

A Human-Centred Approach to Mentoring for Inclusion and Leadership

Facilitator

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Learning outcomes – the whistle-stop tour

- Mentoring for inclusion and leadership – hugely complex area to cover in 45 mins
- Explore the difference between **‘mentoring’** and **‘mentoring for inclusion’**
- Explore two different approaches to **inclusion in the workplace**
- Understand the historical, contemporary and legal context of **‘competing’** equality, cultural, faith and human rights framework within which the **NHS has to operate**
- Explore the **merits and flaws of same group/different group mentor**
- Explore briefly what a **human-centred approach** to mentoring for inclusion and leadership brings to the table

1. What is a mentor?

2. Is there anything distinctive about an 'inclusion' mentor?



Out with the old

- Classic definition - term 'mentor' comes from **Greek mythology** (Homer's book, 'The Odyssey')
- The passing down of wisdom from an **elder to a younger person** through a particular type of 'support and guidance' relationship

In with the new

- Modern day mentoring still encompasses the classic mentor/mentee relationship, but huge explosion:
- Such as health, sports, leadership, business, entrepreneurs, X Factor, The Voice, and not least, in Star Wars, Obi-Wan Kenobi mentoring Luke Skywalker

Three traits of an inclusion mentor

1. Mentor-mentee relationship is about **'everyday life'** with all of the unexpectedly developments and events
2. Broad knowledge and skills, but also critical analysis awareness and objectivity
3. Be engaged with everyday life events as part of own learning and development, not just personal, but also society at large

The many hats of an inclusion mentor

- Sociologist
- Anthropologist
- Psychologist
- Theologist
- Philosopher
- Economist
- Academic
- Researcher
- Lawyer
- Politician
- Counsellor
- Leader
- Role model
- A compassionate and passionate human being



Culturally and ethnically, London is the most diverse city on Earth

Population:

8.2 million

37% were born outside the UK

Over 300 different spoken languages

Ethnicity:

45% (White British)

19% (Asian)

14% (Black)

13% (White other)

5% (Mixed)

4% (Ethnic other)

Religion:

Christians (49%)

No Religion (21%)

Muslims (13%)

Hindus (5%)

Jews (2%)

Sikhs (2%)

Buddhists (1%)

Add to this – complex layers of cultural, faith, personal, business, social and political factors – you end up with a **cocktail of competing ideologies and identities vying for the same turf**

The politics of immigration and community cohesion

In 1948, the ship Empire Windrush brought one of the first large groups of immigrants from the West Indies to the UK.

Attempts at **integrating immigrants into British society** through:

- **Assimilation** – in the 50s new immigrants were expected to be absorbed into British society by adapting to the British way of life by giving up their own cultural background
- **Multiculturalism** – policies in the early 80s where communities were given grants to celebrate their culture as well as form community, welfare and faith-based support organisations
- **Community Cohesion** – policies following 9/11 and 7/7 trying to reconcile two competing ideologies - **multiculturalism and diversity**
- **PREVENT** – Preventing Violent Extremism – stop people becoming terrorists or supporting violent extremism by raising awareness of the issues and supporting people who may be vulnerable

| Equality Law Timeline in the UK | 1960s | 1970s | 1980s | 1990s | 2000s | 2010s |
|---------------------------------|-------|-------|-------|-------|-------|-------|
| Age | | | | | * | * |
| Disability | | | | * | * | * |
| Gender Reassignment | | | | * | * | * |
| Marriage/Civil partnership | | | | | * | * |
| Pregnancy/ maternity | | | | * | | * |
| Race | ** | * | | * | * | * |
| Religion or Belief | | | | | * | * |
| Sex | | * | ** | | | * |
| Sexual Orientation | | | | | * | * |

Key findings – ‘Making the Difference’ (King’s Fund Report 2015)

- Overall, levels of reported **discrimination vary significantly** by **type of trust**, location, gender, age, ethnicity, sexual orientation, religion and disability status
- Overall, **women are less likely to report** experiencing discrimination than men (except in the case of ambulance trusts)
- People from **all religions report discrimination** on the basis of their faith, but **highest among Muslims**
- **Disabled staff** report very **high levels of discrimination** – higher than any other protected groups

