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Ethnic Minority Students in the UK: Addressing Inequalities in Access, Support, and Wellbeing in Higher Education

Julie Botticello and Titilayo Olufunmilyo West

Abstract

This chapter focuses on UK higher education and how structural racism is perpetuated through inadequate attention to access, support, and wellbeing. Inequalities in higher education correspond with those in health, where there are marked disparities between ethnic majority and ethnic minority populations, as COVID-19 revealed. The research employed a qualitative methodology to explore students' experiences of higher education at a widening participation university during lockdowns resulting from COVID-19. Twenty undergraduate students participated in focus groups and semi-structured interviews across the academic year 2020–2021. These were audio recorded, transcribed, and coded using thematic analysis. The findings reveal that ethnic minority students suffered from inadequate access to technology, insufficient attention to child-care responsibilities, a dearth of peer-to-peer interactions, and limited institutional support for mental wellbeing. Inclusive support services and welcoming learning environments, including space for peer-to-peer learning, however, were emphasised as enablers for effective learning and emotional wellbeing. This study has shown that inequalities in access, support and wellbeing in higher education remain. Overcoming these inequalities requires equitable access and support provisioning for ethnic minorities so that all students can fulfil their potentials, at university and after.

Keywords: access, COVID-19, social determinants, structural racism, support, wellbeing

1. Introduction

This chapter considers the relationship between inequalities in health with those in higher education, drawing on qualitative research undertaken with UK undergraduate students during the pandemic academic year, 2020–2021. Two sets of research were conducted at the same university – one by a lecturer and another by an undergraduate student – with a view to capturing the embedded inequalities in higher education, which was magnified, though not produced by, the situation of COVID-19. The chapter considers students' experiences and argues that embracing and supporting material and emotional needs are essential for overcoming racial and ethnic inequalities in higher education. Taking a whole person

approach, however, necessarily means redressing the structural racisms in society and in higher education, evidenced by the social determinants of health, so that all students, including those from ethnic minority groups, can have their potentials fulfilled as a matter of principle.

2. Conceptual frameworks

2.1 Systemic racial inequality in UK higher education

There have been increasing numbers of widening participation students entering higher education over the last few decades in the UK, in line with an increasing number of students overall [1]. Widening participation indicates those students who have not traditionally accessed higher education: those from low income or disadvantaged backgrounds, being mature, having disabilities and/or being from certain ethnic groups [2]. In the UK, widening participation has meant that since the 1980s, more working class and second-generation children from families arriving in post-World War II/end of the British Empire migrations have enrolled into university education [3, 4]. In the academic department where this research was undertaken, 71% of students identify as being from ethnic minority backgrounds [5]. Further, most are Black African, women, in their 30s, with families and work in the health system. They reflect the widening participation trend, by being mature, from minority ethnic backgrounds, of lower social and economic standing, who seek education and training [6] to improve their life circumstances.

While there have been increases among different social and economic groups accessing higher education over several decades, challenges remain in meeting the widening participation remit of addressing the unequal access to and progress through it [2]. These include "pronounced differences in continuation and degree awarding outcomes for white and BAME [Black, Asian and Minority Ethnic] students, with lower rates of BAME students continuing or qualifying and receiving a first/2:1 compared with their white peers [1]". "Increasing access without increasing chances of success is becoming a new form of social exclusion within higher education [7]". Social exclusion is one of the fundamental causes of inequality [8]. This exclusion is especially so when disaggregating data around race and ethnicity. Concerning continuation rates from one year to the next, in aggregate, there is a gap of 3.5 points between Black and Asian ethnic minority students and white students: 86.7% versus 90.2%, respectively [1]. However, when disaggregating the data, the lowest continuation rates were found among students from Other Black Backgrounds, with a gap of 8.7 points (81.5%) and Bangladeshi students, with a gap of 7.3 points (82.9%) compared with white students (90.2%). In terms of degree attainment and classifications (first/2:1 both of which constitutes a 'good degree' outcome), the gap between white students and all other students is 13.3 points. Once disaggregated, however, this number rises to 23.3 points for Black African students, 19.2 points for Black Caribbean students and 24.4 points for Other Black Background students in comparison to white students [1]. Ethnic/racial inequality is also evident in graduate employment, with 50.1% of white graduates working in professional roles within 15 months of graduation, whereas only 43.0% of BAME graduates had professional employment within the same time period [1]. These disparities represent endemic ethnic/racial inequalities in higher education whose impacts endure beyond graduation.

