



Good Work

Employment support for Black people with long-term health conditions



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Contents

| | |
|---|-----------|
| Executive summary | 1 |
| Employment opportunities for Black people with long-term health conditions | 3 |
| Support for 'good work' | 6 |
| Methods | 6 |
| Findings | 7 |
| Conclusion | 12 |
| Recommendations | 13 |
| References | 14 |

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Executive summary

This report reviews what is known about employment support for Black people with long-term health conditions. It was commissioned by Black Thrive Lambeth to inform their Employment Project, operating in the London Borough of Lambeth and funded by Guy's and St Thomas's Charity.

Black people are discriminated against in the UK. This leads to poverty, poorer health, and unequal access to education and employment. Similarly, people with long-term health conditions face discrimination as a result of ableism. Black people with long-term conditions therefore face a double-discrimination, exacerbated by the COVID-19 pandemic.

Inequality arising from structural racism and ableism, and their intersections, affects employment, making it less likely that Black people with long-term health conditions will access 'good' work. Previous negative experiences with employers (due to discrimination) can lead to expectations of low-paid, insecure and unsuitable work. This report explores the evidence for employment support for Black people with long-term conditions.

Methods

We reviewed employment support models and evidence for their effectiveness, focusing on how they supported Black people with long-term health conditions. We identified the following employment models: Individual Placement and Support (IPS), transitional employment, pre-vocational support (focusing on 'work readiness' and confidence), and interventions focusing on employers and organisations.

These models are not mutually exclusive and many employment interventions combine them. Evidence from systematic reviews and randomised controlled trials was reviewed. We also considered other types of evidence from published peer-reviewed literature and our local knowledge of employment services.

Findings

Evidence suggests that employment support models benefit people with long-term conditions. The best evidence on what helps people return to competitive employment is for IPS. Other models are less well evidenced, but transitional models like Clubhouse model can help those further away from the employment market. Subsidiary interventions like peer support, mentoring and coaching may help people who have had negative experiences with employers in the past.

Interventions focusing on employers (for example, workplace design and manager training) may help people with disabilities. Preliminary evidence suggests that Black people are accessing supported employment equally, but little is known about Black people's experiences of employment support, and of Black people with long-term health conditions.

Conclusions

Systemic discrimination reduces opportunities for Black people with long-term health conditions. The COVID-19 pandemic exacerbates existing inequalities, but may mark a potential turning point. It has coincided with international anti-racist protests, greater visibility and more dialogue about systemic racism.

Unfortunately, it has also led to a hardening of ableist attitudes towards people with long-term, 'underlying' health conditions and disabilities. Employment support interventions must acknowledge the intersecting nature of inequalities related to race and disability and health. This is the context in which the Black Thrive Lambeth Employment Project exists.



Employment opportunities for Black people with long-term health conditions

This report reviews the knowledge about employment support for Black people with long-term health conditions. It was commissioned by Black Thrive Lambeth to inform their Employment Project, operating in the London Borough of Lambeth and funded by Guy's and St Thomas's Charity. It draws on evidence from scientific peer-reviewed literature and 'grey' literature produced by local employment and disability organisations. It has been developed with input from peer researchers who drew from their relevant lived experiences.

This section summarises what we know about employment outcomes and employment support for Black people with long-term health conditions. We explore the statistics for Lambeth and consider factors influencing progression from education to employment. This report has been written during the COVID-19 pandemic, a period which exacerbated existing racial inequalities related to health and saw international anti-racism protests triggered by the killing of George Floyd by police officers in Minneapolis (25th May 2020).

A note on language

We use problematic terms throughout this report, with a tendency to conflate complex socio-economic, racial or health descriptions. For example, the terms 'Black people' and 'White people' are used.

We do this neither to disregard the differences within or between these groups, nor perpetuate inaccurate stereotypes that ignore their internal diversity and contribute to 'othering'. Instead, it is an imperfect summary to convey information in brief form.