Two main approaches in organisations to address diversity and inclusion issues

1. Human Resources Approach
2. Occupational Psychology Approach

Human Resources Approach

- Driven by **'equal opportunities legislation'**
- Mainly concerned with **how diversity is managed** at the organisational level in terms of:
 - Recruitment
 - Selection
 - Promotion
 - Disciplinary processes
 - Equal opportunities training
 - Recognising discrimination damages health and wellbeing and negatively affects organisational performance

Occupational Psychology Approach

Two perspectives and driven by ‘how and when diversity affects social integration, work group performance and innovation’

1. Social categorisation perspective:

- Argues that diversity can undermine work group performance and social integration **‘because it leads to more conflict and less trust, co-operation and commitment among group members’**

2. Information processing perspective:

- Proposes that **workforce diversity brings** with it a diversity of thinking, perspectives and solutions to the same problem, therefore facilitates work group performance and innovation

Patient choice and inclusion in the NHS

- In addition to the human resources and occupational psychology approaches to inclusion, the NHS has added concepts such as:
 - **Patient choice**
 - **Patient-centred care**
 - **Personalisation**
 - **Holistic care (taking into account cultural and faith factors)**
 - **Spirituality**
- These concepts in themselves are not a bad thing, but **often get in the way of the doctor-patient or employee-client or staff-staff relationships**



It's your choice

McFarlane v Relate Avon Ltd – Court of Appeal 29 April 2010

Background

A relationship counsellor, Gary McFarlane, was dismissed for refusing to counsel same sex couples on sexual matters because of his Christian beliefs

The appeal application

In dismissing McFarlane's appeal, the court of appeal said:

- We do not live in a society where all the people share uniform religious beliefs
- Religious beliefs are by their nature impossible to prove, and necessarily **subjective**
- It would be **irrational**, to prefer the **subjective** over the **objective**, but it is also **divisive, capricious and arbitrary**
- Also that the only behavior that should be bound by that belief is that of the believer not others

Ladele v London Borough of Islington 2009/13

Background

Lillian Ladele, a Christian registrar was dismissed for refusing to conduct a civil partnership ceremony because of her Christian beliefs

Appeal court judgement

Dismissing Ladele's claim of religious discrimination, the appeal court essentially said:

- The requirement to perform her job's duties did not prevent her from worshipping as she wished – **the job was purely a secular task**
- Ladele's views could not override the employer's concern to ensure equal respect for the gay community
- Also that Article 9 (freedom of thought, conscience and religion) of the European Convention of Human Rights, **does not give an unfettered right to anyone** to practice their religion as they see fit at any time, and any place of their choosing

Key Principle

Do you have something
for the HUMAN CONDITION?



“There is a clear hierarchy of rights and entitlements in an employee/client relationship”

- A health professional, employed by the NHS or in private practice, cannot use his/her religion or belief (**‘a subjective lifestyle choice’**) to deny a service to patients on grounds of their **‘objective human condition’**
- An objective human condition refers to **age, disability, gender reassignment, race, sex or sexual orientation**

Exceptions – when can you refuse to provide a service?

(1) Morning-after pill

A pharmacist can refuse to provide a morning-after pill, on moral or religious grounds, but there is a duty of care to the patient that another pharmacist or pharmacy must complete the request.

(2) Abortion

A surgeon can refuse to perform an abortion on moral or religious grounds, but there is a duty of care to the patient that another surgeon must complete the procedure, if within the legal limit for abortion (UK), or if it's a clinical emergency.

The rationale behind these two exceptions to the rule

The key principle in both cases is that you are asking the pharmacist and the surgeon to actively participate in ending life, even though in the case of the morning-after pill, conception may not have taken place

Merits and Flaws of:

1. Same group mentor
2. Different group mentor

Example of groups include: age, disability, transgender, sexual orientation, race, nationality, religion or belief, sex, caste, class, status etc.