The blame for these differential outcomes across different racial and ethnic groups has often been laid at the feet of the students – in what is known as the deficit model. This model frames "students and their families of origin as lacking

some of the academic and cultural resources necessary to succeed [9]" amid an assumption of equity across society. As will be explained below for health, many of the inequalities present in society are not the result of individual, family or community failings, but are the result of institutional and political structures [10, 11] that enable some to achieve success and disable others from the same. Laying the blame at the individual, their family and/or community is an example of prioritising values and expectations that the dominant population and calling these normal; this is white supremacy. White supremacy describes "the operation of forces that saturate the everyday mundane actions and policies that shape the world in the interests of white people [12]". This prioritisation of a monocultural and monolinguistic society is an explicit act to "eradicate the linguistic, literate and cultural practices many students of colour brought from their homes and communities [13]". Individuals, families and communities, who have other values, norms and expectations, instead of being acknowledged and embraced for these alternative sets of expertise and resources [13, 14] risk being classified as "subnormal [15]" or having deficiencies, due to operating from a different set of cultural mores and norms [16]. The deficit model does not interrogate the "multiple, intersecting factors" [17] within higher education that impact on the continuation and successful awarding of ethnic minority students. These factors include those from staff, such as implicit biases and low or lack of expectation for success, as well as from students, about their own fears of conforming to the negative lens through which society sees them and their potential [17]. The fault of who can be successful in higher education is a systemic problem and higher education needs to be conscious about its role in maintaining "barriers to student success [9]" through its assumptions and exclusive practices that reflect whiteness.

2.2 Racial/ethnic, social and economic inequalities underpin inequalities higher education

In February 2020, the UK's Health Foundation published a report [18] on the social determinants of health, providing an update to its predecessor from a decade earlier [19]. Over the 10-year period, health inequalities were found to have widened, with declines in education funding, increases in precarious work, including zero-hour contracts, lack of affordable housing and increased use of food banks. Plus, life expectancy had plateaued after a century of increases [20], with outcomes worse for ethnic minority groups [18]. One month later, the World Health Organisation [21] announced the outbreak of a viral infection that began an unprecedented time throughout the world. From an equity perspective, the pandemic of COVID-19 has "exposed and amplified inequalities [22]". At the time of writing, there have been upwards of 250 million cases and over 5 million deaths worldwide [23]. Although a pandemic, its responses have largely been at the level of the nation-state [4]. To tackle the virus's spread, the UK government introduced strict measures, including social distancing, wearing masks, and nationwide lockdowns [24], with UK universities quickly shifting from face-to-face teaching to online learning [4, 25] and rapid adaptation to teaching and learning remotely [26].

However, these restrictions did not equalise the risks of exposure to or mortality from COVID-19. As several authors attest [10, 11, 27, 28], inherent racial and ethnic inequalities in the UK pre-date the pandemic. The fundamental risks from COVID-19 are situated firmly around "the role of systemic racism and socio-economic inequalities [27]" that pushes the burden of co-morbidities onto Black and Asian ethnic minority groups. Existing inequalities around health care standards, misdiagnoses, pain threshold assumptions, poorer maternal health outcomes, and an association of ill-health with poor personal choices have made health care facilities unsafe places

for BAME groups [27]. Racism, not race, is a fundamental cause of these disparities, suggesting that poorer educational opportunities and outcomes, impacts of the criminal justice system, housing and employment together drive stress and contribute to co-morbidities [28]. These may increase risk of COVID-19 infection [29]. The inequalities surrounding COVID-19 in England and those related to geographical region, gender, age and deprivation are cumulative, and confer more risk onto minority ethnic groups in relation to COVID-19 [11]. Reference [10] effectively summaries these findings, by stating that "racism both shapes social determinants of health and has its own effect on the health of ethnic minorities".

