The Scottish Government

Health Workforce Directorate and
Directorate for Population Health

E: lcw@gov.scot

Scottish Government
Riaghaltas na h-Alba
gov.scot

Dear Colleagues,

ANTI-RACISM PLANS - GUIDANCE

Background

1. In recognising that racism is a public health issue across Scotland, we are asking our Health Boards to make more rapid progress in tackling the impacts of racism on colleagues, service users and on health outcomes.

2. Fiona Hogg wrote to Chief Executives, Board Chairs and HR Directors in March 2024, setting out an additional requirement to embed anti-racism within Executive objectives for 2024/25. Each individual set of Executive objectives should include a commitment that the Board will develop, if not already in place, and deliver against their own anti-racism plan, covering both workforce and racialised healthcare inequalities. The letter stated that guidance would follow to support this work.

3. This letter includes the guidance document intended to support the development of NHS Scotland Board anti-racism plans. Please see the Annex for the full guidance document.

4. The guidance has been developed at a national level to support the ethos of a 'Once for Scotland' approach, while leaving adequate scope for Boards to take ownership of plans, and to identify additional local priorities for action.

Action

5. Executives should:
   a. Note this guidance and refer to it during the development, delivery and review of their Board anti-racism plan.

DL23 (2024)

9 September 2024

Addressees

For action
NHS Board Chief Executives,
NHS Board Chairs,
NHS Board HR Directors,
Directors of Public Health

For information
Employee Directors

Enquiries to:

Leadership, Culture & Wellbeing Division

E: lcw@gov.scot

b. Share this guidance with their teams and stakeholders involved in the development, delivery and review of anti-racism plans.

c. Ensure that plans are developed in partnership with colleagues, staffside, management as well as forums and organisations representing minority ethnic colleagues and communities, and these groups have a role in the delivery and review of progress with the plans.

d. As appropriate, ensure alignment with national areas of focus (the Scottish Government framework for action), as set out in the guidance.

6. Boards should report on the progress with developing and delivering against their anti-racism plan, via the Quarterly Annual Delivery Plan (ADP) reporting in Q2 and Q4 2024/ 2025. Further advice will be provided as part of the ADP process, but this reporting should include:
    a. Information about local governance and scrutiny of anti-racism plans.
    b. Reporting on the key priorities identified by the Board, and how the plan aligns with the Scottish Government framework for action.
    c. Key milestones and progress made on development/delivery.
    d. Information on the approach to developing the plan in partnership with minority ethnic colleagues, forums and stakeholders.

7. Board Remuneration Committees will be expected to receive assurance, through their oversight of executive objectives and performance review, to satisfy themselves that the anti-racism objective has been appropriately set and that progress is made in the mid-year and end-of-year review process. This will also be picked up in the end of year oversight by the National Performance Management Committee (NPMC).

8. Boards should work in partnership with local colleague diversity and race networks to ensure they are delivering on the needs of colleagues for an improved working environment as well as a focus on equity-focused service delivery for the communities they serve. Whilst some key actions and improvements will be part of the Board anti-racism plan, there is a wider requirement for Boards to ensure this in embedded in all areas of work.

9. Boards are also encouraged to work with national forums and networks, such as the NHS Ethnic Minority Forum (EMF), ensuring their Board is represented on these groups and that there is good flow of information into and out of these forums. As part of a standing agenda, the EMF members will be encouraged to regularly share their Board progress, initiatives and any challenges or concerns to support knowledge-sharing and best practice across our system.

10. Whilst this work will be a collaborative effort across the Executive team, it would be helpful for Boards to have a nominated Executive lead for this work. The role of an Executive lead would involve being a point of contact for updates and resources, as well as escalation or queries, if required. Please confirm the contact point for your board, by sending details to leadershipandtalentmanagement@gov.scot.

We appreciate the support and commitment of leaders and colleagues across NHS Scotland in delivering on this important commitment to tackle racism and reduce health inequalities.

Yours faithfully

Gillian Russell
Director of Health Workforce

Richard Foggo
Director of Population Health

ANNEX

NHS Board Anti-racism plans - Guidance

Contents

1. Acknowledgements

We would like to thank the following for their support in developing this guidance:

- The NHS Ethnic Minority Forum
- Public Health Scotland
- NHS Education for Scotland
- Healthcare Improvement Scotland
- NHS Grampian
- NHS Lothian
- NHS Borders
- Scottish Workforce and Staff Governance Forum (SWAG)

2. Introduction

[3 min read] This section will provide you with a very brief introduction to racialised health inequalities, our approach to language, the scope of this work and how you might wish to use this guide.

Health inequalities disproportionately affect marginalised groups. This is because poverty and wider economic inequalities interact with other forms of inequality, disadvantage and discrimination, creating particular barriers for certain groups.

Covid-19 shone a light on the fact that people from a number of minority ethnic groups experienced stark inequalities in health outcomes, as well as inequalities in access to and experience of health services compared to majority White groups. This applied to health and social care staff as well as patients.

Most minority ethnic groups are disproportionately affected by socio-economic inequality. This is because structural racism contributes to and creates additional barriers, challenges and unequal treatment across wider determinants of health, for example employment and housing. This further impacts negatively on health.

Reducing health inequalities, improving population health and creating a more sustainable health and care system are top priorities for the Scottish Government. Dismantling systemic racism in Scotland is an integral part of this ambition. It has to be, because racism is increasingly recognised as a driver of inequalities for staff as well as patients, a public health challenge and a barrier to appropriate healthcare.

In order to achieve health equity, Professor Sir Michael Marmot has said that we must tackle racism, discrimination and their consequences. This is why we are now asking Boards to develop anti-racism plans.

2.1 Our approach to language

We recognise that across Scotland, people belonging to minority ethnic communities define themselves and their communities in different ways. As a result, it is unlikely that any single term will be suitable for all communities. Whenever possible, we will avoid using collective terms and composite categories that group various minority ethnic communities together, as this can overlook the unique identities and specific inequalities and needs of each group. We will always endeavour to be as specific as possible. We will also encourage the communities we work with to use their preferred language and we will adopt this language wherever possible in our communications.

As our understanding of race, ethnicity and racism grows, the Scottish Government (and others) are increasingly using terms such as ‘adversely racialised’, ‘racially minoritised’, ‘racialised minorities’, and ‘racialisation’. The change in language recognises that racism is a systemic problem where systems and structures unequally advantage or disadvantage people and communities based on their perceived ‘race’. The term ‘racialisation’ highlights the process by which people are categorised based on their ‘race’, with each category occupying a different position in the social hierarchy. The term ‘minoritised’ reflects that a group/community that is treated as a minority, often in unfair ways, even though they may

not be a statistical minority in the global population. We use these terms interchangeably with the term 'minority ethnic group', depending on the context.

We will remain adaptable and refine our approach to language as our and society's understanding of race, ethnicity, racism, and health continues to develop. We welcome constructive challenge and feedback on our language and our wider work to address racialised healthcare inequalities through an anti-racism approach.

See Annex 4 for further information, including a list of terms and abbreviations used.

2.2 Scope

For the purposes of this work, our focus is on people who experience racialised healthcare inequalities, including Black, Asian and minority White groups such as Gypsy Travellers.

Current focus areas included in the Framework for Action are based on the recommendations of the Expert Reference Group on Covid-19 and Ethnicity (ERG), the health goals in the Race Equality Framework for Scotland 2016-2030 (REF) and wider evidence of where improvement is needed across health and care workforce and population level access and outcomes.

2.3 Using this guide

This guide has been developed to support a structured approach to local planning and improvement through an anti-racism lens. You can use it:

- As a starting point, e.g. if you are developing/ refining your anti-racism plan;
- To enable alignment to national and strategic priorities;
- To access useful resources quickly and easily.

We recognise that each Board will be at a different stage of their anti-racism journey. We also recognise that delivering against our ambitions to improve population health and narrowing inequalities in the current financial environment is challenging.

The guidance is a living document and will be refreshed regularly. We welcome feedback on this guide especially what Boards have found most – or least – helpful, and what could be improved. Please also get in touch via HealthEquity@gov.scot if you have local examples of good or emerging practice which we can reflect in the next iteration.

3. Executive summary

Background

Racism is a significant public health challenge and the NHS has a key role to play in tackling racism, reducing racialised health inequalities and creating a more equitable health and care system for all. Health Boards have been asked to develop and deliver against their own anti-racism plans, covering both workforce and equity-focused service delivery. Section 4 (Background) and Annex 1 (Key evidence) of the guidance set the stage for understanding racialised health inequalities, and why an anti-racism focus is needed in NHS Scotland.

Anti-racism approaches have been recognised as an integral improvement tool to help advance equality within the workforce and for patients / service users. As such, a focus on anti-racism has wider applicability and will generate learning to support improvements that benefits everyone, regardless of protected characteristic. This guidance contains and signposts to helpful tools and resources for creating an anti-racist and more equitable healthcare system for everyone.

The guidance is a living document and will be refreshed regularly. We welcome feedback, especially relating to what Boards have found most – or least – useful, what is missing, and what could be improved. Please contact HealthEquity@gov.scot with your feedback, comments or questions.

Developing your anti-racism plan

Actions and plans designed from an anti-racism perspective should be clear about the change, outcome and impact to be achieved in the lives of minority ethnic communities.

A strong anti-racism plan should include a mission and vision; a plan to engage and empower people with experience of racism and discrimination; strategic outcomes that are specific about the impact/change to be achieved; and actions, deliverables and indicators for each strategic outcome.

Suggested steps for developing your plan include:

- Establishing leadership and governance arrangements that provide visibility at Board level;
- An evidence-based approach, drawing on Annex 1, alongside local qualitative and quantitative data and insights;
- Active and respectful involvement of minority ethnic workforce and patients in the planning process, including in identifying immediate challenges and priorities for improvement;
- Agreeing strategic priorities, outcomes, progress indicators and accountability mechanisms in collaboration with minority ethnic staff and communities.

When working with minority ethnic staff and communities, for example in identifying immediate challenges and priorities for improvement, it is vital to consider intersectionality. By this we mean seeking to understand how experiences of disadvantage within already marginalised groups (e.g. minority ethnic women) compound and differ. This will help you identify and address structural barriers you may not have previously considered.

Framework for Action

The framework for action sets out current areas of focus based on Expert Reference Group on Covid-19 and Ethnicity (ERG) recommendations and existing evidence of racialised healthcare inequalities in perinatal care. The framework is designed to support alignment of national and local action, as well as guide Board prioritisation and planning in tackling racialised healthcare inequalities through an anti-racism approach. Anti-racism focuses on proactive, concrete action that challenges and dismantles racism, whatever form it takes.

The framework has a **twin focus on workforce and service delivery**:

- Under workforce, culture & wellbeing, there are three specific areas of focus: diverse leadership (recruitment, progression and retention), incident reporting and involving staff with lived experience.
- Under equity-focused service delivery, there are three specific areas of focus: Type 2 Diabetes (T2D) and Cardio-Vascular Disease (CVD) prevention, perinatal care and mental health (specifically quality of care and treatment, and services that provide support to people in distress/crisis).

The framework and guidance also highlights the importance of a specific focus on two key enablers:

- Leadership & Accountability: Strong leadership on anti-racism is crucial, and includes taking steps to name racism, taking steps to understand how it operates, and taking action, including strengthening governance and accountability mechanisms on anti-racism.
- Data and evidence: Robust data are critical to monitoring equity of access and outcomes, and measuring progress. As such, recommended actions include improving levels of completeness and accuracy of data, and building understanding/confidence of equalities data collection and use.