Same group/different group mentor? 1/3

- David Clutterbuck (Everyone Needs a Mentor) suggests five key aspects around this area

1. Perspective:

- **Different group mentor** might provide **very different set of viewpoints** including 'how the system functions', and how to work within it rather than against it
- **Different group mentor** might be able to help the mentee see barriers and opportunities in ways that make them easier to tackle
- **Same group mentor** can extend greater understanding e.g. mentor mothers who returned to work sharing their experience (good, bad, ugly) with women mentees about to go through the same journey

Same group/different group mentor? 2/3

Networking:

- **Dominant group mentor** likely to be much better connected and able to introduce the mentee to very different people
- **Same group mentor** likely to have networks that largely overlap with those of the mentee

Power:

- **Minority group mentors** in senior positions can provide:
 - **Depth of understanding the organisation** (another perspective) including navigational knowledge and skills
 - **Sponsorship mentoring** – the potential to exert influence on the mentee's behalf

Same group/different group mentor? 3/3

Being a role model:

- **Same group mentors** may be more likely to **reinforce attitudes and behaviours** that are **not valued** by the organisation
- **Different group mentors** can provide role models for **behaviours that are valued**
- **Mentors from both groups** may provide greater insight for the mentee

The Mentee's need:

Which relationship is important may depend on:

- If **support is the most critical need**, then a **same group mentor** may be more appropriate
- If **being stretched in the goal**, then **different group mentor** might be most effective

Benefits for 'mentors' when mentoring for inclusion

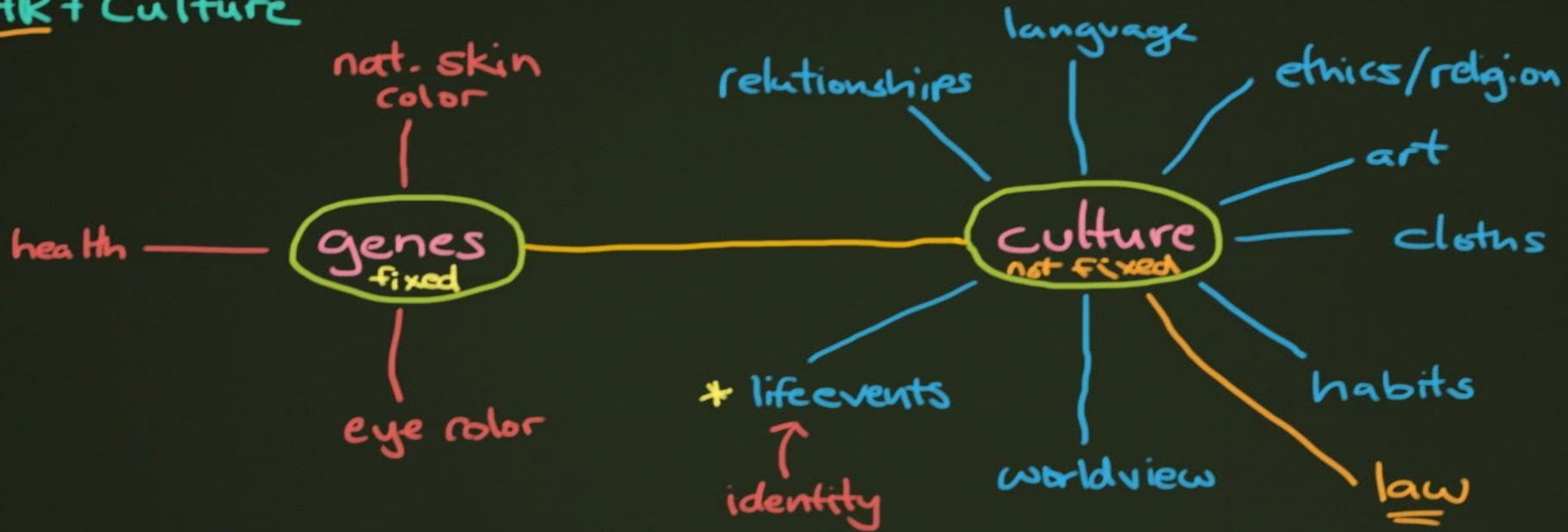
- “Gained insights into work of parts of the organisation with which they did not come into direct contact – assisting in organisational integration and communication”
- “Experience more closely the challenges facing employees and the impact of senior management decisions on the organisation
- “Were able to change their own mindsets and share learning with others”
- “Gained an opportunity to examine their own style and improve management of their own employees”

Benefits for 'mentees'

- “My mentor makes me think and see things through”
- “Beliefs and differences were accepted”
- “I was able to speak openly”
- “It made me feel special that someone was listening”
- “It removed preconceived barriers”
- “Had a confidante with whom to explore current work problems and resolutions”
- “Were able to see a range of management styles and techniques”

Cultural Rights v Human Rights – Case Study

HR + Culture



A white 5-year-old girl has been brought to A&E with severe stomach pains. The duty doctor, on examining the child, discovers that she has been subjected to Female Genital Mutilation (FMG).

