Understanding Unconscious Bias: Mental and Physical Impacts on Minoritised and Marginalised Communities

Accreditation-Ready Self-Paced Course Specification and Learner Workbook

Course Overview

This self-paced course is designed for professionals, volunteers, managers, educators, community leaders, and service providers who want to understand unconscious bias and its mental and physical impacts on people from minoritised and marginalised communities. It supports continuing professional development by combining structured learning, reflection, scenario-based activities, knowledge checks, and a final assessment.

The course is designed to support honest reflection without shame or blame. Learners are encouraged to approach the content with curiosity, care, and responsibility, recognising that inclusion is built through ongoing learning, respectful challenge, repair where needed, and practical change.

Recommended study time: 3.5 guided learning hours, including reading, interactive reflection, scenario analysis, knowledge checks, and final assessment. Learners may take longer, depending on the depth of reflection and workplace application.

Course level: Introductory to intermediate professional awareness. This course is suitable as part of equality, diversity, inclusion, wellbeing, safeguarding, leadership, customer service, education, healthcare, community engagement, and workplace culture training.

Who Should Take This Course?

This course is suitable for professionals and volunteers whose work involves decision-making, communication, support, leadership, safeguarding, assessment, education, care, customer service, or community engagement. It is particularly relevant for roles where unconscious bias could affect access, outcomes, wellbeing, trust, or inclusion.

- Managers, supervisors, team leaders and senior leaders
- Human resources, recruitment, learning and development, and equality, diversity and inclusion professionals
- Teachers, lecturers, teaching assistants, school leaders, tutors and education support staff
- Healthcare professionals, including doctors, nurses, midwives, mental health practitioners, therapists, healthcare assistants and reception teams
- Social workers, family support workers, youth workers, care workers and safeguarding professionals
- Police, probation, prison, fire and rescue, and wider public protection professionals
- Local authority, housing, benefits, advice, customer service and community-facing public service staff
- Charity, voluntary sector and community organisation staff and volunteers
- Coaches, mentors, counsellors, wellbeing practitioners and workplace support officers
- Legal, finance, housing, employment support and advocacy professionals who advise or represent diverse communities
- Faith, community and grassroots leaders involved in supporting or influencing others
- Anyone responsible for designing policies, services, training, assessments, communications, events or inclusive workplace practices

Course Aim

This course aims to help learners recognise how unconscious bias develops, how it appears in everyday and organisational settings, and how it can affect the mental and physical wellbeing of people from minoritised, marginalised, and underrepresented communities. Learners will develop practical strategies for interrupting bias, supporting inclusive environments, and applying equality-conscious decision-making in their own contexts.

Learning Outcomes

By the end of this course, learners will be able to:

1. Define unconscious bias and explain how it differs from overt prejudice or intentional discrimination.
2. Describe common social, cultural, media, and institutional influences that shape unconscious bias.
3. Identify examples of unconscious bias in workplaces, education, healthcare, public services, and everyday interactions.
4. Explain how bias, exclusion, stereotypes, and microaggressions can affect mental health, including stress, anxiety, depression, imposter syndrome, and self-esteem.
5. Explain how chronic exposure to bias can contribute to physical health risks and reduced access to appropriate support or services.
6. Recognise how intersectionality can compound the effects of bias for people with multiple marginalised identities.
7. Apply practical strategies to reduce bias in personal behaviour, team practice, service delivery, and organisational decision-making.
8. Produce a personal action plan for supporting inclusive, respectful, and equitable environments.

Course Structure and Guided Learning Hours

Module	Topic	Indicative Time	Evidence of Engagement
1	Understanding Unconscious Bias	25 minutes	Knowledge check and reflection prompt
2	How Bias Develops	25 minutes	Media and socialisation reflection
3	Manifestations of Bias	35 minutes	Scenario analysis
4	Mental Health Impacts	35 minutes	Short written response
5	Physical Health Impacts	30 minutes	Knowledge check
6	Intersectionality and Compounded Effects	25 minutes	Case reflection
7	Recognising and Addressing Bias	35 minutes	Action planning activity
8	Final Assessment and Personal Commitment	30 minutes	Quiz and inclusion action plan

Detailed Course Modules

Module 1: Understanding Unconscious Bias

This module introduces unconscious bias as an automatic mental shortcut that can influence judgement, behaviour and decision-making without conscious intent. Learners explore the difference between unconscious bias, conscious prejudice and direct discrimination, and consider why good intentions alone do not prevent biased outcomes. The module also establishes the course expectation that learners will reflect honestly, respectfully and safely on their own assumptions.

Learning objectives

- Define unconscious bias in clear, practical terms.
- Explain how unconscious bias differs from conscious prejudice and unlawful discrimination.
- Recognise that bias can occur even when someone intends to be fair.
- Identify examples of automatic assumptions in everyday decision-making.

