

# **The experiences of Black, Asian and Minority Ethnic (BAME) student midwives at a United Kingdom (UK) University**

## **Introduction**

The 'Closing the Gap' report highlighted that '42% of BAME [Black, Asian and Minority Ethnic] students did not feel that the curriculum reflected issues of diversity, equality and discrimination reporting a lack of BAME specific content as a mainstream way of thinking' (Universities UK/National Union of Students, 2019). The report further highlighted that BAME students continue to be 13% less likely to be awarded a first- or upper-second class degree than White students (Universities UK/National Union of Students, 2019). Furthermore, a quarter of BAME staff working in UK Universities reported that they had experienced racism and 1 in 20 BAME students cited racial harassment as the reason for leaving their studies (Equality and Human Rights Commission, 2019).

Of the 1.3 million people employed within the NHS, less than a quarter of staff (22.1%) were from Black, Asian and minority ethnicities (NHS Digital, 2020). Workforce Race Equality Standards captures key performance indicators for equality, diversity and inclusion and a recent comparison of data over the past five years shows limited progress in the NHS's ambitions to drive down systemic inequalities between White and BAME staff (Issar, 2021). Against some indicators the situation for BAME staff has even seen a deterioration, highlighting the fact that inequalities persist (Ross et al, 2020; Pendleton, 2017) and in some cases are widening.

Student midwives in the United Kingdom (UK) are required to undertake an educational programme of study delivered equally across these two organisational structures: a Higher Education Institution (HEI) and the National Health Service (NHS) (NMC, 2019a). It is against this established backdrop of inequality in both organisations that additional challenges may present for BAME student midwives.

## **Background**

Recent data shows that whilst the overwhelming majority of undergraduate students in HEIs were White, the biggest rate of entry increase for any ethnic group was for Black school leavers, up from 21.6% of Black applicants in 2006 to 47.5% in 2020 (UCAS, 2020) with candidates from Chinese ethnic groups having the highest entry rate for school leavers of 71.7% (UCAS, 2020). Whilst this could be interpreted as evidence of an improving landscape within higher education for BAME students, it is recognised this may be unevenly distributed across the sector. Greater numbers of BAME students are admitted to post 1992 Universities (Reay, 2018:52) which have clear strategies for widening participation and are traditional hosts for professionally regulated healthcare programmes. Continued disparities in BAME student attainment suggests a need for research into

the experiences of this student body as studies remain sparse and located within the fields of medicine, allied health professions, physiotherapy and pharmacy (Morrison et al, 2019; Claridge et al, 2018; Hammond et al, 2019; Seston et al, 2015). Recommendations from the 'Tackling racial harassment in higher education' report (Universities UK, 2020) calls for University leaders to 'engage directly with students and staff with lived experience of racial harassment' yet it is clear there are limited studies exploring this. Burnett (2021) refers to 'anecdotal' insights from student midwives across the UK reporting the failure of higher education institutions and the NHS to adequately respond to microaggressions and overt racism of other students. Other reflective pieces from student midwives also contribute to our understanding in this area (Hamza, 2021) but further empirical data is urgently required.

Workplace and organisational culture have been defined as based on shared ideas and social behaviours (Catling, Reid & Hunter, 2017) which intersect with institutional leadership styles and priorities. Evidence suggests that both organisations - HEIs and the NHS - are actively engaged in trying to improve access, equity and inclusion for staff and service users but also highlights that inequalities persist (AdvanceHE, 2021; NHS England, 2017). Nursing and midwifery are viewed as caring professions adhering to the values of the NHS constitution (DHSC, 2012) and the Code (NMC, 2018), meaning some professionals may be unwilling to recognise themselves as perpetuating behaviours which disadvantage BAME colleagues or students (Barbee, 1993). Evidence of underrepresentation within the registrant workforce can be found specifically amongst BAME midwives who constitute only 14.6% of the profession, well below the 41.6% BAME population in nursing (NHS Digital, 2020). This diminishes further to only 10% of BAME staff being employed in managerial positions (NHS Digital, 2020), suggesting urgent action is required to meet the NHS Long Term Plan target to ensure leadership in organisations is representative of the BAME workforce by 2028 (NHS, 2019).

It is this complexity that provides additional challenges for student midwives from BAME backgrounds. These students are required to negotiate two systems both with associated ingrained barriers to their success and progression presenting the potential for 'double disadvantage'. The first step to redressing this balance is to seek to understand the experiences of BAME students undertaking undergraduate midwifery study in a UK University.

### **A note on terminology**

Throughout this paper the acronym BAME has been used. Whilst it is beyond the scope of this paper to fully discuss the problematic use of terminologies when discussing racism in the UK, the authors recognise the debates around the use of broad-based acronyms to identify groups of individuals to

describe visible or 'racialised difference' which can be imposed on minorities by the White majority. This can be experienced as dehumanising, disempowering and reductive, ignoring multiple intersecting complex aspects of identity in favour of 'unitary categories' of homogenous groups (Howarth, 2009). It risks perpetuating and reproducing the concept of 'race' as something essential rather than socially produced and it has been argued that it 'reproduces unequal power relations' (Gabriel, 2021), privileging Whiteness as the normative position against which all other people are measured. It has been mobilised to discuss all minority ethnicities despite not having widespread recognition of its meaning nor its ability to include White minority groups such as Gypsies, Roma and Travellers (Aspinall, 2021). It has also been argued that the concepts of race, ethnicity and associated categorisations are rooted in colonialism (DaCosta, Dixon-Smith and Singh, 2021). Throughout the course of this research we have begun to engage with these debates and moving forward will use this in our curriculum development and teaching.

BAME was chosen in an attempt to be as inclusive as possible and because it has become a recognised shorthand for multiple ethnicities, most recently as a result of recognising the health inequalities and disadvantages experienced by different individuals during the COVID-19 pandemic (Morales & Ali, 2021). It has been widely used in data collection and analysis to capture trends and has had some success in exposing problems which may have remained hidden without a broad collective terminology to capture them. It is in this spirit that the terminology was used in our data collection strategy. We recognise that all terminology around race and ethnicity is problematic (see DaCosta, Dixon-Smith and Singh, 2021 for insightful discussion on alternatives to BAME). Our methodology seeks to counter this trend by giving voice to the individual and in turn providing nuance to the phenomenon of racism as experienced by five student midwives.

