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Be the Change

How to tackle racial inequalities
in health and care charities

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Executive Summary

Racial and ethnic inequalities in health and healthcare remain major problems in need of sustained solutions. During the COVID-19 pandemic, for example, people from Asian groups experienced a much larger fall in planned hospital care than people from White, Black or Mixed ethnic groups.¹ Now, in 2023, women from Black ethnic backgrounds remain four times more likely to die in the perinatal period, and women from Asian ethnic backgrounds are twice as likely to die, compared to White women.² Black babies are almost three times more likely to die than White babies – with a surge in death rates over the last year.³ **The stakes could not be higher, yet the barriers to change are also significant and complex.**

Alongside these inequalities, there has been a parallel criticism of the voluntary sector for what the campaign group Charity So White describes as “institutional racism in the charity sector.”⁴ They have called for a shift in fundamental structures across the charity sector, so that the sector and its leaders and decision-makers reflect the communities they work with. Their critique of the sector was bolstered by the Association of Chief Executives of Voluntary Organisations in their report “[Home Truths: Undoing racism and delivering real diversity in the charity sector.](#)” Based on the experiences and expertise of over 500 Black, Asian and Minoritised Ethnic people, it showed “racism is a significant and unresolved issue in the charity sector just as it is in the rest of society.”⁵

As England’s leading coalition of health and social care charities, National Voices believes that we have a responsibility to tackle both aspects of these ongoing racial and ethnic inequalities. As an organisation working in the health sector, we need to understand and confront the numerous racial and ethnic inequalities in access to, experiences of and outcomes in healthcare. We also need to tackle inequalities in health status that are driven by a combination of economic inequality and racial discrimination. Moreover, as an organisation working in the voluntary sector, we need to address the racial and ethnic inequalities in representation, recruitment and organisational culture that persist amongst charities.


¹ [Pandemic worsened ethnic disparities in hospital care - NHS - Race and Health Observatory \(nhsrho.org\)](#)

² [MBRRACE-UK Maternal Report 2023 - Lay Summary.pdf \(ox.ac.uk\)](#)

³ [Child death data release 2023 | National Child Mortality Database \(ncmd.info\)](#)

⁴ [Charity So White](#)

⁵ [Home Truths: Undoing racism and delivering real diversity in the charity sector - ACEVO](#)



We are also in a unique position to constructively tackle these issues, within both the health and charity sectors. By drawing on the collective experiences and insights of our wide-ranging member charities, we can work alongside our members to make incremental improvements in our organisations, in our work and in our sectors. We can learn from the successes – and the failures – of each of our efforts to diversify our staff teams and Boards of Trustees. We can benefit from one another's attempts to improve the inclusivity of our organisational cultures. We can support each other to increase the number and range of lived experience voices from minoritized communities involved in setting our influencing agendas and pushing for change.

That is exactly what this report sets out to do: It looks back over three years of National Voices' work, and draws on the collective insights of National Voices' member health and social care charities, who generously shared their experiences and insights in four *Be the Change* roundtable discussions, each of which explored one of these key areas. Then, it highlights the main learnings in each area, and draws out some general advice from all of the wide-ranging conversations. We would like to thank those members who participated in the roundtables, sharing their valuable insights with us, and especially those who led and facilitated these important but difficult discussions.

This is by no means a comprehensive guide to tackling racism within either the health or voluntary sectors. Instead, we hope that this report will give other people and organisations ideas for what they could do, and practical tools to turn aspiration into reality. Whether you are just starting out on your racial justice journey, re-committing to it, or looking for new ideas to take your work up a notch – we hope these insights will benefit you and your organisation.

We know Voluntary, Community, and Social Enterprise (VCSE) organisations are under unprecedented strain amidst the ongoing cost of living crisis. Demands for their essential services and costs have never been higher. Yet, despite these challenges, our hope is that if we work together to pool our resources and talent, we can turn the tide on racial inequalities in both the health and the voluntary sector. There could not be a more important time to take stock, to clarify our role and our purpose, and to identify opportunities for us to work together for racial equality.

