



Supporting occupational health  
and wellbeing professionals

Supporting your  
approach to  
**workplace diversity  
and inclusion**

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## Who is this factsheet for?

Employers who are reviewing their approach to diversity and inclusion, national policy makers, and the community and voluntary sector.

This document highlights best practice pre COVID-19 and provides new information concerning what is a rapidly evolving situation. It was informed by a review of research, evidence-informed resources and tools offered by professional bodies, and a webinar involving experts on work and wellbeing.

The document aims to:

- raise awareness of the disproportional impact of the pandemic on marginalised groups and the implications for wellbeing and productivity
- highlight the wide-ranging benefits of an inclusive workforce
- provide organisations with resources that will help them address inequalities and build and retain a diverse and inclusive workforce which is crucial for recovery.

## INTRODUCTION

BITC has highlighted the benefits of an inclusive workforce:

- Race equality in the UK will potentially bring a £24 billion per year boost to the UK economy – 1.3% of GDP – that is £481 million a week<sup>1</sup>.
- Organisations with more diverse teams have 36 per cent better financial returns.
- Only one in 16 people at senior levels in the private and public sector are from an ethnic minority background<sup>1</sup>.
- Only 33 per cent of employees stated that they have a senior-level champion for diversity and inclusion in their workplaces.
- Disabled people are more likely to be employed on part-time, precarious contracts and earn less (on average £3,822 less a year) than non-disabled people.

Organisations that take an inclusive approach to their recovery are likely to be more resilient and better able to navigate the challenges posed by COVID-19, restoration and recovery. An inclusive workplace is one that embraces and values difference – where people feel comfortable being themselves. Before the COVID-19 pandemic, many groups of employees felt excluded in some way<sup>2</sup>, e.g. there are fewer black people at the top of FTSE 100 firms despite long-standing diversity targets<sup>3</sup>. The pandemic has had a disproportional impact on people from minority ethnic communities, women and people with existing multiple and long-term conditions who already felt excluded<sup>4,5</sup>. There are also 'inequalities within inequalities', as people can experience dual or combined discrimination when their identities overlap, e.g. ethnic minority, woman, single parent, mental illness, not employed<sup>6</sup>.

### Reasons to build more inclusive cultures

It is illegal to discriminate against people due to characteristics such as age, sex, race, or disability, but addressing inequality goes beyond this. Discrimination can have a wide-ranging impact on employees' wellbeing<sup>7,8</sup>, so fair treatment is crucial. There are also many compelling business reasons to increase equality and diversity<sup>8,9</sup>, with benefits for:

- employee commitment, engagement, and morale
- relationships between colleagues and with managers
- staff performance and productivity
- the quality of decision making
- attracting diverse talent
- attendance, recruitment, and retention
- organisational image and reputation
- risks of grievance and litigation.

**Diversity** relates to protected characteristics under UK law: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

**Disability** refers to a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on people's ability to do normal daily activities.

**Inclusion** is often defined as the extent to which everyone at work, regardless of their background, identity, or circumstance, feels valued, accepted, and supported to succeed.

## ETHNIC MINORITY WORKERS AND COVID-19

Census data show that 14 percent of people in England and Wales are non-white<sup>10</sup> but homogenizing their experiences can mask important differences. On almost all health measures, certain ethnic minority groups have the poorest outcomes. This is also the case with COVID-19. Racial and other socioeconomic disparities in the risk of infectious diseases operate on two levels, together leading to poorer outcomes.

### Susceptibility

- Minority ethnic populations are at greater risk of contracting COVID-19 with death rates among some ethnic groups 10% to 50% higher than white British people<sup>11</sup>. Underlying conditions linked with susceptibility (e.g. diabetes and cardiovascular disease) are also more prevalent<sup>11</sup>. Research has found greater resistance to vaccination for COVID-19 among some ethnic minorities in the UK, characterised by uncertainty about side effects and the long term impact on health and lack of trust in vaccines (<https://www.bmj.com/content/372/bmj.n513>).
- Longstanding disparities in rates of stress, and trauma among minority ethnic populations<sup>11</sup> can make social isolation more challenging. This can exacerbate existing difficulties and increase susceptibility to COVID-19-related distress and trauma.
- Ethnic minority workers – particularly women – are more likely to work in ‘frontline’ jobs placing them at greater risk. For example, although minority ethnic staff represent around 20% of the NHS workforce, they accounted for 63% of early deaths from coronavirus in the sector<sup>12</sup>. Many ethnic minority workers are in low-paid and insecure jobs, which have higher rates of coronavirus mortality<sup>13</sup>. Ethnic minority women are twice as likely as white workers to be employed in such jobs<sup>14</sup>.

