

Tackling workforce inequalities in health and adult social care

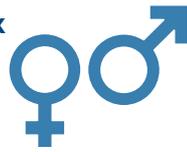
Survey findings from 646 respondents

Inequality types experienced and/or observed



Race/ethnicity-related inequalities most commonly reported **41%**

Followed by **gender or sex** inequalities **32%**



Microaggressions are the most common behaviour experienced in **race/ethnicity** and **gender or sex-related** inequalities (**60%**).



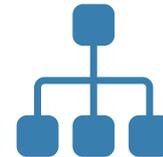
Physical disability/condition inequalities **22%**



Mental health condition/illness inequalities **18%**



Nationality inequalities **18%**



Systemic and institutional racism are deeply ingrained and operate in hidden ways.

Combined discrimination



68% survey respondents reported experiencing/observing **2-4 inequalities** at the same time.



Race/ethnicity and **nationality** inequalities most commonly intersected (**20%**).



An **intersectional** approach to EDI is **crucial** for effective behaviour change.

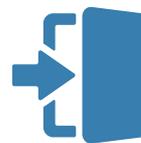


Impact of workforce inequalities



Over **80%** of respondents reported **feeling upset or distressed**.

More than **50%** reported having **considered leaving the job**.



Over **60%** reported a negative impact of inequalities on **career progression and promotion opportunities**.



Over **75%** reported a negative impact on their **work environment/relationships**.



Over **50%** experiencing/observing physical disability-related inequality reported **exclusion, unfair treatment and lack of access to opportunities at work**.

Over **50%** experiencing/observing physical disability-related inequality reported

Over **40%** reported that race/ethnicity inequalities negatively impact **quality of services, quality of care, and interaction with people using services**.



Causes and drivers of inequalities



Only **25%** or less made a **formal complaint** across inequality types, mainly because of beliefs that –
a) no action would be taken,
b) fear of being perceived as a troublemaker,
c) not believing anything would change.

Over **50%** reported their **manager** or team leader as the **source of unequal treatment** at work.



Over **75%** reported individual **attitudes of managers and leaders** are a driving factor behind workforce inequalities, and almost **60%** felt **organisational culture** and **wider inequalities in the UK or in organisational systems** are driving factors.

EDI initiatives for change



Staff training was the most common workplace initiative reported by **77%** but seen to be effective by only **31%**

Conversely, **complaints/grievance procedures** and **senior leadership engagement** were considered to be **most effective** by **54%** and **45%** respectively, but only **30%** reported these to be **available**.



Recommendations

Anticipatory impact mechanisms

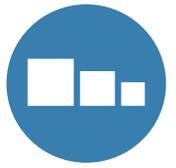


Establish clearly **defined targets** for EDI that are linked to measurable progress.

Encourage collection and use of **EDI data** on workforce demographics, complaints, etc. by all providers.



Take a **proportionate approach** to workforce equity, tailored to the size and scale of providers.



Directive impact mechanisms



Inspectors to be fully **upskilled** on how to assess and identify **signs of workforce inequality**.



Inspectors to be aware of **relevant provider workforce data** in preparation for inspection.



Providers to be accountable with enforcement-focused measures necessary to ensure **ensure compliance to legislative and regulatory standards**.

Organisational impact mechanisms



Support providers to set clear accountability structures that ensure **senior leadership take responsibility for EDI**.

Encourage providers to be **proactive on workforce equality**, with appropriate strategies to support individuals at risk.



Relational impact mechanisms

Facilitate **open, honest, collaborative approaches** with providers



Establish **supportive peer networks for inspectors** to encourage sharing of best practices.



Informational impact mechanisms



Strengthen evidence **linking** how **workforce inequalities** interact with **care quality and equity** for people using health and care services.



Facilitate the identification and sharing of **best practices on workforce EDI**.

Systemic impact mechanisms



Use **CQC's national independent voice** and promote **cross-sectoral collaboration** with other regulatory bodies.



Place emphasis on a **lived experience-centred approach** to inspection.

Encourage initiatives like **complaints/grievance procedures and senior leadership engagement** seen to be **more effective than standard training**.



For more information about this research please contact:

IES Research Lead Meenakshi Krishnan

Meenakshi.Krishnan@employment-studies.co.uk

CQC Project Lead Yen Truong yen.truong@cqc.org.uk