

For whose benefit?

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For whose benefit? Black and Minority Ethnic training programmes in higher education institutions in England, UK

Abstract

Inequalities continue to exist in higher education in which Black and minority ethnic (BME) academics are less likely to be professors or occupy senior decision making roles compared to their White colleagues (ECU, 2017). In order to increase the numbers of Black and Minority Ethnic (BME) representation in senior decision making roles, specific programmes targeted at BME groups have recently been introduced in higher education institutions (HEIs). This article draws on research carried out on two such programmes in England, UK. By using principles of Critical Race Theory (CRT), I argue that racism continues to play a key role in the lack of BME groups in senior leadership roles and that such programmes benefit HEIs rather than contributing to a commitment to inclusion, equity and creating a diverse workforce. Furthermore, such programmes work for the benefit of HEIs to perpetuate and reinforce White privilege, rather than addressing structural inequalities.

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For whose benefit? Black and Minority Ethnic training programmes in higher education institutions in England, UK

Introduction

The need to focus on maintaining an inclusive global and international approach in higher education is of increasing importance due to the changing profile of the staff and student body. Yet whilst there has been a significant focus on increasing gender diversity in staff representation, there has been little attention on addressing *ethnic diversity* in Higher Education Institutions (HEIs) (Ahmed, 2012; Bhopal, 2016; ECU, 2017). Black and minority ethnic (BME)¹ academics are less likely to be in senior decision making roles and are more likely to be on fixed term contracts compared to their White colleagues (ECU 2017). Furthermore, of the 14,315 professors in the UK, only 80 are Black and there are only 20 deputy/pro-vice chancellors who are from BME backgrounds compared to 530 who are White (ECU, 2017). Different explanations have been given as to why BME groups continue to be under represented in senior roles in HEIs; racism in HEIs which is often subtle and nuanced (Aouad *et al.*, 2012; Bhopal, 2016; 2018, ECU, 2017) and lack of support for career advancement in which BME academics are not encouraged to apply for promotion (Bhopal, 2018; Morrow, 2015). Racialised expectations of the requirements of senior decision making roles, suggest that BME academics are expected not to ‘fit in’ with such roles (Bhopal, 2018; Maylor, 2018), and expectations required to meet institutional and unwritten criteria to advance to senior roles are influenced by such values (Bhopal, 2016; Trotman 2009). The existence of institutional racism and processes of exclusion suggest that if BME groups are expected to reach senior leadership roles in HEIs, they require greater support and mentoring compared to their White colleagues (Bhopal and Pitkin, 2018; Manfredi *et al.*, 2017).

¹ For this article, the term BME is used to refer to those who self -identified as Black Caribbean, Black African or Asian Indian, Pakistani or Bangladeshi. This category is often used for the collection of statistics. However, I am aware of the complexities of the term, and do not attempt to generalise the experiences of all BME groups.

Consequently, specific programmes targeted at BME staff have recently been introduced to support them in their career trajectories as they aspire to reach leadership roles. This article draws on research carried out on two such programmes in England, UK. Both programmes have been specifically designed for BME staff working in HEIs and focus on systems, institutional change and the development of individual leaders. The aims of the programmes are; to increase confidence for BME leaders in their roles; to develop strategies to engage with institutions and senior leaders; and to explore strategies to improve leadership capacity for BME staff in higher education. There is little research that has attempted to examine the views of BME staff on such programmes and the effectiveness of such programmes for this group. This article attempts to redress this balance and provide a critical analysis of such leadership programmes targeted at BME groups. The article argues that racism continues to play a key role in the lack of BME groups reaching senior leadership roles and such programmes are introduced to benefit HEIs rather than contributing to a commitment to inclusion, equity and creating a diverse workforce.

Inequalities in higher education

BME groups remain under represented in senior roles in HEIs (ECU, 2017; Joslyn, 2018; Manfredi, *et al.*, 2017; Morrow 2015), and inequalities in higher education based on ethnicity continue to persist (Bhopal 2018; Bhopal and Pitkin 2018; Ahmed 2012). Evidence suggests that BME groups experience overt racism in HEIs (Bhopal, 2018; Bhopal and Henderson, 2019; Bhopal and Jackson, 2013; Bhopal and Pitkin, 2018), and they continue to be seen as ‘others’ intruding in a White space (Ahmed, 2012; Reay, 2019). As a result, they are more likely to consider leaving the UK to seek employment in overseas HEIs (Bhopal, Brown and Jackson, 2018) due to their negative experiences of exclusion (Pilkington, 2018).