Background

In 2020, we at National Voices started an organisational [conversation](#) about racial justice. In response to the #BlackLivesMatter movement, and the disproportionate impact of COVID-19 on Black, Asian, and Minority Ethnic people, we started to think harder and to act more decisively.


We talked about what we could and should do to address racial inequality in both our internal practices and external activities. We paid particular attention to diversifying recruitment to our staff team and Board of Trustees, to improving the inclusivity of our organisation culture, and to widening the range of voices from minoritized communities in our influencing work.

We reached out to Black, Asian and Minority Ethnic health sector colleagues to discuss “demographic disparities” around COVID-19.⁶ We advocated in our networks for the publication of Public Health England’s [report](#) about the views of Black, Asian, and Minority Ethnic community organisations in response to those findings. We organised a webinar on the disproportionate impact of COVID-19 on Black, Asian, and Minority Ethnic people.

In January 2021, when it became clear that ethnicity data on vaccine uptake was not being routinely collected or published, we publicly called for both. We then pressed for further research into why this latest inequality was emerging, keen to avoid a kneejerk victim-blaming exercise if the issue was in fact one of inequitable distribution and access. During our “How Can We Dismantle Health Inequity Together?” online conference in March 2021, attended by over 300 people, we shone a light on how VCSE organisations can combat racism, and made sure lived experience voices were included front and centre across all of our conference activities - panel discussions, member sessions and follow-up reflections.

We committed to include the insights and experiences of people with lived experience of ill health and disabilities and of health inequalities, and to meaningfully co-produce at all stages of a project, where possible, across all of our work – be it access to and experiences of primary care or waiting for elective care. We committed to not have events with all-white panels, and to ensure all our engagement is inclusive, but more than that – focused on people and communities that carry the biggest burden of ill health, and also often struggle with disadvantage and exclusion.

⁶ [Final report on progress to address COVID-19 health inequalities - GOV.UK \(www.gov.uk\)](#)



In parallel to this external work, internally we took conscious steps forward too. We changed our recruitment processes, including how we advertise our jobs, our person specifications, and how we interview candidates. Our staff team undertook anti-racism training, challenging ourselves to think about the ways we as individuals and as an organisation might perpetuate, however unintentionally and unconsciously, any of 'the four Is of oppression': ideological, interpersonal, internalised and institutional. We learned about the importance of tackling racism with bravery and creativity. We reflected on the plethora of microaggressions that can quickly and easily create a toxic culture of bullying and exclusion. We also extended our membership offer to diversify our coalition, and increased the number of small, inequalities-focused member charities.

Then we drafted a plan, *Be the Change: National Voices' Inclusion Action Plan*, to take this work even further forward. As part of that work, we identified four priority areas for more focused discussion with our members.


Our Be the Change Roundtables

To further our anti-racism work, we decided to bring our members together to share learning and to commit to further action through a series of roundtables. We wanted to know what work other charities in our coalition had already undertaken and how we could better focus on promoting racial equality in both internal and external aspects of our work. We wanted to create a space conducive to open conversations and constructive challenge that encouraged members to share learning - not only success stories, but also barriers to change that others may have encountered, and how they had navigated these.

Therefore, we organised a series of four workshops, focused on the following four themes:

1. How to effectively diversify Boards of Trustees and staff teams.
2. How to establish and maintain inclusive organisational cultures.
3. How best to work with people with diverse lived experience in insight and influencing activities.
4. How to ensure inclusive service delivery.

The workshops were designed and led by our members, and held under Chatham House Rule - meaning people could share openly and



confidentially, without their words subsequently attributed to them. We hoped this approach would facilitate an honest and wide-ranging discussion.