The linking of social and economic inequalities with health inequalities in England is not new. There have been several reports throughout the twentieth and twenty-first centuries calling out inequalities [19, 30–32]; with some authors linking inequalities to ethnic and racial discrimination [18, 33] and noting these as structural and institutional problems, rather than "individualised" issues [34]. "Systemic problems such as racism require structural interventions and reforms across the broad spectrum of society, including in healthcare, education, employment, and the criminal justice system [10]". COVID-19 is yet another cog in the wheel of ethnic and racial inequalities, which impact students' lives and their potential for success in higher education.

As a Public Health academic and student, we align ourselves within the social determinants of health ethic, to understand "the causes of the causes [8]", which emphasise the foundational character of deprivation and exclusion as underlying health inequalities. The "responsibility for health is shared across society [35]"; similarly, the responsibility for equitable education is equally shared across society. Therefore, it is imperative to address the inequalities in the system of education – by changing educational and systemic cultures of practice [1] – to achieve equity of process and outcome for all.

Following on from these two frameworks – of recognising that systemic injustices in higher education negatively impact ethnic minority students and that social and economic inequalities underpin health equalities – this research proceeds with the following research question:

What were the impacts of the COVID-19 lockdowns on ethnic minority students at a widening participation university in the UK?

3. Methodology

This research adopted a phenomenological, hermeneutic methodology of qualitative enquiry [36]. Exploratory and interpretative, qualitative methodologies seek to understand and explore the how participants perceived particular phenomenon [37, 38]. By doing so, researchers gain insight into the lived experiences of their participants [39]. Further, the research process undertaken was based in social constructionism [37, 38, 40–43], wherein participants and researchers collectively identified key insights, enabling the process of research to be more democratic and participatory [44].

The purpose of this research was to interrogate how higher education needs to improve to meet the needs of ethnic minority students. Two separate but related research projects inform this work. The data for one was collected to understand the impact of remote delivery on student wellbeing and mental health, using one-to-one interviews; the data for the other was collected to understand the impact of pedagogical practices on student learning and belonging, using focus groups and anonymous module evaluations. Purposive sampling [45] was used for each, by inviting undergraduate students in the department to participate. Ethical approval

Participant	Gender	Age	Ethnicity
Participant 1	Female	18–25	Black African / Black Caribbean
Participant 2	Female	18–25	Black African / Black Caribbean
Participant 3	Female	>46	Black African / Black Caribbean
Participant 4	Female	26–45	Black African / Black Caribbean
Participant 5	Female	26–45	Black African / Black Caribbean
Participant 6	Female	26–45	Black African / Black Caribbean
Participant 7	Female	26–45	Black African / Black Caribbean
Participant 8	Female	>46	Black African / Black Caribbean
Participant 9	Female	26–45	Black African / Black Caribbean
Participant 10	Female	26–45	Black African / Black Caribbean
Participant 11	Female	>46	Black African / Black Caribbean
Participant 12	Female	>46	Black African / Black Caribbean
Participant 13	Male	18–25	Black African / Black Caribbean
Participant 14	Female	18–25	White British
Participant 15	Male	26–45	Southeast Asian
Participant 16	Female	26–45	Black African / Black Caribbean
Participant 17	Female	>46	Black African / Black Caribbean
Participant 18	Female	26–45	White British
Participant 19	Female	26–45	Black African / Black Caribbean
Participant 20	Female	>46	Black African / Black Caribbean

Table 1.
Participant demographics.

was granted for each research project, and each participant consented to being included. All participants were fully informed about their rights, information security, intended use of data and that participation was fully voluntary [46].

The research comprised semi-structured one-to-one interviews, a focus group, anonymous pre- and post-module evaluations, and researcher reflections. Interviews lasted a median time of 20 mins. The focus group lasted 35 minutes. Each researcher used an interview guide but welcomed participant input which was relevant to the topic. The total number of participants was 20. **Table 1** represents the participant list.

Eleven students took part in the one-to-one interviews and nine further students participated in the focus group and the module evaluations. Black African/Black Caribbean students (n = 17), white British (n = 2) and Southeast Asian students (n = 1) participated. Females (n = 18) outweighed males (n = 2). The demographics represented in the dataset weigh more heavily toward ethnic minority representation; this is due with the self-selection process for participation and remains in line with student demographics in the department.

