

'Explain or change': the quality and uses of ethnicity data in universities and healthcare organisation in England

Abstract

'Explain or change' was a key term that came into currency in the UK from 2016 onwards to put the onus on public institutions to account for disparities in outcomes on the basis of class, gender and ethnicity, in the main. One of the most prominent outcomes of this policy initiative was the government Race Disparity Audit. This article aims to go behind the headline figures to understand what it means to either 'explain' or 'change' figures and policies around race/ethnicity in particular. It outlines the findings of a survey and some interviews with staff working in the NHS in London and in universities in England. The findings point to difficulties with the quality of data generated by these organisations, as well as the uses of data. Practitioners feel that data is incomplete and do not provide the routes to policy measures that will make a clear difference to outcomes. At the same time there is a feeling there is a lack of will to use data to either explain or change their organisation's response to race inequality. Thus, this article concludes that the use of ethnicity data remains the main concern for many participants in this study.

Keywords

Ethnicity data; race; policy; ethnic monitoring; equality.

Introduction

On becoming the Prime Minister in July 2016 Theresa May's first words in the role highlighted the 'burning injustices' that characterise the UK. In stating that the nation is less of a meritocracy than it might think of itself as, she mentioned that black people are treated more harshly by the criminal justice system than whites, that white working-class boys are least likely to go to university, and that women earn less than men. These examples underline that her pledge 'to make Britain a country that works for everyone' (May 2016) is about inequalities of race, class, gender and age. Yet probably the highest profile outcome of this pledge was the government led Race Disparity Audit initiated in 2017. Drawing on and combining data from a range of sources, the review was a large-scale attempt to collate and summarise ethnicity data across a range of policy fields such as education, health and criminal justice, as well as employment and community diversity in the UK (Cabinet Office 2018). In this light, the Audit is

not new data per se; it repeats or confirms a good deal of what is already known about the level of race inequality in the UK, through the comprehensive EHRC review (EHRC 2017), although it does bring a range of sources together in one place.

The Audit was widely covered in the media. In spite of fears from Black, Asian and Minority Ethnic (BAME) groups that the data could be used by the mainstream media to reinforce stereotypes of black people as underachieving and a social problem in Britain, the media and public reaction was not at a level of significance that matched the 'moral panics' around race in the 1970s and 1980s (Gilroy 1987). However, in other ways the reaction to the Audit did carry a large measure of continuity with previous decades. To take just two examples, we point first to a comment piece by the Labour MP Dawn Butler (2017) where she said the audit offered nothing new and was not backed up with any solutions. In a similar vein, the TUC (Owusu 2017) also called for urgent changes to follow from the data. In responses and commentaries like this it is notable that the data itself is taken as given or self-evident and it is policies to redress inequalities that are needed. This 'deed not words' outlook is a common refrain in anti-racist politics and policy (Pilkington 2003). In calling on agencies and organisations to 'explain or change' ethnic and other forms of disparity, this is not that different from the PM herself. In launching the 'ethnicity facts and figures' results as it was also called [and the slippage and overlap between race, racial inequalities and ethnicity is itself noteworthy], she said that the audit should be an 'essential resource in the battle to defeat ethnic injustice' at all levels of society and that public agencies must 'explain or change' ethnic/racial disparities in treatment people receive.

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This provides the context for the research undertaken for this article. We wanted to understand better what 'explain or change' means in reality for staff in public sector organisations. What does it mean to 'explain' the ethnic patterning of poor outcomes in an organisation? What is the quality of the data collected by public agencies, and how is, or can, it be used as a driver for change? Can it lead to better mapping of patterns of discrimination and inequality, as well to plan more equitable services and if so, how does this occur in specific areas of public policy? And what are the views and experiences of the staff in public institutions – often people working in human resources departments, or as equality and diversity advisers - whose role it is to collect the data, analyse it and propose policies to achieve more equal outcomes?

To this end, we undertook a small online survey of such staff in two areas of public provision – the health service and higher education – to identify and understand the challenges and possibilities that the phrase 'explain or change'

speaks to. Given the Race Disparity Audit's aim to use public sharing of ethnicity data as a lever / lens to help or require public agencies account for patterns of inequality and to propose remedies we wanted to examine whether staff in the public sector feel equipped to do this. Our key question was: what do people working in public agencies think about the quality of ethnicity data and whether it is helping them to understand discrimination and plan the design of more equitable services? We set out the results of the research and identify some issues and problems with the general landscape of ethnicity monitoring. We also make specific points about just how hard it is to 'explain' disparities, as well to 'change' them and what might help to create more supportive environments for this in the future.