Introduction

People who are racialised as Black (including people identifying as Black African, Black Caribbean, Black British and Black mixed heritage) are discriminated against in the UK. Structural racism (Bailey et al., 2017) affects access to education, healthcare, and housing. This leads to poverty (Palmer & Kenway, 2007) and poorer health (Marmot, 2020). Black people in the UK are more likely to live with long-term health conditions than White people. Examples include type 2 diabetes (Goff, 2019), psychosis (Egerton et al. 2017), and sickle cell anaemia (Dormandy et al., 2018).

People with long-term health conditions also face discrimination. The social model of disability distinguishes a person's 'impairment' from their 'disability' (Oliver, 1990). The latter reflects the restrictions caused by an ableist society that does not accommodate the needs of people with impairments (for example, difficulties with walking, breathing or eyesight). This leads to further discrimination, exclusion, and distress, which has been worsened through ten years of austerity and welfare reform (Wickham et al., 2020).

Inequality affects how Black and disabled people experience employment. The proportion of unemployed Black/Black British adults in 2018-19 was twice as high as for White British adults (9% vs 4%: HM Government, 2019a). Only 54% of people identifying as disabled are employed (Powell, 2020). The highest rates of unemployed disabled people are in mixed ethnic (16%) and Black groups (16%) (HM Government, 2019a).

The COVID-19 pandemic has exacerbated these inequalities (Blundell et al., 2020). Black people are disproportionately more likely to work as key workers (Palmer & Warwick, 2020) or in essential front-line jobs (Hawkins, 2020), putting them and their families at higher risk of catching and dying of the virus (Unison, 2020).

Lambeth is an inner-city London Borough with a population of 326,000 (Office for National Statistics, 2018a). It has the highest percentage of Black residents of all London boroughs (37%), almost three times the London average (13%) and more than ten times the national average (3.5%). Rates of people of working age registered as disabled mirror national averages (at 15%). Recent estimates suggest that 49,000 of Lambeth residents live in poverty (15%), making it the eighth-most deprived borough in London and the 22nd most deprived area of England (Lambeth Council, 2016).

Finding good work

'Good work' confers financial security, favourable employment terms, occupational health and well-being, work-life balance, and representation (Green, 2019). Non-financial benefits include improvements in quality of life, self-confidence, social networks, and sense of community (Lindsay et al., 2018a). 'Bad work' is the opposite; it worsens mental health and self-esteem (Graeber, 2013). It is synonymous with the gig economy, irregular work and zero-hour contracts. Black workers are twice as likely to have zero-hour contracts than White workers (Haque, 2018), and people with long-term health conditions are more likely to be in part-time, low skilled and low paid work (Coleman et al., 2013; Office for National Statistics, 2018b).

Capital

Good work is facilitated by economic, social and cultural 'capital'. This provides psychological, cultural, and institutional benefits for those who have it (Claridge et al., 2018). However, building such capital is more difficult for Black people. Economic capitalism and racism are linked. European colonialism created racial hierarchies and anti-Black ideologies to justify slavery for profit (Williams, 1944). Even today, racialised hierarchies are central to capitalism. The pandemic shows how certain ethnicities and races are over-represented in

frontline work (Otu et al., 2020).

Financial security gives people the time to invest in social capital, considered necessary for building trust and cooperation amongst the people and institutions in society (Putman 1995). For job seekers, this could mean networking, volunteering, or waiting for the 'right' job. The uneven distribution of capital allows those at the top to retain power over those lower down (Bourdieu & Richardson, 1986), thus maintaining social injustices.

Education and skills

Education is important for future employment, but disadvantages occur throughout the educational pathway. Black Caribbean children have poorer school attainment scores (HM Government, 2019b). Black university students in England are more likely to drop out (10% compared to 7% for all students; Social Market Foundation, 2017). Twice as many young Black graduates compared to their White counterparts were unemployed one year after graduation (10% compared to 5%; TSIP, 2017). Structural disadvantages are evident in educational systems. There is evidence that schools respond more harshly to Black children's behaviour (Demie & McLean, 2017), and that Black disabled students find it more difficult to access appropriate support (Singh, 2005).

