RACE, CULTURE & PROFESSIONAL COMPETENCE: A CASE FOR NATIONAL STANDARDS

TOWARDS NATIONAL STANDARDS FOR RACE, CULTURE AND INTERSECTIONALITY

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The psyche has a history

Black Lives Matter movement

Transatlantic slavery and colonialism

Rwandan genocide

Red Summer (US)

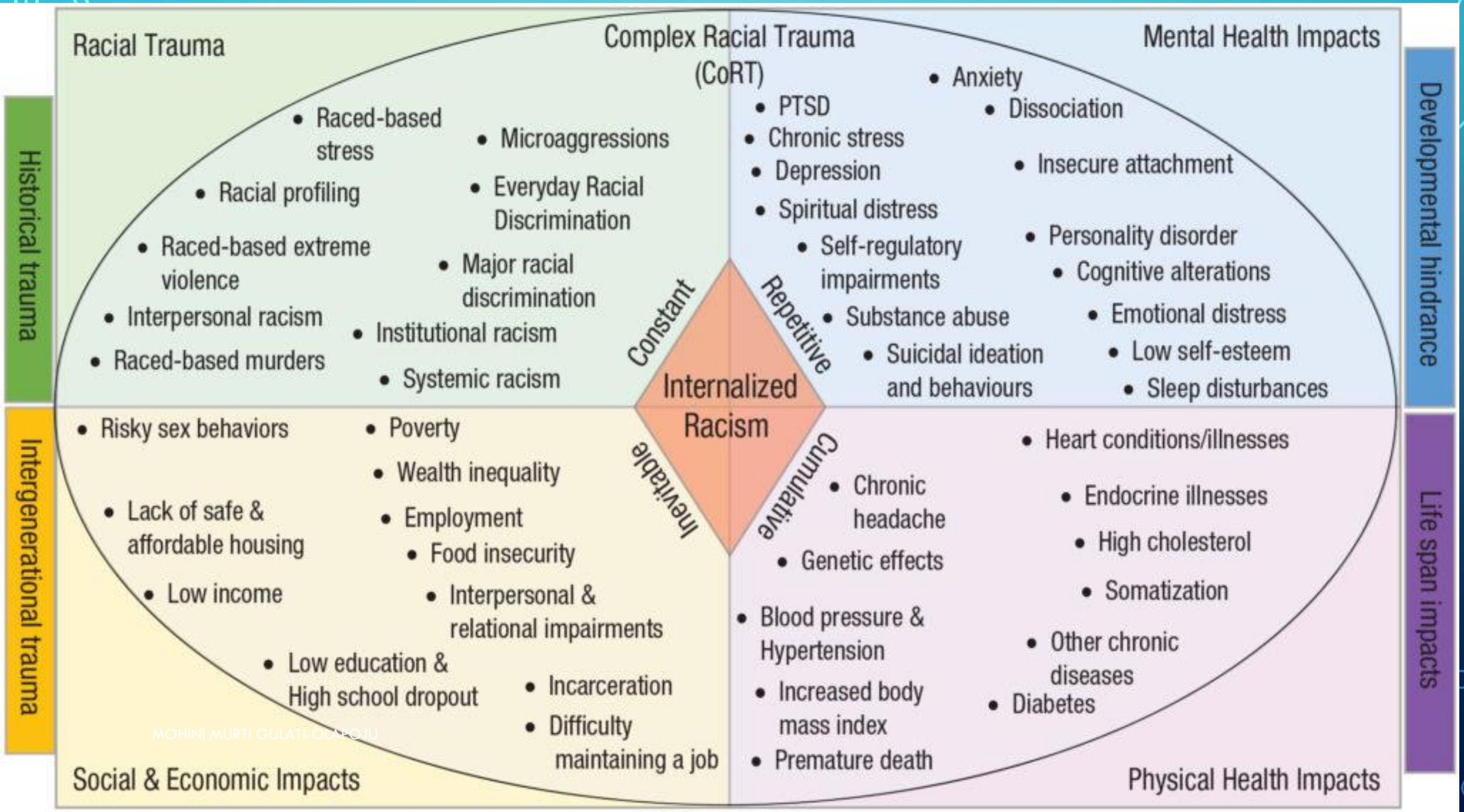
George Floyd protests

Partition of India

Holocaust

Grenfell Tower fire and its racial/class dimensions

The psychological consequences of racialised experiences cannot be separated from historical context