Core learning content

Unconscious bias is the set of automatic associations, assumptions or preferences that can influence how people interpret information and respond to others. These assumptions often develop through repeated exposure to social messages, personal experience, media, education, family norms and organisational culture. They may affect who is trusted, who is seen as competent, who is listened to, who is perceived as risky, and who is assumed to belong.

Unconscious bias does not mean that a person is deliberately hostile or intentionally discriminatory. However, the impact can still be harmful. For example, a manager may believe they are making an objective decision while still favouring people who communicate, dress, speak or behave in ways that feel familiar. In learning about bias, the focus is not on blame. The focus is on awareness, responsibility, repair and more inclusive practice.

Activity

Write down three roles: leader, nurse and young person. For each role, note the first image or description that came to mind. Focus on noticing assumptions rather than repeating harmful stereotypes. Then ask yourself: Where might that image have come from? Who is missing from my first impression? What could happen if I allowed that first impression to guide a decision?

Knowledge check

1. In your own words, what is unconscious bias?
2. Why can a decision still be biased even when the decision-maker has good intentions?
3. Name one setting where unconscious bias could affect someone's opportunities or wellbeing.

- **Key content:** Definition of unconscious bias; automatic thinking; stereotypes and assumptions; difference between intention and impact; relationship between bias, fairness and inclusion.
- **Learner activity:** Complete a short self-reflection on first impressions and automatic assumptions.
- **Knowledge check:** Identify whether examples show unconscious bias, overt prejudice, discrimination or inclusive practice.
- **Evidence of completion:** Reflection prompt and short knowledge check response.

Module 2: How Bias Develops

This module examines how unconscious bias is shaped by socialisation, culture, media, education, family influences, community norms and institutional practices. Learners consider how repeated messages can create associations about who is seen as capable, trustworthy, professional, safe or belonging. The module also introduces the importance of questioning the origins of assumptions and how they may be reinforced over time.

Learning objectives

- Explain how unconscious bias develops through social, cultural and institutional influences.
- Identify the role of media, education, family, peer groups and workplace norms in shaping assumptions.
- Recognise how repeated messages can normalise stereotypes.
- Reflect on how personal experiences and environments may influence perception.

Core learning content

Bias develops through repeated exposure to ideas about people, groups, roles and social expectations. From early childhood, people absorb messages from family conversations, school materials, television, social media, advertising, news reporting, community norms and organisational practices. These messages can shape what feels familiar, professional, safe, intelligent, trustworthy or desirable.

Institutions can also reinforce bias. For example, if leadership images mostly show one type of person, learners may unconsciously associate leadership with that group. If media coverage presents some communities mainly through crime, conflict or crisis, audiences may develop distorted assumptions. If workplace systems reward informal networks, people outside those networks may be disadvantaged even when no one intends to exclude them.

Activity

Choose one example from media, education, work or community life. Identify what assumptions it may encourage and who may be advantaged or disadvantaged by those assumptions. Then write one alternative message or practice that would present people more fairly.

Knowledge check

1. Name three sources that can shape unconscious bias.
2. Explain how repetition can make a stereotype feel normal.
3. Give one example of an institutional practice that could reinforce bias.

Evidence of completion

Learners should keep their media, socialisation or workplace reflection as evidence of engagement with this module.

Module 3: Manifestations of Bias

This module explores how bias appears in everyday interactions and organisational settings. Learners examine examples from recruitment, education, healthcare, public services, leadership, customer service and social situations. Particular attention is given to microaggressions, exclusion, assumptions about competence or belonging, and unequal access to opportunities. Learners practise spotting bias in realistic scenarios and considering how small decisions can produce significant cumulative effects.

Learning objectives

- Identify common ways unconscious bias appears in everyday and organisational settings.
- Recognise microaggressions, exclusion, stereotyping and biased decision-making.
- Explain how small repeated incidents can create cumulative harm.
- Suggest fairer responses to biased situations.

Core learning content

Unconscious bias can appear in recruitment, promotion, education, healthcare, policing, public services, customer service, leadership, social events and daily conversation. It may show through who is interrupted, who is trusted, whose pain or concern is taken seriously, who is invited into networks, and who is expected to prove their competence more often than others.

Microaggressions are everyday comments, behaviours or assumptions that communicate exclusion or inferiority. They may be brief, subtle or dismissed as harmless, but repeated exposure can damage confidence, belonging and psychological safety. Examples include expressing surprise at someone's accent, repeatedly mispronouncing a name, assuming a disabled person needs help without asking, or expecting someone to represent an entire group.