Conclusion

Developing and implementing anti-racism plans will help address racialised health inequalities and contribute to broader improvement goals across NHS Scotland. Racism is a significant public health challenge and the NHS has a key role to play in tackling racism, reducing racialised health inequalities and creating a more equitable health and care system for all.

4. Background

[5 min read] This section covers:
- The ask of NHS Board Executives, Chairs and HR Directors;
- How NHS Boards can benefit from developing and delivering on anti-racism plans;
- Why an anti-racism focus is needed in NHS Scotland.

Fiona Hogg, Chief People Officer, wrote to NHS Board Chief Executives, NHS Board Chairs, and NHS Board HR Directors on 11 March about 2024/25 Objective Setting for Executives within NHS Scotland. The letter set out the details of an additional requirement within Executive objectives for the 2024/25 reporting year to "develop (if not already in place) and deliver against their own anti-racism plan, which covers both workforce and racialised healthcare inequalities".

The letter also indicated that Board Anti-Racism Plans should be developed with stakeholders, including forums representing minority ethnic colleagues and communities themselves, and that progress should be discussed and scrutinised at relevant forums and committees.

4.1 Benefits of developing, and delivering on, your anti-racism plan

- Anti-racism planning will support Boards in developing and embedding an anti-racism approach into existing work;
- Anti-racism approaches have been recognised as an integral improvement tool to help advance equality within the workforce and for patients / service users;
- Anti-racism principles also have wider applicability and will support improvement work relating to delivery of equitable healthcare, ultimately benefitting everyone, regardless of protected characteristics;
- As such, your anti-racism plan can contribute to:

    - Meeting your legal obligations under the Equality Act 2010 and Public Sector Equality duties, including equality outcomes and reporting (see below section for more information);
    - Effective delivery of NHS Scotland 2024/25 planning priority to tackle racialised health inequalities;
    - Delivery of Principles for Safe and Effective Recovery as set in the NHS Recovery Plan 2021-2026;
    - Dismantling of structural racism;
    - Generating learning that can be applied to dismantle other forms of discrimination;
    - Your role as an Anchor institution in addressing the drivers behind health inequalities within your community and workforce.

4.2 Why does NHS Scotland need an anti-racism focus?

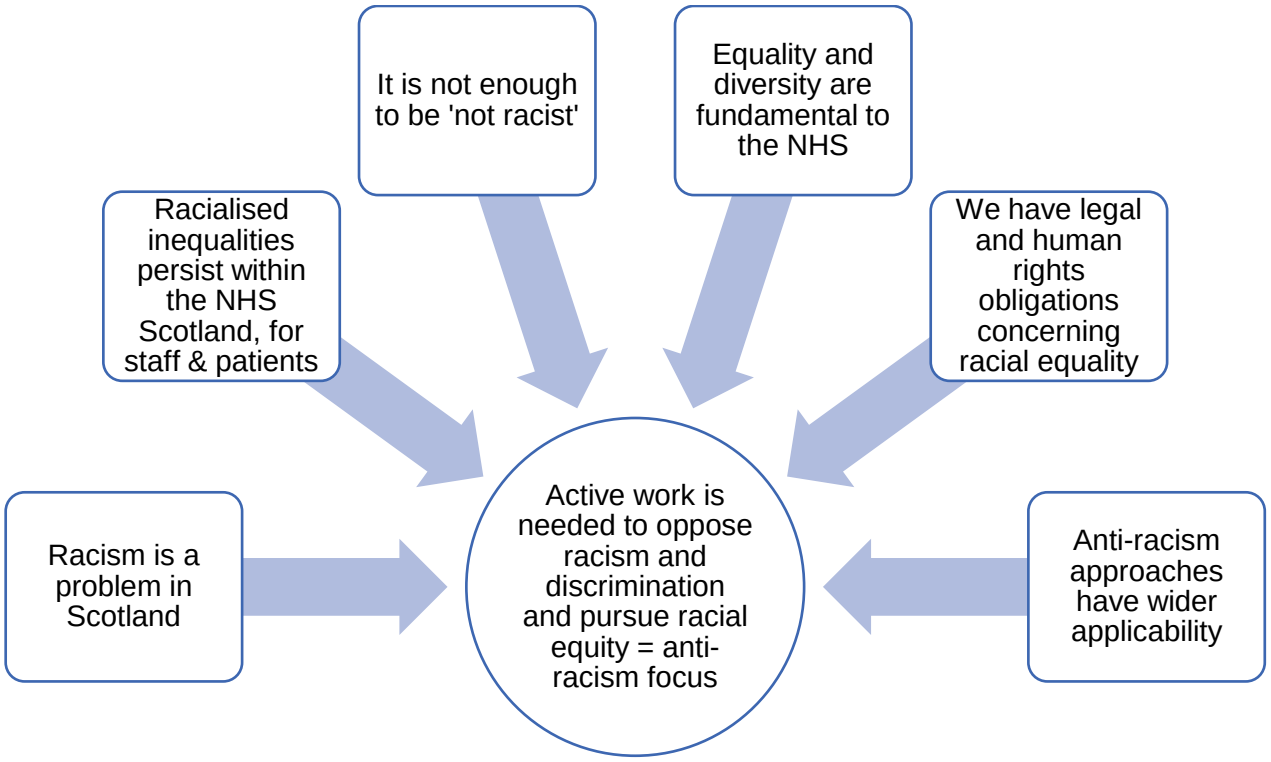

Figure 1: Why does NHS Scotland need an anti-racism focus?

Racism is a problem in Scotland.

Evidence and experience tell us that racism is a problem in Scotland. The racialised inequalities we live with today are deeply embedded into our structures, institutions and systems. This means that, at the time when our current systems and institutions were designed, they were done so without consideration for racial diversity or equality.

A substantial and ever growing body of evidence show that structural racism drives health inequalities for adversely racialised communities. Racism impacts health directly, for example through increased stress, poor mental health and cardiovascular disease. Racism also impacts health indirectly. For example, through disadvantaged access to physical, economic and social resources and socio-economic inequalities. It also translates into poor experiences in organisational and service settings. See Annex 1 for evidence and Annex 5 for actionable insights, information and resources.

Racialised inequalities persist in healthcare.

Some people in Scotland are less well served and supported by the health and care system as a consequence of their race and ethnicity. For example, in October 2023, several media outlets in Scotland reported on the increase of racist incidents in NHS Scotland. A recent study also found that the receipt of routine diabetes care is lower in minority ethnic compared to majority White groups, in both the short- and medium-term following diabetes.

It is therefore vital that we build equity and anti-racism approaches into all we do as we recover from the pandemic.

It is not enough to be 'not racist'. We must be proactively anti-racism.

In 2020, Scottish Parliament acknowledged that Scotland has a problem of structural racism, and that it is not enough to be 'not racist'. The Parliamentary debate 'Showing Solidarity with Anti-racism' showed there is cross-Party support for tackling structural racism and advancing race equality. Since then, Scotland's Anti-racist employment strategy (2022), Anti-racism in Education Programme (AREP), the Scottish Association of Social Work(SASW) Anti-racism Action Plan (2022), the Anti-racism in Scotland Progress review (2023), and the Chief Constable statement on institutional discrimination (2023) contain explicit anti-racism statements and action.

The Anti-Racism in Scotland Progress Review provides an overview of Scottish Government commitments within the Race Equality Framework (2016-2030), including the four public health related goals (two related to population level health outcomes and access; and two related to Scotland's health and care workforce):

- Goal 26: Minority ethnic communities and individuals experience better health and wellbeing outcomes;
- Goal 27: Minority ethnic communities and individuals experience improved access to health and social care services at a local and national level to support their needs;
- Goal 28: Scotland's health and social care workers are better able to tackle racism and promote equality and community cohesion in delivery of health and social care services;
- Goal 29: Scotland's health and social care workforce better reflects the diversity of its communities.

A 2021 review carried out by the Coalition for Racial Equality and Rights (CRER) demonstrated that "over the past twenty years the same themes and priorities were present across the national strategies. Despite this, progress has been limited. We therefore need an explicit and sustained focus on anti-racism and racialised health inequalities. By anti-racism, we mean active work to oppose racism and to pursue racial equity, so that someone's racial identity is no longer a factor in determining how they fare in life.

We have legal and human rights obligations to monitor and improve the experience of staff and patients with protected characteristics.

Race discrimination, or unfairly disadvantaging someone for reasons related to their race, has been illegal in the UK since 1976. The Equality Act 2010 definition of race includes colour, nationality, ethnic and national origins. Chiefly, the Public Sector Equality Duty (PSED) (Section 149 of the Equality Act 2010) requires all public bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2010;
- advance equality of opportunity between people who share a relevant protected characteristic and those who do not;
- foster good relations between people who share and people who share a relevant protected characteristic and those who do not.

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 requires listed authorities to publish a set of equality outcomes to establish a clear link between evidence

and action taken to advance equality, improve decision-making, accountability and tangible change for communities and staff.

Equality and diversity are fundamental principles of the NHS.

Since its inception in 1948, the NHS has provided free health care at the point of use. Shortly after, in 1949, saw the first international recruitment drive to recruit staff from the West Indies to the NHS.

We know that NHS Scotland still has a strong commitment to equality, diversity and inclusion across their workforce and service delivery, including a specific objective for Board Chairs in this area, and that there is excellent work already underway to drive forward improvements. However, in spite of existing commitment and a strong legal framework through the Equality Act 2010 and Public Sector Equality Duty, progress to reduce racialised inequalities in healthcare and workforce has unfortunately been limited. That is why a different approach is needed.

Anti-racism principles and practice have wider applicability to all protected characteristics and marginalised groups.

Anti-racism approaches have been recognised as an integral improvement tool to help advance equality within the workforce and for patients / service users. Anti-racism approaches have the potential to create strong foundations and learning that can be applied to tackle other forms of inequity and structural discrimination.

5. Developing your anti-racism plan

[5 min read] After reading this section you will have a clear idea of:

- What a strong anti-racism plan might contain;
- The steps take in developing your plan and useful resources to support the process.

Actions and plans designed from an anti-racism perspective should be clear about the change, outcome and impact to be achieved in the lives of minority ethnic communities.

"Only outcomes, not intent, demonstrate whether actions and policies are racist." (Wellcomes-Anti-racist-principles-and-toolkit-2021.pdf)

5.1 What would a strong anti-racism plan look like?

A strong anti-racism plan is likely to include the following:

A mission and vision, capable of reaching hearts and minds and serving as an anchor point. It should include a clear stance on anti-racism in your role as employer and service provider.

A clear strategy to engage and empower people, specifically those closest to the issue being addressed, such as people with experience of racism and discrimination, racialised inequality, and those who understand how systemic racism operates. Gaining the commitment of the wider workforce on this agenda will also be important.

Strategic outcomes that clearly outline the specific changes and impact to be achieved in the lives of minority ethnic people and communities. Your strategic outcomes should align with, and help you achieve, your mission and vision.

Specific outcomes, actions, deliverables and indicators for each strategic outcome.

The NHS East of England Race Strategy (p12) is a good example of an anti-racism 'plan on a page'. Other examples of anti-racism plans are included in the 'actionable insights & resources' section in Annex 5. Annex 6 contains checklists to support planning, as well as reflection/discussion prompts.