Taking a count of race and ethnicity

The issues underlying this discussion can be set within a set of interrelated theoretical and policy debates. These are issues about what to count, referring to the changing dynamics of race in the UK; on the role of diversity in organisations, especially the question of what significant changes this can or is intended to achieve; and the governance of equalities through audit and target mechanisms. Each of these areas has lengthy histories, what we aim to highlight here is why and how they have increased in significance in recent years.

First, new and recent migrations have added to, sharpened or heightened questions about the meaning of race, and the pursuit of race equality in the UK. The demographic complexity now evident has called into question the utility of traditional ethnic and racial categories on both theoretical (Simpson 2002) and empirical (Aspinall 2009, 2012) grounds in academic literature. In these, it is argued that the current categories used in the census are not responsive to contemporary migration flows and are not adequate in understanding the patterns, as well as the causes of inequalities. The most widely discussed version of this position is superdiversity. Vertovec (2007) suggested that government policies have been framed by a traditional understanding of immigration and multicultural diversity based mainly on a perception of well-organised immigration from commonwealth/ former colonial countries. He argued that parts of the UK can be described as 'superdiverse' due to new patterns of migration over the last decade that have led to a demographic situation in which there is a dynamic interplay of variables among an increased number of new, small and scattered, multiple-origin, transnationally connected, socio-economically differentiated and legally stratified immigrants. (Vertovec 2007: 1024). Vertovec's analysis focuses primarily on the limitations of viewing diversity solely in terms of ethnicity or country of origin. He suggests that public policy-makers need to recognise the 'multiple identifications and axes of differentiation, only some of which concern ethnicity' (p.1049). Consequently, Vertovec (2010) suggests that a substantial shift in strategies concerning the assessment of needs, planning, budgeting and commissioning of services is required to respond to super-diversity and that this

shift should begin with ‘gathering basic information on the new diversity’ (p.89). From this point of view, the Race Equality Audit and the attempts to better capture ethnicity data using conventional categories is of limited value.

However, some go even further than this and suggest we have arrived at a ‘post-race’ period. This is a term with various meanings and we focus on one strand only, namely the view of some commentators, such as Goodhart (2014) and Phillips (2015), who assert that race inequality has now been overcome or is a redundant variable in judging inequality². A policy echo of this can be seen in Labour Communities minister’s John Denham comment that ‘it’s time to move on from race’ to focus on more generalist concerns such as poverty (in Craig and O’Neill 2012). These arguments recommend the adoption of ‘race-blind’ forms of public policy and associated universalist models of administrative categorisation to monitor the achievement of wellbeing and other outcomes in society. Like superdiversity, this version of post-race suggests that racial categories do not fully capture the experiences of inequality and discrimination faced by individuals in contemporary society. Yet, in a departure from superdiversity, which has thus far been a largely descriptive concept used to capture new patterns of migration, post-racial theories have been based on more substantive ethical and ontological propositions in response to questions of inequality and social justice. Post-race or post-racism claims and arguments are not necessarily ‘blind’ to race, but they do call into question the whole framing of anti-racism in the UK legislation and policy.. Critics of this approach (e.g. Redclift 2013) link this pronouncement of ‘the end of race’ in UK policy terms to other trends of neo-liberal governance.

For some NGOs and activists (e.g. CORE 2010) the introduction of the Equality Act (2010) which encouraged protection for people from nine protected characteristics (including race) meant that the ‘dilution’ of race equality has been of longer standing. After a period when there was emphasis on tackling institutional racism in the wake of the Macpherson inquiry (1999) there is a view that race has slipped off the agenda, or become ‘invisible’ (McGhee 2005, Craig 2013). In this light the Race Audit is largely a paper exercise in which little or no practical action will follow the disparities identified. We can see another version of this outlook in Ahmed’s (2012) study of equality and diversity officers in higher education institutions. Despite their own commitment to the issues, Ahmed suggests that ‘diversity’ has become a performative tool in universities that is used as a marketing exercise to highlight their openness to difference. However this is no more than a superficial commitment because cases of racial discrimination are ignored or downplayed, and diversity officers are largely marginalised and able to effect very limited changes to institutional structures and processes (Ahmed 2012). Cashmore’s (2002) study of ethnic minority police officers likewise found that they viewed organisational commitment to diversity as no more than ‘window dressing’.

Race or equality targets are just one instance of the well established means of driving social change in policy areas through what is commonly referred to as an 'audit culture' or managerialism in the public and private sectors. The so-called 'regime of numbers' (Ball, 2010: 125) is a routine way of ranking and rating organisations, and placing them in 'league tables' of performance or excellence. Although the financial and auditing mindset that underlies these things has been widely and frequently criticised, it nonetheless remains a dominant mode of governance (Shore and Wright 2015). Indeed, the use of data driven evidence to shape public policy clearly has a longer history through Victorian poverty surveys and Fabian 'social engineering', as well as the more recent calls for 'evidence based policy' (Cairney 2016).

