



UK Research
and Innovation



Inclusive Leadership
Company

Addressing Bullying, Harassment and Discrimination (BHD) in the Workforce

An independent review of UKRI's current practices
and employee experiences in relation to BHD

November 2023



UK Research
and Innovation



Foreword from the CEO

UKRI occupies a critical position in the UK's research and innovation system. To be effective in delivering our mission, we must foster a psychologically safe environment where people feel free to contribute their ideas and welcome the ideas of others, even when they disagree. This is difficult to achieve at the best of times, but even harder in an organisation with the added pressures of delivering change at scale.



Bullying, harassment and discrimination (BHD) are the polar opposite of the environment we are aiming to create. BHD should not happen at all, and BHD behaviours, intentional or unintentional, should be called out and corrected before they escalate to cause serious harm. It is clear from our People Surveys that we are a long way from this situation, and we have implemented a wide range of actions to address this issue as part of an Anti-BHD programme.

One of these actions was to commission the Inclusive Leadership Company to conduct an independent review of our current practices and your experiences in relation to BHD. This report outlines their key findings as well as our next steps. I want to thank everyone who took part in this work, particularly those who shared their experiences of BHD. I appreciate your courage and commitment to driving change. Please be assured that your contributions will shape our policies, practices and procedures to build a culture of trust, psychological safety and inclusion.

Many of the areas highlighted within the report are already being addressed as part of ongoing work, and we are building an integrated plan of further actions that will embed change. I know our progress will feel glacially slow to many across the organisation who need change now. I also know that many have lost trust in the resolve of UKRI leadership to drive change. I hope that as the many aligned actions we have put in place begin to turn things round we can build that trust, empowering everyone across the organisation to foster the inclusive environment we need.

If you are affected by any of the topics raised in the report, please reach out to someone to get help. More information about how to do this is featured on the final page.

Our progress in building an inclusive culture within UKRI

Outside of the ILC's review, we have been listening to your feedback from the People and Wellbeing Surveys and implementing initiatives that are positively shaping our culture to prioritise safety and foster inclusion.

We have:

- Published our **EDI Strategy** and **Workforce EDI Plan** outlining our commitment to a more inclusive organisation and R&I system. This includes delivering actions to diversify our workforce, supporting our staff networks, and building the capability and confidence of our workforce to create a psychologically safe working environment across UKRI so that everyone feels able to contribute their ideas and can benefit from the ideas of others.
- Established an **Anti-BHD working group** to oversee the delivery of our ABHD programme.
- Introduced training in **Anti-BHD and active bystander interventions**, as well as in other areas of inclusion
- Established a dedicated **employee relations team** within HR which manages all BHD cases in one place to enable more effective management and reporting

Our progress in building an inclusive culture within UKRI

- Launched the **UKRI People Standards** which define the core behaviours and attitudes required by colleagues to support UKRI in delivering our strategy. These standards are directly related to our core values of Integrity, Collaboration, Innovation and Excellence. Delivering on these values requires each of us to model inclusive behaviours to foster a positive working environment.
- Designed and are delivering three pan-UKRI **leadership development programmes**, that aim to take a systemic approach to developing collective leadership capability. This includes nurturing a safe to fail, psychologically safe and inclusive environment where all can thrive.
- Increased our focus on employee wellbeing through our **wellbeing plan**.
- Published our **people survey action plan** to tackle the challenges you have raised. We will continue to listen to feedback through our annual people survey, pulse surveys, and employee engagement forums.



Pages with the Inclusive Leadership Company logo (pages 4 to 46), have been independently authored by Professor Rebecca Jones and Dr Priscila Pereira Law.

Issued October 2023.

About the Inclusive Leadership Company



This Anti-BHD research project informs and builds on the programme of work on Anti-BHD set out within UKRI's Workforce EDI plan.

This independent investigation was delivered by Professor Rebecca Jones and Dr Priscila Pereira Law of Inclusive Leadership Company on behalf of UKRI.

Inclusive Leadership Company are experts in quantitative and qualitative diagnostic, evaluation, and research methods, and adopt an evidence-based approach to inclusion. They take a multi-disciplinary approach, drawing on perspectives from psychology, sociology, behavioural sciences, and neuroscience. Inclusive Leadership Company deliver a combination of consulting, research, and development services to evaluate and develop inclusion capability in a sustainable way.

You can read more about the work of the Inclusive Leadership Company here:
www.inclusiveleadershipcompany.com

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Introduction & Benchmarking

This report lays out the key systemic and cultural factors that might contribute to bullying, harassment and discrimination in UKRI, and prevent it from reinforcing its desired culture of dignity, respect and inclusion. The purpose of this work was to provide UKRI with a picture of where it is now and areas of improvement from which it can take action.

It is important to note that:

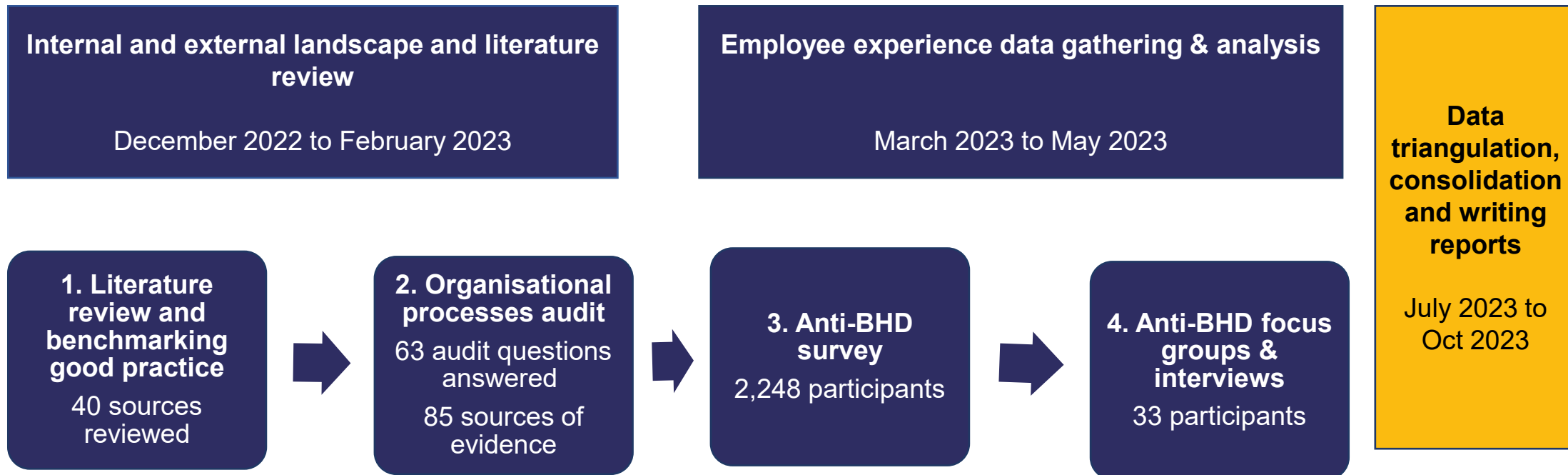
- When measuring behaviour such as BHD, we are aiming for minimal to no presence of these behaviours. Therefore, all organisations should aspire to create an environment that is free from BHD rather than one where even low levels of these behaviours are accepted.
- There is little scientific evidence of BHD in the Research and Innovation Sector to inform accurate benchmarking.
- Due to nature of the subject, evidence on the frequency of incidents is **limited for industry benchmarking**.
- TUC (2019¹, 2021²) have provided some specific context to illustrate the size of the problem in the UK. For example, they highlighted the 2018 TUC Safety Reps' survey showing that **45% of safety reps selected bullying and harassment in their top five workplace concerns** (second largest workplace issue after stress).
- Large survey on bullying at work by the University of Manchester² showed that:
 - **1 in 10 workers had been bullied in the previous six months.**
 - **1 in 4 workers had been bullied in the previous five years.**
 - **47% of workers had witnessed bullying at work.**

