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Making a difference: Belonging, diversity and inclusion in occupational therapy

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Over the past year, COVID-19 has been causing death and adding to grief across the world; during this time, an equally important issue – #blacklivesmatter – has been filling our minds and awakening our hearts to confront misery, enable equity and champion social justice. The events unfolding globally have provided a space for what have been difficult conversations to begin in the occupational therapy profession.

The purpose of this editorial is twofold: First, to share conversations with occupational therapists (OTs) in the United Kingdom, around racism, support for ethnic minorities and career progression; Second, to stimulate debate and dialogue with the wider occupational therapy profession alongside multi-professional groups. Individuals, teams and organisations often discuss conversation regarding equality and diversity, but they are seldom spoken of as race and race-based discrimination or societal equality.

Context

Black Asian and Minoritised Ethnicity (#BAMEOTUK) occupational therapists group was formed as an affinity group following the #blacklivesmatter movement. Its primary aim is to promote diversity and inclusivity, challenge and promote anti-racism both within the profession and in society. A dominant theme that has emerged from our conversations with BAME occupational therapists and students is feelings of not belonging. Belonging has been described by Hammell (2014) in terms of occupational engagement and connections and refers to mutual support and reciprocity and a sense of being valued and socially included.

As evidenced from #BAMEOTUK, the Royal College of Occupational Therapists ‘Big Conversation’ and others, the experience of racism is common, with therapists and students frequently exposed to racial trauma. Similar experiences are reported by other healthcare professionals (see Mollica and Fernando, 2020; Randle 2021; Telhan et al., 2020). Just like the COVID-19 virus, racism may not be seen but can be felt; both are highly contagious – with people lacking awareness; both the virus and racism can be passed between people and without active intervention, both can be deadly.

Data from the NHS (England) suggests that only 8% of the occupational therapy workforce are from a BAME background (NHS Digital 2019 data from Trusts/CCGs in England). BAMEOTUK have created opportunities to discuss feelings of not belonging, acknowledgement that diversity is

not addressed and that while inclusion is promoted, it is not always enacted. Whilst the profession promotes itself as concerned with advocating social justice, there is a growing awareness that underpinning philosophies within the profession (and therefore decisions for action) are based on white, ethnocentric worldviews. This has led to our BAME colleagues feeling disconnected from the profession.

BAMEOTUK experiences

If we are committed to the ‘levelling up’ of society, then as a profession, we need to reflect carefully how this goal will be achieved. From our conversations, we have heard from multiple occupational therapists that issues exist in relation to the experiences of students, concerns around fair recruitment and career progression of BAME occupational therapists. BAME occupational therapy students often find themselves in the minority in their year group. If we are committed to the principles of equality and reducing inequality, then as a profession, we need to think carefully about socioeconomic factors. Social work is the only profession that has more students from disadvantaged backgrounds applying than from the most advantaged backgrounds (UCAS, 2020). For many, BAME issues about recruitment and career progression still remain. Currently within the healthcare workforce, there is an over representation of BAME staff in junior roles; of particular concern is the underrepresentation of BAME therapists in senior roles (NHS Digital, 2021). The lack of role models, deficient recruitment practices and policies, reactive rather than proactive messages from organisations, the lack of leadership from organisations and the active support from allies continue to remain sources of concern.

Can things change?

It is important to ensure that even when the media attention diminishes, black lives continue to matter. The events over the past year have created a renewed energy to address the

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inequality gap within the allied health professions (see Ford et al., 2021). The momentum developed by #blacklivesmatter campaign has been multi-cultural, multi-generational and truly international. All occupational therapy leaders have to ensure that the workforce represents the global citizens that reside within the United Kingdom.

Allyship is an important strategy to promoting belonging and promotes social justice. Resources exist (NHS England, 2020) for allyship. Every occupational therapist must think of how they can be an active ally by asking, 'what can I do'? It also extends to learning how to be 'comfortable with feeling uncomfortable' when discussing BAME occupational therapy issues. This means listening, taking action and speaking out. It is not enough to be quietly non-racist, but we need the profession to be vocally anti-racist.

In clinical practice, research and academia, we have made progress in moving away from describing groups as 'hard to reach' by describing these groups as 'seldom heard'. What we do not want is to disregard the concerns, worries and aspirations of BAME occupational therapists and create a new grouping of 'often ignored'. Ultimately, making change requires collective participation at all levels including representative organisations such as the Royal College of Occupational Therapists, employers, regulators, higher education institutions and occupational therapists themselves. There must be a 'cultural awakening' and realisation of – 'We are in this together' and tackling these issues is everyone's business.

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