

Ethnic Representation and the Practitioner Psychology Workforce in the West Midlands

PPN Midlands Discussion Paper: December 2024

Produced by Psychological Professions Network (Midlands), with the University of Birmingham School of Psychology, Clinical Psychology Doctorate (ClinPsyD) programme, & British Psychological Society (West Midlands)

1. Executive Summary

This paper offers a snapshot analysis to assess ethnic representation within the practitioner psychologist workforce across sample populations in the Midlands. The analysis compares workforce ethnicity data within two Integrated Care Systems (ICSs) to the sub-regional general population and patient populations receiving NHS mental health services for both adults and children within the same area. Furthermore, workforce data associated with NHS Employer learners registered on the University of Birmingham Clinical Psychology Doctorate (ClinPsyD) programme is also considered.

Key findings and recommendations in relation to the Psychological Professions workforce are as follows:

- **Baseline Analysis and Methodology:** This report provides a foundational analysis to prompt further discussion on workforce ethnic representation and examines the potential to apply this methodological approach across other occupational groups.
- **Data Collection Improvements:** Enhancements in ethnicity data collection across NHS England, NHS trusts, Higher Education Institutions (HEIs), and professional bodies are necessary to enable robust analyses and support targeted initiatives to address disparities.
- **Data Alignment:** Ethnic classifications should align with detailed census sub-groupings to enhance data precision. High-quality ethnicity data is vital for addressing health inequalities across healthcare settings, emphasising the value of this information for students, workforce members, and patients alike.
- **Workforce Attraction Initiatives:** Increasing visibility of psychology careers within diverse ethnic communities, through targeted awareness efforts and potential positive action by NHS employers and Higher Education Institutions can encourage greater diversity among trainees.

- **Outreach Expansion:** Expanding career promotion for psychological professions to schools and colleges, with an emphasis on reaching ethnically diverse communities, can further support the recruitment of a more representative workforce.

2. Background, purpose and scope

- 2.1. At the time of writing, there are over 21 specific roles recognised within the NHS psychological professional workforce, which fit into 3 broad groupings of the psychological professionals' role taxonomy: psychologist; therapist or counsellor; and psychological practitioner. New roles within the practitioner grouping have grown rapidly within the NHS workforce over the last decade. However, practitioner psychologists currently remain the largest proportion of psychological professionals within the NHS. Psychological Professions Workforce Census data indicates that practitioner psychologists account for 24% of the psychological professions' workforce in 2023¹.
- 2.2. Ethnic representation in the workforce is important, particularly due to the national changes in the ethnic make-up of England, limited engagement in psychological practice by minority groups, poorer satisfaction and outcomes, and higher rates of mental health need for specific groups and conditions.
- 2.3. Across the Midlands, there is a general recognition that the ethnic diversity of the psychological professions' workforce may not adequately represent the ethnic diversity of the patient population or the wider regional population they serve. This issue is also prevalent in other regions of England.
- 2.4. The purpose of this paper is to present a rapid analysis of available data, in order to better understand ethnic representation in the practitioner psychologist workforce in sample populations in the Midlands given this general recognition.
- 2.5. To undertake a rapid analysis, the scope of this exercise was limited to practitioner psychologists working within two West Midlands Integrated Care Systems (ICS), namely Black Country (BC) ICS, and Birmingham and Solihull (BSOL) ICS as these are the geographical areas associated with the University of Birmingham Clinical Psychology Doctorate (ClinPsyD) programme - a commissioned training programme funded directly by NHS England (previously Health Education England), and one that continues to be an area requiring focused work in workforce growth and diverse representation. The analysis aims to identify whether ethnicity disparities exist in the practitioner psychology workforce within these two ICS, when contrasting with the same sub-regional general population, and the population of patients receiving support from NHS adult and child mental health services in the same geographical footprint.
- 2.6. This paper provides a baseline analysis to evoke further discussion concerning ethnic representation within the workforce, and options for further intervention where appropriate.

¹ <https://www.nhsbenchmarking.nhs.uk/psychological-professions>

2.7. The paper also explores whether the methodological approach used in this analysis could be applied to other psychological professionals' occupational groupings.