Activity

Review two realistic scenarios from the activity sheet or from your own setting. For each scenario, identify the possible bias, the person or group affected, the likely impact, and a fairer action that could have been taken.

Knowledge check

1. What is a microaggression?
2. Give one example of unconscious bias in recruitment, education or healthcare.
3. Why can repeated small incidents have a serious impact over time?

Evidence of completion

Learners should submit or retain scenario analysis notes showing the bias identified, the impact considered and the inclusive alternative proposed.

Module 4: Mental Health Impacts

This module focuses on the mental and emotional effects of repeated exposure to bias, exclusion and stereotyping. Learners explore how biased environments can contribute to stress, anxiety, low confidence, reduced self-esteem, imposter feelings, isolation and emotional exhaustion. The module introduces minority stress and encourages learners to consider the cumulative impact of apparently small interactions over time.

Learning objectives

- Describe how bias, exclusion and discrimination can affect mental health.
- Explain the concept of minority stress in accessible language.
- Recognise the links between microaggressions, psychological safety and emotional wellbeing.
- Identify supportive actions that can reduce harm.

Core learning content

Repeated exposure to bias can create a state of ongoing stress. A person may feel they need to monitor how they speak, dress, behave or respond in order to avoid judgement. This can lead to anxiety, emotional exhaustion, reduced confidence, isolation, low mood and a reduced sense of belonging.

Minority stress refers to the additional pressure experienced by people who are marginalised or excluded because of aspects of identity or background. It may include fear of being stereotyped, pressure to prove oneself, expectation of rejection, code-switching, or the emotional work of managing other people's assumptions. These pressures can be intensified when organisations minimise concerns or expect affected individuals to educate others without support.

Activity

Choose one example of bias or exclusion. Write 150 words explaining how it could affect someone's emotions, confidence, sense of belonging and willingness to participate. Include one action that a colleague, manager, teacher or service provider could take to reduce harm.

Knowledge check

1. What is meant by minority stress?
2. Name three possible mental health impacts of repeated bias.
3. How can psychological safety help reduce the harm caused by bias?

Evidence of completion

Learners should retain a short written response explaining the link between bias, wellbeing and inclusive support.

Module 5: Physical Health Impacts

This module explains how chronic stress associated with bias and discrimination can affect physical health. Learners consider how repeated stress responses may contribute to fatigue, poor sleep, increased health risks and reduced engagement with support services. The module also explores how bias in healthcare and public services can affect assessment, treatment, pain management, communication and access to appropriate care.

Learning objectives

- Explain how chronic stress linked to bias can affect physical health.
- Identify ways bias can influence access to healthcare, support and services.
- Describe how delayed care, mistrust or unequal treatment can worsen outcomes.
- Map connections between bias, stress, behaviour and physical wellbeing.

Core learning content

Bias does not only affect thoughts and feelings. When a person repeatedly experiences judgement, exclusion or unfair treatment, the body may remain in a heightened stress response. Over time, this can contribute to fatigue, poor sleep, headaches, muscle tension, digestive problems, increased blood pressure and other stress-related health risks.

Bias can also affect whether people receive appropriate support. In healthcare and public services, assumptions may influence how symptoms are interpreted, how pain is assessed, whether concerns are believed, and whether reasonable adjustments are offered. If someone expects to be dismissed or misunderstood, they may delay seeking help. This can increase health risks and deepen inequalities.

Activity

Create an impact map beginning with one biased interaction or unfair system. Draw arrows showing possible short-term effects, longer-term physical effects, access barriers and protective actions that could reduce harm.

Knowledge check

1. Name two ways chronic stress can affect the body.
2. How might bias in a service setting affect a person's access to help?
3. Why might someone delay seeking care after repeated negative experiences?

Evidence of completion

Learners should retain their impact map and knowledge check responses as evidence of learning.

Module 6: Intersectionality and Compounded Effects

This module introduces intersectionality and explains why bias is not experienced in the same way by everyone. Learners explore how overlapping identities such as race, gender, disability, religion, sexuality, age, class, migration status, or neurodivergence can shape experiences of exclusion and access to support. The module encourages learners to avoid single-issue thinking and to consider the whole person within their social and organisational context.

Learning objectives

- Define intersectionality in relation to unconscious bias.
- Explain why bias is experienced differently by different people.
- Identify how overlapping identities can compound disadvantage or exclusion.
- Apply intersectional thinking to a case study or service scenario.

Core learning content

Intersectionality describes how different aspects of a person's identity and social position can combine to shape their experiences. A person is never defined by only one characteristic. Race, gender, disability, religion, sexuality, age, class, migration status, language, caring responsibilities and neurodivergence can interact in ways that influence access, safety, opportunity and wellbeing.