The field of ethnicity/race monitoring both does and does not fit into that general picture of governance and politics. On one hand, there have been recent and long-standing uses of statistics around racial/ethnic disparities as a way of calling for or instituting changes in policy and procedure (e.g. most recently in the EHRC 2017 review, though it is notable this reflects England census categories, which had some degree of variation in other nations of the UK. Before that there have been regular and recurring concerns about the over-representation of black people, particularly males, in prisons or in stop and search figures or, in some areas, in school exclusions. Yet in the fields we are concerned with here, higher education and health, the issue is more often about the *under-representation* of, say, black and Asian people, in Russell group universities, or in senior leadership and management position in the public sector. The Race Disparity Audit can be seen as extension of these approaches. Statistical monitoring benchmarked against national or local population demographics remains the primary means of thinking about how to map disparities and make policy plans from them.

These statistical issues are interconnected with the categorical ones about what should be the relevant identity or group markers, particularly whether and to what extent race still matters, and whether diversity has supplanted race equality. In this light it is telling that the Race Disparity Audit was actually published as 'ethnicity facts and figures' (Cabinet Office 2018). While there are overlaps between race and ethnicity, eliding them does raise worries among race equality campaigners that the focus on race inequalities [meaning, for many in the UK, more established Commonwealth migrant groups] is being 'watered down' by an emphasis on ethnicity. This is precisely the argument against ethnicity articulated by the Institute of Race Relations in the 1980s (Sivanandan 1982). When ethnicity is conjoined with diversity - and used instead of or as equivalent to race equality - it becomes a matter of concern for some campaigners, such as Baroness Lawrence, mother of the murdered teenager Stephen Lawrence (see Lawrence 2009). Yet for others the argument is that race

or ethnicity is too narrow, especially in a multiple-identity society, and where there has been a significant growth in the 'mixed race' population. (Aspinall 2003). Moreover, arguments from an intersectionality perspective (e.g. Bagilhole 2010) can also call for a more contextualised understanding of race/ethnicity, in relation to gender, class, age and so on.

It is undoubtedly the case that the sophistication of data collected now on race/ethnic inequality is much better than it was a few decades ago. The available data is more complete and when read across in terms of factors such as geography, gender and social class, provides a deeper picture of inequalities that persist over time. Yet the changes that have occurred have been piecemeal and often patchy in different nations and regions of the UK. While we know more about extent of inequality, the extent and pace of change is slow and this is a frustration that can be seen clearly in the responses of some commentators to both the announcement and results of the Race Disparity Audit.

The conceptual and technical issues outlined here underscore the problem with either 'explain' or 'change'. A common argument – though some critics would argue it is little more than an excuse - for not making more and better use of ethnicity data is that the data is just not a reliable basis on which to implement policies. This is for a number of reasons. One is that the quality of the data is limited because of the numbers of people who decline to fill-in the self-declared ethnicity categories. As an example, Saunders et al. (2013) have shown that the validity of ethnicity data is an important limitation when seeking to understanding the ethnic patterning of cancer patient experiences. Another reason is that the data is not comparable because there is an inconsistent use of ethnic categories in different parts of the country. In different localities, categories are combined, or 'new' categories are introduced to reflect particular local circumstances, such as for example the presence of small but significant numbers of Somalian people in east London, who would otherwise be folded into another category. A third reason is that the granularity of ethnicity data is insufficient to keep track with a superdiverse society categorised by different patterns of migration (Vertovec 2007). As an example, the category of 'white' is itself is seen as too broad and not fine grained enough, especially in a period where following the accession of more countries into the EU there was significant movement of people into Britain; and that this possibly transitional period has and will shift further during and after Brexit.

Approach

This study had two main and interrelated aims. Firstly, we aimed to explore views about the quality and limits of ethnicity data collected by public agencies. Secondly, we aimed to understand how that data is or could be used to progress race equality.

We designed a pilot study to explore these issues in two public sector fields (higher education and the health service). The research was carried out with the support of two sector-focused bodies to access survey respondents. The NHS London Leadership Academy used an existing database to invite London, Kent, Surrey and Sussex based NHS trusts and Clinical Commissioning Groups to participate in the study. The Equality Challenge Unit used their existing database to invite Higher Education Institutions (HEIs) across England to participate.