3. Clinical context: why does this matter?

- 3.1. Census data demonstrates the rate of change to population demographics between 2011 and 2021. In 2011, the percentage of residents in England and Wales who identified their ethnic group within the higher level (broader categorisation) "white" group was 86%. In 2021, this had decreased to 82%. The high-level grouping "Asian" increased from 7.5% in 2011 to 9.3% in 2021, and across the 19 ethnic groups, the largest percentage point increase was in those identifying through the "White: other white" category (from 4.4% to 6.2%). Other large changes were seen in the numbers of people identifying as "Other ethnic group: Any other ethnic group", which went from 0.6% in 2011 to 1.6% in 2021².
- 3.2. Ethnic minority communities often face barriers in accessing healthcare services and experience poorer health outcomes. An ethnically diverse NHS workforce that reflects the communities it serves can help address these inequalities. An ethnically representative workforce can better understand and respond to the cultural, linguistic, and religious needs of patients and provide culturally reflective and sensitive care, facilitating better communication, rapport, and trust between patients and healthcare providers.
- 3.3. Patients may be more likely to trust healthcare professionals who share their cultural background or understand their cultural context (Haigh et al., 2014)³. An ethnically representative workforce can lead to improved patient engagement with and retention in services, as well as improved health outcomes. Furthermore, for staff members themselves, a diverse and inclusive work environment promotes a sense of belonging, respect, and appreciation amongst healthcare professionals from diverse backgrounds, which enhances job satisfaction, morale, and retention rates within the workforce.
- 3.4. Understanding disparities in ethnic representation will further support the case for addressing some of the known challenges and barriers that ethnic minority groups have in accessing psychological services.

4. Methodology

- 4.1. Data for this analysis was predominantly gathered using Freedom of Information (FOI) requests for NHS trusts within two West Midlands Integrated Care Systems (ICS), namely Black Country (BC) ICS, and Birmingham and Solihull (BSOL) ICS, and further supported through publicly available datasets. Selected trusts (see Appendix 1b) were approached

²<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/bulletins/ethnicgroupenglandandwales/census2021>

³ <https://www.bps.org.uk/psychologist/bame-representation-and-psychology>

because they deliver mental health and psychological services to children and adults in this regional footprint.

- 4.2. The period specified in FOIs was data from 20th July 2022 to 19th July 2023.
- 4.3. To understand the ethnicity of staff, each trust employing psychological professionals within the two ICS were asked to provide information via Freedom of Information (FOI) requests. They were asked to provide the total numbers of practitioner psychologists within standardised 2021 census⁴ ethnicity categories (see Appendix 1). Data on the number of practitioner psychologists within each ethnic group with a frequency less than 5 were not captured by the FOI due to data protection safeguards.
- 4.4. To understand the ethnicity of patients, separate FOIs were made to the same trusts, requesting information about the ethnic breakdown of referrals received to the trust for child, adult, older adult and specialist mental health provision, broken down by standard ethnic census categories from the 2021 census.
- 4.5. To understand the ethnicity of Clinical Psychology Doctorate (ClinPsyD) course applicants to University of Birmingham, clearing house data from the 2022-23 intake were used.
- 4.6. Data from the University of Birmingham student registry were also used to ascertain the ethnicity of successful applicants onto Doctorate in Clinical Psychology training during the same time period.
- 4.7. BPS 'student and graduate membership' ethnicity data were unavailable and therefore not included in this discussion paper.
- 4.8. The NHS Benchmarking Network were commissioned by the NHS England Workforce, Training and Education Directorate (NHSE WT&E) to provide a comprehensive baseline of the psychological professions' workforce in England, which commenced in April 2023. Data were published at the start of 2024, and at the current time, a second survey has been undertaken, to be published in 2025. The 2023 census provides valuable and detailed data. However, ethnicity was reported by service pathway rather than by individual occupations, limiting its relevance to this discussion paper. Nonetheless, some applicable ethnicity data from the 2023 census has been summarised.

5. Data summary

- 5.1. The table below provides a high-level outline of data received back from FOI requests. The first column shows the ethnic breakdown of the general population within the two ICS, followed by the ethnic breakdown of the patient population in same sub-regional footprint, and the ethnic breakdown of practitioner psychologists employed within those services. The final two columns show the ethnic breakdowns of practitioner psychologists and clinical psychologists UK-wide as gathered from the HCPC data reports.

⁴ <https://www.ethnicity-facts-figures.service.gov.uk/style-guide/ethnic-groups>

- 5.2. Data have been grouped to take account of some differences in how returns were made, as these were not all aligned with the requested ethnic categories used in the UK census. Some data were returned in higher-level categories.
- 5.3. The two tables related to ethnicity reporting for Birmingham clinical psychology training used different categorisation systems, the first being the National Clearing House (the body responsible for managing applications to National Doctorate in Clinical Psychology Programmes), and the second being that of the University of Birmingham. This inconsistency complicates direct comparisons between the two sets of data.

