



University of
Salford
MANCHESTER

Raising awareness of health and social care careers amongst ethnic minority young people and their advisors using an action research approach

Robinson, L, Burns, B, Chesney, M and Jones, J

Title	Raising awareness of health and social care careers amongst ethnic minority young people and their advisors using an action research approach
Authors	Robinson, L, Burns, B, Chesney, M and Jones, J
Type	Conference or Workshop Item
URL	This version is available at: http://usir.salford.ac.uk/28/
Published Date	2006

USIR is a digital collection of the research output of the University of Salford. Where copyright permits, full text material held in the repository is made freely available online and can be read, downloaded and copied for non-commercial private study or research purposes. Please check the manuscript for any further copyright restrictions.

For more information, including our policy and submission procedure, please contact the Repository Team at: usir@salford.ac.uk.

Raising Awareness of Health and Social Care Careers amongst Ethnic Minority Young People and their Advisors using an Action Research Approach

Leslie Robinson, l.robinson@salford.ac.uk
Bernadette Burns, b.burns@salford.ac.uk
Margaret Chesney, m.chesney@salford.ac.uk
Julie Jones, j.jones@salford.ac.uk

Abstract

This project aimed to investigate the reasons why applications to Health and Social Care (H&SC) programmes from Black and Ethnic Minority (BME) groups is low, and to attempt to address the problem, working with three colleges/schools. Qualitative (focus group n=7, reflective reports n=3) and quantitative (questionnaires n=239) data collection methods were employed. Triangulation of descriptive data showed lack of awareness of the H&SC professions by students and careers advisors. Careers advisors' perception of barriers for these groups entering H&SC professions related to socio-cultural issues which were not borne out by the data collected from the BME communities.

Introduction

Statistics regarding ethnicity in the health workforce (National Audit Office 2002) show that only 4% of nurses and midwives and 2.5% of allied health professions were Asian. There may be many reasons for this under representation, one of which may be the reluctance of members of some cultural/ethnic groups to apply for programmes of education in these subjects (Bhattacharyya et al 2003).

Evidence suggests that BME groups are proportionally over represented in higher education (HE), but this is not the case for programmes in H&SC (Connor et al 2002, DFES 2003). This is reflected at the University of Salford where the Faculty of H&SC recruits 50% fewer BME students to its programmes in nursing and health care professions than other programmes. This is despite the high proportions of BME groups in and around Manchester and the fact that the majority of students at the University of Salford are recruited from this area (Office of National Statistics 2001 Census, HESA 2001). However it is clear that there are opportunities locally for redressing the balance.

Building on a range of government initiatives aimed at recruiting more employees from BME backgrounds into the NHS (DOH 2000a, 2000b, 2001, 2003) this project aimed to look at the reasons for low recruitment of BME students in H&SC generally and, more specifically to subsequently increase recruitment onto related programmes.

Literature Review

General Awareness of Health and Social Care Professions

The most significant theme to emerge from the literature was the lack of awareness of careers in H&SC other than medicine, dentistry and nursing. (Helm et al 2002, Klem and Notter 2001, Greenwood and Bithell 2003).

Helm et al (2002) found that pupils, parents and communities knew little about careers in health other than a few rudimentary facts and this was common across all ethnic

groups. When respondents were aware of a particular profession it was usually because they “know someone who is one.”

Also common across all ethnic groups in this study was the association of medicine with high status and nursing with low status and prestige and these findings are borne out in other studies (Greenwood and Bithell 2003, Arnold et al 2001).

Given that in the study by Greenwood and Bithell (2003) factors found to be important to BME young people in terms of career choice are having a “profession”, autonomy and decision making, social standing in the community, following a scientific career and attending a prestigious university it is not surprising (given their lack of knowledge) that careers in H&SC other than medicine and dentistry are not as popular as business and management and IT.

The same study also highlights that the time at which potential students are given careers information is crucial. Pupils need to be targeted at Year 9 before they have made their subject choices for GCSE.

Influences on Career Choice

There is a widespread assumption that BME parents are a strong influence on the career choice of their children and this is backed up by empirical evidence from several studies. (Greenwood and Bithell 2003, Connor et al 2003, Helm et al (2002). suggest that discussion about career choice may be restricted if parents are unaware of the range of opportunities available. It may well be as Klem and Notter (2001) suggest, that the older generation might benefit from the provision of careers information in a range of languages to broaden and enhance their awareness.