¹ TUC (2019). *Tackling third-party abuse and harassment: A guide for trade union reps*. Accessed from: <https://www.tuc.org.uk/resource/tackling-third-party-abuse-and-harassment>

² TUC (2021). *Bullying and harassment - Practical guide for reps*. Accessed from: <https://www.tuc.org.uk/resource/bullying-and-harassment-practical-guide-reps>

Methodology

A multi-stage mixed research investigation was conducted, including four key stages:



* The outcome of the landscape and literature review was the creation of the Anti-BHD Best Practice Model for UKRI, which was used as the framework for the remaining stages of the investigation and the discussion of findings.

Anti-BHD Best Practice Model



- The model was created based on the review of 17 academic papers, 23 reports from grey literature and a landscape review of BHD and related policies in the Public, Research and Higher Education sectors.
- Drawing on this literature of best practice, the literature review findings were incorporated into the Best Practice Model which UKRI practice can be reviewed against.
- The investigation and findings were structured based on the model.

Anti-BHD Best Practice Model Components

This model sets out the elements of an Anti-BHD culture that UKRI can aspire to develop

Best practice component	Description
Anti Bullying, Harassment and Discrimination: Policy & Guidelines.	A set of clear policies should be in place communicating the organisational position on BHD. These policies should include four stages: how to prevent, how to identify and report, how to mitigate and give support to victims and how to ensure continuous improvement.
Psychological safety is measured & maximised.	Mistakes are normalised as part of learning; people feel safe to speak up and people feel safe to give and receive feedback.
Diversity is visibly valued & empowered.	Governance should be in place to distribute and allocate power to underrepresented groups (e.g., staff networks), diversity metrics are part of management KPIs, campaigning and training linking diversity to increased performance and innovation, actions to ensure representation in decision-making (i.e., use of committees to address representation gaps in decision-making).
Wellbeing is a strategic priority.	Wellbeing strategy in place that is aligned with organisational vision and values and reinforced by organisational cultural norms (i.e., long working hours are visibly discouraged). Work related stress is risk assessed and considered in relation to resource allocation and realistic timelines.
Leadership model reinforces inclusion.	Adopts contemporary leadership/talent (e.g., competency frameworks) models that do not overuse masculine traits (i.e., highly competitive, hierarchical) and actively develops and reinforces inclusive leadership.
Robust risk assessment approach.	Ensures a built-in system where the organisation proactively identifies pockets (e.g., specific teams) or triggers (e.g., reorganisation) that will increase the risk for BHD and is able to adjust response accordingly.
Evaluation of interventions	Active ongoing framework to guide monitoring and evaluation of the experiences of BHD and effectiveness of prevention interventions in place. Organisation is responding and adapting to the changing environment and societal norms.

Overall Insights

The review found:

- 1 Some **great progress** in UKRI's work and plans to build a solid culture of respect, dignity and inclusion.
- 2 A **low level of confidence** in the policy and **independence** of the processes/approaches for reporting, managing or monitoring actions taken to address BHD (including for 3rd party behaviours).
- 3 An urgent need to focus on building a culture of **psychological safety** so people feel that they can speak-up, report and challenge behaviours but also where mistakes are normalised as an integral part of learning.
- 4 A need to explore **low self-declaration** – there was a high prevalence in data sets of 'prefer not to say' or missing responses for most demographic questions in the survey.
- 5 **Wellbeing** should be a **strategic priority** – UKRI needs to address a culture of overwork and focus on its own role in nurturing wellbeing as stress is one of the key triggers of BHD.
- 6 An urgent need to **build inclusive leadership capability** to counteract power imbalance and hierarchical related BHD.
- 7 Low evidence that BHD is considered within a risk framework in terms of **monitoring, prevention and mitigation of BHD**, particularly for minoritised groups that are at a higher risk of BHD.
- 8 A need to **improve data collection** and triangulate sources of data related to BHD.
- 9 BHD is likely to be significantly **underreported** within UKRI.
- 10 A need to evaluate interventions and **embed continuous improvement**.

