

decolonising midwifery



Education Toolkit

Background and context

The decolonising midwifery education toolkit has been developed for midwifery educators and other stakeholders involved in planning and delivering midwifery education. The aim of the toolkit is to empower midwifery educators to challenge the implicit and explicit legacies of colonial perspectives in all aspects of midwifery education when they are developing and improving their programmes.

This toolkit was inspired by the Royal College of Midwives (RCM) Student Midwives Forum which ran an online seminar in January 2022 on decolonising the curriculum and later that year, the RCM put forward a successful motion on decolonising midwifery education at the Trades Union Congress Black Workers Conference.

The toolkit provides a checklist of considerations for midwifery educators and those involved with midwifery education when recruiting for, planning, delivering and assessing midwifery education.

What is decolonising education?

Decolonising education means to re-construct education from a global perspective, removing the colonial lens through which most education is perceived. The aim is to eliminate this lens to produce the most robust, accurate and evidence based curriculum, teaching and research, which reflects a global perspective. The continuing influence of colonialism is reflected within current higher education institutions' organisational structures, through lack of staff diversity and ethnic representation, lack of engagement from global students and racial inequality in student experience and attainment.

The need to decolonise midwifery education is supported by the stark statistics of the recent MBBRACE Report (Knight et. al. 2022) which provides evidence of the difference in maternal outcomes for Black and Asian women when compared to white women in the UK. Black women are 3.7 times more likely to die in pregnancy, childbirth and up to a year postnatally than white women; South Asian women are 1.8 times and mixed-race women are 1.3 times more likely to die (Knight et. al. 2022). These statistics require action. One way in which outcomes can be improved is to increase racial literacy (to understand how racial inequalities are produced and reproduced) and decolonise midwifery education (Demir 2022). The aim is to encourage a greater understanding of the needs of women and families from all races, ethnicities, cultures and backgrounds.



The aim of this toolkit is to empower midwifery educators to challenge the implicit and explicit legacies of colonial perspectives in all aspects of midwifery education.



The aims of the toolkit are:



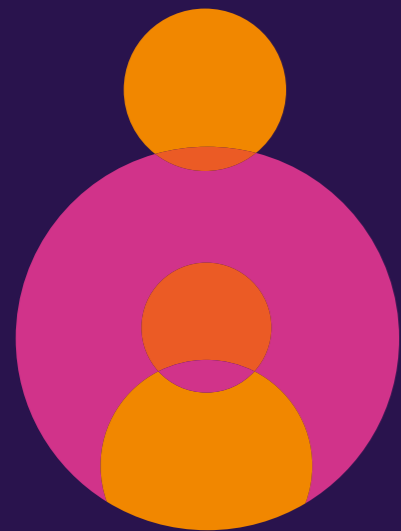
- To raise awareness of racial prejudices, discrimination and all forms of racism with the aim of promoting greater equality, diversity and inclusion in midwifery education.



- To increase the understanding of midwifery educators, midwives, maternity support workers and students about the subject of decolonising education.



- To ensure recruitment strategies provide equitable opportunity for students from all ethnic and cultural backgrounds to be successfully recruited into midwifery.



- To educate midwives and students about differences in health assessments, conditions, experiences and outcomes for racialised minority women and babies and to erase misconceptions about race.



- To promote equitable assessment strategies for students from all ethnic and cultural backgrounds.



- To strengthen support in practice for global majority students.

The toolkit is in four sections:

- Student recruitment
- Curriculum
- Assessment
- Practice

Each section will identify principles of good practice and offer reflective questions that can be considered when developing midwifery programmes and curricula. The toolkit does not set out to provide definitive answers about decolonising midwifery education. It aims to facilitate and support educators to challenge themselves to develop programmes which are inclusive and representative of the women, birthing people and families that midwives care for. Additionally, the toolkit aims to offer practical actions that assist universities to work towards anti-discriminatory practices that support global majority students to succeed. We hope these prompts can be used by midwifery educators and practitioners to engage in more critical, authentic conversations about inclusive pre and post registration midwifery education in line with the NMC (2019) Standards of proficiency for midwives and the Code (NMC 2018b).