Socio-cultural barriers may be blamed for the low recruitment of BME groups to the caring professions. However Connor et al (2002) point out the wide variety of cultural and religious beliefs encompassed in the term BME and Helm et al (2002) found that cultural/religious factors were rarely mentioned by the students in their study.

Negative perceptions of working in the NHS – pressurised working and poor pay- have been identified as potential barriers to recruitment to careers in H&SC (Arnold et al 2001). For BME groups the fear of institutional racism may be an additional deterrent (Sheffield et al 1999, Klem and Notter 2001) However, in a study which included students and staff already employed in the NHS Arnold et al (2001) found little perception of systematic racial discrimination.

Careers tutors are clearly a major influence on career choice and in studies by Helm et al (2002) and Greenwood and Bethell (2003) they report that they receive few enquiries about careers in H&SC. Helm et al (2002) though, suggest that careers tutors themselves have limited information about the range and diversity of career opportunities available in this field and will not therefore be able to advise students adequately.

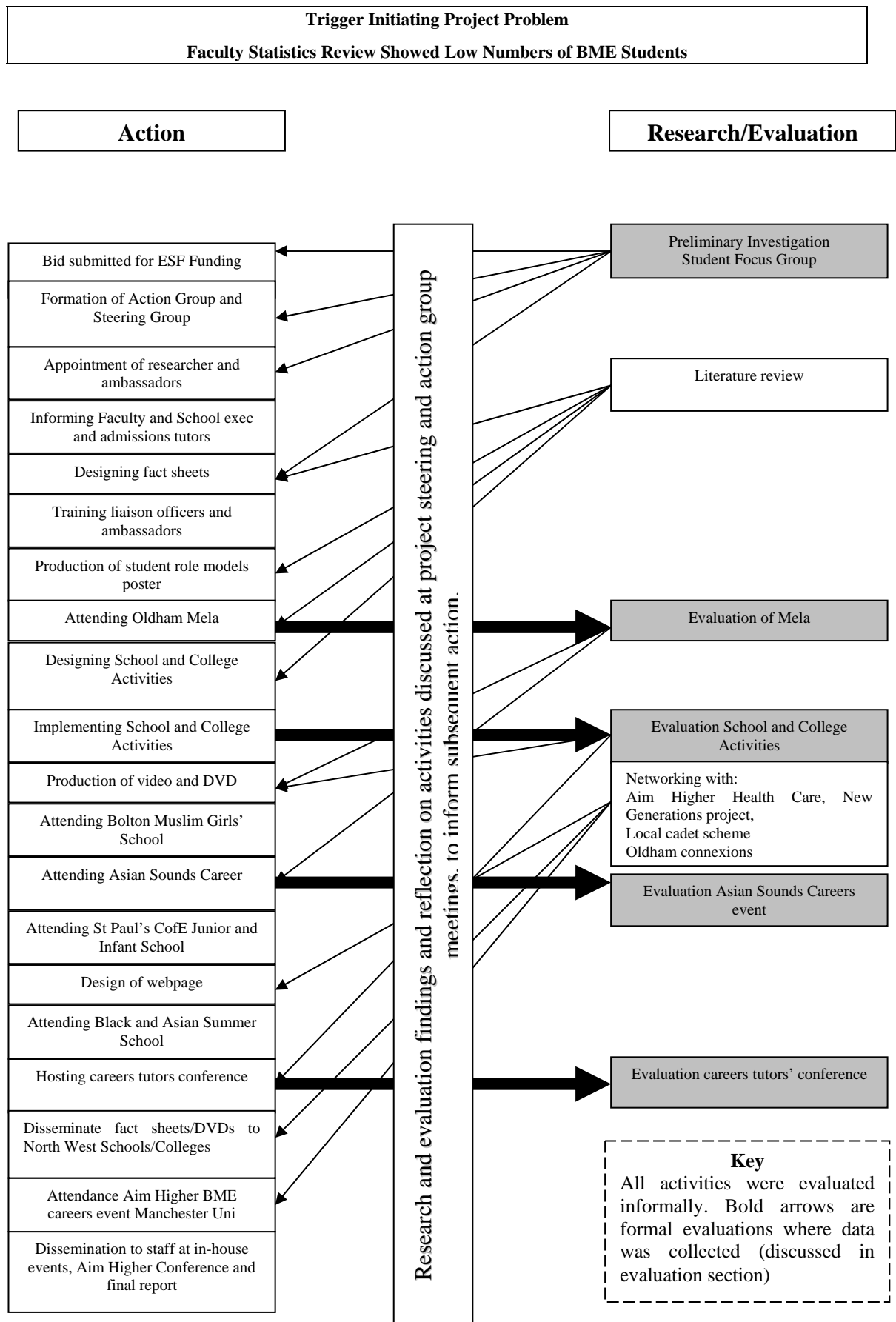
The objectives of the project were to develop and implement an evidence-based recruitment and awareness-raising plan targetted at BME youngsters and their advisors. In addition, and the purpose of this paper, we collected data regarding local issues affecting recruitment to determine whether they reflected the findings from the literature.