Employer culture

The Equality Act (2010) dictates that organisations cannot lawfully discriminate against Black and disabled people. However, this is difficult to monitor for those seeking employment; 42% of disabled people cited employers' attitudes as a barrier to work (Department for Work and Pensions, 2013), and 43% of people from minority ethnic backgrounds felt unfairly overlooked in application processes (Hirsch, 2018). People with disabilities may feel 'designed out' of these processes due to short application timeframes or inflexible interview dates. Previous negative experiences with application processes can discourage people from applying for future jobs. This may lead to expectations of low-paid, insecure, and unsuitable work (Roulestone, 2015).

Table 1: Summary of interlinked factors relating to employment

| Individual | Employer | Society |
|---|--|--|
| <ul style="list-style-type: none"> • Personal experiences • Race and ethnicity • Health status • Educational attainment • Skills and training • Financial capital • Social capital | <ul style="list-style-type: none"> • Hiring processes • Recruiting requirements (e.g., qualifications) • Managerial support • Policies and procedures • Reasonable adjustments • Diversity of existing workforce • Peer support • Employer 'readiness' | <ul style="list-style-type: none"> • Racism, ableism, stigma, discrimination • Education systems, policy, provision • Benefits systems • Austerity politics • Global economy • Laws (e.g., Equality Act) |

People with long-term health conditions may also experience workplace discrimination relating to their condition. This can include lack of support and difficulties getting reasonable adjustments resulting in fatigue and emotional exhaustion (Pranksy et al., 2016). A recent national survey showed that 9% of employees who disclosed mental health problems to their line manager reported being disciplined, dismissed, or demoted, whilst 32% hid their problems (The Prince's Responsible Business Network, 2019).



Statutory employment support and welfare

The standard employment service for unemployed people in the UK is Job Centre Plus (JCP), a government-funded employment agency under the Department for Work and Pensions. JCP has two main functions, to help people of working age find employment and to distribute welfare benefits such as Disability Allowance and Universal Credit. There are currently 2.8 million people in the UK claiming job-related benefits from JCP, a 126% rise since before the coronavirus pandemic began (The Guardian, 2020).

In the last ten years, there has been a punitive "attempt to recast supply-side problems as the product of deficient work ethic" (Fletcher, 2011). This resulted in the reform of the UK benefits system in 2016 with the introduction of Universal Credit. This reform increased the prevalence of psychological distress in benefits recipients by 7%; this is the equivalent of more than 60,000 additional people experiencing clinically significant psychological distress (Wickham et al., 2020). This figure is set to rise further with 1.8 million more people claiming Universal Credit in the first five weeks of the COVID-19 lockdown (Timmins, 2020).

Support for 'good work'

This section discusses the useful elements of employment support and how they can be optimised for Black people with long-term health conditions. The process of supporting people into employment includes focusing on prerequisites to employment, supporting people into employment and working with employers to support a diverse workforce. This section reviews the different models of employment support available and the evidence for their effectiveness.