Coate *et al.* argue that these inequalities are, ‘...compounded by wider forms of inequality and under-representation on the basis of race, socio-economic status, nationality, ethnic group, disability, religion and geographic region’ (2015, p. 2). Such imbalances result in BME groups having heavier teaching and administrative loads compared to White groups, which means they are less likely to be able to participate in activities needed to advance their careers (such as attending conferences and networking events) (Bhopal, 2016). Furthermore, BME academics are more likely to provide emotional support to BME students compared to their White colleagues, and are less likely to have access to networks which enable them to succeed (Ahmed, 2012; Bhopal, 2018). Such support is often unrecognised, time consuming and has little or no influence on career progression (Bhopal, 2018; Coate *et al.*, 2015). Other research has found that the lack of BME role models discourages individuals from these groups from applying for senior roles, and that HEIs must be proactive in recruiting BME groups to participate in senior decision making committees (Bhopal and Pitkin, 2018; Shepherd, 2014).

Career progression and support

Mentoring and coaching have been shown to influence career progression (De Vries *et al.*, 2006). Other strategies for career advancement include access to professional networks (Kumra and Vinnicombe, 2010) and career advice (Doherty and Manfredi, 2010). Aouad *et al.* (2012) have argued that aspects of diversity must be taken into account on *all* training programmes, whereas Lumby and Coleman (2007) suggest pairing senior White leaders with BME staff. Access to specific training programmes has been found to be beneficial for career progression and support. Manfredi *et al.* (2014, p. 8) argue that such programmes give, ‘access to wider networks of colleagues outside of their institutions...a chance to reflect on

their values and careers and improved confidence and focus'. They also suggest that HEIs should consider introducing appropriate training programmes for unrepresented groups to monitor career trajectories and identify suitable role models, which can help support colleagues in advancing their careers. 'There is a need for leadership development programmes at different levels to integrate equality and diversity in their curricula and to encourage future leaders to think how they can make a difference in this area' (2014, p. 10). Whilst positive role models, mentor relationships, coaching support and career planning are highly beneficial for career development, opportunities for training are essential in advancing career development (Bryman and Liley, 2009).

Attending targeted programmes for specific groups has been shown to be beneficial for individual career progression. Barnard *et al.*'s (2016, p. 15) longitudinal study measured the long term effects of attending a women only programme and found that attendance for women resulted in, 'an increase in their leadership skills and motivation, career networking, attempts to advance their career and ease with positions of authority, vision and decisiveness and clarity of career goals'. Furthermore, the study found that, 'BAME² respondents are more ambitious, work-centred and focussed on skill development than others, especially relative to White UK women' (Barnard *et al.* 2016, p. 16). However, there is evidence to suggest that the relevance of the content of targeted programmes aimed at BME groups may not necessarily address structural issues of exclusion and racism in HEIs (Fook *et al.* 2019). Fook *et al.*'s (2019) study found that participants reported feelings of frustration, experiences of racism and discrimination in HEIs and 'hidden pathways' for career progression.

² Barnard *et al.* (2016) use the term Black, Asian and Minority ethnic (BAME) in their research to refer to individuals from minority ethnic groups who participated in their study.

Other research has found that positive targeted initiatives such as Athena SWAN³ aimed specifically to advance the careers of women have shown to be effective in increasing the numbers of women in senior decision making roles. (Ovseiko *et al.* 2017).

Many training programmes have been designed to increase women's participation to senior leadership roles (Doherty and Manfredi, 2010). Such programmes tend to be targeted specifically at women and since there are few numbers of BME women who occupy such roles, the majority of women who attend these programmes are White women. Consequently, much of the research which explores training programmes has examined the advantages of attending such programmes for White women; it does not examine the experiences of BME groups who attend these programmes (if indeed they do) (Bhopal, 2016). There is little research which has explored the benefits for BME groups attending training programmes specifically designed to address their needs such as those of marginalisation and exclusion. Furthermore, the literature does not analyse such programmes in relation to theoretical considerations such as Critical Race Theory (CRT). This article therefore provides a unique insight into the relevance of specific training aimed at BME groups. It attempts to redress the balance by exploring whether training programmes designed specifically for BME groups are useful in supporting their career progression to senior roles, and does so by applying a CRT focus to the study findings and analysis. The following section will outline the central principles of CRT, the methodology and study aims, followed by the findings and a critical discussion of the effectiveness of targeted training programmes for BME groups in HEIs.