An online survey was sent out by each organisation via email to a target sample of people working in both sectors. After an initial mail-out, one follow-up email was sent two weeks later to encourage non-responders to participate. Each survey was open for one month. The data collected was confidential and anonymous from each organisation and from the researchers, unless individuals chose to 'opt in' by providing an email address. Those survey respondents who did were invited to follow-up interviews and they were subsequently contacted and interviewed by telephone by the researchers. While the interviews aimed to explore these issues in more depth, the survey was based on 13 questions with a simple likert scale that asked respondents to express their views about the quality and use of ethnicity data in their day-to-day work. There was a small space for 'write-in' answers to some of the questions.

We explored whether NHS research ethics committee approval was required (by completing a Health Research Authority assessment) and established that approval was not required. In designing the survey and follow up interview protocols, particular consideration was given to issues of anonymity and consent. Each survey had a front page whereby participants were informed about the purpose of the survey, that their participation was voluntary and their views would be recorded in related research outputs in a way that was not attributable to individual participants. Participants had to read these terms and consent to participate before completing the survey. Similarly, interview participants were asked to consent to similar terms and had an opportunity to ask questions about the study prior to participating.

A breakdown of the profile of survey respondents for each sector is provided below:

Health:

Number of organisations contacted	Final sample	English regions	Job roles of respondents
311	32	London, Kent,	Large spread of roles. Mostly, non-clinical roles (e.g. Equality, Diversity

		Surrey and Sussex	and Inclusion, Education, Organisational Development and Patient Experience). Small number of clinical roles (e.g. nursing, consultant).
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Higher education:

Number of organisations contacted	Final sample	English regions	Job roles of respondents
391	52	All regions	Mostly Equality and Diversity roles (60%). Also HR and planning roles, lecturers, research fellows and student union staff.

We acknowledge limitations of the data. These response rates of between 10-15%, though low, are in an acceptable range for external surveys. The spread of roles undertaken by respondents was wider in the Health cohort (from a range of largely non-clinical roles). In the Higher Education cohort, more than half were equality and diversity professionals and this is likely to have shaped the nature of responses (see Pilkington, 2011 who notes differences in perspective between equality and diversity staff and other senior managers working in Higher Education). Both surveys were sent to existing databases held by the Equality Challenge Unit and the London Leadership Academy, helping to provide quick and convenient access to relevant participants within the resources available to researchers. Yet, using convenience samples of this type is likely to have resulted in response bias. For instance, whilst HEIs in the achieved sample were from all English regions, only 3 of 52 were from London (despite the largest proportion of universities in England being in London).

While we do not claim the results are representative, the figures are adequate for providing an assessment of opinions. Around a fifth of respondents provided some 'write in' commentary; while a smaller number agreed to be interviewed subsequently. We conducted two follow-up telephone interviews with survey respondents from healthcare organisations and four interviews with staff in universities.

A quantitative analysis of closed multiple-choice questions was undertaken. We combined this with a thematic analysis of qualitative data from open-text responses to the survey, as well as follow-up interviews. In some cases, the meaning of the open-text comments was ambiguous. We considered only the ones where we felt we were clear about meaning and intention. In the findings that follow, we have organised responses under a number of key themes. We

report all responses. For the interview data, we do identify a generic place marker to people. While we do not have enough data to make any generalisations about regional and geographic variations, we think these markers may be useful in providing a sense of where location is seen to matter, especially in terms of local demography. Whilst the results only apply to the sample and are not generalizable beyond this, the analysis aimed to identify issues that speak to the 'explain or change' challenge, as well as some topics that might merit further detailed study in the future.

FINDINGS

Quality of data

Some 51% (n=22) of higher education respondents answered 'yes' to the question 'is there anything about the quality of ethnicity data that prevents you from using it effectively in your work?' In addition, 33% (n=6) of healthcare service respondents answered 'yes' to the same question. When asked in more detail, respondents identified some problems with the quality of particular types of data. For example, 39% (n=7) of healthcare respondents reported that ethnicity data about differences in access to services and data about differences in health outcomes of patients were 'poor' or 'very poor'. In higher education, 21% (n=9) of respondents reported that ethnicity data about differences in student experience were 'poor' or 'very poor'.

We also asked respondents how satisfied they are with the ethnic categories used by their organisation to capture the racial and ethnic diversity of the local population. Less than half, some 48% (n=20) of higher education respondents were 'very satisfied' or 'satisfied'. Similarly, in healthcare, some 41% (n=7) were 'very satisfied' or 'satisfied'.