### **Aims**

To explore the experiences of student midwives who identify as BAME and are undertaking an undergraduate midwifery programme in a UK University.

### **Methods**

A qualitative approach informed by Sandelowski (2010; 2004) was utilised to explore BAME student midwives' experiences of undertaking an undergraduate midwifery programme at a UK University. A modified form of Braun and Clarke's (2006) thematic analysis framework was used to analyse the interview data and develop the generation of themes.

### **Sampling**

A sample of five participants who identified as BAME were recruited using a purposive sampling technique. E-mails were sent by the student researcher who also identified as BAME to all eligible students and the study was advertised via the student's University online Blackboard site. Eight participants initially expressed interest in the study but three did not confirm an interview date with the student researcher. One follow-up e-mail was sent to those who registered their interest initially but if they did not reply to confirm their participation no further action was taken. All five participants were studying an undergraduate midwifery programme at a University in the Midlands, UK.

### **Data Collection**

Semi-structured interviews were conducted online by the student researcher whose preparation took the form of undertaking a research module. Study specific preparation took the form of a formative pilot interview followed by a reflective session and ongoing supervisory guidance from the lead researcher prior to and throughout the interview timeline.

Five participants were then interviewed between March 2021 and September 2021 lasting between 30 and 40 minutes. Interviews began with an open-ended question: 'Can you tell me about your decision to study midwifery?' Key questions were followed by further prompts in view of participants' responses, such as: 'Can you elaborate on that?'. See table 1 below for the full interview guide:

**Table 1 – Interview questions**

#### Opening questions

- Can you tell me about your decision to study midwifery?
- What were your hopes and fears about being a student midwife?

#### Key Questions

- Think back to what you were doing before you became a midwife. What are the main differences between your attitudes and feelings then and now?
- Can you tell me about a time or an experience which made you feel positive about being a student midwife?
- Can you tell me about a time or an experience which made you feel negative or unhappy about being a student midwife?
- How do you think people in practice and at university see you?
- How do you see yourself as a student midwife who identifies as Black, Asian or from a minority ethnicity?
- Do you think your experience as a student midwife who identifies as Black, Asian or from a minority ethnicity is different to your peers?

#### Closing questions

- Is there anything you would like to add about your experiences of being a student midwife?

- Are there any questions that you were expecting me to ask you that I haven't asked?
- Is there anything that you would like to ask me?

Interviews were conducted by a student researcher as the lecturer researchers had the potential to teach and assess the participants. All the interviews were audio recorded and transcribed verbatim following which they were anonymised by the student interviewer prior to circulating to the wider research team. Anonymised transcripts were then jointly analysed by all members of the research team. Data collection was completed once all five students who volunteered to participate in the study were interviewed.

### **Ethics**

Ethical approval was granted by the University Faculty Research Ethics Committee (ref: FHSRECHEA00222) as part of the Undergraduate Research Bursaries at [XXX University] programme. Following contact with the student interviewer, participants were provided with a participant information sheet and any questions were addressed. Informed consent was sought, and consent forms were signed by participants. Involvement in the study was voluntary with the ability for participants to withdraw from the study without repercussions. This was supported through recruitment and interviews being conducted by the student researcher as it was acknowledged students may have otherwise felt coerced to participate if lecturers had acted as interviewers. None of the five participants chose to withdraw their data. Anonymity and confidentiality were assured in the design of the study: data was anonymised by the student researcher following transcription, no identifiers were in the final transcripts used for data analysis. Access to the data was restricted to the research team. Electronic data were password protected, stored and managed in accordance with Data Protection Guidelines (Data Protection Act, 2018). Participants rights were protected with mitigation against possible risks arising from their participation. Acknowledging this could be a sensitive area of discussion the centralised University counselling and mental health support services are on a self-refer basis and were available to participants if needed.

### **Data Analysis**

Data was thematically analysed using a modified version of Braun and Clarke's (2006) framework. Initially the three researchers independently read the anonymised interview transcripts several times to ensure immersion in the data and create initial codes. Following individual review, initial codes were jointly developed leading on to identification of the initial themes. These were further reviewed and refined to create the three final key themes and associated sub-themes.

All members of the research team examined the interviews applying Guba and Lincoln's (1989) framework for assessing the credibility, dependability, transferability and confirmability of the findings. A key element of the peer participatory approach to data collection in the study supported the student researcher in the thematic analysis both independently of and collaboratively with the lecturer researchers as a form of triangulation and to support transferability of the data (Polit and Beck, 2014).

## **Findings**

The three themes that were constructed from the analysis of the data were 'Invisibility', 'Emerging visibility' and 'Managing visibility'. The theme of 'invisibility' identified a Eurocentric midwifery curriculum and a lack of BAME representation both within the classroom and in clinical placement. 'Emerging visibility' describes their observations of racist attitudes and practices and 'Managing visibility' discusses how participants modify their behaviour in the light of these experiences.

### **Theme One - Invisibility**

This theme describes participants experiences of both 'invisibility' and 'othering' within the midwifery curriculum, placement settings and the classroom. This manifests itself primarily through being viewed as a minority within the classroom amongst their peers coupled with a lack of BAME representation in teaching and learning materials and within the academic teaching team.

#### **Sub-theme: A Eurocentric curriculum**

Participants articulated their experiences of a Eurocentric based midwifery curriculum at university where 'White' was prioritised/dominant. One participant recognised that Eurocentric ideologies of knowledge and understanding are used to write texts and literature. It is these resources which in turn informed healthcare programme development, design and delivery. Acknowledging the systemic nature of the Eurocentric lens through which teaching was developed and delivered was an experience shared by all the participants:

*'At University a lot of learning is all based on White people, how to see a DVT on White ladies...it's all for people that are not dark skinned, but only Black or people from different backgrounds would notice this, others wouldn't because they don't need to think about it'.  
(Participant 4)*

*'Yes, exactly it should be taught, I shouldn't have to reply on my experience, I should be taught with text and materials that tells me exactly how it is.' (Participant 1)*

Participants reported this was perpetuated when in their clinical placements:

*'I have been [on placement] in the community before and had comments from midwives saying that they were not sure and not confident on how to tell a Black baby had jaundice and that they hadn't seen it before.'* (Participant 4).