Without intersectional thinking, organisations may offer solutions that help some people but leave others unsupported. For example, a general women's leadership programme may not address barriers faced by disabled women, racialised women, working-class women or women with caring responsibilities. Inclusive practice requires curiosity, listening and a willingness to examine how systems affect people differently.

Activity

Read a short case study from your workplace, service or community setting. Identify at least two intersecting factors that may shape the person's experience. Then suggest one response that recognises the whole person rather than focusing on a single issue.

Knowledge check

1. What does intersectionality mean?
2. Why can a one-size-fits-all approach fail?
3. Name two identity or social factors that may combine to affect someone's experience of bias.

Evidence of completion

Learners should keep a case reflection showing how intersecting factors were identified and addressed.

Module 7: Recognising and Addressing Bias

This module focuses on practical strategies for interrupting bias at individual, team and organisational levels. Learners consider how to slow down decision-making, use structured criteria, invite diverse perspectives, challenge assumptions respectfully and respond to microaggressions. The module supports learners to move from awareness to action while recognising that responsibility for inclusion should not rest solely with people affected by bias.

Learning objectives

- Recognise moments where bias may influence decisions or interactions.
- Use practical bias interrupters to slow down assumptions and improve fairness.
- Respond constructively to biased comments, microaggressions or exclusion.
- Identify individual, team and organisational actions that support inclusion.

Core learning content

Addressing bias requires more than awareness. Learners need practical tools that can be used before, during and after decisions. Bias interrupters include using agreed criteria, pausing before making judgements, asking what evidence supports a conclusion, checking who is missing from a discussion, collecting feedback, and reviewing outcomes for patterns of unfairness.

Responding to bias should be respectful, clear and focused on impact. Useful phrases include: “Can we pause and check the evidence for that assumption?” “I noticed that this person was interrupted; I’d like to hear their full point,” or “Could we consider whether this process works equally well for everyone?” The aim is not to create defensiveness but to improve fairness, accountability and psychological safety.

Activity

Select three bias interrupters that are realistic in your own setting. For each one, describe when you would use it, what problem it addresses and what positive change it could support.

Knowledge check

1. What is a bias interrupter?
2. Name two ways to make recruitment, assessment or service delivery fairer.
3. Write one respectful phrase that could be used to challenge a biased assumption.

Evidence of completion

Learners should retain an action planning activity showing three practical bias interrupters and how they will be used.

Module 8: Final Assessment and Personal Commitment

This final module consolidates learning and supports the transfer of learning into practice. Learners complete a final assessment covering definitions, examples, impacts, intersectionality and practical responses. They also produce a personal inclusion commitment that identifies one individual action, one team or community action and one method for reviewing progress. The module closes by reinforcing that reducing bias is an ongoing responsibility requiring reflection, humility, action and accountability.

Learning objectives

- Review the key concepts covered across the course.
- Demonstrate understanding through a final assessment.
- Create a realistic personal inclusion commitment.
- Identify how progress will be reviewed after completion.

Core learning content

The final module brings together the full learning journey. Learners revisit the definition of unconscious bias, how bias develops, how it appears in everyday and organisational settings, and how it can affect mental and physical wellbeing. Learners also review the importance of intersectionality and the practical responsibility to interrupt bias where possible.

Completion should demonstrate both knowledge and application. Learners should be able to recognise bias, explain its possible impact, suggest a fairer response and commit to at least one realistic action. The personal commitment should be specific, achievable and reviewable.

Final assessment

1. Define unconscious bias and give one example.
2. Identify two ways unconscious bias can develop.
3. Describe one microaggression and its possible impact.
4. Explain one mental health impact and one physical health impact linked to repeated bias.
5. Explain why intersectionality matters when addressing bias.
6. Give two practical actions that can reduce bias in a workplace, service or community setting.

Personal commitment

Complete the following statements: “One assumption I will challenge is…”, “One inclusive action I will take in my setting is…”, “One way I will review my progress is…”, and “One person, team or resource that can support my commitment is…”

Evidence of completion

Learners should retain their final assessment result and completed personal inclusion commitment. A recommended pass mark for the final assessment is 80%, with opportunities for review and retake where appropriate.

Assessment Strategy

Assessment is designed to confirm understanding, encourage reflection, and support transfer of learning into practice. To complete the course successfully, learners should complete all module activities and achieve the required score in the final assessment.

- **Formative knowledge checks:** Short questions after key sections to reinforce understanding.
- **Scenario-based tasks:** Learners analyse realistic situations and identify where bias may be operating.
- **Reflective activities:** Learners consider their own assumptions, environments, and opportunities to act inclusively.
- **Final assessment:** A multiple-choice or short-answer quiz with a recommended pass mark of 80%.
- **Action plan:** Learners produce a brief commitment outlining one individual action and one organisational or community action they will take.