Write-in responses offer further insight into the views of respondents about the quality of ethnicity data. Broadly, two issues emerge. The first main strand of responses relates to restrictions associated with the electronic systems and processes used for gathering data and low rates of disclosure. Indeed, these are issues identified as relevant to a number of protected characteristics (Kendall, 2016; Valentine and Wood, 2016). For example, some respondents identified that promotion and progression of staff by ethnicity is hard to track because of the way data is collected:

Data on promotions rounds is not electronically collecting, meaning analysis is a manual process (Higher Education Respondent, number 2)

Due to the systems we use, it is difficult to obtain data about the promotion and progression of staff (Higher Education Respondent, number 29)

Others described low rates of disclosure and ticking the 'prefer not to say' box, which can prevent meaningful analysis and can increase the risk of lack of confidentiality (due to low numbers reporting from particular ethnic groups):

Others described how different parts of their organisation / different funders or regulators use different ethnic categories and this prevents consistent approaches to analysis:

Not all systems have consistent breakdowns of ethnicity information and ethnicity is not always used in the same way in different analyses (Higher Education Respondent, Number 15)

It doesn't prevent use but local data needs categorising to ensure like with like comparisons (Higher Education Respondent, Number 24)

The categories need to be aligned with census classifications (Higher Education Respondent, Number 4)

The second issue relates to limited granularity of categories used in monitoring procedures: Some respondents called for more disaggregated data, whether for white or 'minority' groups:

the 'white' category does not distinguish between British, European or American (North and South) (Higher Education Respondent, Number 48)

[there are] too many to list - 'indigenous' white; established bmes, newly arrived minority ethnic/national heritage groups (Higher Education Respondent, Number 44)

the categories used are very general (Higher Education Respondent, Number 21)

Some respondents suggested that improved disaggregation of data would help to avoid assumptions about group identity and 'groupness':

[there is] not enough detail about certain groups and as a result assumptions are made about group outcomes (Higher Education Respondent, Number 29)

Indeed, some called for a more sophisticated, intersectional response to the analysis of ethnicity data:

I think we need to avoid lumping different groups together under BME or BAME as individuals will have very different needs and experiences, and we need to understand them (Higher Education Respondent, Number 27)

At the moment some inequalities can be identified, but the data could be more sophisticated e.g. people being able to provide greater detail of their diverse backgrounds. However, this too might be problematic for analysis (Higher Education Respondent, Number 29)

While our interviewees share these perspectives, it is notable their comments and views add some depth and nuance to the write-in comments. On the point about procedural challenges in gathering data and low disclosure rates, some interviewees described how this was due to a lack of confidence in the systems

used to analyse and treat data. For example, an equality and diversity professional said there was 'a lack of confidence in the confidentiality of the data.... of what it will be used for' (London University based equality and diversity manager).

In relation to the granularity of data challenge, a number of interviewees recognised that a balance needs to be struck between describing the population they are working with and using a manageable number of categories to conduct meaningful analysis. For instance, an NHS interviewee agreed that a BME versus white approach is too crude, not least as 'White other' is lumped in with 'White'. But, he was also concerned about ending up in what he called 'analysis paralysis' where the sheer scale and range of groups could mean that 'the clinicians throw their hands up and say it's too complicated'. Hence this interviewee 'would be worried if we ended up with very small groups [for categories in a survey]– then it becomes difficult to see the bigger picture.... Everyone wants to be recognised [as a group or category]... [but] we can't separate out [every] group' [NHS London based equalities manager]. In a related vein, while a number of people felt there was a need for more disaggregated ethnicity data, one senior Midlands University based E&D manager felt that the HESA data universities are required to provide is already quite disaggregated³.

Use of data

Finally, respondents were asked about how effective ethnicity data is in helping them to undertake particular functions in their work. When asked 'how effective is ethnicity data in helping your organisation to understand patterns of inequality or discrimination?' 49% (n=19) of higher education respondents and 40% (n=6) of healthcare respondents reported the data were 'effective' or 'very effective'. When asked 'how effective is ethnicity data in helping your organisation to improve the planning and delivery of services?' 51% (n=20) of higher education respondents and 33% (n=5) of healthcare respondents reported the data were 'effective' or 'very effective'.

We asked survey respondents what would improve the effectiveness of using ethnicity data to understand discrimination and plan services. For some respondents, in order to improve the effective use of ethnicity data in their work, the data quality challenges identified above would need to be addressed first. An additional data quality issue that emerged through interviews was the challenge of undertaking 'intersectional' analysis using current systems. We heard calls for cross-referencing protected characteristics data to produce more fine-grained analysis. However, interviewees noted that systems/process issues limit this because the data gathered is uneven. Sometimes data sets are more complete for some characteristics [including ethnicity and gender] than others [such as religion or sexuality], but sometimes the information systems that respondents work with just don't seem to allow them to cross-read the data they do have. For

example, one of the main intersections often identified as important in the context of race inequality (that between ethnicity/race and gender) does not appear to be considered regularly.

