consisted of asking what perceptions or circumstances had changed since their last interview; and further thoughts about the impact of the DL programme. A full list of questions asked is included in Appendix 1.

Of the total 20 participants interviewed (across all five cohorts), seven were from non-UK BME backgrounds.

## Interviews with DL sponsors

We used a snowball approach to identify sponsors of DL participants who took part in the study. Ten DL participants gave their consent for their sponsors to be invited to take part in the study. Several attempts to access these sponsors, through emails and telephone calls, were unsuccessful. Consequently, we targeted sponsors from the case study institutions to capitalise on and deepen involvement with individuals and institutions with which we had already established contacts. This yielded a positive result as one sponsor (female, head of department consisting of 75 staff) from one of the case study sites (HEI C) agreed to be interviewed. The key areas explored in the interview with the sponsor were perceptions of institutional climate to support the careers of BME staff including enablers and barriers, as well as the role of the sponsor.

## The DL survey

The DL survey was administered to DL participants and a comparison sample of staff from case study sites. DL participants completed the survey at T1 (ie before participating in the DL programme) and T2 (ie 12 months after completing the DL programme).

### *DL participant sample*

This sample consisted only of participants from Cohorts 4 and 5 who completed the survey before and after attending the DL programme. Of the 31 individuals in Cohorts 4 and 5, 13 completed the pre-programme survey at T1, five of

whom were employed at one of the institutions included in the case studies. Although a detailed description of how DL participants' survey responses compared with the responses provided by the comparison sample can be found in our interim report, there were two overarching results worth noting here. First, BME individuals who joined the DL programme were more likely to describe themselves as being a role model, but were less confident in their abilities to lead, than the BME participants in the comparison sample. This may reflect a desire to improve their leadership skills and may be why DL participants attended the leadership training programme. Second, there were stark differences in how BME (both DL participants and in the comparison sample) and white participants described and experienced ethnic bias in their department and institutions. Specifically, BME participants were less likely to agree with the following statements:

- + BME and white individuals have equal opportunities for promotion.
- + BME individuals are appropriately represented in major decision-making bodies.
- + BME individuals receive more positive attention from senior management.

However, only six DL participants completed the DL survey at T2. While all six identified as BME, we could not include the results of this survey in a longitudinal analysis because the sample size was too small.

## What impact did the DL programme have on the organisational context?

### Case study sites

HEIs with the largest number of staff attending the DL programme (across all five cohorts) were invited to participate as a case study site. Of the six HEIs approached, four agreed to partake in the current study. These sites were described in detail in our interim report. To maintain confidentiality, each of the institutions approached were assigned a pseudonym. Of the four that participated at T1, only two (HEI B and HEI C) had a sufficient number of staff ( $n > 7$  participants) complete the DL survey at T2 to be included in the analysis.

Over the course of this two-year study, HEI B had 14 members of staff participate in the DL programme and HEI C had 12 staff participate. Notably, while HEI A and HEI D from the first round of the study were not included in the analysis, these two institutions also had considerably fewer members of staff participate in the DL programme (4 and 3, respectively), suggesting that while it would have been useful to include more case study sites in this research, the two institutions that remained eligible were those that were more likely to display some form of change related to DL participation.

Although both HEI B and HEI C are based in Greater London, they have a number of noteworthy differences, including their Athena SWAN and Race Equality Charter participation.

- + HEI B has a bronze Athena SWAN award at the institution level while HEI C has yet to obtain an Athena SWAN award.
- + HEI B has a bronze Race Equality Charter award while HEI C applied for a bronze award in the July 2018 submission round but was unsuccessful.

Participating institutions completed a consent form outlining the three strands of analysis (ie secondary analysis of HESA staff records, a survey of eligible staff, and an interview with DL sponsor and key members of staff). In terms of compensation, institutions were offered the incentive of an individualised report summarising staff survey responses.

### ***Comparison sample***

We recruited a comparison sample of BME staff from the case study institutions to explore how their perceptions and experiences compared with those who had attended the DL programme and whether there were any spill-over effects on the organisational context from having staff attend the DL programme. The comparison sample completed the same DL survey as the DL participants at T1 (ie at the beginning of the study, before the DL participants had attended the DL programme) and T2 (ie at the 12-month follow-up after DL participants had completed the DL programme).

While every effort was made to have the same comparison sample participants complete the survey at both time points, only six of the 87 participants from the first round completed the second round of data collection. Thus, the comparison sample consisted of two mostly separate, cross-sectional samples of staff who completed the survey 12 months apart, while the DL participant sample was longitudinal.

At T1, a total of 69 BME and 18 white individuals completed the DL survey. At T2, 47 BME and eight white individuals completed the survey. Originally, the survey was meant to be completed only by BME members of staff. However, we removed this eligibility requirement because (i) we were not sure of the response rate and wanted to make sure we obtained as many responses as possible, and (ii) many white individuals from outside of the UK identify as a minority and we wanted to capture their experiences as well for a thorough comparison. However, participants in the comparison sample identifying as white were excluded from the current analysis for two reasons. First, there were only eight white participants in the follow-up sample across all four institutions. Second, as presented in the interim report, there were stark differences in how BME and white participants described and experienced ethnic bias in their department and institutions at the first time point. As such, it was deemed inappropriate to consider BME and white participants as a single group.

With regards to the term BME, while we appreciate the heterogeneity of the different ethnic groups encompassed by this label, we were unable to explore differences in survey responses beyond the BME/white identity distinction due to the small sample size.

As only five BME staff from HEI A and three BME staff from HEI D completed the survey at the 12-month follow-up, these participants were also removed from the analysis.

This means that the final comparison sample consisted of 35 BME staff at T1 (16 from HEI B and 19 from HEI C) and 39 BME staff at T2 (17 from HEI B and 22 from HEI C). Table 2 summarises participants' contract activity, type and mode, and gender across the two rounds of assessment. Aside from the proportion of women, which was lower at T2, the samples were relatively consistent across the two time points with regards to how many participants were on academic, open-ended/permanent and full-time contracts.

**Table 2. Comparison sample by contract activity, type, mode and gender**

	First time point			Second time point			Total	
	No.	% ▼	% ►	No.	% ▼	% ►	No.	% ▼
<b>Activity</b>								
Academic	9	25.7	52.9	8	20.5	47.1	17	23.0
Professional/support staff	26	74.3	45.6	31	79.5	54.4	57	77.0
<b>Total</b>	<b>35</b>	<b>100.0</b>	<b>47.3</b>	<b>39</b>	<b>100.0</b>	<b>52.7</b>	<b>74</b>	<b>100.0</b>
<b>Contract type</b>								
Open-ended/permanent	32	91.4	46.4	37	94.9	53.6	69	93.2
Fixed-term	3	8.6	60.0	2	5.1	40.0	5	6.8
<b>Total</b>	<b>35</b>	<b>100.0</b>	<b>47.3</b>	<b>39</b>	<b>100.0</b>	<b>52.7</b>	<b>74</b>	<b>100.0</b>
<b>Contract mode</b>								
Full-time	31	88.6	46.3	36	92.3	53.7	67	90.5
Part-time	4	11.4	57.1	3	7.7	42.9	7	9.5
<b>Total</b>	<b>35</b>	<b>100.0</b>	<b>47.3</b>	<b>39</b>	<b>100.0</b>	<b>52.7</b>	<b>74</b>	<b>100.0</b>
<b>Sex</b>								
Female	26	83.9	56.5	20	69.0	43.5	46	76.7
Male	5	16.1	35.7	9	31.0	64.3	14	23.3
<b>Total</b>	<b>31</b>	<b>100.0</b>	<b>51.7</b>	<b>29</b>	<b>100.0</b>	<b>48.3</b>	<b>60</b>	<b>100.0</b>

In addition to the above, we also examined how the comparison samples from the two rounds of assessment compared with one another on key demographics (including age, gender, nationality and contract level) for each case study site. We used the UCEA/XpertHR contract levels reported by institutions in the HESA staff records. As there are 19 contract levels in this field, we collapsed contract levels into four categories (summarised in Table 3).

**Table 3. Contract level categories by activity**

Contract level	Academic contract	Professional and support contract
<b>UCEA Level VC-5ab</b>	Head of institution (vice-chancellor/principal); deputy/pro vice-chancellor; head/director of major academic area; head of school/division/department/centre; head of a sub-set of academic area/directors of small centres; professor.	Head of institution (vice-chancellor/principal); chief operating officer, registrar, university secretary; director of major function/group of functions eg finance, corporate services, human resources (HR); senior function head; function head.
<b>XpertHR Level I – J</b>	Senior lecturer (pre-92), principal lecturer (post-92), reader, principal research fellow; lecturer B (pre-92), senior lecturer (post-92), senior research fellow.	Non-academic staff section manager; section/team leader (professional, technical, administrative).
<b>XpertHR Level K</b>	Lecturer A (pre-92), lecturer (post-92), research fellow, researcher/ senior research assistant, teaching fellow; research assistant, teaching assistant.	Senior professional/technical staff; professional/technical/senior administrative staff.
<b>XpertHR Level L – P</b>	Research assistant, teaching assistant.	Assistant professional staff, administrative staff; junior administrative staff, clerical staff, technician/craftsman, operative; routine task provider; simple task provider.

Participant demographics for both HEIs across the two time points are summarised in Tables 4 through 7. We have included this information regarding participant demographics despite the small numbers presented in these tables to illustrate that the two cross-sectional samples were comparable.

**Table 4. Comparison sample age groups across time points and case study sites**

Age group	HEI B		HEI C	
	T1	T2	T1	T2
26 – 35	4	4	3	4
36 – 45	5	5	5	5
46 – 55	4	5	7	6
56 +	2	0	1	1
<b>Total</b>	<b>15</b>	<b>14</b>	<b>16</b>	<b>16</b>

**Table 5. Comparison sample gender across time points and case study sites**

Gender	HEI B		HEI C	
	T1	T2	T1	T2
Female	14	10	12	10
Male	1	4	4	5
Prefer not to say	0	0	0	1
<b>Total</b>	<b>15</b>	<b>14</b>	<b>16</b>	<b>16</b>

**Table 6. Comparison sample nationality across time points and case study sites**

Nationality	HEI B		HEI C	
	T1	T2	T1	T2
UK	8	9	10	11
EU	1	1	0	0
Non-EU	5	4	6	5
Prefer not to say	1	0	0	0
<b>Total</b>	<b>15</b>	<b>14</b>	<b>16</b>	<b>16</b>

**Table 7. Comparison sample contract levels across time points and case study sites**

Contract level	HEI B		HEI C	
	T1	T2	T1	T2
Level L – P	7	5	7	8
Level K	3	3	2	1
Level I – J	5	6	6	8
Level 5ab – VC	1	2	2	3
<b>Total</b>	<b>16</b>	<b>16</b>	<b>17</b>	<b>20</b>

Notably, there were very few differences between the groups of participants who completed the DL comparison survey in the first round and at the 12-month follow-up with regards to their age, nationality and contract level category. HEIs B and C both had fewer male staff complete the survey at both time points. However, the representation of men in the comparison sample was better at the 12-month follow-up for HEI B. Taken together, these results suggest that the two cross-sectional groups were relatively comparable in their demographic backgrounds.

### **Procedure**

DL participants were recruited through the DL programme coordinator at Advance HE (formerly the Leadership Foundation for Higher Education) due to data protection regulations surrounding participants' personal information. The comparison sample was recruited through their institution; case study sites were provided with information pamphlets and recruitment letters to distribute to eligible staff networks for the recruitment of the comparison sample. Comparison sample participants were offered an incentive to complete the survey which was to be entered into a draw to win a place on the next DL programme or a course of equal value offered by Advance HE. Informed consent was obtained from all participants.

### **Materials**

The DL survey included 70 questions organised into five main sections, covering participants' professional background, promotion and career strategies, leadership abilities, cross-cultural competencies and details of life in their current department and institution. A final portion of the survey included items regarding participants' own protected characteristics (ie ethnicity or race, sex, marital or civil status, sexual orientation, gender identity, religion or belief, pregnancy and parental leave). This section also asked participants about their nationality and how long they have lived in the UK.

**Section 1: professional background.** This section included items pertaining to participants' current post, such as their contract type (eg open-ended / permanent versus fixed-term), contract mode (eg full-time versus part-time), activity (eg academic or professional and support staff), current department and salary band. Depending on participants' activity there were follow-up questions for academic staff on publication history, student supervision duties and grant applications. These items were included to get an idea of what type of role participants held in their institutions and better describe the sample. As such, items in this section were not considered as possible outcome variables in the quantitative analysis of the case studies.

**Section 2: promotion and career strategies.** The items in this section explored whether participants have been promoted previously, if they have been actively encouraged or invited to apply for a promotion in the past, and their intentions to apply for promotion in the future. Additional items identified how well informed participants were of the promotion processes in their department / institution and their general attitude towards career development (eg setting goals for career progression, volunteering for tasks that will get them better known).

**Section 3: leadership abilities.** This section included two series of items, the first exploring participants' leadership style (ie how they manage their relationship with their team, whether they challenge team members to think about problems in new ways, and whether they are a mentor or role model to others on their team). The second series of items identified specific leadership skills (eg encouraging team attitude and spirit, being an active listener, actively seeking out networking opportunities and taking time to relate to colleagues) then asked participants to rate the degree to which they felt they personally possessed these skills as well as the degree to which they felt they were able to demonstrate these skills in their department or institution (see Figure 1).

**Figure 1. Example phrasing of items regarding leadership skills**

<i>I make time to relate to my colleagues</i>							
	Strongly disagree	Disagree	Somewhat disagree	Neutral	Somewhat agree	Agree	Strongly agree
(a) in general	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) in my institution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Section 4: cross-cultural competencies.** This section explored participants' knowledge and skills that allow them to adapt effectively in cross-cultural environments, such as rating the degree to which they feel at ease with people from cultural backgrounds other than their own, how good they are at reading unwritten rules and whether they can adapt their behaviour to match that of others.

**Section 5: life in current department / institution.** There were three sets of items in this section of the DL survey. The first set contained items relating to participants' work in the context of life as a whole (eg the support I receive outside of work helps me in my work life, my current circumstances make it difficult for me to relocate geographically for work). The second set of items asked participants to rate the degree to which their department provided them with the opportunities and tools needed to develop their careers (eg I have a supportive line manager, I have the opportunity to serve on important departmental committees). The third set of items asked participants to rate statements concerning bias in their department or institution by comparing BME individuals to white individuals (see Figure 2).

**Figure 2. Example phrasing of items regarding bias in the department or institution**

<i>I make time to relate to my colleagues</i>							
	Strongly disagree	Disagree	Somewhat disagree	Neutral	Somewhat agree	Agree	Strongly agree
White individuals are more likely to be recruited/selected for available posts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BME and white individuals have equal opportunities in recruitment processes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Reduction of survey items.** Considering the length of the DL survey, items relating to a similar topic were averaged into summary scores (ie mean scores). Exploratory factor analyses were used to determine whether closely related items captured a common concept (see Appendix 4 for detailed reporting on these analyses). If individual items were sufficiently related to a common concept, individual ratings on each item were averaged to create a summary score. Table 8 presents a summary of which continuous items were included in each summary score as well as the items that were not sufficiently related to other items and kept as individual outcomes to explore. This process of data reduction helped lessen the chance of Type I error (ie saying that there is a significant difference when there is not) by reducing the number of possible outcome variables from 44 to 33. Thus, the 33 outcomes considered included the 31 continuous variables summarised in Table 8 and two categorical outcome variables:

- + Have you been promoted in last 12 months?
- + Have you been encouraged or invited to apply for promotion in last 12 months?

We used t-tests to explore group differences in continuous outcome variables and chi-square analyses to identify group differences in categorical outcome variables. Inductive thematic analysis was applied to the four free-text items for additional insight into BME staff experiences.

### Interviews with key members of staff

The majority of staff who volunteered to be interviewed as part of the case studies occupied formal positions with responsibility for equality and diversity issues and/or for assisting with submissions for the Race Equality Charter. At HEI B, three members of staff volunteered to be interviewed, including two academics who identified as BME and one student support officer. At HEI C, two members of staff volunteered to be interviewed, both of whom worked in roles specifically related to equality and diversity. Volunteers were recruited through the participating case study institutions and contacted researchers directly to confirm their participation. This approach was employed to maintain interviewees' anonymity and ensure that the institution remained unaware of which staff participated in the interviews. Interviewees were asked primarily about their backgrounds in equality and diversity (personally and professionally); what programmes existed for supporting BME leadership; and their opinion of the institution as an environment for encouraging BME leadership.