### Treatment access

- Minority ethnic groups reported a greater decline in mental health and wellbeing during lockdown<sup>15</sup>. Minority groups may struggle to access appropriate support for mental health, including distress brought on by the pandemic due to mistrust of services.
- Stigma about mental illness in some communities can discourage people from seeking help<sup>16</sup>.
- As ethnic minority workers are more likely to be working in low-paid insecure jobs<sup>17</sup>, it may be challenging to take time off to access healthcare or to recover from illness due to the lack of sick pay and other benefits associated with poor-quality work.

### Ethnic minorities and experiences at work

#### Employment rates

- The unemployment rate for people from a minority ethnic group is almost double that of people from a White ethnic background<sup>17</sup>.
- One-in-five minority ethnic workers who were furloughed have since lost their job<sup>18</sup>.
- Some ethnic groups are more likely to be employed in ‘shut-down’ sectors and in part-time roles at greater risk of redundancy<sup>5</sup>.

#### Bullying and discrimination

- Research shows that 20% of workers in the public sector, 18% in the private sector and 16% in the voluntary sector had either witnessed or experienced racial harassment or bullying from managers<sup>19</sup>. Ethnic minority workers are also more likely to report being unfairly turned down for a job, singled out for redundancy, or leaving their job due to racist treatment<sup>19</sup>.
- The number of minority ethnic doctors who reported feeling pressured to care for a patient without adequate protection was double that of their white colleagues<sup>20</sup>. See guidelines on tackling racial harassment and bullying.

Employers should be aware that conducting a COVID-19-secure risk assessment is a legal requirement. Research conducted earlier in the pandemic found that while almost half (49%) of white workers reported that their employer had assessed the risks, this was only true for 36% for ethnic minority workers<sup>8</sup>, who also report feeling greater anxiety about returning to the workplace<sup>21</sup>.

## DISABLED WORKERS AND COVID-19

Workers with disabilities already face many barriers and the current crisis has compounded their difficulties. COVID-19 disproportionately affects disabled people's health and their independence.

- Early in the pandemic, 71% of disabled employees reported either losing income, being furloughed, or being made redundant. This increased to 84% for younger workers, who were pessimistic about their future prospects<sup>22</sup>.
- More than four in ten (42%) of employers polled reported that concerns about being able to provide proper support to disabled workers during the pandemic was a barrier to hiring them<sup>23</sup>.
- Long-term absence from work will lock disabled people into a cycle of low economic inactivity, as they are twice as likely to remain unemployed than people without disabilities<sup>22</sup>.
- Disabled people need targeted support to help them re-engage with the workplace when it is safe to do so. Increasing opportunities for flexible working will be particularly helpful<sup>23</sup>, but employers need support and guidance. The [Access to Work](#) scheme provides practical and financial support to help people stay in work. Guidance is available on [recruiting, managing, and developing people](#) with a disability and being [disability confident](#).
- People with disabilities are at greater risk of bullying and harassment at work<sup>24</sup>. [Guidance](#) for managers and employers on how to manage this behaviour is available.

### THE RACE AT WORK CHARTER: FIVE CALLS TO ACTION

1. Appoint an Executive Sponsor for race.
2. Capture ethnicity data and publicise progress.
3. Commit at board level to zero tolerance of harassment and bullying.
4. Make clear that supporting equality in the workplace is the responsibility of all leaders and managers.
5. Take action that supports ethnic minority career progression.

**Many organisations have signed up to this charter. More information can be found [here](#).**

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Insights into the experiences of black employees and calls to action for a sustained, responsible business approach to race can be found [here](#).

