Leadership for Inclusion: What Really Matters to Create Change

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The NHS Constitution

The NHS belongs to the people. It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most.
The 1st Principle of the Constitution

The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to diagnose, treat and improve both physical and mental health. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.
Inclusive Leadership

‘Inclusive leadership is the practice of leadership that carefully includes the contributions of all stakeholders in the community or organization. Inclusion means being at the table at all levels of the organisation, being a valued contributor and being fully responsible for your contribution to the ultimate result. Inclusive leadership creates an organizational culture that consistently produces results that benefit all of those stakeholders.’

Shifting the paradigms

• Liberal normative ideals of neutrality and gender/sexual orientation/disability/colour blindness have reproduced and perpetuated hierarchies and privilege rather than annihilating them.
• A particular discomfort around race.
• The meritocracy is illusionary.
• For change to take place, methods and approaches must reject the charade of a meritocracy.
• Paradox - challenge power relationships and engage power.
An alternative Gaze

A beginning with impact…
How the story is told and Who’s telling it?

Sustained scrutiny – trying to find the deficit or problem - Culture, nationality, ethnicity, colour and many forms of ‘othering’

Organisation

White majorities are not scrutinised in the same way. Whiteness not discussed as though this group have no racial identity. THE DOMINANT ORGANISATIONAL DISCOURSE IS SHAPED HERE.

T. Jolliff 2013
“As critical social theory, US Black feminist thought reflects the interests and standpoint of its creators. Tracing the origin and the diffusion of Black feminist thought or any comparable body of specialised knowledge reveals its affinity to the power of the group that created it. Because elite White men control Western structures of knowledge validation, their interests pervade the themes, paradigms, and epistemologies of traditional scholarship. As a result, US Black women’s experiences as well as those of women of African descent transnationally have been routinely distorted within or excluded from what counts as knowledge” (251)
Privilege is an invisible, weightless backpack of special provisions, maps, passports, codebooks, visas, clothes, tools, and blank cheques.

Peggy McIntosh
Systems of oppression

Genocide
Deliberate, systematic extermination of entire people groups

Act of extreme violence (individual)
Rape Arson Murder

Acts of violence
Threats Assault Intimidation Acts of Terror Desecration Vandalism

Discrimination
Discrimination in Education Housing Employment Networks & Groups of Significance for social advancement Social Exclusion

Prejudice and bigotry
Reinforcing notions of inferiority Name calling Scape-goating Social Avoidance Ridiculing

Subtle bias
Insensitive Remarks Willingness to accept/focus on negative information Minimising positive strengths Stereotyping Inappropriate jokes and rumours Dismissing contributions

Origins unknown
Adapted by T Jolliff 2013

Largely invisible to those not affected by it
NHS Leadership Academy
Strategy for Inclusion

...we needed one.
Our three strategic aims

Our strategic aims in relation to inclusion are to:

• Raise the level of aspiration on inclusion
• Quicken the pace of change towards inclusion
• Ensure that leadership is equipped to leave an ever increasing and sustainable legacy of inclusion
Our strategic intentions for Inclusion

The Academy aspire to be thought leaders on inclusion, especially as it relates to leadership and leadership development. We will develop pioneering work and lead innovation across the wider health and care system. **In order to do this we will collaborate with experts and key partners nationally and internationally**, becoming known for our expertise and exemplary practice in this area of our work.

AND…
The presence of inclusion (progressing equality, valuing diversity and challenging existing power imbalances) will be clearly discernible in our planning, approach, design and delivery – from strategy to front-line and from pedagogy and practice.

We will take a **courageous stand**, becoming a **beacon organisation for great practice**, a respected **source of guidance and counsel**, and a legitimate **voice of challenge** to the health and care system.
What have we done so far

The following slide shows some of the activities that the Academy have already embarked upon in order to bring our vision for inclusion into reality. We have begun to build the foundations upon which the three strategic aims outlined above can increasingly become a living reality, and an expected by-product of good, effective, systems leadership.
Activity so far…

Academy strategic intentions for Inclusion

- Ensure robust research and evaluation underpins our work
- Develop an inclusive pedagogy which informs practice
- Develop current practice for effective facilitation
- Develop relevant practice for inclusive leadership across systems
- Become thought leaders across systems
- Develop specific programmes informed by R&E
Inclusion and Systems Leadership

- Visionaries – changing society
- Involvement of patients, users, carers
- In for the medium/long term
- Diminished hierarchy, ego,
- Enablers, co-creators (working with others)
- Coalition of the willing and the powerful
- A constancy of purpose with a degree of flexibility
- Learning & cooperation over competition
And to finish...

- Inspiring hope
- Leadership for us