In particular participants recognised the importance of observing skin colour as an indicator of health and wellbeing and in consideration of the need to reduce health inequalities for women, birthing people and new-borns from BAME groups:

*'like when we are taught about jaundice and things to look out for, it's always on White babies...whereas myself and other Black student midwives do notice that it's not being spoken.'* (Participant 3)

A clear example provided by two of the participants referred to the standardised electronic records system in clinical placement whereby, as a measure of neonatal wellbeing within the initial APGAR score the element of 'colour' only allowed one option to be recorded, that of 'pink':

*'The daily examination on the [electronic records] system, it has the colour of the baby, it has pink. It doesn't have any other options like brown.....We know that brown babies don't go pink. This is something that myself and another Black student have noticed...so needs more awareness.'* (Participant 3)

*'I have had Black babies that are not pink, they were never pink, they were always dark from the outset, but they were still well babies.'* (Participant 1)

Whilst participants recognised black and brown skin colour was often invisible in the curriculum, they also recognised there was often a monocultural focus to the curriculum citing a lack of cultural representation within classroom learning:

*'We just don't really learn about other cultures, it's like the British way or no way, no other opinions or ways of doing things is right and I don't agree with that.'* (Participant 5).

Two participants referred to the disconnect they experienced between their learning in the classroom and its failure to reflect practices from within their own culture(s) for example, washing a new-born soon after birth:

*'I know in my culture we wouldn't wait certain days to wait for baby to be washed and then they get moisturized again but it's just point blank it isn't spoken about this is not what we do.'* (Participant 2)

The opportunity to learn and share a range of cultural norms was deemed important in supporting the development of cultural sensitivity:

*'To me it's important we learn about...different religions and cultures.'* (Participant 5)

**Sub-theme: A lack of BAME representation**

Participants spoke of a lack of diversity within their cohort, in practice and within the teaching team. This appeared to be magnified within the classroom setting where they recounted:

*'Do I feel comfortable when it's just me? Because the majority of the time it usually is.'*  
(Participant 2)

One participant recalled how this was reflected in the clinical placement environment:

*'...So in placement obviously I feel I stick out like a sore thumb because there are hardly any Black student midwives at my [placement].....'* (Participant 5)

This feeling of underrepresentation was further magnified within the wider maternity services and midwifery profession when on clinical placement:

*'There are not many BAME midwives at my [placement], there are Asian doctors but very limited midwives who are like me.'* (Participant 5)

*'When I envisioned a midwife before [starting the programme], I did not envision a Black midwife.'* (Participant 2)

When participants could see themselves represented through Black, Asian or minority ethnic midwives, they viewed them as role models within the profession:

*'It is lovely seeing Black and other midwives. I don't know whether it is a comfort thing, but I gravitate towards them.'* (Participant 2)

In turn, it was with a sense of pride one participant was able to recognise them self as a positive role model for other BAME students:

*'I also find the same with other students, they gravitate towards me as I am the same as them.'* (Participant 2)

One student discussed their active involvement in an equality, diversity and inclusivity project:

*'... [in order to] make others like us feel more included and better represented and given a voice... we just feel like we need that platform we need a body'* (Participant 1)

Whilst the participants experienced invisibility in terms of the teaching materials, resources and systems, experiences in placement areas were a site of 'emerging visibility'.



## **Theme Two – Emerging visibility**

Participants articulated a position where their visibility as a Black or brown person became vicariously exposed as they viewed themselves through the eyes of the midwives who were responsible for supporting their learning in practice. They recalled examples of being present in the ward office or staff coffee room during their placements when racist attitudes and behaviours were shared:

*'... a lot of the midwives refer to them as "Black ones", leave them to it, they are noisy etc... they make awful comments about them.'* (Participant 2)

Although participants did not recall midwives stereotyping BAME service users in their presence, when they questioned some of the statements made, the midwives were unable to provide any evidence to support their views:

*'...some midwives were talking about an Asian lady who was labouring, and they've said, "Oh she will need an epis [episiotomy] before she's even got to that point." I did actually ask a midwife once what that was about, like, what did that mean? And she said it's well known that Asian ladies are "smaller down there" and they won't be able to push without tearing, so they just know it will end up with instrumental or at least an epis. I hate how there are stereotypes already even before we have given the women a chance, it doesn't seem fair to them.'* (Participant 5)

For one participant, her behaviour in response to being a bystander when negative comments were made about a BAME service user manifested itself negatively, causing them to act in a way that felt 'wrong' in order to 'fit in' and manage the awkward situation they found themselves in:

*'I just remember feeling very awkward at this point and I did smile, like, a smirk, but not because I found it funny, because I wanted to be like the others who were laughing and wanted to fit in. That sounds so bad, but I think as students that's just what you do and as a Black student you just do anything to fit in with the others even if it's wrong, does that make sense?'* (Participant 5)

Participants witnessed this behaviour extending to their colleagues:

*'I've heard a few comments from midwives when another Asian midwife on shift was eating her dinner and it was curry. It smelt amazing, but a White midwife walked past and said, "Oh shock, you are eating curry!" The Asian midwife laughed, maybe because she felt uncomfortable, but I felt uncomfortable for her, maybe in this situation a non BAME student*

*midwife wouldn't pick up that that's an uncomfortable situation? I'm not sure.'* (Participant 4)

This was extended to include an example of a participant experiencing hostility from a midwife as a result of being BAME. One of the participants had been risk assessed during the pandemic as unable to provide care to service users who had tested positive for COVID-19, her ethnicity contributing towards the outcome of the risk assessment. When the participant explained this to the midwife she was labelled an 'unwilling student' who had an 'attitude problems':

*'[The] band 7 .... didn't like me because I was Black, and she said I have attitude. So yet again another person thinking because I'm speaking up I am a typical angry Black girl'* (Participant 4)

### **Theme Three – Managing visibility**

As a result of observing racist attitudes and behaviours, at least two participants concluded that there was a risk that some midwives would not want to support and work with them, both of them using almost exactly the same words:

*'I did think ....[what] about a midwife that didn't want to work with me because of my skin colour?'* (Participant 3)

Despite there being no examples of explicit hostility from service users or any of the participants having their care declined, three of them felt anxious about the possibility of this happening:

*'I often worry about whether anyone will refuse my care because of my skin colour, thankfully that hasn't happened, but I imagine it will in my career at some point'* (Participant 4)

This consciousness led the participants to manage their 'visibility'.