Methodology: Action Research

Action research combines a series of actions followed by reflection and evaluation. This develops an understanding of the research question and context, which is used to drive the next intervention. Thus, it is an iterative process often described as cyclical rather than longitudinal (Dick 1999). Burns (2000) describes four main characteristics of action research: situational, collaborative, participatory, self-evaluation which were evident in the project design. By focusing on local areas with higher than average BME populations, we hoped to investigate and address local problems so therefore included colleges and schools and community events within these areas. The project 'action group' consisted of four University academics and a number of recruitment and marketing support staff. In addition, a steering group was formed with representatives from target area colleges and schools, the local communities, careers advisors, NHS employers and current H&SC BME students. All faculty admissions tutors were also approached for advice. Local stakeholders took part in activities and provided evaluative feedback on experiences which then fed into the design of subsequent activity and promotional materials.

Figure 1 illustrates the project overview showing how each activity was evaluated and provided feedback to shape the next. It is therefore important to realise that activities were introduced following evaluation and discussion of the preceding event/s, as defined by action research process, rather than being planned at the beginning of the project.

Figure 1 Project Overview



List of Activities

It is not the purpose of this paper to describe the project activities in detail (these may be accessed in the full project report at http://www.fhsc.salford.ac.uk/final_draft28th_September_3.pdf) however, in order to provide context to the following evaluation, a brief description of the activities where data was collected is given in table 1.

Event Title	Target Audience	Activity
Oldham Mela (intercultural community festival)	Oldham Community	Exhibition stand with information regarding careers, serviced by staff and students
Asian Sound Radio Careers Fair	Manchester Asian Community (job and careers seekers and their families)	1 in order to provide context to the following evaluation, serviced by staff and students
Bespoke learning with three cohorts of students (2 FE Colleges and 1 school) (62 students in total)	Year Ten Students (n=18): 1 hour session x 5 weeks College 1: Year Twelve Students (n= 10): 1.5 hour session x 9 weeks College 2: Year Twelve students (n =34): 1 hour session x 2	'Liaison officers' planned and implemented the sessions. These were university H&SC academics, (one midwife, one nurse and one sociologist who was also qualified as a medical laboratory scientific officer) All agreed to develop sufficient awareness of each of 13 professions, to enable them to advise on all careers. Activities included lectures, practitioners visits, talks by student role models, games and poster building competitions. Use of multi-professional case studies which worked on using careers materials developed through the project
Careers Tutors Conference	Careers tutors/advisors – national audience	Conference activities including lectures and hands-on workshops demonstrating careers materials

Table 1 Planned activities that were formally evaluated

Evaluation

On-going evaluation is key to Action Research. Events 1-4 detailed earlier were formally evaluated using a range of tools. More importantly, the action group members met regularly to reflect on and develop ideas throughout the project. This was perhaps the most informative element in the planning of subsequent events. What follows are the findings from the formal evaluation processes.

Extract from:
Education in a Changing Environment 12th-13th January 2006
Conference Proceedings

Method

Initial Focus Group

A pre-project focus group was undertaken with five current BME students, two careers advisors from the colleges and school, and a representative from employment. Three members of the action group asked the questions and a member of academic staff not otherwise involved in the project, acted as scribe. The results were analysed by the project leader and the scribe to identify any specific themes.

Planned Project Activities

Questionnaire Design

Klem and Notter's questionnaire (2001) was used to collect data at the community events and before and after the bespoke programme and careers conference. We used our Asian student ambassadors to help us communicate with respondents regarding issues of consent and to ensure comprehension of questions. Consent was obtained from the colleges to collect data from the young people we worked with. Questionnaires and design rationale can be obtained from the project website detailed at the end.