Inclusive language statement:

The Stakeholder Development Group debated in detail the terminology used within the toolkit. We appreciate that all terminology has benefits and limitations. A consensus was reached to use the term 'global majority', reflecting that Black, Asian and minority ethnic people form the majority of people in the world. We also use the term 'racialised minority', meaning people from a minority race, where 'racialised' indicates that this is a social process. In selecting these terms, we intend no disrespect or offence and acknowledge that language and terminology will continue to evolve.



Section 1: Student recruitment

There has been a steady increase of global majority students entering higher education but in midwifery programmes specifically, there is a reported lack of their representation (Pendleton et al 2022). There are uneven populations of ethnicities across the UK, which influences the representation of students in different universities.

Racial concordance in healthcare means having a healthcare workforce that represents the people they care for. A review of the literature showed that racial concordance was more important than cultural competency training in improving the outcomes for healthcare patients (Shen et. al. 2018). The review concluded that higher education institutions should focus on recruitment if health inequalities in racialised minority people are to be reduced.

Universities can take voluntary action on recruitment to ensure their students are representative of the population they serve. The Equality Act 2010 calls this 'positive action'. This is a way of reducing inequalities in opportunity, as well as ensuring racial concordance of the midwifery workforce.

Best practice

- Work collaboratively with equality and diversity advisory groups or champions in your university. Discuss, set and share recruitment goals with all relevant stakeholders.
- Targeted widening participation visits to schools and/or colleges are innovative ways of encouraging midwifery students, midwifery staff and midwives to participate in outreach work. This ensures that midwifery is always strongly highlighted as a career option and all entry routes are visible, including access to higher education midwifery courses (Okiki et. al. 2023).
- University open days are an early opportunity to demonstrate equality and diversity. A representation from staff, students and equality, diversity and inclusion (EDI) champions can promote positive first perceptions and engagement. Collecting feedback from open days, especially data on attendees and diversity of interest, can offer valuable insight.
- A remunerated midwifery student ambassador scheme encourages students to support recruitment. The student ambassador scheme could support potential applicants in creative ways including providing information about midwifery as a career option, guidance to midwifery applicants and midwifery admission timelines.
- Positive action measures can be considered under the Equality Act 2010 to encourage, recruit and educate under-represented groups in midwifery cohorts. The main aim would be to help under-represented groups overcome disadvantages in competing with other applicants.

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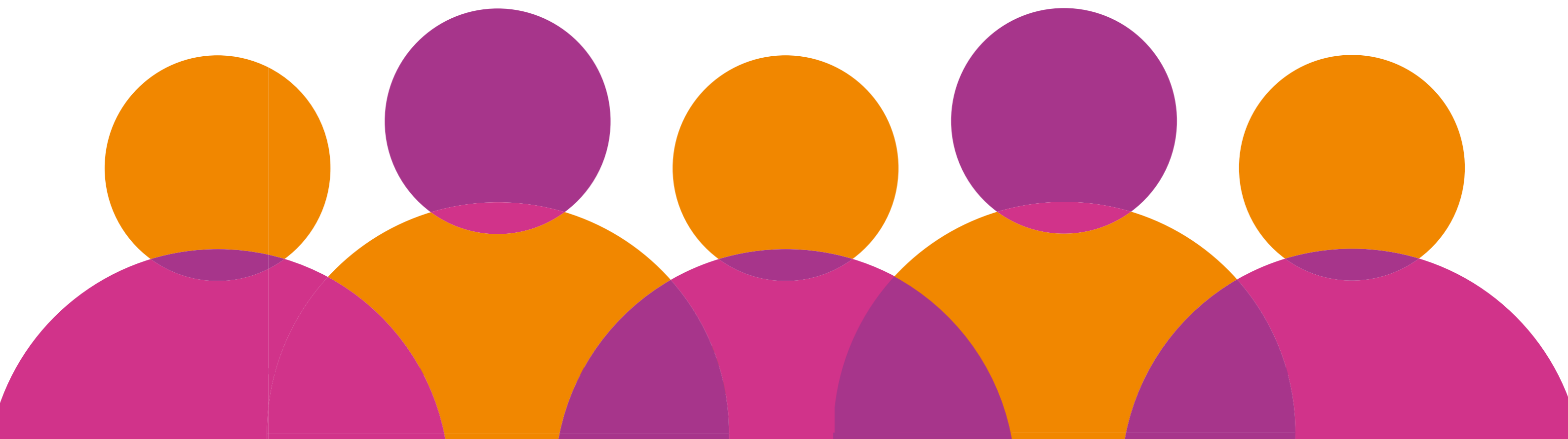


