

# **BME Diversity in Employment Strategy 2014 – 2016**

**April 2014**

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## **Chief Executive Foreword: BME Diversity in Employment Strategy**

*The Trust recognises the importance of the workforce reflecting the communities we serve and the many benefits this provides. In fact there is a compelling case that a diverse and representative workforce will enable the Trust to fully:*

- *Maximise input from all staff*
- *Attract the best to work for us*
- *Improve the quality of direct care*
- *Widen our knowledge and thinking*
- *Remain trusted, credible and appropriate*
- *Better meet the needs of all our communities*



*The area the Trust serves is culturally diverse with 32.7% of the population coming from a BME background. This is in contrast to 18.2% of BDCT staff coming from that background. The picture is revealing when considered by level and ethnicity within the Trust where 41.2% of BME employees hold band 1-4 positions compared to 34.3% of their white counterparts. At more senior levels (Band 6 and above) 28.9% of BME employees hold roles compared to 42.3% of their white colleagues despite comparative levels of knowledge, skill, experience and ambition –this cannot be right. It is a pattern repeated generally throughout the NHS. This suggests that there are barriers to progression experienced by BME staff – a suggestion confirmed by a piece of Trust commissioned research which identified the nature and cause of some of the barriers to career progression for BME staff within the Trust.*

*The development of this strategy was driven not just by the results of this research but also by a conviction from the Board that a diverse workforce is key to our success in delivering culturally sensitive services that meet the needs of our communities.*

*It has been clear over recent years that real progress in the representation of BME employees across the Trust will not become a reality without a positive action plan and effective concerted effort by all key parties. A real step change is now required.*

*This strategy proposes an ambitious set of goals and targets which will require the support of staff, staff networks and team leaders throughout the organisation. It focuses on actions to ensure the reflection of BME communities specifically within the workforce; however the intention would be to create a diverse workforce reflective of all currently underrepresented groups. Progress to achieving this will be incremental and will build on learning from the work to create a more ethnically diverse workforce.*

*The Trust will of course also continue to invest as it always has done in supporting training and career development opportunities for the whole workforce. The objectives within this strategy however offer a positive action programme aimed at ensuring BME staff are able to compete on a level playing field for promotion with their white colleagues by addressing some of the current disadvantages and barriers to progression identified through the research.*

*I am really excited by the opportunity to make a real difference that this strategy provides. I hope that you will all join with me in doing everything possible in your area of influence to make the vision of a reflective workforce a reality in line with our fundamental values of embracing and celebrating difference.*

*If you have ideas and thoughts you would like to contribute I would be delighted as always to hear them.*

**Simon Large**  
**Chief Executive**

# **Bradford District Care Trust**

## **BME Diversity in Employment Strategy 2014 – 2016**

**April 2014**

### **1. BACKGROUND AND CONTEXT**

The purpose of this paper is to set out the BME Diversity in Employment Strategy for Bradford District Care Trust including the focus areas for the coming two years. A more inclusive diverse workforce is a key objective within the Workforce Strategy, which was approved by the Board in July 2013; this paper supports the achievement of that objective.

Historically, the Bradford health economy has had a reputation for being proactive in progressing diversity in employment and has gained a national reputation for this work. The national NHS Positively Diverse initiative and materials were developed by the Trust in the 1990s. It is acknowledged however that the organisation now needs to review its approach to achieving a diverse workforce particularly as the workforce profile is still some way from reflecting the populations served.

Over the last six months there has been a concerted effort to progress the BME diversity in employment agenda. This has included workshops with both the Board, Executive Team and the wider leadership team across the Trust and a review of the Diversity and Inclusion (D&I) team structure. In addition a piece of externally funded research was undertaken aimed at understanding the barriers to BME staff progression into senior leadership roles. These actions have resulted in a heightened awareness of the issues that support a diverse workforce as well as those that act as barriers to career progression.

It is acknowledged that the diversity and inclusion agenda is far wider than BME issues, however, there is clear evidence to show that this area is a significant challenge for the Trust. Given that not everything can be delivered at once there will be an initial focus on BME staff, though consideration will be given to how this agenda can be expanded to all aspects of diversity and inclusion; particularly once clear impact results have been seen in this area.