³ Athena SWAN is a UK wide initiative based on universities awarded a gold, silver or bronze charter mark which demonstrate the progress of women in Science, Technology, Engineering, Maths and Medicine (for more details see <http://www.ecu.ac.uk/equality-charters/athena-swan/about-athena-swan/>).

Critical Race Theory

CRT⁴ was first developed in the USA in the 1970s in relation to challenging the social and political context of legal doctrine in the USA regarding the structural barriers of race and racism. The main premise of CRT is the centrality of racial realism, put bluntly, a recognition and acknowledgement of the historical and continued existence of racism in USA society in the lived experiences of people of colour, as well as through policy and practice (Bell, 1992; Ladson-Billings and Tate, 1995; Solorzano and Yosso, 2001). ‘CRT scholars redefined racism as not the acts of individuals, but the larger systemic conventions and customs that uphold and sustain oppressive group relationships, status, income and educational attainment’ (Taylor, 2009 p. 4). What is clear in CRT is the notion that inequalities are based on ideologies through which people of colour have been historically marginalised and oppressed, ‘...not all positioned perspectives are equally valued, equally heard or equally included. From the perspective of Critical Race Theory, some positions have historically been oppressed, distorted, ignored silenced, destroyed, appropriated, commodified and marginalised – and all of this is not accidental’ (Bell, 1992 p. 42).

Other principles of CRT include a conceptual analysis of Whiteness and White supremacy (Leonardo, 2009), intersectionality (Crenshaw, 1991), interest convergence (Bell, 1992) and the use of counter storytelling as a method to construct narratives from the lived experiences of people of colour (Solorzano and Yosso, 2001). This article will use the concept of interest convergence to examine how policies and practices aimed at BME groups are introduced for the benefit of Whites only and for the interests of HEIs to *appear* to be interested in and addressing issues of diversity and inclusion. The principle of interest convergence suggests

⁴ Due to limited space, this section will give a brief overview of CRT. For a detailed discussion of CRT and its main principles see Ladson-Billings and Tate (1995) and Gillborn (2008).

that, ‘...the interests of Blacks gaining racial equality have been accommodated only when they have converged with the interests of powerful Whites’ (Taylor, 2009 p. 5). Interest convergence works from the premise that White people will only support and tolerate advances in equality for people of colour, as long as their own positions are not threatened or challenged and as long as they benefit *more* from such advances than people of colour. Examples of this include affirmative action in which the main beneficiaries have been and continue to be White women, and civil rights laws in the USA that have continued to serve the interests of Whites (Ladson-Billings, 2009). In the UK, recent research suggests that White middle class women have disproportionately benefited from the Athena SWAN charter compared to BME women (Bhopal, 2018; Bhopal and Henderson, 2019).

CRT has developed in the UK through the work of scholars such as Chakrabarty, Roberts and Preston (2012) focussing on cultural analyses; Preston (2010) exploring Whiteness and CRT; Warmington (2014) who has concentrated on class and CRT and others who have used CRT to challenge White hegemonic structures (Housee, 2014; Preston and Chadderton, 2014). However, the development of CRT in the UK was led by the ground breaking work of Gillborn (2008; 2010) who uses CRT to argue that policy making has continued to marginalise and discriminate against people of colour (Gillborn 2013; 2014). Whilst Gillborn uses CRT to explain educational inequalities and White supremacy, he adds, ‘CRT does not offer a finished set of propositions that claim to explain all current situations and predict what will occur under a certain set of conditions; rather, it is s set of interrelated observations about the significance of racism and how it operates in contemporary Western society...’ (2008, p. 26). In educational policy making, Gillborn suggests that it’s no accident that policies have continued to marginalise and discriminate against people of colour, rather this is a deliberate act. A significant element in British social and educational policy making has been ‘...*the*

strategic deployment of White racial violence as a limit to policy and a threat against those who would challenge the chosen orthodoxy' (2008, p. 88, original emphasis). Furthermore, Gillborn argues that, 'The overwhelming weight of social and educational policy therefore, has failed to address race inequality; it has pandered to White racist sentiment and left the principle race inequalities untouched' (2008: 89).