#### **Sub-theme: Monitoring behaviour**

All the participants talked of how they were conscious of a constant need to make additional effort in monitoring how they presented themselves both at university and in the clinical areas:

*'I always make sure that I'm dressed in the appropriate uniform, I am conscious of the way I speak, and who I speak to. I am conscious of turning up on time, professionalism all the time'* (Participant 1)

*'I have always done this my whole life, overcompensating so that... my personality shines through stronger than my skin' (Participant 3)*

Two of the participants went further to say that this required them to present a persona to the outside world which did not match their inner sense of self:

*'I feel like I have two personalities to be honest.... I feel like I have to change who I am to be accepted in this profession and in this world.'* (Participant 2)

*'Sometimes I feel that in order to fit in and feel included I need to try to be a different person or a different type of me to be accepted or to be treated like others.'* (Participant 5)

This additional effort was identified as a site of difference from the experiences of White student midwives:

*'I just feel that I have to try harder than some of my friends in the cohort that aren't BAME. I always try to come across as really friendly or really confident and it's not that I am really confident, but it's so that the midwives don't think of me badly I guess. I feel like I have to try harder than others, definitely!'* (Participant 5)

Four participants expressed how it had become so 'second nature' to them that they had difficulty in recognising the extra effort that they were having to make:

*'I have noticed sometimes in new situations meeting new people I come across as overfriendly and maybe this is so that they like me more and that my skin colour is not an issue. This might not be it, it's hard to tell now to be honest because it's become second nature to me.'* (Participant 4)

*'...maybe because I'm doing so well it's masking anything that is that could potentially be an issue...'* (Participant 1)

*'I have noticed if a group of people are talking during a lecture it's often my name that gets called out, but to be honest I don't notice it that much because sadly it's become normal for me.'* (Participant 2)

For one participant, the act of talking about it to the interviewer allowed her to recognise this for the first time:

*'Now you mention it I have done this before I have always done this my whole life overcompensating so that they won't notice and so that my personality shines through stronger than my skin.'* (Participant 3)

### **Sub-theme: Unwanted burden**

More generally, three participants were frustrated by the additional burden of having to manage how they presented themselves at work and at university to consistently present a friendly and confident demeanour. This burden was both unwanted and experienced as tiring:

*'I think sometimes we have to prove that we are human beings the same as everyone else... I'm trying to break those stereotypes, I don't want to have to overcompensate, I don't want to have to smile all the time, I want to be able to relax without people thinking I'm in a mood.'* (Participant 2)

*'I have to act really confident and outgoing and really smiley and its tiring to pretend to be like that all the time.'* (Participant 5)

Two of the participants also explicitly linked this burden to a specific stereotype which was held as widely known:

*'I find that if you're not nice or you don't come across smiley and happy you come across angry and that angry Black girl stereotype comes out.'* (Participant 3)

## **Discussion**

The findings provide insight into the experiences of student midwives who identify as being from BAME communities, both in the classroom and in placement environments whilst studying midwifery in a University based in the Midlands, UK. Through analysis of their experiences the themes of 'Invisibility', 'Emerging Visibility' and 'Managing Visibility' were identified.

### **Decolonising the curriculum**

Decolonising higher education curricula is centred in the 'Rhodes Must Fall' campaign originating in South Africa (Ndlovu-Gatsheni, 2016) and in the UK the 'Why is my curriculum White?' campaign (University College London students, 2015). These started a movement which has been furthered by 'Black Lives Matter' in 2020. All called for a fundamental review of university curricula acknowledging that many ideologies of knowledge are rooted within a history of colonialism and viewed through a White lens. It is acceptance of Whiteness as the default, unmarked and normalised and the 'othering' of non-Whiteness spanning all subject provision that requires challenge at all levels and in all aspects of higher education.

It was clear from the participants in this study that action to redress the underrepresentation of BAME academics employed within UK HEIs to better reflect the diversity of the student body is now paramount but will likely take time to achieve. HEIs therefore recognise their responsibility to address this in different ways such as the inclusion of compulsory Equality, Diversity and Inclusion training for all academics. Despite this, evidence suggests such strategies only result in small to medium-sized effects on outcomes for BAME students (Kalinowski et al, 2013). Morgan (2016) identified that staff required repeated engagement with workshops as opportunities to explore racial stereotypes, unconscious bias and its impact on BAME attainment before individual behaviour change was observed. A 'deflection of responsibility' by lecturers often attributed to competing demands, management structure and an overall sense that 'it was someone else's responsibility' frequently resulted in 'limited action' (Barefoot et al, 2018). They identified strategies to challenge possible racial discrimination and its effect on the attainment gap for BAME students including recognition of own privilege, inclusion of BAME role models in teaching and learning materials and increasing diversity within teaching teams (Barefoot et al, 2018).

It is widely recognised that BAME women, pregnant people and their new-born's disproportionately experience poorer outcomes within UK maternity services (Knight et al, 2018; 2021; PHE, 2020; ONS, 2015). Beckford-Procyk (2020) however, highlights the fact that the same attention has not currently been afforded to midwifery theory with a paucity of literature in this area. Recent publications on the physical assessment of new-borns and women and pregnant people with darker skin tones are welcomed (Raynor et al, 2021; Ménage et al, 2021) but it is recognised wider contributions are needed in this area. Within midwifery curricula there is a need to ensure resources reflect the diversity of those accessing maternity services (Harkness and Wallace, 2021). Providing this opportunity within their education programme ensures that upon qualification, students are enabled to follow the Code (NMC, 2018) to deliver high-quality care that is inclusive and ensures equality for all. Healthcare faculties within HEI's must continue to engage with, and ensure that they drive the development of, inclusive learning and teaching materials, reading lists and simulation models that avoid a Eurocentric and ethnocentric focus, instead giving equal focus to those from BAME groups. In this way they can fully embed the key theme of anti-discriminatory care identified within the Standards for pre-registration midwifery programmes (NMC, 2019a) and Standards of proficiency for midwives (NMC, 2019b). As these standards are in the process of being validated across all UK HEIs this represents an opportunity for significant organisational change.

### **Stereotypes**

Although 'invisible' within the curricula, when students are 'seen', it appears to be in terms of being a stereotype –an 'oversimplified opinion, prejudiced attitude or uncritical judgement' (Merriam-

Webster, 2021) - rather than holistically and as an individual. Two examples were given relating to stereotyping of South Asian women which are longstanding (see Bowler, 1993), becoming engrained and leading to South Asian women being less likely to receive adequate analgesia (Henderson, Gao & Redshaw, 2013) as well as well-documented poorer outcomes for mother and baby (Knight et al., 2021; Manktelow et al., 2015). Language barriers and tensions between the midwife's need for women to conform to hospital protocols and practices and the women's deeply rooted cultural and religious traditions (Goodwin, Hunter & Jones, 2018) can lead to the homogenisation of 'Asian' women as 'bad patients' who increase the workload of the midwife (Bowler, 1993).

