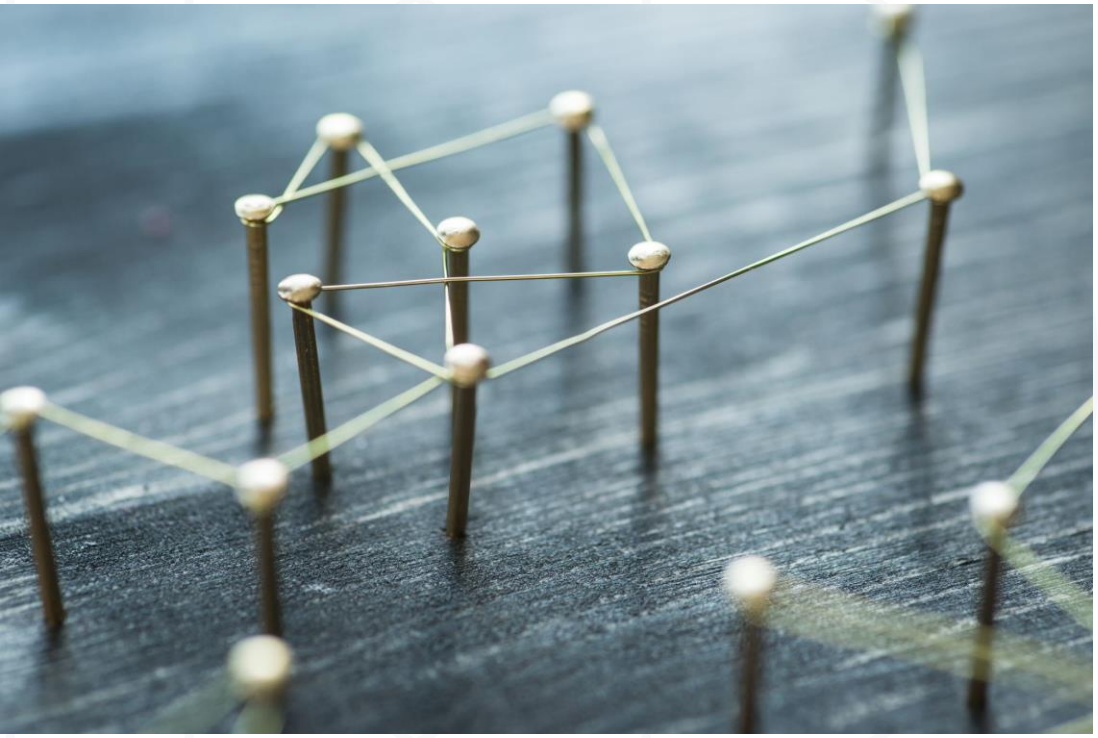

Exploratory research project: Removing structural barriers to representation in recruitment, progression and retention

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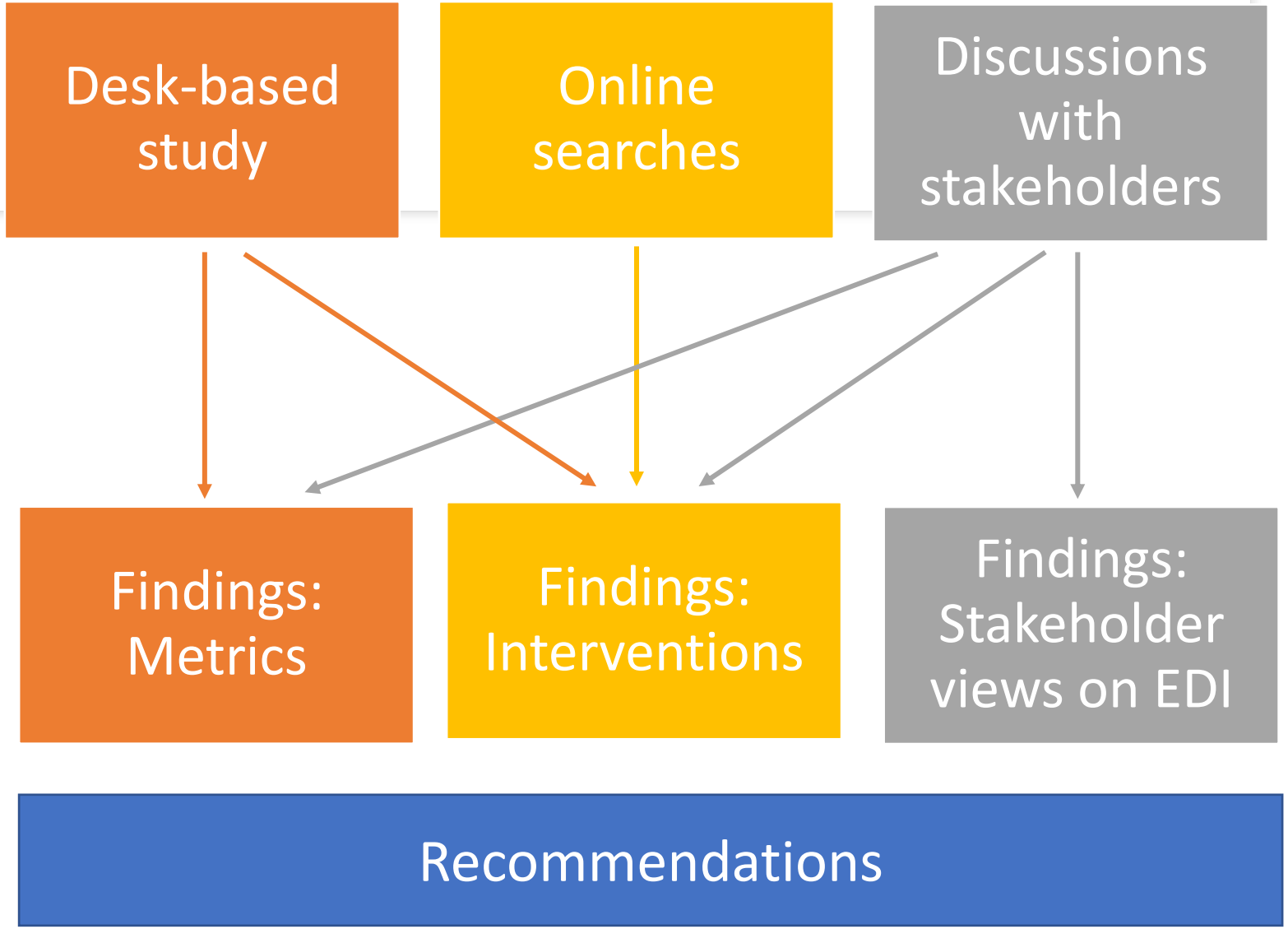
Scope