**Table 8. Summary of outcome variables in the DL comparison sample survey**

<b>Section 2: promotion and career strategies</b>
Informed about promotion processes in department / institution
Informed about promotion criteria in department / institution
Qualified and would like to obtain senior management post in institution
Qualified and expect to obtain a senior management post in institution
<b>Positive career attitude</b>
— Seek opportunities to develop career skills
— Volunteer for tasks to get better known
— Maintain work contacts
— Make myself visible to senior colleagues

— Set goals for career progression

— Seek opportunities to mentor others

— Ask for feedback on career prospects

Promoted in last 12 months (categorical)

Encouraged or invited to apply for promotion in last 12 months (categorical)

### Section 3: leadership abilities

#### *Team leader skills*

Take time to relate to my colleagues (in my institution)

— Others feel confident to work with me (in my institution)

— Encourage team attitude and spirit (in my institution)

— See innovative solutions to problems (in my institution)

— Think through consequences of alternative courses of action (in my institution)

— Feel confident suggesting potential solutions (in my institution)

— Confident in my ability to accomplish goals that I set for myself (in my institution)

— Active listener when colleagues or students need assistance (in my institution)

— Able to incorporate others' ideas into my thinking (in my institution)

— Good at bringing colleagues around to my way of thinking without forcing them (in my institution)

#### *Networking skills*

— Feel comfortable networking with colleagues in more senior posts (in my institution)

— Actively seek out opportunities to expand my network of colleagues (in my institution)

— Confident in my ability to access informal networks in order to progress my career (in my institution)

— Confident in my ability to build relationships with influential people (in my institution)

— When I have power, I am comfortable using it (in my institution)

### Section 4: cross-cultural competencies

Network includes individuals from a variety of racial / ethnic backgrounds

Feel at ease with people from cultural backgrounds other than my own

Good at reading the unwritten rules

Can adapt my behaviour to match the behaviour of others when needed

Being in a racially homogenous group has no impact on my ability

Deliberately modify language / dress to project a desired reputation

Good at convincing others that I am confident even when I am not

Successes are in part due to my ability to navigate cross-cultural environments

Put in extra effort to achieve the same successes as my colleagues

Colleagues view me as a representative of my racial/ethnic group

Section 5: life in current department and institution

*Characterised by positive relationships*

— Opportunity to serve on important departmental committees

— Senior department staff are accessible to me

— I have a supportive line manager

— My working relationships are based on mutual trust and respect

I am encouraged to undertake activities that contribute to my career development

I have a useful, formally assigned mentor who I see regularly

My formal appraisal/performance review is useful/valuable

I work very hard, compared to others in my department (reverse scored)

Workload is allocated fairly and transparently

Diversity issues keep some teams in my institution from performing to their maximum effectiveness

When interacting with my colleagues, I feel that I have to mask my behaviour

*Bias in department opportunities*

— White individuals are more likely to be recruited/selected for available posts (reverse scored)

— BME and white individuals have equal opportunities in recruitment processes

— BME and white individuals have equal opportunities for promotion

— BME individuals have reduced access to informal circles of influence (reverse scored)

— BME and white individuals are equally likely to receive positive feedback from management

BME individuals are appropriately represented in major decision-making bodies

BME individuals receive more positive attention from senior management

Opportunities for training / career development are accessible to white individuals

BME and white individuals receive equal respect

Whether it is easier for a BME or white individual to obtain a senior post

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## Section 3: Experiences of the DL participants

### Introduction

In this section the main themes which emerged in relation to the impact of the DL programme and general experiences of the DL participants (as people from BME backgrounds in UK HE) is summarised, along with any identifiable changes over time.

In total 20 participants were interviewed (13 from Cohort 1, 2 and 3 and seven from Cohorts 4 and 5), out of a total of 77 possible participants (academic and professional services). Thirty two interviews were conducted in total (six participants were interviewed twice, and three participants were interviewed three times). These numbers reflect participants who volunteered to be interviewed and who were also available at the requested time for interviewing.

Participants were interviewed either face-to-face, by phone or by Skype. Interviews were largely unstructured and focused on drawing out participants' own narratives about their experience of the programme and its perceived impact, as well as their perceptions of the experience of working in UK HE (see Section 2 for a more detailed description of the method and Appendix 1 for questions included in the interviews).

Participants were drawn from both academic and professional and support staff and ranged in levels of seniority and disciplinary background.

Additional detail on the content and organisation of the DL programme is provided in Appendix 5.

### Main themes arising from the interviews

#### Initial reasons for doing the DL programme

There was a mix of participants, including those who were recommended to take the programme through formal channels (eg recommended by an official mentor) and others whose involvement was prompted in other ways. For example, one person's involvement in the DL programme was accidental in that they only found out about the programme relatively capriciously, from a colleague who had participated in the programme previously.

Not all participants were primarily interested in the BME focus of the programme. For example, the participants from Chinese backgrounds clearly stated that their decision to undertake the programme related to an interest in leadership development rather than the BME aspects of this. However, most of the other participants were interested in both the leadership and BME aspects. One participant had participated in the women-only Aurora leadership development programme and found that this was lacking in BME perspectives so chose to participate in the DL programme as well. Most spoke of the importance and relevance of the BME narratives.

The following quote illustrates how taking part in the programme with other BME participants can be viewed:

"I am a self-motivated and driven individual who is always seeking opportunities to expand on my knowledge and experience. However, I would say that some of my motivation for participating in this programme is the learning, support, encouragement and dialogue that I will be able to have with other BME staff who work in HE."

And further on in the interview:

"I believe that I have the skills, abilities and characteristics to benefit from participating in this programme and transferring the knowledge and skills I acquire into practice."

## The general experience of DL participants in UK higher education

The following quote illustrates the ups and downs of the leadership journey for some BME academics:

“...my journey can be recognised as a learning curve: from orientation to disorientation which then developed into a passage of a mixture of confusion and serenity and back to disorientation... Even though literature often portrays migrant academics within a deficit discourse, I can recollect how unpredicted challenges made me resilient and persistent...”

This quote shows both the upsides and downsides of being BME in UK higher education.

“It is an honour as well as a challenge... both ways... an honour because although we were not born and brought up here, but nevertheless we have managed to make our place... I feel I must thank the people who saw my talent and led me to this place at the moment... but it is still challenging because there is always the culture shock from people who have had a background here, and their experience is different... in some cases we feel like because we come from a BME background we are not given some opportunities... in some cases I’ve seen my colleagues who come from a white British background... they will raise their voice in protest but I would think twice before I do this... I think ‘let him do the work because he will protest’.”

Another sums up the frustration felt by not being able to progress as far, or as quickly, as they would have liked:

“Although I have had some limited progression while here, I do not believe that I have progressed as far in my career as I would have liked and therefore, neither achieved my full potential as well as ambitions.”

For most there was an overall perception of UK HE being discriminatory, and their own position therein as being discriminated against:

“I would say that being a BME is very very challenging in this country... this country values equal opportunity but there are hidden discriminations... nobody is like Trump who spells it out but it is embedded... maybe only in 0.1% but this has a big influence.”

“The experience of exclusion is in common [for all BME people in UK HE].”

A few participants did not perceive discrimination personally, but these participants were from a Chinese background, or working in a social science discipline. One academic from a Chinese background did not believe that there was a negative bias against Chinese academics, and reported his belief in a meritocracy, and that if he improves, he will be promoted. Another Chinese academic expressed sentiments about her own cultural background, in an attempt to explain her own orientation to issues of possible discrimination:

“My accepting attitude is part of my culture... In Chinese culture we value personal effort, we are less interested in the collective... It is also part of our culture that we believe we can do better... other cultures may not think like this.”

Participants working in a social science discipline area felt that their colleagues, as well as the culture of their discipline, were aware of issues of racism, and were therefore sensitive to not expressing such sentiments, and also of creating an inclusive environment. The following quotes (from a single participant) illustrate how their social science background was valued:

“Discipline makes a difference in the training...some of the stuff we did about our biases, subjectivities, I already appreciated before the course, not to detract, but it was good to be reminded.”

“...this is quite a big question about discrimination... because I work in the sociology of religion, peace studies and feminism, I have always worked in contexts which have valued diversity... because of this I have never really felt my own BMEness, but I have had a different voice around the research table... but I do understand my experience is different from other BME staff.”

However, nearly all participants, regardless of their academic background, acknowledged that they were aware of discrimination against other BME colleagues, as in the quote above. A few participants also acknowledged that some of the discriminatory issues also affected white colleagues who were not recognised as part of the mainstream. The prime example of this was that the culture of how pathways to formal progression operate in UK HEIs can be hidden to many, particularly those who are not perceived as the right stuff for leadership positions. We return to this theme of the hidden culture in the section below.

## The experience of micro-aggressions

The existence of micro-aggressions (the small and more subtle experiences of interpersonal discrimination) against people of BME backgrounds is of course widely acknowledged in the literature. Responses from our participants confirmed this, and also provided more details about how part of the experience of working within a dominant white culture was the process of internalising micro-aggressions over a long period of time, contributing to an identity of difference, as well as perceptions of lack of confidence.

Some participants told of other examples of outright aggressive behaviour: a British female senior academic line manager (without significant academic achievements or research activities) was bullying, shouting and undermining the professional calibre and achievements of an East Asian female academic. There was also a Taiwanese female academic whose mentor (white British and male) was impatient and rude to her.

However, in contrast to these examples of overt aggression, participants also noted specific types of micro-aggressions, including:

- + Prejudicial interpretations of behaviour.
- + Difficulties in generating systemic level changes.
- + A hidden workplace culture that was inaccessible to BME staff.

### ***Prejudicial interpretations of behaviour***

Coupled with the above, BME staff often felt that their achievements or behaviour was interpreted negatively, compared to the interpretations placed on the behaviour or achievements of white people. The following quote illustrates an example of how this prejudice might operate:

“Again there are opportunities but again people don’t like to see a BME in a leadership position (eg management, head of subject)... there is still that resistance... I have applied in a couple of places and got to interview but feedback has been that I don’t have the leadership skill, but then I find out that the person who got hired when I applied has less qualifications compared with me... perhaps I don’t fit that colour... maybe I was not bold enough or the panel was not ready to accept me...”

Another man of African heritage told a story of how, when he made what he saw as a minor complaint about someone, it was turned into a major case, because the person involved was a favourite of the dean. This person expressed a view that opportunities were denied to him when he presented as a “strong and capable black man.” This same person reported that a white male colleague tried to sabotage a programme which he headed, by undermining his work and nuanced ways of assassinating his character, for example by spreading rumours about him being aggressive and bullying: “ethnic racial backgrounds make how people perceive you.”

In this participant’s view, such prejudices and stereotypes could be internalised by both academics and students and their thinking becomes “colonised”.

### ***Difficulties in generating systemic level changes***

Several participants reported difficulties in making more systemic level changes when you are part of a minority group or someone who is socially different from the mainstream. This also relates to the above point, so that people of social difference often feel they will be viewed or treated negatively if they stand out, speak out critically or disagree with the dominant ways of working. They may fear they could be scapegoated, marginalised or excluded if they do so.

Below are quotes illustrating how participants felt discrimination can work when they tried to speak up at organisational levels to change situations which they felt were discriminatory, or when they tried to criticise a situation which they felt was wrong.

“When they say in interviews I don’t have the right management skills... I wouldn’t stand against my own morals, etc... when I stand up to people who should be accountable for module leadership... but maybe I disagree about who should be responsible for certain things (from the point of view of senior managers)... I can take a step back to make it clear... other heads of subjects agreed... they were happy that I had done this... they often want yes people... in our workplace it’s two ways...always have a spokesperson... it is how you please management.”

Another person spoke of her own Chinese cultural background and how she thought this might work against her in gaining leadership positions:

“It is a Chinese characteristic – not make trouble... maybe others think that they need not reward Chinese people because they will still do the job... this definitely makes me start to think... it is not wrong that we work hard and not make trouble... but on the other side we question others who are lazy and try to ask more for themselves... but if we don’t speak out then the situation will remain the same... maybe we need to think about this...”

She went on to reflect more about what this meant for her own progression:

“I find other people at my level are not really active in the job... is that my future? I don't have much power to change anything? If you talk too much it might backfire? We shouldn't be afraid of making trouble..”

***A hidden workplace culture that was inaccessible to BME staff***

Many participants spoke of the difficulties in identifying and understanding the workplace culture which they felt was taken for granted by many of the mainstream individual staff who succeeded in gaining positions of leadership. Because this culture was hidden, it was relatively inaccessible. It was difficult for to articulate it, but one participant made the point very succinctly:

“Not being part of the culture you can't be part of the hidden culture in the organisation and therefore can't do well in that.”

Another female participant put her lack of confidence down to the organisational culture. She termed this lack of confidence “a chip on her shoulder” whereby she did not feel like she fitted in or deserved to aspire to move up and become a leader, because there was a lack of BME role models (as all of the senior staff were white), and the small number of BME staff were only at lower levels. To illustrate her point, she mentioned an incident when she raised the issue of lack of BME representation across the organisation, especially at the senior level, the HR manager said that she was the first person who raised the issue and her reaction was dismissive rather than accepting the point.

The following two examples provide more detail about what is meant by the hidden culture in relation to ways of communicating.

One participant expressed her anxiety at not being able to get the real meaning of what is said due to different cultural nuances, connotations, and tacit knowledge. Providing more detail, another participant reported her difficulties in decoding tacit cultural meanings embedded in everyday communication at work. Despite her study and work in Canada prior to the UK, she found it difficult to comprehend the more indirect British communication style. She felt it was challenging to read between the lines and to understand what her native British manager really meant, which at times led to misunderstandings.

Other examples of a lack of access to the hidden culture that promotes leadership included BME people feeling that they stood out and were often labelled as communicating too directly. A good example of this is how, when a BME person asked directly whether they should apply for promotion, they were not often told “no” directly but were instead given watered-down responses. Another example of avoiding giving direct feedback was told by one participant who, when asking for feedback after she was unsuccessful in gaining a management position, the line manager for the position kept avoiding meetings with her.

## Section 4: Impact of the DL programme on individuals

The primary research question addressed within the current study was to investigate the impact of the DL programme on its individual participants. We approached this question from two angles: the perspective of the participant and the point of view of the sponsor. In the original design of the current study, we had included a third angle – looking at the experiences of DL participants longitudinally using the DL survey. However, while 31 individuals from Cohorts 4 and 5 completed the DL survey before participating in the DL programme, only six completed the survey at the one year, post-programme follow-up. This sample was thus too small to include in the analysis and discussion presented in this section.

Below we explore the main themes identified within each series of interviews in turn, starting with the overall experiences of DL participants and their changes, questions and issues since attending the programme, followed by the experience of one of the DL sponsors.

### Overall experience and impact of DL programme

In summary, all participants were highly appreciative of the programme. The word “fantastic” was used several times. The programme was appreciated for various reasons, partly depending on the disciplinary background and sometimes the cultural background of the participant. For example, as we have alluded to earlier, people without social science backgrounds found some of the content regarding racism and a political analysis of racism more challenging, while those from more business oriented backgrounds perhaps expected more practical input. For others, their own cultural background in relation to acknowledging and accepting the existence of racial discrimination also made some of the content of the programme more challenging. One person, who came from an explicitly religious background, found that there was not perhaps enough acknowledgement of this to allow her to fully explore her unique BME identity.

The main themes which emerged were: (i) networking and relationships, and (ii) confidence, identity development and expansion of thinking and focus.

Within these, participants described feeling more confident; gaining a broader and contextual vision of HEI culture and how to progress; being able to better focus on how to progress; and feeling empowered because of being able to identify and connect with a group like themselves. These are discussed in more detail below.

### Networking and relationships

The networking aspects of the programme appeared to stand out as one of the clear benefits. In this sense, it is important to distinguish between what was gained through the experience of meeting other BME staff and of being exposed to talks from BME people, and the effectiveness or relevance of the content included. Overall the opinion appeared to be that the experience of being on the course with other BME individuals was more valuable than the content of the programme. To illustrate this issue, content in the programme around new cultural ways of being which might allow BME people to be more accepted as leaders was not necessarily regarded by everyone as helpful. An example of this that was mentioned several times was the suggestion that BME people might try to socialise with white colleagues more, such as going to the cricket with them. Some participants felt that the approaches being advocated might not work for them and their own ways of identifying with their own culture. Others felt that they gained a tribe with whom they could identify, and this was an extremely powerful and positive experience. For some the course provided a source of inspiration/strength and a benchmark when needing to re-energise.

The theme of networking is also apparent in this next quote. Of particular interest, though, is increased networking with other BME people.

“The programme helped me engage with the BME community a bit more...before this I just wondered why we just didn't have “people” not BME, and I felt I didn't want to be categorised like this.... probably this is more pronounced perhaps in the US, those who identify their difference differently from those who grew up in Africa....I was reading about Black Panther and the way people from Africa see this. I grew up in Nigeria, so being black was not a thing for me...one of things training did for me made this clearer. This was helpful to realise this. If I was made to feel this way all my life then it would be different.”

This quote also nicely illustrates the difference in identity for those BME people who were raised in the UK (with a marginal identity); those who were raised in other countries where they had a marginal identity; and those who were raised in a country where they were not marginal. This is clearly an extremely significant point when developing training that speaks to the variety of BME identities.