Due to the need to ensure anonymity in this small purposive sample, the ethnicity of participants is not known but central to the concerns of all participants in this study as to how they are perceived are direct and indirect references to them being stereotyped in relation to the concept of the 'Angry Black Woman'. It has been argued that this stereotype originates in slavery in the US, used to depict a person who refused to conform to expectations (Motro et al., 2021) and verbally aggressive matriarchal caricatures (Kent, 2021). Stereotyping of BAME people is potentially 'pervasive and parasitic' (Ashley, 2014) and therefore it is likely that all interactions between BAME and White students, midwives and service users are foregrounded on this understanding. Whilst studies have found that some Black women professionals have been able to subvert this as an act of resistance and empowerment (Ong, 2005; Wingfield, 2010), BAME student midwives cannot enact this same resistance due to their need to gain 'approval' to support their continuation and progression on the programme before they have any potential agency as a 'professional' to challenge individuals and systems which reinforce disadvantage to both BAME service users and themselves. The existence of this 'stereotype' means that White students and academics can interpret any behaviour of Black students as aggressive or angry which in White students may be interpreted in more benign ways or simply not assigned any negative interpretation. Certainly, this is evidenced in multiple accounts from all five participants in this study. The stereotype, it has been argued, is itself an instrument of racism in that where Black women legitimately express anger at the racist micro- or macro aggressions that they experience and thus fulfil the stereotype in the eyes of the White majority, the stereotype then serves to blame them (Morgan & Bennett, 2006) rather than holding those individuals responsible for their words and behaviour. By being silent, the racism goes unchallenged, further disempowering Black women and holding them in a double bind.

In this study participants appear to proactively mobilise compensatory behaviour to ensure that they do not uphold and reaffirm negative stereotypes that underpin racism and consequently cause them to be 'racIALIZED' (Itzigsohn & Brown, 2015). The additional work that Black nurses must undertake to 'remain and succeed in white institutions' has been labelled as 'emotion practice' (Cottingham,

Johnson & Erickson, 2018) or 'emotional double shift' (Evans, 2013). In their study capturing data from audio diaries from 48 nurses of colour in the United States they concluded that one potential impact is having to divert emotional resources away from providing the care required of them to service users in order to managing their own emotional responses to the microaggressions they encounter— the cumulative effect of subtle and persistent patterns of dehumanising behaviour (Pierce, 1970) - and which can cause them to become depleted by a constant sense of unease. What this means for BAME student midwives in this study is that they are in the unenviable position of having to accommodate not one but two institutional spaces that appear to foreground Whiteness as the default position (Evans & Moore, 2015) coupled with witnessing a lack of culturally competent practice at times within those spaces. What is more, they are seeking to gain admittance to the profession, further limiting their agency to challenge behaviours. We may then suggest that BAME student midwives have an even greater workload than the 'double shift' of registered BAME midwives to contend with. Whilst this 'emotional labour' has been explored in high status professions (Evans & Moore, 2015), with qualified nurses (Cottingham, Johnson & Erickson, 2018), and has been identified in a study on BAME physiotherapy students (Hammond et al. 2019), this is an important area for further study within BAME student midwives.

There is a significant and growing body of evidence that there is a clear causal relationship between being exposed to racism and poorer health outcomes. One systematic review of 293 studies, primarily from the United States, concluded that racism was significantly linked to poorer mental health including increased risk of depression, anxiety, PTSD and suicidal ideation (Paradies et al. 2015). A longitudinal study in the UK concluded that cumulative exposure to racial discrimination leads to a deterioration in mental health overtime which is as a result of not only actual experiences of being exposed to racism, but also the corrosive effect of 'vigilance and anticipatory stress' of encountering racism (Wallace, Nazroo & Becares, 2016). Furthermore, the consequences of experiencing microaggressions— and, for some of the participants, overt racist behaviour - not only impacts negatively at a psychological level but, it has been argued, for students, takes an academic toll (Perez Huber & Solorzano, 2015). Studies have shown through the 'ethnic density effect' that living within areas with a greater proportion of ethnic minority populations can have a protective or 'buffering' effect and reduces the risk of suffering mental health challenges (Becares et al., 2012; Becares, Nazroo & Stafford, 2009). It can be hypothesized that student midwives living away from home and experiencing less diverse workforces and communities for the first time are likely to be a greater risk. It is therefore very likely that these cumulative and persistent experiences will also impact negatively on retention and progression rates for BAME student midwives. This is an important area for further qualitative and quantitative investigation.

## **Conclusion**

The starting point for this study was the established evidence base that there are barriers to attainment for BAME students within HEIs, and within the NHS there are separate but additional barriers to progression and promotion for BAME staff. Recognising that BAME students undertaking an undergraduate midwifery programme may therefore experience inequalities and additional challenges to those of their White counterparts across both organisations supported the need for this qualitative study. Following the interviews with five participants, three themes were identified: 'Invisibility', 'Emerging Visibility' and 'Managing Visibility', experienced both in University and practice placements.

Strategies combined with recognition for the need to redress the dominance of white, Eurocentric and ethnocentric fundamentals across higher education in the UK are now long overdue as a means to positively influence the attainment gap for BAME students. Healthcare faculties, curricula and programmes need to be rebalanced across UK HEIs to better reflect the diversity of the student body and the service users they support. Development of inclusive learning resources should be prioritised which give representation to Black, Asian and minority ethnicities in the literature and evidence base within fields of study and these must be embedded within module reading lists and delivery.

Specifically embedded within the NHS Constitution (DHSC, 2012) the Code (NMC, 2018) and further strengthened within the Standards for pre-registration midwifery programmes (NMC, 2019a) and Standards of proficiency for midwives (NMC, 2019b) are principles of cultural competence, equality, diversity and inclusion for all maternity service users and their families. HEIs should also use the opportunity to review how these principles are applied for their own student body and act accordingly to support the organisational change needed to redress the imbalance surrounding BAME student attainment. Embracing the opportunity to implement these fundamental standards for undergraduate midwifery curriculum as part of programme approval and validation across UK HEIs by 2022 is a vital step in positively influencing the attainment gap for BAME student midwives and ensuring that the midwives of the future do not perpetuate any engrained prejudices attitudes and behaviours based on negative stereotypes that they may encounter during their journey to registration.