- The London Public Health Workforce Collaborative set out **Ambition C** to deliver workforce outcomes that are equitable, seek representation of all backgrounds and support inclusion.
- Priority actions:
  - Part 1: Review metrics to monitor and assess how equitable the health and care workforce is;
  - Part 2: Identify interventions that address inequalities.

Methods

The findings are based on the following 3 explorations:

- desk-based research (29 documents and 3 standards);
- online searches for initiatives to improve inequalities;
- discussions with key stakeholders working in the health and social care system (11 semi-structured interviews).



Findings: Views on EDI

This word cloud shows disparities identified through the desk-based research

So, we know that disparities exist.

But why are things changing so slowly?

Stakeholders perspectives provide three insights into why this might be the case.

1. EDI being a tick box

- There is a **mismatch** between what is said and what is done, especially by leadership.
- The challenge of **EDI being a tick box** ("*ticking a diversity box*"), "*fashionable*".
- Stakeholders encouraged the move from what is "fashionable" making EDI a centre of the business with the routine interest and broad view.

Discussions with stakeholders

2. Misinterpretation

- Some might think that issues with EDI are related just to a blatant, active discrimination against a group of people, and **not consider** the impact of the system where structural barriers and a lack of opportunities result in disparities.
- There are different **approaches** to understanding protected characteristics. Dominant approaches are medical/deficit models which stakeholders encouraged to reject:
  - medical model “looks at what is 'wrong' with the person, not what the person needs”;
  - deficit model “attributes failures such as lack of <..> success in gaining employment to a personal lack of effort or deficiency in the individual, rather than to failures or limitations of the education and training system or to prevalent socio-economic trends” .

Discussions with stakeholders

3. Importance of EDI

- The improvements will not be made if the perception of EDI importance will not move beyond the **focus on an individual** and individual experience.
- There are "*fundamental strategic reasons why representation matters*".
- Helping staff to reach their potential will significantly contribute to the **success of the business.**
- One stakeholder suggested **case studies** to show how EDI links to such measures as productivity, business success and finances might be helpful.

Discussions with stakeholders

Stakeholders' suggestions to achieve change

EDI a business priority

EDI as a performance measure

Publish data and trends

Accountability

"*meaningful penalties*"

EDI being a part of regular conversations

EDI embedded in the system/processes

Leadership

Alignment and transparency

Person-oriented culture (helping staff to succeed)

Working together

Making changes

- **EDI should be a business priority,** a measure of how well a business is doing. Important distinction was made between measuring EDI under entities separate from the core of the business (being somewhere "*over there*") and discussing EDI as a business priority.
- EDI suggested to be a part of the **performance measure; publish data and trends** regularly, in a transparent and understandable way. It was suggested having guidelines with aims and hard targets/ambitions including ways to address them, timelines.
- Clarity about whose job it is and **accountability**. A lot is done by volunteers and that should not continue. Accountability to improve EDI should be held by leaders and include "*meaningful penalties*".