This strategy is set within the context of the Trust's vision, overall strategic aims and objectives, which drive the workforce development objectives, a key element of which is achieving diversity in employment. This is also integral to the core values of the organisation, which guide the way services are provided and how our employees are managed and expected to perform.

The Trust recognises the importance of the workforce reflecting the communities served and the two-way benefits this provides. The area the Trust serves is culturally diverse with 32.7% of the population coming from a BME background. This is in contrast to 18.2% of the BDCT employee population coming from that background (see Appendix A, Chart 1; and Chart 2 which details the make-up of the Board)

The picture becomes starker when reviewed by level and ethnicity within the Trust (see Appendix A, Chart 3 and Chart 4). When reviewing the BME employee population as a whole, 41.2% of BME employees hold band 1-4 positions compared to 34.3% of their white counterparts. This is more balanced at band 5 where 20.14% of BME employees are

represented versus 21.09% of white colleagues. At bands 6 and above 28.9% of BME employees hold roles compared to 42.3% of their white colleagues. This suggests that there are barriers to progression when progressing from band 5 and through each level thereafter.

Responding to the above, the Trust commissioned research last year to identify why BME employees are not progressing into more senior positions and their views of development within the organisation. That review found that:

- 35% of BME staff were not happy with their career progression over the last 5 years (versus 12% White staff)
- Of those offered opportunities, more BME respondents were accessing career development (81% versus 71%)
- 54% of White respondents had been offered career development in the last two years (versus 31% BME)
- 49% of BME respondents would like to study for further qualifications (versus 34% White)
- More white than BME respondents felt their annual appraisal with their line manager was successful in helping them to identify a plan for their professional development and career progression.

The review showed that BME employees do have career aspirations and are accessing training and development where this is offered, however, their aspirations do not seem to be resulting in promotions or job moves. The report concluded with 50 specific recommendations which have subsequently been honed down to seven key areas that would respond to the findings (see Appendix B). Although these recommendations are not specifically mentioned throughout this paper they add extra context to and complement the objectives outlined within this paper and will be integrated and included in future progress and impact updates. Many of the innov8 recommendations are already being progressed.

Finally, the recently released 2013 national staff survey results show that compared to similar organisations the Trust is:

- Worse than average in staff having equality and diversity training in the last 12 months (worst 20%)
- Below average for staff believing the Trust provides equal opportunities in career progression and promotion
- Below average for staff experiencing discrimination in the last 12 months

The Trust has committed to delivering a step change in BME staff development and representation. Recent example was the targeting of BME staff to ensure participation in the Exciting Futures Leadership development programme, as a consequence of which over 50% of the 15 participants in the last cohort were from a BME background. Since their graduation in July 2013 three participants have been promoted, two were from a BME background. This is a prime example of how an appropriate focus on this agenda can have a positive impact in a relatively short space of time.

In addition, the Trust works closely with the Cellar project and Job Centre Plus to help support individuals from a BME background secure employment within the Trust.

## 2. PROPOSAL: VISION AND STRATEGY FOR DIVERSITY IN EMPLOYMENT

Through a number of discussions with the wider leadership team, the proposed vision of the BME Diversity in Employment strategy is to:

**'Create an environment where our workforce, at all levels, is representative of the community we serve'**

This is important to the Trust for a number of reasons, including:

- Potentially difficult to recruit and retain BME people with valuable skills and competencies if not visible to all in the local community
- The Trust is a core part of the community, understanding local issues better will support the Trust in serving the community more effectively
- Increasing our reputation as a good, inclusive employer is important in attracting and retaining diverse talent
- Building confidence in the perceptions of both the community and employees about the Trust is critical for a sustainable future
- Ability to create effective Partnerships, both commercial and in other areas, is far greater if we are an integral part of, and, effectively understand the local community
- Ability to tap into 'lived' experiences of our staff and harness knowledge and experiences that can positively influence the service to the local communities

The above vision supports the Workforce Strategy key objective, agreed In July 2013 which seeks to:

*'enable the Trust to benefit from a diverse workforce which reflects the population it serves, by providing equality of opportunity'*

To deliver the above vision a small number of key objectives are proposed, some focused on positive action initiatives aimed at ensuring a step change in the development and promotion of BME employees within the Trust. The associated measures will be targeted, output focused with clear indicators of success to enable demonstration of their impact. These will be reviewed regularly and updates reported to the Board on a quarterly basis.