Methods

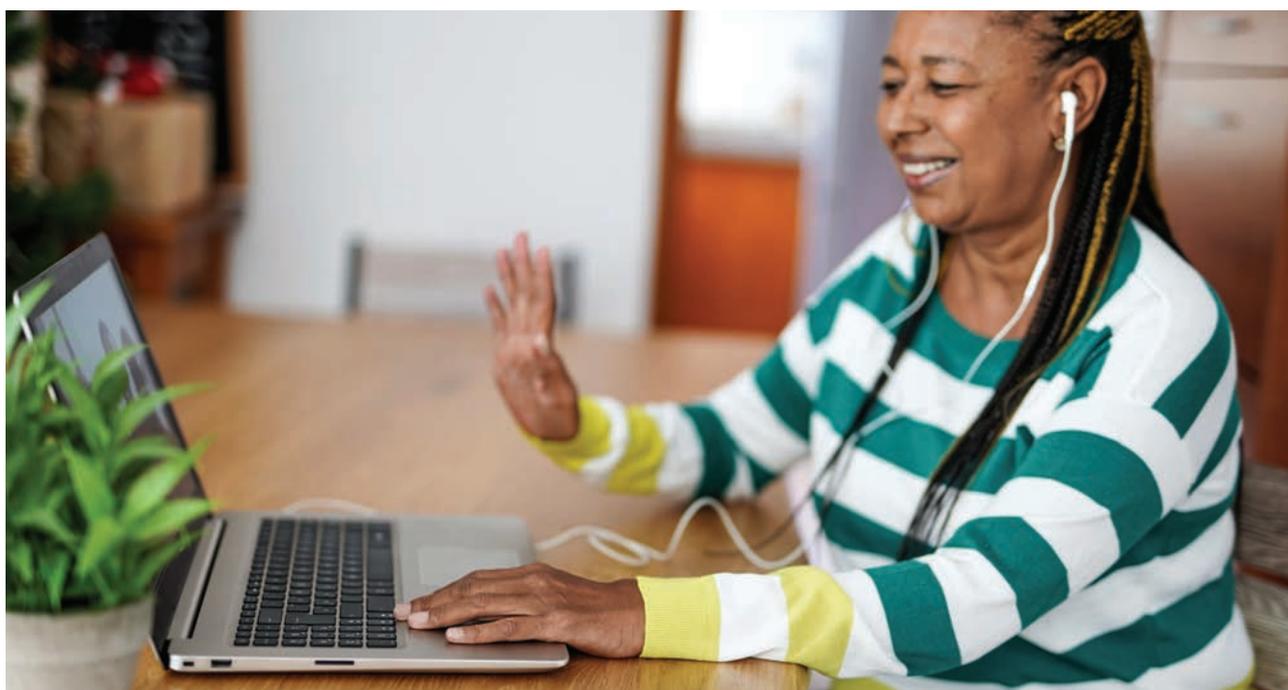
Our review was based on scientific literature searches for evidence of effectiveness for each type of employment intervention. The first stage involved finding recent systematic reviews for each model. If none existed, we searched for 'lesser' evidence as described by Cochrane's hierarchy of evidence

criteria; beginning with Randomised Controlled Trials (RCTs) and including other evidence as needed (including uncontrolled studies, qualitative studies, and case reports).

Evidence for employment models

The main challenge of this review was to explore evidence for overlapping models. In practice, most employment support services use blended models. The first stage was to develop a typology of different employment support interventions. This was adapted from and influenced by existing typologies (for example, Suijkerbuijk et al., 2017). We included the following categories, from interventions that place people into competitive employment to interventions that seek to improve 'work readiness' (the skills required to find and sustain employment).





The categories were as follows:

- 1 **Supported employment** (a 'place then train' ethos into competitive employment).
- 2 **Transitional employment** (a 'train then place' ethos into non-competitive employment, with stepwise progression to competitive employment for some).
- 3 **Pre-vocational support** (focuses on pre-employment outcomes like 'work readiness' and confidence, before progressing to employment outcomes).
- 4 **Working with employers** (focus on the employer and organisational level barriers to employment or developing networks for job seekers).

These categories are not mutually exclusive, as employment services combine approaches. For example, the most popular supported employment intervention, IPS (Individual Placement and Support), is often augmented with pre-vocational support.

Some services apply different approaches to clients at different stages in their journey; for example, employment support delivered through the Clubhouse model can be pre-vocational or transitional. It can also link to competitive employment (see Crowther et al., 2001).

Employment support for Black and disabled clients

We then reviewed the different employment support models and how they might work for Black people and disabled people. There is little published scientific literature examining how Black people experience employment support services (Okoroji et al., in preparation). However, IPS models were designed for disabled people (particularly for people with severe mental health problems).