5.2 Suggested steps to developing your plan

One approach is to 'aim big, but start small' to ensure you can make early progress and build momentum.

Establish leadership and governance arrangements that provide visibility at Board level and strong accountability across the organisation.

- Consider the vision and underpinning principles, in particular, that it is everyone's responsibility to proactively embed an anti-racism approach;
- Where possible, ensure leadership and governance arrangements are embedded within existing arrangements.

Put in place a process for bringing together Health Board data and wider evidence to understand the racialised inequity experienced by your workforce and minority ethnic communities in your area.

- Consider the data and evidence presented in Annex 1, the actionable insights and resources in Annex 5, and the Framework for Action areas of focus and enablers;
- Engage with your workforce and patients to gather further insights, and to understand the evidence from a range of perspectives;
- Assess the quality of your available data, gaps, action needed to improve it.

Actively and respectfully involve minority ethnic people (workforce and patients) in identifying the immediate challenges and priorities for improvement.

- Gather insights on what people have already told you about their experiences of racism, discrimination and disadvantage as a member of staff, or relating to accessing services;
- Ensure your plans are informed by people who have experienced racism, and by those who have insights into how racism operates. Make use of staff networks and surveys to gather insights and involve diverse voices;
- Consider intersectionality, seeking to understand how experiences of disadvantage within already marginalised groups (e.g. minority ethnic women) compound and differ to help you identify and address hidden structural barriers;
- Consider how others addressed similar challenges to gain insights about what has worked, and what hasn't.

Annex 5 contains resources to support meaningful participation and co-production. The Wellcome Anti-racism toolkit (p.12) also contains useful content.

Agree the strategic priorities for your organisation, aligned to national priorities (see framework for action), and agree the outcomes and progress indicators.

- In collaboration with minority ethnic staff and patients or parents, identify your indicators of progress towards the changes and outcomes to be achieved in the lives of your minority ethnic workforce and patients;
- Use your authority to ensure that measurable progress towards those goals is made and that progress is accounted for.

Use the anti-racism plan as a living document. Agree how it will be reported on and scrutinised. Consider how best to involve minority ethnic staff and communities in this scrutiny and review process.

- Ensure there is clear and appropriate accountability at all levels for the plan;
- Test potential solutions and approaches, using your indicators of progress and data to assess the impact and refine your action and plan;
- Provide opportunities for those impacted, particularly those with lived experience, to receive updates and have the opportunity to scrutinise and provide challenge.

6. Framework for action

[20 min read] This section will give you an understanding of:

- The framework for action, its purpose and focus on workforce and service delivery;
- What we mean by an anti-racism approach,
- The importance of strong leadership, accountability, data and evidence in enabling effective anti-racism action, as well as concrete actions to embed anti-racism;
- Suggested areas of focus and actions.

6.1 What is the framework for action?

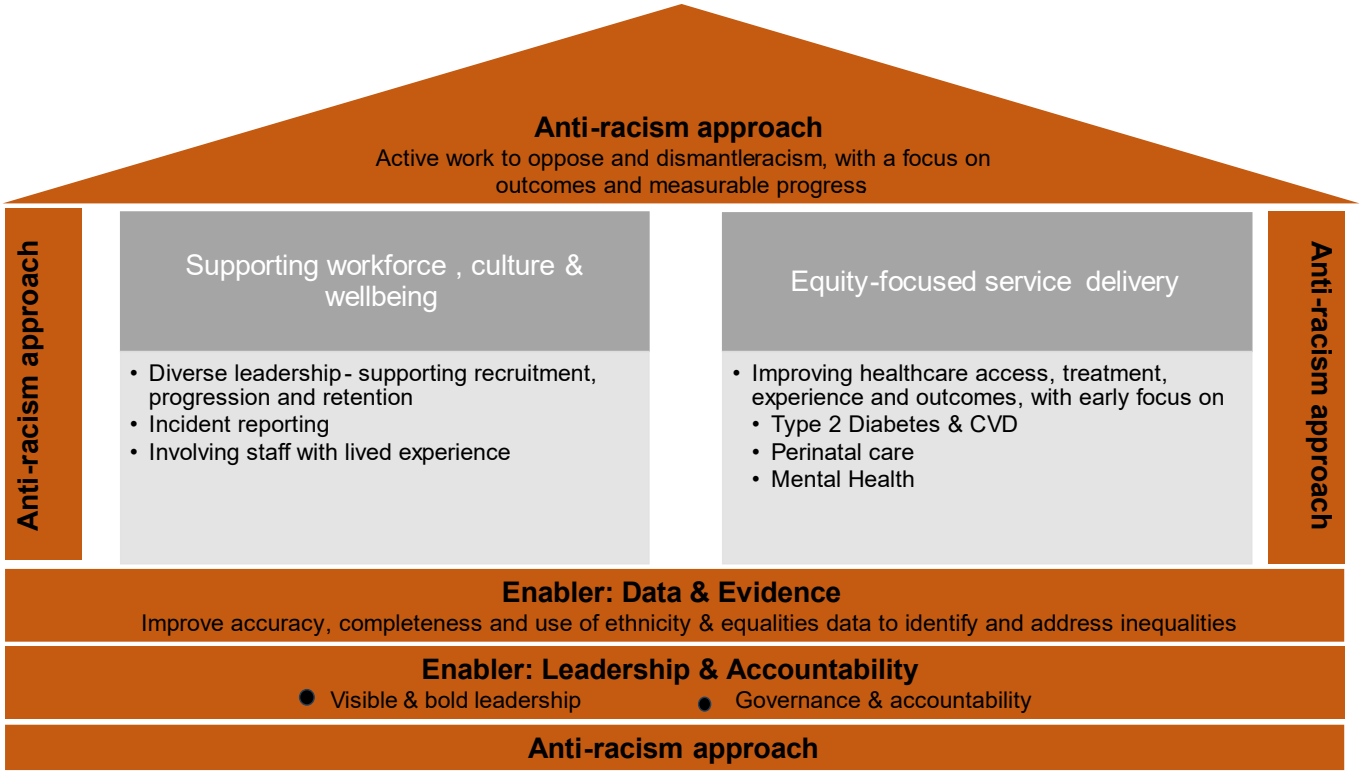

Figure 2: Framework for action to address racialised inequalities in healthcare through an anti-racism approach

The framework for action sets out current areas of focus based on Expert Reference Group on Covid-19 and Ethnicity (ERG) recommendations and existing evidence of racialised healthcare inequalities in perinatal care.

The framework has a twin focus on workforce and service delivery:

- Under **workforce, culture & wellbeing**, there are three specific areas of focus: diverse leadership (recruitment, progression and retention), incident reporting and involving staff with lived experience. These are based on feedback from the NHS Ethnic Minority Forum and what we know about lack of diversity in more senior roles.

- Under **equity-focused service delivery**, there are three specific areas of focus: Type 2 Diabetes (T2D) and Cardio-Vascular Disease (CVD) prevention, perinatal care and mental health.

We have also identified key enablers: **data and evidence**; and **leadership and accountability**. Suggested action in these areas also aligns with ERG recommendations and feedback we have received, including from the NHS Ethnic Minority Forum.

The purpose of the framework is to support alignment of national and local action, and to guide Board prioritisation in tackling racialised healthcare inequalities, taking an anti-racism approach. As we said earlier, we recommend that anti-racism plans align with this framework. We do not expect Boards to cover all areas of focus in 24/25. Rather we would ask Boards to be ambitious and take the framework into account when agreeing priorities for local anti-racism plans, and build from there. Ultimately we are working towards an anti-racist healthcare system and organisations in Scotland.

6.2 Embedding an anti-racism approach

Anti-racism is the active work to oppose racism and to produce racial equity – so that racial identify is no longer a factor in determining how anyone fares in life. Being anti-racist means supporting an anti-racist policy through your actions. An anti-racist policy is any measure that produces or sustains racial equity.

(Kendi (2019), and MP Associates, Centre for Assessment and Policy Development, and World Trust Educational Services (2020)

Evidence shows that inequalities exist for racialised minority groups – not because of individual prejudices - although these can be a contributing factor - but because our society and systems were not designed with racialised minority groups in mind. An anti-racism approach is about our organisations, and individuals within our organisations, recognising and acknowledging that racism exists in our systems and purposefully working to change those systems, attitudes, and behaviours so that everyone receives equitable treatment.

An anti-racism approach needs to wrap around and be woven into all of our work. This means being pro-active and taking concrete action to oppose and dismantle racism in all its forms, in everything we do.

"Anti-racism is not just about changing what we do, it is about changing how we do it." (Wellcome Anti-racist principles, guidance and toolkit)

We recognise that there is more to be done beyond the areas identified in the framework. We would therefore like to echo Professor Sir Michael Marmot and encourage Boards to 'do something, do more, do better':

Do something. If you are not doing any work on anti-racism yet, do something that will make a tangible difference. The areas listed in the framework are a good place to start because they relate to existing recommendations, commitments and evidence.

Do more. If you are already doing some work on anti-racism, do more. For example, you might already have an anti-racism focus for workforce and leadership, but might not have embedded it in service delivery or data collection and use, so this would be a natural next step for you.

Do better. If you are already focusing on all of those areas, we encourage you to consider scope to improve the way you embed anti-racism so that it becomes 'business-as-usual' and/or areas that are not included in the current iteration of the framework.

6.3 Leadership and accountability

Leaders play an immense role in fostering – or damaging – racial inclusion efforts by virtue of their positional power and influence on the organisation's culture, values and ethics. To ensure that change is long term and sustainable, organisations and leaders need to uncover and address racial equality barriers. Traction requires leadership and sustained action…(Developing an anti-racism strategy, CIPD)

Leading to achieve racial equity, or anti-racism leadership, requires a deep and sustained commitment to look racism in the eye and using your authority to ensure measurable progress is made towards racial equity, and that progress is accounted for.

Professor Kevin Fenton has advocated three important dimensions of anti-racism leadership consistent with what others have said.