Others felt that the challenge related to people's level of understanding and skill in conducting data analysis and knowing how to interpret data to identify solutions:

More understanding of how to move from data analysis to identifying actions to resolve issues (Higher Education Respondent, Number 46)

Indeed, when discussed in more detail by interviewees, effective use of ethnicity data was described as being affected by a range of factors including data quality, knowledge and organisational culture. The following quote from an interviewee captures this in their description of 'three hurdles' to improving the quality and use of data:

One is collecting the data because people are not sure what it's for – whether for service users or for staff". Two is that nobody told the IT people about the Equality Act so they didn't mandate that they have to have fields for this" [the point being made here is that this is not an issue for ethnicity data which is collected, but other protected characteristics].“ We're not collecting it so we're not using it. Third, even with the data we do have its difficult to use for clinicians because they haven't been trained or coached in how to. In medical school they have learnt the biological model rather than the social model so they can't see what categories have to do with their work.” [NHS London based, equalities manager]

Interviewees were also asked whether they felt that more, high quality ethnicity data would help them to respond to discrimination and plan their services more effectively. Across both health and higher education respondents there is a common view that more and fuller data will better inform decision-making and equalities monitoring among NHS staff and HEIs. One manager summed up this point of view in noting that: 'we will be in a better position to identify groups who are over-represented/under-represented and [to have] policies that address that' (London, University based equality and diversity manager). However, he also observed that 'collecting data is not the end of the story' and other interviews suggest some doubts about what is probably taken as an article of faith among equalities practitioners. For instance, a London based NHS researcher was concerned about the intersections between ethnicity and class and how that left out some lower income people from being considered by clinicians.. But, as to whether more complete data would address the respondent suggested that the core issue is "are such people overlooked because they are not in the data, or the data is not good enough – it's a 'chicken and egg' question'.

Other interviewees stressed the importance of attitudes to 'race' in shaping how people use (or do not use) ethnicity data in their work. There can, at times be a

lack of political will to address racial inequalities. As an example, the following quote suggests that improving data is only part of the picture. Good data quality and analysis also needs to be accompanied by a willingness to engage in discussions about race inequality and to look beyond the statistics to understand causes of inequality:

If you got better data – I don't know what it would help us to do. We have done a lot of work on gender. Only just starting to give race the same level of scrutiny... In general we find it more difficult to talk about race, people then get very tangled up – as organisations we don't have vocabulary as we do about gender. For example, we feel confident using shorthand like BAME – but if you try to use that acronym people would be very disapproving of it – I understand that there are issues around things like that. (Midlands, University based Equality and Diversity HR role]

Discussion

Taking all of these findings together, two broad trends are evident in relation to the quality and uses of ethnicity data.

Firstly, respondents from both higher education and healthcare have some concerns about the quality of ethnicity data available to them and, at times, this prevents them from using the data effectively in their work. Problems with data quality relate to inconsistency or poor application of systems used to capture data and associated low rates of disclosure. Problems also relate to limited granularity of ethnic categories that restricts meaningful analysis.

Secondly, only about half (and in some cases less than half) of respondents feel that ethnicity data is effective or very effective in helping their organisation to understand discrimination and plan and delivery services. Survey respondents and interviewees report reasons for this relate partly to the data quality issues identified above. Other causes of non-effective use of ethnicity data were seen to relate to analytical skills, knowledge about how to apply analysis to designing interventions and the broader effect of societal attitudes to 'race', which can restrict discussion of race inequality.

This sits uneasily with previous efforts to improve race equality monitoring for several reasons. One is the long history of collecting data on ethnicity, which was given a considerable push by the '16+1' categories adopted in the 2001 UK Census (Aspinall 2003), as well as the legacy of the Stephen Lawrence Inquiry. The latter led to action to address institutional racism in public services and often based that on assessments of ethnic inequality as measured through issues such as disproportionality in school exclusions, or police stop and search. While such data have always been incomplete, it is not in any way a new requirement so it is a surprise when some respondents feel that their systems are just unable to capture the data effectively.