### **The key objectives are:**

- Create aspirational targets on the representation of BME staff at all levels – monitor regularly and communicate progress internally and externally
- Create targeted development interventions for Band 5/6 employees
- Implement cultural competency training for leaders across the Trust
- Create an effective, senior led sponsorship programme – piloting with a small number of people before further roll-out (Appendix D)
- Review the impact of the BME Network and ensure it is structured in a way to support delivery of the Trust's vision
- Create and implement an effective plan to increase the representation of BME Governors
- Create a communications plan both internally and externally that sets out why diversity in employment is important to the Trust and outlining the key proposals to ensure understanding, commitment and ownership at all levels
- Create visible board level commitment to the strategy by appointing a NED Champion

Appendix C provides further detail for each of the proposed objectives.

### **3. ASSURANCES**

The Workforce Strategy already has a well-articulated set of measures to enable assessment of its impact. To review the impact of the BME Diversity in Employment Strategy a set of key performance indicators will be created and reported to the Board and other leaders on a regular basis to ensure traction is made and any areas of slow progress can be reviewed and addressed in a timely manner.

The indicators will be created from the above key objectives and will include both quantitative and qualitative data. This will include:

- Representation of BME governors in the Council of Governors
- Representation of BME employees at each level and changes since the last reporting period
- Percentage of team leaders trained in cultural competence
- Profile and update of how the sponsorship relationships are progressing and impact on individual development and career progression
- Shift in the profile of the workforce by locality linked to profile of the local population (work will be undertaken to explore the possibility of reviewing the workforce profile against the community profiles in localities. Census data is not currently available at this level)
- Representation of BME staff in development programmes
- Position of BME employees in the Talent map
- Personal stories of the impact some of the key objectives have had on individual employees
- Employee survey / pulse survey data available by BME breakdown demonstrating a positive shift in the perceptions of BME staff against low scoring areas particularly in relation to development and progression.

### **4. FINANCIAL IMPLICATIONS**

The work programme that will flow from this strategy and captured within the key objectives, will be absorbed within existing resources for the majority of the work. Financial support is being sought from Health Education Yorkshire and the Humber for the development of the Band 5/6 leadership programme. A review of priorities and timescales will be undertaken in the event that such support is not available as part of developing the action plan.

### **5. RISK IMPLICATIONS**

There are risks to the Trust in not taking action to address the current under representation of BME staff in the workforce. Page 3 highlights some of the key reasons why progression of this agenda is important to the organisation and provides an indication of what is at stake if action is not taken. The risks inherent in implementation link predominantly to any perceptions in the wider workforce that implementing positive action targeted at BME staff is detrimental to their development and progression. How the strategy and actions are communicated and how effectively team leaders and staff are engaged will be crucial in mitigating this risk

<b>Risk</b>	<b>Likelihood High/Medium/Low</b>	<b>Implication</b>	<b>Mitigation</b>
The perception of unfairness by non BME staff to the positive action initiatives resulting in a feeling of disengagement and resentment impacting on their views of the Trust as an employer and levels of motivation.	Medium	Successful communication and engagement of all staff and team leaders in launching the strategy is critical and effectively setting out the rationale driving this work	Effective communication and engagement strategy and plan

## 6. COMMUNICATION AND ENGAGEMENT

A critical success factor is the effective communication of this strategy and key objectives both within the Trust and externally to the wider community.

To do this, the HR function will work closely with the communications team to create a communications plan to span the life of this strategy and to clearly articulate:

- Why this is an important area for the Trust (the case for change)
- Why the senior leadership team are fully supportive and driving this
- What the overarching vision is and the benefit to the Trust once achieved
- Proposed actions
- How progress will be measured
- The role of the line manager in delivering the strategy
- What is in the plan and what employees can expect to see
- How people can get involved
- What has been done to date and how we are building on that for future success

The communications plan will be reviewed on a regular basis and will integrate messages into other stories and communications streams where possible. The communications plan will start with the findings from the Innov8 research as part of the springboard for change.