- EDI and cultural safety training should be mandated for staff, students and service users who are involved in selection and recruitment. Training is essential in creating awareness of unconscious bias especially against applicants with protected characteristics.
- Where a lack of diversity is evident among midwifery teaching staff, develop a recruitment plan to increase diversity. Consider working collaboratively with maternity units and service users to improve diversity of interview panels. Be mindful of the workload impact on global majority midwifery staff and students in the department.
- Data collection is key and offers many benefits which include showing transparency, promoting discussion, prompting targeted action, enabling self-evaluation, reviewing outreach activities.

Where a lack of diversity is evident among midwifery teaching staff, consider working collaboratively with maternity units and service users to improve diversity of interview panels.

Reflective questions

- Does your university have an equality and diversity policy in relation to recruitment? Is your university part of the Race Equality Charter (Advance HE 2016), and if so, how can this scheme support your recruitment process?
- How is your programme represented in public forums, for example on websites or open days and does it reflect a diversity of staff and students and the people we care for?
- How well does your student cohort reflect the society that you care for and how ambitious is your desire to address inequalities in midwifery degree recruitment?
- Do you involve local community groups, such as diaspora and religious groups, in your recruitment activities?
- What is your interpretation of a fair admissions policy and do you apply positive action recruitment strategies (Universities UK 2020)?
- Do you apply contextual admissions (Office for Students 2019)? If so, are your indicators for contextual applicants up-to-date, valid, reliable and regularly reviewed?
- How are your equitable entry requirements applied to analysis of personal statements?
- Do you share recruitment questions and activities with EDI teams or champions for critical friend feedback?
- Do you plan your interview panels to reflect your potential midwifery cohort and the families you care for? How have you actively identified and minimised barriers to achieve this?



Section 2: Curriculum



To promote equitable outcomes for global majority students, consideration must be given to how the curriculum can be designed to incorporate a flexible approach to learning and teaching. This includes blended learning approaches which have been shown to increase participation and engagement in education (Eboka 2019). A holistic approach should be taken when designing the curriculum which encompasses student support and equitable access to available services. Providing safe spaces for students to access mentorship through the personal tutor and academic assessor role is essential throughout their programme.

It has been shown that ethnically diverse teaching staff increase students' sense of belonging and therefore educational attainment. Global majority students engage with education in a more meaningful way when they are taught by members of staff who look like them (Guillaume et. al. 2022). Pickford (2016) highlights that through increasing supportive staff networks and diverse staff, students can feel an increased sense of belonging to the higher education institution (HEI), leading to increased levels of engagement.

By encouraging decolonisation through EDI training, midwifery teaching staff are facilitated to reflect on their position within society. This impacts positively on delivery of teaching and promotes objectivity when countering norms, behaviour, values, ideologies, language and policy that perpetuate disparities (Andreotti 2016). Staff awareness of decolonisation can have positive implications for students as they feel included, affirmed and healed, enhancing their learning experiences and involvement (Bhambra et. al. 2018).

Best practice

- Weave anti-racist content throughout the programme, including content such as social inequalities, white privilege, racism, conscious and unconscious racial bias and microaggressions, effects of colonisation and decolonisation. A spiral curriculum design can build on content throughout the duration of the course.
- Incorporate inclusive and safe spaces for global majority students to promote their sense of belonging and security.
- Ensure all staff, including professional services staff (librarians, administrative teams, clinical skill technicians and those at senior strategic leadership levels), have training on inclusive education, cultural diversity and racism in the wider context of society. A reflective approach to encourage critical consciousness related to improving cultural diversity and safety is essential.
- Midwifery education from pre-registration to postgraduate level should incorporate cultural safety education, acknowledging the impact it has on maternity care and the lived experience and outcomes of global majority families and student experience.
- Diversify reading lists and sources used within lectures and teaching materials. Reading lists solely composed of Eurocentric viewpoints minimise diversity of thought and lack the starting point to critique and challenge colonial structures. Diversifying reading lists allows for