A second and linked point is that the 2010 Equality Act introduced a number of protected characteristics as well as a Public Sector Equality Duty (PSED). While Equality Impact Assessments (EIAs) were largely overlooked by the 2010-15 UK Coalition government as part of its drive against 'red tape' and bureaucracy, they are still seen as a way of facilitating and evidencing compliance with the PSED. Yet, as one of interview wryly commented, 'EIAs are difficult to do without the data' (London, University based E&D manager). On a number of occasions, lack of data or poor quality of data were described by interviewees and survey respondents as influencing ineffective analysis of discrimination and planning of new services (EIAs can play an important role in this respect). This perceived lack of data is surprising given the legislative requirement and the focus of a number of initiatives in both higher education and healthcare to improve consistent collection and analysis of ethnicity data⁴

A third issue to emerge was that numerous respondents identified lack of confidence in the process of data gathering as an important reason for low levels of disclosure. Just as there were concerns from the outset about whether people would be willing to divulge ethnicity information voluntarily (source), even in 2017-18 we can hear equality and diversity officers noting that there is a lack of trust in whether the data will be confidential, as well as a lack of awareness of what uses the data will be put to. For example, a London based E&D manager said there was 'a lack of confidence in the confidentiality of the data.... of what it will be used for' (London, University, based E&D manager). The survey and the interviews took place in early 2018 shortly before the GDPR regulations came into force in May⁵. One HE respondent recognised this as an opportunity to communicate with all staff by including a statement about 'why is this important?' and be 'much clearer with people about... how we use your data' (Midlands, University based E&D manager).

A fourth issue worth noting is that some respondents suggested that the collection of data can be seen as an 'end in itself' and that decisions are not always made strategically about what types of data to collect or how to use the data to improve services. For instance, an HE adviser noted that his institution carried out a range of intervention to address BAME student recruitment and attainment, such as attendance support, lifestyle tracking and monitoring and engagement. However, such initiatives are 'carried out in a vacuum' and with only anecdotal evidence of whether they work (Midlands, University based E&D manager). The same interviewee also saw the need for HESA to do more with the data, to provide large scale analysis and better justifications of why the data is collected and what it is used for, indicating that there is a limit of what individual institutions can do.

While calls for more and better data are interesting they run up against a different matter: what would organisations do with such analysis? We heard several times that better data would produce better understanding of the issues;

in some cases there were also suggestions that this would inform policies and action plans. Yet, at the same time, numerous interviewees recognised that there are other fundamental challenges restricting progress on this agenda. In addition to the need to build technical skills and knowledge required to analyse data and design more equitable services, there is also an issue of limited willingness, ability or comfort to discuss 'race' issues. One interviewee (NHS London based equalities manager) even described the continuous quest for collecting more, higher quality data as a 'distraction' if pursued at the expense of not considering the underlying causes of race inequality.

Implications for the UK Government's Race Equality Audit 'Explain or Change' Approach

We now further consider and discuss the implications of this research within the context outlined in the introduction to this article. The current UK Government's Audit showed the extent of racial inequalities in the UK. As a result, in March 2018, a Race Disparity Advisory Group was established to oversee the development of a strategy to respond to the data. In the Prime Minister's words, public sector organisations have been challenged to either 'explain or change' the disparities that are evident.

The findings from this study suggest that some public agencies will have their work cut out for them. It is important to note that the number of survey respondents in this study was low and we cannot generalise about the broader population of universities and healthcare organisations. Yet this research has identified a number of interesting themes worthy of further study and consideration by academics and public authorities alike.

Firstly, we know that public agencies engaged through this research have faced challenges in understanding the reasons behind racial disparities in their fields of work. If they are to 'explain' racial inequalities, then these are challenges that will need to be overcome. Many respondents in this study point to poor quality quantitative data. Yet interview data suggests that more lies behind this. In some cases, there appears to be a lack of exploration of, sometimes difficult, questions that lie behind patterns identified through quantitative data. One interviewee suggested more systematic use of qualitative data, combined with high-level quantitative analysis would help to understand those patterns more clearly. As she put it "the quantitative data tells us so much, but now we need more qualitative data, it can distract you from the issues if you look at the patterns in numbers each year, but don't look behind that story" (Midlands, University based Equality and Diversity HR role). Certainly, there is a case to be made for more judicious use of qualitative research to ensure the lived experiences of those facing race inequality are heard. Yet, the analysis and use of this data may require a level of willingness and confidence to examine issues of prejudice, inequality and discrimination that some interviewees suggested was not always

present within senior leadership in their organisation. It can be easier to talk about problems with the data than it is to talk about problems with the organisation and how it treats staff and service users.

Secondly, in order to 'change' practice, arguably organisations will need a good understanding of (a) what they have done previously to address racial inequalities and whether it has worked and (b) what a better approach would look like. Several survey respondents and interviewees suggested that practitioners have a limited evidence-base of 'what works' in addressing race inequalities and that they do not regularly use ethnicity data to understand the impact of existing interventions to progress race equality. Whilst organisations may use ethnic monitoring to keep an on-going record of their progress in addressing race inequality, the data is not often used to help understand the impact of specific projects or changes to policy. Without this knowledge about impact, it is hard to know what works, other than in somewhat impressionistic terms. There is a danger that without fresh ideas and impetus, organisations will do what others do (without understanding whether it is right for them) or will adopt old approaches that have limited impact. Analysis of ethnicity data could help organisations to generate a better sense of what works for them. However, to achieve this more robust, longitudinal evaluation approaches are likely to be required.