This report presents what we heard during these workshops, as well as our reflections over the last three years of our work in this area. It summarises each workshop's thematic discussion, and then offers broader key takeaways and recommendations for health and social care charities looking to tackle racial inequalities in both their internal practices and external activities. This is by no means a comprehensive guide to tackling racism within either the health or voluntary sectors. Instead, we hope that it will give other people and organisations ideas for what they could do. By facilitating and sharing these conversations, we hope to encourage other organisations to join the racial justice journey, and to give them some tools to ensure they are more inclusive and representative of the people who work for them, and the communities they work with.

1. How to effectively diversify Boards of Trustees and staff teams

Workshop participants all agreed that diversifying Boards of Trustees and staff teams is essential. As one speaker emphasised, "our experiences shape how we think", so in order to ensure proper representation and a deeper understanding of the issues affecting the people that charities are designed to serve, it is crucial to have people on Boards and within staff teams with the fullest range of experiences. In the context of a health charity, this means people living with long term conditions and disabilities, and experiencing health inequalities.

Another participant highlighted the official obligation on charities to have diverse Boards, pointing to the [Charity Governance Code](#), which clearly recommends (in paragraph 2.5.2) that "the board recognises, respects and welcomes diverse, different and, at times, conflicting trustee views." As a result, that participant stressed that it is vital that the leadership and Board of Trustees of an organisation reflect the diversity of the communities they work with and for.

At the same time, members participating in this roundtable told us that they thought that changing the composition of an organisation can be a long process and take time. They pointed out that some organisations can be averse to taking risks in this space or opening themselves up to scrutiny. However, they said they were committed to persevering to diversify Boards of




Trustees and staff teams because, as one person said, “change will only start with us.” In order to do this work effectively, they recommended that those working in charities strive to be self-aware and acknowledge how difficult it can be to create fairness in a system of unfairness, and equality in a system of power and privilege.

Workshop attendees agreed that the Board of Trustees and staff team must promote an inclusive culture that encourages credible and sincere opportunities to undertake meaningful work and make progress. Examples of helpful activities included conducting skills audits and regular staff surveys specifically focused on Equality, Diversity and Inclusion (EDI), both of which can provide opportunities for honest and helpful reflection. Offering Shadow or Young Trustee opportunities for people with lived experience can also help to provide opportunities for those who may not otherwise have access to these roles. These initiatives can also provide two-way mentoring opportunities through which people can share their lived experience to help facilitate meaningful change in health and care, while also learning about structural and organisational practices (including finance, marketing, and policy influencing).

Other ways to encourage greater access for people from diverse backgrounds include being more generous about covering Trustees expenses by, for example, covering not only travel but also childcare costs, and also using non-traditional methods of recruitment. Advertising vacancies using the same agencies or employment websites will likely only attract the same people each time, whereas using channels such as X/Twitter or agencies that proactively reach out to people from minoritized communities can help to generate a fresh pool of more diverse applicants. So too can encouraging people to apply via video submissions rather than written forms, and sharing interview questions in advance.

2. How to establish and maintain inclusive organisational cultures

Participants agreed that it is important to establish and maintain inclusive organisational cultures. Ensuring staff feel comfortable at work and everybody has access to the same opportunities for professional development and career progression were acknowledged as essential. One participant shared how “talent management” within organisations can help to ensure people from minority ethnic backgrounds have equal opportunities for career progression. They said this would not only lead to



fairer chances for everyone, but also produce the most impactful organisations drawn from the widest pool of talent.

Members participating in the workshop agreed that oftentimes the fear of getting things wrong can hinder improvement and progress in this area. But, as one person said, “instead of dwelling on the fear, we must view the process of establishing inclusive organisational culture as a learning curve which is likely to take time.” It was agreed that both the senior leadership team and Board of Trustees play a vital role in championing EDI broadly, and in ensuring that inclusive values form the foundation of charitable organisations.