4. Data analysis

Interviews were recorded, and the recordings were listened to repeatedly for accuracy. The interviews were then transcribed and read numerous times to familiarise and to begin interpretation of the data. The researchers used thematic

analysis [47] and recursive analysis [48] to analyse the data and inform the coding. Based on these analyses, common themes were recognised. These themes were then compared across the two data sets and overarching themes were agreed upon by the two researchers. Consequently, a descriptive study has been chosen to represent the data because it helps summarise the essential features of the collected data. It also facilitated data management and its coded representation transparently and systematically [49].

5. Findings

The findings reveal limitations in resources and support for ethnic minority students in the shift to online learning during the pandemic. Peer-to-peer support was noted as particularly important and harder to attain. There was also fear that the consequences of the present situation would inhibit future prospects. Inclusive institutions and learning environments were revealed to be enablers for learning, even during the pandemic. In circumstances where students felt welcome, they were able to share more of themselves and their experiences and to collaboratively learn together.

5.1 Lack of access and support during COVID-19 lockdowns

In this section, access to learning and student support during the pandemic lock-downs are explored. Complexities around learning at home without adequate support and insufficient resources, such as not having access to a good broadband connection or the ability to gain technical skills, led to feelings of anxiety, stress and isolation.

> *When we start [our] education, we start in a class, not online, and when things change, we have to change. (Participant 17)*

> *I can say it's very distressing, very stressful, to do the learning alone, because of things like getting online, joining the lesson, technical problems, needing help but nobody [is] available. (Participant 11)*

> *I don't understand anything. It is difficult for me. (Participant 19)*

These participants reflect that the shift to online learning created technical challenges that were hard to overcome. While personal change would be required to keep pace with new circumstances, the tangible support available to make those changes was expressed as lacking, with the consequence of students feeling lost and unable to learn.

Participant 15 provides an example of one of the learning challenges that was hard to elicit when online – peer-to-peer learning and support.

> *It is particularly challenging being online. So, for example like, [Participants 19 and 20] approached me, so what we are doing for [our other class]? Unless you actually get to meet people, it is hard to establish those connections and make that happen. We have been given a [spreadsheet] to go on, but it is like, just looking at numbers, so people do not know who is who? (Participant 15)*

Here Participant 15 articulates how difficult it can be for students, who did not know already each other, to build connectivity and rapport from scratch and remotely. Learning alone is one of the challenges faced in the online environment,

and even with technical access to lectures, peers learning from one another is important. Participants elaborated on the positive value of being on campus – for the moral boost of being with others, access to study materials and chance encounters. As they reflect,

> *The campus environment has a positive effect that makes learning enjoyable, and also for being able to dash in and out of the library. (Participant 2)*

> *We are missing that, by not being on campus, to find opportunities and be like, "Oh [lecturer] can I speak to you for a moment? "You know. Or [student 8] needing to ask, "Are you in the group?" (Participant 15)*

Other participants also corroborated, stating that not having ready access to campus made them lose their daily structure and their peer-to-peer relationships, which then inhibited their motivation and initiative. However, even in compromised conditions of learning, opportunities can be made available for student connection. Participant 15 continues.

> *I want to add, [we need] more chances for outside of class social opportunities, even if it is online. For example, like for weeks, a lot of people were confused about [another class's] presentation and [finally] right after the end of class, we had [the] opportunity to discuss. […] I asked something, it got answered instantly whereas on WhatsApp, […] it is so easy to misinterpret. And so, […] we can get things done, […] rather than having to take days to get answers back and forth. (Participant 15)*

He notes that these interactions, which enable the students to seek what they need themselves, even whilst in an online learning context, can support students to learn from and support one another. Participant 20 notes that being able to engage with fellow students "helps us to meet others to help us", again highlighting the value of peer support in learning. In online situations, this can be facilitated by lecturer assistance, to give time and space to students to connect with one another, enabling some of that isolation and stress to be overcome.

