Tackling workforce inequalities in health and adult social care

This research looks at unfair treatment of workers in health and adult social care. We wanted to understand how discrimination—both in the system and between people—affects staff, and the best way to stop this unfairness by using regulation.

We commissioned the Institute for Employment Studies and IFF Research to carry out this research.

Why we did this research

We wanted to learn more about unfair treatment of workers in health and adult social care. This includes how people might be treated unfairly because of workplace rules and cultures in their workplace or wider society, as well as how people treat each other. We wanted to find the best way to reduce this unfairness by using regulation.

We wanted to find out:

- How we can spot unfair treatment at work more clearly, not just by using the same data

- What health and care services can do to reduce unfair treatment of workers in health and adult social care, and how we can check if it is working

- How we can use our regulatory impact mechanisms (powers and tools) to help make things fairer

How the research was done

The researchers used different ways to learn about workforce inequalities. They:

- Looked at other research

- Asked health and care workers what they think, using a survey

- Studied how different health and care organisations work

Findings from the research

Unfair treatment at work

- Most people in the survey said they experienced or saw unfair treatment at work. The main reason was because of race or ethnicity. Other reasons included gender or sex, disability, nationality, and mental health.

- Many people faced more than one type of unfair treatment. Over two-thirds said they had seen or felt two or more types of inequality. The most common mix was unfair treatment because of both race or ethnicity and nationality.

- Unfair treatment showed up in different ways, such as:

  - Microaggressions (small, hurtful comments or actions)

- o Being treated unfairly

- o Being left out

- o Not getting chances to move up or improve in their job

- Disabled people were more likely to feel left out, treated unfairly, or not given opportunities.

- Low pay was also a problem, especially for ethnic minority and migrant workers.

- Most people said managers or team leaders were the ones acting unfairly.

- But when it came to race or ethnicity, colleagues were the most common source of unfair treatment.

- Sometimes the problem wasn't just the person (like a manager), but also bigger problems in the system or the way the organisation works.

Why unfair treatment happens at work — and what it does

- More than half of the people in the survey said unfair treatment often happens because of:

  - o The attitudes of leaders or managers

  - o The attitudes of staff or colleagues

  - o The culture of the organisation (the usual way people act and what is seen as acceptable)

- Other reasons were:

  - o Bigger problems across the UK

  - o How the systems at work are set up

  - o People being afraid to speak up

- Only around one in four people made a formal complaint about unfair treatment related to race, gender, disability, or mental health.

- Most didn't complain formally because:

  - o They didn't think it would help

  - o They were afraid people would think they were causing trouble

  - o Many chose to talk informally to a friend, colleague, or manager instead

- Over 80% of people said unfair treatment made them feel upset or distressed. More than half had thought about leaving their job because of it.

- Hidden bias and subtle racism (small but harmful actions or thoughts) made it harder for people to:

- o Get promoted

- o Progress in their careers

- o Feel comfortable or work well with others

- More than 75% of people said unfair treatment made their workplace relationships worse.

- Most people also thought that unfair treatment affects the health and wellbeing of staff, which in turn impacts the quality of care for people using services.

- The attitudes of patients or people using services also affect care. Over 40% of people who saw, or experienced unfair treatment based on race said it made their work with patients harder and lowered the quality of care.

- The report also looked at different types of care, including, hospital care, adult social care, primary care (like GPs), dentistry, community care, and mental health care.

How to make workplaces fairer

- People in the survey said the two best ways to stop unfair treatment at work were:

  - o Having clear ways for staff to complain and ask for help

  - o Having senior leaders (people in charge) who are truly involved and care about making things fair

  - o But most workplaces didn't have these things in place.

- Some more common ways, like staff training and celebrating diversity, were used more often. But many people felt these didn't always lead to real changes.

- Some organisations had good examples of things that worked well, like:

  - o Staff networks — groups where workers support each other

  - o Having leaders from different backgrounds

  - o Collecting and sharing data about equality at work

  - o Making it easier and safer for staff to speak up about unfair treatment

- Big problems like racism across society and institutional racism (unfair systems and policies that are built into how organisations work) make it hard to fix unfairness.

Learning from the Research for CQC

1. **Set clear goals for equality and diversity (EDI)**. Make sure there are simple and clear targets for EDI, so it's easy to see if progress is happening.

2. **Collect and use EDI data for all providers**. This should include information about who makes complaints and the types of unfair treatment.

3. **Be flexible about workforce fairness expectations**. Make sure these expectations fit the size and needs of each provider.

4. **Train inspectors to spot signs of unfair treatment**. Train inspectors how to see signs of unfair treatment in the workplace. Hire people who have experienced inequality and create expert teams to focus on EDI. Use special tools like watching and asking questions to learn more about how staff feel.

5. **Hold providers responsible for fixing workplace inequalities**. Make it clear who is responsible for fixing these problems and consider the consequences if they do not.

6. **Make sure senior leaders are responsible for EDI and listen to workers**. Workers should be able to share their opinions about how leaders are doing in this area.

7. **Encourage providers to act early** to prevent unfair treatment and help workers who might be at risk.

8. **Work with providers in an open and honest way to improve fairness** at work. Use progress as an opportunity to learn and grow. There should be a balance between rules and how people work together.

9. **Create support groups for inspectors**. Help inspector form peer groups so they can share best practice from each other.

10. **Show how workforce inequalities affect care** for people using health and care services. This includes looking at how these issues affect different types of care and what this means for the people getting care.

11. **Share good practices on equality and diversity**. CQC should lead the way in showing what works to improve fairness at work.

12. **Work with others to make EDI better.** Use CQCs national voice to work with other groups and regulators to improve EDI across all sectors.

13. **Focus on real stories from staff when inspecting workplaces.** Use real experience to help others learn and improve.

14. **Try new ways to teach staff about EDI**. Find better ways to understand and teach fairness because training and celebrations are not always enough. Strong leadership and real action usually works best.