Key Findings - ABHD Survey

Total responses	Experienced BHD in last 12 months	BHD behaviours experienced*	Talking to line managers	Bystanders not challenging
<p>27.21%</p> <p>of UKRI population (<i>n</i> = 2,248) with 683 open text entries.</p>	<p>18% (<i>n</i> = 336)</p> <p>When examples of BHD were provided, this number significantly increased.</p>	<p>4,184</p> <p>Being undermined (<i>n</i> = 422) Ignored, excluded marginalised (<i>n</i> = 351).</p>	<p>42% (<i>n</i> = 142)</p> <p>Didn't informally discuss experience with line manager, 60% (<i>n</i> = 205) spoke informally to someone else.</p>	<p>75% (<i>n</i> = 462)</p> <p>Of bystanders did not talk to or challenge the perpetrator and 49% (<i>n</i> = 328) reported not raising BHD at all, with anyone.</p>
Aware of the policy	BHD behaviours witnessed*	Confidence in line managers resolving BHD	Managers seen as not being active bystanders	Support during process
<p>83%</p> <p>of participants said that they were aware of the bullying & harassment policy.</p>	<p>4,455</p> <p>Many behaviours may not have been recognised as BHD behaviours.</p>	<p>83% (<i>n</i> = 269)</p> <p>of staff experiencing BHD didn't feel confident their line manager could informally resolve it.</p>	<p>87% (<i>n</i> = 1584)</p> <p>Yet, line manager's own confidence to challenge BHD was 71% (<i>n</i> = 555).</p>	<p>69% (<i>n</i> = 18)</p> <p>did not feel supported by UKRI during the formal investigation process.</p>

Main perpetrators of BHD:

- Managers (*n* = 110)
- Senior managers (*n* = 102)
- Colleagues (*n* = 96)

Participant roles:

- 25% scientific/engineering/research/technical role
- 52% professional such as communications/project management/admin/policy
- 23% role not specified

All stats are based on the number of responses to the specific question

*Respondents could choose multiple examples

Detailed Insights & Findings

Anti-Bullying Harassment & Discrimination: Policy & Guidelines

Legal Context & Key Definitions for Policy & Guidelines

Where appropriate, bullying and harassment should be addressed in the context of discrimination, as, in most cases discrimination is not limited to explicit less favourable treatment, but manifests in a variety of bullying and harassment behaviours. These behaviours are typically examples of oppression, prejudice, inequities and dynamics of in-groups and out-groups. The Equality Act 2010 covers everyone in Britain and protects people from discrimination (direct and indirect), harassment and victimisation related to a relevant protected characteristic. As result, any individuals who share a protected characteristic and are subject to bullying and harassment will be protected by the Equality Act 2010.

- **Bullying:** Although there is no legal definition of bullying, ACAS describes bullying as unwanted behaviour from a person or group that is either offensive, intimidating, malicious or insulting, an abuse or misuse of power that undermines, humiliates, or causes physical or emotional harm to someone. It has to occur repeatedly and regularly.
- **Harassment:** A range of attitudes considered to be offensive, humiliating, intimidating, hostile, or degrading. Bullying or unwanted behaviour is considered harassment when related to most protected characteristics but unlike direct discrimination, harassment does not take a comparative approach in relation to less favourable treatment. Harassment because of pregnancy or maternity is treated differently and could be direct discrimination.
- **Discrimination:** Treating someone 'less favourably' than someone else, because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Less favourable treatment can be anything that puts someone with a protected characteristic at a disadvantage, compared to someone who does not have that characteristic. Discrimination can be direct, indirect and by association.
- **Victimisation:** Treating a worker badly (subjecting them to a detriment) because they have done or believe to have done a protected act, for example making a complaint of harassment.

Anti-Bullying Harassment & Discrimination: Policy & Guidelines

Concept

Evidence from the literature shows that one of the main causes of BHD is imbalance of power and disparity for different groups, with evidence indicating higher experiences of BHD for groups who are underrepresented in the organisation or underrepresented in positions of power and influence in society.

Bullying, harassment and discrimination often goes unreported and therefore policy and guidelines must explore and address the reasons that may inhibit people from reporting. For example, fear of retaliation, afraid of negative consequence on career or concern that nothing could be done.

Optimal Practice

The characteristics of effective Anti-BHD policy and guidelines include:

- How to prevent BHD
- How to identify and report BHD
- How to investigate and manage BHD incidents including informal, anonymous, and formal claims
- How to mitigate negative consequences and support victims
- How to ensure continuous improvement is in place

Key Insights

1

The organisational audit indicated that the existing UKRI bullying, and harassment policy does not explicitly include the **interdependency between bullying, harassment, and discrimination**.

2

Evidence demonstrated the need to hold leadership accountable for visibly role modelling anti-BHD behaviours, particularly senior leadership. No evidence of a **license to lead approach**, encompassing curriculum training and anti-BHD behavioural competencies aligned to performance metrics and promotion criteria.

3

Third-party bullying and harassment was raised during the investigation by the participants. Given UKRI's role within the research and innovation sector, there is an extended need to interact with third-parties and external stakeholders, therefore increasing the risk of third- parties as perpetrators.

4

The role of bystanders is not addressed in the current bullying and harassment policy. **Bystanders play a critical** role in supporting a culture of dignity, respect and inclusion and making BHD culturally unacceptable.

5

No **anonymous reporting** system in place. This might be the most important way of improving visibility of BHD cases while mitigating risks, as hierarchical related BHD tend to be underreported due to fear of retaliation or concerns with inaction.

6

A low **level of confidence in the policy and independence** of the process and approach for reporting, managing or monitoring actions taken to address BHD. This was a reoccurring theme throughout the investigation.

7

Some evidence in the open text of the survey and focus groups highlighted that there are risks of leaders finding themselves in a difficult situation when dealing with **poor performance** and feeling afraid of **being accused of BHD**.

Incorporating Discrimination :

Where appropriate, in policies and guidance, bullying and harassment should be addressed in the context of discrimination, as, in most cases discrimination is not limited to less favourable treatment, but manifests in a variety of bullying and harassment behaviours.

The Anti-BHD Survey indicated that 29.60% ($n = 82$) of the disabled participants experienced BHD compared to 13.41% ($n = 187$) of non-disabled participants

Being 'ignored, excluded or marginalised' was selected 351 times, when people were asked to list what behaviours they have experienced in the last 12 months in the Anti-BHD Survey. These are typical examples of prejudice which will lead to discrimination, inequities and dynamics of in-groups and out-groups.



Key Findings

License to Lead :

BHD incidents characterised by hierarchical power dynamics can make it difficult for victims or bystanders of BHD to speak up as they can assume that no one else finds the behaviour problematic.

In the Anti-BHD Survey, examples of BHD incidents experienced by participants included:

- Being undermined (*n* = 422).
- Intimidation (*n* = 236).
- Public humiliation (*n* = 188).

Examples in the focus groups were of a ‘red-penned’ leadership approach. They described the leadership culture as having a low tolerance for mistakes and poor learning culture in which both can trigger BHD behaviours.

There is a discrepancy between line managers’ perceptions that they are able to identify BHD behaviours, and feel confident to challenge them, and their employee’s perception of their capability in dealing with BHD. These findings have a direct implication on developing UKRI’s leadership capability, firstly by ensuring that line managers do have the skills to identify and challenge BHD and secondly to ensure that line managers are more frequently addressing BHD behaviours as they emerge.