Our literature searching included scientific databases, relevant grey literature, commissioned service reports and evaluations. Sometimes there was no published literature, but we knew of local projects through personal networks and website searches. We also drew on knowledge from personal experiences of Lambeth residents and workers.

Findings

Search results are summarised in the table on the following page. Systematic reviews often compare models (for example, IPS compared to transitional employment). Different models have different aims. Supported employment services aim to secure competitive employment. Pre-vocational services aim to increase work readiness. Many services have aspects of both.

Table 2: Typology of employment support

| Model | Main aim | References (SR = Systematic Review) (MA = Meta-Analysis) (RCT = Randomised Controlled Trial) | Strength of evidence | Explicit mention of race in evaluation aims? |
|--|--|---|--|--|
| IPS | Competitive employment | Frederick & VanderWeele, 2019 (MA) Howard et al., 2010 (RCT) Kinoshita et al., 2013 (SR) Knapp et al., 2013 (RCT) Metcalfe et al., 2018 (SR) Suijkerbuijk et al. 2017 (SR) Perkins et al., (under review) | Good in relation to competitive employment. Less evidence on work readiness outcomes. | Howard et al., (2010) Mueser et al., (2014) Perkins et al., (under review) |
| Augmented IPS (IPS used in conjunction with other models) | Competitive employment | Dewa et al., 2018 (SR) | Good, based on one systematic review in the UK. | None |
| Transitional employment • Sheltered workshops • Clubhouse models | Stepwise rehabilitation to non-competitive jobs as preparation for competitive employment. | Davis et al., 2018 (RCT) | Poor for traditional sheltered workshop. Some evidence for the Clubhouse model. | Mueser et al., (2014) |
| Transitional employment – Social enterprise and self-employment | Explores self-employment options or social enterprises in a supported environment | Ostrow et al., 2019 (commentary and survey) Samele et al., 2018 | Little published evidence, no trials. | None |
| Pre-vocational support | Psychosocial rehabilitation to support work-readiness, unrelated to specific jobs | Crowther et al., 2001 (SR) Doyle et al., 2019 (Narrative Review) Lindsay et al., 2018b (SR) McKay et al., 2018 (SR) Nevala et al., 2019 (SR) Smith et al., 2017 (SR) | Evidence for aspects of the intervention, such as mentoring. | None |
| Interventions for employers | Working with employers as partners in the employment journey. | Andrews et al., 2014 Annabi et al., 2019 Armstrong et al., 2010 Bewley & George, 2016 | None | None |

Supported employment (IPS)

The standard international model for supporting people into employment is Individual Placement and Support (IPS). Most IPS interventions focus on people with severe mental illness. In one systematic review, 89% of articles included were related to mental illness (Pinto et al., 2018). IPS is the best-evidenced employment support intervention in this context. For those finding employment using IPS, 72% of jobs are sustained over three months and 60% over six months (Melleney, 2018).

IPS produces better outcomes than alternative vocational services (Metcalfe et al., 2018), and 'train then place' interventions (Nøkleby et al., 2017), it also costs less to health and social care systems (Knapp et al., 2013). In one review, people found jobs quicker and spent longer in employment, but there was less evidence for other vocational outcomes (Kinoshita et al., 2013). IPS and 'augmented' supported employment were the most effective interventions for people with severe mental illness in gaining and maintaining employment (Suijkerbuijk et al., 2017). However, IPS may not affect outcomes such as quality of life, psychological symptoms, or psychiatric hospitalisations (Nøkleby et al., 2017).