## **Strengths and Limitations**

- Whilst the use of a purposive sampling technique, as a form of non-probability sampling, is widely recognised within qualitative studies due to its ability to provide information-rich cases under study, it is acknowledged this means the findings of this study may not be



representative. Similarly, whilst there is not an agreed minimum number of participants within qualitative studies the sample of five participants can also be considered a limitation of this study meaning the findings may not be generalisable to midwifery students studying at other Universities in the UK.

- A further limitation of this study was that it was conducted in a single UK University. The ability to extend recruitment for this study to other UK Universities representing the four countries, England, Wales, Scotland and Northern Ireland would allow for regional and national comparisons. This would also provide more theoretically generalisable findings to further develop a more focussed, individualised and nuanced approach to tailor support for student midwives who identify as BAME and accelerate the agenda to decolonise curricula in UK universities.
- Nevertheless, a particular strength of the study is the original contribution it makes to an under-explored area of midwifery education as well as giving a voice to an underrepresented group within the wider student body.
- A further strength lay in the peer participatory approach, both between student researcher and academics and the student researcher and the participants. It supported recruitment of participants, allowed for honest representation of experiences, issues and challenges and presented the ability to begin to dismantle hierarchies of power and knowledge. It also suggests one way of embedding Domain 5 (Promoting excellence: the midwife as colleague, scholar and leader) of the Standards of Proficiency for Midwives (Nursing & Midwifery Council, 2019) within a pre-registration curriculum by giving a students the opportunity to be part of a primary research study and providing tangible evidence to them of how research can help to potentially influence policy and practice.

### **Keywords**

BAME; student midwife; decolonising the curriculum; stereotypes; visibility

### **Key points**

- BAME student midwives in the UK are likely to face additional challenges to their White peers in progressing through their programme due to structural systems of disadvantage within the NHS and HEIs.

BAME student midwives in this study identified that:

- They did not feel they are represented in the faculty, curriculum or teaching materials at university;

- They encountered racist attitudes and behaviours in practice placements and gaps in knowledge from practising midwives relating to identifying potentially pathological conditions in darker skin tones;
- They felt worried that they may not be welcomed by some of the midwives responsible for supporting them in practice as well as some of the service users because of the colour of their skin and;
- As a result, they felt the need to modify their behaviour to ensure they always appeared smiling and confident in order to be accepted within White majority spaces.

### **Reflective questions:**

- What does 'cultural competence' mean to you and how do you demonstrate this in your working life?
- How are you able to identify conditions such as pathological jaundice in the new-born or deep vein thrombosis in Black or brown skin tones other than by visual inspection?
- How do you create an inclusive environment to meet the needs of all students to support their learning and progression?
- How can you effectively challenge overt and covert racist attitudes and behaviours within yourself and the people you work with?

### **References:**

AdvanceHE (2021) *Equality, Diversity and Inclusion*. Available at: <https://www.advance-he.ac.uk/guidance/equality-diversity-and-inclusion>

Ashley, W. (2014) The angry black woman: The impact of pejorative stereotypes on psychotherapy with black women. *Social Work in Public Health*, **29** (1): 27-34

Aspinall, P. (2021) BAME (black, Asian and minority ethnic): the 'new normal' in collective terminology. *Journal of Epidemiology and Community Health*, **75** (2): 107-107

Barbee, E. (1993) Racism in U.S. nursing. *Medical Anthropology Quarterly*, **7**: 346-362

Barefoot, H., St John, J., & Yip, A., (2018) *Academic Leadership at the programme level to address the BME attainment gap*. London: Leadership Foundation for Higher Education. Available at:

[https://uhra.herts.ac.uk/bitstream/handle/2299/23451/SDP\\_Hertfordshire\\_Barefoot\\_4WEB\\_002\\_.pdf?sequence=1](https://uhra.herts.ac.uk/bitstream/handle/2299/23451/SDP_Hertfordshire_Barefoot_4WEB_002_.pdf?sequence=1) [Accessed 21<sup>st</sup> November 2021]

Becares, L., Nazroo, J. & Stafford, M. (2009) The buffering effects of ethnic density on experienced racism and health. *Health & Place*, **15** (3): 700-708

Becares, L., Shaw, R., Nazroo, J., Stafford, M., Albor, C. et al. (2012) Ethnic density effects on physical morbidity, mortality & health behaviors: A systematic review of the literature. *American Journal of Public Health*, **102** (12). E33-E66

Beckford-Procyk, C., (2020) 'Should we decolonise midwifery education?'. *Practising Midwife*, **23** (10): 8-13.

Bowler, I. (1993) 'They're not the same as us': Midwives' stereotypes of South Asian descent maternity patients. *Sociology of Health & Illness*, **15** (2): 157-178

Braun, V., & Clarke, V., (2006) Using thematic analysis in psychology, *Qualitative Research in Psychology*, **3**(2): 77-101, DOI: [10.1191/1478088706qp063oa](https://doi.org/10.1191/1478088706qp063oa)

Burnett, A. (2021) This hurts us much more than it hurts you: the lived experiences of Black, Asian and multi-racial student midwives. *The Practising Midwife*, **24** (2): 12-15

Catling, C., Reid, F. & Hunter, B. (2017) Australian midwives' experiences of their workplace culture. *Women & Birth*, **30**: 137-145

Claridge, H., Stone, K. & Ussher, M., (2018) The ethnicity attainment gap among medical and biomedical science students: a qualitative study. *BMC Med Educ* **18** (325).

<https://doi.org/10.1186/s12909-018-1426-5>

Cottingham, M., Johnson, A. & Erickson, R. (2018) 'I can never be too comfortable': Race, gender and emotion at the hospital bedside. *Qualitative Health Research*, **28** (1): 145-158

DaCosta, C., Dixon-Smith, S. and Singh, G. (2021) *Beyond BAME: Rethinking the politics, construction, application and efficacy of ethnic categorization* [online]. Higher Education Research Actin Group.