## 7. MONITORING AND REVIEW

Given the Trust's visible commitment to this agenda and the focus to drive change, an appropriate governance structure is crucial to ensure strategy delivery stays on-track and is visible to all within the Trust.

There are a number of ways the Trust will respond to the above. The board commitment to the agenda will become more visible by appointing a 'NED Champion'. Although it will remain the commitment and responsibility of all leaders to ensure the strategy is delivered the 'champion' will be the visible leader pushing this agenda forward along with the EMT members. The Director of Human Resources and Organisation Development will be the director accountable for the implementation of this strategy.

The Workforce Transformational Steering Group (WTSG), chaired by the Director of Human Resources and Organisation Development, will have a key role in ensuring that an action plan is in place setting out key milestones and responsibilities to meet each of the objectives and that there are specific indicators linked to each objective to enable successful measurement. The action plan and indicators will be expanded to include the areas set out for action in the Innov8 research report.

Progress will be reported by the WTSG to the Executive Management Team three times a year with a six monthly progress report to the Board and quarterly performance information on the ethnic profile of the workforce at Trust wide and pay band level.

## **8. TIMESCALES AND MILESTONES**

As indicated in the section above, following approval of this strategy by the Board a detailed action plan will be developed along a two year timeline setting out key milestones, responsible leads and deliverables linked to each of the objectives. This will be mapped to ensure any interdependencies are identified and that the phasing does not place undue pressure on services in the light of other development programmes occurring during this time period.

## **9. CONCLUSION AND RECOMMENDATIONS**

The BME Diversity in Employment Strategy is focused on building on the foundation created by the Workforce Strategy agreed by the Board in July 2013. Delivery of the strategy is highly dependent on all Board members and senior leaders supporting the vision and playing their part to achieve the key objectives.

It has been clear over recent years that real progress in the representation of BME employees across the Trust will not become a reality without a positive action plan and effective concerted effort by all key parties.

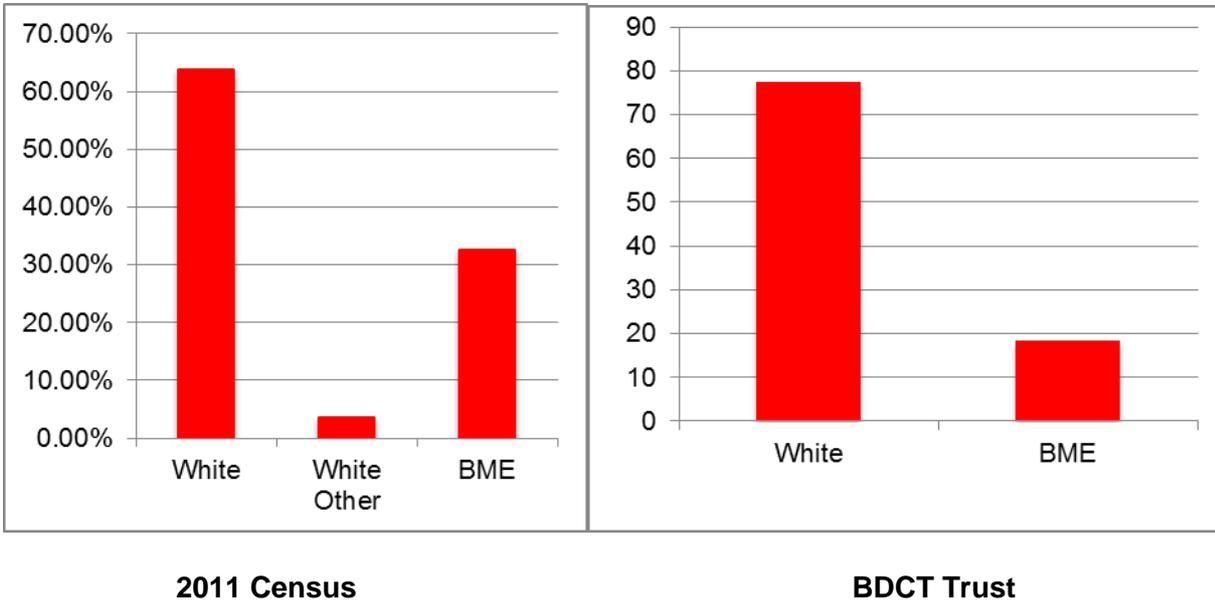
This strategy focuses on reflecting BME communities specifically within the workforce; the intention would be to create a diverse workforce reflective of all currently underrepresented groups, progress to achieving this will be incremental and will build on learning from the work to create a more ethnically diverse workforce.