Methodology and study aims

The main aim of the study was to explore the experiences of BME academic and professional staff attending two training programmes, which specifically addressed the needs of BME groups in HEIs. The objectives of the study were:

1. To explore whether the programmes were effective in meeting their objectives for addressing the needs of BME groups;
2. To outline good practice on the programmes and
3. To assess additional support to strengthen the impact of the programmes for HEIs in addressing the under representation of BME leaders.

Programme 1 is designed to address issues of diversity and the inclusion of BME leaders in HEIs, particularly to tackle how such under representation can be addressed and the mechanisms by which this can be improved. The programme is specifically aimed at BME academics and professional services staff, up to Senior Lecturer/Associate Professor (level 6 or equivalent) intending to apply for a senior role in the future. Participants are financially sponsored by their HEI to attend the programme and whilst on the programme, are supported by a sponsor from their organisation (usually a senior colleague such as a line manager). Sponsors are provided with an online toolkit whilst they support participants on the

programme and are expected to use their experience to guide them. Participants are expected to attend 3 modules (3 days over 3 months) and contribute to an action learning set.

Programme 2 aims to address the under representation of BME leaders in management roles; increase the size and diversity of the numbers of senior managers from BME backgrounds and to provide participants with access to networks and support systems. The programme is aimed at BME academics and professional staff in middle management roles aspiring to senior leadership positions. It is designed to include a mixture of learning and teaching techniques as well as coaching, mentoring and reflective practice. The programme consists of a residential element (which is the main difference compared to Programme 1) comprising three 2 day workshops, coaching sessions, action learning sets and the completion of a project.

Data Collection

This article is based on 30 interviews conducted with BME respondents who participated in two different training programmes specifically designed for BME staff working in HEIs in England (as outlined above). For programme 1, a total of 20 respondents were contacted to participate in an interview and 12 agreed. The remaining 8 respondents were re-contacted after 3 months and 3 agreed to participate. In addition, for programme 2 a total of 20 participants were contacted to participate in an interview and 15 agreed. The additional 5 were re-contacted after 3 months but declined to participate. This resulted in a total of 30 participants. Access to participants was obtained via the programme organisers who outlined the study aims to the programme participants (via an information sheet given to participants

outlining the study aims, objectives and benefits of taking part). Participants were asked to indicate if they wanted to participate in an interview by providing their contact details. The interviews explored in detail career trajectories to date, whether the programme had been beneficial for participants and how it could be improved as well as the impact of attending the programme on their current role. The interview was piloted to check for wording and order of questions.

Table 1 about here

Table 2 about here

Data Analysis

Interviews were audio recorded and transcribed. The data was analysed using thematic analysis and indexed in relation to particular themes and categorised under topics and headings (Braun and Clarke, 2006). Thematic analysis consisted of various stages of data analysis which included ordering and sorting the data to generate initial codes followed by a searching of specific themes in which the codes were organised into themes. This was followed by a reviewing of each theme which consisted of a refinement of the themes. These were cross checked by two researchers working on the project. The process of thematic data analysis followed a data management phase and cross-sectional analysis across the data in which codes were arranged under a hierarchy of different headings based on the interview themes (Mason, 2002). The analysis consisted of exploring data which highlighted tensions in the experiences of participation in the programmes and the aims of the institutions.

Whilst the study has provided original insights into the experiences of BME academics attending targeted training programmes, the study limitations include a small sample size and

respondents were only interviewed once. A study with a larger sample size and interviewing respondents before, during and a year after they have attended the programmes would provide evidence of the effectiveness of such programmes over time. Some of the challenges when conducting telephone interviews included not having eye contact with respondents and interviews via skype included a time lag and overlap between questions and responses.

Whether the programmes met their objectives

Both programmes had very similar objectives and responses focused on delivery and impact. Participants were largely appreciative of the programmes, specifically the content which included leadership theories, styles and behaviours. Participants also appreciated the opportunities for networking and the majority of respondents on both programmes said attending the programmes helped to increase their self-confidence and introduce them to strategies to manage their visibility in HEIs. The majority of respondents said that the programme had met their expectations; some said it went beyond their expectations.