Connected with the theme of recognising the need for networking (and indeed being enabled to network better) is the increased recognition of the importance of relationships.

“I recognised that I can become defensive, but now recognise that relationship building is a key issue in terms of leadership.”

The next quote raised the issue of whether it is the experience of networking with other BME people, or whether it is the content of the programme which was most valuable. In addition it addresses the issue of whether one size can fit all (ie whether the programme can meet the needs of both academics and professional staff).

“The experience of being on the programme is perhaps more useful than the content itself? I have spoken to people on the past programmes which were geared for academics, and so perhaps some of the non-academics struggled? Needs to use models/frameworks they understand?”

## **Confidence, identity development and expansion of thinking and focus**

A broad theme was the expansion of thinking, not just about the need to network more widely, but also about being more specific about what they needed mentoring on, such as incorporating their ethnic identity with their professional identity. Of course, others also felt their idea of themselves as possible leaders expanded, and part of this simply involved feeling more confidence about, and readiness to take on, a leadership role.

The building of confidence was aided by their identity being validated through shared experience. However, it is important to note that increased confidence can be a double-edged sword. One participant noted that increased confidence can lead to increased connections with people (for example, more students seeking advice) which may sometimes be perceived (especially if one is from a BME background) as a potential weakness.

The DL programme was experienced as a turning point for one participant because of the realisation that higher management were supportive.

“The DL programme, this further identified my skills and leadership...this was a turning point, lots of things were happening in my life, but I realised there was an interest in higher management and they wanted to support me.”

The following quotes are from an early career female academic who was not used to having many other BME colleagues. Several of her quotes are included here as she makes some very powerful statements about what undertaking the DL programme meant to her.

“We are all beginning from a position of deficit, this defines your aspirations. The course has absolutely changed my perspective, completely empowered me.”

This empowerment was very strongly associated with feeling that she now had a group to identify with, which meant that she was:

“...allowed to be myself more, and having a safe space to discuss my experience and celebrate my own culture.”

The deep bonding that this allowed through a shared vision/experience empowered some participants to:

“...feel comfortable, and bridged the gap between who I am personally and professionally. I learned as a result of the course that one of my professional strengths is my personal background... because I am bringing something to the role I do... my own research is specifically about my own experience.”

The above participant also mentioned becoming more aware of challenges and barriers in the HE sector, and how easy it is to become isolated. She therefore greatly appreciated the importance of networking and the opportunity to build on these through the DL programme.

Returning to the theme of identity vis-a-vis leadership, one participant reflected on how the DL programme made her think more about herself as leader.

“I have had more thoughts about my own leadership... thinking about what kind of leader you want to be... the DL programme helped me think about this more. For a few people the programme can put you off, for example, by finding out how hard it is, “playing the game” but the different journey for different people is important... for some it may be good mentorship. The discussion about values was also important. We also had an important discussion about authenticity.”

Another person emphasised the importance of recognising identity, bolstered by the DL programme. However, this quote also acknowledged that this was not experienced in the same way by everyone.

“With DL you could discuss how your BME background was part of your experience as an academic because you felt comfortable, although this did rub some people the wrong way, but it was important.”

The last point focuses on the impact of the DL programme in relation to the job or work of the participant. For some participants the DL programme helped them become more aware of the broader HE context and what was needed to gain promotion or another job. Becoming more aware of the broader HE context also involved becoming more aware of general issues in HE and not just leadership issues which affected BME people.

We have placed the following quotes at the end of this section as they sum up a general feeling that although not a lot of people have actively changed their situation (which will be discussed in the next section), there was definitely a change in attitude and awareness in relation to their orientation to their work and their own place in it.

“The training has helped me be more positive/ proactive... if I didn’t do the training it gives me the courage to try. Could be a win/win situation... My thinking has not changed hugely because my basic values have not changed. However, I have more confidence in challenging if told to do something which I don’t think works. I notice I am being a little bit more proactive, especially in committees (although not with networking). I am more confident in doing what I think is right. In our culture (Chinese) we are sometimes very concerned about what other people think, but I realise I don’t have to copy black people. The programme has reinforced my basic values about work.”

## Changes since attending the DL programme

Although some of these findings have been reported in the foregoing section regarding the general impact of the DL programme, in this section we have tried to focus on more of the specific behavioural changes that, for some, were associated with changes in thinking, identity and orientation to their work.

Please note that although there were several sets of interviews conducted at different stages with a substantial number of participants, there were no significant changes which could be traced longitudinally for each individual. We have therefore reported in a more generalised way about the broader changes which took place over time.

Although several people (three) changed their jobs since taking the DL programme, it is not clear that the DL played a role in this (participants did not state that it had). For at least two people this happened because of institutional restructuring. We also do not have data on how many people applied for promotion or for more senior positions, although a number did speak of how the DL has motivated them to apply for promotion soon.

Many participants spoke about how and whether they had stayed in touch with other DL group members. There was a mixed response about this. However, overall it appeared that the DL programme inspired BME academics to reach out more to other BME people at their own and at other institutions. The ways in which they did this, for example by going to more meetings, attempting to network more, participating in action learning sets, and so on, varied according to circumstances. There were mixed responses regarding ongoing contact with sponsors.

The quotes below summarise how being with a BME cohort has helped bring things together and clarify the path one participant needs to take.

“I have done things differently because I have an identity with the BME group... I could identify the skills needed, and what effort needs to put in, maybe have to do three steps more than others... at least you know you are not the only person... it gives a clearer pathway.”

“I haven’t applied for promotion yet but I am working towards it. I wouldn’t have felt/done the same if I hadn’t done the course... taught about leadership/focus/setting goals / how to achieve goals which will help get promoted.”

The same person continued listing some of the new activities he had become involved with.

“I have done more training courses, taken on more leadership admin roles... the course has put me in touch with people across the university eg in research development, encouraging me to look for wider advice (eg on [jobs.ac.uk](https://www.jobs.ac.uk))... I have also been in touch with other academics giving advice about what roles you should take on... for example they say don’t take on “donkey work”... think about things strategically... be more switched on and not passive.”

He then gave examples of the new goals he has set as a result of the DL programme:

“...increasing publications, going for research funds, setting up collaborations with other colleagues. I am working with another colleague at another university – this has a multiplier effect. I didn’t do this before even though we had been friends for years. I am also able to get insights from another university culture.”

Other participants noted becoming involved in further groups and academic activities. For example, one person joined the Higher Education Race Action Group and embarked on a PhD. Another has opted to join an academic board, is planning a book and will apply for promotion shortly.

## Questions and issues raised by attending the DL programme

We have included this section because understanding the impact of the DL programme is not as straightforward as understanding perceived benefits or changes in progression towards leadership positions. There was an ambivalence about the impact of the DL programme for some, as well as questions raised about the relevance and effectiveness of some of the content and activities.

The issue of social and cultural differences among the academic participants in the DL programme appears to be one which needs more attention. As mentioned earlier, there were differences in how staff from different disciplinary backgrounds related to the DL material. This was also true for participants from different cultural backgrounds. For example, participants from East Asian backgrounds seemed less likely to identify themselves as BME and therefore experienced issues with some of the strategies recommended and in applying the idea of discrimination to themselves and to their own experiences. They reported some confusion about the implications of recognising this, and how, going forward, to integrate this with how they identified with their own culture. Participants from social science backgrounds seemed to find the political analyses of race more familiar (eg critical race theory) and therefore accepted that discrimination happened and were less confused by the implications. We have touched on some of these issues in discussing the general impact of the DL, but below we elaborate on the nature of possible confusions stemming from these issues.

One question that was mentioned by a number of participants was about how the DL programme can address the needs of its participants when that group is so heterogeneous. There is a need to recognise cultural differences in relation to issues like social justice, and also how people view their own career development. For example, there might be different values about success and different views of leadership (eg cooperative leadership). The quote below exemplifies a particular orientation toward leadership which the DL programme helped her begin to reflect upon. In addition, there was the issue of different levels of commitment to a religious identity.

“For me leadership is being comfortable with management, but I am not very confident with leadership... management is slightly easier... it’s about following the rules, using the tools. Leadership is perhaps more to do with personality, to encourage people to do things, not ask people but influence them... not everyone has this leadership... I was hoping to develop this more through the programme. Personally, I don’t really want to change my personality, so it’s a question of how to balance this. It seems to me it’s not just about being close to people, but I don’t necessarily want to go to the pub... so how do I influence people if I don’t go to the pub with them? There are many different kinds of leaders – some don’t care about others, some can communicate well. Maybe I want to be a good manager but not a leader?”

Some interviewees raised questions about the topic of socialising with white managers, and whether this recommendation in the programme was culturally appropriate for all attendees (eg one participant said she would not go to the cricket with her managers, as had been suggested as an example in the programme). The issue of whether BME people needed to “go to the pub” in order to socialise with white managers also came up. It is important to acknowledge that there were different views about this. The gender element needs to be recognised in that the examples tended to centre on behaviours that were typically more masculine, as with the cricket example above. In addition, there were different views in relation to social justice, which meant that there were also different views about solidarity, its importance and what it looks like. Individuality in career advancement should be recognised.

One participant from a Chinese background went on to elaborate her confusion about how to maintain her own cultural identity while at the same time recognising that she may need to change some aspects in order to be more successful professionally.

“I am still not sure where the boundary is between my cultural identity and way of being, and how I might need to adapt to gain leadership in my HEI? We are not like black people for instance, but we also want to preserve the boundary? In our culture we like to follow the rules... but if I challenge I am breaking the rules?? Speaking out is not an option?... If I hadn't done the programme would I have thought this now? I am not sure if this is good or bad.”

She spoke further about what she termed her “confusion”:

“Other changes which have occurred for me? I have more information, but I am also more confused about some issues... should I link a lot of things?... should I review my attitude towards managers?... I feel I need to try to control my thinking and not link everything to race issues... review and try to let go... but possibly still keep an eye on reading and get more examples? I don't know if I can make any change.”

Several participants raised the issue that it is important for the DL programme to role model different speakers and styles, in order to convey the message that leadership can take many forms and can incorporate different identities and cultural backgrounds. In particular, the issue of experiences of racism, and having a BME identity, were different for participants who were not raised in the UK. Some of these, particularly those who came to the UK as overseas students, may have come from reasonably privileged backgrounds and, as such, do not necessarily identify as being marginal.

## Impact of the DL programme on sponsors

Despite employing a number of recruitment methods, we only successfully recruited one DL sponsor to participate in the interviews. This sponsor was female and headed a department of around 75 members of staff. The interview with the participating DL sponsor explored her perceptions of the institutional climate to support the careers of BME staff including enablers and barriers.

The sponsor reported that before getting involved as a sponsor, she did not understand the challenges faced by BME staff seeking career progression and advancement or the barriers which may have hindered the career progression of BME staff in her department. Since attending the DL programme, this colleague and leader in HE gained insight into the experiences of her BME colleagues that she may not have had otherwise.

In her interview, she identified three main barriers to progression for BME staff:

- + Lack of dialogue regarding the experiences of BME staff and issues of race equality in general.
- + Lack of recognition of the plight of BME staff due to lack of personal experience of disadvantage.
- + The hiding behind a 'colour blind' approach.

### ***Lack of dialogue***

The sponsor felt that the issue was that people in the workplace did not speak enough about the challenges facing underrepresented staff and offered some reasons, including naivety, as well as:

“...what if they get it wrong and perhaps even overemphasising people’s race – could that create a problem? People don’t just know how to talk about these things sometimes... will they use the correct words; approach the issue from the right perspective; If they don’t talk about it then it is not visible. That’s what happens... so in my experience we just talk about merit; best person for the job...”

### ***Lack of recognition***

The interviewee felt that colleagues did not recognise the barriers experienced by BME staff because of their own lack of experience. There was a suggestion that:

“...perhaps some people think that promotion is all about merit and ‘best person for the job’ so they don’t appreciate that BME staff face barriers; particularly when they don’t experience such barriers themselves, then they don’t understand what challenges are faced by BME staff.”

### ***Hiding behind ‘colour blind’ approach***

Another barrier she felt was the general attitude of staff members being conscious or ‘blind’ to people’s identity. She reported that she is now comfortable to support the staff she is sponsoring as a black member of staff and encourages managers not to shy away from offering support for BME staff to improve their prospects.

“It’s ok to say that BME staff have challenges and therefore it’s ok to promote specific opportunities.”

The sponsor described attending the DL meetings and the BME Summit hosted by Advance HE as “invaluable”, recounting that the DL event “offered permission to talk about issues of race equality and impact on career progression of BME staff” and that she has been paying more attention to these issues in her discussion with the staff she is sponsoring. However, she mentioned one concern: that the BME staff she is sponsoring would not want people to think that the reason they are progressing is because they are black.

Regarding her own institutional climate, this head of department offered suggestions on how best to support leaders to understand how these challenges might affect the progression of BME staff including:

- + Senior leaders sitting on the steering group for the university's Race Equality Charter.
- + Empowering BME staff members to raise issues with their managers directly.
- + Equality groups [networks] to influence management actions through appropriate reporting channels within institutional governance structures.

Finally, the experiences and insights gained by participating as a sponsor in the DL programme have inspired her to share her learning with members of her senior management team. For example, she is working to include BME staff in senior management meetings to speak briefly about their experiences so senior managers can hear about the experience she had on the DL programme and at the BME Summit.

## Section 5: Impact of the DL programme on organisational context

### Overview

The case studies were designed to gain a picture of the institutional culture as well as insight into the context in which DL participants would be employing the tools gained through the programme. The overarching purpose of the case studies was to explore whether the DL programme may influence the organisational context in which DL participants are working, particularly with regard to institution's BME staff profile, the career pipeline of BME staff and BME leadership. Institutions participating in this portion of the study were assigned pseudonyms to maintain their anonymity.

The case studies consisted of three separate sets of data: (i) exploration of their staff profile through secondary analysis of 2015/16 and 2016/17 HESA staff records; (ii) a survey of BME academic and professional and support staff at two time points 12 months apart, and (iii) in-depth interviews with key members of staff working in roles related to equality and diversity. The first and second strands involved data collection at two time points, T1 (before DL participants attended the DL programme) and T2 (12 months after DL participants completed the DL programme), in order to gain insight into whether there were changes in the institution's BME pipeline and BME leadership over time.

The following results pertain to the two case study sites, HEI B and HEI C, that had a sufficient number of staff ( $n > 7$  participants) complete the DL survey at both time points. While every effort was made to have the same sample of staff complete the survey at the two time points, the response rate at T2 was too low for this longitudinal approach to be applied. As such, the DL survey was completed by two separate cross-sectional samples of BME staff. A detailed description of how case study sites were identified and recruited is presented in Section 3 alongside information regarding the questions included in the interviews and survey and a description of the comparison group samples.

In relation to the HESA staff records, we limited our analyses to areas that have historically displayed discrepancies between BME and white staff (Advance HE, 2018; ECU, 2017) including:

- + The overall proportion of BME staff.
- + The proportion of BME staff on fixed-term contracts.
- + The proportion of BME staff on part-time contracts.
- + The BME staff pipeline and underrepresentation of BME staff in senior posts (see Table 9 for contract level definitions).
- + Median and mean pay gaps between BME and white staff.

This section will present the results of these analyses alongside the themes identified in the interviews with key members of staff and changes in the responses of the two BME comparison samples on the DL survey over time. Interviewees were asked primarily about their backgrounds in equality and diversity (personally and professionally); what programmes existed for supporting BME leadership; and their opinion of the institution as an environment for encouraging BME leadership. The DL survey included 33 outcome variables of interest (31 continuous and two categorical) as well as four free-text items that were thematically coded. We used t-tests and chi-square analyses to identify whether the responses from the comparison sample of BME staff at T1 significantly differed from those of the comparison sample at T2. Due to the small sample size, we were unable to employ more sophisticated methods of analysis (eg ANOVA, hierarchical regression) that would have allowed us to statistically control for additional extraneous variables that may also be related to our outcome variables (eg age, contract level, gender).

**Table 9. Contract level categories by activity**

Contract level	Academic contract	Professional and support contract
<b>UCEA Level VC-5ab</b>	Head of institution (vice-chancellor/principal); deputy/pro vice-chancellor; head/director of major academic area; head of school/division/department/centre; head of a sub-set of academic area/directors of small centres; professor.	Head of institution (vice-chancellor/principal); chief operating officer, registrar, university secretary; director of major function/group of functions eg finance, corporate services, human resources (HR); senior function head; function head.
<b>XpertHR Level I – J</b>	Senior lecturer (pre-92), principal lecturer (post-92), reader, principal research fellow; lecturer B (pre-92), senior lecturer (post-92), senior research fellow.	Non-academic staff section manager; section/team leader (professional, technical, administrative).
<b>XpertHR Level K</b>	Lecturer A (pre-92), lecturer (post-92), research fellow, researcher/ senior research assistant, teaching fellow; research assistant, teaching assistant.	Senior professional/technical staff; professional/technical/senior administrative staff.
<b>XpertHR Level L – P</b>	Research assistant, teaching assistant.	Assistant professional staff, administrative staff; junior administrative staff, clerical staff, technician/craftsman, operative; routine task provider; simple task provider.