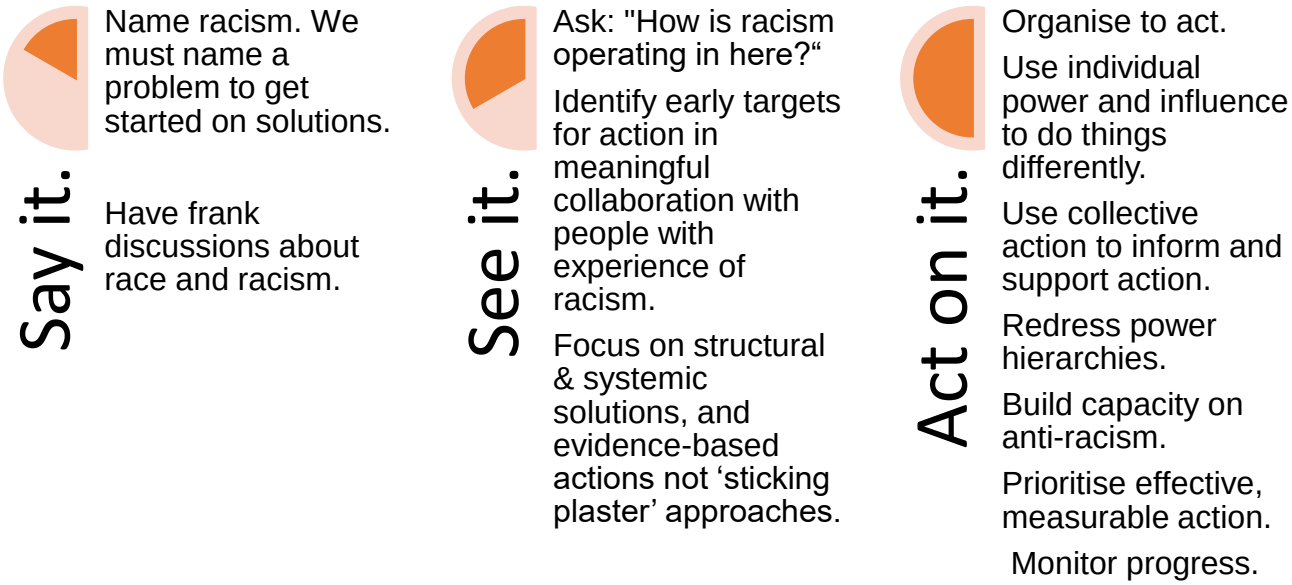

Figure 3: Say it, See it, Act on it. (Adapted from A public health approach to incorporating anti-racism and structural discrimination in tackling racial and ethnic health disparities, Professor Kevin Fenton, and the CRER anti-racist policy making in Scotland review)

Suggested actions:

- **Make an explicit, visible commitment to anti-racism** by senior leadership and a plan for sustained engagement with staff.
- **Strengthen governance and accountability**. This includes Board oversight and approval of the anti-racism plan, regular discussion and scrutiny of progress. Prioritise effective, measurable action. The Board is supported by lived experience and anti-racism expertise.
- **Diversify decision-making spaces.** Action to ensure the Board and other decision-making structures involve minority ethnic staff and are increasingly representative of the

community. To be meaningful, involvement must be respectful, inclusive and result in tangible change and impact.

- **Build understanding and capacity on anti-racism.** Commitment to sustained anti-racism training and development for all leaders, including training on cultural competence. This recognises that it is not the responsibility of minority ethnic people to educate others.

6.4 Data and evidence

> *"Good data are critical for monitoring equity of access and outcomes, generating high-quality evidence and research on inequalities at a population level. Only by progressing equalities data collection and analysis will it be possible to measure and monitor racialised health inequalities." (Public Health Scotland)*

Incomplete or inaccurate recording of race and ethnicity data obscures the extent of inequalities experienced by and between different minority ethnic groups. As such, it undermines efforts to identify and address inequalities experienced by staff and patients. It is therefore vital to improve the recording, collection, and use of race and ethnicity and wider equalities data in healthcare and workforce datasets. Public Health Scotland (PHS) have recently published a range of resources for patients and staff, to support improvements in equalities data collection, including race and ethnicity data. This is based on evidence of key barriers and best practice, including:

- Racism and discrimination are the main reasons for a refusal or reluctance to share race and ethnicity and equalities information.
- People are also less likely to share their equalities data if they feel healthcare settings are not inclusive, inaccessible, and/or that they are not listened to or respected.
- People feel more confident to share their data if they have clear, accessible information on why data is collected, and how it will be used and kept safe from potential harmful use.
- Race and ethnicity must be self-identified and not assumed based on race, nationality, visual appearance or any other factors
- Staff tasked with collecting equalities data, including data on race and ethnicity, may lack confidence in asking for this data, feel afraid of getting things wrong or having to deal with a negative response, and may not know why they are collecting the data and how it would be used.

Suggested actions:

- **Build understanding / confidence –** share PHS resources with staff and patients.
- **Monitor and improve levels of completeness and accuracy** and of equalities data collections, with an explicit early focus on race and ethnicity data.
- **Take steps to foster an inclusive culture** for staff and patients. People are less likely to share their data if they feel healthcare settings / workplaces are not inclusive.

6.5 Workforce

An anti-racism approach in the workplace will ensure that there is:

- Appropriate training for everyone;
- Visible and accountable leadership;
- Direct engagement with minority ethnic staff;
- Psychological safety to report incidences when they occur.

For an anti-racism action plan to work, staff need to feel comfortable, confident, and safe to speak up about issues – whether about discrimination, bullying or racial harassment they are themselves facing, or issues they see in patient care - without fear of repercussion.

Staff equality networks can be a useful way for staff to feel supported and can provide advice to help shape policies and interventions, from a lived-experience perspective.

Seeing more diverse staff in senior and leadership positions can help the workforce to believe that the organisation values diversity. This is one of the key priorities of the National NHS Ethnic Minority Forum, the national forum that represents staff from diversity networks across Scottish Health Boards.

The delivery of anti-racism plans links to wider priorities for the NHS including Anchors, staff retention, reducing sickness absence, improving wellbeing, longer-term recovery and service reform. Creating a sustainable health service is fundamentally linked to developing a positive working environment for all of our staff.

Embedding an anti-racism approach will also help retain our growing numbers of International medical and nursing staff, as well as equipping the NHS to support patients and staff from our increasingly diverse communities in Scotland.

Suggested actions:

- **Prioritise meaningful involvement** of minority ethnic staff in the development and evaluation of anti-racism plans, giving them the time and support required to do so.
- **Focus on recruitment, retention and progression to improve workforce diversity, particularly at senior and executive levels**. This might include training and support, and diverse panels.
- **Improve reporting of incidents** related to racism, discrimination, bullying and harassment. Understand issues with reporting channels and ensure staff feel supported and safe to report incidents.

6.6 Equity-focused service delivery

> *"Inequities are the worst type of unwanted variation in a system – variation linked to the complicated history and reality of racism, classism, sexism, ableism, ageism and other forms of oppression. Quality improvers have a role to play and tools to use in health care systems and communities to end inequities." (Institute for Healthcare Improvement)*

Inequities are systemic, avoidable, predictable and unjust differences in access, experience, treatment and outcomes between individuals and across populations. Improving health and care requires an intentional focus on equity so that each individual has a fair opportunity to achieve their full health potential.

Equitable care can be defined as 'care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socio-economic status'.

Equity-focused service delivery is therefore about reducing variations in access, experiences, treatment and outcomes between individuals and population groups through evidence-informed, culturally and gender appropriate interventions.

Our overall aim is to improve equity of access, experience and outcomes across the entire care pathway – primary and secondary. Improving the cultural appropriateness of services is a core part of this work.

As we indicated earlier, our areas of focus are based on Expert Reference Group on Covid-19 and Ethnicity recommendations and evidence of racialised healthcare inequalities in perinatal care. Below, we set out suggested action for all of these as well as some service-specific guidance.

Suggested actions for equity-focused service delivery:

- **Equality Impact Assessments (EQIAs) –** early completion to inform changes to, or development and delivery of, services and decisions at every stage. Regular updates and reviews.
- **Maximise use of PHS equalities data resources** to improve race & ethnicity data collection and use data to monitor inequalities and inform improvements to patient care.
- **Establish mechanisms for collaboration** with the third sector, community and faith groups, and minority ethnic staff to improve cultural appropriateness, and address barriers to access.

Equity-focused service delivery: Focus on Type 2 Diabetes (T2D) and Cardiovascular Disease (CVD) prevention

T2D is associated with an approximate doubling of CVD risk compared with the risk for people without T2D. This is due to a combination of factors affecting those with T2D such as high blood glucose, obesity (specifically excess ectopic fat), dyslipidaemia and high blood pressure. Cardiometabolic dysfunction is a feature of T2D with diagnosis at a younger age predicting a more aggressive disease process. The prevention and treatment of CVD and T2D is very similar therefore integrated approaches to supporting people with these conditions is sensible and reflects a person-centred approach.

Suggested actions for T2D include those outlined above plus:

- **Understand inequalities in the receipt of care** for your Health Board area including, for example, HbAiC monitoring.
- **Promote and use PHS equalities data resources** to improve race and ethnicity data on the weight management T2D prevention core dataset.

Equity-focused service delivery: Focus on Perinatal care

Inequalities in outcomes for mothers and babies from Black and minority ethnic backgrounds are well-evidenced – see Annex 1.

Suggested actions for perinatal care include those outlined above plus:

- **Understand the demography of your local population**, utilising local and national data to identify inequities and inequalities of outcomes for service users from minority ethnic communities in your Health Board area.
- **Identify and understand any variation in quality of experience**, utilising available tools, including local maternity engagement groups (e.g. maternity voices partnership) and feedback via Care Opinion.
- **Adopt a proactive approach** to gaining feedback from the experiences of service users, particularly from seldom heard communities.
- **Understand trends** through use of the Perinatal Mortality Review Tool (PMRT) and review of Significant Adverse Event Reviews (SAER).
- **Undertake focused quality improvement** where opportunities for improvement activity are identified. Make use of the support packages offered through participation in the **SPSP Perinatal programme**.

Equity-focused service delivery: Focus on Mental Health

The Mental Health Equality Evidence Report and Annex 1 set out evidence of specific inequalities in access, experience and outcomes faced by minority ethnic people and communities in the UK and in Scotland.

Suggested actions for mental health include those outlined above plus:

- In identifying and planning improvements, consider a specific focus on **services that provide support for people experiencing distress and crisis** (priority 4 of delivery plan 2023-2025); and the **quality of care and treatment provided** (priority 7)
- **Build an understanding of barriers to access** in your local area. These may include stigma, lack of awareness of and trust in formalised services, language and cultural barriers, and lack of culturally appropriate services.
- **Build understanding of experiences,** especially of the quality of care and treatment provided, in your local area.

ANNEXES TO ANTI-RACISM PLAN GUIDANCE

Annex 1: Key evidence

Workforce

The BMA's (2022) report Delivering Racial Equality in Medicine provided a high level overview of barriers to equality their members, drawing on findings of the BMA's 'Racism in Medicine' survey which found that:

- Just over 90% of Black and Asian respondents, 73% Mixed and 64% of White respondents said racism in the medical profession is an issue.
- 76% of the doctors surveyed experienced racism at least once in the last two years, with 17% experiencing these racist incidents on a regular basis.
- There was a low-level of reporting for racist incidents, with 71% of doctors who experienced racism choosing not to report due to a lack of confidence that the incident would be addressed or a fear they would be labelled as 'troublemakers'

MDDUS surveyed their members (international recruits) in 2023 and produced the report We Hear You: Challenging Racist Microaggressions on the experience of international medical staff.

- 58% of international medical graduates report having been subject to racist microaggressions
- 66% of international medical graduates did not report incidents of racist microaggressions because they had no confidence their concerns would be taken seriously
- 62% of members in the medical field who reported witnessing racist microaggressions against colleagues did not report them

The King's Fund (2020) undertook a research study of workforce race inequalities and inclusion in (UK) NHS providers.

They found that ethnic minority staff are more likely to report bullying, harassment and abuse from patients and colleagues; and they are more likely to enter into the formal disciplinary process:

- 15.3 per cent of ethnic minority staff report experiencing discrimination at work from a manager, team leader or other colleague – more than double the proportion of white staff reporting discrimination (6.4 per cent)
- 69.9 per cent of ethnic minority staff report that they believe their trust (employer) provides equal opportunities for career progression or promotion, compared with 86.3 per cent of white staff

This report also looked at how NHS providers were working to better support staff and address inequalities in relation to staff progression (section 5); and the importance of leadership and allyship (section 6).