Discussions with stakeholders

Making changes

- EDI being a part of **regular conversations** at the top; e.g., a standard item on the board meeting agenda and discussed in a similar way as a financial performance.
- Instead of relying on everyone in the system to do the right thing, EDI should **be embedded in the system/processes** with clear guidance on how things need/are expected to be done.
- Visible actions, genuine commitment, and taking accountability by **leaders** for EDI was highlighted as crucial.
- Management at different levels should **align** in their approaches to EDI. Not aligning sends a conflicting message of what is appropriate.

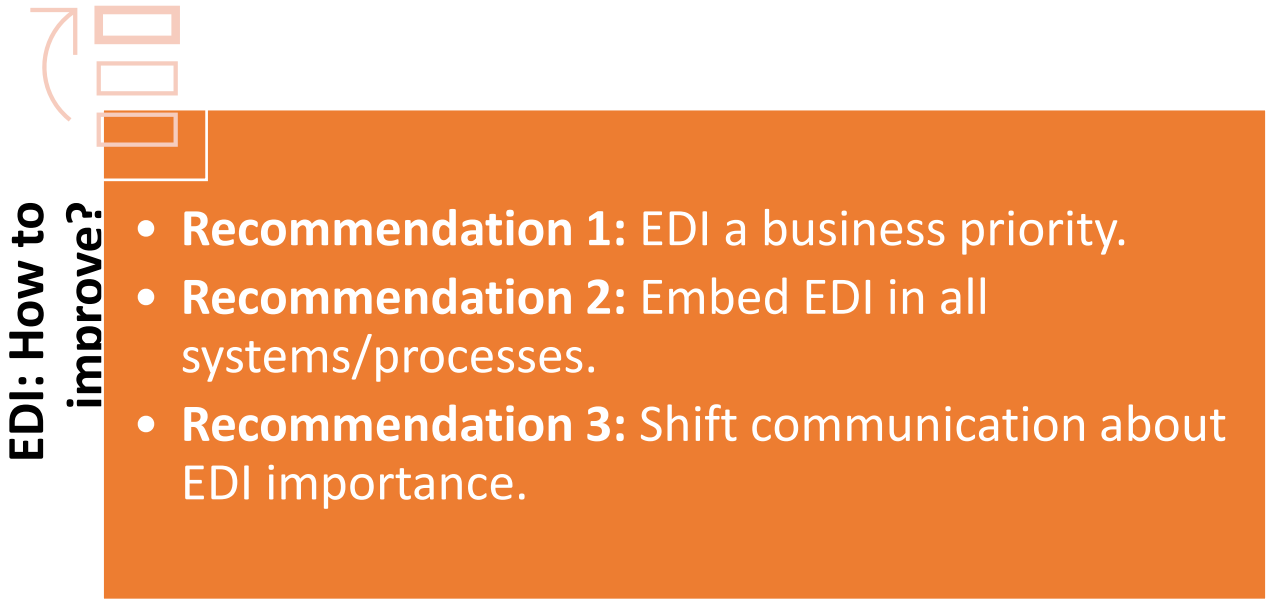
Discussions with stakeholders

Making changes

- Culture which is compassionate, open to different views, and eager to learn and improve is important. Some stakeholders suggest shifting from a task-oriented culture (focusing on an outcome) to a **person-oriented culture** (helping staff to succeed).
- Stakeholders talked about the significance of **working together:** (i) for people at different levels in the same organisation. (managers and HR personnel); (ii) for different organisations. There is a tendency of thinking ”*in silos*” and focusing just on what is happening in one organisation.

Discussions with stakeholders

Recommendations



Recommendations

- **Recommendation 1:** EDI should be measured, reported, and discussed at the top levels, and treated as a performance measure (how well a business is doing). EDI should be embedded in the business priorities and organisational strategy with leadership accountability which might include "*meaningful penalties*".

- **Recommendation 2:** EDI should be embedded in all systems/processes with clear guidance on how things are expected to be done.

- **Recommendation 3:** changing the narrative about the importance of EDI; communicating why EDI is important beyond it being morally right and socially just. This might include presenting case studies showing how EDI links to such measures as productivity, business success and finances.