## HEI B

HEI B is a university located in the Greater London area with more than 19,000 students and 2,000 members of staff. This institution has a number of equality, diversity and inclusion initiatives in place addressing issues surrounding the BME attainment gap, designing an inclusive curriculum, and barriers to academic career progression. In addition to its focus on staff development, HEI B has a mentorship programme available to both staff and students to help them overcome known barriers to progression and enhance their development. HEI B's commitment to equality, diversity and inclusion is evidenced by its bronze Athena SWAN and bronze Race Equality Charter awards. Over the course of this two-year study, HEI B had 14 members of staff participate in the DL programme.

### HESA staff records

With regards to its staff profile, HEI B had a considerably larger proportion of BME staff than that reported at the national level in both 2015/16 and 2016/17 (see Table 10), although there was not much growth in BME staff representation across this time (0.3 percentage points at HEI B, compared with 0.5 percentage points across the UK) (see Appendix 6 for a detailed summary of the HESA staff record analyses). Nonetheless, the proportion of BME staff on fixed-term contracts decreased from 8.5% in 2015/16 to 7.4% in 2016/17, compared with an increase from 31.8% in 2015/16 to 32.5% in 2016/17 at the national level. Similarly, the proportion of BME staff on part-time contracts at HEI B decreased from 23.7% in 2015/16 to 18.5% in 2016/17. Across the UK, there was only a 0.5 percentage point decrease in the proportion of BME staff on part-time contracts.

**Table 10. Ethnic profile of staff at HEI B and at the national level across time**

Ethnic group	HEI B				UK			
	2015/16		2016/17		2015/16		2016/17	
	No.	% ▼	No.	% ▼	No.	% ▼	No.	% ▼
<b>BME</b>	<b>295</b>	<b>17.0</b>	<b>270</b>	<b>17.3</b>	<b>48210</b>	<b>12.6</b>	<b>51525</b>	<b>13.1</b>
Asian	125	7.3	115	7.3	19510	5.1	20750	5.3
Black	60	3.4	55	3.6	8940	2.3	9615	2.5
Chinese	35	2.0	30	2.0	8225	2.1	8550	2.2
Mixed	45	2.6	40	2.4	6590	1.7	7245	1.8
Other	30	1.7	30	1.9	4945	1.3	5370	1.4
<b>White</b>	<b>1440</b>	<b>83.0</b>	<b>1305</b>	<b>82.7</b>	<b>335060</b>	<b>87.4</b>	<b>340765</b>	<b>86.9</b>
<b>Total</b>	<b>1735</b>	<b>100.0</b>	<b>1575</b>	<b>100.0</b>	<b>410130</b>	<b>100.0</b>	<b>392290</b>	<b>100.0</b>
<i>Unknown</i>	330	16.0	595	27.5	26860	6.5	419710	6.5

In contrast to the above improvements in BME staff contracts, the career pipeline for BME staff was fairly stable across the 12-month period with BME staff continuing to be underrepresented in the most senior posts in 2015/16 (Figure 3) and 2016/17 (Figure 4). The leak in the BME staff pipeline at HEI B also mirrored the situation at the national level (Advance HE, 2018), with the largest drop in BME representation being between Levels I – J and Levels 5ab – VC. Given the consistency in BME underrepresentation in senior posts, it is not surprising that the median and mean pay gaps between BME and white staff were, for the most part, unchanging across the two time points. Specifically, the median and mean gaps were 5.0% and 6.3% in 2015/16 (respectively) and 5.7% and 6.0% in 2016/17 (respectively), both of which were more than twice the size of those recorded at the national level (2.1% and 2.3% in 2015/16, respectively, and 2.0% and 2.4% in 2016/17, respectively).

Figure 3. Staff pipeline at HEI B 2015/16

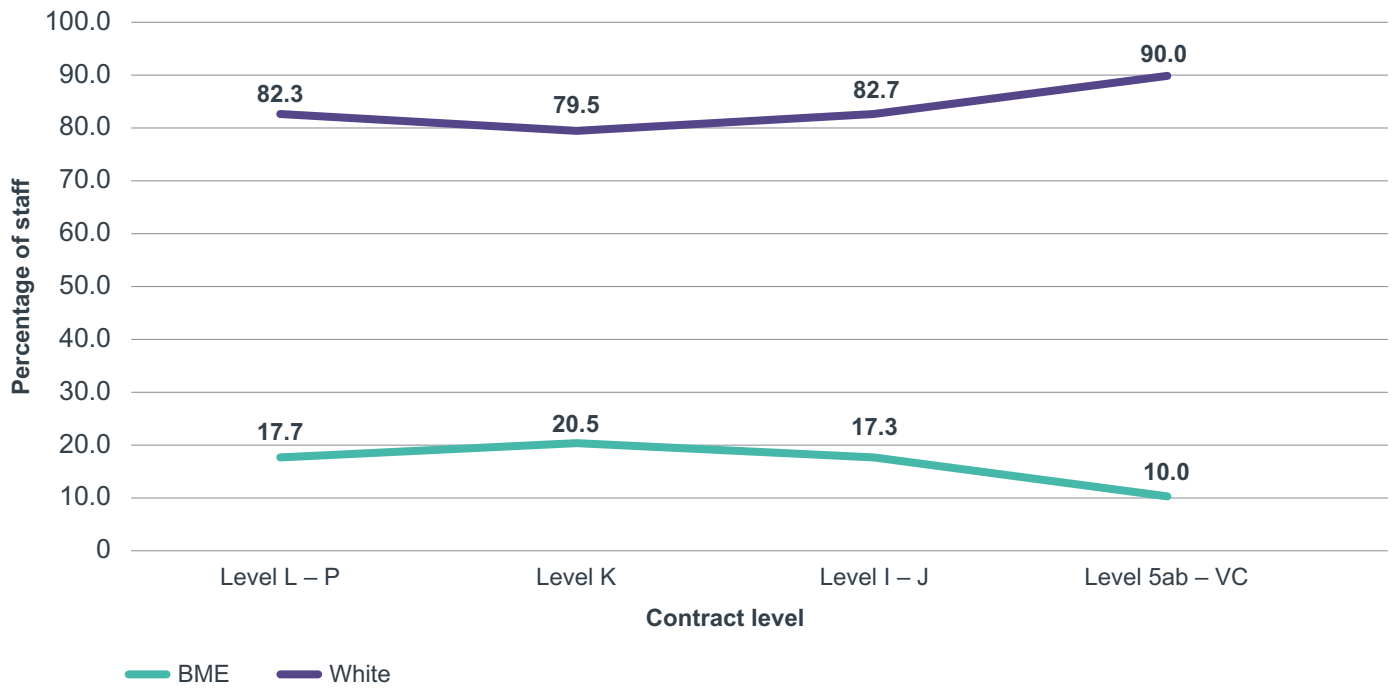
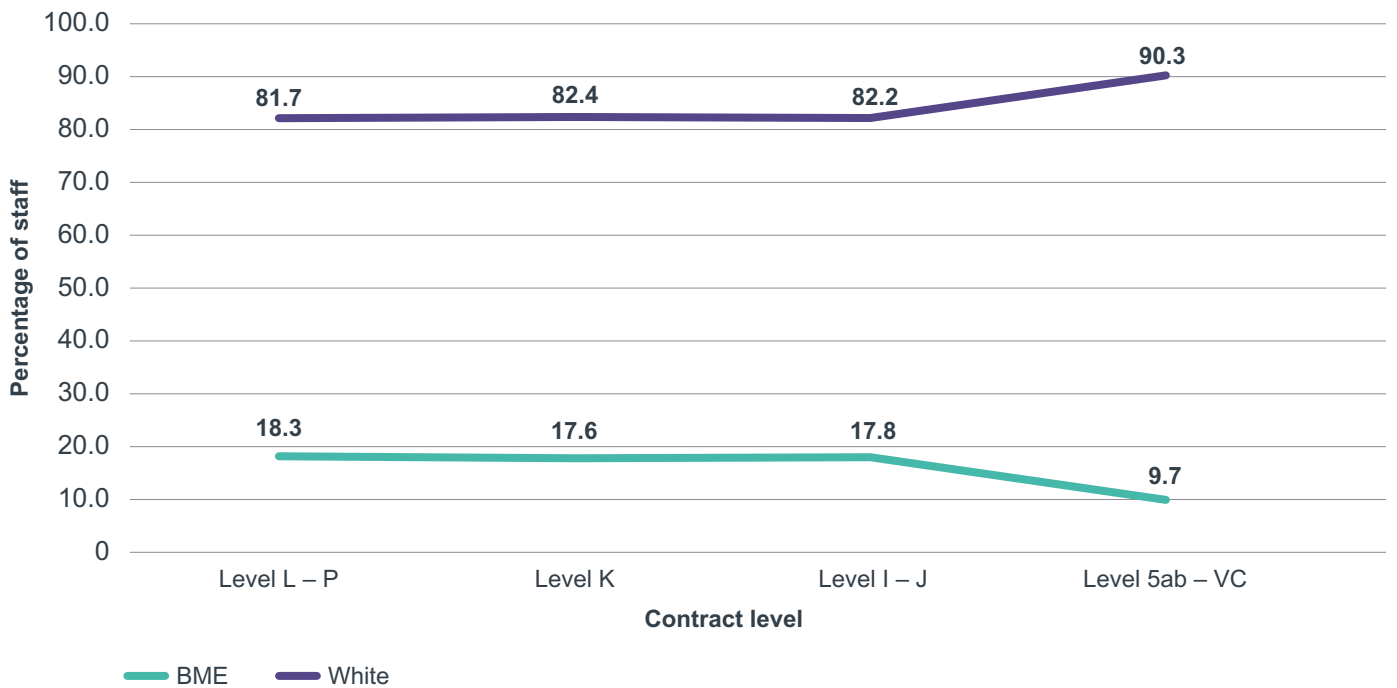


Figure 4. Staff pipeline at HEI B 2016/17



## The DL survey

In general, participants from both comparison samples were relatively positive in their ratings of items related to leadership abilities, cross-cultural competencies and promotion and career strategies (see Table 19 in Appendix 6 for means and standard deviations across both time points). Items related to life in their current department were rated slightly less positively, with participants tending to report that opportunities for training/career development were more accessible to white individuals and that it was easier for white individuals to obtain a senior post compared with BME individuals.

Of the 31 continuous outcomes in the survey, there were only two that displayed a significant change over the 12-month period. Specifically, participants were more likely to report feeling at ease with people from cultural backgrounds other than their own at T2 ( $M = 6.47$ ,  $SD = 0.64$ ) than at T1 ( $M = 5.33$ ,  $SD = 1.68$ ;  $t = -2.45$ ,  $df = 28$ ,  $p = .021$ ). Similarly, T2 participants were more likely to describe their formal appraisal/performance review as useful/valuable ( $M = 4.60$ ,  $SD = 1.72$ ;  $t = -2.49$ ,  $df = 28$ ,  $p = .019$ ) than T1 participants ( $M = 2.80$ ,  $SD = 2.21$ ).

The results of the individual independent t-tests for HEI B are presented in Appendix 6. Chi-square analyses revealed that there were no significant differences in the proportions of BME staff who were (i) promoted in the last 12 months, or (ii) encouraged or invited to apply for promotion in the last 12 months, between T1 and T2.

At T1, there were 25 comments made by the comparison sample of BME staff at HEI B (across all four free-text items). At T2, there were 20 comments. Inductive analyses revealed that both samples mentioned similar themes related to leadership, such as being able to engage with other staff and build their reputation as a leader. However, both samples also mentioned a number of barriers present in their institution, including those related to:

- + Unconscious bias, both overt and discrete discrimination.
- + The importance of who you know with regards to recruitment and promotion.
- + A lack of BME representation in senior posts.

However, while the above themes were consistent across the two comparison samples, there were differences in how frequently each theme was mentioned. For instance, the percentage of comments that mentioned bias in recruitment and promotion increased from 16.0% at T1 (ie four comments out of 25 total) to 25.0% at T2 (ie five comments out of 20 total). In contrast, 40.0% of the comments made by the T1 sample mentioned unconscious bias and discrimination, while only 10.0% of comments from the T2 sample included this theme. There was a similar decrease in how frequently the underrepresentation of BME staff in senior roles was mentioned, with 24.0% of comments including this theme at T1 compared with only 5.0% of comments at T2. Taken together, the above results not only describe the specific barriers BME staff at HEI B face, but also show how the salience of these barriers changes over time and across different groups of BME staff.

Finally, it is worth noting that there were three positive comments made by BME staff at T2 (15.0%), compared with none at T1. Specifically, BME staff praised the institution's engagement with, and active approach to, equality and diversity issues, and the overall improvement of BME student achievement.

## Interviews with key members of staff

Three key members of staff from HEI B volunteered to be interviewed. Interviewees included two academics who identified as BME and one student support officer from within one of the institution's faculties.

The opinions from the two academics were widely divergent, in part because of their past experience. One newer female academic, who had not worked or studied anywhere else, found the environment quite inclusive and that she could ask for support or talk to other BME academics about her experiences.

*“As a BME person I feel embedded in the university environment and the students see me as a role model as well.”*

This interviewee was aware of the many programmes available, such as leadership training programmes and unconscious bias training, and believed the university was good at involving diverse students in curriculum planning.

In contrast, the other academic interviewee, who also identified as female, had worked and studied at a variety of universities, including institutions belonging to the Russell Group and in large cities. While this interviewee believed that the culture at her current institution was not supportive of her aspirations as a researcher, she felt that the overall culture at HEI B was more inclusive and she appreciated the diverse profile of BME staff. She also noted that HEI B was good at providing support for BME students.

The third interviewee, who was a student support officer, echoed this belief that the university was better at supporting BME students than staff, particularly with regard to curriculum development. While HEI B has programmes aimed at encouraging BME staff leadership, this interviewee felt that these were not followed up by the senior management team and that this lack of follow-up reflected a bias in favour of white men. In addition, this interviewee felt that HEI B was not doing what it could to improve the visibility of BME staff, especially those in leadership positions. On the whole, this student support officer felt there needed to be a more integrated push between supporting and developing individual BME staff and also making institutional level changes.

## Summary

Overall, there was a mix of both positive changes and relative stability at HEI B across the 12-month period covered in the current study. Specifically, the overall proportion of BME staff improved, as did the proportions of BME staff on fixed-term and part-time contracts. BME staff in the comparison sample at T2 reported feeling more at ease with people from cultural backgrounds other than their own and that their formal appraisal/performance review was more useful/valuable than participants in the T1 comparison sample. T2 participants also tended to reference issues related to discrimination, unconscious bias, and a lack of BME representation in senior posts less frequently than T1 participants.

In contrast, from the HESA staff records, we can see that the proportion of BME staff in more senior contract levels (as seen in Figures 3 and 4) has not really changed over the last year, which is perhaps why the gaps between the average salaries of BME and white staff have remained relatively stable as well. Markers of BME leadership were also stable, with BME staff in the two comparison samples being similarly positive in their average ratings of leadership items on the DL survey, and their consistent mentioning of being able to engage with other members of staff and build a reputation for leadership (8.0% and 10.0% of comments at T1 and T2, respectively). Together, these results suggest a degree of improvement in the BME staff profile at HEI B, as well as a small degree of improvement in their experiences and the support that they receive with regard to career development, but not their BME pipeline or BME leadership. However, interviews with key members of staff highlighted that the institution could do more to support BME staff development and visibility, to match that which it provides its BME students.

## HEI C

HEI C is a large university in the Greater London area with more than 1,900 staff and almost 18,000 students. Although this institution has not yet received an Athena SWAN or Race Equality Charter award, its commitment to equality, diversity and inclusion is apparent in its work to ensure that everyone who studies and works at the institution does so free of discrimination. Current initiatives include providing equality, diversity and inclusion training to all staff, actively encouraging applications from underrepresented students, and monitoring the recruitment and selection of new staff. In the last two years, HEI C has had 12 members of staff attend the DL programme.

### HESA staff records

In 2015/16, one in three staff at HEI C (33.6%) identified as BME. By 2016/17, this proportion rose to two in five members of staff (39.6%) (see Table 11). This represents a 6.0 percentage point increase compared to the 0.6 percentage point increase seen at the national level. However, this increase in the overall proportion of BME staff at HEI C may be short lived as it was accompanied by a 2.5 percentage point increase in the proportion of BME staff on fixed-term contracts from 42.6% in 2015/16 to 45.1% in 2016/17. Moreover, at the national level only one third of BME staff were on fixed-term contracts in 2016/17, compared with almost half of the BME staff at HEI C.

In contrast to the above results regarding the type of contract BME staff were on at HEI C, there was a 10.0 percentage point decrease in the proportion of BME staff on part-time contracts from 57.4% in 2015/16 to 47.4% in 2016/17. While this decrease represents an overall improvement in the BME staff profile at HEI C, the proportion of BME staff on part-time contracts is relatively high compared with the national level (with 28.6% of BME staff on part-time contracts across the UK in 2016/17).