1. What would your response be on discovering this?
2. Would your response be any different if the child were black, for example, from a Somalian background?

Cultural Rights Approach – the consequences

- The cultural rights approach says **‘respect my culture’** at all costs – it’s my rights to bring-up my child as I see fit
- Both sets of parents would be arrested and charged with child abuse with the white parents imprisoned.
- However, in the case of the black child, (if, for example, the parents are from Somalia, Sudan or Sierra Leon), by referring to FGM as ‘female circumcision’ invariably, political paralysis sets in and no further action usually takes place
- In the UK FGM Act has been in force since 1984. Aiding and abetting was added in 2003 – (which carries a 4 to 14-year imprisonment tariff) - however, not one single person has been successfully prosecuted for FGM

Human-Centred Approach – the opportunities

- **Cultural rights** often **dehumanise** children to a life of servitude with physical pain and mental health trauma
- A **human-centred (or human rights) approach** turns FGM on its head, because it focuses on the **‘fundamental rights and freedoms’** of a child to grow up to be a ‘complete’ woman
- A human-centred approach allows us to **critique society** by peeling away the many complex social, cultural, political and faith layers that inform our worldview
- For mentors, a human-centred approach provides an opportunity to get **unfettered access** to the mentee without cultural and belief systems getting in the way

Key Principle



Female Genital Mutilation

“Cultural Rights will be denied where they violate Human Rights”