Table 1: Comparison between ethnicity data of West Midlands population, ICS, and HCPC data for Practitioner Psychologists

Ethnic category	Ethnicity of West Midlands population % (UK Census)	BSOL and BC ICSs Patient ethnicity %	BSOL and BC ICSs Psychologist ethnicity %	National Practitioner Psychologist ethnicity % (HCPC)	National Clinical Psychologist ethnicity % (HCPC)
White: English/Welsh/Scottish/Northern Irish/ British	55.93	49.75	58.49	84	85
White: Irish	1	0.63	0		
White: Gypsy or Irish Traveller	0.08	0.63	0		
White: Roma	0.12		0		
Other White	3.73		4.95		
Mixed or multiple ethnic group: White and Black Caribbean	2.15	2.25	0.65	3	3
Mixed or multiple ethnic group: White and Black African	0.31	0.3	0		
Mixed or multiple ethnic group: White and Asian	1	0.76	0.65		
Mixed or multiple ethnic group: Other Mixed	0.81	2.16	1.08		
Asian or Asian British: Indian	7.57	3.04	11.18	5	5
Asian or Asian British: Pakistani	10.34	6.35	3.23		
Asian or Asian British: Bangladeshi	2.64	1.12	0.65		
Asian or Asian British: Chinese	0.7	0.24	1.08		
Other Asian	2.19	2.15	0.65		
Black African or Black British African	3.96	1.61	1.51	2	1
Black Caribbean or Black British Caribbean	3.04	2.88	3.44		

Other Black	0.98	0	0.22		
Other ethnic group: Arab	0.99	1.87	0	2	1
Other ethnic group: Any other ethnic group	2.45		1.29		
Not Known		7.05	10.97	4	4
Not stated		14.46			

Table 2: Ethnic background of ClinPsyD applicants, successful applicants and University of Birmingham's ClinPsyD Trainee cohort from 2022-23.

Ethnicity	National ClinPsyD Applicants 2022-23 (Clearing House) (%)	National success of ClinPsyD applicants to accepted (Clearing House) (%)	University of Birmingham ClinPsyD Applicants 2022-23 (Data internal to University of Birmingham) (%)	University of Birmingham ClinPsyD Trainee Psychologists 2022-23 (all years) (%)
White: English/Welsh/Scottish/Northern Irish/ British	54.4	97.7	52.4	72.8
White: Irish	4.0	25.6	1.1	
Other White	16.0	22.6	7.0	
Mixed or multiple ethnic group: White and Black Caribbean	0.9	31.7	2.9	Not collected
Mixed or multiple ethnic group: White and Black African	0.6	21.4	0.2	1.2
Mixed or multiple ethnic group: White and Asian	1.5	29.9	1.1	1.2
Mixed or multiple ethnic group: Other Mixed	2.0	22.5	1.4	Not collected

Asian or Asian British: Indian	4.4	23.9	8.9	4.9
Asian or Asian British: Pakistani	3.0	20.6	8.5	3.8
Asian or Asian British: Chinese	0.8	14.7	1.0	3.8
Other Asian	2.7	21.4	2.2	
Black African or Black British African	3.6	16.4	3.2	4.9
Black Caribbean or Black British Caribbean	1.7	32.9	2.1	3.8
Other Black	0.3	46.7	0.2	Not collected
Other ethnic group: Any other ethnic group	2.3	28.2	0.7	1.2
Not stated	1.8	22.5	7.1	2.4

5.4. NHS Benchmarking Census Data (2023-24)

Birmingham and Solihull ICS

- Across all reported psychological professions staff combined, Asian or Asian British WTE staff (7%) were under-represented compared to the working age population of England (10%), whereas black or black British WTE staff (5%) matched more closely to the population (4%), as did mixed WTE staff (3% of staff, 2% of population) and other ethnicities (2% of staff, 2% of population).

Table 5 below: NHS Benchmarking Census Data (2023-24) for Birmingham and Solihull ICS for all psychological professions groupings

ICS_37	Adult Inpatient MH	Adult Community MH	CYP Inpatient MH	CYP Community MH	Adult Acute Healthcare	CYP Acute Healthcare	All England Working population
White	59%	44%	67%	58%	80%	77%	81%
Mixed	3%	3%	0%	4%	7%	8%	2%
Asian or Asian British	20%	15%	27%	15%	13%	15%	10%
Black or Black British	7%	3%	0%	9%	0%	0%	4%
Other	2%	1%	0%	1%	0%	0%	2%
Not Known/Stated	10%	34%	7%	13%	0%	0%	0%

Black Country ICS

- Across all reported psychological professions staff combined, Asian or Asian British WTE staff (7%) were under-represented compared to the working age population of England (10%), whereas black or black British WTE staff (5%) matched more closely to the population (4%), as did mixed WTE staff (3% of staff, 2% of population) and other ethnicities (2% of staff, 2% of population).