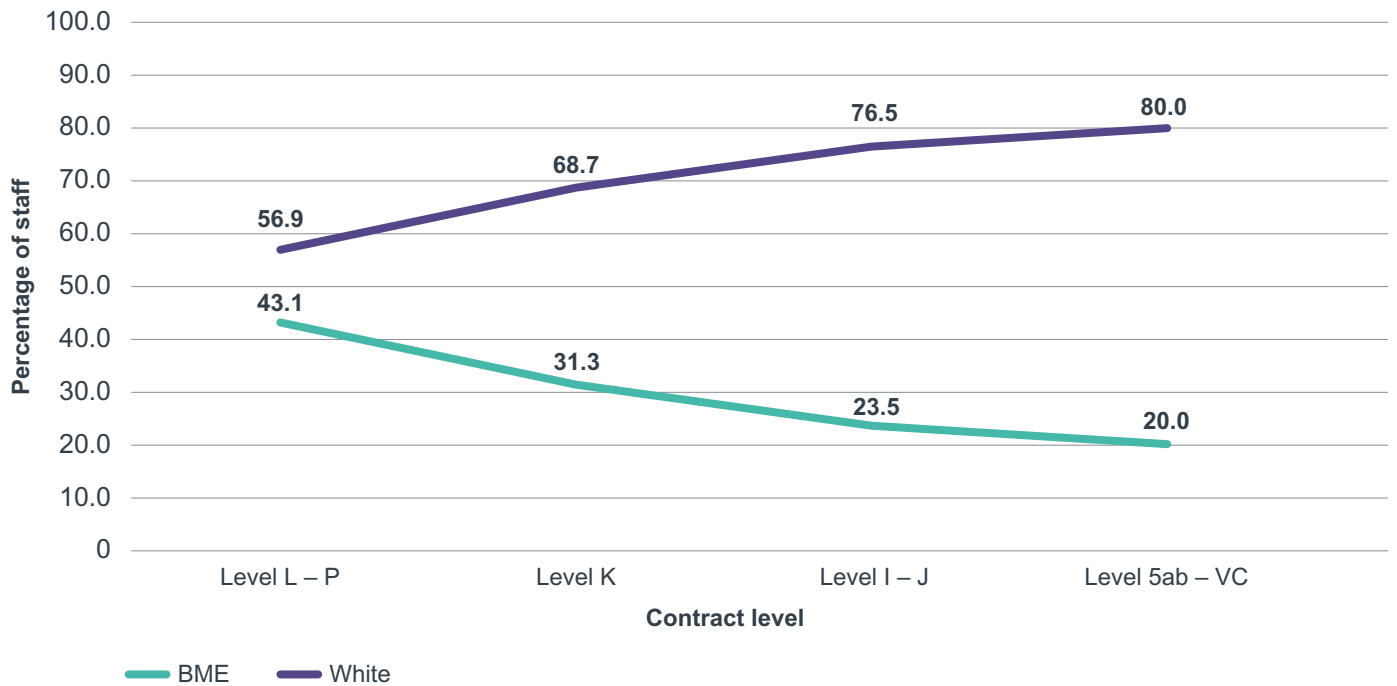
**Table 11. Ethnic profile of staff at HEI C and at the national level across time**

Ethnic group	HEI B				UK			
	2015/16		2016/17		2015/16		2016/17	
	No.	% ▼	No.	% ▼	No.	% ▼	No.	% ▼
<b>BME</b>	<b>505</b>	<b>33.6</b>	<b>665</b>	<b>39.6</b>	<b>48210</b>	<b>12.6</b>	<b>51525</b>	<b>13.1</b>
Asian	135	9.0	180	10.8	19510	5.1	20750	5.3
Black	220	14.7	275	16.5	8940	2.3	9615	2.5
Chinese	70	4.6	110	6.6	8225	2.1	8550	2.2
Mixed	50	3.2	55	3.4	6590	1.7	7245	1.8
Other	30	2.0	40	2.3	4945	1.3	5370	1.4
<b>White</b>	<b>1000</b>	<b>66.4</b>	<b>1015</b>	<b>60.4</b>	<b>335060</b>	<b>87.4</b>	<b>340765</b>	<b>86.9</b>
<b>Total</b>	<b>1510</b>	<b>100.0</b>	<b>1675</b>	<b>100.0</b>	<b>410130</b>	<b>100.0</b>	<b>392290</b>	<b>100.0</b>
<i>Unknown</i>	90	5.7	315	15.9	26860	6.5	419710	6.5

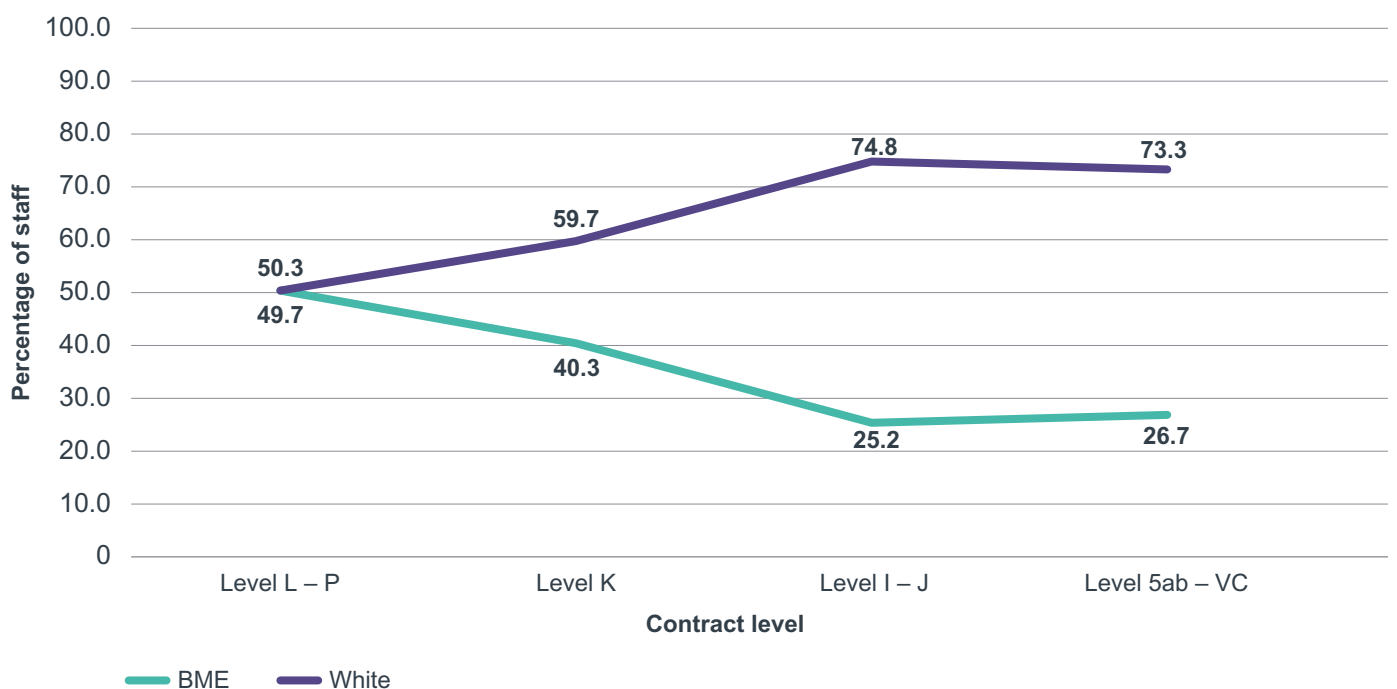
The increase in the overall proportion of BME staff from 2015/16 to 2016/17 at HEI C was seen across all contract level categories (see Figures 5 and 6). Although the largest increases were seen in the lower contract level categories (ie Levels L – P and Level K increased by 7.2 and 9.0 percentage points, respectively), there was also a notable increase

in the most senior contract level category, Levels 5ab – VC (6.7 percentage points). In contrast to the national BME pipeline (Advance HE, 2018), there appears to be a gradual leak in the BME staff pipeline at HEI C.

**Figure 5. Staff pipeline at HEI C 2015/16**



**Figure 6. Staff pipeline at HEI C 2016/17**



In addition to the general increases in BME staff across contract levels, the proportion of BME staff in Levels 5ab – VC at HEI C remained consistently higher than at the national level in both 2015/16 (20.0% compared with 8.1%, respectively) and 2016/17 (26.7% compared with 9.5%, respectively). Despite the (relatively) better representation of BME staff in more senior posts at HEI C, there were substantial gaps in the salaries of BME and white staff. More specifically, the median and mean pay gaps between BME and white staff increased from 25.5% and 18.7% in 2015/16 (respectively) to 27.6% and 23.9% in 2016/17 (respectively).

### The DL survey

Although both samples of BME staff were positive about their own leadership abilities and cross-cultural competencies, they rated items related to promotion and career strategies and life in their current department relatively negatively (see Table 20 in Appendix 6). For example, at both time points, participants reported not being informed about promotion processes or promotion criteria, despite a desire to progress to a senior post in their institution. Additionally, both the comparison sample at T1 and the comparison sample at T2 were positive about their relationships with fellow staff but felt that there was a bias in their department related to the representation of BME staff on major decision-making bodies and the amount of positive attention BME staff receive from senior management.

Independent t-tests comparing the DL survey responses from the comparison sample at T1 to the comparison sample at T2 revealed only one significant change over time. BME staff in the comparison sample at T2 were more likely to feel that their successes were, in part, due to their ability to navigate cross-cultural environments ( $M = 5.94$ ,  $SD = 0.85$ ) than BME staff in the comparison sample at T1 ( $M = 5.11$ ,  $SD = 1.37$ ;  $t = -2.08$ ,  $df = 32$ ,  $p = .045$ ). None of the other comparisons even approached statistical significance (see Appendix 6 for detailed results of each comparison), and there were no significant differences in the proportions of BME staff who had been promoted or encouraged or invited to apply for promotion at T1 and T2.

With regard to the qualitative responses in the free-text items of the DL survey, there were 31 comments from BME staff in the comparison sample at T1 and 19 comments from BME staff in the comparison sample at T2. At both time points, BME staff mentioned feeling confident in their leadership skills and their ability to build positive relationships with their team members (mentioned in 12.9% of comments at T1 and 10.5% of comments at T2). However, among participants from the T2 comparison sample, this confidence was at times hampered by feelings of being an 'outsider' or not fitting into the 'hidden culture' present in their institution. Both samples described experiences of racism, discrimination and feeling side-lined, unappreciated or abused (9.7% at T1 and 10.5% at T2).

Interestingly, participants in the T1 comparison sample tended to attribute race issues at HEI C (and more generally) to societal factors (mentioned in 9.7% of comments at T1), while participants in the T2 comparison sample were more likely to mention issues related to unconscious bias and financial restrictions (both of which were mentioned in 5.3% of comments at T2). BME staff in the comparison sample at T2 were also more likely to mention the underrepresentation of BME staff in senior posts (15.8%) than BME staff at T1 (6.5%). Finally, across both samples, only one individual mentioned that they valued the diversity in their institution and felt valued and respected themselves (3.2%). Instead, both groups called for their institution to be more actively engaged in equality issues related to race (3.2% at T1 and 10.5% at T2).

## Interviews with key members of staff

Two interviews were conducted with staff who volunteered participation at HEI C. Both interviewees' roles were specifically in equality and diversity and both had extensive experience working in the field in other sectors.

Both participants had similar perceptions of the institution, noting that while there was a welcoming attitude in general, there was a distinct lack of support when applying for progression themselves. One interviewee noted that a common experience of BME staff was that when BME staff ask for a pay rise, they tend to be seen as too aggressive. In other instances, when progression is discussed with line managers (eg promotion or applying for a more senior position) they are encouraged, but then are unsuccessful. This discourages BME staff as it does not align with the support they received initially, which can lead to BME staff leaving the institution.

In line with the HESA staff records and participants' comments in the comparison sample, both interviewees noted the lack of BME staff representation at executive levels, mentioning that most of these positions are filled by white men. Interviewees felt this also contributed to whether the environment was one of visible encouragement.

One of the interviewees described their feelings regarding the barriers to BME leadership in HEI C, noting the distinct issues surrounding equality and diversity issues related to race:

“We strive to challenge these barriers but have to be realistic... are they really invested in allowing all groups to prosper... will an organisation really be invested in change? Only if it won't cost them anything...we need to shed a light on what is going on in the darkness, but we start to get a lot of pushback... if the majority group is at risk of being exposed... how much do they truly believe in change? Now the focus is on race, there is a challenge... but there are still other diversity issues... this often neutralises the power of conversations about race...they often steer the conversation away from this... feels like you are fighting within as well.”

When asked about programmes within the university to address issues of lack of BME leadership, the other interviewee noted that there was an issue with the types of contracts BME staff tended to be on that needs to be addressed.

“...if BME staff have fixed-term contracts this doesn't help. BME staff would not naturally think to put themselves forward...they self-select themselves out because they feel like it will be a “no”... it's the informal support, encouragement... white colleagues do get it, but BME staff do not. They perhaps don't get how it is done... they are stuck in the band bracket but we don't encourage enough... especially if on a short term contract. Even institutional projects... how we can we draw them in to creative projects... what opportunities are available to BME staff... line managers need to go beyond their own circles... Going forward we need allies... also white allies to talk about race... sometimes their voice is seen more... when a white male talks about it, it lands differently. This can make a significant impact.”

## Summary

Taken together, HEI C displayed some improvement in its BME staff pipeline across the 12 months covered by the current study. The overall proportion of BME staff not only increased considerably over the year, but this increase was also present across different contract levels and was accompanied by a substantial decrease in the proportion of BME staff on part-time contracts. The results related to BME leadership were also relatively positive in that there was an increase in the representation of BME staff in senior posts and participants in both samples reported feeling confident in their leadership skills (on the quantitative and free-text items).

However, despite the improvement in the BME staff pipeline and positive responses regarding BME leadership, the HESA staff record analysis flagged a number of issues related to the institution's staff profile, including the finding that almost half of BME staff were on fixed-term or part-time contracts and that the median and mean pay gaps were more than 13 times those recorded at the national level. Participants' responses on the DL survey echoed these issues with both of the comparison samples rating a number of items related to life in their current department relatively negatively. Their free-text responses were also fairly negative in that many mentioned experiencing racism, discrimination or feeling side-lined, unappreciated or abused. Despite the 6.7 percentage point increase in the representation of BME staff in senior contract levels in the HESA staff records, a number of participants in the comparison sample and both key members of staff interviewed still felt BME staff were underrepresented. The interviewees noted that, moving forward, BME staff need white allies to get the support and encouragement to progress that they need.

Finally, there appears to be a disconnect between the experiences of BME staff at HEI C and the institution's engagement with equality, diversity and inclusion initiatives; for example, in the free-text items, participants called for their institution to become more actively engaged in race equality issues. However, in the last three years, HEI C has unsuccessfully applied for both the Athena SWAN and Race Equality Charter marks at the bronze level and these initial attempts at engagement are possibly not being communicated or made visible to their members of staff.

## Conclusion

The above evidence suggests that there was both a mixture of positive change and stagnation at the two HEIs included in the current study. However, it is worth noting that while there were year-on-year changes for some indicators in the current investigation, organisational change is a slow process: the positive impact of actions intended to promote equality, diversity and inclusion, especially around career progression, require more than a 12-month period to come to fruition. In this way, the mixed picture of change and no change at the level of the institution painted by the current results may stem from the timeframe imposed on this research.

In addition to time restraints, there are three main issues with the case study methodology that limits the generalisability and interpretation of the above results. First, while every attempt was made to recruit a large, longitudinal comparison sample, the total number of participants across the two years was small. This may be because we had to use HEIs as gatekeepers for recruitment of the comparison sample of BME staff, meaning that we could not control how the recruitment letters were distributed or how frequently, or because the target sample of BME staff are likely to be (i) invited to participate in a number of other studies, or (ii) unable to participate due to time constraints. Furthermore, we had to limit our analyses to two case study sites due to a lack of participation in the DL survey, and both sites were based in the Greater London area further limiting the generalisability of our results. Future research that includes a greater number of institutions and that embeds the evaluation of the DL programme into their race equality initiatives is needed to clarify the links between organisational change and the programme itself.

Our second limitation relates to the recruitment of key members of staff in the interview portion of the case studies. Specifically, the key members of staff who participated in the current research had very different perspectives, depending on their role and position in the institution. Also, both of the case study institutions were quite large, meaning that it was difficult for a single member of staff to have a complete and accurate overview of all activities and prevailing cultures in all areas.