Learner Support, Accessibility and Inclusion

The course should be hosted in an accessible, inclusive, and easy-to-navigate format. Learners should be able to pause and resume study, access written transcripts or equivalent alternatives for audio or video content, and use assistive technologies where needed. Course materials should use plain English, respectful terminology, clear headings, accessible colour contrast, and inclusive examples.

Learners should be signposted to appropriate support if course content raises personal experiences of discrimination, exclusion, hate incidents, mental distress, or workplace concerns. The course should make clear that it is educational and does not replace legal, medical, counselling, or safeguarding advice.

Quality Assurance and Review

To remain accreditation-ready, the course should be reviewed at least annually or sooner if legislation, terminology, guidance, organisational policy, or evidence changes. Learner feedback, assessment completion data, accessibility feedback, and facilitator or subject matter expert review should be used to improve content and learning design.

Recommended quality assurance records include: course version number, review date, reviewer name or role, learner feedback summary, assessment pass-rate trends, amendments made, and next scheduled review date.

What is Unconscious Bias?

Unconscious bias, also known as implicit bias, refers to the automatic and unintentional stereotypes, attitudes, or judgements that individuals form about others based on characteristics such as race, ethnicity, gender, age, disability, neurodivergence, religion, language, accent, class, appearance, migration history, caring responsibilities, or other aspects of identity and social position. These biases operate below the level of conscious awareness, influencing behaviour, decision-making, and perceptions without an individual's explicit intent or realisation.

Unconscious bias is not limited to overt acts of prejudice or discrimination. Rather, it can manifest subtly in daily interactions, workplace practices, and institutional policies, shaping outcomes for individuals and groups—especially people who experience marginalisation, exclusion, or unequal treatment because of identity, background, social position, or life circumstances.

How Unconscious Bias Develops

Cultural, social, and environmental influences shape unconscious biases. From early childhood, people absorb cues from media, family, education, and society at large. Repeated exposure to stereotypes and social norms embeds these associations in our brains, which can automatically trigger biased thoughts and responses even when they conflict with our conscious beliefs or values.

- Media Representation: The underrepresentation or misrepresentation of minoritised, marginalised, and underrepresented communities in media can reinforce stereotypes and narrow public understanding.
- Socialisation: Family, peers, and authority figures can all transmit biases through language, behaviour, and attitudes.

- Institutional Practices: Historically biased practices in education, employment, justice, and healthcare reinforce group-based disparities.

Manifestations of Unconscious Bias

Unconscious bias can manifest in numerous settings, including:

- Workplaces: People from minoritised, marginalised, or underrepresented groups may be overlooked for promotions, leadership roles, or professional development opportunities because of implicit assumptions about their abilities, availability, communication style, background, or 'fit'.
- Education: Learners from underrepresented or marginalised backgrounds may be subject to lower expectations, harsher discipline, less encouragement, or reduced access to support because of assumptions about ability, behaviour, language, class, disability, neurodivergence, or family circumstances.
- Healthcare: Bias can lead to disparities in communication, treatment, pain assessment, reasonable adjustments, diagnosis, and access to care for patients from different racial, cultural, disabled, neurodivergent, age, gender, faith, language, or socioeconomic backgrounds.
- Everyday Interactions: Microaggressions—everyday slights, snubs, or insults—are common expressions of unconscious bias.

Common Misconceptions Rooted in Unconscious Bias

Unconscious biases frequently give rise to pervasive misconceptions about people affected by racism, sexism, ableism, ageism, religious discrimination, homophobia, transphobia, class prejudice, xenophobia, or other forms of exclusion. These misconceptions can surface as unfounded assumptions about abilities, character, needs, interests, family structures, communication styles, or leadership potential. For instance, racialised people may be stereotyped as less competent or less hardworking; women may be perceived as less suited for leadership or technical roles; disabled people may be wrongly viewed as less capable or as needing pity; LGBTQ+ people may face assumptions about their family lives or relationships; older adults may be unjustly regarded as resistant to change or technologically unable; and people with regional accents, migration histories, caring responsibilities, or working-class backgrounds may face assumptions about professionalism, reliability, or ambition. Such misconceptions distort perceptions, affect decision-making, limit access to opportunities, and reinforce unequal outcomes when left unchallenged.