Line Managers	Employees
91.43% of line managers (<i>n</i> = 715) felt they could identify BHD.	82.52% of participants who experienced BHD (<i>n</i> = 269) did not feel confident that their line manager could informally resolve the situation.
71.43% of line managers (<i>n</i> = 555) felt they were confident to challenge BHD.	

Evidence of hierarchical BHD had the highest number of entries for the open text question at the end of the Anti-BHD Survey (*n* = 116). The theme of ‘No Action Taken’ (in relation to BHD) (*n* = 63) was also commonly related to the hierarchical culture.

Key Findings

Third-Party Bullying and Harassment:

Although the UK has no direct provision in place to deal with third-party harassment, individuals may still be able to bring a claim for this under the general harassment provisions of the Equality Act 2010. Under section 26 (1) of the Act, employees may argue that an employer's inaction in dealing with such behaviour amounts to conduct 'related to' a protected characteristic causing a hostile, intimidating, or degrading environment. Third-party bullying and harassment is also expected to be addressed under the Health & Safety at Work Act. This is particularly important because it is harder to manage instances of third-party bullying and harassment as third-parties are not governed by UKRI organisational policies.

In the Anti-BHD Survey, in total 31 participants selected third-parties as the perpetrator.

Eleven cases involved someone working in a different public sector organisation, 10 cases involved contractors, 8 cases involved service users, 2 cases involve members of the public.

In the organisation audit, there was no evidence of a third-party abuse and harassment guidance that clearly defines how to report, manage and resolve BHD from third-parties.

Key Findings

Bystanders:

To create an Anti-BHD culture, first and foremost, it is critical for BHD to become culturally unacceptable. Everyone should feel able to intervene when BHD happens, by signalling to the perpetrator that their behaviour is unacceptable.

In the Anti-BHD Survey, participants were given examples of BHD behaviours and were asked to select the ones they had **witnessed happening** to other people in the last 12 months. In total 4,455 examples of BHD behaviours were selected. The top five* were:

- Negative micromanagement (*n* 469).
- Being undermined (*n* 433).
- Unconstructive criticism (*n* 403).
- Impossible/challenging expectations (*n* 338).
- Ignored, excluded or marginalised (*n* 332).

*participants were able to select all behaviours that applied to them

Equally, if the culture does not make it safe for bystanders to speak-up, then any efforts, particularly in relation to active bystander training are diminished. In the focus group some participants reported that they became a victim themselves after speaking-up and consequently, they will never do it again. Other examples bystanders raised included colleagues distancing themselves from the victims.

Bystanders	
85.27% (<i>n</i> = 608) of bystanders felt able to offer support to the victim after witnessing BHD.	328 participants reported that they did nothing after witnessing the BHD behaviour, compared to 339 who talked to someone informally (i.e., line manager, peer or mentor).
Only 25.48% (<i>n</i> = 158) of bystanders challenged the perpetrator.	

Key Findings

Bystanders: Ten most frequently cited reasons for not reporting BHD as a bystander

Reason for not reporting BHD as a bystander	<i>n</i>
The victim did not want me to report it	240
I did not think it would be taken seriously	153
It would have made things worse	148
I was worried about the negative impact on the victim's career	146
I did not think anything could be done to stop it	142
I was worried about the negative impact on the working relationship with the perpetrator	140
The perpetrator was a very senior leader	139
I did not realise at the time that the behaviour was bullying, harassment or discrimination	98
I did not feel that it was my responsibility to report the behaviour	91
I was worried about the negative impact on my career	87

Key Findings

Anonymous reporting:

BHD can often be underreported due to issues related to trust in the process or fear of retaliation. Anonymous reporting can improve visibility of the issue and help the organisation to proactively educate and monitor risk areas.

The evidence from the Anti-BHD Employee Experience Survey indicates a need to provide a process to facilitate the anonymous reporting of BHD. This is critical for UKRI while a speak-up culture is nurtured, and fear of retaliation is addressed.

Reasons for not reporting BHD incidents

Victim	Bystanders
I was worried about the negative impact on my career (n=117)	I was worried about the negative impact on the victim's career (n=146)
The perpetrator was a very senior leader (n=80)	I was worried about the negative impact on my career (n=87)
	The perpetrator was a very senior leader (n=39)
	I was worried about the negative impact on the working relationship with the perpetrator (n=140)

Key Findings

Confidence - Informal and Formal Reporting:

Independency and capability are critical factors to increase credibility.

In the Anti-BHD Survey only very few participants who experienced BHD used the formal reporting process, despite 83% ($n = 1,665$) of participants reporting that they are aware of the bullying and harassment policy. The majority of those that did use the formal reporting process were unsatisfied with both the process and the outcome. It is critical that individuals have confidence in the policy and trust that the policy will be implemented properly.

From an informal reporting point of view, most issues highlighted in the investigation were related to the perception of line managers' capability to help with a resolution. The Anti-BHD Survey indicated that:

- 43.43% ($n = 142$) of participants did not talk to their line manager about the BHD they experienced.
- 82.52% ($n = 269$) of participants did not feel confident their line manager could help with the BHD

Key Findings

Performance Management & Malicious Allegations:

There are risks of leaders or managers finding themselves in a difficult situation when dealing with poor performance and feeling afraid of being accused of BHD.

Therefore, it is critical for UKRI to provide clear guidelines, giving examples of acceptable and unacceptable behaviour when managing poor performance, setting goals and giving feedback.

Although it is important to not discourage victims from reporting BHD, it is equally important to acknowledge in the policy that allegations that are false and made in bad faith would be treated as disciplinary action.

The existing policy does not address malicious allegations and does not provide specific behavioural examples clearly differentiating effective performance management and BHD.

**Psychological
safety is
measured &
maximised**

Detailed Findings & Insights

Psychological Safety is Measured & Maximised

Psychological safety is measured & maximised

Introduction to Psychological Safety is Measured & Maximised

Concept

A psychologically safe work environment is one where mistakes are normalised as part of learning and innovation. People also feel safe to speak up, voice their opinions and to give and receive feedback, in all directions in the organisational hierarchy, free from fear of punishment or humiliation. Individuals must also see that action is taken following speaking up, to reinforce a psychologically safe culture.

Psychological safety is critical to an anti-BHD culture from two perspectives:

1. An un-psychologically safe environment can be the cause of BHD where people are bullied because they make mistakes, speak up against the status quo or give unwelcome feedback.
2. BHD can go undetected in an un-psychologically safe environment where victims and bystanders of BHD feel unable to speak up and report behaviours.

