UNIVERSITY OF LIVERPOOL

Heseltine Institute for Public Policy, Practice and Place

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Tackling Race Inequalities within the UK Health and Social Care Workforce

Professor Lilian Otaye-Ebede

Series 3 Briefing 17

October 2024

Tackling race inequalities within the UK health and social care workforce

Key takeaways

1. A holistic, data-driven, and inclusive approach should be taken to address the pertinent racial disparities and inequalities experienced by Black, Asian and Minority Ethnic (BAME) health and social care workers in the UK.

2. There needs to be a targeted approach to enable simultaneous increase in race representation and a culture of racial inclusion and belonging.

3. Race-related action planning should be made mandatory for all health and social care institutions.

4. A Race Equity Chartermark for health and social care institutions should be established to enable further accountability and inward reflective processes.

5. Inclusive thinking, anti-racism and cultural competence training should be embedded into the mandatory suite of training for all staff, but particularly for senior leaders and line managers.

1. Introduction

Despite having one of the most ethnically diverse workforces in the public sector, the UK health and social care system continues to face significant race inequality challenges (Chastney et al., 2024). While various efforts have been made to address them, the issues persist and have led to negative effects on the health and wellbeing of employees working in this sector, patient care and staff retention. Since workforce shortages and staff turnover remain one of the biggest challenges facing the NHS and social care in England (NHS vacancy statistics report, 2023), staff retention has been prioritised as a key element of the NHS Long Term Workforce Plan. The aim of this policy briefing is to advance race equity within the UK health and social care sector by setting out a series of policy actions and holistic recommendations which could enhance the cultural competence of healthcare workers, managers and leaders to reduce disparities and foster an inclusive environment, thereby aiding improved retention of the sector's ethnically diverse workforce.

This briefing and the recommendations within it are derived from multiple sources including a comprehensive review of academic and grey literature, and the author's personal insights from working with various NHS trusts for over a decade promoting race equity.

The paper has significant implications for all stakeholders within the UK health and social care sector, including government departments, healthcare institutions, and individual healthcare providers. Specifically, it includes recommendations for the Department of Health and Social Care, NHS trusts, private healthcare providers, and community health services. The briefing is relevant to all employees within these institutions, including clinical, managerial, administrative and support staff. Additionally, it extends to organisations involved in healthcare policy development and implementation, as well as educational institutions responsible for training healthcare professionals.

2. Background

The NHS is the most ethnically diverse workforce within the UK public sector (NHS WRES, 2023). However, numerous reports and articles have noted continuing issues with race inequities and discriminatory experiences of Black and Asian Minority Ethnic (BAME) employees within the UK health and social care industry (e.g. NHS Workforce Race Equality Standard (WRES) Report, (2023); the Commission on Race and Ethnic Disparities (CRED) report (2021); The Race and Health Observatory (RHO) report (2021)). Recent data indicates that staff from racially minoritised groups are more likely to experience discrimination at work from a manager, team leader, or colleague compared to their White British counterparts (NHS, 2023). For example, findings from Chastney et al., (2024) and others, show that BAME employees experience slower career progression, report more discrimination in the workplace, and hence are more prone to leaving the NHS at higher rates than other ethnic groups.

Progress is now being made within NHS England since the 2015 introduction of the Workforce Race Equality Standard (WRES), which requires NHS organisations to collect baseline information on nine indicators of workforce equality for ethnic minority staff, including representation on boards, and to publish annual updates on these metrics. However, results are still dire, with only very small improvements being seen year-on-year. For instance, the most recent NHS WRES report revealed that in 2023 a lower percentage of BME staff (46.7%) than white staff (59.4%) felt that their trust provides equal opportunities for career progression or promotion, which is a marginal increase from the previous year (44.4% and 58.7% respectively). Similarly, in 2023, the incidence of staff experiencing harassment, bullying, or abuse from colleagues in the previous 12 months was notably higher among BME staff (27.7%) compared to 2016 where it was 27.0%.