Qualitative data was collected from the liaison officers.

Results and Analysis

Focus Group Discussion

Three themes emerged from the data:

* Issues Specific to BME Communities and Students - Students were keen to point out that it was important not to stereotype as issues were not the same for ALL Asian and black students. However, they felt families were generally big influencers in terms of career choice although there had been a change in attitude over the last five years and this influence was diminishing. Nevertheless they felt it important to access communities to undertake H&SC careers activity.

They felt there were no problems related to females and the intimacy of the job in terms of touch except, perhaps for young school leavers but acknowledged it was still viewed as inappropriate for males to carry out intimate, 'dirty' jobs (but that this was perhaps not confined to BME groups). Role models showing BME professionals in higher grades would help.

* Issues Specific to Careers and Programmes of Study in H&SC - H&SC careers were not well advertised and careers advice at school and college regarding these was poor. Careers tutors and Connexions advisors, the biggest influencers, should be targeted by the project.

Younger students should be targeted to influence GCSE choice with, for instance, resources such as CD ROMS. 17-18 year-old youngsters appreciate a trip to the University. It was important to demonstrate careers in action through work experience or videos.

* Issues Related to Student support in General - Most issues were not related to ethnicity but to general issue of barriers to study for all students e.g, long academic year, early starts, extended childcare costs for mature students. Student support was not well advertised and more peer support through mentorship should be encouraged.

The results of this focus group helped inform the bid-writing process, the design of the initial plan and decisions regarding steering group membership.

Community Events

Oldham Mela Results

Eighty three questionnaires were returned with a fairly even spread by age and gender. Demographics regarding ethnicity and religion reflect the fact Oldham has a high population of Asian residents. Although the majority of respondents were Pakistani and Bangladeshi, a third of respondents were English and there was only one African/Caribbean respondent.

In terms of factors influencing career choice, job satisfaction was seen to be the most important for all groups; however for Bangladeshi respondents, hours of work/entry requirements were seen as most important. Overall least important was family tradition for all groups, though for Bangladeshi job satisfaction was least important.

More than 75% of respondents did not, or had not, worked in the NHS, nor had they relatives who had done so. Reasons given for this reflected the literature with regard to the respondents' perception of conditions in the NHS being stressful and low paid. Several respondents also felt that they were insufficiently qualified.

Careers advisor were cited as an important source of career information and newspapers were rated highly too. The majority of respondents felt general awareness-raising needed to be increased and offered suggestions such as leaflets, work-experience, short films and talks by health professionals as well as recommending places where awareness-raising might be carried out such as radio, TV, community venues such as mosques and other public places. Some felt that the mela was an appropriate place for this work and suggested attendance at other melas in the region. The most common response however was to do more in schools and at an earlier age. Other respondents felt more should be done to improve working conditions and employment opportunities in the NHS and that this would improve recruitment.

Asian Sounds Radio Results

Forty-three questionnaires were completed. 34 were in the younger (18-35) age group (13 male and 21 female) and 9 were over 36 years (1 male, 7 female and 1 where gender was not indicated on the questionnaire). There was a mix of ethnic groups however the majority of respondents were Pakistani (17). There were 8 white British respondents, 6 Bangladeshi, 4 Indian, 4 other Asian, 2 white Irish, and 2 mixed race (white/Asian and white/black African).

More than 50% of respondents had never heard of prosthetists, orthotists, complementary therapists and podiatrists. Where respondents claimed to have knowledge of these professions, there was some misunderstanding. For instance, several respondents thought orthotists dealt with dental problems or eyes.

Respondents also had a narrow understanding of the more well-known professions, stating that midwives delivered babies. Respondents often stated where nurses worked rather than what they did, e.g. "work on wards. Other responses reflected negative attitudes towards nursing, "limited specialists", "hard work and under pay".

Careers advisors and newspapers were the most commonly cited sources of information regarding jobs in the NHS for the under 35 age group (59% for both). For 36 and over

the newspaper was the most popular source of information (89%). Radio was a fairly common source with 56% of the younger respondents. Family was not a common source of information, cited by only 21% of the younger group.

In terms of factors important in career choice, most important to the older group were job satisfaction (89% ticked this response) and salary (78%), although they underestimated the salaries of nurses, radiographers, midwives and exercises therapists and over-estimated the salaries of prosthetists. They did not know the salaries of orthotists and podiatrists.