This programme has enabled me to better understand the different approaches to leadership and how I can use that in my day to day work (White/Black African male, programme 1).

I can take the ideas and use them strategically to ensure that I have a presence in my department and my colleagues know what I am doing (Black Caribbean male, programme 1).

Mentoring was considered the most beneficial aspect of the programme. All respondents referred to how mentoring was crucial to their career success and how the programme provided them with practical ways to engage with mentoring and to join or develop mentoring networks themselves.

I hadn't realised how important it was to have a mentor, but all the speakers said about how successful they were because of the advice they received from their mentors. I think I would want a mentor who understood my experiences, so another BME person would be good for me. Someone I can relate to. (Black Caribbean male, programme 2).

Five respondents (all female) (3 from programme 1 and 2 from programme 2) stated that the programme did not meet their expectations, believing it to be too basic in its coverage and not addressing authenticity in leadership, tools to navigate complex relationships and failing to address the challenges BME staff faced in HEIs.

I felt the programme was too basic, it did not really move beyond discussing the importance of mentoring. I didn't think the speakers addressed the real challenges we face as BME women, the perspectives could have applied to anyone working in a university (Black Caribbean female, programme 1).

The programme was useful for learning about different theories of leadership but it did not provide us with tools to navigate the complex interpersonal relationships we have to think about as BME people. (Black African female, programme 1).

A number of female respondents felt that the programmes did not address their needs as BME women. They felt they suffered multiple disadvantages in HEIs (through their gender and ethnicity) which were often not addressed. Many suggested that HEIs advantaged the experiences of White women over and above those of BME women.

Sometimes I think the whole leadership course thing is about White, middle class women as it's targeted at them and only addresses what they need and what they want. So they are the ones who seem to benefit from it (Asian Indian female, programme 1).

Intersectionality has been used within CRT to explain how different intersections such as race, gender, class, sexuality, age and disability affect social, political and economic factors which impact on the marginalisation of women's experiences (Crenshaw 1991). The intersections of race and gender suggested that BME women were further marginalised in reaching senior roles as the policies and programmes disadvantaged them and did not account

for their experiences. Within HEIs, BME women have to navigate their experiences in the White space of the academy (Bhopal, 2016; 2018). Policies in place suggest the enactment of Whiteness aimed primarily (though not entirely) to advance the position of White groups. For example, Athena SWAN as an initiative has worked to further the interests of White women, with BME women disadvantaged in this process (Bhopal, 2018; Bhopal and Henderson 2019). A questioning of such structures which reinforce and perpetuate such policies is needed to challenge the hierarchies which reinforce the position of White groups (Solorzano and Yosso, 2001). Furthermore, racism predominates as central to these experiences, 'Remedies based on equality assume that citizens have the *same* opportunities and experiences. Experiences based on race are not equal, thus the experiences that people of colour have with respect to race and racism create an unequal situation' (DeCuir and Dixon 2004, p. 29).

Addressing the specific needs of BME groups

Participants on both programmes felt that they were able to learn more about how they could develop specific strategies for their career progression, particularly how they could increase their visibility in the work environment through networking and contributing to high profile senior decision making committees. The programmes were particularly praised for raising awareness of BME issues such as processes of exclusion and marginalisation.

The programme opened my eyes to how micro aggressions and cultural pre-conceptions work in practice in the workplace and the effect these can have on your own role as a future leader. It has made me realise that there are different struggles we face because we are not White but we have to develop ways of being able to deal with them effectively (Black Caribbean male, programme 1).

Some respondents however, did not identify any differences in the training programmes compared to other generic ones they had attended. One female participant on programme 1 stated that she did not want to conform to a standard picture of a White, hegemonic leadership style which she felt was being promoted on the programme.

This programme of study did not address what is leadership for BME people. At this point, I am concerned that institutions are using this as a tick box to say they are supporting BME and there is also ambiguity on the part of organisers as to what they are trying to achieve. It is like they are expecting us to conform to the White style of leadership that everyone who is White adopts – and that may not work for us because we are not White (Black Caribbean female, programme 1).