The final limitation of the case studies included in the current study is tied to the indicators used to index impact. While we have examined the changes in staff perceptions and experiences over time in the DL survey, as well as BME staff representation and progression within the HESA records, these sources of evidence cannot be directly linked to the DL programme in and of itself. As mentioned above, both HEIs currently have a number of equality initiatives related to race and ethnicity in place (eg providing equality, diversity and inclusion training to all staff, promoting an inclusive curriculum, providing mentorship programmes, etc), and we cannot disentangle the changes uncovered in the current analysis from the impact that these initiatives may have had on the institutional context. In addition, we cannot rule out the possibility that the changes seen within the comparison sample and HESA staff records are not simply normative fluctuations that would have taken place regardless of an institution's race equality promoting actions (such as sponsoring staff to attend the DL programme).

However, new investigations of similar programmes, such as the Top Management Programme (TMP, also offered by Advance HE) which is being evaluated by a research team at Ulster University and Business School, may be of use in future research investigating the impact of the DL programme on the broader HE context and within organisations specifically. For example, the aforementioned research into the impact of TMP piloted a new approach called the 'Story-based Evaluation' as an alternative to using surveys and 360-degree feedback to explore individuals' leadership development (McCrorry and McCracken, 2018). This approach capitalises on defining leadership as a social process and uses interviews with 'other staff' who currently work with the individual who attended TMP. Specifically, TMP participants identified three colleagues who were then invited to describe three leadership stories concerning the TMP alumni in the last twelve months. Leadership stories were defined as real situations where the TMP alumnus worked to improve institutional performance, shape institutional strategy, bring about change, or work collaboratively toward the benefit of the institution. These stories were then relayed back to TMP alumni and asked how TMP influenced their actions within these stories. This approach could be used in future investigations of other leadership development programmes, including the DL programme, to provide additional insight into how this programme impacts its individual participants as well as how this impact plays out within the individual's organisational context.

## Section 6: Discussion of findings

In this section we summarise and comment on the main themes arising from the study, in particular as they pertain to the original aims and framework of the study.

### Individual experience within institutional context

While the individual DL participants interviewed indicated a very favourable response to the experience of participating in the DL programme, they also overwhelmingly supported the prevailing view (as discussed in the literature review) that their own experiences of trying to attain leadership were problematic.

Among the favourable response to the DL programme were the advantages of being able to meet with and share experiences with a group of academics with whom they could identify (although perhaps this effect might have been stronger for newer academics). This conclusion needs to be tempered, though, with the realisation that not all BME academics necessarily identified with being BME, or at least did not identify to the same extent. This means that a minority identity, with the attendant assumption of being discriminated against, was not necessarily the identity international BME academics brought to the UK. This may be an important factor in designing programmes which assist different groups of BME people to attain leadership. We will discuss this issue further on when discussing the diversity experience and label.

However, the experience of being able to meet with a group with whom individuals were able to identify to some extent meant that networking, and the support and benefits of continued networking, became a valuable part of DL participants' new repertoire of skills in supporting themselves and their ongoing leadership aspirations. So in some ways, the experience of the DL programme at the very least meant that participants became more aware of, and more motivated to, make connections with others in their institutions or across institutions. In this sense, they became more aware of their HE context with regard to connecting with like-minded people.

Aligned with the positive experience of undertaking the DL programme was a boost to confidence, and a new way of thinking about themselves as possible leaders. Related to this was a new awareness of themselves within their institutional context. This involved an awareness or understanding of what concrete actions needed to be taken to better position oneself for promotion or gaining other positions, and greater awareness of how they needed to be more relational in the way they interacted with colleagues.

Somewhat disturbingly though, almost none of the DL participants mentioned an awareness of positive initiatives taken within their own institutions to encourage BME leadership. Of note is the fact that a substantial number of participants only found out about the DL programme in a relatively capricious way (eg by word of mouth from a colleagues), instead, as might be hoped, in a more systematic way through a line manager, mentor, or equality and diversity office. As part of their institutional experience, a lack of visibility of BME staff at senior levels was mentioned several times. When asked about factors which supported their progression, responses overwhelmingly focused on other individuals (eg line manager or mentor) and often on family members. In general their experiences reflected what they believed to be unhelpful cultures, expressed in experiences of micro-aggressions, hidden cultures in which they felt they could not participate, or a general experience of exclusion.

The survey data from the case study sites also demonstrated that although significant policies and initiatives related to equality may exist within an institution (eg as seen in their Athena SWAN and Racial Equality Charter participation), this engagement in equality and diversity initiatives may not translate into improved staff perceptions or experiences. For instance, the HEIs participating in the case studies showed some positive improvements in their staff profiles over the 12-month period of the current study (according to HESA staff records) but these improvements were not always echoed

in the responses of BME staff on the DL survey (ie there were very few statistical differences in how the comparison samples replied to quantitative survey items over time) or the comments from key members of staff who were interviewed (ie many mentioning the lack of BME representation at senior levels and a lack of support for BME staff progression). Moreover, the improvements tended to be minimal and accompanied by regressions (eg HEI C's ethnicity pay gap widened) or a lack of change (ie the underrepresentation of BME staff in senior posts at HEI C was stable from 2015/16 to 2016/17). Taken together, these findings suggest that the experiences of the individuals uncovered in the interviews with DL participants, as well as within the comparison sample and key members of staff at case study sites, do not always accurately reflect the changes seen at the level of the organisation. However, one caveat worth mentioning is that the timeframe for the current project was relatively limited in that measuring changes at the individual level (such as DL participants' career progression) and the level of the organisation (including an institution's BME staff pipelines), and the impact of the DL programme (and other equality initiatives) on these, tend to require more than a year to come to fruition.

## Intersectionality

An overarching framework of the study was the concept of intersectionality (ie to be mindful of how different aspects of a person's social personae might interact to bring about different or enhanced experiences of discrimination). This was borne out to some extent by points made in the literature review regarding evidence of less representation of some BME groups of women as opposed to men. For example, while 24.6% of professors were female in 2016/17, only 8.4% of these women were BME (Advance HE, 2018). This lack of female BME representation in professorships suggests that the UK HE sector has failed to promote intelligent, capable and qualified BME women to leadership positions (Ahmed, 2012; Wilson, 2017) and the British academic profession remains a 'hideously white place' which is resistant to the inclusion of black women as professors and rarely open to critical gaze (Leathwood and Francis, 2006).

The concept of intersectionality was perhaps less borne out in the interviews with participants, although some female participants were definitely aware of their identity as BME women, and it was especially important to them to be able to develop a way of leading which was congruent with this identity. One aspect of this which is worth mentioning is the influence of religion and its importance to identity as well.

Another aspect of intersectionality worth bearing in mind is the influence of the person's disciplinary background. Analyses of racial discrimination were perhaps easier for academics to integrate into their current identities if they came from a social science background. Those from other backgrounds, which were perhaps less familiar with political understandings of discrimination, struggled to see how these analyses could assist them to develop their own identity as a leader with their current cultural identity.

Intersectionality becomes especially important to BME academics, then, when trying to develop a sense of their own leadership capacity and style which is congruent with several different aspects of their identity: gender, religion, specific cultural and racial background, and disciplinary background.

Unfortunately, with regard to the data from the comparison samples, there were too few participants who completed the DL survey at the two time points to identify whether there were significant differences between BME staff of different genders, nationality or religious backgrounds. However, previous research by Advance HE (Advance HE, 2017) suggests that disadvantages experienced by female STEMM academics working in HE are exacerbated by ethnicity, with BME women being the least likely to receive support for their career progression and development.

## The diversity experience, identity and labels

Our study shed quite a bit of light on how different people experience diversity and what it means as a label. The concept of identity itself sounded loudly as a theme underpinning the interviews. Different people, from different BME backgrounds, responded differently to the BME label. As noted several times in this report, some people identified strongly with the BME label and the implied experience of racism and discrimination.

Other people, in particular those who were non-British born, did not necessarily even identify with other groups in the BME category. Most notably these were academics of Chinese background, who did not necessarily identify as being “black” and who felt that suggestions included in the DL programme for how to develop as leaders might be more relevant for these groups. These cultural differences, often exemplified in ways of communicating, or in how to socialise appropriately with white colleagues, can be quite significant in how and what culturally appropriate styles of leadership (for the BME person) are developed.

The question of identity is also important given the context of how and when individuals’ identities are formed. It is important to question what type of identity is supported or maintained when conducting leadership programmes, as often non-British born academics, or those who have been raised in a society and culture where they were seen as mainstream, may not necessarily benefit from being labelled as “other”. It might also be important to recognise what ‘advantages’ people have experienced, as these might also form a crucial aspect of their identity. This holistic sense of individual participants might be an important ongoing principle to underpin future leadership programmes, as developing an identity and sense of leadership with integrity (in terms of recognising and supporting people’s own perceptions of themselves) is presumably crucial in developing congruent leadership styles.

As discussed in the literature review, the ways in which race is analysed politically is also crucial to identity. Being forced into a binary choice about identity (BME or white) may essentially be a short sighted and completely over-simplified way of categorising people and their experiences. In this study we have definitely tried to highlight some of the complexities and therefore the need to develop more categories and labels to capture some of the diversity of experiences and identities.

## Reflexivity

As mentioned in the literature review, the concept of reflexivity is important, especially when undertaking research on and with people of BME backgrounds. The dominant frameworks for research in the social sciences tend to assume white (and often male) perspectives, and the “objectivity” of BME researchers can be questioned, especially when researching with other people of BME backgrounds. In this study, the research team included three women from BME backgrounds who undertook the literature and qualitative interview aspects of the study. The case study analyses (ie statistical and qualitative analysis of the DL survey responses and secondary analysis of HESA staff records) were undertaken by one female researcher from a white non-UK background (Canadian, immigrated to the UK seven years ago) and a male researcher from a UK background (Scottish).

In this study, the two people who conducted the majority of the interviews were from non-UK born backgrounds. Terri is from a Korean international background. She was born and raised in Seoul, Korea and came to the UK 27 years ago – initially as an international student. After her MA and PhD in London, she has been internationally mobile for her academic career, and has been working in British universities for 16 years so far. She considers herself as trans-national, with a cosmopolitan identity stronger than a Korean ethnic identity. She considers her positional identity rather unique as the only Korean academic specialist in comparative higher education based in the UK and Europe, and also as the third-generation of internationally mobile academics and artists in her own family.

Jan is also from a non-UK born background. She is of Chinese descent born into a family who migrated to Australia three generations previously. She moved to the UK a decade ago. Interestingly, although non-British born, she was nonetheless raised within a society and culture which was quite suspicious, if not sometimes directly hostile, to people of Chinese descent. She was raised in the latter part of the baby boomer generation, when there was still a lot of ill feeling to “Asians” in Australia, still recovering from the Second World War. She came therefore to the UK with a sense of a minority identity.

Udy is also a non-UK born BME woman. However, she has lived and worked in the UK for over 25 years. She has an extensive experience of researching with minoritised people.

We believe these backgrounds and identities have allowed us to engage empathically with our interviewees, and perhaps to discuss topics and matters which might have remained on a more superficial level if we had come from white backgrounds. In fact, it is often recognised within BME circles that there are many experiences which cannot or will not be shared with white counterparts, for fear of misunderstanding or having experiences either over-reacted to or denied. Certainly this has been part of our own experience on occasions, when relating on incident or experience which might be interpreted as racist. White friends or colleagues are often reluctant to speak about these, perhaps for fear of being implicated, or for fear of not really understanding. Discussion of racist behaviour does make people uncomfortable for all sorts of reasons. As offered in our interviews by some participants, there is a reluctance to speak up about injustice, for fear of being labelled as too aggressive or paranoid. Certainly there are examples in our interviews of BME academics who felt some criticism or behaviours were discriminatory, but could or did not have these recognised by white line managers.

This is not to say that racism is necessarily the only interpretation of behaviour or actions which could be deemed discriminatory. Certainly, in line with an intersectional framework, there may of course be discrimination due to gender or class factors. Indeed, some interviewees preferred the view that aspects of the hidden culture in universities, which they felt inhibited their progress, also worked against all people who were not members of the privileged or favoured group in their institution.

## Limitations related to methodology

While the limitations regarding the methodology of the case studies were discussed in Section 5, there are a handful of additional limitations related to the qualitative strands of the study worth mentioning here. First, the actual number of DL participants and key players interviewed reflects the number who either responded to actual interview appointment requests, or who were available to be interviewed at times offered. In some cases, participants who had initially volunteered to be interviewed were contacted numerous times, but failed to respond. This was more particularly the case with participants from Cohorts 4 and 5, and DL sponsors. With regard to DL participants, more participants were interviewed from Cohorts 1 through 3 than had been originally proposed, in order to substantiate numbers.

The narrative form of interviewing employed with the DL participants allowed for a comprehensive and reasonably in-depth exploration of participant experiences, not just of the DL programme, but of their situation within British HE. Given the ethnic backgrounds of the interviewers, this approach has been particularly effective, allowing perhaps a more fruitful and open conversation than might have been possible with a more structured interview arrangement. Rapport was reasonably easy to establish under these circumstances.

## Summary

In this section we have discussed what has arisen from the study in relation to its main aims and underpinning framework.

The DL programme was responded to very favourably by participants. Its main impact appears to have been in terms of the experience provided in meeting and networking with other BME staff, which led to improved confidence, a better appreciation of organisational contexts, and identity validation. Although these factors did not immediately translate into institutional progression, participants reported changes in behaviour and attitudes which should subsequently translate into attaining higher levels of leadership. The length of the study was perhaps not long enough for these changes to have taken place.

In terms of the organisational context, the study appears to show that although relevant policies and strategies exist at organisational level, these do not appear to have impinged on individual experience. This perhaps suggests that the gap between micro levels and institutional levels regarding initiatives to address BME leadership is marked, and that further initiatives need to be instituted to address this.

In the final section we address this issue by outlining some recommendations which arise from the study.

## Section 7: Recommendations stemming from the DL impact study

Throughout the course of this research, the participants in both the DL cohorts and the comparison samples identified gaps, issues and barriers that remain unaddressed. The following section summarises the recommendations, specifically for the DL programme as well as for institutions and the wider HE sector more generally, that stem from the comments made by the current sample.

### Recommendations for the DL programme

In this section we include suggestions or recommendations which were made by DL participants when they were interviewed after attending the programme. These recommendations mostly related to the content of the programme and how this can be adapted and expanded to include greater appreciation for differences in individual's experiences and definitions of racism as well as the intersections between race, nationality and religious background. Beyond these, many participants also discussed the role of the sponsor and the need for additional clarification and support for this aspect of the DL programme. Finally, there were a number of comments regarding the action learning sets included in the DL programme, mentioning both the positives and negatives of this approach.

### Experiences of racism and its intersections

In line with some of what we have already discussed, there were varying reactions to the theoretical aspects of the programme, especially its political analyses of racism. This seems to have been associated with the disciplinary background of the participant, such that social science people took these ideas in their stride. As noted earlier with one Chinese participant, some of these analyses caused further reflection but also confusion as to how she should view her own place and create her own leadership identity. (Please refer to the analysis of the interviews section for further detail regarding this point).

In contrast, one of the interviewees from a business background suggested that there could be more practical training on core management and leadership skills. He suggested that unconscious bias training could be used to provide intercultural encounter experiences for a wider pool of academics.

**+ Recommendation:** incorporate discussion of individual differences in defining race, racism and discrimination into the introduction of the course content, appreciating how these differences will impact the way that participants relate to and digest the materials presented throughout the course of the programme.

There was a perception that, regarding cultural differences, the content of the programme was a bit over-generalised. Some participants felt that black academics of African or Caribbean backgrounds might be better at self-expression, and so some of the suggested strategies might suit them better than others. There was also the question of whether there should be content to address different cultures, or ways of structuring the programme that begins to acknowledge their differences.

Summarising this theme regarding different identities, some felt that the DL programme needs to assume more internationalism than just a British background and/or a fixed social class identity. Suggestions to address this issue included inviting speakers from a range of backgrounds (ie East Asian backgrounds as well as black or other ethnic minorities). There could also be more thought given to including participants in the programme from more diversified backgrounds. These suggestions are related to the issues of the diversified way in which political awareness is

characterised for different people and cultures. Some participants suggested that these need to be given more consideration, especially if professional services and academic staff are to be included in the one group.

- + **Recommendation:** consider either creating separate cohorts, or separate sub-groups within the same cohort, for academic and professional and support staff, with the content of each adopting an intersectional lens that considers race and ethnicity across nationalities and social classes.

One participant from a Chinese background, who believes that Chinese people are different from other ethnic minority groups, with “different standards and behavioural patterns”, felt that having some intercultural training, or perhaps some separate focus group sessions for different ethnic groups might be helpful. For example, people from a Chinese background might need to focus on improving ways to express themselves.

This is in a similar vein to the participant who suggested that it would be useful if the DL programme included some role playing exercises in a psycho-dramatic setting to enhance critical understanding of racial cultural differences and related issues better.

Another participant’s suggestion included:

“More nuanced ways of thinking about leadership for different individuals and cultures. Perhaps there is a need to separate groups (eg managers and researchers). Having professional services is good for networking, but there is also a need to think about level of training.”