Optimal Practice

The characteristics of a psychologically safe, anti-BHD environment are:

- Mistakes are normalised.
- People feel safe to speak up.
- People feel able to give feedback.
- Psychological safety is measured.
- The importance of psychological safety is communicated, and role modelled, including closing the feedback loop and changes made following speaking up and/or feedback.
- Skills required to work in a psychologically safe way are trained.

Key Insights

1

Low tolerance for mistakes in the organisation was illustrated across the investigation with reports of a prevalence of a *'blame culture'*.

2

While some processes are in place to enable individuals to speak up, evidence indicated that some **individuals are not speaking up to avoid retaliation**, including when experiencing and witnessing BHD, when disagreeing with others or sharing concerns about workload.

3

A critical piece of evidence arising from this investigation was the prevalence of the hierarchical culture which **makes it difficult, if not impossible, to provide feedback upwards**. Minimal evidence of the use of upwards or 360 feedback.

4

The audit highlighted that there is significant room for improvement in how psychological safety is communicated and valued. The Anti-BHD Survey and focus groups indicated that employees felt there is a need for **more open communication and transparency across UKRI**.

5

Psychological safety is measured by the People Survey but there was minimum evidence showing action to raise awareness and capability on **how to develop and maintain a psychologically safe culture**. This is particularly important for UKRI, as evidence from the focus groups highlight how UKRI is heavily influenced by a style of providing highly critical feedback (i.e., *'red-penning'*) that can make people feel undermined or ashamed.

6

A theme across the focus groups was that often the **people who most need development in interpersonal skills and anti-BHD related training, do not attend such events**. Existing training is unlikely to have the desired impact if not a curriculum course (i.e., mandatory) across all levels and areas, including all executive roles.

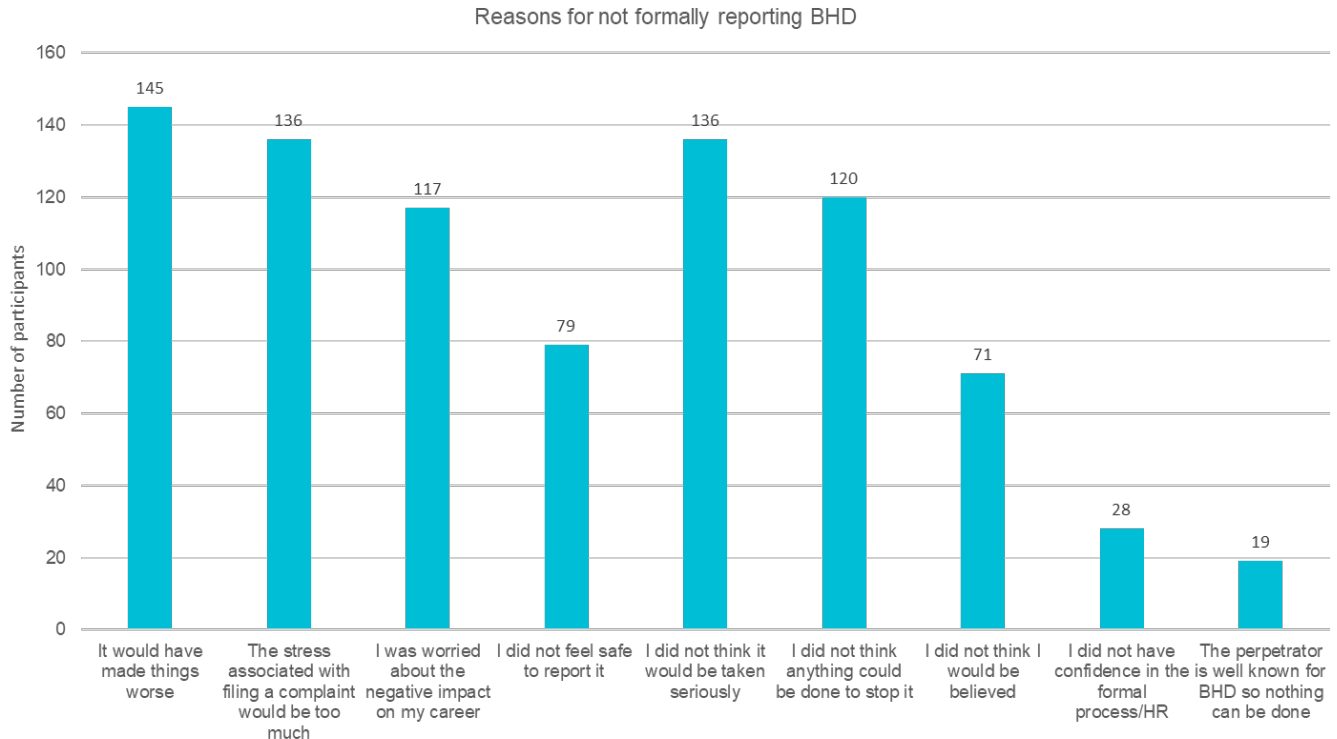
Psychological safety is measured & maximised

Key Findings

Low psychological safety and a perceived lack of action and/or lack of transparency and communication around action, creates a cycle, feeding into perceptions of a lack of safety, particularly around reporting BHD:

The Anti-BHD Survey indicated that in the case of experiencing (and witnessing BHD), individuals are not speaking up:

Victims of BHD	Bystanders of BHD
88.39% (n = 297) of people did not make a formal report of their experience.	96.41% (n = 644) of bystanders did not formally report the behaviour.
42.26% (n = 142) of people did not informally discuss their experience with their line manager.	74.52% (n = 462) of bystanders did not talk to the perpetrator about the behaviour they witnessed
36.90% (n = 124) did not informally discuss their experience with anyone else other than their line manager.	49.18% (n = 328) of bystanders did not raise the issue informally with someone else.



Evidence from the Anti-BHD Survey demonstrated that there is a perceived lack of line manager capability around speaking up, for example 86.56% (n = 1584) of participants reported that they had never witnessed their line manager challenging others as a response to a BHD behaviour.

Diversity is
visibly valued
& empowered

Detailed Findings & Insights

Diversity is Visibly Valued and Empowered

Diversity is visibly valued & empowered

Introduction to Diversity is Visibly Valued & Empowered

Concept

One of the main causes of BHD can be imbalance of power and disparity for different groups, with evidence indicating higher experiences of BHD for marginalised groups. Therefore, minimising power imbalance and addressing disparity, particularly unfair differences in treatment for different groups, will have a positive impact on BHD. This includes openly prioritising workforce diversity efforts.