Table 6 below: NHS Benchmarking Census Data (2023-24) for Black Country ICS for all psychological professions groupings

ICS_01	Adult Inpatient MH	Adult Community MH	CYP Inpatient MH	CYP Community MH	Adult Acute Healthcare	CYP Acute Healthcare	All England Working population
White	75%	57%	...	57%	55%	...	81%
Mixed	0%	6%	...	6%	9%	...	2%
Asian or Asian British	13%	22%	...	12%	36%	...	10%
Black or Black British	0%	4%	...	9%	0%	...	4%
Other	0%	1%	...	3%	0%	...	2%
Not Known/Stated	13%	9%	...	13%	0%	...	0%

6. Observations

- 6.1. The data are presented in this format as a 'jigsaw' approach was necessitated by inconsistencies across clinical psychology training programme data and trusts. Currently, NHS Benchmarking Census data adds limited insight, as it does not distinguish between professions. However, it has been included as a foundational step toward a coordinated, national data collection effort, especially as 2022/23 marks the first year of the census.
- 6.2. Missing data (either not known or not stated) presents some difficulty in interpreting findings. The self-declaration and consent to record ethnicity data by as required by organisational electronic staff records and electronic patient records, is a known systemic challenge to workforce data. From the available data, disparities can be seen when contrasting the ethnic composition of the sub-regional population against reported data practitioner psychologists employed by services, and reported date on patients receiving services. The data below are rounded to one decimal point
- 6.3. Individuals of Indian heritage constituted 7.6% of the sub-regional population. However, they were over-represented in the reported practitioner psychologist workforce by 3.6% [11.2%], whilst they were under-represented in the reported patient population by over 4.5% [3%].
- 6.4. Those of Pakistani heritage accounted for 10.3% of the sub-regional population. Despite this, the reported practitioner psychologist workforce exhibited significant under-representation by 7.1% [3.2%], and the reported patient population showed an under-representation of nearly 4% [6.4%].
- 6.5. Those of Black African or Black British African heritage comprised 4% of the sub-regional population. They were under-represented in the reported practitioner psychologist workforce by 2.5% [1.5%] and in the reported patient population by 2.4% [1.6%]. Individuals of Bangladeshi heritage constituted 2.6% of the sub-regional population. They were under-represented in the reported practitioner psychologist workforce by 2% [0.6%] and in the reported patient population by 1.5% [1.1%].
- 6.6. Those of Mixed White and Black Caribbean heritage represented 2.2% of the sub-regional population. They were overrepresented in the reported patient population by 0.1% [2.1%] and showed an under-representation in the reported practitioner psychologist workforce by 1.5% [0.7%].
- 6.7. Individuals of White heritage comprised 60.9% of the sub-regional population. Meanwhile they made up 9.6% [51%] less than this in terms of the patient population but appeared to be over-represented in the reported practitioner psychologist workforce by 2.6% [63.4].

7. Discussion

- 7.1. The availability of complete, accurate data and the quality of reported data has undoubtedly been a significant challenge in undertaking this exercise. Some trusts could not provide data in line with the request, due to known difficulties with NHS Electronic Staff Record (ESR)

coding errors in workforce data and the lag in aligning ESR with the rapid expansion of new roles in the psychological professions.