These findings necessitate a critical review of existing practices and processes to understand and mitigate the pervasive impact of adverse racialised experiences on the wellbeing and career trajectories of healthcare workers from minority backgrounds. Extensive evidence finds that racial discrimination (Hennein et al., 2021), harassment (Rhead et al., 2021), biases (Hennein et al., 2022), and other barriers within the healthcare sector continue to significantly impact minority employees mentally, socially and professionally (Gordon, 2021). These negative experiences in the workplace lead to numerous harmful outcomes for healthcare workers from minority backgrounds, including anxiety, depression, and somatic symptoms (Rhead et al., 2021), increased likelihood of sickness absence and low job satisfaction, fear of harm (Hennein et al., 2022), and a higher propensity for burnout and post-traumatic stress (Hennein et al., 2021).

Additionally, research highlights significant barriers and systemic inequalities affecting career progression among ethnic minority healthcare professionals in the UK. For example, Adhikari et al. (2023) found that Black and Minority Ethnic (BME) nurses and midwives often face discrimination, bullying, and limited career advancement opportunities. Studies have also revealed how opportunities for career progression are often impeded by discrimination in hiring, promotions, and access to professional development (Campbell, 2015; Williams, 2022; Yancey, 2018). This not only negatively impacts the career trajectory of individuals but also diminishes overall job satisfaction and retention rates within the sector. Larsen (2007) discusses how discrimination

experienced by overseas nurses hinders their career development, leading to slower advancement and reduced access to professional development. The King's Fund report (NHSRHO, 2021) emphasises structural barriers such as biased recruitment and promotion practices affecting ethnic minorities. Similarly, Woodhead et al. (2022) highlight how exclusionary practices and homogeneous teams perpetuate racial inequalities, hindering minority professionals' advancement. Stevens et al. (2012) document that migrant care workers face exploitative conditions and limited career progression, calling for stronger protections and support networks.

Addressing these disparities is paramount not only for the fair treatment and professional development of healthcare workers but also for the enhancement of patient care, reducing the ongoing recruitment and retention crisis and the promoting the overall efficacy of the public health and social care services. As highlighted in existing literature (e.g. Chastney et al., 2024), ensuring a supportive and equitable working environment for all healthcare staff is crucial to maintaining high standards of patient care and the integrity of the public health system. While the NHS WRES has had a positive impact on raising awareness and driving action on workforce race equality in NHS trusts, including a framework for continuous improvement and accountability, it is clear there is still much work to be done as progress remains uneven across the sector.

3. Recommended actions

Embedding race equality in institutional strategy

To effectively address racial inequities, it is essential for all health and social care institutions to embed race equality within their strategic planning, ensuring comprehensive and institution-wide efforts towards fostering a more equitable environment (Otaye-Ebede and Shaffakat, 2023). Key steps in this process include developing a Race Action Plan (RAP) that incorporates zero-tolerance policies for racism, discrimination, and unfair practices. Additionally, establishing a UK-wide Race Equity Chartermark for health and social care institutions, overseen by organisations such as the NHS Race and Health Observatory, would facilitate further scrutiny and accountability. This framework would require each health and social care institution to design locally specific actions based on internal data which will help institutions identify barriers to the inclusion of the BAME workforce and create tailored initiatives for action.

Implementing equitable recruitment policies and practices

To ensure equitable access to healthcare roles for all racial and ethnic groups, specific policies and practices must be implemented. These include the development of unbiased recruitment processes, outreach programmes targeting underrepresented communities, and regular audits to monitor recruitment practices. Successful initiatives like the NHS WRES have demonstrated the importance of tracking and reporting diversity metrics to identify and address disparities. Implementation strategies should involve setting clear diversity targets. For example, since 2014 Bradford District Care NHS Foundation Trust has set a target for 35 per cent of its workforce to come from an ethnic minority background. Strategies should also focus on providing training for hiring managers on unconscious bias, anti-racism, cultural competence, ensuring diverse recruitment panels (such as that implemented by the Calderdale and Huddersfield NHS Foundation Trust for all posts above pay band 6 as part of their 'Change Agenda') and establishing partnerships with educational institutions to create pathways

for minority students into healthcare careers. By adopting these policies and practices, healthcare institutions can create more diverse and inclusive workforces that reflect the communities they serve.