At the same time, we heard that establishing an inclusive culture can be complex and uncomfortable at times, and that therefore including the wider staff team can ensure buy-in from the whole organisation and ensure staff are heard and included. Members agreed that it can be useful to collectively, with both senior leadership and staff teams, review where your organisation has done things well and where things could be improved. Drawing from these insights and reflections can help to develop an EDI strategy with a clear framework and goals, focused around protected characteristics. It was suggested that some organisations may even find it useful to establish specific EDI action groups or “inclusion champions” tasked with ensuring the strategy is being effectively implemented. Among other things, they could collate and monitor the demographic composition of the Board and staff team in order to track progress and spot backwards steps.

Another participant shared how delivering anti-racism training for all staff can ensure everyone is on the same page and has the same base line understanding of how racism can arise in organisation’s internal practices and external work. Such training could include information on what are microaggressions in the workplace, and how to embrace and celebrate differences.

Overall, everyone participating in the workshop agreed that consistency and courage are key in establishing and maintaining inclusive organisational cultures. Creating change can be an intense and and emotional journey, so it is vital to celebrate “small” successes along the way and moves in the right direction – after all, as one member put it, “Rome wasn’t built in a day”.

3. How best to work with people with diverse lived experience in insight and influencing activities


Like us at National Voices, our members are committed to working for improvements in health and social care alongside the people most impacted by current problems, namely those with lived experience of ill health or disabilities or health inequalities. This commitment is encapsulated in the principle “Nothing about us without us.”

That principle is especially important in relation to tackling racial and ethnic health inequalities. From our wider work on inequalities, we know the burdens of ill health are distributed unequally: Underlying and unaddressed issues of racism and exclusion contribute to poorer experiences and health outcomes from those marginalised and minoritized communities. These challenges are complex and require meaningful involvement from those with lived experience from diverse backgrounds in order to create sustainable change.

At the same time, as members participating in this workshop acknowledged, there can be pitfalls in how organisations approach this lived experience work. At worst, work with people with lived experience can be extractive or tokenistic, a tick-box exercise or even re-traumatising for the people involved. As a result, members agreed that it is important to build meaningful relationships, over time, with people with lived experience in order to ensure they are valued, heard and equal partners.

As we at National Voices say repeatedly, and members participating in this workshop agreed, people with lived experience have a wealth of knowledge about how health and care could be improved, but rarely get the chance to influence at a high or strategic level. This can lead to poor decisions that do not reflect people’s needs, as well as wasting time and resources. Part of the solution, as contributors to the roundtable suggested, lies in identifying people who want to advocate for high-level change, and then building partnerships and meaningful engagement with them.

Participants shared examples of how demographic data, including ethnicity data, is widely collected and can be analysed to identify gaps in lived experience engagement, as well as which community groups are most at risk of experiencing health inequalities or underrepresented in patient groups. Being “intentional and purposeful”, they said, is important in ensuring effective community engagement. It is therefore important to



communicate with people in an accessible and inclusive way that makes them feel valued.


Another key element of good practice that was shared was being mindful of people's other commitments and reimbursing their time, travel costs and other expenses (eg. alternative care for people who are carers, translators for people who do not speak English) in order to support a wider range of people to engage. It is also important to be transparent about what the aims of a project may be, how people's insights will be used and, most importantly, ensuring two-way feedback so people are aware of the impact of their participation.

4. How to ensure inclusive service delivery

Workshop participants emphasised that it is important that services provided by VCSE organisations are inclusive and accessible to people from diverse backgrounds. Without designing in inclusion, people can be unable to access vital services, have poor or traumatic experiences or suffer worse outcomes. Members also felt it was important that their services provided a model of inclusive service delivery that the NHS could, and should, also adopt.

Meaningful collaboration and co-designing services with people with lived experience from diverse backgrounds can be useful in eliminating barriers to access for certain ethnic groups. Some communities, especially those who are at greatest risk of experiencing health inequalities, often get wrongly labelled as "hard to reach," when in reality they are in fact "easy to ignore." As workshop participants acknowledged, with tailored, considered engagement co-production is possible and can ensure charitable services are inclusive and accessible for all.