In addition to access and peer support issues, many students who are also parents, had to contend with educating their children whilst also studying full time themselves. This multiplied their burdens and took away time and energy from their own studies. Participant 6 reflects,

> *As a mother, having the children at home with home-schooling, it's been very challenging, trying to cope with them, their teaching, and when they run into problems, they will be disturbing me during my lesson. I'm drained and tired most times, and sometimes it's difficult for me to focus on my work. (Participant 6)*

The impact of learning remotely, with inadequate technical support, barriers to peer support, while also raising and home-schooling own children created uncertainties about the future. Students were worried about not achieving the results they wanted to achieve and how this would affect their future aspirations and progress. Participant 1 summarises this concern:

> *My biggest fear is not getting the grade that I would love to have, finishing and not getting a job. I am very anxious about the uncertainties around the world right now, and the fact that I could finish and not know what to do is very distressing. (Participant 1)*

The fears arising from COVID-19 also extended beyond grades and job prospects to existential concerns over life itself. Some participants expressed their worries about how the lockdown would not stop the spread of the virus, as transmission continued to escalate despite restrictions. Those participants who were lone parents expressed worry about catching the virus, dying from it, and on the fate of their children. Participant 11 expresses this, saying, she was fearful to catch COVID-19,

> *Because I'm a lone parent and my children will be on their own; so that kind of experience really was a very, very fearful experience. (Participant 11)*

The reality of COVID-19 was not just that it impacted on student learning and future aspirations. It was also a fear of sickness and death, and the repercussions these would have on loved ones. The crisis of COVID-19 also revealed inequalities in access to education as well as barriers to learning and support, which particularly impinged on widening participation, ethnic minority students, who already suffer from economic, social and health inequalities. Within higher education, lack of technical support, lack of structured opportunities to engage with peers, being overly burdened by looking after children's needs whilst also aiming to meet their own, combined with increased risk of sickness and death, lead to fear and uncertainty about the long-term consequences for themselves and their families.

5.2 Inclusively attending to the emotional wellbeing of ethnically diverse students

This section focuses on the emotional wellbeing of ethnic minority students, through inclusive practices, and how their knowledge bases and experiences can be more fully valued within higher education institutions.

Considering mental health as one facet of emotional wellbeing, many participants revealed that they did not know that the university had a health and wellbeing team. Two participants who were aware of these services shared that they had used them before and found them useful. A further participant revealed that she had used private counselling services instead because it was offered in her native language, which made it easier for her to communicate effectively. As she says,

> *So [I] start with this counselling, outside of university, [...] in my language [...]. For me, it is easier to express myself. (Participant 6)*

Participant 6 choose to go outside of the university for this service to achieve a higher level of self-expression. This insight reflects that students arrive at university with a range of knowledge bases and life experiences, many of which are unrecognised and not accommodated for by the university. This recognition of student knowledge from outside the university also relates to classroom learning. This is where the content discussed and the approach used can either include or exclude students, based on their experiences and capabilities. Participant 13 considers his sense of engagement with one of his classes as it related to his paid work, stating,

> *When we were talking about the gender related risks, that's when I become much more engaged. I say engaged. That moment stuck out to me because, like I was saying before, [I have] a real-life example. So, I related to it more because I actually have an understanding of what [we] were talking about. (Participant 13)*

Enabling both the content of classes and the approach in classrooms to be inclusive is something many participants commented on. Regarding the latter,

Participants 12, 13, 15 and 16 offered that they would like their teachers to be "more approachable", "more supportive", and "more welcoming, so [students] don't feel condemned for being confused". They also wanted teachers to create time and space for students "to have an input" and "express [their] feelings". Participant 12 summarises, saying that the teaching flow should be an ongoing dialogue between the lecturer and the students, as it "allows us to really interact [...] It draws us in". Participant 13 shares again about what this inclusive approach looks like in practice.