### **The Board is asked to:**

- Approve the vision and strategy to achieve a more ethnically diverse workforce
- Agree the key objectives that will support achievement of the vision as set out on page 3 with a view to receiving a report on progress in 6 months' time
- Agree the proposals for measuring and monitoring performance as set out on pages 3 and 4

**APPENDIX A**

**Chart 1**

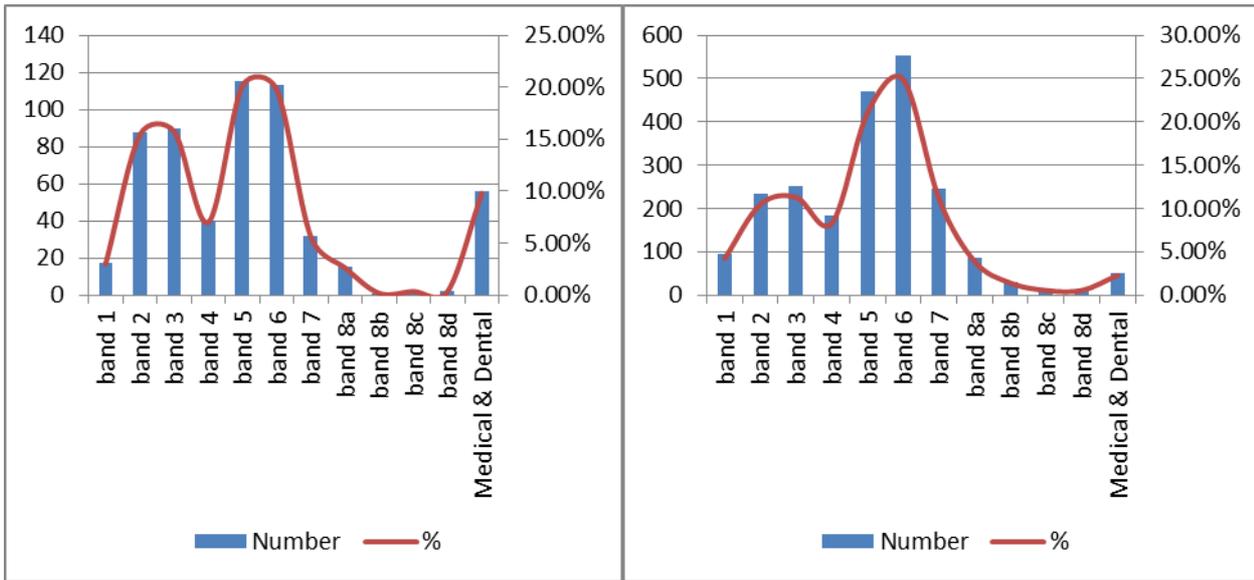


	White	Other / Unrecorded	BME
<b>2011 Census</b>	63.86%	3.57%	32.66%
<b>BDCT Trust</b>	77.4%	4.4%	18.2%

**Chart 2**

	White	Other / Unrecorded	BME
<b>Executive Directors</b>	80.00%	20.00%	0.00%
<b>Non-Executive Directors</b>	57.13%	28.58%	14.29%