Available from: <https://cpb-eu->

[w2.wpmucdn.com/sites.marjon.ac.uk/dist/4/1635/files/2019/01/Beyond-BAME-final-report-1.pdf](https://cpb-eu-w2.wpmucdn.com/sites.marjon.ac.uk/dist/4/1635/files/2019/01/Beyond-BAME-final-report-1.pdf)

[Accessed 27th September 2021]

Data Protection Act (2018) *Data Protection Act 2018*. Gov.UK. Available at:

<https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted> [Accessed: 6<sup>th</sup> October 2021]

Department of Health and Social Care (DHSC) (2012) *NHS Constitution for England*. London: Gov.UK.

Available at: [https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-](https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england)

[nhs-constitution-for-england](https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england) [Accessed 6th October 2021]

Evans, L. (2013) *Cabin pressure: African American pilots, flight attendants and emotional labor*.

Lanham, MD: Rowman & Littlefield

Evans, L. & Moore, W. (2015) Impossible burdens: white institutions, emotional labor, and micro-resistance. *Social Problems*, **62**: 439-454

Equality & Human Rights Commission (2019) *Tackling racial harassment: Universities challenged*.

Manchester: Equality & Human Rights Commission. Available at:

[https://www.equalityhumanrights.com/sites/default/files/tackling-racial-harassment-universities-](https://www.equalityhumanrights.com/sites/default/files/tackling-racial-harassment-universities-challenged.pdf)

[challenged.pdf](https://www.equalityhumanrights.com/sites/default/files/tackling-racial-harassment-universities-challenged.pdf) [Accessed 6th October 2021]

Gabriel, D. (2021) *Racial categorisation and terminology* [online]. Black British Academics. Available

from: <https://blackbritishacademics.co.uk/about/racial-categorisation-and-terminology/> [Accessed

27<sup>th</sup> September 2021]

Goodwin, L., Hunter, B. & Jones, A. (2018) The midwife-woman relationship in a South Wales

community: Experiences of midwives and migrant Pakistani women in early pregnancy. *Health*

*Expectations*, **21** (1): 347-357

Guba, E. G., & Lincoln, Y. S. (1989). *Fourth generation evaluation*. California: Sage Publications Inc

Hammond, J., Williams, A., Walker, S. & Norris, M. (2019) Working hard to belong: a qualitative study exploring students from black, Asian and minority ethnic backgrounds experiences of pre-registration physiotherapy education. *BMC Medical Education*, **19**: 372.

<https://doi.org/10.1186/s12909-019-1821-6>

Hamza, H. (2021) Experiences of being a midwifery student during these challenging times. *MIDIRS Midwifery Digest*, **31** (3): 297-299

Harkness, M., & Wallace, C., (2021) Exposing racial bias in midwifery education: A content analysis of images and text in Myles Textbook for Midwives. *British Medical Journal*,

doi: <https://doi.org/10.1101/2021.10.07.21264614>

Henderson, J., Gao, H. & Redshaw, M. (2013) Experiencing maternity care: the care received and perceptions of women from different ethnic groups. *BMC Pregnancy & Childbirth*, **13** (1): 196

Howarth, C. (2009) I hope we won't have to understand racism one day: Researching or reproducing race in social psychological research? *British Journal of Psychology*, **48**: 407-426

Issar, P., (2021) *Workforce Race Quality Standard: 2020 data analysis report for NHS Trusts and Clinical Commissioning Groups*. NHS England Available at: <https://www.england.nhs.uk/wp-content/uploads/2021/02/Workforce-Race-Equality-Standard-2020-report.pdf> [Accessed 6th

October 2021]

Itzigsohn, J. & Brown, K. (2015) Sociology & the theory of double consciousness: W.E.B Du Bois's phenomenology of racialized subjectivity. *Du Bois Review: Social Science Research on Race*, **12** (2): 231-248

Kalinoski, Z.T., Steele-Johnson, D., Peyton, E.J., Leas, K.A., Steinke, J. and Bowling, N.A. (2013) A meta-analytic evaluation of diversity training outcomes. *Journal of Organizational Behaviour.*, **34**: 1076-1104. <https://doi.org/10.1002/job.1839>

- Kent, J. (2021) Scapegoating the 'angry black woman'. *Group Analysis*, **54** (3): 354-371
- Khan, Z. (2021) Ethnic health inequalities in the UK's maternity services: a systematic literature review. *British Journal of Midwifery*, **29** (2):100-107
- Knight, M., Bunch, K., Tuffnell, D., Shakespeare, J., Kotnis, R., Kenyon, S., Kurinczuk, J. (eds.) on behalf of MBRACE-UK (2021) *Saving lives, improving mothers' care – lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths & Morbidity 2015-2017*. Oxford: National Perinatal Epidemiology Unit, University of Oxford.
- Knight M, Bunch K, Tuffnell D, Jayakody H, Shakespeare J, Kotnis R, Kenyon S, Kurinczuk JJ (Eds.) on behalf of MBRRACE-UK (2018) *Saving Lives, Improving Mothers' Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2014-16*. Oxford: National Perinatal Epidemiology Unit, University of Oxford.
- Manktelow, B., Smith, L., Prunet, C. et al. (2015) Perinatal mortality surveillance report. UK Perinatal deaths for birth s from January to December 2013, MBRRACE-UK, Ed. 2015 Leicester
- Ménage, D, Chapman, M, Raynor, M, Essat, Z, Wells, R (2021) Decolonising midwifery education Part 2: neonatal assessment. *The Practising Midwife*. **24**(6). June 2021.
- Merriam-Webster (2021) *Stereotype* [online]. Merriam-Webster.com dictionary. Available from: <https://www.merriam-webster.com/dictionary/stereotype> [Accessed 16th December 2021]
- Morales, D. & Ali, S. (2021) COVID-19 and disparities affecting ethnic minorities. *The Lancet*, **297** (10286): 1684-1685
- Morgan, W. (2016) *Why creating an inclusive environment, curriculum and approach to learning and teaching will improve the performance of BAME students and close the attainment gap*. [online] Presentation. Available from: <https://slideplayer.com/slide/12837610/> [Accessed 23/12/2021]

Morgan, M. & Bennett, D. (2006) Getting off black women's backs: lover her or leave her alone. *Du Bois Review*, **3** (2): 485-502

Morrison, N., Machado, M., Blackburn, C., (2019) Student perspectives on barriers to performance for black and minority ethnic graduate-entry medical students: a qualitative study in a West Midlands medical school. *BMJ Open*, **9** (11) e032493.