Bias may exist in IPS trials (Kinoshita et al., 2013; Metcalfe et al., 2018). The primary focus on severe mental illness limits applicability to other contexts. In one project, which evaluated the use of IPS in Job Centres across three London boroughs for people with schizophrenia, only 11 people out of 64 secured jobs (Hamilton et al., 2016). Clients valued the flexibility and consistency of support, which compared favourably against other experiences of employment support. They were able to meet with their employment advisor away from the office, with fewer restrictions on time. Conducting a trial of IPS in more complex settings, such as for people with offending histories and people from forensic settings may not be feasible (Khalifa et al., 2020) and adaptations are needed (Talbot et al., 2018).

Few studies have been done with explicit attention to race. One US study (Mueser et al., 2014) compared supported employment interventions with vocational rehabilitation services and a Clubhouse programme for people with severe mental health problems. The results showed the benefits of supported employment for Latinos compared to non-Latino African Americans (n=91) and non-Latino whites. They found similar levels of benefit from supported employment across the three groups.

Another study analysed ethnicity data within a trial and found no association with outcomes (Howard et al., 2010). The most relevant study in this area (unpublished at the time of writing) looked at equality of access of IPS services for people from Black, Asian and Minority Ethnic (BAME) communities in the UK. The study found that a disproportionate number of Black people were accessing IPS, and there was little to suggest that Black people were disadvantaged in these services. More work is needed to understand Black people's experiences of supported employment.

Local example: Work Well

Lambeth has seen several adaptations of IPS-based approaches. One example was the Work Well service run through South London and Maudsley NHS Foundation Trust. The service was based on an adapted IPS called Individual Career Management for people with mild to moderate mental health difficulties.

The aim was to support people with mental health conditions who were seeking work, or who were unable to work. It aimed to help people with their wellbeing and to find employment, rather than to get people into unsustainable work that would be detrimental to their mental health. Work Well provided specialist career coaches who supported clients over several months. They also worked with local employers to promote the hiring of people diagnosed with mental health conditions. An evaluation showed that the service had a positive impact for those who received it (McPin Foundation, in preparation).



Transitional employment

Transitional employment provides a stepwise path into non-competitive employment, preparing people for future competitive employment possibilities. Systematic reviews of transitional employment often compare it to IPS, where it performs less well for those transitioning to competitive employment (e.g., Davis et al., 2018). One systematic review found that the traditional 'sheltered work' model could impede the transition to competitive employment (Nevala et al., 2019).

Peer-led models show more promise. One study demonstrated the possibilities of employing people with severe mental health problems and criminal history through transitional self-employment (Samele et al., 2018). Clubhouses also provide transitional support and there is some evidence for effectiveness (McKay et al., 2018). The Clubhouse develops relationships with employers, and members attend work placements on its behalf. The placement can be filled by substitute members if one member cannot attend. The decision on who will fill the vacancy rests with the Clubhouse, who provide on-site support. Some members may seek competitive employment where the Clubhouse has no formal relationship with the employer and provides no on-site support. One US study has compared the model to supported employment, looking at the effect of ethnicity (Mueser et al., 2014, see above).

Local example: Mosaic Clubhouse

There are examples of organisations providing people with peer support in Lambeth, including a Clubhouse. The Mosaic Clubhouse in Brixton provides support for people living with mental health difficulties in Lambeth. They promote positive mental health for those aged 16 and over, living with severe and enduring mental health problems, enabling individuals to access employment support, regain confidence and learn new skills. The two central beliefs of Mosaic are: the concept of 'membership' to the Clubhouse Community and of working with staff to co-deliver activities. Members work on reception, run the café, maintain the gardens, support administration, and deliver workshops for peers. Members participate in all decision-making and governance opportunities. Although the Clubhouse has paid support staff, services are deliberately understaffed to ensure everything is delivered in partnership between members and staff. Being in Brixton, Mosaic focuses on providing services to Black people. Their CEO Chris Thomas said (7th June 2020):

“*Mosaic cannot be complacent. We are proud to have a high proportion of Black members and Black staff, but it is not good enough for us to sit back and claim we are 'not racist'; we must be avowedly anti-racist. We stand in solidarity with all those who seek positive change. We need to make sure that our services do not discriminate and ensure that Black colleagues are treated fairly. We want to start a dialogue with members and staff about how we can make our Clubhouse fairer and more inclusive. We will be open to listening and learning.*”