Equity-focused service delivery

The NHS Race and Health Observatory carried out a Rapid Evidence Review into ethnic inequalities in healthcare (2022) which showed that:

- Ethnic inequalities in access to, experience and outcomes of healthcare are longstanding problems in the NHS. Inequities experienced include:
    - lack of appropriate treatment for health problems,
    - poor quality or discriminatory treatment from healthcare staff,
    - a lack of high quality ethnic monitoring data recorded and used,
    - lack of appropriate interpreting services,
    - delays in, or avoidance of seeking help for health problems due to fear of racist treatment from NHS healthcare professionals.
- Ethnic healthcare inequalities are rooted in experiences of structural, institutional and interpersonal racism.
- The review focused on mental healthcare, maternal and neonatal healthcare, digital access, genetic testing and genomic medicine and the NHS workforce.

Type 2 Diabetes and cardiovascular disease

Scotland

- Receipt of routine diabetes care was found to be lower in visible minority ethnic groups compared to white groups, in both the short- and medium-term following diabetes diagnosis. Differences were most pronounced for people in the African, Caribbean or Black, Indian and other ethnicity groups (Arab and any other ethnic group). (Scottish Diabetes Research Network epidemiology group, 2024)[1]
- Cariovascular disease (CVD) is a leading cause of morbidity and mortality in Scotland, and a significant contributor to inequalities in life expectancy.

UK wide

- South Asian groups are up to six times more likely than in white groups to develop T2D and have higher mortality from diabetes. Diabetes prevalence in Black groups is up to three times higher than in the white population and they have higher mortality from diabetes. (The Health Of People From Ethnic Minority Groups In England | The King's Fund (kingsfund.org.uk)
- Black groups have higher-than-average incidence of and mortality from hypertension and stroke and have strokes at a younger age. However, in contrast to South Asian groups they have a lower risk of heart disease compared to the majority of the population (The Health Of People From Ethnic Minority Groups In England | The King's Fund (kingsfund.org.uk)

[1] Scheuer SH, Fleetwood K, Wild SH, Jackson CA. Ethnic disparities in quality of diabetes care in Scotland: A national cohort study, Diabet Med, 2004. Accessed at Ethnic disparities in quality of diabetes care in Scotland: A national cohort study (wiley.com) on 27/06/2024

- Compared to White people, minority ethnic groups have a higher prevalence of diabetes, poorer glycaemic control and higher risk of complications. However, receipt of routine diabetes care was lower in minority ethnic groups compared to majority White groups, in both short-and medium-term following diabetes diagnosis. (Ethnic disparities in quality of diabetes care in Scotland: A national cohort study - Scheuer - Diabetic Medicine - Wiley Online Library)

Perinatal care

Inequalities in outcomes for mothers and babies from Black and minority ethnic backgrounds are well-evidenced. The most recent Mother and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK) reports highlight that, across the UK:

- Black women are almost four times more likely to die during the childbearing year, while Asian women are almost twice as likely to die, than their majority White counterparts ((MBRRACE-UK, 2023)
- Inequalities in mortality rates by deprivation and ethnicity remain, with stillbirth and neonatal mortality rates considerably higher for Black and Asian women than for white women. The impact of inequalities by ethnicity can be compounded by the intersection of deprivation.

Neonatal mortality

- There are significant ethnic inequalities in neonatal mortality in the UK. MBRACE-UK reported that neonatal mortality rates for 2021 continued to be higher for bablies of Black and Asian ethnicity compared with babies of White ethnicity. (Source: Neonatal mortality review: February 2024, Healthcare Improvement Scotland)
- In 2021 in the UK, Black babies were over twice as likely to be stillborn, and Asian babies over 50% more likely, compared with White babies.
- The neonatal death rate among babies born at 24 weeks gestation and over was the lowest in white babies, and highest amongst Black and Asian babies. (The Sands Listening Project – Learning from the experiences of Black and Asian bereaved parents, 2023)

Other key findings

- Refugee and asylum-seeking women in the UK have a higher risk of perinatal mental health problems and postnatal depression. (Amma Birth Companions Birth Outcomes and Experiences Report)
- Muslim women from racialised minority communities have reported poorer experiences during labour, delivery and postnatal periods, such as being denied choice, inaccessibility of information, lack of cultural competence, compassion, respect and dignity and not being listened to (Invisible – Maternity Experiences of Muslim Women from Racialised Minority Communities, Muslim Women's Network UK, 2022)

- The birthrights inquiry into racial injustice and human rights in UK maternity care revealed common themes across the evidence including:
  - Lack of physical and psychological safety
  - Being ignored and disbelieved
  - Racism by caregivers
  - Dehumanisation
  - Lack of choice, consent and coercion
  - Structural barriers
  - Workforce representation and culture
- The birthrights inquiry report recommends a commitment to anti-racism, that the maternity curriculum and guidance are decolonised, including Black and Brown women in decision-making, creating safe, inclusive workforce cultures and dismantling structural barriers to racial equity through national policy change.

In Scotland

- Pregnant women of African and Caribbean or Black ethnic backgrounds are more likely to reside in deprived areas compared to pregnant White majority women. (Amma Birth Companions Birth Outcomes and Experiences Report)
- During 2021-22, birth companions reported practice issues or discrimination, including lack of attention and delayed pain relief, inadequate consent & communication, insensitive and disrespectful behaviour, and inadequate support and dismissive attitudes in 37% of 76 recorded cases. Issues with interpreting were identified in 74% of these cases. ((Amma Birth Companions Birth Outcomes and Experiences Report)
- In Scotland, recording of maternal ethnicity on the SMR02 dataset has historically been around 80% with the remaining 20% being 'not known / refused / not provided'. It is therefore not possible to draw any conclusions regarding the impact of ethnicity, and / or any changes associated with ethnicity in Scotland on neonatal mortality in 2021/22. (Source: Neonatal mortality review: February 2024, Healthcare Improvement Scotland)
- Public Health Scotland (PHS) reports in its latest *Births in Scottish Hospitals* publication: The percentage of pregnancies booked by 12 weeks in 2023 was lower for ethnic minority populations compared to those from the white ethnic group (94%), with the lowest percentage for those of African ethnicity (70.5%).

Mental Health

The experiences of minority ethnic people in Scotland relating to mental health vary widely, and are often under-represented in research around mental health indicators and outcomes. In general, there is a complex picture of rates of mental health among minority ethnic groups which indicate that some groups have higher risk of experiencing mental illness. This is linked to numerous social determinants, including experiences of racialised and generational trauma and discrimination, and a higher likelihood of living in areas of deprivation. Minority ethnic groups may have different experiences in accessing services, encountering barriers such as mental health stigma and a lack of access to, and availability of, culturally appropriate and sensitive support. (Mental Health Equality Evidence Report, Scottish Government 2023).

Inequalities in access, experience and outcomes of mental healthcare

- There are barriers to seeking help for mental health problems due to distrust in primary and mental health care providers, and a fear of being discriminated against (NHS RHO Rapid Evidence Review)
- Other barriers to access include mental health stigma within some minority ethnic communities, lack of awareness of available services, lack of trust in formalised mental health services, and language and cultural barriers. (Mental Health Equality Evidence Report, Scottish Government 2023)
- Many Gypsy, Traveller and Roma people have experienced trauma, discrimination and racism from a very early age. Many of their children are also in state care, adding further trauma and a mistrust of statutory services. (NHS Race and Health Observatory (RHO), Inequalities in Mental Health Care for Gypsy, Roma and Traveller Communities (2023)
- Accessing adult mental health services in Scotland remains slow and complicated for many people. In particular, minority ethnic groups, people living in rural areas and those in poverty all face additional barriers. Mental health services are less accessible for minority ethnic groups because of language, cultural barriers and a lack of culturally appropriate services. (Audit Scotland, Adult mental health, 2023; (Public Audit Committee, 2024).)

The Mental Welfare Commission for Scotland (2021) found:

- Differences in how the Mental Health Act is applied and that people who were black, or of mixed or multiple ethnicity were perceived a greater risk to themselves and others, whereas all categories of white people were more often perceived a risk to themselves.
- A higher proportion of emergency detentions starting in the community for black people (54%) compared to white Scottish people (41%).
- Some minority ethnic people and refugees described difficulties in accessing treatment; some described a high level of stigma of mental illness in their communities.
- Nearly a third of the 320 staff who responded to a survey reported witnessing racism.
- In relation to cultural competent service delivery, barriers included a lack of awareness of issues, lack of senior representation, gaps in training and inadequacy of ‘one-off’ diversity and equalities training modules, location of equality and diversity lead role.
- Other issues raised included limited understanding of how race and ethnicity data collected was used, and a lack of data.

Race Equality Foundation Mental Health Briefing: (UK)

- Research has repeatedly shown that minority ethnic communities have poorer experiences and negative outcomes within mental health care when compared to the majority population.
- The Covid-19 pandemic has had a disproportionate impact on minority ethnic communities, who have experienced higher levels of anxiety and depression rates than the white population.
- The reasons for this are multi-factorial; and there is overwhelming evidence that existing inequalities compounded by structural racism and discrimination at the face of accessing and utilising services have played a key role in the exacerbation of these inequalities.

Asylum seekers and refugees

Asylum seekers and refugees are disproportionately likely to experience mental health impacts from trauma and a range of post-displacement stressors, including social isolation, poverty, lack of access to resources and discrimination (Mental Health Equality Evidence Report, Scottish Government 2023)

Gypsy Traveller Health

It is widely accepted that Gypsy/Traveller communities typically experience poorer health outcomes and shorter life expectancy than the general population. Scottish Census data, for example, demonstrates that this population is approximately twice as likely to report a limiting long-term health problem or disability compared to the White Scottish population, and is approximately 3 times as likely to rate their health as being either bad or very bad. These health inequalities are likely attributable to a range of broader social inequalities experienced by Gypsy/Traveller communities, including relatively poor living conditions, high rates of homelessness, low educational attainment, social exclusion and stigma and discrimination.

Mental Health: Evidence collated in a report by Friends, Families and Travellers relating to Gypsy, Roma and Traveller people across the UK indicates that Gypsies and Travellers have an increased likelihood of experiencing depression and anxiety and are six times more likely to die by suicide than the general population.

Inequity in accessing services and support

Reports from third sector organisations and NHS Scotland highlight the challenges in accessing primary and specialist health care, including accessing services without fixed address or proof of identification; longstanding experiences of discrimination and resulting mistrust of services, particularly in the absence of culturally appropriate service delivery; difficulty in establishing continuity of care within mobile lifestyles and difficulties in communication, particularly for those with low or no literacy and knowledge of navigating healthcare systems.
(Mental Health Equality Evidence Report, Scottish Government 2023)

Covid-19 and wider social determinants

Covid-19 shone a spotlight on pre-existing inequalities experienced by many minority ethnic groups, both in Scotland and in the UK. For example:

- In Scotland, rates of hospitalisation or death were estimated to be around fourfold higher in Pakistani and mixed groups, and around twofold in Indian, other Asian, Caribbean or Black, and African groups compared to the White Scottish group. (Monitoring ethnic health inequalities in Scotland during COVID-19 (publichealthscotland.scot))
- Minority ethnic healthcare workers in the UK accounted for 64% of deaths of nursing and support staff, and 95% of medical staff.(Healthcare workers from ethnic minorities felt unsafe during COVID (nihr.ac.uk))

Poverty in Scotland

Research from the Joseph Rowntree Foundation (JRF) shows that for minority ethnic people (excluding those from a White minority background):

- Poverty rates are significantly higher than for White families; in 2019–20 the poverty rate was more than twice the rate found for White people (52% compared to 19%).
- Over half of minority ethnic children live in poverty, five times the 2031 target and twice the poverty rate found for all children. Minority ethnic children now make up 17% of children in poverty, but around 8% of all children.
- The in-work poverty rate for minority ethnic people is more than three times the rate seen for White people, 40% compared to 12%.
- Asian applicants to Social Security Scotland are least likely to have their applications approved and are the largest group of minority ethnic applicants.