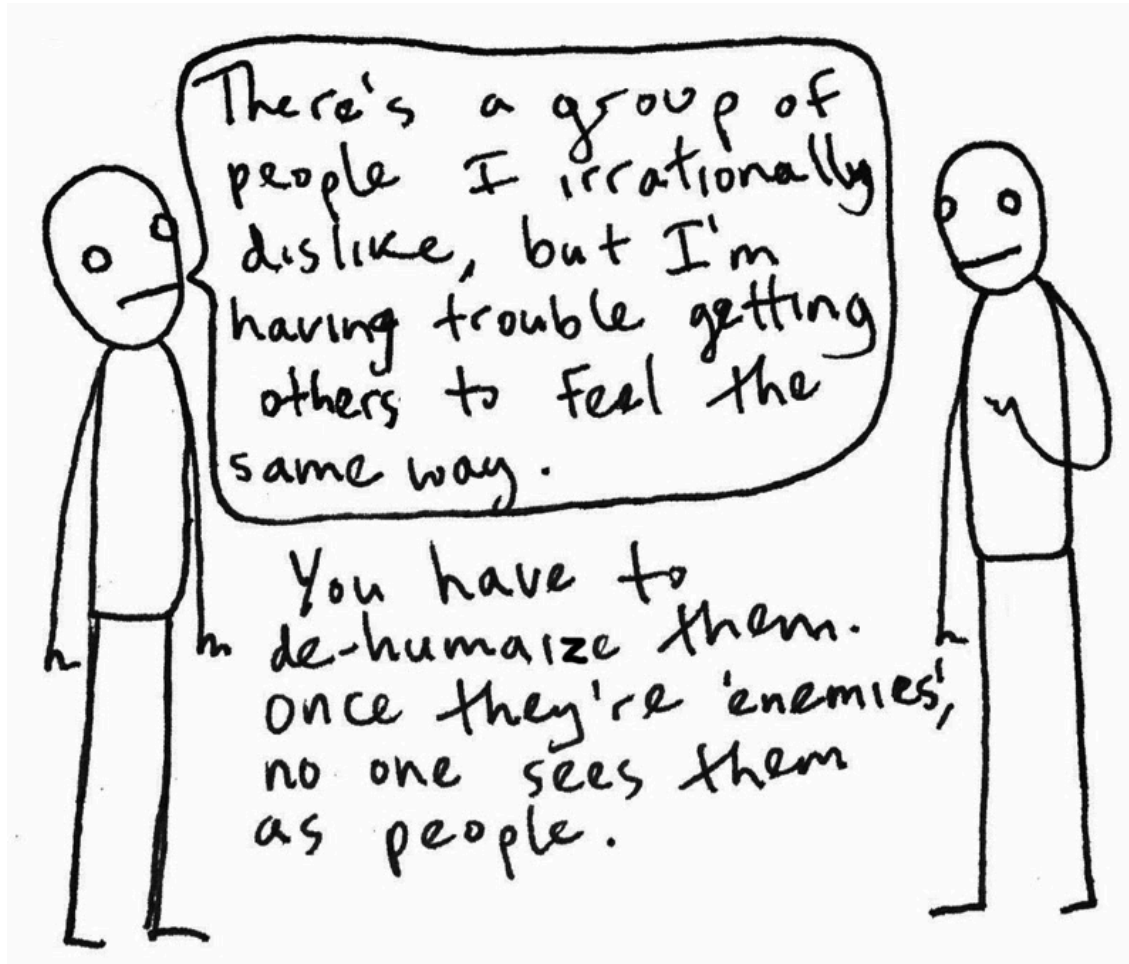
Key Principle



**“Take mentees at face value
– regardless of how they
present themselves to you”**



The power of labels to dehumanise




Disabled
Mental
Muslims
Immigrants
Refugees
White working class
Chavs
Gays
Paki
Nigger
Black
White
Untouchables
Women
Men
Nigerians
etc....

Being conscious about controlling our unconscious bias

What is unconscious bias?

- Psychologists tell us that our unconscious biases are simply our natural people preferences
- Neuropsychologists tell us unconscious bias is built into the very structure of the brain's neurons
- Biologically, its argued, that we are hard-wired to prefer people who look like us, sound like us and share our interests
- Unconscious bias is also reinforced by our cultural, faith and personal factors
- These preferences **bypasses** our normal, rational and logical thinking, and often takes us to the very brink of bias, and **therefore poor decision making**

How can I control my unconscious bias in a doctor-patient relationship?

- Complex area, but taking mentees, at face value, in the first instance, will help
 - Also taking a human-centred approach allows us to critique society by peeling away the many complex social, cultural, political and faith layers that inform our worldview, and therefore feed our unconscious bias
- 

Key Principle

“Basic human rights principles provide a common moral compass below which no citizen should be treated”



**THE
HUMAN
RIGHTS
ACT**

**RIGHT TO
TO RESPECT FOR
THE PROHIBITION
DEGRADING TREATMENT. PROTECTION
AGAINST SLAVERY. RIGHT TO LIBERTY
AND FREEDOM. RIGHT TO A FAIR TRIAL
FREEDOM OF THOUGHT, RELIGION AND
BELIEF. FREEDOM OF ASSEMBLY.
FREE SPEECH. RIGHT TO MARRY. NO
DISCRIMINATION. PROTECTION
OF PROPERTY. RIGHT TO FREE
ELECTIONS. RIGHT TO
AN EDUCATION. NO
PUNISHMENT
WITHOUT
LAW.**

**WHAT'S NOT
TO LOVE?**

What are human rights?

