

Unconscious Bias

in Health & Social Care

A brief guide for professionals

What is Unconscious Bias?

Unconscious bias refers to the automatic judgements and stereotypes we form about others.

Unconscious bias is a positive or negative mental attitude we use to determine how we view and interact with people; individually, as a group or community.

Our biases are shaped by our upbringing, personal life experiences, where we live, our culture and cultural influences, media, and even the culture and expectations of where we work and who we work with.

In Health and Social Care, this can influence how we engage and communicate with the people we come into contact with. Including how we help and support them, assess any needs or risks, interpret behaviour, or anticipate outcomes.

Unconscious Bias Matters in Health & Social Care

Health & Social Care professionals are entrusted with working with and alongside people, providing a service to people. Often supporting vulnerable individuals and having to advocate for them.

Unconscious bias can:

Affect how we communicate with people.

Skew assessments and interventions.

Affect how we interpret the needs of the people we support.

Reinforce systemic inequalities.

Affect or undermine trust and rapport.

Well-intentioned professionals can unintentionally perpetuate harm if biases go unchecked.

Common Bias in Practice

Confirmation Bias

When we look for information and evidence that supports our initial opinion or impression of a person or situation.

Example

Assuming someone's fatigue is due to depression without supporting them to seek further medical testing and exploring possible physical causes like anaemia or thyroid issues.

A social care professional is convinced an adult is safe in their current environment, they may unconsciously ignore or minimise new concerns raised by family or carers that suggest otherwise.

Cultural Bias

Interpreting behaviours or a situation from your own cultural perspective due to familiarity or unfamiliarity with cultural norms. Thinking that your cultural practices and customs are the correct standards that others should follow.

Example

Looking someone directly in the eye varies depending on the culture. In some cultures, maintaining direct eye contact is a show of respect and honesty. In another culture, however, it can be interpreted as rude and even confrontational.

Gender Bias

Favouritism towards or prejudice against a particular gender. Making assumptions about roles, responsibilities.

Example

Dismissing domestic abuse claims from a male victim.

Socioeconomic Bias

Socio-economic bias is making an assumption about a person's socio-economic status, based on what you see or know of someone's experiences, education, home address, appearance, accent, their wealth, privilege, background and social class and then using these assumptions to influence your practice.

Example

Health professionals may assume that individuals from lower-income backgrounds are less motivated to manage their health, leading to less support or fewer treatment options being offered. People from deprived areas might be perceived as exaggerating symptoms or seeking drugs, resulting in under-treatment of pain.

Racial or Ethnic Bias

Racial bias refers to the preconceived notions, attitudes, or actions that unconsciously impact our behaviour that are influenced by an individual's race, leading to unfair treatment or discrimination Over or under estimating risk based on race or ethnicity.

Example

Professionals not taking concerns about adults from Black, Asian and minoritised ethnic communities as seriously as they might do for adults from other communities. Professionals might dismiss certain behaviours or practices as being part of that community's culture and as a result does not take the necessary protective action.

Consider Intersectionality

Kimberlé Crenshaw, a legal scholar and civil rights activist, is credited with inventing the term "intersectionality", which recognises that when multiple forms of inequality or oppression of social groups, such as gender, race, ethnicity, sexual orientation, gender identity, disability, and class, interconnect, they are compounded to produce distinct outcomes and create different modes of discrimination or disadvantage.

What is the impact of Unconscious Bias in our work?

Many people may not realise they hold unconscious biases, which makes these biases harder to identify and address.

There can be resistance to changing behaviours or questioning long-standing beliefs.

Unconscious biases can be built into an organisation's systems, structures, and processes.

An organisation's culture can subtly reinforce certain biases through traditions, language, or established practices.

It can be difficult to challenge and change those norms as individuals may fear confronting bias due to perceived negative repercussions.

This can discourage open and honest discussions about bias in the workplace.

Confronting bias often requires an uncomfortable conversation.

Stereotypes can become deeply embedded in both societal and organisational thinking.

Overcoming unconscious bias can be difficult especially when this is influenced and reinforced by media, historical prejudices, and cultural norms.

Limited exposure to different perspectives and experiences can also contribute to the persistence of bias.

The use of biased language in communication can reinforce stereotypes and help sustain unconscious bias.

Focus on Adult Safeguarding

Unconscious bias can significantly affect adult safeguarding decisions.

It can lead to:

- Misjudging the risk levels based on stereotypes rather than evidence.
- Overlooking signs of abuse or neglect in certain groups.
- Making assumptions about the capacity or credibility of adults based on their background.
- Making safeguarding decisions that may not be in the best interest of the person and not making safeguarding personal.

What Can Health & Social Care Professionals Do To Mitigate Bias?

- Question your gut reactions.
- Take your time to build rapport.
- Use your supervision and peer discussion to reflect on your practice and explore your assumptions.
- Engage in regular training on biases. Bias awareness isn't a one-off training.
- Be curious. Learn from people with different lived experiences to your own: Ask your colleagues, clients/customers/patients, explore different communities.
- Use multi-disciplinary approaches to gather diverse perspectives.
- Use structured decision-making tools to ensure consistency.
- Encourage an inclusive environment, Making Safeguarding Personal, where all voices are heard and valued.
- Introduce initiatives aimed at addressing unconscious bias – Such as Having Difficult Conversations.

Ask yourself: “Am I seeing the whole person, or just a stereotype?”