**Chart 3**



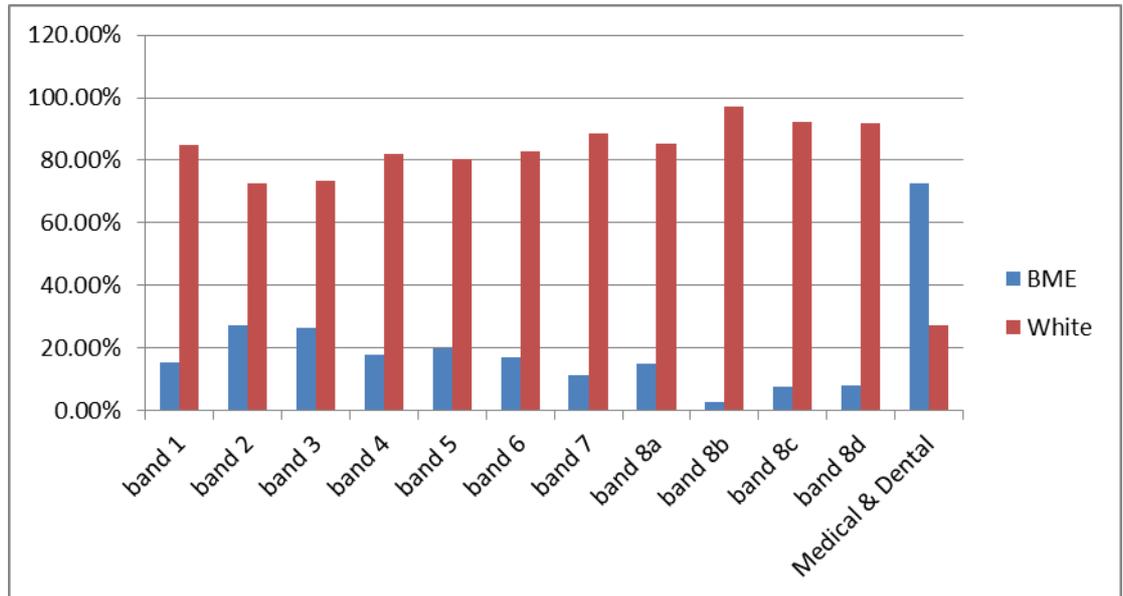
**BME Staff by Band**

**White Staff by Band**

Band	BME	
	Number	%
band 1	17	2.98%
band 2	88	15.41%
band 3	90	15.76%
band 4	40	7.01%
band 5	115	20.14%
band 6	113	19.79%
band 7	32	5.60%
band 8a	15	2.63%
band 8b	1	0.18%
band 8c	2	0.35%
band 8d	2	0.35%
Medical & Dental	56	9.81%

Band	White	
	Number	%
band 1	94	4.23%
band 2	233	10.48%
band 3	251	11.29%
band 4	185	8.32%
band 5	469	21.09%
band 6	553	24.87%
band 7	247	11.11%
band 8a	86	3.87%
band 8b	31	1.39%
band 8c	12	0.54%
band 8d	12	0.54%
Medical & Dental	51	2.29%

**Chart 4**



Band	BME		White	
	Number	%	Number	%
band 1	17	15.32%	94	84.68%
band 2	88	27.41%	233	72.59%
band 3	90	26.39%	251	73.61%
band 4	40	17.78%	185	82.22%
band 5	115	19.69%	469	80.31%
band 6	113	16.97%	553	83.03%
band 7	32	11.47%	247	88.53%
band 8a	15	14.85%	86	85.15%
band 8b	1	3.13%	31	96.88%
band 8c	2	14.29%	12	85.71%
band 8d	2	14.29%	12	85.71%
Medical & Dental	56	52.34%	51	47.66%

## **APPENDIX B**

### **Recommendations from the Innov8 Career Development Study**

The report concluded with 50 specific recommendations sub divided into themes. A further review of the recommendations was taken by the Trust's Innov8 group taking into account the aims and objectives of the Innov8 Charter, the development and promotion of the Different Leaders booklet and DVD that was launched in July 2013, this concluded seven key recommendations that would respond to the findings. These are identified as follows:

1. To develop and implement a bespoke leadership and management programme for staff in bands 1 to 4. The programme will help the Trust spot and nurture talented individuals and equip staff with the skills and attitudes required to help them manage their own careers
2. To develop the Trust's mentoring and coaching capacity by training up new mentors and train a further cohort of coaches to ILM level 5
3. To refresh and re promote the career development workshops, clearly setting out what the Trust will do to support the careers of staff and what staff will be expected to take personal responsibility for. The workshops will draw on the development roadmap from the Different Leaders brochure
4. To refresh and target the recruitment and selection training incorporating values based recruitment and relevant findings from the Innov8 study.
5. To ensure the Trust's corporate induction refers to the Innov8 study and the Trust's commitment to developing a more diverse organisation that better reflects the population it serves.
6. To ensure the new appraisal process links specifically to the talent map. Appraisal training and guidance to set out the role of managers in spotting and nurturing talent and how best to sign post junior staff who have the talent and ambition to move into more senior roles.
7. To explore opportunities for positive action when undertaking middle management recruitment.