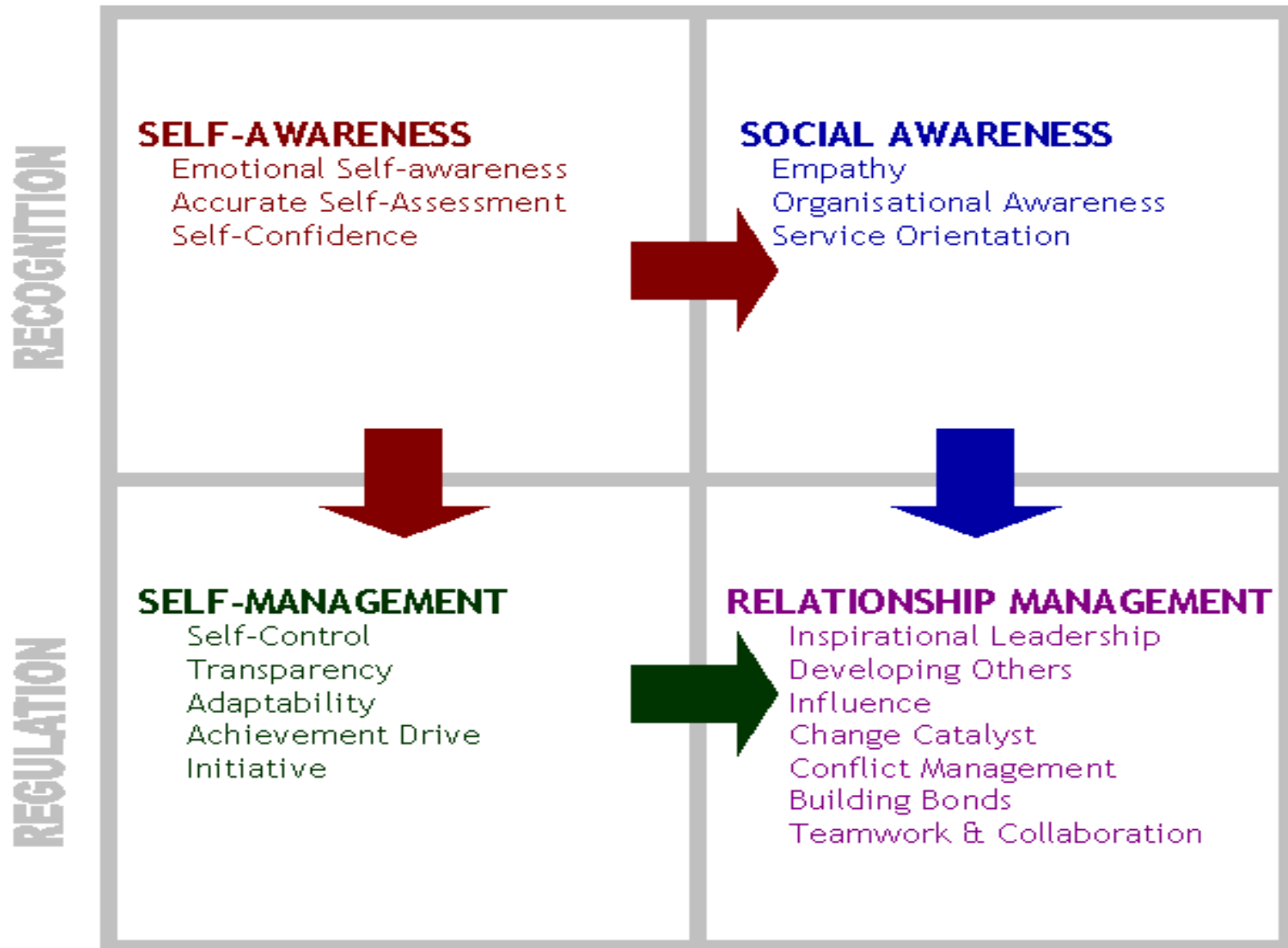
- They are **'Rights and Freedoms'** that belong to all of us – all of the time (from cradle to grave)
- They are not earned – we are born with them regardless of any background or status, and the only qualification is to be 'alive'
- They cannot be 'taken away' from us, only limited or restricted in some particular circumstances
- They 'regulate' the relationship between public authorities (i.e. the state, NHS, social services, police, courts, local authorities, prisons etc.) and citizens
- They set a minimum standard below which public authorities must not go in the way it treats citizens (**the 'common' moral compass**)

Where do human rights come from?