Biases against people with mental health conditions, learning disabilities, or neurodivergent conditions such as autism, ADHD, dyslexia, or dyspraxia can be particularly damaging. These biases often emerge as assumptions that people are unreliable, incapable, difficult to work with, or less able to thrive, reinforcing barriers to inclusion and support. In educational settings, learners may be unfairly labelled as disruptive or less intelligent, resulting in a lack of appropriate adjustments or opportunities to flourish. In the workplace, employees who disclose mental health needs, learning disabilities, or neurodivergence may face scepticism about their competence or be excluded from meaningful projects and professional growth. Socially, stigma can frame mental health conditions or neurodivergence as personal failings rather than part of human diversity. Challenging these assumptions helps create environments where people can access support, advocate for themselves, and be recognised for their strengths, expertise, and contributions.

Mental Health Impacts on Minoritised and Marginalised Communities

The mental toll of unconscious bias on people from minoritised, marginalised, and underrepresented communities can be significant and multifaceted. Exposure to bias—whether direct, indirect, interpersonal, or systemic—can contribute to a range of psychological challenges, while also highlighting the importance of supportive environments, community connection, and strengths-based approaches.

Chronic Stress and Anxiety

Repeated experiences of bias or exclusion generate chronic stress, sometimes referred to as “minority stress.” This is a persistent, heightened state of psychological arousal that can manifest as anxiety, hypervigilance, or emotional exhaustion. Navigating environments where bias is prevalent forces individuals to expend additional mental energy on coping strategies, self-monitoring, and code-switching (modifying behaviour, appearance, or language to fit in).

Depression and Lower Self-Esteem

Internalising negative messages or stereotypes can contribute to feelings of inadequacy, worthlessness, or depression. Over time, these feelings may erode self-esteem and diminish overall well-being. For children and adolescents, the effects can be particularly profound, impacting academic achievement, identity formation, and social relationships.

Imposter Syndrome

Unconscious bias can fuel imposter feelings—the persistent belief that one does not belong or is undeserving of their accomplishments. This sense of alienation can be intensified for people who are underrepresented in particular environments, leading to self-doubt, isolation, or reluctance to pursue opportunities despite clear capability and achievement.

Microaggressions and Psychological Harm

Even minor, seemingly innocuous acts or comments can inflict cumulative psychological harm when experienced consistently. Microaggressions undermine confidence, disrupt concentration, and create feelings of invisibility or being "othered."

Physical Health Impacts on Minoritised and Marginalised Communities

The physical consequences of unconscious bias can be far-reaching, contributing to health disparities and unequal outcomes among people and communities affected by marginalisation, exclusion, or discrimination.

Elevated Stress Hormones

Chronic exposure to bias and discrimination triggers the body's stress response, leading to increased production of cortisol and adrenaline. Over time, elevated stress hormones disrupt immune functioning, increase inflammation, and contribute to cardiovascular problems.

Cardiovascular Disease

Research has linked perceived discrimination and sustained stress to higher rates of hypertension, heart disease, and stroke among minority groups. The physiological burden of coping with bias is a key factor in these disparities.

Poor Sleep and Fatigue

The psychological strain of navigating biased environments often leads to sleep disturbances, insomnia, and persistent fatigue. Poor sleep further exacerbates both mental and physical health issues, perpetuating a cycle of distress.

Reduced Health-Seeking Behaviour

Experiencing bias within healthcare settings can deter people from seeking medical care, delaying diagnoses and treatment. This avoidance behaviour can lead to worse health outcomes and widen existing gaps in health equity.

Other Health Disparities

Unconscious bias contributes to disparities in pain management, maternal and infant mortality, and access to preventive services. For example, studies have shown that Black patients are less likely to receive adequate pain relief than white patients due to biased perceptions of pain tolerance.

Intersectionality: Compounded Effects

It is important to recognise that the effects of unconscious bias are not experienced in isolation. Many people have intersecting identities and social positions, such as race, gender, disability, religion, sexuality, age, class, language, migration status, regional identity, caring responsibilities, or neurodivergence. Intersectionality helps explain how overlapping forms of bias can shape access, safety, opportunity, wellbeing, and health outcomes in different ways.

Recognising and Addressing Unconscious Bias

While unconscious bias is deeply ingrained, it is not immutable. Increasing awareness and implementing strategies to mitigate bias can make a meaningful difference for individuals and organisations.

Strategies for Individuals

- Self-Reflection: Regularly assess and challenge personal beliefs, assumptions, and automatic responses.
- Education: Seek out information and training about diversity, equity, and inclusion.
- Empathy and listening: Listen to, respect, and learn from the lived experiences and expertise of people affected by bias, without expecting them to carry the responsibility for educating others.
- Allyship: Speak up against bias, support colleagues and friends, and advocate for equitable treatment.

Strategies for Organisations

- Bias Training: Implement evidence-based training programs that go beyond awareness to foster behavioural change.
- Diverse Leadership: Promote diverse representation in leadership and decision-making roles.
- Transparent Policies: Review and revise policies, procedures, and practices to eliminate structural biases.
- Accountability: Track progress with metrics, feedback, and regular reviews to ensure continuous improvement.