There is a recognition from (White) senior managers that BME groups face specific barriers and challenges to their career progression into senior roles, consequently, a policy which includes a programme designed to address their needs is normalised, but at the same time marginalised. It is a programme designed *exclusively* for BME groups. In this exclusivity, they become identified as a group that are *different*. The programme acknowledges this difference, but at the same time marginalises BME groups whilst attempting to address it.

We are seen as being different and having different needs to White groups – but at the same time we are the ones who are seen as being the problem, rather than the system itself. We have to look at how the system of higher education excludes us and how that system creates what is acceptable and not (Black African male, programme 1).

A CRT perspective would question the aims and validity of such programmes and policy making. It is White senior managers who have designed and developed such policy which has resulted in the development of such programmes. White senior managers have access to control and *reproduce* what is considered appropriate knowledge required to address progress to senior leadership roles in HEIs. From this perspective, policy is not used to empower individuals to challenge the dominant ideological structures, rather it is used as a mechanism by which White senior managers are able to control the reproduction and standards of knowledge making (Bhopal, 2018; Morfin *et al.* 2006). This further results in producing a

deficit racial discourse of policy which questions systems of merit and further marginalises the position of BME academics in HEIs (Bhopal, 2018; Donohoo, 2008).

Benefits of attending and good practice on the programmes

Some respondents indicated that attending the programmes provided them with confidence to advance their careers and apply for promotion and/or leadership roles. They felt better equipped to do this after having completed the programmes. However, many respondents suggested that leadership structures would not necessarily change unless those currently in senior leadership positions were able to understand the issues BME groups faced. Some respondents suggested inviting (White) senior managers (such as sponsors) to attend part of the training programme to become better informed of the difficulties that BME staff faced on a daily basis.

I did think the programme was a bit strange as there were only BME people in the room and I think White senior academics, like the sponsors should be brought in at the end so that they can also understand first-hand some of the issues we are facing – which many of them don't really comprehend (Black Caribbean male, programme 1).

Others said having an academic component to the programme would also be beneficial, as the programmes were aimed at providing practical advice, rather than an explanation and analysis of inequalities in HEIs.

I think the facilitators should have someone working alongside them, like an academic who has done research in the area and knows what the issues are – so that they can speak about these from an authoritative viewpoint. The facilitators are trainers who are from a BME background, but they don't understand the theoretical or academic component (White/Black Caribbean male, programme 2).

Many participants reported feeling empowered to address institutional barriers such as racism. Others suggested that simply attending a programme did not challenge the dominant structures of inequality that are present in HEIs.

Attending a programme like this is important and it helps you to think what you need to do to progress your career – what strategies you can use and how you can make effective leadership work for you. But it doesn't address those real structural problems we have of inequality in universities, where all the senior managers are male, pale and stale and that needs to be changed somehow (Asian Indian female, programme 1).

The emphasis of the programmes is to enable BME staff to acquire the skills and knowledge that would enable them to access senior leadership roles, and then support them on their career trajectories. However, such a perspective simply *assumes* that attending such a course will result in BME staff successfully advancing their careers to senior positions, and does not question White normative assumptions. Advancing to senior roles is based on having to adhere to White standards of normative behaviour. Whiteness is the standard by which BME staff in HEIs are judged. Through this discourse, the (racist) structures of HEIs work to advantage Whites and systematically disadvantage BME groups so that Whiteness is normalised, *at all levels*. Instead, a questioning of the social structures, hierarchies and status quo and how they work to perpetuate racism and racial disadvantage in HEIs is needed (Bhopal, 2018; Bhopal and Henderson, 2019; Solorzano and Yosso, 2001), as well a recognition and acknowledgement of how historical and structural racism is manifested in such policy making (Bhopal, 2018; Bhopal and Henderson, 2019; Bhopal and Pitkin, 2018; Delgado and Stefanic, 2001).

Additional support

Respondents on both programmes felt that whilst it was important to have specific training programmes which addressed the needs of BME groups, this in itself was not enough to make significant changes for the inclusion of BME groups in HEIs. The majority of respondents felt that significant change was needed in HEIs, particularly in relation to developing a more holistic and coherent approach to diversity to include *all* members of staff, rather than just a focus on BME staff. There was a strong opinion that the organisations responsible for the programmes could act as mediators or catalysts to encourage HEIs to be proactive in addressing issues of diversity and inequality in their organisations.