- increased representation of viewpoints, perspectives and histories, providing an opportunity to promote change, encourage critique of ideas and generate independent thinking (Schucan Bird and Pitman 2020).
- Engage students as co-producers in teaching, using an intersectional perspective which promotes voices of under-represented populations to be heard and their needs represented in design and delivery (Begum and Saini 2019).
- Diversify the curriculum as this has been shown to address the awarding gap between students from racialised minority groups and their white peers (Smith 2017, Stevenson 2012) which further supports a sense of belonging and engagement within the programme (Wolff 2016, Ahmed 2012).

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Section 3: Assessment

Reflective questions

- Do you consider how health inequalities impact on clinical care and how marginalised people are more likely to experience ill health?
- Are global majority student networks consulted about curriculum content?
- Is there an EDI lead within the midwifery school to evaluate targeted interventions, conduct audits, focus groups and appreciative inquiry with racialised minority students to evaluate their lived experience?
- Are reading lists inclusive and representative of a variety of cultures and authors to promote global perspectives?
- Does your staff demographic reflect the lived experience of your learners and the population accessing maternity services?
- What level of training is provided to staff around cultural safety, anti-racism and the effects of colonialism on HEIs and the wider context of society?
- Are staff encouraged and supported to discuss racism, anti-racist education and to integrate these into lectures?
- Do staff take a reflective approach to encourage critical consciousness thereby improving cultural diversity and safety?
- Do you invite a diverse population of service users and guest lecturers to contribute to the curriculum?
- Is there global representation of culture and consideration of global models of midwifery education?
- Are there timetabled sessions for students to discuss and reflect experiences of racism?
- Do you actively promote spaces for global majority learners to share their experiences in a safe environment?
- Do teaching resources, simulation models and equipment reflect diversity and different skin tones?
- Do you integrate images of symptoms and clinical presentation in different skin tones?
- Are students encouraged to be inquisitive and explore wider cultural and social factors and lived experiences and how this impacts the physical and psychological health of racialised minority women and babies?
- Do you include specific assessments of wellbeing and investigative tests (e.g. renal function) that have different optimal ranges depending on ethnic group?
- Do you use case studies that focus on challenging stereotypes, racism, discrimination and that consider intersectionality?
- Are students encouraged to critique research, focusing on sample size and who makes up the sample population in the research to determine if the findings are applicable to ethnocentric populations?

Assessment plays a key role in consequential decisions that can limit or enhance students' choices and career aspirations. Assessments should not disadvantage students because of characteristics or abilities extraneous to the outcomes being judged.



While all students must meet the Standards for student supervision and assessment and the Standards of proficiency for midwives, (NMC 2019, 2018a), they may not all be able to do so in the same ways or in the same circumstances. Inclusive assessment practices should ensure all students have equitable opportunities to demonstrate knowledge and understanding (Ajjawi et. al. 2022). To affect sustainable change and influence assessment for inclusive practice it is important to be aware of the impact of inclusion at key points in the assessment process at every level. This means that inclusion becomes an every day consideration when implementing assessments.

The assessment of students should be evaluated considering the racial inequalities in society and the impact it has on student attainment (Campbell et. al. 2021). Review of assessment processes starts prior to NMC approval and ongoing quality assurance processes. HEIs, practice partners and students should be part of ongoing internal and external quality assurance reviews throughout programme delivery. Stakeholders should be represented at key academic events, for example, assessment boards, reviews by external examiners and programme evaluation.