The McGregor-Smith review on race in the workplace<sup>8</sup> provides a roadmap to success in helping organisations to become more inclusive.

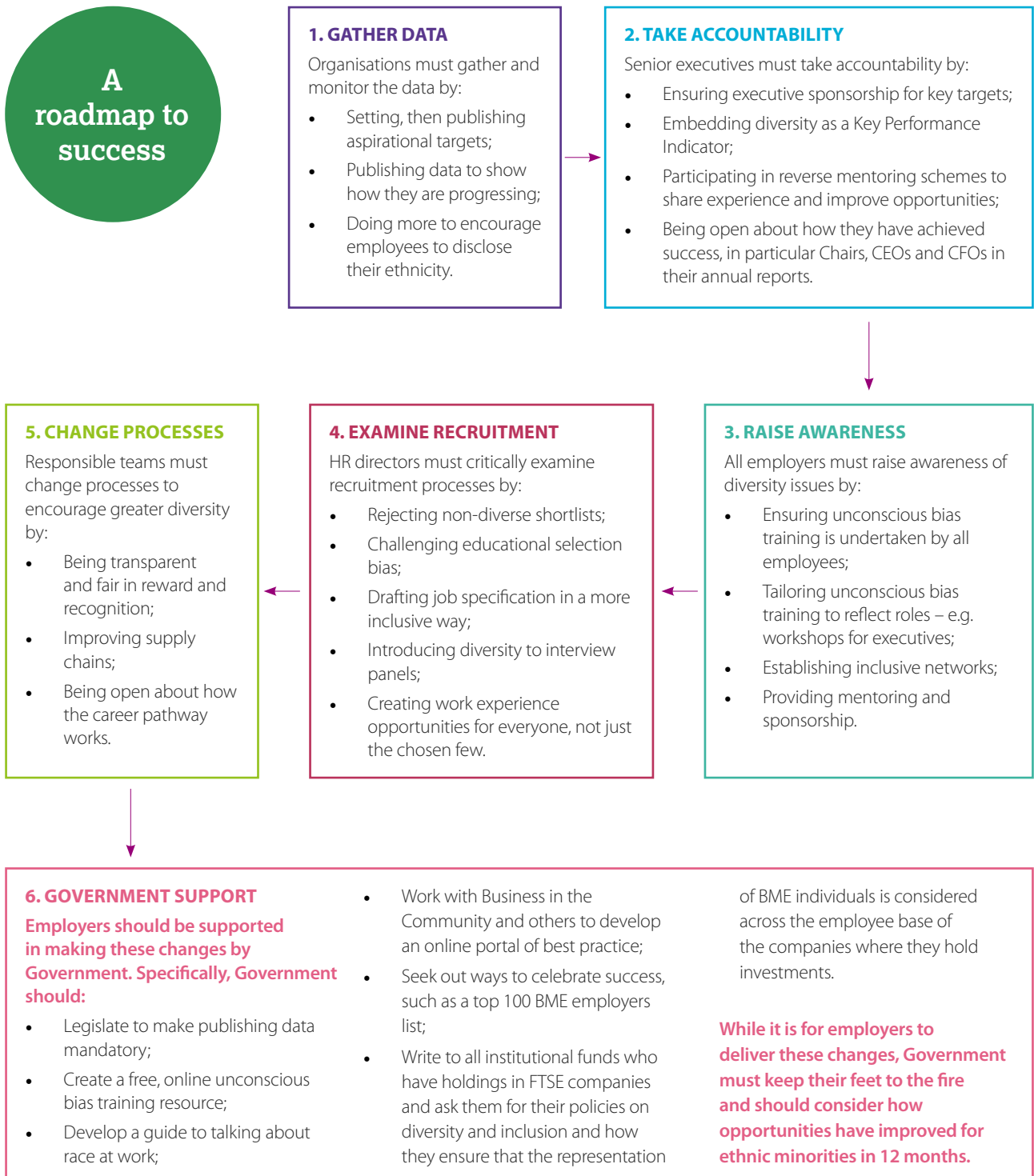
## WHAT CAN BE DONE TO INCREASE DIVERSITY AND INCLUSION?