## **APPENDIX C**

### **Key Objectives**

#### **Create aspirational targets on the representation of BME staff at all levels – monitor regularly and communicate externally**

As the vision articulates, the aspiration of the Trust is to create an environment where the workforce, at all levels is representative of the communities it serves. The reference to creation of an environment recognises that there is work to do to further develop a culture that embraces and actively promotes diversity at every level and how this links to our core values as a Trust and supports our drive to ensure successful outcomes for those we serve. To ensure that the Trust delivers against the vision, aspirational targets will be created that will enable effective measurement and focus throughout the coming years with incremental targets for each year linked to the different pay bands.

It is recognised that the Trust, in common with many similar organisations, has struggled to alter its workforce profile in the past to any significant extent despite best intentions and actions implemented to date, as such these new targets will be challenging and require a level of innovation and risk taking to achieve. Work will take place to develop these targets linked to a full review of vacancies and labour turnover so that the targets are stretching but achievable.

#### **Create a targeted programme for Band 5/6 employees**

A significant degree of focus has already been placed on the development of BME employees across a number of levels and this is a clear element of the Workforce Strategy. The Trust created the ground breaking 'Exciting Futures' Programme which encouraged and nurtured leadership talent at every level of the organisation and the Innov8 research into BME staff progression was driven by a region wide Charter focused on creating a more diverse senior leadership profile by implementing a number of actions to understand and address the barriers to progression within the Trust.

The proposed programme will provide a range of elements which will address some of the barriers identified through the research including networking, how to self-promote and increase self-belief. This will be created and available to Band 5/6 employees and will complement the leadership and management training created for bands 1 – 4 as articulated in the Innov8 research recommendations.

#### **Implement cultural competency training for leaders across the Trust**

Leaders at all levels are key to creating a culture in the workplace that embraces diversity, recognising its benefits and challenging any behaviour that is not congruent with the Trust's values around inclusivity whether experienced by staff or those we serve.

Given the cultural demographics of the Trust and the aspiration to reflect the communities in which we serve across all levels an increased awareness of cultural differences is critical to realise those aspirations. Leaders at all levels within the Trust will complete cultural competency training which will have a focus on cultural considerations throughout all elements of employment to support the recruitment, retention and progression of BME employees.

The training will be developed as a stand-alone course and embedded into existing leadership training programmes, where possible, to ensure time away for staff from their role is kept to a minimum.

### **Create an effective sponsorship programme – piloting with a small number of people before further rollout**

Much research has been conducted over recent years regarding the importance of sponsorship for individual's career (see Appendix C). The research concludes that having an effective sponsor has a significant impact on promotion rates and is more impactful than traditional mentoring.

The Trust will create a sponsorship pilot programme aimed at the Band 7/8a population. This population will create a sponsorship relationship with an Executive Committee Member (guidelines and support will be created by HR). The initial pilot will be aimed at 8 BME employees at Band 7/8a who have a good+ performance rating and have the potential for promotion in the coming 2/3 years.

The pilot will be monitored on a regular basis with updates coming directly to the board. This will then be reviewed for further rollout across the Trust at targeted levels.

### **Review the impact of the BME Network and ensure it is structured in a way to support delivery of the Trust's vision**

The Trust has supported a BME network for a number of years however its role and contribution to enabling change and improvement across the organisation is not clear. Findings from the recent Innov8 research found that 49% of the BME Staff Network members never attended the meetings, with only 9% regularly attending. Given the positive action nature of this strategy the employee network will be a critical resource to support delivery over the coming years.

To do this, the network structure, composition and delivery plan will be reviewed to ensure it is aligned with the above focus areas and is an effective network for all employees who are interested in cultural and diversity issues. The network will be restructured in a way that ensures it also effectively represents the views of BME employees across the Trust and is seen as a 'critical friend' when rolling out this strategy.