[Source: *Poverty in Scotland 2023 (Joseph Rowntree Foundation)* and *Ethnicity, poverty and the data in Scotland (JRF, 2021),*

To note: The Joseph Rowntree Foundation (JRF) definition of minority ethnic differs from the one used by the Scottish Government in that it excludes people from a 'White other' background.]

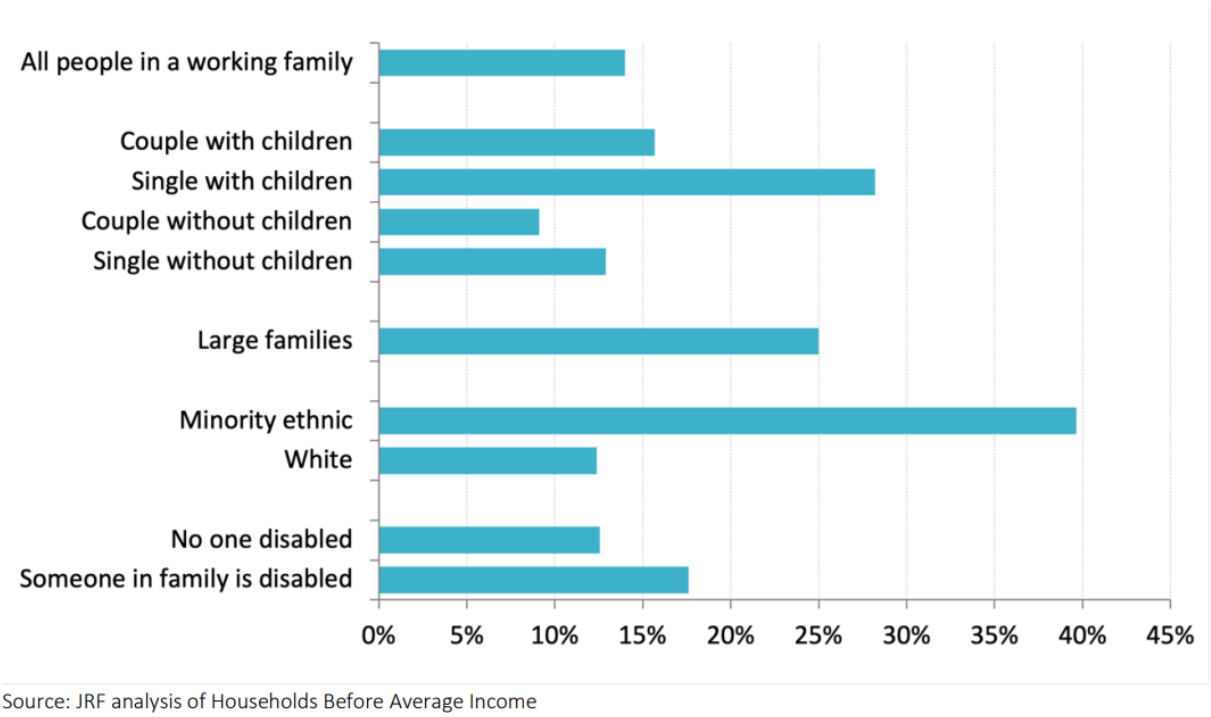

Figure 4: Risk of poverty for people in working families, by family and individual characteristics (Source: JRF analysis of Households Before Average Income.)

Scotland's population in 2022

- The percentage of people in Scotland with a minority ethnic background increased from 8.2% in 2011 to 12.9% in 2022. This is a larger increase than over the previous decade (from 4.5% to 8.2%).
- Scotland's Census asked people to choose the option that best described their ethnic group or background. The majority of people in Scotland chose 'Scottish' (77.7%) or 'Other British' (9.4%) within the White category. In 2022 these groups together made up 87.1% of the population.
- 'Minority ethnic group' is used in Scotland to refer to all other ethnic groups that are not included in the White Scottish or British group, including ethnic groups that are in the White category on the census form such as Irish, Polish, Gypsy/Traveller, Roma and Showman/Showwoman.[2]
- There were increases across several minority ethnic groups as shown in figure 1 below.
- The largest minority ethnic groups are the 'Other white' and Polish groups, at 2.92% and 1.67% of the population respectively.
- Around three out of four people in the 'Other white' category had European heritage – they wrote in 'European', or wrote in a European country to define their ethnic background.
- Groups from Pakistani ethnic backgrounds made up 1.34% of the population in 2022.
- The percentage of people born outside the UK increased from 7.0% to 10.2% between 2011 and 2022. However, in 2022, 17.8% of Scotland's population aged between 20 and 39 were born outside the UK. Without migration we would therefore have fewer people in younger age groups.
- Geography also plays a significant role in the ethnic diversity in the population. Glasgow is the most ethnically diverse place in Scotland, with one in five Glaswegians coming from a 'global majority'[3] background**.** This marked a 75% increase since 2011 - a rise partly explained by Glasgow's booming young population. Edinburgh, Aberdeen and Dundee also had high levels of ethnic diversity.
- Rural Scotland tended to be much less ethnically diverse, with just 2.1% of the rural population coming from a 'global majority' background, and 3.6% from a white minority background.[4]

[2] Scotland's Census 2022 - Ethnic group, national identity, language and religion | Scotland's Census (scotlandscensus.gov.uk)
[3] The term 'global majority' is increasingly used to refer to those from non-white ethnic communities because it is considered a more positive affirmation of the majority representation of these groups in a global context.
[4] Scotland's Census 2022: What do the latest statistics tell us about minority ethnic groups in Scotland? — CRER

Annex 2: Strategic context

Expert Reference Group on Covid-19 and Ethnicity recommendations

The need for NHS Board Chairs to have specific anti-racist objectives is in direct response to recommendations made by the Expert Reference Group on Covid-19 and Ethnicity, which were accepted by Ministers.

Development of anti-racism objectives are also supported by recommendations made by the Equality and Human Rights Commission, British Medical Association and Royal College of Nursing who all conducted their own independent investigation into inequalities experienced by health and care staff and patients from minority ethnic backgrounds, as highlighted by the Covid-19 pandemic.

Programme for Government (PfG) 2024-2025

The current Programme for Government (PfG) 'Serving Scotland' commits to working with partners across the public and third sector to embed anti-racism and advance the Race Equality Framework, including delivery of the Anti-Racism Observatory.

Race equality framework for Scotland 2016 – 2030 (REF)

The Race Equality Framework for Scotland 2016 to 2030 was informed through extensive engagement with communities, and remains the overarching strategic framework for the Scottish Government until 2030. Key principles underpinning the REF include:

- developing a society-wider awareness that race equality is not a marginal issue for Scotland, and that society is undermined when racial discrimination and racism are allowed to persist;
- tackling racism must focus on dismantling structures, behaviours and attitudes which contribute to or sustain inequality and discrimination in all its forms, including institutional, social and personal;
- racialised inequality is a product of discrimination and disadvantage.

Scotland's vision for health and home is that, by 2030, minority ethnic communities in Scotland have equality in physical and mental health as far as is achievable, have effective healthcare appropriate to their needs and experience fewer inequalities in housing and home life. Key goals to enable achievement of this vision include:

- Goal 26: Minority ethnic communities and individuals experience better health and wellbeing outcomes.
- Goal 27: Minority ethnic communities and individuals experience improved access to health and social care services at a local and national level to support their needs.
- Goal 28: Scotland's health and social care workers are better able to tackle racism and promote equality and community cohesion in delivery of health and social care services.
- Goal 29: Scotland's health and social care workforce better reflects the diversity of its communities.

Anti-racism in Scotland Progress review

The Anti-racism in Scotland Progress Review published in June 2023 provides an overview of Scottish Government commitments within the Race Equality Framework (2016-2030),

including the four public Health related goals (two related to population level health outcomes and access; and two related to Scotland's health and care workforce). It also acknowledges the need to address racism within our institutions and structures, and that this requires a anti-racism stance which proactively dismantles formal and informal structural, institutional and cultural processes that place minoritised groups at a disadvantage within Scotland in relation to the majority.

A Parliamentary debate on 10 June 2020, 'Showing Solidarity with Anti-racism', showed there is cross-Party support for tackling structural racism and advancing race equality. Since then, SG's Anti-racist employment strategy (2022), Anti-racism in Education Programme (AREP) contain explicit anti-racism statements and action.

Care and Wellbeing Portfolio

The policy principles underpinning the Care and Wellbeing Portfolio mirror Professor Michael Marmot's recommendations to reduce health inequalities. These have been updated to reflect the existence of structural racism in the UK and in Scotland, as highlighted by the pandemic, and the need to tackle climate change. As such, Marmot's recommendations and Care and Wellbeing Portfolio principles include a focus on tackling discrimination, racism and their outcomes.

National Performance Framework

Anti-racism approaches align to the following National Performance Framework Outcomes:

- **Health–** "We live long, health and active lives regardless of where we come from. We are all able to access world class, appropriate and free/affordable health, social care and dental services….. We use evidence intelligently to continuously improve and challenge existing healthcare models. Our approach is integrated, preventative and person-centred. We are focused on resolving needs in order to achieve positive health, care and wellbeing outcomes."
- **Human Rights –** "We recognise the fundamental equality of all humans and strive to reflect this in our day to day functioning as a nation. We stand together to challenge unfairness and our equalities legislation, law and practice are world leading. We uphold human rights, democracy and the rule of law, and our justice systems are proportionate, fair and effective. We provide the care people need with love, understanding and dignity".
- **Poverty –** "Scotland is a wealthy country and we have the resources, ability and commitment to provide a decent life for all our people. Through this outcome we will work together across political parties and sectors to identify and address the root causes of disadvantage and set in place the actions to eradicate poverty for good".

NHS Recovery Plan 2021-2026

This work aligns to the Principles for Safe and Effective Recovery as set in the NHS Recovery Plan 2021-2026, specifically: focus on the whole system, quality, values & experience, improved population health, services that promote equality, value and support the workforce.

Legislation and human rights obligations

We have legal and human rights obligations to monitor and improve the experience of staff and patients with protected characteristics. Race discrimination, or unfairly disadvantaging

someone for reasons related to their race, has been illegal in the UK since 1976. The Equality Act 2010 definition of race includes colour, nationality, ethnic and national origins.

Chiefly, under the Equality Act 2010 (Scotland) Public Sector Equality Duty (PSED)[5] all public bodies are obligated to:

- eliminate unlawful discrimination, harassment, victimisation and any other unlawful conduct prohibited by the act
- advance equality of opportunity between people who share and people who do not share a relevant protected characteristic
- foster good relations between people who share and people who do not share a relevant protected characteristic

The PSED operation review consultation analysis concluded that all bodies need to improve the regime of work carried out in respect to reporting under PSED. This guidance provides a road map to creating an effective plan for delivering on that legal obligation.