For the younger group, job satisfaction (76%), family support (59%) and salary (59%) were the most important factors. Interestingly, most factors coded as 'very important' are mirrored across the age groups, except for family tradition. For the younger group, 56% said this was very important whereas only 11% of the older group cited this.

Factors 'not important at all' for both groups were parental preference, (20.5 % of young people and 44% of the older group ticked this box) and recognition by the community (again 20.5% and 44%, respectively). 44 % of the older group also identified family tradition as not very important at all.

English is the preferred language and personal descriptions the preferred method for delivering careers information. Where alternative languages were suggested these were (in the most popular order) Urdu, Bengali, Gujarati, Punjabi, Parsi, Persian and Pushtu. Whilst it is worth noting the sample size is small, the range of languages proposed is larger than the range of ethnic groups identified demonstrating the diversity of needs within the Asian population. Further suggestions for information and methods reflected those identified by Mela data.

Bespoke Learning Programmes

All data have been combined from the three institutions unless otherwise stated.

Demographic data reflects the fact that the groups were opportunistically sampled. Access to the students had to be at the convenience of their curriculum timetable and was different for each of the three institutions. The majority of students were female as they are the most likely gender to select studies in H&SC at FE. As one of the institutions was a College of Further Education 18% of students were over 18. We selected institutions in areas with a high BME population. The majority of students were from these groups.

In an attempt to gather quantitative evidence that the awareness-raising work we had undertaken with the youngsters had improved knowledge, we asked them factual questions before and after the activities. All students demonstrated a knowledge increase following the activity.

Qualitative data was also gathered to determine the students' understanding of H&SC profession pre-learning activity and whether this changed post-learning activity. Table 2 gives examples of the change in perception for some of the professions. These comments came from the sample population in general, i.e they do not solely represent opinions of BME students.

Profession	Pre-Learning Activity	Post-Learning Activity
Doctor	They diagnose people's health and decide if they need any treatment	A doctor provides general care which includes medication, they can work in a general practice or in a hospital specialising in a topic
Nurse	They help the Doctors	A nurse can specialise in the three main groups – childrens, adults and the elderly. They give healthcare for injuries etc and give medication
Radiographer	I think they work with x-rays	Use technology e.g. xrays, ultrascan to look at various parts of the body
Podiatrist	Feet?	Take care of foot health of patient, especially people with infections like diabetes
Midwife	Help deliver babies	A Midwife works with the pregnant woman and her baby and they work with them throughout the trimesters

Table 2 College and School Participants' Qualitative Perception of H&SC Careers

Qualitative comments about careers awareness raising showed that students knew very little about some health professions and the majority of students changed their minds about which career they wanted to follow after the activities. Job satisfaction was the most important factor in career choice and students appreciated finding out about careers from health professionals, student ambassadors and activities such as poster building and case study work. Parental preference was again, not seen as important in career choice.

Qualitative Reports from Liaison Officers

Each of the three liaison officers were asked to produce a reflective account of their experiences during their time with their respective link college/school. Key themes to emerge from these reports and action group discussions about their experiences highlight the following:

- The model of one liaison officer linking with each college was effective for improved communication and development of bespoke learning packages
- Students enjoyed sessions which involved activities such as poster building, quizzes, searching for web resources
- Students appreciated visits from professionals and students but would also like work experience

Careers Tutors' Conference

Fifty four questionnaires were returned. Respondents were mainly careers advisors and teachers of H&SC programmes

Respondents were asked how frequently students asked for information on specific careers. The professions least likely to be asked about by the students are hospital manager, prosthetics, orthotics and exercise therapy, whereas the professions most frequently asked about are nursing, midwifery and physiotherapy. Reasons given as to why they thought requests, for certain professions, were, most commonly, lack of awareness on behalf of the student, family and careers advisors. Some respondents suggested under-representation in the media, poor pay & status and lack of career development as issues.

Respondents were asked, through an open question, what issues, related specifically to BME students, they believed might result in low applications from these groups. Responses related socio-cultural issues. For girls, it was felt 'touching' patients might be inappropriate. Others said girls considered careers as a 'stop gap' before marriage. For boys, it was felt that, apart from medicine, dentistry and pharmacy, these professions were perceived as low status, not respected within the community. It was felt that there were few or no role models which exacerbated the problems of acceptance by the community. Some factors related more to the professions themselves such as general lack of awareness of their existence, rewards and prospects, and it was felt the NHS was not seen as a big BME employer.