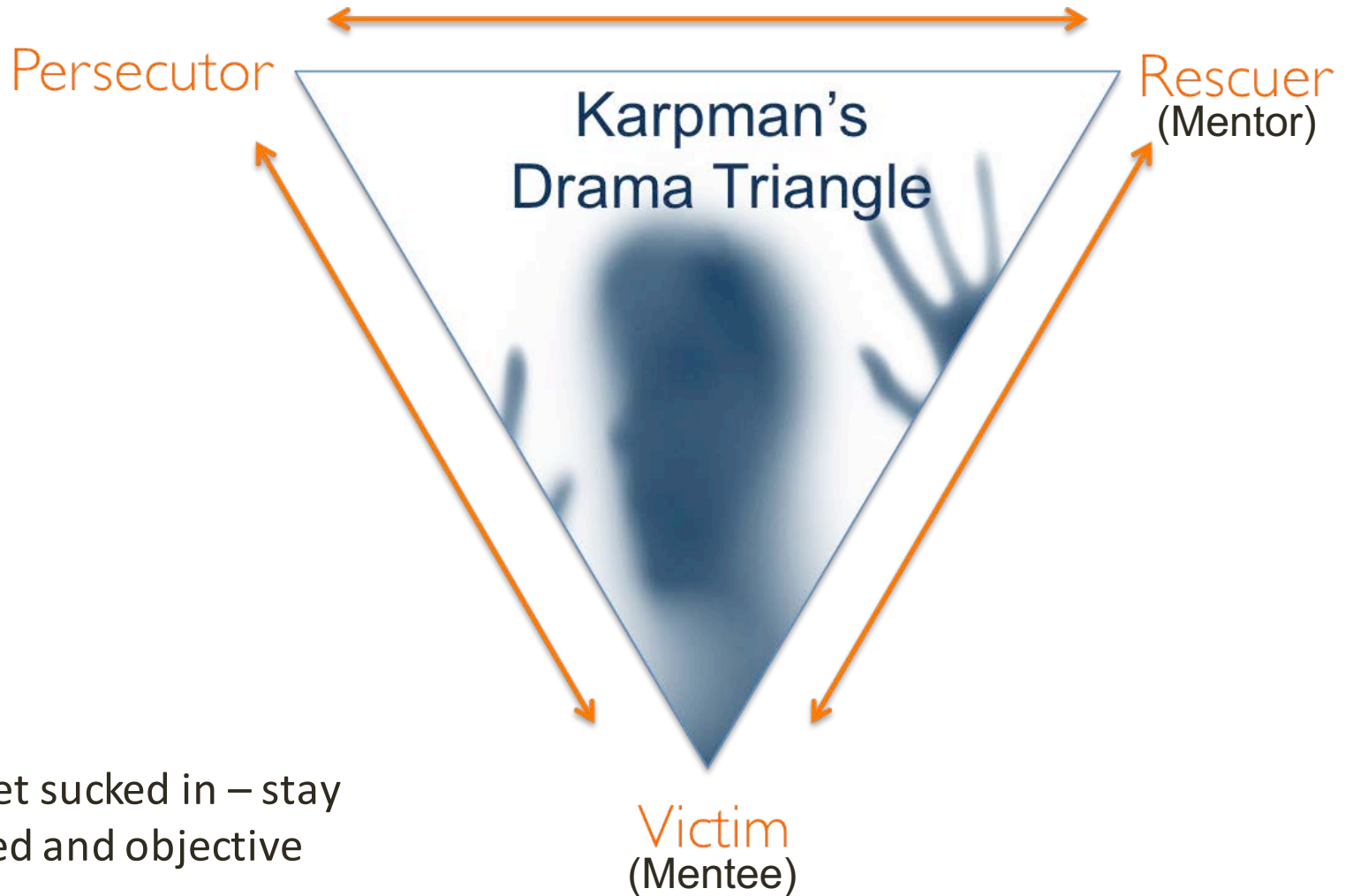
- First defined as the Universal Declaration of Human Rights in 1948 as a response to the Holocaust
- These events were a stark reminder of what may happen when states are allowed to treat some people as less human
- Later adapted in Europe as the European Convention on Human Rights – the UK signed up to the Convention in 1951
- In 1998, the UK passed the Human Rights Act, which came into force in October 2000
- The Human Rights Act fundamentally changed how rights and freedoms are enjoyed by UK citizens by bringing the European Convention into UK domestic law
- This makes it possible for people to **'directly'** raise or claim their human rights within complaints and legal systems in the UK

The Emotionally Intelligent Inclusion Mentor

SELF Adapted from Daniel Goleman **SOCIAL**



The Drama Triangle and the emotionally intelligent inclusion mentor



Don't get sucked in – stay detached and objective