It's great to have been on this course and it's really good to have these courses because some of the issues that affect me as a BME person are not the same as the issues that affect a White person and that needs to be addressed. But at the same time, we can't just compartmentalise these issues, they need to be part of the wider conversations that VC's [Vice Chancellors] and senior managers are having in their offices (Black African male, programme 1).

Exclusion is also something that the whole university community must address together, rather than focussing on a single group (White/Black African male, programme 2).

Whilst many respondents welcomed the opportunity to attend the programmes, those who are the 'chosen few' have been selected to attend. They were the ones who were identified by their White managers as having the potential to succeed to leadership roles. Not all BME staff were selected to attend such programmes. BME success is measured against Whiteness and White normative definitions of privilege. Consequently specific forms of (White) knowledge are prioritised and valued (Bhopal, 2018; Yosso, 2005).

Discussion

This article has explored the views of 30 participants on two leadership programmes specifically designed for BME groups. On the one hand respondents welcomed a programme specifically designed for BME staff, yet on the other hand many were critical of such a programme. Respondents questioned whether a specific programme was needed and suggested that in order to understand the issues faced by BME staff, the programme should take a holistic perspective to include sponsors, senior managers and Vice Chancellors in order that they too could understand the experiences of BME staff and contribute to future successful strategies to address such issues. Many respondents also reported that the programmes did not address their specific needs as BME staff; stressing that BME groups faced different challenges in HEIs compared to their White colleagues. All respondents emphasised a need to address the structural organisational inequalities in HEIs and introducing specific changes that would support BME groups (such as formal mentoring). Sending BME groups on training programmes which equipped them with the skills to apply for promotion was seen as positive, however many respondents felt that this approach needed further development particularly in relation to fostering a coherent holistic institutional approach for positive action. One suggestion included developing training programmes *in partnership* with HEIs.

This article suggests that when BME staff are selected to attend specific leadership programmes to enable them to succeed in HEIs, there is an assumption that they are the problem and they lack the necessary (White) qualities needed to succeed. This deficit approach assumes that individual deficiencies can be addressed and BME groups, ‘...need to change to conform to this already effective and equitable system’ (Yosso 2005, p.75;

Solorzano and Yosso, 2001). There is an assumption from (White) senior managers that these specific programmes will address inequalities and create a level playing field in which, ‘...the playing field should be level for people of colour who acquire the necessary skills and resources, risk will be reduced and people of colour will be more likely to succeed in higher education’ (Iverson 2007, p. 597). University policies and programmes designed specifically for BME groups fail to challenge, ‘...the systemic factors that perpetuate deficit thinking and reproduce educational inequities’ (Garcia and Guerra 2004, p. 155) in higher education (see also Bhopal, 2018).

The mere fact that HEIs feel they need to have specific training programmes targeted at BME groups highlights the awareness of inequalities based on race, as well as the existence of stereotypical assumptions based on the roles of BME academics (Bhopal, 2018; DeCuir and Dixon, 2004). Through an interest convergence lens, the programmes are used to celebrate diversity and showcase that HEIs are addressing inequalities, but at the same time they perpetuate the view that it is BME groups who are *the problem* whilst denying the existence of institutional racism. As a result, the systems themselves which perpetuate and reinforce racial disadvantage remain unchallenged and unaccounted for (Bhopal, 2018; Ladson-Billings and Tate, 1995). Who benefits from these programmes? Lopez argues that, ‘Whites will tolerate and advance the interests of people of colour only when they promote the self-interests of Whites’ (2003, p. 84). An emphasis on a diverse workforce would be beneficial for HEIs in terms of reputation as universal global institutions, as well as an increase in student numbers and emphasis on encouraging staff to want to work in such diverse institutions. The programmes are designed for these ultimate institutional gains, rather than the individual goals of promotion for BME groups.

By introducing a specific course which is designed to address the needs of BME staff, run by BME trainers suggests that those who teach on the course have sole responsibility for providing the professional development needed for BME staff to progress to senior roles. This token gesture and commitment to diversity suggests that limited resources have been invested in such an initiative, compared to resources invested for White staff who continue to have access to knowledge, social networks and resources which enable them to be successful in HEIs (Bhopal, 2016). Whiteness works to manifest and reinforce ways of *being and doing*, so that BME groups are seen as deficient, rather than the system which works to marginalise and oppress them through institutional racism (Ahmed, 2012; Bhopal, 2018). Consequently, the introduction of such programmes focus on under achievements, rather than the failures of a system that continues to oppress and marginalise BME groups.