The development of effective anti-racism plans will also contribute to your Board's performance in ongoing National Performance Management outcomes and meet your responsibilities under the PSED in a meaningful way.

[5] Public Sector Equality Duty: specific duties in Scotland | EHRC (equalityhumanrights.com)

Annex 3: Scottish Government action

Leadership & accountability

Racialised Health Inequalities in Health & Social Care in Scotland Steering Group.
To support strong anti-racism leadership, Scottish Government established a senior Steering Group in 2022 to provide leadership, oversight and challenge in respect of the health and social care recommendations from the Expert Reference Group on Covid-19 and Ethnicity. The Group's broader aims are to pursue equity of access, experience and outcomes in health and care for minority ethnic people and communities, taking an anti-racism approach. It is co-chaired by the Director of Population Health and Director of Evidence at Healthcare Improvement Scotland. Core membership includes the Scottish Government's Chief Medical Officer, Directors and Deputy Directors from policy areas across Health and Social Care, the Chair of the NHS National Ethnic Minority Ethnic Forum, as well as representation from NHS Health Board Chief Executives including Public Health Scotland and Directors of Public Health.

The Steering Group is focussed on progress in areas set out in the Framework for Action.

Leading to change
Leading to Change complements leadership development and support at local levels for the health, social work and social care workforces in the public, independent and third sectors. To support Equality, Diversity, and Inclusion we have the following programmes:

- We are developing an Allyship Programme with the Leading to Change Programme Board and NES. The programme will increase awareness of allyship across the sectors, create spaces for discussion and further learning, and examples of good allyship.
- A Diversity Leadership at All Levels (DLAAL) Programme is being developed as part of a series of activities designed to support delivery of the Leading to Change Equalities Action Plan. NES are now exploring how to do this and will shortly present a paper outlining plans for delivery.

Data and evidence

Population level race and ethnicity data
Improving the quality and completeness of race and ethnicity data, alongside wider sociodemographic data, needs to be a high priority if we are to effectively identify and address racialised inequalities in health and social care, take targeted action and measure progress. We also need robust real-time data to respond effectively in times of crises. The inadequacy of race and ethnicity data was highlighted by the pandemic.

As part of the work being taken forward by the Racialised Health Inequalities in Health & Social Care Steering Group, a working group led jointly by Public Health Scotland and Scottish Government, has therefore been established to develop a cohesive approach to improving race and ethnicity data collection and use within health and social care, adhering to ethical and anti-racism principles, and ensuring our work is aligned to our new Data

Strategy for Health and Social Care – 'Greater access, better insight, improved outcomes: a strategy for data-driven care in the digital age' (Feb 2023).

The impetus for this work is the effective delivery and sustainable implementation of the recommendations made by the Expert Reference Group (ERG) on Covid-19 and Ethnicity in relation to race & ethnicity data in health and care. Specifically:

- Recommendation 3: Embedding ethnicity data within CHI as a central store / database
- Recommendation 7: Sustained, co-ordinated that builds on lessons learnt and embeds ethnicity data collection and use in NHS Scotland culture.
- Recommendation 8: Collection of ethnicity information at the time of GP registration
- Recommendation 9 (a): Minority ethnic people and communities to inform policy development and implementation to ensure the work meets the needs of Scotland's diverse communities.
- Recommendation 9 (b): Increasing awareness and safeguarding measures in relation to racism and racialisation through data systems and processes.

Data Strategy for Health and Care

SG published its Data Strategy for Health & Social Care in February 2023. The 8 priority areas for actions are:

- Ethical approaches to data;
- Data access;
- Talent and culture;
- Information governance and cyber security;
- Technology and infrastructure;
- Information standards and interoperability;
- Creating insights from data; and
- Supporting research and innovation.

The Data Strategy states that privacy, particularly of protected characteristics like ethnicity, will be treated sensitively to prevent bias or discrimination. It commits to assessing the fairness and impartiality of data processes and work with experts in systemic racism, disability, and social policy to ensure appropriate analysis, and to mitigate bias and discrimination.

Early progress

- The collection of race and ethnicity data for Covid-19 vaccinations was introduced in November 2021, and is now routinely collected for Covid-19, influenza, shingles and pneumococcal vaccines, where a record is not already held.
- Through collective efforts of Scottish Government, territorial and national Boards, including Public Health Scotland, ethnicity data was assigned to 93% of covid and 90% of flu vaccine records respectively by winter 2022 programmes, up from around 65% in 2021.
- The data informed outreach programmes and local efforts to increase vaccine uptake in communities experiencing disproportionately poorer uptake.

Workforce, culture and wellbeing

Our aim is to create a workplace culture where staff feel safe, valued, and respected. By supporting staff wellbeing, investing in leaders, and ensuring our workplaces support diversity, we're helping improve public services overall. To do this we are investing in multiple streams of work to ensure that the NHS culture is supportive of all staff, regardless of their background and ensure staff have the psychological safety needed to report any adverse incidents. This includes:

- updating and improving current policies and procedures,
- creating new streams of work to address new and emerging issues, and
- improving recruitment, retention and progression for people with protected characteristics.

On 8 July 2024 we published the Improving Wellbeing and Workplace Cultures (IWWC) Publication which describes our vision and explains why activity across wellbeing, leadership and equalities are so important for improving working culture.

Early progress

We are taking a a firm anti-racism approach to improving workplace cultures. To support this we have taken the following actions:

- Coalition for Racial Equality and Rights (CRER) are working with the NHS to design and develop a suite of anti-racism capacity building resources for staff. The materials will support staff and managers to identify, discuss, and challenge racism in the workplace. To ensure the resources are tailored to address NHS specific challenges a survey gathering staff experience and understanding of racism was distributed in January 2024. The survey outcomes are helping shape the learning resources which are scheduled to be delivered by the end of 2024.
- NHS Board Chairs now have anti-racism objectives and Chief Executives will too. The objective is that all Boards implement anti-racism plans, to cover both workforce and racialised healthcare inequalities. The objectives and progress on the subsequent plans will be monitored through the Quarterly Annual Delivery Plan (ADP) reporting.
- We helped establish the NHS Staff Ethnic Minority Forum (EMF) in 2021. The EMF is a national forum that is mainly made up of members chairing or representing local race/ethnicity networks in health boards. We regularly collaborate with the EMF to develop and deliver policy and support for staff that is informed by lived experience. This includes supporting the development of the anti-racism resources as well as representation on internal Scottish Government steering groups. The EMF are publishing their first annual report in summer 2024.
- Demographic questions, including on ethnicity, are now included in the annual iMatter Health and Social Care Staff Experience Continuous Improvement Model questionnaires. The first demographic analysis was published on 1 August 2023 and will act as a benchmark for future monitoring of the staff experience through the lens of protected characteristics.
- In partnership with our delivery partner NHS Education for Scotland (NES), we have a Diversity Blog Series and we run "Diversity Coffee Connect" events which aim to provide opportunities to connect with colleagues across sectors and have meaningful

conversations about topics such as race, gender and the experiences of other marginalised groups.

- We are working to identify and map current support systems / services for NHS staff for reporting personal adverse incidents (e.g. violence and aggression, bullying and harassment, racist abuse, etc.) in the workplace. This includes after care and wellbeing support. We will also identify what, if any, further services, signposting or support staff need, as well as the types of cases employers receive and what, if any, training needs they have. This work will be linked in with sexual misconduct work and a review of relevant recommendations from the Women's Health Plan.

Equity-focused service delivery

Type 2 Diabetes and Cardiovascular Disease

The Scottish Government has committed to reducing racialised health inequalities in T2D and CVD.

Public Health Scotland will support the delivery of training to health boards to undertake equality impact assessments to help inform this work.

In recognition of the importance of addressing risk factors for cardiovascular disease as a means of reducing avoidable mortality and morbidity, we have established the Cardiovascular Disease (CVD) Risk Factor Programme, within the Preventative & Proactive Care Programme.

This programme of work will support efforts to improve the identification and management of key clinical risk factors (high blood pressure, hyperlipidaemia, raised HbA1C, and obesity) by improving public and community understanding of CV risk factors and transforming the models of care for detection and management these conditions.

The recognition of racialised health inequalities in regard to cardiovascular disease has informed work to date, and ongoing engagement with minority ethnic communities will ensure that their voices are centred in this work.

Perinatal care

The Best Start, published in January 2017 as a five-year forward plan for the improvement of maternity and neonatal services in Scotland, outlined a model of maternity services underpinned by continuity of carer for all women. This model brings additional care, advice and support around each individual woman and her family. In response to the data and evidence, we have prioritised roll-out of continuity of carer for women from Black and minority ethnic backgrounds, as well as for those experiencing multiple social complexity.

The Scottish Government established a Short-Life Working Group on racialised health inequalities in maternity care in January 2023 to focus on identifying and taking action to tackle these inequalities specifically. Co-Chaired by Maree Aldam, CEO of Amma Birth Companions, and Dr Alastair Campbell, consultant obstetrician and Royal College of Obstetricians and Gynaecologists (RCOG) lead for Scotland, the group brought together third sector organisations representing the views of service users and communities,

clinicians, midwives, professional bodies and national networks. Its purpose was to address racialised inequalities in maternity care and ensure the voices of those with lived experience are at the centre of our work to tackle those inequalities.

Following five meetings of the SLWG across 2023-2024, work continues to coproduce the group's outputs, which we anticipate will be complete by end Summer 2024. These will be shared widely upon publication and will include further support and guidance for NHS Boards in understanding racialised inequalities in maternity and neonatal services. We are grateful to all members of the SLWG for their ongoing work, including colleagues working in maternity services across Scotland's NHS Boards, and for their commitment to tackling racialised health inequalities and improving experiences and outcomes for women and families.

Mental Health

We published our new Mental Health and Wellbeing Strategy, jointly with COSLA, in June and Delivery Plan and Workforce Action Plan in November 2023. We worked closely with stakeholders, including minority ethnic groups, on our Equality and Human Rights Forum, to gather evidence and develop our Strategy and Delivery Plan and ensure it has equalities and human rights at its core. The Strategy sets out a vision of a Scotland, free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible. The evidence informing the Strategy has been published in the Scottish Government Mental Health Equality and Evidence Report.

The Delivery Plan lays out actions which are designed to make substantial progress towards this vision. It acknowledges that we must take an intersectional approach, recognising that people are multi-faceted. We need support, services, care and treatment that are person-centred, anti-racist, culturally sensitive, fully inclusive and in a range of formats. We will tackle mental health inequalities as highlighted in the Inequality Action Table in Appendix 1 of the Delivery Plan. Accessible supports and services that are sensitive to the needs of marginalised groups have been highlighted as a priority in evidence and by stakeholders. In this first Plan, we will focus attention on improving equality of access to and experience of mental health support and services with a specific focus on actions under Priority 4.

We have developed quality standards for adult secondary mental health and a service specification for Psychological Services and Therapies, as part of a suite of standards and specifications covering mental health services. These aim to improve the quality and safety of mental health services, improve the experiences and outcomes for people who use mental health secondary services and reduce unwarranted variation in the quality of care. The standards and specifications should ensure that services provide mental health care, treatment and support that is person-centred and free from discrimination or stigma, meeting the needs of all individuals, including those of minority ethnic people.

Prevention and early intervention are also a key focus of work to address minority ethnic health inequality. We have invested £51 million in the Communities Mental Health and Wellbeing Fund for adults since 2021 to help tackle the impact of social isolation, loneliness and mental health inequalities faced by a range of 'at risk' groups including minority ethnic groups.