Local example: Clean & Care

Established at Tooting Bec Hospital in 1993, the project was one of the first in the UK to offer paid cleaning work and training to adults in contact with mental health services. In 2003, it received a grant from Guys and St Thomas's Charity to purchase better cleaning equipment and fund a full-time co-ordinator. It grew into an aspiring social enterprise and aims to challenge stereotypical views about mental health service users' abilities. It was awarded over £350k from Lambeth Council to clean the carpets and floors of Lambeth libraries. The project has grown and has diversified into office cleaning.

Pre-vocational training and support

Pre-vocational employment focuses on the prerequisites to employment, rather than training people for specific jobs. Systematic reviews (Crowther et al., 2001; Nevala et al. 2019), suggested that pre-vocational training was not as effective as supported employment in terms of getting people back into competitive employment. Those in supported employment earned more and worked more hours per month. There are potential benefits of pre-vocational support and education when combined with supported employment for people with learning disabilities (Nevala et al. 2019), and ongoing support and work-related social skills training is helpful (Smith et al., 2017). Face-to-face interventions such as coaching can help employees with underlying cognitive difficulties (Doyle et al., 2019).

Peer support can be used in conjunction with employment support (Agarwal et al., 2019), particularly for people who have experienced work-related discrimination (Hazzard et al., 2021). Such experiences exacerbate mental health problems and can lead to internalisation of prejudice, shame, or guilt about work (Elraz, 2018). This can manifest as 'imposter syndrome' (feeling incapable or unworthy of work). Peer support, with its friendly, safe, and egalitarian attitude, can reduce internalised stigma. It allows people to 'open up' about sensitive topics that may not otherwise be possible in structured environments with power differences between individuals (Side by Side Research Consortium, 2017).

Local examples: Thames Reach

Thames Reach is an organisation focusing on training and education to support people into employment. They offer a range of services including literacy support through one-to-one sessions by volunteers, and rehearsals to build confidence, improve speaking and listening skills and help participants express themselves.

Working with employers

Employers must be ready to work with diverse workforces and put reasonable adjustments in place to support them. Employers benefit from being representative of the population they serve.

The benefits of hiring diverse workforces include reduced levels of bullying and discrimination (Andrews & Ashworth, 2015), improvements in profitability (e.g., profits and cost-effectiveness, turnover and retention, reliability and punctuality, employee loyalty, company image), competitive advantage (e.g., diverse customers, customer loyalty and satisfaction, innovation, productivity, work ethic, safety), and inclusive work culture and ability awareness (Lindsay et al., 2018a).

A systematic review (Nevala et al., 2019) showed moderate evidence for workplace interventions that promoted employment for people with physical disabilities. Measures included workplace adjustment, vocational counselling and guidance, education and self-advocacy, changes to work schedules, and special transportation. Interventions such as coaching, mentoring, workplace design and flexible working are important for people with disabilities. Increasing managers' understanding of disabilities may be effective (Bartram et al., 2021).

One case study of two organisations showed the importance of employers learning about adaptations for disabled staff (Bewley & George, 2016). Employers benefit from holistic leadership. For example, managers that support diversity and inclusion, work collaboratively with 'lived experience' advocates, support mentorship schemes and have values aligning with social impact. Collaborating with local user-led organisations may also widen recruitment (Annabi et al., 2019).

Local examples: Waterloo Job Shop

The Waterloo Job Shop, run by South Bank Employers' Group, aims to support the community by increasing work outcomes for residents. They are one of few organisations in Lambeth that work directly with employers to encourage local recruitment. They support Lambeth, Southwark, and Wandsworth residents to learn skills and retrain to suit local employers and the changing job market. The Journey2Work program provides individual ongoing support to jobseekers aged 50 or over. It has secured over 700 jobs for people in the community by helping employers find committed local workers. Older jobseekers are supported to access the jobs created. They also take volunteers with lived experience, including those who have used the program.