Conclusions

Whilst there has been a recognition of the lack of BME groups in senior decision making roles in HEIs and a need to increase the numbers of BME in these roles, the institutional practices which are used to implement such strategies to address these inequalities serve to maintain, perpetuate and reinforce the interests of White academics. This article argues that such programmes exist within a framework of White privilege and a normative culture of Whiteness, they do not specifically address structural and institutional racism which disadvantages BME groups at all levels in HEIs. The programmes perpetuate the view that increasing diversity in HEIs is the responsibility of BME groups themselves. White groups do not need to be and are not part of this process of instigating change. By introducing such programmes HEIs can tick the box which suggests they are challenging inequality and addressing diversity, at the same time as adhering to White normative practices and

behaviours in which certain, ‘...privileges, ideologies and stereotypes reinforce institutional hierarchies and the larger system of White supremacy’ (Picower, 2009, p. 198). If such programmes are to be successful, there must be *at the very least* a recognition of the role of institutional racism in HEIs and an acknowledgement that BME groups do not start from an equal footing with their White colleagues.

In order to develop such programmes, greater links are needed with senior managers who can act as champions of the programmes to enhance their legitimacy as being valued by the HEI sector. By investing in such programmes and highlighting the benefits of doing so, HEIs can demonstrate their commitment to addressing inequality and diversity. Furthermore, this should also be linked to a *continuation* of support that is provided for BME groups, rather than a ‘one off’ measure. Greater continuity is needed between what has been learnt on the programme and how this is put into practice. This could include a longer term investment such as continual monitoring of the progress of participants by sponsors and line managers. Programme facilitators should also consider direct feedback to sponsors in order to foster understanding of the key issues raised by BME groups in HEIs. If HEIs are serious in their commitment to diversity, equity and social justice then such issues must be embedded in all aspects of leadership and in the mechanisms by which HEIs operate. There must be a greater commitment from HEIs to close the gap between policy making and rhetoric and demonstrate how diversity is manifested and demonstrated in their HEIs.

Data Availability

The data that support the findings of this study are not publicly available due to privacy and ethical restrictions.

Ethics

Ethical approval was obtained from the University of Birmingham Ethics Committee (College of Social Sciences) in line with the BERA Ethical Guidelines.

Conflict of Interest

There is no conflict of interest.

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Table 1 Programme 1 Interview participants

Ethnicity (self-defined)	Gender	Job title	Interview
Asian Indian	Female	Programme manager	Telephone
Asian Indian	Female	Lecturer	In person
Asian Indian	Female	Research Fellow	Skype
Asian Indian	Female	Lecturer	Telephone
Black Caribbean	Female	Research Assistant	Skype
Black Caribbean	Female	Human Resources Assistant	In person
Black African	Female	Senior Lecturer	Telephone
Black African	Female	Researcher	In person
White/Black Caribbean	Female	Research Support Officer	Skype
Asian Indian	Male	Senior Lecturer	Telephone
Asian Pakistani	Male	Lecturer	Skype
Black Caribbean	Male	Lecturer	Telephone
Black Caribbean	Male	Researcher	Skype
Black African	Male	Finance Manager	Skype
White/Black African	Male	Research Associate	In person

Table 2 Programme 2 Interview participants

Ethnicity (self-defined)	Gender	Job title	Interview
Asian Indian	Female	Programme Director	Skype
Asian Indian	Female	Administrator	Telephone
Asian Pakistani	Female	Lecturer	Skype
Asian Bangladeshi	Female	Senior Administrator	Skype
Black Caribbean	Female	Senior Lecturer	In person
Black Caribbean	Female	Senior Administrator	Telephone
Black African	Female	Lecturer	Skype
Black African	Male	Research Fellow	In person
White/Black Caribbean	Male	Reader	Telephone
Asian Indian	Male	Lecturer	Skype
Asian Pakistani	Male	Lecturer	Skype
Black Caribbean	Male	Senior Administrator	Skype
Black Caribbean	Male	Reader	In person
Black African	Male	Senior Administrator	Skype
White/Black African	Male	Reader	Skype