From Racial Disparities to Professional Competence

Healthcare

People can experience illness, diagnosis, treatment and healthcare relationships differently depending on race, culture and intersecting identities. Experiences of discrimination can also affect **trust, help-seeking, communication and engagement with services.**

The evidence demonstrates significant ethnic disparities in healthcare outcomes.
For example, a 2024 Government report drawing on MBRRACE-UK research found that **Black women in the UK were almost three times more likely to die during or shortly after pregnancy than White women,** while women from Asian ethnic groups were twice as likely to die. The report also identifies concerns about trust in NHS maternity services among ethnic minority women.

Education

Race and intersectionality influence experiences of **identity, belonging, exclusion and attainment.**
Teachers and education professionals need to understand how institutional practices, expectations and assumptions can affect children, young people, families and staff — and how multiple aspects of identity can interact with these experiences.

Social Care

Social workers and social care professionals work with issues involving **family, migration, culture, identity and structural inequality.**
Without an understanding of these contexts, professionals may unintentionally pathologise cultural differences, misunderstand family experiences or overlook the wider structural factors affecting people's lives.

Mental Health

Racism and discrimination can have significant implications for **mental health, racial identity, racial trauma, help-seeking and experiences of services.**
Professionals need to understand that distress does not occur in a social vacuum. Racialised experiences, including experiences across generations, can form part of the context in which psychological distress and recovery are understood.

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Proposal: From Principles to National Standards

Understand racialised experiences → recognise racism and discrimination → consider intersectionality → reflect on professional power → adapt practice → improve people's experiences and outcomes.

1. **POLICY:** Establish a **national minimum standard** for race, culture, intersectionality and anti-discriminatory practice that sets out the minimum knowledge, skills and professional behaviours expected across relevant professions (Education, social work, healthcare, mental health practioniers,

2. **TRAINING:** Move from one-off EDI sessions to **embedded, progressive learning** across curricula, placements, supervision and CPD.

3. **ASSESSMENT:** Move from **attendance to demonstrated competence** — professionals should show they can apply learning to real practice.

4. **RESOURCES:** Create a **national, quality-assured resource hub** for educators, trainees, practitioners and supervisors.

5. **RESEARCH:** Fund research into **racial identity, racism, racial trauma, intersectionality and intergenerational experiences,** including what works in professional education and practice.

If some communities are under-represented in research, their experiences can also be under-represented in the evidence used to design services, policy and professional education.

From recognition to competence

CURRENT

EDI principles

↓

Variable curriculum

↓

Variable depth

↓

Training/attendance

↓

Limited consistency

PROPOSED

National minimum expectations

↓

Embedded progressive teaching

↓

Practice-based assessment

↓

Quality-assured resources

↓

Research + lived experience

↓

Measurable professional competence

How do we implement this?

1. **MAP:** Audit existing professional standards, curricula and training to identify gaps and inconsistencies.

2. **SET THE STANDARD:** Develop and publish **national expectations and competency statements** with regulators, professional bodies, educators, practitioners and people with lived experience.

3. **EMBED:** Integrate learning into **education, placements, supervision, assessment and CPD** — not as a standalone EDI requirement.

4. **ASSESS:** Introduce **practice-based assessment** so competence is demonstrated, not assumed from attendance.

5. **RESOURCE & RESEARCH:** Develop a national resource bank and establish **priority research funding** to strengthen the evidence base.

6. **ACCOUNTABILITY:** Create a **cross-sector implementation group** and publish annual progress against clear measures.

The accountability chain

PARLIAMENT & PEERS

Influence • Question • Debate • Scrutinise

↓

GOVERNMENT / MINISTERS

Policy • Commission • Fund

↓

REGULATORS & PROFESSIONAL BODIES

Standards • Competencies • Oversight

↓

UNIVERSITIES & EMPLOYERS

Teach • Embed • Supervise • Assess

↓

RESEARCH + LIVED EXPERIENCE

Evidence • Challenge • Improve

↓

MEASURABLE NATIONAL CHANGE

We are asking for support to bring this issue into parliamentary scrutiny, establish what national provision currently exists, identify the gaps and press Government and professional regulators to develop a consistent national baseline.