- + **Recommendation:** consider creating sub-groups within the one cohort, to address specific discussion or content, related to specific disciplinary, ethnic or cultural backgrounds.

Another interviewee went beyond nationality and also addressed differences in the group members’ religious identities. This quote also draws attention to the important point that there may be different value orientations to career, which is a significant factor in decisions about leadership and progression.

“There needs to be more focus on religious minorities as well because these can be more of a trigger for discrimination... but this aspect was a bit undermined in the course... It needs perhaps to be better acknowledged, especially regarding conflict with core values... There was some discussion in one session but I didn’t feel it was dealt with very well (I was asked to come back as a speaker)... We need to respect religious identity... a no brainer that these can be the most important... and career may not be the most important in life.”

- + **Recommendation:** expand the content of the DL programme to incorporate different religious identities and how these intersect with ethnic identities to create unique experiences.

### The role of the sponsor and their support

It is worth noting here that for Cohorts 1 through 3 the term mentor was used in place of sponsor, which was only adopted by the DL programme from Cohort 4 onward. Actually, the one DL sponsor who participated in the case study interviews admitted that she did not have a clear idea of what the distinction between a mentor and sponsor was, which is problematic when trying to act as one of these roles. While the materials provided to DL sponsors are continuously being developed and updated, the interview with this sponsor suggests that both participants and sponsors who wish to partake in the DL programme need this distinction to be clarified from the onset.

- + **Recommendation:** define sponsorship and the roles and responsibilities of a sponsor to all DL applicants and their potential sponsors before accepting applicants into the programme.

Similarly, this interviewee also reported that her involvement in the programme was not outlined to her clearly by her institution from the onset. Instead, she responded to a request to identify a member of staff to take part in the DL programme and understood the task to be about putting a member of staff forward. It was not until the first meeting of the DL programme that it became apparent that “the role would entail more than just identifying a staff to join the programme”.

+ **Recommendation:** recruitment for the DL programme should be undertaken collaboratively with institutions and applicants in order to make certain that the participants and sponsors clearly understand their role and the purpose of the programme.

Beyond this issue with definitions and labelling, several participants felt that the role of sponsor needed to be clearer, especially with regard to guidelines about how to identify a sponsor. One person suggested more formalising of sponsor roles.

“I raised this issue of sponsorship in the last session of the programme – this was not explained properly at the beginning of the programme. Some people just chose their line managers. This role needs to be explained more and also more training needs to be provided.”

Likewise there were mixed feelings about sponsorship and mentoring. The quote below comes from an interviewee whose sponsorship was not successful as they felt their sponsor was not interested:

“There was pressure to identify [a sponsor] before the programme. It might be a good idea to have a list of sponsors who you could pick from. Maybe you need different types of people at different stages.”

Still another person suggested that a better understanding of sponsorship would have been helpful, particularly if it was dealt with part way through (rather than before) the programme began:

“It may be helpful to understand the mentoring aspect... you understand these things better when half way through the programme.”

+ **Recommendation:** provide applicants for the DL programme with more information and guidance on what factors applicants should consider when identifying potential sponsors (eg career stage, availability, etc), how to select an appropriate sponsor and what kind of role the sponsor will be expected to play (including clarifying how this differs from mentorship).

An additional suggestion in relation to sponsors was to perhaps include them in some aspects of the DL, both so they could hear concerns, but also so that participants could become more comfortable with speaking to people in more senior positions.

“It would have been good to have our nominated mentors in the room... being with my DVC academic who nominated me it would have been good for them to hear our concerns. It would have been great for them to have a more open mind about this, and feel confident to talk with them about this and to leave them with a question in mind.”

“Could have been useful to have a group of sponsors/mentors there to ask what they suggest. I am scared to go to my mentor because I don't know where he stands. Because all of us from the same level our mentors who are in management positions, they could clarify what to do. If it was mentioned in such a session then it could go back to that platform.”

+ **Recommendation:** modify the role of the sponsor to be more active in the DL sessions and invite these individuals to participate in the content of the programme.

## Action learning sets

There was also variability in how individual participants perceived and appreciated the action learning sets included in the DL programme. A few participants continued to meet with their groups, but others were clear that they did not find these useful. However, reasons for disliking them tended to be practical (eg not having the time to continue meeting with this group after the programme finished) or to do with different interests in the group.

“NO more action learning sets... too difficult to maintain.”

“Action learning groups – we became so bogged down. There were two groups (management and research) and interests were not linked. Maybe they need to be separated and therefore learning sets would be more effective.”

“My ambition is different from colleagues so the action learning set doesn’t work.”

However, another participant found the reflective aspects of the programme particularly useful:

“I particularly enjoyed the reflective bits, might have cut down on leadership bits... uncovering who you are was really helpful for me... a couple of psychometric tests could be introduced perhaps? ...the self-exploratory stuff was most powerful. It was quite life-changing.”

Another participant suggests that perhaps the requirement for fulfilling the DL programme could incorporate other activities, such as writing an essay which could be included in the action learning set in some way. This type of activity might help extend the reflective aspects in ways which might work for different people.

- + **Recommendation:** consider creating groups for action learning sets based on ambitions and interests rather than geographic location, possibly allowing these meetings to take place virtually rather than in person.
- + **Recommendation:** develop additional reflective components in the remaining parts of the programme to allow participants the opportunity to explore their individual identities and how the content of the programme relates back to them individually.

## Recommendations for institutions and the UK HE sector

Within the case studies we had three main sources of information (HESA staff records, comparison sample survey responses and interviews with key members of staff) from which to draw out recommendations. Particularly insightful were the free-text comments from the comparison sample as these provided more detailed information regarding the experiences of BME staff in their current HE context. These recommendations centre around five overarching themes:

- + Unconscious bias and discrimination.
- + Promotion and recruitment.
- + Underrepresentation of BME staff in positions of leadership.
- + Decision-making bodies.
- + Engagement in equality issues related to race.

## Unconscious bias and discrimination

Within the comparison samples at the case study sites, a considerable number of the comments made in the free-text items of the DL survey described participants' experiences of unconscious bias, as well as overt experiences of racism and discrimination. This sentiment was echoed by the quantitative responses on the survey as well as in the points made by key members of staff at the case study institutions. Potentially related to these experiences was the feeling of being an 'outsider' and not fitting in to the 'hidden culture' that was also mentioned by a number of participants in the comparison sample, particularly at HEI C.

- + **Recommendation:** consider making unconscious bias training mandatory for all staff, and in particular staff involved in recruitment and promotion. Consider more bespoke unconscious bias training for those in particular roles, such as teaching, research, management and leadership, and as a colleague with regard to how the workplace culture is established and maintained.
- + **Recommendation:** ensure that there are clear reporting procedures available to staff experiencing discrimination. If there is concern regarding whether reporting procedures are clear, use qualitative research methods to uncover where specific issues lie.
- + **Recommendation:** provide guidance and training to managers on how to manage complaints of discrimination and bias.
- + **Recommendation:** emphasise commitment to equality and diversity in all major aspects of higher education roles (eg in curriculum design and in classroom teaching practice; in research policy, practice and ethics; in management principles; in promotion and appointment criteria).
- + **Recommendation:** respond to cases of discrimination swiftly and consistently when brought to the institution's attention.
- + **Recommendation:** have regular conversations with BME staff members around aspects of the organisational culture and how these may lead to feelings of alienation. Use these conversations to generate ideas on how to make the culture more inclusive to all staff.
- + **Recommendation:** examine how frequently BME staff are held up as positive examples within the institution (whether this be within departments or the institution more broadly). Institute practices to increase the exposure of positive examples of BME staff contributions.

## Promotion and recruitment

One of the most recurring comments from the comparison samples related to promotion and recruitment, and specifically the importance of 'who you know' in these processes. Participants felt that vacancies in senior posts were not worth applying for as these positions were already earmarked for someone else, or intended to be filled by an applicant who has an existing relationship with the individual recruiting.

- + **Recommendation:** consider how and where vacancies and promotion opportunities are advertised, taking care to specifically remove instances where advertising relies on managers' word of mouth.
- + **Recommendation:** ensure all staff taking part in recruitment and promotion decisions have had equality and diversity training as well as unconscious bias training.
- + **Recommendation:** ensure all promotions and recruitment activity is based on a clear person specification for the role, the skills of the applicant and their experience.

## Underrepresentation of BME staff in positions of leadership

Related to the above recommendations on promotion and recruitment are those regarding the underrepresentation of BME staff in senior posts and positions of leadership, which was evident across the HESA staff records, quantitative and qualitative DL survey responses and the interviews with key members of staff. This underrepresentation of BME staff in senior posts stems from issues within the BME staff pipeline, which in the case of the current research did not demonstrate significant signs of improvement.

- + **Recommendation:** pay particular attention to the advertising strategies employed for senior posts identifying ways to increase the breadth of the audience reached. Consider the use of search agencies who have a stated commitment to assisting with increasing the pool of applicants from diverse backgrounds.
- + **Recommendation:** when working with recruitment services for senior posts, make the requirement of a diverse pool of applicants clear.
- + **Recommendation:** consider what positive action steps can be taken to support recruitment of BME staff in senior posts.
- + **Recommendation:** monitor the BME staff pipeline closely, distinguishing between different groups of staff (eg academic and professional support staff, UK and non-UK nationals, male and female BME staff, and so on) to ascertain where there are leaks as well as examples of success that could be investigated further.
- + **Recommendation:** initiate discussions with BME staff to explore what barriers they face to progression and leadership within the institution and more broadly. Using this information, create clear SMART actions to address these barriers and develop targets for BME progression.

## Decision-making bodies

Within the DL survey, participants in the comparison sample voiced concerns regarding bias in their current department related to the representation of BME staff on decision-making bodies.

- + **Recommendation:** consider the diversity of decision-making bodies, how members of these are recruited and whether the way in which this group operates may be specifically disadvantaging potential members (eg by scheduling meetings outside of regular business hours these groups are less accessible to staff on part-time contracts, staff with caring responsibilities, or staff who work remotely).
- + **Recommendation:** implement equality and diversity training for all members of decision-making bodies.
- + **Recommendation:** implement equality impact assessments as a standard accompaniment to all decision-making agenda items.

## Engagement in equality issues related to race

Finally, perhaps stemming from the aforementioned issues surrounding discrimination, bias in promotion, and the underrepresentation of BME staff in senior posts and on decision-making bodies, many participants in the comparison samples felt that their institution was not committed to engaging with equality issues related to race (or at least equality issues related to race among staff, compared with students). However, institutions and departments can do a number of things to improve this sentiment among staff.

- + **Recommendation:** consider the equality and diversity agenda within the institution and whether this work is evenly distributed across different groups of staff.
- + **Recommendation:** examine the visibility of any work done on equality issues relating to race and find ways to promote and demonstrate commitment to staff (eg newsletters, announcements at network meetings, posters and advertisements on the department or institution website).
- + **Recommendation:** use available data to identify unaddressed issues related to race within the specific context. Complement this information with additional qualitative and quantitative research into the experiences of BME staff in the department or institution to generate an action plan with specific targets.
- + **Recommendation:** engage with initiatives such as the Race Equality Charter to publicly demonstrate commitment to equality issues related to race among staff and students.

## Conclusion

The above sections summarise the different ways that the results of the current research could be used to address equality issues related to race both within the content of the DL programme as well as more broadly at the institutional and sector level. However, when taken together, the two also make one final recommendation for both the programme and institutions quite clear: the DL programme does not include any follow-up sessions with DL participants or their sponsors, making it impossible to track the longevity of the programme's impact on individual participants, nor does it include any guidance for participating institutions on how to reinforce what is taught in the programme and create an environment in which these strategies can be employed. Many institutions envisage programmes such as the DL as a solution or a means to an end, rather than a first step towards introducing organisational and systemic change. The main recommendation here is for institutions to adapt their view of the DL programme to see this as a starting point, a way of bringing new skills into the organisation that can be shared and developed further. Implementing follow-up sessions with DL participants, discussions with DL sponsors and showcasing their experiences to other staff (particularly those in leadership positions) would open the door for institutions to reap the benefits of sponsoring an individual on the programme and shift this action from being considered a deficit approach (that lays fault within the individual) to instigating structural and systemic change.

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## Appendix 1: Interview questions for DL participants

Participants were asked to tell us about themselves and the aspects of their background which they felt were relevant.

With regard to the first round of interviews, specific prompts and questions included:

- + I am interested in your perspective on what it is like to be a BME academic/staff member in higher education today...
- + Can you tell me about your own experience, especially in seeking career progress/advancement?
- + Are there particular incidents which have happened which you feel were crucial in your experience, or perhaps signify what your experience has been like? Can you tell me about a few of those?
- + Do you feel you have a particular understanding of leadership (and what is this) that has influenced the way you have sought to advance your career?
- + Do particular people, incidents, other factors, stand out as helping or hindering your career?
- + How would you summarise what your experience has been?
- + What insights or recommendations would you want to pass on to fellow BME academics who are seeking seniority in higher education today?
- + How do you feel the DL programme in particular has impacted on your own experience (in seeking leadership)?

Also included in the second and third interviews were follow-up questions regarding the impact of the DL programme, such as *Can you tell me about what has changed for you (if anything) since the last time we spoke?*

## Appendix 2: Interview questions for DL sponsors

The topics discussed with the one DL sponsor who participated in the current study included:

- + Perceptions of challenges facing BME academics.
- + Perceptions of barriers, enablers and how best to support leaders to understand how these challenges might affect the progression of BME staff.
- + Examples of inclusion solutions utilised in their institution and wider HE sector.

## Appendix 3: Interview questions for key members of staff at case study sites

Participating key members of staff from case study sites were informed of the purpose of the study prior to completing the interview. They were encouraged to respond with what they believed were the relevant details.

Specific questions included:

- + Could you please describe your role in the university, and aspects of your background you believe are significant?
- + What is your perception of this university as a context to enable leadership of BME staff?
- + Are you aware of institutional initiatives to enable BME leadership, and if so, what are these?
- + Is there anything relevant from your own experience which illustrates what the experience for BME staff might be like in this university?
- + Are there any other comments you would like to make about this university context that relates to BME leadership?

## Appendix 4: Results of exploratory factor analysis of comparison sample survey responses

Individual exploratory factor analysis was undertaken for each section of the DL survey. Table 12 summarises the factor loadings for each item across sections 2, 3 and 5 of the DL survey. Items that reflected a similar underlying construct were averaged to create summary scores to be used as outcome variables in the comparison sample case study analysis. Items that were not sufficiently related to a common concept were retained as separate outcome variables in these analysis.

**Table 12. Factor loadings for items in the DL survey**

Section 2: promotion and career strategies	Factor loading
<i>Positive career attitude</i>	
Seek opportunities to develop career skills	0.634
Volunteer for tasks to get better known	0.739
Maintain work contacts	0.622
Make myself visible to senior colleagues	0.771
Set goals for career progression	0.806
Seek opportunities to mentor others	0.623
Ask for feedback on career prospects	0.741
Section 3: leadership abilities	Factor loading
<i>Team leader skills</i>	
Take time to relate to my colleagues (in my institution)	0.563
Others feel confident to work with me (in my institution)	0.731
Encourage team attitude and spirit (in my institution)	0.711
See innovative solutions to problems (in my institution)	0.604
Think through consequences of alternative courses of action (in my institution)	0.681
Feel confident suggesting potential solutions (in my institution)	0.682
Confident in my ability to accomplish goals that I set for myself (in my institution)	0.656
Active listener when colleagues or students need assistance (in my institution)	0.646
Able to incorporate others' ideas into my thinking (in my institution)	0.687
Good at bringing colleagues around to my way of thinking without forcing them (in my institution)	0.432
<i>Networking skills</i>	
Feel comfortable networking with colleagues in more senior posts (in my institution)	0.747
Actively seek out opportunities to expand my network of colleagues (in my institution)	0.84
Confident in my ability to access informal networks in order to progress my career (in my institution)	0.773
Confident in my ability to build relationships with influential people (in my institution)	0.829
When I have power, I am comfortable using it (in my institution)	0.575

Section 5: life in current department and institution	Factor loading
<i>Characterised by positive relationships</i>	
Opportunity to serve on important departmental committees	0.485
Senior department staff are accessible to me	0.738
I have a supportive line manager	0.787
My working relationships are based on mutual trust and respect	0.555
<i>Bias in department opportunities</i>	
White individuals are more likely to be recruited/selected for available posts (reverse scored)	0.819
BME and white individuals have equal opportunities in recruitment processes	0.775
BME and white individuals have equal opportunities for promotion	0.814
BME individuals have reduced access to informal circles of influence (reverse scored)	0.542
BME and white individuals are equally likely to receive positive feedback from management	0.617

## Appendix 5: Information regarding the content and organisation of the DL programme

The DL programme is designed to support early career academics and professional services staff from black and minority ethnic backgrounds who are about to take their first steps into a leadership role.