### **Create and implement an effective plan to increase the representation of BME Governors**

One of the key aspects of an NHS Foundation Trust is the opening up of opportunities for employees to be involved in the overall running of the Trust through becoming a member of the Council of Governors. This is a positive way of increasing the engagement of the current employee base as well as increasing engagement across the wider community.

To support the Trust in serving the diverse communities effectively, the membership of the Council of Governors would ideally also reflect the communities served.

The governor recruitment process has commenced with initial expressions of interest being sought from potential staff and public governors. Current expressions received reflect an ethnically diverse group. The Trust Secretary is providing some mentorship and encouragement to potential BME staff applicants.

Given the above the Trust will strive to promote and increase the representation of BME people within the Council of Governors.

## APPENDIX D

### What is Sponsorship and what makes Sponsors Critical to Success?

Sponsoring and mentoring are not to be mistaken as the same thing. While a leader can be both a mentor and a sponsor, the roles are distinct. Sponsorship can be easily defined as a focus on the future where the sponsor is directing and fuelling the relationship. Mentoring is predominately about being more effective in the current role and is driven by the mentee.

A sponsor is someone who will make their support of an individual highly visible and will be prepared to support their performance and put their neck on the line by taking calculated risks. In contrast, mentoring is where support and advice is given to someone without any risk to professional reputation.

In important ways, of course, effective sponsorship builds on effective mentoring. In classic forms of mentoring, a more experienced person acts as a role model and close adviser to a mentee or protégé. Done well, the work is involved, dynamic, personal—and effective. People who are mentored garner more promotions, higher salaries, and more career satisfaction and even report being less stressed than those who lack such guidance. Mentors, in turn, report gaining creativity, career rejuvenation, internal recognition, and feelings of fulfilment and pleasure from cultivating a future generation.

Sponsors indeed do a lot of what mentors do: they give career advice. They offer advice on how to improve the senior leaders perceptions of others. They enlarge perception of what individuals can do. But they do much more: they make people highly visible to leaders within the company. They connect employees to career opportunities. And when it comes to opening doors, they don't stop with one promotion: they'll continue until an individual has reached their potential. No mentoring relationship has that kind of power. People who have powerful allies and supporters from above advance in ways that their unsponsored peers do not. However, people from different minority groups have fewer sponsors than those whom come from the majority group.

In short, finding, cultivating, and consistently leveraging powerful alliances offers people from minority groups not just a career-advancement strategy, but an opportunity to practice, refine, and make their leadership potential visible.

Given that sponsorship requires the leader to take a number of calculated risks on the person they plan to support there are a number of considerations when deciding who the appropriate individual should be:

**Seek loyal, high-potential individuals.** Performance is the critical first deliverable. Not surprisingly, what marks an individual as “high potential” is typically their ability to deliver superior results consistently, no matter the challenges or circumstances. Loyalty is even more important, with 37% of male managers and 36% of female managers saying that this is the key attribute in a protégé.

**Avoid the mini-me syndrome.** The reason most multinational leadership is predominantly white and male is that those in power tend to sponsor those who remind them of themselves or those with whom they have much in common. Sponsorship depends on trust, after all, and it is human nature to place our trust in people who share our ethnicity, our religious or cultural background, our educational experience, or our interests. Our research confirms this: When we asked sponsors how they chose their protégés, the majority — 58% of women, 54% of men — owned up to choosing on the basis of comfort.

**Fill in leadership gaps.** Some protégés bolster the leaders brand through their technical expertise, others contribute fluency in another language or culture. Still, others may help you advance the organization's goals through their ability to build teams from scratch and coach raw talent. The main thing to keep in mind: Shared values more than make up for dissimilar backgrounds.

**Limit yourself to a select few.** Sponsorship is a high-energy commitment. While it requires less face-to-face time than mentorship, sponsorship requires much more earnest behind-the-scenes work to provide the protégé with concerted advocacy, stretch opportunities, and the air cover necessary to make risk-taking safe. Of course, this investment more than pays for itself in terms of what the protégé returns. But it is an investment. Most senior leaders can effectively sponsor three to four individuals as a maximum at any time