In the COVID-19 crisis, the business case for increasing diversity and inclusion is stronger than ever<sup>8,9</sup>. So, what can be done?

- **Check your biases.** Acknowledge institutional and structural inequalities and bias (conscious and unconscious) and how it impacts on behaviour and decision-making.
- **Be sensitive** as some employees may experience major disparities inside and outside work.
- **Gain trust** through clear communication and commitment to equality and diversity.
- **Establish an equality, diversity, and inclusion governance structure** to build a working culture that is fair and inclusive. Involve enthusiastic people who will drive change and include in organizational strategy and vision. This must be chaired by a senior person otherwise this does not work, and it must report into the Board. Crucially there must be an action plan linked to targets.
- **Identify the barriers** to equality of opportunity.
- **Collect data and act on your findings.** See guidance on how to [monitor ethnicity](#) and [set targets](#).
- **Become comfortable with conversations about inequality:** nearly six out of ten employees feel that their employers are uncomfortable talking about race<sup>9</sup>. [Guidance](#) is available.
- **Ensure leadership is diverse and compassionate.** Guidance is available on how to address [barriers to career progression](#) to the top.
- **Develop forums and networks** so minority groups can share voices and ideas and gain mutual support. [Information](#) is available on setting up employee resource groups for minority employees.
- **Ensure that no minority groups are disproportionately targeted** when planning change, furloughing, restructuring and redundancies.
- **Pay attention to work-life balance** and increase flexibility to ensure employees with caring responsibilities are not disadvantaged. Guidance on planning a [flexible working approach](#) and on [working from home](#) during the pandemic is available.
- **Provide training** in building confidence and skills, mentoring and reverse mentoring, coaching and peer support.
- **Take an inclusive approach** to celebrations, holidays, and festivals. [See here](#) for guidance.
- **Ensure managers are trained** in addressing inappropriate behaviours and biases and supporting those who experience such behaviour. They will need time and space for this. Guidance is available [here](#).
- **Signpost employees** to any financial resources and support services available. Actively encourage them to apply for support and provide help if appropriate.
- **Commit to zero tolerance** on harassment and bullying and ensure that reporting processes are clear and accessible. A toolkit on tackling racial harassment and bullying is [available](#).
- **Share examples of good practice widely.**

Review your HR processes and policies for bias or favouritism, as this is often at the heart of inequality in organisations. Examine your performance management systems and your exit processes for leavers. For example, exit interviews by people who are not direct line managers or using anonymised questionnaires can identify problem areas which may otherwise remain hidden. Use diverse interview panels and consider introducing 'name-blind' recruitment. Guidance on [inclusive recruitment](#) is available.

The CIPD provides guidance on promoting equal opportunities and [managing diversity](#) at work and information on [diversity and inclusion roles](#).



## FURTHER RESOURCES

Time to Fix Up:

<https://www.bitc.org.uk/wp-content/uploads/2020/09/BITC-Report-TimetoFixUp-September2020.pdf>

Factsheet on ethnicity and the economic impact of COVID-19:

<https://www.bitc.org.uk/wp-content/uploads/2020/04/bitc-race-factsheet-ethnicity-economic-impact-april20.pdf>

BME women and work:

<https://www.tuc.org.uk/sites/default/files/2020-10/BMEwomenandwork.pdf>

Diversity management that works:

[https://www.cipd.co.uk/Images/7926-diversity-and-inclusion-report-revised\\_tcm18-65334.pdf#](https://www.cipd.co.uk/Images/7926-diversity-and-inclusion-report-revised_tcm18-65334.pdf#)

Disability and employment:

<https://www.cipd.co.uk/knowledge/fundamentals/emp-law/disability-discrimination/factsheet>

Gender equality at work:

<https://www.cipd.co.uk/news-views/viewpoint/gender-equality-work>

Sex discrimination and employment:

<https://www.cipd.co.uk/knowledge/fundamentals/emp-law/sex-discrimination/factsheet#>

Neurodiversity at work:

<https://www.cipd.co.uk/knowledge/fundamentals/relations/diversity/neurodiversity-work>

Sexual orientation, gender identity, gender reassignment and employment:

<https://www.cipd.co.uk/knowledge/fundamentals/emp-law/sexual-orientation-discrimination/factsheet>

Race, ethnicity, and mental health:

<https://www.mind.org.uk/about-us/our-policy-work/equality-and-human-rights/our-work-on-race-and-ethnicity-in-mental-health/>

Mental health in the COVID-19 pandemic - recommendations for prevention:

<https://www.mentalhealth.org.uk/sites/default/files/MHF%20Mental%20Health%20in%20the%20COVID-19%20Pandemic.pdf>



## REFERENCES

1. <https://www.bitc.org.uk/race/>
2. <https://www.bitc.org.uk/fact-sheet/inclusive-employment-inspire-hire-and-grow-diverse-talent/>
3. <https://www.green-park.co.uk/news/britain-s-top-firms-failing-black-leaders-green-park-s-annual-business-leaders-index-records-no-black-chairs-ceos-or-cfos-at-ftse-100-companies/s228922/>
4. <https://www.mentalhealth.org.uk/sites/default/files/MHF%20Mental%20Health%20in%20the%20COVID-19%20Pandemic.pdf>
5. <https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-spotlights/ethnicity-covid-19-mental-health-and-wellbeing-surveillance-report>
6. <https://www.gov.uk/government/publications/covid-19-understanding-the-impact-on-bame-communities>
7. <https://onlinelibrary.wiley.com/doi/full/10.1111/1475-6773.13222>
8. <https://www.tuc.org.uk/news/tuc-1-3-bme-workers-have-had-self-isolate-during-covid-19-pandemic>
9. [https://www.cipd.co.uk/Images/diversity-and-inclusion-at-work\\_2018-facing-up-to-the-business-case-1\\_tcm18-44146.pdf](https://www.cipd.co.uk/Images/diversity-and-inclusion-at-work_2018-facing-up-to-the-business-case-1_tcm18-44146.pdf)
10. <https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/national-and-regional-populations/population-of-england-and-wales/latest>
11. <https://www.gov.uk/government/publications/covid-19-understanding-the-impact-on-bame-communities>
12. <https://www.hsj.co.uk/exclusive-deaths-of-nhs-staff-from-covid-19-analysed/7027471.article>
13. <https://www.mentalhealth.org.uk/sites/default/files/MHF%20Mental%20Health%20in%20the%20COVID-19%20Pandemic.pdf>
14. <https://www.tuc.org.uk/research-analysis/reports/bme-women-and-work>
15. <https://www.nuffieldfoundation.org/news/depression-and-anxiety-higher-amongst-those-from-black-asian-and-minority-ethnic-backgrounds-during-lockdown>
16. <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-08964-3>
17. <https://researchbriefings.files.parliament.uk/documents/SN06385/SN06385.pdf>
18. <https://www.resolutionfoundation.org/press-releases/one-in-five-young-people-and-over-one-in-five-bame-workers-who-were-furloughed-during-lockdown-have-since-lost-their-jobs/>
19. [https://www.bitc.org.uk/wp-content/uploads/2019/10/BITC-race-toolkit-tacklingracial\\_harassmentandbullying-Oct2018.pdf](https://www.bitc.org.uk/wp-content/uploads/2019/10/BITC-race-toolkit-tacklingracial_harassmentandbullying-Oct2018.pdf)
20. <https://www.bmj.com/content/369/bmj.m2506>
21. <https://www.tuc.org.uk/news/tuc-1-3-bme-workers-have-had-self-isolate-during-covid-19-pandemic>
22. <https://www.scope.org.uk/about-us/disability-wellbeing/>
23. <https://www.leonardcheshire.org/sites/default/files/2020-04/Social-care-Coronavirus-policy-briefing.pdf>
24. [https://link.springer.com/referenceworkentry/10.1007%2F978-981-10-5338-2\\_15-1](https://link.springer.com/referenceworkentry/10.1007%2F978-981-10-5338-2_15-1)



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