When asked which careers they suggested to students when exploring career opportunities with them, the professions most commonly suggested were nursing, midwifery and social work. Less than 50% of careers advisors would offer advice on exercise therapy, hospital management and orthotics. Reasons for not giving advice about certain professions included: "Don't know anything about it", "Not applicable to students/study", "No interest shown by students", "Students want to work in clinical areas" (for hospital manager), "Students just beginning their career" (for hospital manager) and "Not high profile".

Discussion

General Awareness Raising

Despite government and NHS initiatives over the last few years, the major finding from this study is that public awareness of the range and variety of H&SC professions is still poor and this reinforces the findings of previous research (Helm et al 2002, Klem and Notter 2001, Greenwood and Bithell 2003). There was no significant difference in knowledge between BME and other groups. It may be that a focussed approach to careers promotion delivered directly to target groups within the context of their learning may be more effective than national media campaigns promoting careers in the NHS. Certainly within this project more personal approach achieved by project liaison officers working with individual schools/colleges to gain understanding of local issues appears to have had a positive impact on the young people and careers advisors in terms of enhancing both knowledge and perceptions.

Using a multi-professional approach has also been shown to be effective and in comparison with previous models of careers promotion may also be more cost-efficient. An admission tutor from a specific profession attending a careers fair or supporting

curriculum content can only advise on that career and meet the needs of only one or two students. Also this does nothing to enhance the students' knowledge of the range and variety of careers available in H&SC. In the model developed in this project, liaison officers have adequate knowledge to advise about many H&SC professions and a series of self help tools have been developed to enable students to discover professions appropriate to their interests and skills.

Aspirations of BME Young People

Contrary to previous research findings this study found no differences between the aspirations of BME and other young people in terms of the key factors in career choice. Job satisfaction, status and salary were the most important reasons given for career choice by both groups. Least important factors were family tradition and recognition by the community. Again this appears to contradict the literature (Helm et al 2002) but it does support findings from our initial focus group which emphasised changes in family attitudes of BME groups over recent years. Parents may not have great influence in making career choices but family support for the choice made was important. This reiterates the need to ensure that parents are well informed and justifies continued work with parents of all ethnic groups.

Careers advisors were by far the most commonly cited source of information and their role is pivotal in ensuring that teenagers are aware of the range of career opportunities available to them. Since the majority of careers advisors are unaware of the variety of professions in the field of H&SC it is not surprising that there is difficulty with recruitment.

Our study also highlighted an interesting mismatch between the careers advisors' perceptions of socio-cultural barriers to careers in H&SC, and the reality reported by the BME groups. When asked to suggest reasons for poor recruitment of these groups, careers advisors raised issues, reflected in the literature (Helm et al 2002, Klem and Notter 2001) such as inappropriateness of touch for girls and low status/poor pay for boys. Clearly, the careers advisors are mindful of what they perceive to be parental preference on student choice, however our study showed that parental preference was minimal for all groups. If students perceive these careers to be low status with poor pay and conditions it is due to lack of awareness and understanding, a misconception which might be addressed by the careers advisors if they were better informed.

Though there was a range of opinions about the impact of perceptions of racism in the literature it was not identified as an issue in this study. The lack of BME role models in H&SC professions and in HE was raised and was thought to give rise to the perception that BME staff were not encouraged to apply for jobs or seek promotion.

Much of the work we carried out was with students who had already decided to apply for a career in H&SC who would, presumably make up our expected applications from BME groups. This work was considered worthwhile however, in terms of increasing breadth of knowledge about the range of professions and resulting in a number of students applying for H&SC careers they had not previously heard of.

Conclusion

Our research findings have enabled us to change the focus of activity to improve our recruitment practices. In particular, whilst access to community events/centres to undertake targeted recruitment work proved difficult, our data suggests attitudes are

changing and young people of all ethnic groups are making decisions about their future careers with less reference to parental choice. It is important to bear in mind, however, that the majority of students we worked with were 16-18 years of age and younger groups may feel parental preference is still a key factor in career choice.

The careers advisor, however, remains pivotal in making teenagers aware of careers generally and specifically. They need to be kept updated and to see the job as positive themselves if they are to promote it and they need to have knowledge of and be confident about the career to advise on it. However, the majority of careers advisors were unaware of many of the professions allied to H&SC. Without advice from home or school it is hardly surprising that students do not request advice on many of the professions. It is important that links between HEIs and FE colleges/schools are developed and strengthened to address this gap in knowledge.