Enhancing cultural competence through comprehensive training
To reduce disparities and foster an inclusive environment, comprehensive training programmes that go beyond NHS current delivery on unconscious bias and general Equality, Diversity and Inclusion (EDI) training should be established for healthcare providers, focusing on anti-racism and cultural competence. To improve current delivery, the revised curriculum should include key components such as cultural awareness, implicit bias, effective communication with diverse populations, antiracism, allyship, and the historical context of racial inequities in healthcare. Methods for ongoing education and evaluation should be integrated into these programs, ensuring that cultural competence training is not a one-time event but a continuous learning process. Techniques such as regular workshops, online modules, and performance evaluations that include cultural competence metrics can help sustain and enhance providers' skills. By improving cultural competence, healthcare institutions can ensure that all staff members are equipped to build equitable and respectful organisations, regardless of workers racial or ethnic background.

Supporting minority staff with career development opportunities
To support the career development of minority healthcare workers, mentorship and sponsorship programs should be established. Although initiatives such as 'reverse mentoring' (when a senior employee is 'mentored' by a more junior colleague) have been used in NHS England, their effectiveness particularly for BAME mentees has not been

demonstrated (Ross et al., 2020). Hence in addition to establishing new programmes, existing initiatives should be evaluated for effectiveness. These programmes, if done well, can provide guidance, support, and advocacy for minority staff, helping them navigate their career paths.

Additionally, opportunities for professional development and career advancement must be made accessible to all employees. This includes offering targeted training programs, leadership development courses, and scholarships for further education. Programmes such as the *Stepping Up* and *Ready Now* leadership development programmes, delivered by the NHS Leadership Academy and targeted at enabling progression of ethnic minority staff in the NHS, can be further developed to ensure they are achieving their desired outcomes. Another example is the *Moving Forward* leadership development programme established by the Bradford District Care NHS Foundation Trust to drive career progression amongst ethnic minority staff in band 5 and 6 (Ross et al., 2020). Finally, to ensure fairness in career progression, systems for unbiased evaluation and promotion should be implemented. This could involve using standardised performance review criteria, ensuring diverse representation on promotion panels, and regularly reviewing promotion outcomes for any disparities. Supporting career development in these ways can help minority healthcare workers achieve their full potential and contribute more effectively to the healthcare system.

Establishing monitoring systems and accountability mechanisms
Developing systems for regular monitoring of racial disparities and discrimination is essential for ensuring compliance with equity policies. This involves collecting and analysing data on workforce diversity, employee experiences, and career

progression. The NHS WRES and NHS Staff survey data substantially does this; however, it is important that this data is disaggregated and distributed so individual trusts can evaluate, map out and catalyse local action plans to ensure equitable workplaces. In addition, clear accountability mechanisms must be established, such as appointing diversity officers and creating oversight committees to review progress and address any issues. Transparent reporting of progress and outcomes is also crucial. Institutions should regularly publish reports on their diversity metrics, share best practices, and provide updates on their efforts to promote equity. By maintaining robust monitoring and accountability frameworks, healthcare organisations can ensure that their equity initiatives are effective and that they are held accountable for their commitments.

Formal evaluation of localised interventions

Currently, NHS England is the main administrator of good practice interventions that have enabled reductions in racial inequalities. However, a one-size-fits-all approach is not sufficient to achieve long-lasting change. Hence there is a requirement and need for localised interventions to be formally evaluated for effectiveness. Several localised effective interventions that have been implemented in trusts across England have not been properly evaluated and integrated into policy, therefore limiting the range of shared learning examples of good practice that can be drawn upon by others. For example, Interventions such as the *Perfect Care* antiracist agenda being delivered by NHS Mersey Care Foundation Trust may have demonstrable impacts, but will need to be adequately evaluated for this to be realised and evidenced.