Some contributors said that it can feel like there is a disconnect between national and local levels, in terms of the information and resources that are available. Sometimes, adapted and community specific information and resources may be required to respond to local/place-based need. However, as participants pointed out, there can be an "easy fix," simply requiring messaging or written communication to be translated into specific languages. It can also be useful to utilise non-traditional channels to reach specific minority ethnic groups, for example, community-specific radio stations, faith leaders and community champions.



Two-way mentoring opportunities between people with lived experience and senior decision-makers in health and care can also help to ensure inclusive service delivery – by developing trusting relationships and facilitating collaboration, deep thinking and positive change. This reflects findings from our own National Voices Lived Experience Partners, one of whom said that two-way mentoring had “broadened her understanding of the issues faced by those with lived experience, and changed how she uses relevant language.”

Ensuring services are inclusive and accessible can greatly improve people’s experiences of health and care. However, creating change is a complex process requiring meaningful collaboration with people with lived experience and system leaders – “change happens in the speed of trust.”

Recommendations

Drawing on all the insights shared at the workshops, four key themes emerged that we believe need particular emphasis, and may support people and organisations as they tackle racial and ethnic health inequalities in their organisations and work. Going back to the first principle – recognising why this work is so important, and how high the stakes are – must be matched with a realistic assessment of where a particular organisation is in its own journey, and what it needs to do to proactively overcome barriers in each of the areas explored during the roundtables. Below, we outline our four recommendations in more detail:

1. Remember why diversity and inclusion are literally vital

Health inequalities, including racial and ethnic health inequalities, are wide, growing, tragic – and avoidable. The stakes could not be higher with big ethnic gaps in maternal and infant mortality, even now in the UK in 2023.

It is important to recognise the long history of systemic racism, power, and privilege. We must understand not only the past, but also how history casts a long shadow over the present. Only then can we begin to make positive changes for the future.

To tackle racial and ethnic gaps in experiences and outcomes, VCSE organisations in the health and care sector need to have a diverse range of people in their staff teams, Boards of Trustees, and as Lived Experience Partners. It is important to include people with lived experience of living with health conditions and disability, as well as those from minoritized ethnic communities.

Those people bring with them deep, first-hand understanding of the problems and their underlying causes. They are also highly motivated to change things, and can ensure that charitable organisations can stay true to their commitment of “Nothing about us without us.”

We must value and make the best of the differences that people bring – sometimes these conversations are going to be difficult. We are learning what it is like to have difficult conversations – the subject matter is difficult – not the person.

2. Identify the strengths of your organisation and what needs improvement

Approach diversifying from a strengths-based approach, considering what you have done well, and the things you could improve on.

Diversity and Inclusion Plans can be helpful, by providing an overview of different areas you could improve – from recruitment practices and organisational culture to embedding lived experience and ensuring inclusive services. Try to continuously monitor and evaluate progress.

How can I do this?

- **Skills Audit:** Find out what skills your staff and Board already have, including both their professional skills and learned and lived experience. Then, identify what skills and experience you would like to attract and think carefully about how to recruit accordingly. Using the same recruitment methods and criteria will likely keep attracting the same people.
- **Young or Shadow Trustees:** Promote opportunities for people from diverse backgrounds and ages to be involved with your organisation.
- **Two-way mentoring:** Two-way mentoring between senior leadership and people from diverse backgrounds can be a useful way to embed lived experience at a senior level, and enable lived experience partners to learn about senior organisational processes.

3. Remember that change will not happen overnight, but you need to start somewhere

Rome wasn't built in a day. Changing attitudes and behaviour can be hard and require persistence and repetition. If you want to create change, you must bring people with you and ensure they are committed to the journey. It will take time, consistency, and courage to ensure more inclusive practices. Focus on continual conversations and normalising EDI to become a part of the organisational culture rather than an activity or tick box exercise. It is vital that there is buy-in from senior leadership and messaging is consistent. One member said,

"The more that people get used to the process and the more it is familiarised and part of a culture the more gets done, engagement, embedded. You can't measure that but you can see, feel and experience that."