The programme:

- + Introduces participants to leadership concepts and enables them to explore various elements of leadership and your role as a leader.
- + Introduces participants to the concept of 'authentic leadership' and helps them identify their leadership style.
- + Enables participants to explore motivation and influences.

The programme also provides a safe space in which to discuss issues relating to participant's experiences of working in HE.

- + The following themes are explored:
  - + Demystifying leadership
  - + Increasing your visibility
  - + Authentic leadership
  - + Cultural identity and cultural capital
  - + Power and influence

### Programme format

The programme comprises of four one-day face-to-face workshops. While it is non-residential, it features online resources, leadership stories from high-profile HE leaders, and the development of strategies for working effectively with sponsors and mentors. As part of this programme, there is also a facilitated Action Learning Set.

For additional information on the DL programme, please see the Advance HE website:

<https://www.lfhe.ac.uk/en/programmes-events/equality-and-diversity/diversifying-academic-leadership-in-he/index.cfm>

## Appendix 6: Detailed case study analysis

Analysis of the case studies included (i) secondary analysis of HESA staff records from 2015/16 and 2016/17, and (ii) t-tests looking whether DL survey responses from the comparison sample at the first time point (T1) differed from those provided by the comparison sample at the second time point (T2). This appendix presents the HESA staff record analyses in greater detail, including by contract type (Table 13), contract mode (Table 14), contract level (Tables 15 through 17) and the median and mean pay gaps between BME and white staff (Table 18). In addition, Tables 19 and 20 summarise the results of the t-tests on the 33 outcome variables present in the DL survey.

**Table 13. Contract type by BME/white identity at case study sites and at the national level**

Contract type	HEI B				HEI C				UK			
	2015/16		2016/17		2015/16		2016/17		2015/16		2016/17	
	No.	% ▼	No.	% ▼	No.	% ▼	No.	% ▼	No.	% ▼	No.	% ▼
<b>Open-ended/permanent</b>												
BME	270	16.8	255	17.1	290	29.6	360	32.3	35150	11.6	32560	11.1
White	1340	83.2	1230	82.9	690	70.4	760	67.7	267070	88.4	261440	88.9
<b>Total</b>	<b>1610</b>	<b>100.0</b>	<b>1485</b>	<b>100.0</b>	<b>980</b>	<b>100.0</b>	<b>1120</b>	<b>100.0</b>	<b>302220</b>	<b>100.0</b>	<b>293995</b>	<b>100.0</b>
<b>Fixed-term</b>												
BME	25	19.5	20	20.0	215	41.0	300	54.3	16370	18.2	15650	17.5
White	105	80.5	70	80.0	310	59.0	255	45.7	73695	81.8	73620	82.5
<b>Total</b>	<b>130</b>	<b>100.0</b>	<b>90</b>	<b>100.0</b>	<b>525</b>	<b>100.0</b>	<b>555</b>	<b>100.0</b>	<b>90070</b>	<b>100.0</b>	<b>89270</b>	<b>100.0</b>
<b>All contracts</b>												
BME	295	17.0	270	17.3	505	33.6	665	39.6	51525	13.1	48210	12.6
White	1440	83.0	1305	82.7	1000	66.4	1015	60.4	340765	86.9	335060	87.4
<b>Total</b>	<b>1735</b>	<b>100.0</b>	<b>1575</b>	<b>100.0</b>	<b>1510</b>	<b>100.0</b>	<b>1675</b>	<b>100.0</b>	<b>392290</b>	<b>100.0</b>	<b>383265</b>	<b>100.0</b>

**Table 14. Contract mode by BME/white identity at case study sites and at the national level**

Contract mode	HEI B				HEI C				UK			
	2015/16		2016/17		2015/16		2016/17		2015/16		2016/17	
	No.	% ▼	No.	% ▼	No.	% ▼	No.	% ▼	No.	% ▼	No.	% ▼
<b>Full-time</b>												
BME	225	18.0	225	18.8	220	32.4	345	34.5	34190	13.1	36810	13.7
White	1020	82.0	960	81.2	455	67.6	660	65.5	226500	86.9	231235	86.3
<b>Total</b>	<b>1245</b>	<b>100.0</b>	<b>1185</b>	<b>100.0</b>	<b>675</b>	<b>100.0</b>	<b>1005</b>	<b>100.0</b>	<b>260685</b>	<b>100.0</b>	<b>268045</b>	<b>100.0</b>
<b>Part-time</b>												
BME	70	14.4	50	12.5	290	34.5	315	47.2	14020	11.4	14715	11.8
White	420	85.6	345	87.5	545	65.5	355	52.8	108560	88.6	109530	88.2
<b>Total</b>	<b>490</b>	<b>100.0</b>	<b>390</b>	<b>100.0</b>	<b>835</b>	<b>100.0</b>	<b>670</b>	<b>100.0</b>	<b>122580</b>	<b>100.0</b>	<b>124245</b>	<b>100.0</b>
<b>All contracts</b>												
BME	295	17.0	270	17.3	505	33.6	665	39.6	48210	12.6	51525	13.1
White	1440	83.0	1305	82.7	1000	66.4	1015	60.4	335060	87.4	340765	86.9
<b>Total</b>	<b>1735</b>	<b>100.0</b>	<b>1575</b>	<b>100.0</b>	<b>1510</b>	<b>100.0</b>	<b>1675</b>	<b>100.0</b>	<b>383265</b>	<b>100.0</b>	<b>392290</b>	<b>100.0</b>

**Table 15. Collapsed contract levels by BME/white identity at HEI B**

Collapsed contract levels	2015/16				2016/17			
	BME		White		BME		White	
	No.	% ▼	No.	% ▼	No.	% ▼	No.	% ▼
Level L – P	110	17.7	510	82.3	95	18.3	425	81.7
Level K	45	20.5	175	79.5	30	17.6	140	82.4
Level I – J	130	17.3	620	82.7	130	17.8	600	82.2
Level 5ab – VC	15	10.0	135	90.0	15	9.7	140	90.3
<b>Total</b>	<b>295</b>	<b>17.0</b>	<b>1440</b>	<b>83.0</b>	<b>270</b>	<b>17.1</b>	<b>1305</b>	<b>82.9</b>

**Table 16. Collapsed contract levels by BME/white identity at HEI C**

Collapsed contract levels	2015/16				2016/17			
	BME		White		BME		White	
	No.	% ▼	No.	% ▼	No.	% ▼	No.	% ▼
Level L – P	265	43.1	350	56.9	380	50.3	375	49.7
Level K	130	31.3	285	68.7	135	40.3	200	59.7
Level I – J	100	23.5	325	76.5	130	25.2	385	74.8
Level 5ab – VC	10	20.0	40	80.0	20	26.7	55	73.3
<b>Total</b>	<b>505</b>	<b>33.4</b>	<b>1005</b>	<b>66.6</b>	<b>665</b>	<b>39.6</b>	<b>1015</b>	<b>60.4</b>

**Table 17. Collapsed contract levels by BME/white identity at the national level**

Collapsed contract levels	2015/16				2016/17			
	BME		White		BME		White	
	No.	% ▼	No.	% ▼	No.	% ▼	No.	% ▼
Level L – P	21005	12.8	143010	87.2	65110	13.0	435210	87.0
Level K	13055	14.7	76020	85.3	8790	15.1	49435	84.9
Level I – J	11725	11.7	88405	88.3	23075	14.2	139320	85.8
Level 5ab – VC	2425	8.1	27625	91.9	6065	9.5	57565	90.5
<b>Total</b>	<b>48210</b>	<b>12.6</b>	<b>335060</b>	<b>87.4</b>	<b>51525</b>	<b>13.1</b>	<b>340765</b>	<b>86.9</b>

**Table 18. Median and mean BME/white pay gap at case study sites and at the national level**

Location	Median			Mean		
	BME	White	Gap (%)	BME	White	Gap (%)
<b>HEI B</b>						
2015/16	38896	40937	5.0	39399	42040	6.3
2016/17	40523	42955	5.7	41173	43789	6.0
<b>HEI C</b>						
2015/16	25768	34575	25.5	29551	36337	18.7
2016/17	27629	38183	27.6	30840	40526	23.9
<b>UK</b>						
2015/16	34575	33860	2.1	37794	36917	2.3
2016/17	34956	34270	2.0	38344	37429	2.4

**Table 19. Results of t-tests on DL survey outcome variables for HEI B**

Outcome variable	T1 Mean	T1 SD	T1 n	T2 Mean	T2 SD	T2 n	t	df	p
<b>Section 2: promotion and career strategies</b>									
Informed about promotion processes in department/institution	–	–	–	–	–	–	–	–	–
Informed about promotion criteria in department/institution	–	–	–	–	–	–	–	–	–
Qualified and would like to obtain senior management post in institution	–	–	–	–	–	–	–	–	–
Qualified and expect to obtain a senior management post in institution	–	–	–	–	–	–	–	–	–
<i>Positive career attitude</i>	5.39	1.03	16	5.31	1.09	17	0.22	31	0.829
<b>Section 3: leadership abilities</b>									
<i>Team leader skills</i>	5.48	1.03	16	5.66	0.95	16	-0.52	30	0.606
<i>Networking skills</i>	4.35	1.78	15	4.85	1.36	16	-0.89	29	0.382
<b>Section 4: cross-cultural competencies</b>									
Network includes individuals from a variety of racial/ethnic backgrounds	5.33	1.59	15	5.53	1.30	15	-0.38	28	0.709
Feel at ease with people from cultural backgrounds other than my own*	5.33	1.68	15	6.47	0.64	15	-2.45	28	0.021
Good at reading the unwritten rules	5.60	0.91	15	5.20	1.61	15	0.84	28	0.410
Can adapt my behaviour to match the behaviour of others when needed	5.80	1.21	15	5.80	0.86	15	0.00	28	1.000
Being in a racially homogenous group has no impact on my ability	5.13	1.46	15	5.73	1.62	15	-1.07	28	0.296
Deliberately modify language/ dress to project a desired reputation	5.27	1.22	15	4.33	2.02	15	1.53	28	0.138
Good at convincing others that I am confident even when I am not	5.27	0.88	15	4.93	1.49	15	0.75	28	0.462
Successes are in part due to my ability to navigate cross-cultural environments	5.73	1.03	15	5.47	1.55	15	0.55	28	0.584
Put in extra effort to achieve the same successes as my colleagues	5.07	1.71	15	4.60	1.84	15	0.72	28	0.478
Colleagues view me as a representative of my racial/ethnic group	4.40	1.59	15	4.67	1.45	15	-0.48	28	0.635

Outcome variable	T1 Mean	T1 SD	T1 <i>n</i>	T2 Mean	T2 SD	T2 <i>n</i>	<i>t</i>	<i>df</i>	<i>p</i>
<b>Section 5: life in current department and institution</b>									
<i>Characterised by positive relationships</i>	4.38	1.09	15	4.25	1.77	15	0.25	28	0.806
I am encouraged to undertake activities that contribute to my career development	4.2	1.93	15	4.6	1.96	15	-0.56	28	0.578
I have a useful, formally assigned mentor who I see regularly	1.87	1.51	15	2.07	1.83	15	-0.33	28	0.746
My formal appraisal/performance review is useful/valuable*	2.8	2.21	15	4.6	1.72	15	-2.49	28	0.019
I work very hard, compared to others in my department (reverse scored)	3.27	2.02	15	3.93	1.87	15	-0.94	28	0.356
Workload is allocated fairly and transparently	5.33	1.63	15	4.53	2.26	15	1.11	28	0.276
Diversity issues keep some teams in my institution from performing to their maximum effectiveness	4.2	1.93	15	4.07	2.31	15	0.17	28	0.865
When interacting with my colleagues, I feel that I have to mask my behaviour	4.53	1.77	15	4.07	1.87	15	0.7	28	0.488
<i>Bias in department opportunities</i>	3.4	1.24	15	3.76	1.53	15	-0.71	28	0.484
BME individuals are appropriately represented in major decision-making bodies	2.2	1.15	15	2.93	1.83	15	-0.32	28	0.199
BME individuals receive more positive attention from senior management	2.33	1.11	15	2.67	1.11	15	-0.82	28	0.419
Opportunities for training/career development are accessible to white individuals	5.27	2.05	15	5.4	1.55	15	-0.2	28	0.842
BME and white individuals receive equal respect	4.13	1.77	15	3.93	2.09	15	0.28	28	0.779
Whether it is easier for a BME or white individual to obtain a senior post	5.73	1.03	15	5.31	1.18	13	1.02	26	0.318

Note. Summary scores are indicated in italics.

\*Denotes a statistically significant difference.

**Table 20. Results of t-tests on DL survey outcome variables for HEI C**

Outcome variable	T1 Mean	T1 SD	T1 n	T2 Mean	T2 SD	T2 n	t	df	p
<b>Section 2: promotion and career strategies</b>									
Informed about promotion processes in department/institution	2.44	0.92	18	2.43	1.13	7	0.04	23	0.971
Informed about promotion criteria in department/institution	2.17	0.86	18	2.29	1.25	7	-0.27	23	0.787
Qualified and would like to obtain senior management post in institution	5.83	1.42	18	6.14	1.07	7	-0.52	23	0.609
Qualified and expect to obtain a senior management post in institution	3.89	1.94	18	5.00	1.83	7	-1.31	23	0.204
<i>Positive career attitude</i>	5.30	1.27	19	5.10	1.11	20	0.51	37	0.611
<b>Section 3: leadership abilities</b>									
<i>Team leader skills</i>	6.19	0.63	19	5.95	0.62	18	1.17	35	0.248
<i>Networking skills</i>	5.35	1.01	19	4.94	1.00	18	1.25	35	0.221
<b>Section 4: cross-cultural competencies</b>									
Network includes individuals from a variety of racial/ethnic backgrounds	6.50	0.80	18	6.00	1.32	16	1.33	32	0.194
Feel at ease with people from cultural backgrounds other than my own	6.44	0.78	18	6.25	0.68	16	0.77	32	0.449
Good at reading the unwritten rules	5.78	1.06	18	5.88	0.96	16	-0.28	32	0.782
Can adapt my behaviour to match the behaviour of others when needed	6.00	0.77	18	5.81	0.83	16	0.68	32	0.500
Being in a racially homogenous group has no impact on my ability	5.44	1.62	18	5.69	1.49	16	-0.45	32	0.653
Deliberately modify language/ dress to project a desired reputation	5.44	1.82	18	5.31	1.66	16	0.22	32	0.828
Good at convincing others that I am confident even when I am not	5.67	1.24	18	5.44	1.03	16	0.58	32	0.564
Successes are in part due to my ability to navigate cross-cultural environments*	5.11	1.37	18	5.94	0.85	16	-2.08	32	0.045
Put in extra effort to achieve the same successes as my colleagues	5.56	1.65	18	5.75	1.39	16	-0.37	32	0.715
Colleagues view me as a representative of my racial/ethnic group	4.83	1.47	18	5.38	1.50	16	-1.06	32	0.295

Outcome variable	T1 Mean	T1 SD	T1 <i>n</i>	T2 Mean	T2 SD	T2 <i>n</i>	<i>t</i>	df	<i>p</i>
<b>Section 5: life in current department and institution</b>									
<i>Characterised by positive relationships</i>	5.22	1.22	17	4.75	1.29	16	1.08	31	0.290
I am encouraged to undertake activities that contribute to my career development	4.76	1.89	17	4.25	2.05	16	0.75	31	0.458
I have a useful, formally assigned mentor who I see regularly	1.24	0.97	17	1.81	1.60	16	-1.26	31	0.217
My formal appraisal/performance review is useful/valuable	4.00	2.35	17	3.56	2.10	16	0.56	31	0.577
I work very hard, compared to others in my department (reverse scored)	4.00	1.66	17	3.63	2.03	16	0.58	31	0.564
Workload is allocated fairly and transparently	5.18	1.24	17	4.25	2.24	16	1.49	31	0.148
Diversity issues keep some teams in my institution from performing to their maximum effectiveness	3.59	2.12	17	4.44	1.93	16	-1.20	31	0.239
When interacting with my colleagues, I feel that I have to mask my behaviour	4.47	1.70	17	4.38	1.59	16	0.17	31	0.869
<i>Bias in department opportunities</i>	3.49	1.52	16	3.23	1.18	16	0.55	30	0.589
BME individuals are appropriately represented in major decision-making bodies	2.38	1.20	16	2.56	1.36	16	-0.41	30	0.683
BME individuals receive more positive attention from senior management	2.50	1.32	16	2.63	0.96	16	-0.31	30	0.761
Opportunities for training/career development are accessible to white individuals	5.06	1.65	16	5.31	1.30	16	-0.48	30	0.638
BME and white individuals receive equal respect	3.75	2.02	16	3.38	1.41	16	0.61	30	0.547
Whether it is easier for a BME or white individual to obtain a senior post	5.94	1.39	16	6.19	0.91	16	-0.60	30	0.552

Note. Summary scores are indicated in italics.

\*Denotes a statistically significant difference.





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