- 7.2. Most significantly, only 78.49% of the patient ethnicity data received was reported as known, with 21.51% labelled as not known or not stated. NHS organisations are mandated to ask about the ethnicity of patients and staff through the Public Sector Equality Duty, but staff and patients are not required to answer questions relating to personal characteristics protected by the UK Equality Act (2010)⁵.
- 7.3. Practitioner psychologist data returned was more substantial with 89.03% of staff self-declaring their ethnicity as part of their Electronic Staff Record (ESR).
- 7.4. Data collection by other membership organisations is similarly restricted and cannot be mandated. The British Psychological Society (BPS), a professional membership organisation representing a number of psychological professional roles including trainees, and an accrediting body for specific roles, are currently encouraging all members to complete EDI information. This is a relatively recent membership request. To date less than 25% of members are believed to have responded. Consequently, BPS data were not sufficiently robust to be included as a comparator in this report.
- 7.5. Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers⁶. It is a tool used to identify gaps between Black and Minority Ethnic and White staff experiences in the workplace, measured through indicators. On an overall workforce level, race disparity ratios in the clinical workforce were poor in some of the NHS trusts delivering services within these two Integrated Care Systems (ICS), but information is not provided around specific professional groupings or roles.
- 7.6. In 2023 the NHS Benchmarking Network (NHSBN) were commissioned to undertake a psychological professions workforce census in order to gain a more comprehensive overview of the psychological professions workforce in England. This was undertaken predominantly during April and May 2023. Ethnicity was reported by service pathway and not by individual occupations. Across all reported psychological professions staff combined, the ethnicity profile closely resembled the English working age population profile, except for Asian or Asian British WTE staff (7%) which were under-represented compared to the England working age population (10%). These data will vary significantly across regions, but this trend is consistent with the data presented here.
- 7.7. This analysis focuses only on one professional grouping - the grouping that requires the highest level of academic accomplishment and length of training and is fully funded by the NHS - a Doctorate in Clinical Psychology. It is therefore possible that the ethnicity of

⁵ <https://www.legislation.gov.uk/ukpga/2010/15/contents>

⁶ <https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/equality-standard/>

practitioner psychologists does not mirror that of other professional groupings within the psychological practitioner taxonomy.

8. Reflections and Recommendations

- 8.1. Improvement in ethnicity and other protected characteristics data collection across NHS England, individual NHS trusts, higher education establishments and registered and/or accredited membership bodies is necessary to enable meaningful analysis of that data, and to enable initiatives to address disparities.
- 8.2. Ethnic groupings should align with census data sub-groupings to provide a more granular level of data. For example, grouping the Asian workforce within one descriptor⁷ results in rich demographic data being unavailable to inform workforce initiatives that might support levelling up between minoritised ethnic groups within regional populations, as identified within this discussion paper. The 19 ethnic groups in England and Wales⁸ that were determined from 2021 census returns provide Asian sub-grouping of Bangladeshi, Chinese, Indian, Pakistani and Other Asian; in addition to granular categorisation within Black, Mixed, White and other ethnic groups. There are now reflected in NHS Electronic Staff Record (ESR) datasets and the NHS data dictionary.
- 8.3. Iqbal et al. (2009)⁹ provide valuable transferable insights into the importance of good quality ethnicity data in healthcare to better tackle health inequalities. They suggest a continued need to provide training to healthcare staff around this importance, encouraging patients to provide this data to their health record. As this paper has highlighted, it is important that the purpose and value of providing these personal data are reinforced across healthcare student, workforce and patient populations.
- 8.4. Initiatives should be considered to raise awareness of the psychological profession within distinct ethnic groups to attract trainees into the workforce. This may include positive action by NHS employers and Higher Education Institutions (HEI) and focused attention through organisation widening participation and early careers initiatives.
- 8.5. Careers events promoting the psychological professions should be expanded to include schools and colleges, with a particular emphasis on reaching ethnically diverse communities.
- 8.6. Similar analysis should be undertaken to determine ethnic representation in the other two psychological professional groupings, i.e. psychological therapists and psychological practitioners.

⁷ <https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/nhs-workforce/latest/#download-the-data>

⁸ <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/bulletins/ethnicgroupenglandandwales/census2021#detailed-ethnic-group-classification>

⁹ <https://shura.shu.ac.uk/5567/>

- 8.7. Research should be undertaken to further consider the reasons why patients accessing NHS mental health services - and members of staff working within them - are not reflective of their local populations.
- 8.8. The Psychological Professions Network (PPN) England have published an Equality Diversity and Inclusion (EDI) resource bank and collection of audit tools¹⁰, devised for psychological professions training programmes, professional bodies and NHS trusts to evaluate and improve upon their existing EDI strategies. The use of these and similar tools should be encouraged across all partners.