Best practice

- Consider sharing assessment briefs with service users from diverse backgrounds for constructive feedback.
- Be mindful of language and terminology to promote inclusive, culturally safe question design. Avoid racial stereotypes, for example: that racialised minority communities may be 'hard to reach' and 'deviated from the norm'.
- Review the date and timing of your assessment launch or due dates with consideration of religious and/or cultural obligations.
- Encourage students to value and credit the knowledge of authors across the globe where appropriate in academic writing.
- Ensure marking grids allocate marks for highlighting cultural safety when appropriate e.g. marking grid for examination of the newborn includes competence in the assessment of cyanosis and jaundice on different skin tones (Menage et. al. 2021, Raynor et. al. 2021).
- Ensure resources and materials for the assessment are representative of the diverse population midwives care for.
- Consider how assessments can be used to address the disparities experienced by global majority women, birthing people and neonates.

- When creating assessments ensure the focus is not only on the white body but that variations within specific ethnic groups are understood and addressed, without pathologising Black and Brown bodies.
- Ensure assessments do not perpetuate racial stereotyping and microaggressions but promote cultural awareness and safety, using the lived experiences of women, birthing people and families.

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Reflective questions

- How do you monitor and evaluate the awarding gap in your student population, and how do you compare this with other healthcare programmes / across the university?
- How is assessment literacy promoted for students from varied educational backgrounds, for example, international students who may not be familiar with UK academic processes or terminology?
- Do your assessments draw on 'lived experiences' of students and what they have achieved outside of the learned module content? For instance, can they reference their lived experience in reflective writing and discuss if they have observed or experienced unconscious bias?
- Do you encourage students to use birth and/or preferred names at assessment and seek out correct pronunciation and spelling of names in recording assessments?
- What internal and external moderation processes do you use to minimise the potential for racial disadvantage?
- Is there a diverse and inclusive assessment team? What preparation, EDI education and robust anti-racism training are undertaken by the assessment team including the training for the clinical staff and service users involved?
- Do module teams explore the attainment of students as per racial categorisation or performance of students with English as a second language?
- Do you consider what positive action has been taken in assessment design to reduce the awarding gap of racialised minority groups?
- Is there a safe space for students to raise inequitable opportunities and processes around assessments in both theory and practice?
- How do you monitor the equity of practice assessment between different groups of students?



Section 4: Practice

Global majority midwifery students are an important part of the maternity team. They represent the communities and cultural practices of the women they are caring for, demonstrating insight into the lived experience of women and families from a diversity of backgrounds. They may, however, experience additional challenges to their white peers, which need to be acknowledged and mitigated if they are to feel valued and supported to complete their programme and qualify as midwives.

The 2021 NHS Staff Survey (NHS 2022) in England reported that Black and minority ethnic* staff are more than twice as likely to experience discrimination from the public and nearly twice as likely from NHS staff than their white colleagues. They are also more likely to experience bullying in the workplace. Global majority students deserve to work in an environment where they are treated equally and can experience a healthy work culture. In practice placements, it is vital that they feel able to raise concerns and to escalate poor behaviour without fear of repercussions. It is also important that these students have a 'safe space' and can experience psychological safety where they can talk freely and feel supported to raise concerns or discuss issues they have experienced in practice.

All universities have 'raising concerns' policies but these may not be widely accessible. It is important to provide students with a clear outline of how to escalate concerns.

*Footnote:
This is the language used by the NHS in the staff survey.

Best practice

- All universities have 'raising concerns' policies but these may not be widely accessible. It is important to provide students with a clear outline of how to escalate concerns internally within universities and in practice as well as externally in the wider organisation. It is also important to outline how the student will be informed about any action taken.
- Clinical educators are an important part of the midwifery teaching team. Ensure clinical educators have a strong communication network with the university to resolve concerns swiftly and appropriately.
- Global majority students report that they do not always feel safe in the practice environment because they do not have a 'safe space' in which to debrief or to raise concerns. Facilitate safe spaces for students to talk about their practice experiences – these do not necessarily need to be in the hospital environment. Staff facilitating safe spaces should receive training in how best to support / enable these.
- Some universities will have less opportunity to place students in culturally diverse areas of practice. Review placement allocations to allow students to experience cultural diversity in clinical practice. This may require creating a placement or observation opportunity outside of current placement allocations.
- The role of the Professional Midwifery Advocate (PMA) or Clinical Supervisor extends to students and provides them with access to another form of support. Facilitate PMA/clinical supervision/cultural guardian support for students (area dependent).
- Students may feel disempowered to raise concerns, due to the perceived repercussions, particularly around assessment and future employment. Encourage students to engage in courageous conversations when escalating concerns and recognising unacceptable behaviour.
- Student support has been shown to be the greatest factor in determining whether a student continues on the programme. This is particularly important for global majority students, who may be subject to intersectionality and non-inclusive behaviour. Facilitate university and clinical placement managed support for students when in the practice environment.
- Encourage students to partake in wellbeing checks (NHS emotional and mental wellbeing checks or through directed conversations). Cultural factors and beliefs may prevent some global majority students from accessing such support.