The Path Forward: Building Inclusive Environments

Reducing the impact of unconscious bias requires ongoing commitment at both the individual and systemic levels. Inclusive environments—where difference is respected, access is actively considered, and all voices are valued—can foster resilience and improve outcomes for people and communities affected by bias. This involves not only recognising and interrupting bias when it occurs, but also creating spaces of belonging, safety, fairness, and opportunity.

By understanding the realities of unconscious bias and its mental and physical impacts on minoritised, marginalised, and underrepresented communities, we can begin to build more equitable, healthy, and just communities for everyone. Awareness is the first step; reflection, action, empathy, accountability, and sustained effort help drive meaningful change.

People in Wales affected by bias, discrimination, racism, or hate incidents can seek support from services such as Race Equality First, which offers advice and casework for people facing discrimination and harassment; the Equality Advisory Support Service (EASS), which provides free guidance on rights under equality law and options for resolving discrimination concerns; and Diverse Cymru, which offers equality support and mental health services for people experiencing inequality and exclusion. Individuals may also be signposted to the Welsh Government's Hate Hurts Wales information service and the Wales Hate Support Centre, run by Victim Support, for confidential help, practical guidance, and support with reporting hate crime or hate incidents.

Unconscious Bias Activity Sheet

Companion Learner Activities for the Self-Paced Course

How to Use This Activity Sheet

This activity sheet complements the self-paced course **Understanding Unconscious Bias: Mental and Physical Impacts on Minoritised and Marginalised Communities**. It is designed to help you apply the course content, evidence your engagement, and build a reflective record that can support course completion and accreditation requirements.

Complete the activities after studying the relevant course module. You may complete them independently, with a learning partner, or as part of a facilitated discussion. If you

are studying alone, use the written reflection prompts instead of group discussion. Keep your responses as evidence of learning, reflection, and action planning.

When completing activities, avoid repeating harmful stereotypes unnecessarily. Focus on recognising assumptions, understanding their impact, and identifying fairer alternatives. Learners should be able to opt for private written reflection where discussion could feel unsafe or too personal.

Course Module	Activity Sheet Section	Learning Evidence
Modules 1–2	Section 1: Self-Reflection	Personal reflection on assumptions and bias formation
Module 3	Section 2: Scenarios and Case Studies	Scenario analysis and bias identification
Modules 2–3	Section 3: Media, Class and Social Context	Reflection on social, cultural and institutional influences
Modules 4–6	Section 4: Impact Mapping	Written explanation of mental, physical and intersectional impacts
Modules 7–8	Section 5: Bias Interrupters and Action Plan	Practical action plan and personal commitment

Section 1: Self-Reflection

Activity 1: Quick Bias Assessment

Take 5 minutes to jot down your first thoughts on the following:

- What comes to mind when you think of a ‘leader’? Notice assumptions about role, communication style, background, accent, gender, age, class, disability, or ethnicity without judging yourself for having a first response.
- Picture a ‘nurse’, ‘engineer’, and ‘teacher’. What do you imagine about their gender, age, ethnicity, or background?
- Reflect on your local community. Who do you see as ‘British’?

Review your responses. Did any patterns emerge? Are there stereotypes or assumptions present?

Course link: This activity supports Learning Outcomes 1 and 2 by helping you recognise automatic assumptions and consider where they may have come from.

Self-paced evidence prompt: Write 100–150 words explaining one assumption you noticed, what may have shaped it, and how you might check or challenge that assumption in future.

Activity 2: The Bias Iceberg

- Draw an iceberg on a piece of paper. Above the waterline, list the obvious ways bias can show (e.g. discriminatory language, overt exclusion).
- Below the waterline, write less visible forms (e.g. passing someone over for a job, feeling surprised by someone’s accent in a certain context).
- Reflect on experiences you’ve had or witnessed in the UK where unconscious bias may have played a role.

Course link: This activity supports Learning Outcomes 2 and 3 by distinguishing visible bias from subtle, structural and everyday forms of bias.

Section 2: British Scenarios and Case Studies

Activity 3: Scenario Analysis

Work in pairs or groups. Each group should discuss at least two of the following scenarios and answer the questions provided.

Scenario A: CV Screening

A hiring manager at a London firm receives two CVs: one from 'Alex Smith' and another from 'Ahmed Khan'. Both have identical qualifications and experience, but Alex is shortlisted for an interview.

- What unconscious biases might be influencing the decision?
- How common is name-based bias in UK recruitment?
- What could the company do to reduce this bias?

Self-paced evidence prompt: For each scenario you choose, identify the possible bias, the potential impact on the person affected, and one practical intervention that could reduce harm or improve fairness.