> [My lecturer] did an example, today actually, and I actually picked up on it. When [my lecturer] said, "we are going to be looking at the book", [she] said, "Rather than us just reading it, we are going to go through it together". So, there are different types of learners. Some people can just read it, and get what's going on, but what [my lecturer] did, is what I really appreciate, is that [she] went through the extract, paused, had a sort of discussion with everyone, to see if everyone's on the same page and if everyone's actually understanding what we are reading. So, I think that was really good. (Participant 13)

Content and approach are both important for creating inclusive learning environments for students of diverse backgrounds, where in some cases, extra consideration may be needed to ensure everyone is together and some are not being left behind, especially, if English is not the first language, as is the case with Participant 6. Furthermore, inclusive content and approaches equally provide opportunities to refute negative stereotypes and create opportunities both for discussion and for learning, in the widest sense, as explored in the following example.

Some participants in the focus group recalled an experience they had had in a previous class. This related to a teaching session that was synchronously online and face-to-face, with students self-selecting how they wished to attend. The class was discussing communicable diseases and had considered data on the prevalence of domestic violence, as it links to sexually transmitted diseases (STDs) in different parts of the world. Participant 15, who was in the room, inferred from the data that Sub Saharan Africa had the highest prevalence of domestic violence in relation to STDs. Participant 12, who was online, disagreed with the interpretation, and talked the class through the data to show that it was Southeast Asia that had the higher prevalence. She then went onto challenge the class about the tendency to perceive Africa as a negative example; even reading data incorrectly to support the view. Participant 15 and the rest of the class agreed with Participant 12 and conceded the error. During the focus group, Participant 15 raised this incident for further discussion, reflecting how that difficult classroom situation became a teaching moment for him.

> I would bring up when [Participant 12] rightfully took issue to Africa being mentioned [negatively] a few times. But I think it was great that we had a moment where we could clarify why we were talking about this subject or that subject. So that we make sure. That is why it is important to cite and reference, so that we make valid claims, rather than unsubstantiated, unfair generalizations, which [are] dangerous. (Participant 15)

This vignette reveals that learning online can be as engaging as being in the room, provided that the material being discussed is as relevant to the students as people as it is to the intention of the session. It shows that learning possibilities span different ages, ethnicities, cultures, and genders. It also demonstrates that students explicitly learn from one another through discussions and working out their disagreements, which emphasises the importance of peer-to-peer learning. Further, gaining clarity on a specific issue and how it relates to pervasive systemic biases can

have enduring impacts not just for academic education, but for social and cultural competence in general.

The discussion recounted above was prompted by the course material being explored. The session could have remained a dissemination style lecture, delivered by the teacher, which may have shut down any possibility of student-to-student dialogue. Instead, the session was open for participants to feel welcome to bring their contributions to the classroom space (even while online), whether as disagreement, consensus, or resolution.

This section has shown that emotional wellbeing in higher education for ethnically diverse students requires a range of potentials to be in place. The knowledge bases and experiences which ethnic minority students bring to the university need to be reflected within the university, whether this is in the services offered or the content of courses. Students' emotional wellbeing is also affirmed by attentive teaching practices, which include the students in their learning, whether being led by their lecturer or directly addressing one another in class. This section demonstrates the importance of recognising and valuing ethnic minority students as complete persons, who can formulate significant learning experiences for themselves, their classmates, and their teachers.

6. Discussion

This chapter has explored some of the challenges for equality that ethnic minority students face in higher education in the UK. Through qualitative research undertaken during the pandemic lockdowns in 2020–2021, this research has shown that access to learning, via technology, through peer-to-peer interactions, amid childcare responsibilities, coupled with negative impacts of COVID-19, limited student potential. It further found that inclusive support services and learning environments which valued student knowledges and life experiences beyond those limited by white supremacist ideologies [12], facilitated engaged learning and emotional wellbeing.

This is important because although widening participation initiatives aim to be inclusive of more diverse learners, in this case, of mature students, with families to look after, from minority ethnic backgrounds, and often of lower social and economic standing [2], inequalities remain. Education can reproduce existing social and economic inequalities, through failing to attend to what students need from their education and delivering in a way that is exclusive to these needs [50]. COVID-19 did not create the inequalities experienced by ethnic minority students; rather it exacerbated already existing inequalities [11, 18, 22, 28]. Without due attention to ensuring policies and practices are equitably designed for all students, as a matter of social justice, the system will continue to disadvantage and disenfranchise these groups [7, 12].