Key Definitions:

Underrepresented are nondominant groups. Unrepresented can often be used to describe groups such as women who are underrepresented in particular roles and/or decision making, for example, senior leadership.

Marginalised describes a social process by which individuals or groups are (intentionally or unintentionally) distanced from access to power and resources and constructed as insignificant, peripheral, or less valuable/privileged to a community or “mainstream” society.

Optimal Practice

The characteristics of an anti-BHD environment where diversity is visibly valued and empowered includes:

- Measurement of diversity in terms of proportionality per career level but also at key points of access (i.e., recruitment and promotion).
- Measurement of diversity in relation to BHD risk signs (i.e., performance improvement plans, re-deployment and exit).
- Taking positive action to improve representation of an underrepresented group.
- Auditing bias in recruitment, development and promotion decisions.
- Introducing and embedding staff networks.
- EDI campaigns to promote the link between diversity and innovation.
- Ensuring that decision making at senior levels is representative of different groups.

Key Insights

1

In the organisational audit, the need to improve the **quality of diversity data** collected, participation rates and KPIs was identified, which has already been highlighted through the existing Workforce EDI Plan.

2

Understanding the demographic profile of the organisation is the first step in **identifying the priority areas that are at greater risk of BHD**. The measurement of diversity characteristics of individuals subject to performance improvement, sickness and absence and exit are important as all three scenarios are typical negative consequences of BHD.

3

The organisational audit indicated that although EDI is referred to in the UKRI Strategy 2022-2027 document, there is **no visible commitment to clear measurable promises** including an EDI scheme.

4

There was **limited evidence from the organisational audit, showing senior leaders taking an active role within the staff networks**, including attending meetings and enabling the needs of the communities they represent, enabling alignment between staff networks, UKRI strategy and EDI plans.

5

There was **limited evidence in the organisational audit addressing any potential gaps in representation in the context of senior leadership teams responsible for decision making**, including how diversity of experiences should influence decision making. No evidence was identified on how competing rights between the staff networks have been reconciled to ensure they work intersectionally.



Key Findings

In the Anti-BHD Survey, there was a high prevalence for most demographic questions where participants selected 'prefer not to say' or data were missing. When 'prefer not to say' and missing responses were combined, these were:

Profile of prefer not to say/or missing data in Anti-BHD Survey		
Demographic	Percentage	<i>n</i>
Ethnicity	26.82%	603
Sexual orientation	31.81%	715
Disability	25.71%	578
Gender	22.55%	507
Age	22.06%	496

This demonstrates the widespread reticence to self-disclose, likely due to the low levels of psychological safety, which needs to be addressed in conjunction with the introduction of the EDI data infrastructure.

**Wellbeing is a
strategic
priority**

Detailed Findings & Insights

Wellbeing is a Strategic Priority

Introduction to Wellbeing is a Strategic Priority

Concept

Poor wellbeing can be both a symptom of BHD (i.e., victims of BHD will experience low wellbeing) and a cause of BHD (i.e., individuals are more likely to become perpetrators of BHD if they are experiencing high levels of pressure and stress at work). In these conditions, individuals are more likely to:

- 'Pass on' the pressure and stress to others under similar levels of pressure and stress.
- Show low tolerance for mistakes and learning.
- Be less open to discussion and ideas.
- Experience an (unconscious) reduction in their ability to work inclusively.

Optimal Practice

The characteristics of an anti-BHD environment where wellbeing is a strategic priority are:

- Recognition that low wellbeing is a symptom and outcome of BHD.
- Recognition that low wellbeing is a cause of BHD.
- Employee wellbeing is deeply embedded, with the benefits to the organisation recognised and reflected in the vision and values.
- Organisational culture supports wellbeing.
- Wellbeing and other relevant metrics are measured and risk assessed.
- Wellbeing is reflected in the operating model and considered in relation to resource allocation and timelines.

Key Insights

1

The organisational audit indicated that the wellbeing plan is **not embedded into the overall organisational strategy** and wellbeing is not recognised and positioned as an enabler to delivering the strategy.

2

There is not a direct **link between strategy and wellbeing KPIs at organisational and departmental levels with clear leadership accountability**. If wellbeing KPIs are not clearly defined and measured, then progress and problem areas cannot be easily and accurately identified.

3

The findings from the focus groups identified two main drivers of work-related stress and high pressure in UKRI. Firstly, a lack of calibration between aspirational targets from the top and the resources available and secondly, **people working beyond their contractual hours to cope with unrealistic workloads**, leaving little time for rest and recovery.

4

The focus groups demonstrated a **deeply engrained, long hours** working culture, with some evidence of individuals hiding the number of hours they are working, for fear of being considered to be underperforming, if they cannot complete their workload in their normal working day.

5

The organisational audit showed good practice with the extensive wellbeing benefits that are available to individuals, stress awareness is highlighted, and training is provided to help cope with stress and manage mental health at work. However, despite these individual level wellbeing interventions, there was **little evidence of the broader, organisational level commitment to wellbeing (for example workload)**.

6

In the context of UKRI, the focus groups and interviews highlighted that participants felt that **organisational design and processes** could be significantly **improved** to enable people to better do their jobs and reduce poor wellbeing.

Wellbeing is a
strategic
priority

Key Findings

The negative impact on wellbeing was highlighted in the context of the BHD reporting and investigation process:

In the Anti-BHD Employee Experience Survey, 136 participants who said they had **experienced** BHD in the last 12 months said that they didn't make a formal BHD report because the stress associated with filing a complaint and enduring an investigation would be too much.

In the ABHD Employee Experience Survey, 81 participants who had **witnessed** BHD happening to someone else in the last 12 months said that they didn't place a formal report because the stress associated with filing a complaint and enduring an investigation would be too much.

Leadership
model
reinforces
inclusion

Findings & Insights

Leadership Model Reinforces Inclusion

Introduction to Leadership Model Reinforces Inclusion

Concept

Hierarchical models of leadership can reinforce cultures where BHD can thrive, often due to power differences between individuals and fostering competitive environments where colleagues compete for resources and/or rewards.

An anti-BHD organisation adopts contemporary leadership and talent models (i.e., competency frameworks) that do not overuse 'masculine' traits (i.e., highly competitive, hierarchical, command and control) and actively develops and reinforces inclusive leadership.