<https://bmjopen.bmj.com/content/9/11/e032493>

Motro, D., Evans, J., Aleksander, P. & Ellis, L. (2021) Race and reactions to women's expressions of anger at work: examining the effects of the 'Angry Black Woman' stereotype. *Journal of Applied Psychology*, <https://doi.apa.org/doi/10.1037/apl0000884>

Ndlovu-Gatsheni, S.J., (2016) 'Rhodes must fall!' South African Universities as site of struggle. *Tablula Rasa*, **25**. <https://doi.org/10.25058/20112742.81>

NHS (2019) *The NHS long term plan* [online] Available from: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf> [Accessed 21st September 2021]

NHS Digital (2020) *NHS workforce statistics – March 2020* [online]. Leeds: NHS Digital. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/march-2020> [Accessed 21st September 2021]

NHS England (2017) *NHS Equality and Diversity Council Annual Report 2016/17*. Available at: <https://www.england.nhs.uk/wp-content/uploads/2017/09/nhs-edc-annual-report-16-17.pdf>

Nursing & Midwifery Council (2018) *The Code*. London: NMC. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf> [Accessed 6th October 2021]

Nursing & Midwifery Council (2019a) *Standards for pre-registration midwifery programmes*. London: NMC. Available at: <https://www.nmc.org.uk/standards/standards-for-midwives/standards-for-pre-registration-midwifery-programmes/> [Accessed 6<sup>th</sup> October 2021]

Nursing & Midwifery Council (2019b) *Standards of proficiency for midwives*. London: NMC. Available at: <https://www.nmc.org.uk/standards/standards-for-midwives/standards-of-proficiency-for-midwives> [Accessed 6<sup>th</sup> October 2021]

Office of National Statistics (ONS) (2015) *Pregnancy and ethnic factors influencing births and infant mortality: 2013*. London: ONS. Available at: <file:///C:/Users/csclews/Downloads/Pregnancy%20and%20ethnic%20factors%20influencing%20births%20and%20infant%20mortality%202013.pdf> [Accessed 21<sup>st</sup> November 2021]

Ong, M. (2005) Body projects of young women of color in physics: Intersections of gender, race and science. *Social Problems*, **52**: 593-617

Paradies, Y., Ben, J., Denson, N., Alias, A., Priest, N. & Pieterse, A. (2015) Racism as a determinant of health: a systematic review and meta-analysis. *PLoS One*, **10** (9). DOI: <http://dx.doi.org/10.1371/journal.pone.0138511>

Pendleton, J. (2017) The experiences of black and minority ethnic nurses working in the UK. *British Journal of Nursing*, **26** (1): 37-42

Perez Huber, L. & Solorzano, D. (2015) Racial microaggressions as a tool for critical race research. *Race, Ethnicity & Education*, **18** (3): 297-320

Petrie, K. & Keohane, N. (2017) *On course for success? Student retention at university*. London: Social Market Foundation

Pierce, C. (1970) Offensive mechanisms. In: Barbour, F. (ed.) *The Black Seventies*. Boston, MA: Porter Sargent. 265-282

Public Health England (PHE) (2020) *Maternity high impact area: Reducing the inequality of outcomes for women from Black, Asian and Minority Ethnic (BAME) communities and their babies*. London: PHE. Available at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file)



[/942480/Maternity\\_high\\_impact\\_area\\_6\\_Reducing\\_the\\_inequality\\_of\\_outcomes\\_for\\_women\\_from\\_Black\\_Asian\\_and\\_Minority\\_Ethnic\\_BAME\\_communities\\_and\\_their\\_babies.pdf](#) [Accessed 21st November 2021]

Raynor, M., Essat, Z., Ménage, D., Chapman, M., Gregory, B., (2021) Decolonising midwifery education Part 1: How colour aware are you when assessing women with darker skin tones in midwifery practice? *Practising Midwife*, **24** (6): June 2021.

Reay, D (2018) Race and elite universities in the UK. In: Arday, J. & Mirza, H. (eds.) *Dismantling race in Higher Education*. Cham: Palgrave Macmillan: 47-66

Ross, S., Jabbal, J., Chauhan, K., Maguire, D., Randhawa, M., & Dahir, S., (2020) *Workforce race inequalities and inclusion in NHS providers*. London: The Kings Fund. Available at:

<https://www.kingsfund.org.uk/sites/default/files/2020-07/workforce-race-inequalities-inclusion-nhs-providers-july2020.pdf> [Accessed 6th October 2021].

Sandelowski, M., (2004) Using Qualitative Research. *Qualitative Health Research*, **14** (10): 1366-1386. <https://doi.org/10.1177%2F1049732304269672>

Sandelowski, M (2010) What's in a name? Qualitative description revisited. *Research in Nursing and Health*, **33** (1): 77-84. <https://onlinelibrary.wiley.com/doi/10.1002/nur.20362>

Seston, EM., Fegan, T., Hassell, K., Schafheutle, El., (2015) Black and minority ethnic pharmacists' treatment in the UK: A systematic review. *Research in Social Administrative Pharmacy*.**11** (6):749-68. <https://www.sciencedirect.com/science/article/pii/S1551741114004124?via%3Dihub>

Universities and College Admissions Service (UCAS) (2020) *Entry rates into higher education: UCAS End of Cycle Report 2020*. Available at: <https://www.ethnicity-facts-figures.service.gov.uk/education-skills-and-training/higher-education/entry-rates-into-higher-education/latest#download-the-data>

University College London (UCL) students (2015) *Why is my curriculum white?* Available at: <https://novaramedia.com/2015/03/23/8-reasons-the-curriculum-is-white/> [Accessed 6<sup>th</sup> October 2021]

Universities UK (2020) *Tackling racial harassment in higher education*. London: Universities UK. Available at: <https://www.universitiesuk.ac.uk/sites/default/files/field/downloads/2021-08/tackling-racial-harassment-in-higher-education.pdf> [Accessed 6th October 2021].

Universities UK/National Union of Students (2019) *Black, Asian and minority ethnic student attainment at UK universities: #closing the gap*. London: Universities UK/National Union of Students

Wallace, S., Nazroo, J. & Becares, L. (2016) Cumulative effect of racial discrimination on the mental health of ethnic minorities in the United Kingdom. *American Journal of Public Health*, **106** (7): 1294-1300

Wingfield, A. (2010) Are some emotions marked 'whites only'? Racialized feeling rules in professional workplaces. *Social Problems*, **57**: 251-268