This chapter has proposed that a relationship exists between the social determinants of health and inequalities in access, support, and emotional wellbeing in higher education for ethnic minority students. One of the fundamental causes of health inequalities is social exclusion [8]. Lack of hope and limited opportunities to transform one's circumstances are consequences of this exclusion [8]. Structural racism affects the social determinants of health and affects the health of ethnic minorities [10]. COVID-19 further impacted on student mental health due to isolated learning [4, 25, 51–53]. Although COVID-19 was the same storm everyone experienced [54], not everyone had the same vessel of resources through which to weather it. Additionally, ethnic minority students had to bear further burdens, including fears of sickness and death from COVID-19, and the consequences for families and loved ones. This was not unfounded, as statistical reports have shown

that morbidity and mortality from COVID-19 were higher for ethnic minority groups than white groups [55].

When considering the factors impinging on emotional wellbeing at the university, small successes of inclusive and supportive practice have also been highlighted. Intangible qualities, such as feeling welcome, being able to share feelings, as well as being able to make mistakes, were noted as important. Being able to express oneself, linguistically and experientially, was also offered, which speaks to being recognised as unique individuals, rather than as receptacles of a standardised experience [12]. This inclusion is constitutive of the social justice project [13]. Creating enabling spaces where the whole student is welcomed and valued further arises through engendering and fostering humanistic dialogue [42, 56]. Discussing topics that "transgress [57]" the normative boundary of the classroom, including speaking about systemic racial inequalities [12, 58, 59], can move learning toward an interconnected project of co-construction among teachers and students [60, 61] and create opportunities where everyone learns.

This research has some limitations. As a qualitative exploration, the findings relate to those who chose to participate in the research and cannot necessarily be generalised to all students of ethnic minority backgrounds in the UK. A bias of females to males exists in the data set, and while this bias is reflective of national trends in higher education [1], the experiences reported cannot stand for students of all genders. The research took place within one academic department at one widening participation university, which may point to challenges faced in that specific department and/or university and not to higher education throughout the UK. As the researchers were known to the participants, with one holding power as a lecturer, participants may have not accurately represented their views due to influence or fear of consequences. Further research across the university, in comparison with other universities, and by researchers without connections to the participants, would increase robustness of the data and its interpretations.

Based on the findings from this research, there remain several challenges to be addressed if inequalities are to be overcome. There are inherent structural inequalities, particularly in relation to race and ethnicity, in UK society and in higher education institutions. Resistance to acknowledging that there are implicit structures of oppression against ethnic minority students and communities needs to be overcome through listening to and acting on the experiences of ethnic minority students and communities. Recognition of the rich and life affirming experiences, knowledge bases, and potentials of ethnic minority groups as valuable needs to be declared, supported and promoted, within the university and across society, as part of the dismantling of white supremacy. Restructuring policies and practices, from the highest domains of the state, down to the personal tenets held in one's heart, needs to occur, so that ethnic minority students can have their potentials fulfilled as a matter of principle.

7. Conclusion

This research invoked a social determinants of health perspective with which to explore how structural racism in society continues to exclude ethnic minority students from achieving their potential in higher education. It has found that social exclusion, a fundamental cause for ill health, is likewise a fundamental cause for the inequalities ethnic minority students experience in higher education. While widening participation initiatives have sought to make higher education more accessible to the diversity of population groups within the UK, to which students from varied backgrounds have responded, there remains intractable inequalities that

inhibit equitable progression through university and into graduate employment. Insufficient access to the resources for remote learning, including fellow students, combined with the burdens of child-care, home schooling and the increased risk of illness and death from COVID-19, placed substantial and unequal stresses on ethnic minority students in their quest for success in higher education. To effect change, countering white supremacist ideologies is needed in educational practice. Affirming and valuing the diverse skills, experiences, and needs of ethnic minority students, helps place wellbeing at the center. Recognising that students have much to teach one another, especially when able to engage in co-constructive dialogue, can further assist in countering current imbalances in higher education systems. Glimmers of good practice, however, will remain isolated and marginal until structural racism and the foundational inequality of social exclusion in the widest sense, are tackled at institutional and structural levels within higher education and across society.

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Conflict of interest

The authors declare no conflict of interest.

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