Scenario B: School Parents' Evening

At a Manchester school, a teacher is surprised that Priya, a pupil of South Asian heritage, speaks with a strong Mancunian accent.

What assumptions might the teacher have made?

How could such assumptions affect Priya?

How can teachers challenge their own biases?

Scenario C: Healthcare Setting

In a Birmingham clinic, an elderly patient is assumed not to understand digital appointment systems because of their age.

What is being presumed about older patients?

How can healthcare staff check their assumptions?

What training or tools could help reduce age-related bias?

Scenario D: The Office Social

At a Bristol law firm, a team social is organised at a local pub. Some team members do not drink alcohol for cultural or religious reasons.

How might unconscious bias affect the planning of social events?

How can the team be more inclusive?

What other venues or activities could be considered?

Course link: These scenarios support Learning Outcomes 3, 4 and 7 by asking you to identify bias, consider its impact, and suggest inclusive alternatives.

Section 3: Media, Class and Social Context

Activity 4: Bias in the Media

- Bring in today's newspaper or access a UK news website. In small groups or through private written reflection, identify headlines or images that might reinforce assumptions about different groups, such as by class, race, region, disability, gender, age, religion, migration status, or language. Focus on the messages being reinforced rather than repeating harmful stereotypes.
- Discuss: How do these representations influence perceptions and attitudes in the UK?
- What alternative narratives could be presented?

Activity 5: The British Class System

- Identify examples of stereotypes or assumptions about social class in Britain, such as assumptions linked to accent, education, housing, occupation, income, or manners. Where do these ideas come from, and who may be advantaged or disadvantaged by them?
- Reflect: Have you experienced or witnessed class assumptions in education, the workplace, or public life?
- How do regional accents or where someone is from in the UK affect assumptions about them?

Course link: These activities support Learning Outcomes 2, 3 and 6 by exploring how wider social norms, media messages, regional identity, class and intersecting identities can shape assumptions and decision-making.

Section 4: Impact Mapping

Activity 6: Mental and Physical Impact Map

Choose one example of unconscious bias from the course or from the scenarios above.

- Map the possible short-term mental health impacts, such as stress, anxiety, reduced confidence, isolation, reduced psychological safety or emotional exhaustion.
- Map possible longer-term physical impacts, such as sleep disruption, fatigue, avoidance of healthcare, or stress-related health risks.
- Add any intersectional factors that may intensify or shape the impact, such as race, disability, gender, age, religion, sexuality, class, language, accent, regional identity, migration status, caring responsibilities or neurodivergence.

Self-paced evidence prompt: Write 150–200 words explaining how repeated exposure to bias can affect both wellbeing and access to fair treatment or support.

Course link: This activity supports Learning Outcomes 4, 5 and 6 by connecting course theory to the mental, physical and compounded effects of bias.

Section 5: Bias Interrupters and Action Plan

Activity 7: Bias Interrupters

Individually or in groups, brainstorm practical steps to interrupt bias in everyday British settings (workplaces, schools, public transport, the NHS, etc.). Examples include:

- Blind recruitment processes
- Inclusive event planning
- Diverse interview panels
- Bias awareness training
- Speaking up if you notice bias

Self-paced evidence prompt: Choose three bias interrupters that are realistic in your own setting. Explain when you would use each one and what positive change it could support.

Activity 8: Personal Inclusion Action Plan

- Write a pledge to yourself committing to a specific action to reduce the impact of unconscious bias in your own life (e.g. ‘I will challenge my assumptions about

people with different accents,' or 'I will support inclusive recruitment practices at work').
- Share your pledge with a peer or your group for accountability.

Course completion evidence: Your action plan should include one personal action, one action you can take in a team or community setting, and one way you will review your progress after the course.

Section 5: Further Resources and Support

- Test yourself: Try the online Implicit Association Test (IAT) by Project Implicit, which includes a UK-specific module.
- Read: "Brit(ish): On Race, Identity and Belonging" by Afua Hirsch; "Why I'm No Longer Talking to White People About Race" by Reni Eddo-Lodge; "The Class Ceiling: Why it Pays to be Privileged" by Sam Friedman and Daniel Laurison.
- Watch: Documentaries such as "Black and British: A Forgotten History" (BBC), or "The School That Tried to End Racism" (Channel 4).
- Organisations: Equality and Human Rights Commission (EHRC), ACAS, Stonewall, Disability Rights UK.

Reflection

Take a few moments to reflect on what you've learned through these activities. Think about the sorts of biases that are commonly found in British society, and consider ways you can be more aware and proactive in addressing them in your daily life.

Remember: challenging unconscious bias is not a one-off exercise, but an ongoing personal and collective commitment to fairness, respect, and inclusion.