Optimal Practice

A culture which adopts a leadership model that reinforces inclusion includes:

- Inclusive leadership capability is assessed and developed.
- Inclusive leadership competencies are embedded in all leadership and talent models and training.
- Inclusive leadership is promoted as business imperative and linked to innovation and high performance.
- Underrepresented leadership talent pipeline is accelerated.

1

In the organisational audit there was **minimal evidence of inclusive leadership development** and no evidence of inclusive leadership assessment. Although a launch of UKRI people standards was planned, these did not explicitly reference inclusive leadership

2

The current UKRI leadership model is described as an enterprise and collaborative approach to leadership. **It is important to highlight the importance of inclusive leadership** as an integral part of the model, to ensure collaboration is not only happening amongst people who are similar to each other (i.e., enterprise, collaborative and inclusive leadership).

3

Most BHD reported incidents were hierarchical related which is indicated by the dominance of line managers and senior managers as perpetrators.

4

It is also important for **leaders to support and voice the needs of victims of BHD**, who, as this investigation has evidenced, find it difficult to speak up in the organisation. In the Anti-BHD Survey, 86.56% ($n = 1584$) of participants indicated that they had not ever witnessed their line manager challenging others as a response to a potential BHD behaviour (including microaggressions).

5

In the organisational audit there was no evidence to indicate the use of **underrepresented talent pipeline acceleration** programmes aimed at levelling the playing field and accelerating balanced representation in leadership teams.

6

In the organisational audit there was no evidence of how **gaps in representation have been mitigated** in decision making amongst leadership teams.

Robust risk
assessment
approach

Findings & Insights

Robust Risk Assessment Approach

Introduction to Robust Risk Assessment Approach

Concept

Bullying, harassment, and discrimination can lead to health and safety risks in the workplace.

To meet requirements of the Health & Safety at Work Act 1974, organisations should eliminate these risks, and in exceptional circumstances, if the risks are not reasonably avoidable, then the risks must be minimised. The Health & Safety Executive's Management Standards help to identify the main causes of stress at work, and relationships (such as between colleagues, line managers etc.) are listed. This includes promoting positive working relationships to avoid conflict and dealing with unacceptable behaviour.

Optimal Practice

The characteristics of an anti-BHD robust risk management approach includes:

- Early identification of the triggers of unreasonable behaviour (i.e., increased work intensity, change in leadership style, ambiguity, and uncertainty such as due to reorganisation etc.).
- Situations (i.e., roles that naturally have high turnover, are highly competitive and/or have male dominated cultures) or individual characteristics (i.e., protected characteristics) likely to increase the risk of workplace bullying are audited.
- Control measures are implemented to manage the risks.

Key Insights

1

Individuals are more likely to be perpetrators of BHD when they are stressed. Equally, in some environments, individuals who express their inability to cope with work demands may be more likely to become victims of BHD. This theme was highlighted across all three stages of data collection. Therefore, work-related stress and high pressure must also be considered in BHD risk assessments as a potential trigger for BHD

2

In the Anti-BHD Survey, line managers were asked to provide examples of people that might be at an increased risk of BHD. Having a **protected characteristic** was most frequently mentioned ($n = 394$ combined score), which is reflective of the legal frameworks to protect these groups.

3

Evidence from the focus groups suggested, that **junior staff and admin functions** (i.e., grades D and below) **are more frequently subjected to BHD.** All examples were given by witnesses and not by the individuals themselves who had low representation in this investigation.

4

In the focus groups, some employees indicated that they have experienced or witnessed the **use of management or HR processes** such as allocation of work, promotion and performance management used **as a form of BHD.**

5

There is a **significant risk from reoccurring BHD behaviours displayed by the same people** who are often described as having *'difficult personalities'*, it being *'just the way they are'* or a *'senior member that can't be touched'*. The term *'difficult personalities'* appears to be the acceptable terminology to describe individuals who are well-known bullies.

6

Generally, the literature and landscape review are still catching up with the post-pandemic working trends such as hybrid work in relation to BHD. Nevertheless, the topic of **remote work** was highlighted in the Anti-BHD Survey and focus groups. The BHD risks of remote work and increased usage of electronic communication, including social media must be acknowledged and mitigated.

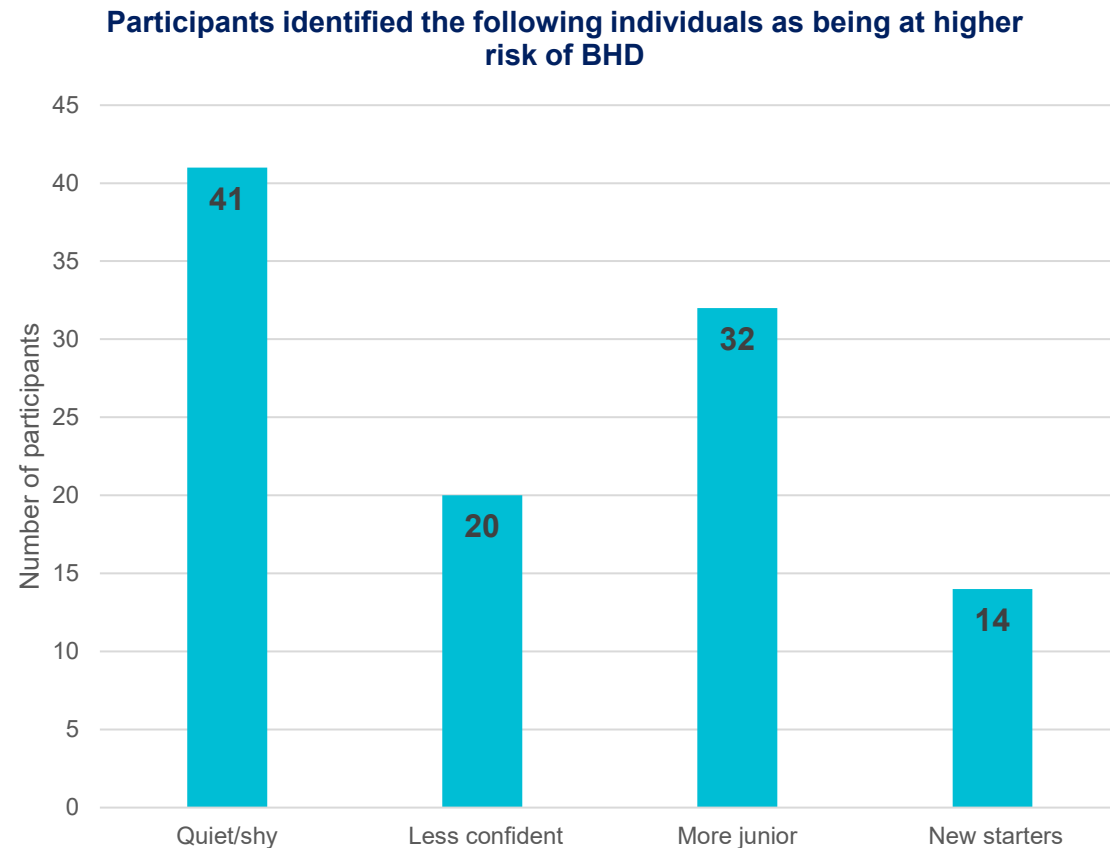
Key Findings

Individuals from some protected groups were proportionally more likely to experience BHD than the dominant groups in the sample, for example:

24.62% of the population of 65 people who self-declared as Asian experienced BHD compared to 15.69% of a population of 1402 of participants who self-declared as White.

32.41% of a population of 82 with disability reported experiencing BHD when compared with 14.37% of a population of 1301 without disability.

The following individual characteristics were also identified in the Anti-BHD Survey as being at a higher risk of BHD in UKRI:



Findings & Insights

Evaluation of Interventions

Concept

To enable continuous improvement and ensure that employee needs are met in the context of the evolving and developing BHD space, it is critical that an active ongoing framework to guide monitoring and evaluation of the experiences of BHD and the effectiveness of interventions is in place.

An evaluation framework enables the organisation to respond and adapt to the changing environment and societal norms. Data from evaluation can also ensure that investment in interventions is well placed, as actual outcomes from interventions are monitored in relation to anticipated or expected outcomes.

Optimal Practice

The characteristics of an anti-BHD culture where interventions are evaluated include:

- Objectives and expectations of interventions are outlined in the context of employee needs.
- Varied, robust data collection methods are employed.
- Evaluation frameworks are continuously reviewed and revised as appropriate.
- Evidence collected from evaluations is communicated and used to inform practice.

Key Insights

1

The evidence collected from all stages of the investigation highlighted how **no systematic evaluation** is currently taking place to enable continuous improvement in BHD interventions.

3

The open text, qualitative data from the Anti-BHD Survey further supported the need for an evaluation framework that considers **all aspects of BHD, including training.**

2

Data collected from the Anti-BHD Survey and focus groups provide some initial insights into the **dissatisfaction with current interventions** available (including the BHD reporting and investigation process). This further highlights the need to implement an evaluation framework.

4

The focus groups and interviews also highlighted the need to evaluate the experience of the BHD process, including collecting data on the timeliness of investigations. There was also evidence that **outcomes from BHD investigations were perceived as performative**, the BHD investigation process did not appear to consider a GDPR compliant claim communication approach, victims' satisfaction with outcomes, or the successful implementation of agreed outcomes.

End of report

Initial priority actions

Initial priority actions

The findings of this report add further urgency to a wide range of actions currently in train. We have identified five initial priorities to accelerate and amplify, whilst we simultaneously develop and engage on a full UKRI action plan to foster the inclusive environment we need and deliver long-term, embedded cultural change.

This work operates at three levels:

1. Initial priorities: UKRI-wide Anti-BHD systems and processes

- **Review of UKRI policies** on grievance, bullying & harassment, whistleblowing and safeguarding (underway)
- **ABHD and active bystander training** (underway) and **continue developing our EDI curriculum**, ensuring that relevant key findings from this report are incorporated into content and scenarios
- Introduce an **anonymous reporting tool**: to make it easier and safer to report behaviours, and provide us with more data to help us prevent and address BHD behaviours
- Develop and adopt a **risk management approach** for Anti-BHD, incorporated into UKRI's risk management processes
- Develop a **third-party BHD policy** as a proactive step in addressing and preventing BHD towards UKRI staff by external parties, and behaviours of UKRI staff towards external parties

2. Embedding improvements within our broader employee experience programme

We want to attract, retain and develop the best people, and for those who work for UKRI to thrive.

We are embedding what we have learned from the report into other activities that are positively shaping culture and behaviours across UKRI, including:

- Building collective **leadership capability and visibility** through our Leadership through Change, Inspirational Leadership Programme and Emerging Leadership Programme
 - Over 100 of the most senior leaders from across UKRI, including the Executive Committee, are participating in Leadership through Change. This programme focuses on inclusive leadership when leading change, creating psychological safety, collaboration and effective communication; and applies an action learning approach to collective challenges, where all voices and perspectives are heard
- **People Standards** which set clear expectations for and from our staff, and building these into **performance management**
- Enhancing staff confidence in sharing diversity data, improving our diversity monitoring questions and systems, and undertaking in-depth analysis of our data to identify **targeted actions to diversify our workforce** and to understand what barriers exist for different groups throughout our employee lifecycle
- Launching and embedding guidance for **equality impact assessments** to enable the implications of our work and decision making on under-represented groups to be considered
- The **wellbeing plan** and programme of events/drop-ins and forming a network of wellbeing ambassadors
- The **People Survey action plan** setting out activities we must do collectively to improve based on the 2023 results

3. Publishing the UKRI and local action plans

- The full UKRI action plan will be published early next year – we want to get this right and ensure our plan delivers meaningful and impactful change. The plan will focus on addressing pan-UKRI issues, processes and activities. We will engage unions, staff networks and other groups/forums in this work.

Throughout November and December:

- Each of our Councils and the Corporate Hub will receive a report detailing their top-level insights from the ABHD survey. This **will not** contain any further breakdown (e.g. of departments, teams or demographics) to ensure anonymity.
- This will underpin an activation workshop within each area (with the Inclusive Leadership Company) to:
 - Explore findings
 - Discuss initiatives to foster a culture of dignity and respect at a local level (particularly in psychological safety, wellbeing and inclusive leadership)
 - Align priorities to be delivered at a local and UKRI level in tackling bullying, harassment and discrimination
 - Identify specific local actions for inclusion in local People Plans and for supporting implementation and embedding of relevant pan-UKRI activities at a local level



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For support

If you are affected by any issues related to bullying, harassment and discrimination, please seek support from your line manager, local [HR team](#) or [trade union](#) representative.

Please also read the [current policy](#)

Our [Employee Assistance programme](#) is also available as a source of support. Find out more about [wellbeing support](#).

Enquiries

Any enquiries about the report or wider ABHD programme, please contact [Workforce EDI](#)