Embrace the fear of not always getting things right and accept that the process will come with learning curves. Including your entire team in the process can give staff an opportunity to voice their opinions and feel included in the process. It can also be helpful to hold events (virtually or in-person) to celebrate progress and achievements, which can make people feel excited and engaged to be part of the journey, and help develop emotional investment in the process.

How can I do this?

- **To compare is to despair:** Your organisation's journey is your own, so do not feel pressured to compare yourself with others.
- **Be aware and intentional:** Centre inclusion in everything you do. From recruitment and hiring practices to team meetings, at the start of project or event planning to engaging with external stakeholders – think inclusion and weave it into your actions. If you feel there is an opportunity to diversify your practices, have an intentional conversation within your organisation and try to make change happen.
- **Monitoring and responding:** Check in regularly with staff, trustees and lived experience partners to see how they are feeling and create an inclusive organisational culture. Reflect and evaluate on projects to make sure they are having the impact you intended.

4. Keep practising co-production – it's the key to meaningful change

Co-production, co-production, co-production – this was the stand-out theme that came up from everybody at every roundtable. Integrating lived experience – meaningfully – at every level is vital to ensuring your organisation is representative of the people you work with and for.

Using new and innovative recruitment methods can help reach a wider audience and make your vacancies more accessible for people from diverse backgrounds.

- Share interview questions prior to the interview
- Allow participants to submit video applications instead of traditional ones
- Advertise vacancies via targeted sources and networks rather than just traditional sites
- Work in a way that everyone can be listened to, and celebrate difference as well as inclusion.

Some people will find it easier to advocate for themselves, but it is important to be intentional about who you involve and what perspective they bring to the table. Be actively conscious of diversity, cultural differences, reimbursing time and contribution, maintaining a two-way relationship where people with lived experience can access training and upskilling, and transparency about impact and outcomes. Communicate in a way that makes sense to people and ensures they are valued.

One of the benefits of increased digital and remote working is increased accessibility for some people with lived experience to join online conversations with a range of decision makers. That being said, it is important to be aware of those who may be digitally excluded and offer alternative ways for people to meaningfully engage.

How can I do this?

- **Meaningful engagement:** Be intentional when engaging with people with lived experience. Carefully consider why you are engaging with people with lived experience and how you will effectively use their insights. Reimburse them for their time and insights, and cover their other essential costs.
- **Build long-term relationships:** Nurturing relationships with your community of lived experience partners will help to create trust, confidence, and encourage honest conversations. Make sure you offer opportunities for two-way engagement so that people with lived experience can also acquire insights and skills.

Conclusion

Tackling health inequalities, particularly ethnic and racial health inequalities, is essential work for National Voices, our members and the wider health and care and voluntary sectors. The stakes could not be higher and the barriers to change are significant. Yet, as this report shows, there is already some positive progress to celebrate, as well as helpful learning to share.

Charitable organisations are confronting problems in diversity in their staff teams and Boards of Trustees, they are learning how they can eliminate microaggressions to create inclusive organisational cultures, and they are committing to centring inclusion across all of their insight-gathering, influencing and service delivery work. These improvements should be celebrated and encouraged.

Clearly though, all of us could – and should – do better. While we at National Voices have embarked on this journey to be more actively anti-racist, both internally within our organisation and coalition, and externally within our work, we know that our practice is not perfect. Far from it. We have much progress still to make – and we know that. But we do think it is important not to stay silent or to shy away from an open and honest conversation about these blind spots – and the harm they cause. We do think that as leaders in the voluntary and health sector spaces we need to challenge ourselves, and only then can we challenge others to do better. We do think that we are uniquely placed to shared our and our members’ insights to help ourselves and others to take action.

We hope that this report has given you some ideas and tools for what you could do. We would welcome your reflections on what we and our members have suggested, as well as any additional insights or learning you may have about what you think we should do better.

Please do get in touch: info@nationalvoices.org.uk

Acknowledgements

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