Findings: Metrics

Metrics: Desk-based research

- Three standard documents and 29 documents reporting on workforce diversity were found through the desk-based search identifying four areas of metrics to monitor how equitable and inclusive the health and care workforce is:

Workforce overview/ Pay

Recruitment/Selection

Promotion/ Progression

Work experience/ Retention

Desk-based research

Metrics: Desk-based research

Overview/pay

Representation/ pay gap

Board membership

Experience of regulation

Recruitment

Appointments

Representation in education

Progression

Accessing training

Opportunities for promotion

Entering disciplinary process

Work experience

Discrimination

Voicing concerns

Adjustments

Presenteeism

Engagement/ Feeling valued

Wellbeing/ Satisfaction

Participation in staff networks

Working in unfavourable work conditions

Leaving

Metrics: Desk-based research

- **Various comparisons** were made in documents, such as % of staff at each level/subgroup/pay band compared with % of staff in the overall workforce, other staff groups, wider NHS, general population, population that is served.
- Some documents reported on indicators **beyond standards** (e.g., wellbeing) or expanded on existing indicators. For example, when analysing voicing concerns, it was measured how secure staff feel to raise concerns. Such explorations can help to understand disparities better.
- The **key national level data sources** that were used to measure representativeness were: Electronic Staff Records (ESR), NHS Digital, NHS Staff Survey, Office of National Statistics, and the Adult Social Care Workforce Data Set (ASC-WDS).

Desk-based research

Metrics: Desk-based research

- Most of the reviewed information was reported on **ethnicity or disability**, and gender was the third characteristic which was more widely explored.
- No or little information on **other protected characteristics.**
- It was mentioned in the documents that **limited data** were available for some career pathways or some groups of health and social care staff, e.g., apprenticeships; lower-paid, outsourced workers.
- The information presented in the desk-based research documents varied in **detail and quality.**
- **Barriers** were identified for those from minoritised groups to participate in monitoring processes.
- **Inaccurate and incomplete** data was problematic; as well as small sample size or low response rate.
- **Intersectionality** and **disaggregated data** analyses are important as disproportionalities might be hidden overwise**.**
- Detailed analysis might result in small numbers and administrative data are limited in explaining disparities - so **quantitative data** alone might not be enough to sufficiently investigate potential issues.

Desk-based research

Recommendations

Metrics

- **Recommendation 4:** Collect data on all work processes**.**
- **Recommendation 5:** Improve data collection.
- **Recommendation 6***:* Detailed data analyses.

Recommendations

- **Recommendation 4:** a broad view should be taken when addressing workforce disparities: all work processes (recruitment and retention) and protected characteristics (and potentially beyond; e.g., sociodemographic background). Stakeholders highlighted the need to collecting exit data. Stakeholders reflected that "*what is measured is done*" which poses the question if standards beyond ethnicity and disability for other characteristics should be considered.

- **Recommendation 5***:* improving how data is collected and reported would help to better understand staff experiences. This includes exploring how monitoring is planned and implemented and if all staff have equal opportunities to participate.

- **Recommendation 6**: monitoring equality in the workforce should go beyond descriptive data: robust/sophisticated and disaggregated data analyses and looking at intersectionality. To understand the reasons for disparities, collection of qualitative data should be considered.

Findings: Interventions

Findings: Interventions

- The report includes examples of interventions to address inequalities in the workplace that were implemented in health and social care.
- From stakeholders' reflections:
  - **Leadership** representation is highlighted - "*sets the tone for the rest of the organisation*" & "*You can't be what you cannot see".*
  - Changing the approach to **complaints** by shifting the focus from the individual to the system as complaints might reflect the work culture.
  - All stages of **recruitment**, from attracting a diverse pool of candidates to interview practices, should be addressed.
  - If **policies/guidelines** are suggested, it should be checked if these were followed.
  - When planning interventions, **evaluation** should be incorporated.
  - Interventions should not be imposed on, **co-designing** interventions with people whom the interventions are created for.
  - Suggested **focusing on the positive side**. For example, have awards for being an inclusive organisation; putting together what was learnt from the pandemic.

Discussions with stakeholders

Findings: Interventions

- Limited evidence on what works.
- Some indication from the reviewed documents:
  - Conventional diversity training can increase knowledge but has little impact beyond that.
  - Teaching that unconscious bias is common might normalise that bias and legitimise it.
  - Training programmes that shame participants for discriminatory ways are not likely to be effective while those that focus on recognising and valuing all colleagues may have a stronger impact on long-term attitudes.
- Stakeholders reflected that **special programmes** for a group of people with protected characteristics might result in no impact or further segregation (those interventions are based on the deficit model).

Discussions with stakeholders

Desk-based research

Recommendations

Interventions

- **Recommendation 7***:* Evaluate interventions.
- **Recommendation 8:** Co-design interventions**.**
- **Recommendation 9***:* Share good practices.

Recommendations

- **Recommendation 7:** it is important to understand the impact of initiatives to address inequalities: when planning interventions, evaluation should be incorporated, impact assessment performed, and how it was implemented should be considered.

- **Recommendation 8:** interventions should be co-designed with those for whom the interventions are being developed and interventions should be tailored.

- **Recommendation 9***:* considering the limited resources about good practices, collaborations and sharing might be beneficial. As suggested by one of the stakeholders, a smart platform to share good practices/interventions where a person chooses what resources to explore (e.g., recruitment).