Qualitative feedback for our materials has been encouraging, and there has been a regular demand for copies of DVDs and fact sheets from careers advisors, reflecting the paucity of resources available to them. Many of the young people we worked with in the schools and colleges were also very appreciative of our activities, especially where access was excellent and enabled an in-depth programme of awareness-raising. Although ESF-funding has now come to an end, institutional marketing and recruitment resource could be managed to facilitate a multi-professional approach, each tutor linking with one or a number of named FE institutes in keeping with the liaison officer approach we have developed.

A further development has led to the consideration of retention and support for BME students who enroll in our Faculty. Figures show that currently there is a significant difference in retention and progression rates between white and non-white students in parts of the Faculty. The project action group have been successful in attracting a small research grant to investigate this.

Acknowledgements

The project was funded by the European Social Fund. The full report is available at http://www.fhsc.salford.ac.uk/final_draft28th_September_3.pdf

References

Arnold J., et al. (2003) [online] *Looking good? : the attractiveness of the NHS as an employer to potential nursing and allied health profession NHS staff*. Available at [<http://www.lboro.ac.uk/departments/bs/lookinggood/NHSfinal.pdf>] Loughborough : Loughborough University.[Accessed June 2005]

Burns R B, 2000. *Introduction to Research methods. 4th edition*. London: Sage Publications Ltd

Connor H, Tyers C, Modood T, Hillage J (2002).[online] *Why the Difference? A closer look at higher education minority ethnic students and graduates* DfES Available at [<http://www.employmentstudies.co.uk/summary/summary.php?id=rr552>] [accessed May 2004]

Connor H Tyers C, Davis S, Tackey ND (2003) [online] *Minority Ethnic Students in higher education: interim report research report RR448* DfES available at [<http://www.dfes.gov.uk/research/data/uploadfiles/RR448.pdf>] [accessed 6/5/04]

Extract from:
Education in a Changing Environment 12th-13th January 2006
Conference Proceedings

DfSE (2003) [online] *Widening Participation in HE*. Available at [\[http://www.dfes.gov.uk/hegateway/uploads/ewparticipation.pdf\]](http://www.dfes.gov.uk/hegateway/uploads/ewparticipation.pdf) [accessed 6/5/04]

Dick, B (1999) [online] *What is action research?* Available at [\[http://www.scu.edu.au/schools/gcm/ar/whatisar.html\]](http://www.scu.edu.au/schools/gcm/ar/whatisar.html) [accessed 6/5/04]

DOH (2000a) [online] *The Vital Connection - an equalities framework for the NHS Working together for quality and equality* Available at [\[http://www.dh.gov.uk/assetRoot/04/03/50/54/04035054.pdf\]](http://www.dh.gov.uk/assetRoot/04/03/50/54/04035054.pdf) [accessed 6/5/04]

DOH (2000b) [online] *Improving working lives standard*. Available at [\[http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4010416&chk=C03aaD\]](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4010416&chk=C03aaD) [accessed 6/5/04]

DOH (2001) [online] *Improving Working Lives: Black and Minority Ethnic Staff Networks: Guidance, Putting race equality to work in the NHS: a resource for action*. Available at [\[http://www.dh.gov.uk/assetRoot/04/03/47/34/04034734.pdf\]](http://www.dh.gov.uk/assetRoot/04/03/47/34/04034734.pdf) [accessed 6/5/05]

DOH (2003) [online] *Equalities and diversity: strategy and delivery plan to support the NHS*. Available at [\[http://www.dh.gov.uk/assetRoot/04/06/95/47/04069547.pdf\]](http://www.dh.gov.uk/assetRoot/04/06/95/47/04069547.pdf) [accessed 6/5/04]

Helm M et al (2002) [online] *Promoting Diversity in Allied Health Professions*. Available at [\[http://www.canterbury.ac.uk/health/allied-health-professions/research/promoting-diversity.asp\]](http://www.canterbury.ac.uk/health/allied-health-professions/research/promoting-diversity.asp) [accessed 6/5/04]

Klem R Notter J, (2001) *Recruitment and retention in nursing and professions allied to medicine from black and minority ethnic communities*. UCE, Birmingham

Sheffield J, Hussain A, Coleshill P (1999). Organisational barriers and ethnicity in the Scottish NHS. *Journal of Management in Medicine* 13 (4) 263-85