Reflective questions

- Do students from racialised minorities feel as welcomed into the practice area as their white peers?
- Do students from all backgrounds respect one another and support one another?
- Do students know how to raise concerns/escalate poor behaviour in practice? Is there a flowchart or checklist of actions when concerns are raised?
- Do you record/capture this data to support continued learning?
- Are women and families stereotyped because of their cultural background/ethnicity/religion?
- Do students know how to contact the Freedom to Speak Up Guardian or equivalent in their area?
- Do students feel supported within the clinical environment?
- Is there opportunity for practice leads and link lecturers to collaborate, for instance in a joint huddle?
- Are there mechanisms in place to promote a 'safe space' or 'safe person' for students in each placement area? Do facilitators have training in cultural safety/to hold a safe space?
- Do students have access to PMAs/Clinical Supervisors for support?
- Do students have access to counselling if they identify they need it?

- Do lecturers and students have sessions on sensitive/courageous conversations? Is there a 'safe space' for these conversations to take place?
- Do lecturers/practice staff have cultural safety training?
- Is there opportunity to hold World Cafes to share experiences?
- Is the need for some global majority students to 'code switch' (i.e. adapt themselves to the culture in which they are working) in clinical practice acknowledged?
- How are placement allocations made to ensure a diversity of experience?
- Could students in less diverse areas be twinned with a contrasting placement area to gain experience in diverse populations?
- Can students be provided with a list of culturally sensitive questions to prompt conversations for care?
- How is awareness raised of different cultural practices and is this embedded in the delivery of care?

Do lecturers and students have sessions on sensitive/courageous conversations?

Conclusion

Decolonising education is a complex process requiring commitment from the university at both operational and organisational levels. Many universities have started this journey, but until now, there have been no resources directly related to decolonising midwifery education.

In producing this toolkit, it is hoped to initiate conversations about diversifying recruitment, decolonising the curriculum and addressing inequalities in practice. Its aim is not to provide definitive answers about how to decolonise midwifery education in every university and midwifery programme in the UK. Instead, its purpose is to provide initial guidance for midwifery educators to enhance inclusive education for midwifery students.

The toolkit also aims to challenge everyone involved - at an individual, organisational or strategic level - to reconsider the way in which midwifery education is framed. Targeted interventions, as outlined in the toolkit, could improve the lived experience of global majority students and future midwives during their midwifery programme. The ultimate goal, as outlined in the introduction, is to improve maternity care outcomes for women, birthing people and their families.



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Resources

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- Anna Horn
- Ashley Hove
- Arnie Puntis
- Benash Nazmeen
- Bernadette Gregory
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- Chelsea Beckford
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- Enitan Taiwo
- Georgia Allan
- Ipek Demir
- Jacqui Williams

- Lisa Rollinson
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- Maxine Chapman
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- Priti Patel
- Selena Palmer
- Shahla Baktiari
- Sian McLaughlin
- Sheridan Thomas
- Sonia Dore
- Toyin Adeyinka
- Zaheera Essat

RCM staff

- Deborah Longe
- Fiona Gibb
- Heather Bower
- Jayne Bekoe
- Jo Tanner
- Julie Thompson
- Lydia O'Neill
- Rebecca Sobodu
- Stacey Keane
- Vicky Richards





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The Royal College of Midwives

10–18 Union Street

London, SE1 1SZ

0300 303 0444

info@rcm.org.uk

www.rcm.org.uk