The challenges faced by public agencies in collecting and using ethnicity data outlined in this paper are longstanding and arguably not limited to universities and healthcare organisations (see Fitzgerald and Sibbit, 1997 for an early appraisal of these challenges in the UK police force). Indeed, it is perhaps an important indication of progress on this agenda that the Government's Ethnicity Facts and Figures Site offers no attempt to answer questions about causality / reasons behind racial disparities or about change in those disparities over time. As we have suggested, improving the quality of ethnicity data is likely to aid analysis of inequality. Yet, another step is required to build commitment and investment to examine what works in progressing race inequality over longer periods of time (e.g. 5-10 year public policy cycles). Similarly, if public agencies are to learn how to change attitudes and behaviours of their staff and to design more equitable services, they will need to be willing to engage openly with a range of different types of data, including qualitative data about the lived experience of those affected by racial inequalities.

The combination of methods employed in this study suggests that the knowledge, skills and confidence to engage more deeply in this agenda will have to go beyond the 'one club' mentality of statistical monitoring of disparities and trying to make them approximate local and or national demographics. 'Granularity' will require both digging beneath the headline figures and categories, as well as more developed intersectional thinking. It depends on not just what seem to be 'facts and figures' but also an deeper, qualitative

understanding of processes and trends in specific organisations as well as in sectors, and in society generally.

Conclusion

We began this paper on an optimistic note. The Government's introduction of a Race Disparity Audit appears to be a positive contribution to collating the existing data about race equality in the UK, and 'explain or change' a clear challenge to use the data to drive change, not just chart inequalities. In this context, this study aimed to provide a snapshot of thinking and practice among practitioners in the fields of health and higher education to assess they viewed the data available to them. Will this data help them to 'explain' the causes of inequality and to 'change' their practice in order to progress race equality in the future? While claims about the limits of race as a frame are widely evident, due either to superdiversity or to a post-race viewpoint, a governmental Audit offered a welcome boost to campaigners for race equality.

The findings of our study suggest that we should perhaps have less cause for optimism, though for reasons that go further than the acknowledged lack of data. While we also found that the *quality* of ethnicity data collected is variable, we noted the frequency with which collecting more and detailed data sometimes become the end in itself. Those respondents who wanted more granularity in the categories, or more attention to sub-sections of the 'white' category were clearly drawing on ideas of superdiversity in the sense that their view expressed the limits of well-established race and ethnicity categories. They did not necessarily express this in a post race sense as they wanted more attention paid to all differences, including race, not to take race off the agenda.

However, and more significantly we argue, it is not the quality but the *use* of the data that is a bigger issue. These are interlinked and in some cases, practitioners felt that incomplete data did not provide the routes to policy measures that will make a clear difference to outcomes. Respondents also suggested that there is, at times, a lack of will to use data to either explain or change their organisation's response to race inequality. In this light they are reflecting the view in Ahmed (2012) that it is not the lack of data per se but rather the will to do something significant with it, to be more than a paper exercise. We too found that the *use* of ethnicity data is the main concern. In particular, the study identified the need to use data to better understand and explain barriers and opportunities for progress. As one respondent put it: "it can distract you from the issues if you look at the patterns in numbers each year but don't look behind that story" [Midlands, University based Equality and Diversity HR role]. We identified few examples of organisations using data to understand what is causing inequality within organisations and few using ethnicity data to understand the impact of specific

interventions to address inequality. In spite of issue of data quality, there is clear enough evidence of patterns of inequality in particular sectors and nationally (EHRC 2017). Instead issues of data quality are impeding steps towards drawing on the data to evaluate the impact of interventions, and to identify what works in addressing inequality and promote change.

Acknowledgments

[to be inserted]

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Notes

¹ <http://www.obv.org.uk/number-10-statement-race-disparity-unit>

² See also this TV programme made by Phillips:
<http://www.channel4.com/programmes/things-we-wont-say-about-race-that-are-true>

³ HESA is the Higher Education Statistics Agency. Some of the ethnicity data they capture is available here: <https://www.hesa.ac.uk/data-and-analysis>

⁴ For examples see the ECU Race equality Charter (HE)
<https://www.ecu.ac.uk/equality-charters/race-equality-charter/>
Workforce Race Equality Standard (Healthcare) -

<https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/>
⁵ See: <https://eugdpr.org/>