9. Questions for further consideration

- 9.1. This exercise raises significant questions that Chief Psychological Professions Officers, Higher Education Institutions, and other partners should consider in cultivating a workforce that is more inclusive and reflective of the diversity within the local community, thereby fostering engagement with services that mirrors the broader population.
- 9.2. Are there specific Midlands localities where under-representation requires targeted initiatives, such as positive action¹¹ in recruitment?
- 9.3. Is there a requirement for specific protected characteristic data validation initiatives at NHS trust level for workforce and for service use? Services could validate against national workforce guidance (ESR data occupational codes) and the Patient and Carer Race Equality Framework¹² (PCREF) for patient data.
- 9.4. There is known miscoding of psychological professions roles on the Electronic Staff Record (ESR), which was a key reason for the NHS Benchmarking Census being undertaken in 2023. New ESR job role categories have been created and professions specific guidance for occupational coding was issued by NHS England Digital in 2023 (see the [National Workforce Data Set \(NWD\) guidance documents - NHS England Digital](#))¹³. How can providers ensure that ESR data for the psychological professions workforce is updated and cleansed, with data quality maintained?
- 9.5. Is there a robust methodology that trusts, systems or other organisations can use to conduct a triangulated deep dive into the representation of ethnicity and other protected characteristics? Methodological approaches may need to vary depending on whether the professional training programme is employer-led or educator-led. However, promoting the sharing of methodologies across different systems and programmes could enhance data collection and analysis efforts.

¹⁰ <https://www.ppn.nhs.uk/resources-url/equality-diversity-and-inclusion>

¹¹ <https://www.gov.uk/government/publications/positive-action-in-the-workplace-guidance-for-employers/positive-action-in-the-workplace>

¹² <https://www.england.nhs.uk/mental-health/advancing-mental-health-equalities/pcref/>

¹³ <https://digital.nhs.uk/data-and-information/areas-of-interest/workforce/national-workforce-data-set-nwd-guidance-documents#psychological-professions-coding-manual>

- 9.6. Is there a necessity for training aimed at enhancing data collection, addressing disparities in workforce representation and service utilisation, from both workforce and service delivery perspectives?
- 9.7. Can all psychological professionals pledge a personal commitment to enhancing reporting on health inequalities and protected characteristics? For instance, by ensuring completion of their own ESR data and promoting awareness of its significance among colleagues.

10. PPN Midlands activity

- 10.1. PPN England produced an Equality, Diversity and Inclusion (EDI) position statement and call to action in October 2023¹⁴, which notes that careful consideration must be given to how discriminatory discourses within the training and practice of the psychological professions can be identified and challenged. The PPN is committed to embedding the principles of equity, diversity and inclusion in policies, practices and actions, and will measure, assess and reflect on progress regularly.
- 10.2. In considering the reflections and recommendations above, PPN Midlands will continue to promote initiatives to help address disparities in ethnic representation within the psychological professions and support the sharing of learning from these initiatives to have impact on other areas of protected characteristics disparity.

¹⁴ <https://www.ppn.nhs.uk/resources/ppn-publications/462-ppn-equity-diversity-and-inclusion-position-statement-v1-0-october-2023/file>

Appendix 1a: Freedom of Information request to NHS Trusts for Practitioner Psychologists

- The total number of all Practising Psychologists in your Trust as defined by the HCPC
- The total number of Clinical Psychologists in your Trust
- The ethnic breakdown of all Practising Psychologists in your Trust via census categories
- The ethnic breakdown of all Clinical Psychologists in your Trust via Census categories
- The gender breakdown of all Practising Psychologists in your Trust via census categories
- The gender breakdown of all Clinical Psychologists in your Trust via census categories

Appendix 1b: List of NHS Trusts

- Birmingham and Solihull Mental Health Foundation NHS Trust
- Black Country Healthcare NHS Foundation Trust
- Birmingham Women's and Children's NHS Foundation Trust
- Sandwell and West Birmingham NHS Trust
- Sandwell and West Birmingham NHS Trust
- University Hospitals Birmingham NHS Foundation Trust

Appendix 2: Freedom of Information request to NHS Trusts for referrals received to the trust for the following services:

I would like to make a Freedom of Information (FOI) request to gather information about the ethnic breakdown of referrals received to your Trust for the following services:

1. Community Mental Health Teams (Adults or Older Adults)
2. Specialist Community Mental Health Teams (Early Intervention in Psychosis, Perinatal)
3. Child, Adolescent and Young Peoples Mental Health Teams

Clarification: The above service areas are listing examples, as I am unsure of all the service your Trust provides. If you could provide the data in a raw format with the names of the service attached, I can then make the adjustments needed if they are required.

Referrals - Ethnic breakdown of new referrals received to your Trust, broken down via 2021 standard ethnic census categories

List of ethnic groups - GOV.UK (ethnicity-facts-figures.service.gov.uk) Time Frame Between 20th July 2022 -19th July 2023