Conclusion

There is an ethical, social, and financial responsibility to ensure equal access to good employment opportunities. Systemic discrimination reduces opportunities for Black people with long-term health conditions to build social, cultural, and financial capital. Employment support interventions must acknowledge how such 'capitalism' confers employment advantages to some at the expense of others. Black people with long-term health conditions have less access to good work and are more likely to be exploited via precarious work arrangements. Experiences of racism, ableism and discrimination affect preconceptions about employment, leading to 'imposter syndrome' and internalised stigma.

Disabled people, particularly those with severe mental health problems, have been central to employment interventions. Preliminary evidence suggests that Black people are accessing supported employment equally, but little is known about Black people's experiences of employment support as a whole. Comprehensive employment support for Black disabled people should include elements of supported employment, peer support, mentoring and coaching, and teaching about the Equality Act

(2010). It must also work with employers to help them model inclusivity and diversity. Introducing diversity without pro-inclusivity commitments is likely to exacerbate discrimination and lead to higher organisational costs and losses (Rohwerder, 2017).

The COVID-19 pandemic marks a turning point in history and has coincided with international anti-racist protest, leading to greater awareness of systemic racism in the UK. However, it has also seen the development of worrying ableist attitudes about the relative worth of people with long-term health conditions and disabilities (often framed as 'underlying health conditions') in society (Akerkar, 2020). These are now mainstream issues for society to face.

The ageing of the population means that by 2030, most of the population will have a long-term health condition (Sayce, 2018). Intersectional employment support for Black people with long-term health conditions is vital to a functioning and healthy society. Interventions for people who are Black and who have long-term health conditions must acknowledge the complex intersectional factors that affect their clients.

Recommendations

- 1 Employment support services aiming to support Black people into employment need to be developed for and with Black people.
- 2 Employment support services must support employers to commit to pro-inclusivity. This means moving beyond existing diversity policies and developing support systems that allow a diverse workforce to thrive.
- 3 Peer support, mentoring and coaching are likely to play a vital role in helping to improve employment experiences for Black people with long-term health conditions.



Researcher reflection

“ Although there is little literature out there on the experiences of Black people with long term conditions, what we have found is striking. The obvious statistical disparities across education and employment and the low satisfaction of Black people with services is enough to show that changes need to be made.

For example, the suggestion that Black students are treated more harshly for their behaviour in school and more likely to be expelled is a significant statement that should be investigated, along with many other statements found in the different literature. It appears that there is a lack of funding, or simply, a lack of interest in the negative experiences of Black people.

It is often said within Black communities that people are tired of being asked what the problem is – the problems are obvious. Once a problem is made known, the responsibility should then fall onto people that can create change – in this case, employers, policymakers, services. However, in the case of Black people with long-term health conditions and the barriers to employment, there seems to be no bridge towards change.”

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About Black Thrive Lambeth

Black Thrive Lambeth was established in 2016 to address the inequalities that negatively impact the mental health and wellbeing of Black people in Lambeth. We are a partnership between communities, statutory organisations, voluntary groups and the private sector.

We work collaboratively to reduce the inequalities that lead to poorer socioeconomic outcomes for Black communities in the borough and initiate the systems change required to see Black residents thrive.



About the McPin Foundation

We are a mental health research charity. We believe research is done best when it involves people with relevant personal experience that relates to the research being carried out. We call this expertise from experience and integrate this into our work by:

- Delivering high-quality mental health research and evaluations that deploy collaborative methods
- Supporting and helping to shape the research of others, often advising on involvement strategies
- Working to ensure research achieves positive change

Research matters because we need to know a lot more about what works to improve the lives of people with mental health difficulties, their families and ensure people's mental health is improved in communities everywhere.

Want to find out more about our work?
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