4. Policy implications and conclusions

The implications of this paper are far-reaching, advocating for systemic changes within the UK health and social care sector. By addressing racialised experiences and promoting equitable practices, this briefing provides recommendations that could potentially enhance the wellbeing and career satisfaction of minority healthcare workers. Such improvements are expected to lead to higher job satisfaction, reduced turnover rates, and improved patient care quality (Dawson et al., 2019).

Given the ongoing challenges of increased turnover within the NHS and broader healthcare sector, retaining their workforce by creating an equitable and fairer environment where everyone can thrive is paramount. The recommendations presented in this briefing can act as a starting point to enabling positive change.

Additionally, the recommendations can serve as a benchmark for other sectors, encouraging broader societal changes toward race equity. The successful implementation of these recommendations could result in a more inclusive, fair, and effective healthcare system, ultimately benefiting both healthcare providers and patients. Inaction, conversely, risks perpetuating existing disparities, negatively impacting staff wellbeing and patient outcomes.

While the recommendations outlined above are crucial first steps, it is important to acknowledge that addressing race inequalities within the UK Health and Social Care workforce requires a more profound and systemic approach. The deeply entrenched nature of these inequalities suggests that straightforward policy measures, while necessary, may not be sufficient to fully address the underlying problems. Hence, while data

collection, training, and anti-racism approaches are critical components of this process, they must be part of a broader strategy that includes:

- **Building inclusive leadership:** Encourage leaders to champion diversity and inclusion efforts actively.

- **Fostering open dialogue:** Create safe spaces for staff to discuss race-related issues without fear of retribution.

- **Enhancing community engagement:** Collaborate with diverse communities to ensure that policies reflect their needs and perspectives.

- **Ensuring continuous evaluation:** Regularly assess the effectiveness of interventions and adapt strategies based on feedback and outcomes.

Immediate steps that stakeholders can take include implementing comprehensive anti-racism policies, establishing mentorship and sponsorship programs for minority staff, and conducting regular diversity and inclusion training. Collaborative efforts among healthcare providers, policymakers, and community organisations are essential to drive systemic change and ensure accountability. It is imperative to include Black and Minority Ethnic voices in the development and implementation of these initiatives. Strengthening leadership through increased BAME representation and ensuring leadership's commitment and accountability are also vital steps towards achieving race equity in the healthcare sector. Sustained commitment to these actions will help cultivate a culture of antiracism and inclusion, ultimately leading to a more equitable and effective health and care system.

Finally, to truly address the underlying issues, we must be prepared for a broader reimagining of our health and social care systems. This reimagining involves challenging fundamental assumptions about power, representation, and the very nature of care delivery. It requires a willingness to confront uncomfortable truths about institutional racism and a commitment to transformative change that may take generations to fully realise. By acknowledging these challenges and committing to this broader vision, we can move beyond incremental improvements towards a truly equitable and inclusive health and social care workforce that reflects and serves all communities in the UK.

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About the author
Lilian Otaye-Ebede is Professor in Human Resource Management and Organisational Behaviour at the University of Liverpool and Race Equality Charter Lead for the Faculty of Humanities and Social Sciences. Her research focuses on diversity management (race/ethnicity, gender, neurodiversity), strategic HRM, work/life interface and employee well-being, and has been funded by institutions such as the ESRC, British Academy/Leverhulme, and the CIPD. Alongside her academic research, Lilian regularly acts as an Industry Consultant for a range of public and private sector organisations where she puts her research into action, helping them develop solutions to real world organisational challenges, especially in the areas of race equity and inclusion.

Heseltine Institute for Public Policy, Practice and Place
University of Liverpool
1-7 Abercromby Square
Liverpool
L69 7WY
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