The Scottish Government has also commissioned national patient-level data to help with service planning and improvement, for measuring the true impact of investment, and for telling the stories of people seeking and receiving treatment in CAMHS and PT services. The current aggregate data collection for CAMHS and Psychological Therapies (PT) waiting times is adequate for reporting on the standards, but lacks more detailed information. Patient-level data will provide intelligence on protected equalities, reasons for referral, pathways followed, treating clinicians, diagnoses, treatments, and patient outcomes. Boards have been commissioned to upgrade data systems and IT systems to enable the recording and collection of this data.

Gypsy Traveller (G/T) Health

The G/T community experience some of the starkest health inequalities in Scotland. Action to improve their health is set out in the joint Scottish Government/CoSLA G/T Action Plan published in 2019. A new action plan will be published this year.

Community Health Workers (CHWs)

Introducing CHWs was a key health commitment in the 2019 Action Plan. The Scottish Government has funded the Minority Ethnic Carers of People Project (MECOPP) to deliver this action, the focus of which has been recruitment of a small number of CHWs, who are members of the G/T community.

The programme, which became operational in December 2021, has enabled bespoke services to be provided to G/T communities in Health Board areas based on the location of the CHWs recruited. A critical aspect of the role is using CHWs position within their own G/T community and their local relationships to improve access to healthcare, for example, by removing obstacles and building trust. The role and impact of CHWs has been widely welcomed and recognised as contributing to meeting many of the needs of the G/T community where the programme has been operational.

The Interim Evaluation (University of Dundee, 2022) and Final Evaluation Report, published in 2024, provide more detail on CHW impact.

The Scottish Government will continue to fund MECOPP CHWs and work with Public Heath Scotland, MECOPP and Health Boards to embed the learning in mainstream services. Whilst there is a strong focus on Health Boards with CHWs, SG and MECOPP will engage with all Boards to share learning and support improvement across the system. Consistent with feedback from the G/T communities, the following national priorities have been agreed:

- vaccination and immunisation, with a focus on children and young people;
- screening;
- long-term conditions e.g. cancer, diabetes;
- mental health, with a specific focus on suicide prevention amongst men; and
- primary care and community services including, specifically, access to General Practice and community pharmacy.

We have asked Health Boards with CHWs to agree local priorities, taking account of the above, develop a plan for mainstreaming best practice and share learning.

GP Registration - Blue card scheme
This scheme supports Gypsy Traveller (G/T) community members and others who need help to register with GP practices across Scotland. The first is a business card which sets an individual's rights to healthcare in Scotland. The second card is a larger, six sided 'Z card' which provides the information about the GP out of hours, as well as more detail including reference to the recently revised Charter of Patient Rights and Responsibilities and NHS 24.

For further information see https://www.healthliteracyplace.org.uk/toolkit/access-to-healthcare/

Public Health Scotland – Inclusive communication guidance
Public Health Scotland (PHS) commissioned the Place Standard Tool Inclusive Communication Toolkit. Inclusive communication includes as many people as possible in any communication and through any channel – in person, on the phone, online or on paper. Communication is a two-way process.

Tailoring public health messages to Gypsy/Travellers to reflect cultural realities which is a good practice guide is also available from PHS.

All public services in Scotland have a responsibility to reduce inequalities and help create society where everyone can thrive. PHS learning hub provides practice development, improvement support and testimonials aimed at supporting public services, to address the barriers that cause inequalities:

- Course: Making communication even better
- Course: Making services inclusive for all
- Course: Breaking barriers to reduce inequalities

- Tools and Resources to support the delivery of the public health role
- NHS Health Scotland National Information Resources
- eLearning and Evidence
- Further information

Annex 4: Approach to Language and Abbreviations

Introduction

We recognise that across Scotland, people belonging to minority ethnic communities define themselves and their communities in different ways. As a result, it is unlikely that any single term will be suitable for all communities. Whenever possible, we will avoid using collective terms and composite categories that group various minority ethnic communities together, as this can overlook the unique identities and specific inequalities and needs of each group. We will always endeavour to be as specific as possible. We will also encourage the communities we work with to use their preferred language and we will adopt this language wherever possible in our communications.

As our understanding of race, ethnicity and racism grows, the Scottish Government (and others) are increasingly using terms such as 'adversely racialised', 'racially minoritised', 'racialised minorities', and 'racialisation'. The change in language recognises that racism is a systemic problem where systems and structures unequally advantage or disadvantage people and communities based on their perceived 'race'. The term 'racialisation' highlights the process by which people are categorised based on their 'race', with each category occupying a different position in the social hierarchy. The term 'minoritised' reflects that a group/community that is treated as a minority, often in unfair ways, even though they may not be a statistical minority in the global population. We use these terms interchangeably with the term 'minority ethnic group', depending on the context.

We will remain adaptable and refine our approach to language as our and society's understanding of race, ethnicity, racism, and health continues to develop. We welcome constructive challenge and feedback on our language and our wider work to address racialised healthcare inequalities through an anti-racism approach.

Overview of terms used in this guidance and key sources cited

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Active Bystanders	People who try to do something to improve the situation. It involves being aware of inappropriate behaviour and challenging it or asking a third party to help. Being an Active Bystander does not mean you have to respond immediately, especially if you do not feel safe to do so. See Cultural Humility | Turas | Learn (nhs.scot) and the 5 Ds of Bystander Intervention
Ally	Someone who champions underrepresented groups whilst not being a member of the group that they are defending. There are various ways that you can demonstrate allyship. Source: (NHS Imperial College Trust). To find out more, visit the Leading to Change Being an Ally toolkit.
Anti-Racism	Anti-racism is a process of actively identifying and opposing racism, prejudice, discrimination, and systemic inequalities based on race. It is not just about not being racist, but actively taking a stand against racism and promoting equality for individuals of all racial and ethnic backgrounds. Anti-racism involves: • recognising and challenging our own biases, • educating ourselves about different cultures, • advocating for justice, • actively changing the policies, behaviours, and beliefs that perpetuate racist ideas and actions, • and actively working towards creating a more inclusive and equitable society. See Cultural humility e-learning, Fairer Scotland Anti-racist Employment Strategy and Professor Kevin Fenton 'A public health approach to incorporating anti-racism in tackling racial and ethnic health disparities'.
BAME/BME	Black, Asian, and minority ethnic (BAME) / Black and minority ethnic (BME). In line with NHS Race and Health Observatory (NHS RHO) principles on writing and talking about race and ethnicity, we avoid the use of acronyms or initialisms to refer to groups of people. This is because acronyms can create a further level of distance from the communities we are talking about and can be perceived as dehumanising. The terms also have other limitations, e.g. homogenising diverse identities and backgrounds into an acronym can be problematic. See p. 5 and 6 of the NHS RHO Power of Language Report, Using the right words to address racial disparities in Covid-19

	and Anti-racism in Scotland Progress Review 2023, p.5, Advance HE Use of language: race and ethnicity, Queen Mary University of London – Short Guide to Understanding Race and Ethnicity Language and Terminology
Bias	A tendency to prefer someone or something more than another. It can also be prejudice against an individual or group in a way that is unfair or uninformed. See Cultural Humility | Turas | Learn (nhs.scot)
BPOC / BIPOC	Black and People of Colour / Black, Indigenous, and People of Colour are acronyms used in the UK and other parts of the world, especially in the United States, which acknowledge the distinct histories, cultures and struggles of Black, Indigenous and people of colour. Some organisations, such as Durham University, use it because the term avoids use of 'minority' when referring to people that belong to the global majority. See Oxford Review BIPOC – Definition and Explanation, Durham University's Guide on communicating inclusively about race and ethnicity.
Cultural Appropriateness	Being sensitive to people's cultural identity or heritage. It means being alert and responsive to beliefs or conventions that might be determined by cultural heritage (Care Quality Commission, 2022 cited in Cultural Humility | Turas | Learn (nhs.scot)).
Cultural Awareness / Sensitivity	The ability to perceive our own cultural beliefs, values, and customs, and to understand how they shape our decisions and behaviour. See Cultural Humility | Turas | Learn (nhs.scot)
Cultural Competence	An ongoing process of seeking cultural awareness, knowledge, skill and encounters in which we continuously strive to achieve an ability to effectively work within an individual's cultural context (Campinha-Bacote, J., 2002, cited in Cultural Humility | Turas | Learn (nhs.scot))
Cultural Humility	A concept and framework that goes beyond cultural awareness and sensitivity. It involves a deeper level of self-reflection, self-critique, and an ongoing willingness to learn and engage with individuals from different cultural backgrounds. Cultural humility acknowledges that nobody can ever fully understand or master every aspect of a culture, and it encourages a lifelong commitment to understanding and respecting others' experiences, values, and worldviews. See Cultural Humility | Turas | Learn (nhs.scot)

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Discrimination	Treating a person or group of people differently than you would treat other people because of their race, sex, disability, sexuality etc. See Cultural Humility | Turas | Learn (nhs.scot) and Race discrimination by Equality and Human Rights Commission
Equality and Equity	Equity refers to the way individuals are treated that is just and fair. Equality is defined as the state where everybody will be on the same level playing field. Equity is a process or procedure, whereas equality is the end result. The Equality Act 2010 provides a legal framework outlining duties to eliminate discrimination. See A Fairer Scotland for All: An Anti-racist employment strategy and Cultural Humility | Turas | Learn (nhs.scot)
Equality Impact Assessment (EQIA)	An Equality Impact Assessment (EQIA) provides a systematic way of considering how services, policies, projects, or programmes might affect people differently. The EQIA allows us to identify potential negative impacts on different groups in society. We can use it to adapt the way we work to prevent discrimination; and it also allows us to record and demonstrate these actions. See NHS Education for Scotland Introduction to Equality Impact Assessment (EQIA)
Ethnicity	Refers to the categorisation of people based on shared cultural traits such as language, religion, customs, traditions, and shared historical experiences. Ethnicity includes the social and cultural identity of a group and is not based on biological or physical characteristics. Individuals within an ethnic group often share a common heritage and sense of belonging. Universities Scotland refer to a 1983 House of Lords decision that suggests an ethnic group share features including cultural traditions, a common language and literature, geographical origin (even if distant), a shared history the group is conscious of. See Advance HE Use of language: race and ethnicity. 'Updated Guidance on the Reporting of Race and Ethnicity in Medical and Science Journals', and Critically Appraising for Antiracism
Ethnic minority – see minority ethnic group(s)	This term is used in the UK to refer to all ethnic groups except the White British/Scottish group. It includes White minority groups.

	Often used interchangeably with 'minority ethnic group,' the latter emphasising the minority/minoritised status as opposed to ethnicity. (Short Guide to Understanding Race and Ethnicity Language and Terminology, Advance HE Use of language: race and ethnicity).
Global Majority	Global Majority is a collective term coined by Rosemary Campbell-Stephens MBE, that is increasingly used to refer to people who are Black, Asian, Brown, dual-heritage, indigenous to the global south, and/or have been racialised as 'ethnic minorities'. The term is considered more affirmative because it challenges marginalisation and minoritisation. See Global Majority: Decolonising the language and reframing the conversation about Race. Royal College of Midwives (RCM) Decolonising Midwifery education toolkit

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Health Equity	This refers to the absence of unfair, avoidable, or remediable differences in health among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g. sex, ethnicity, disability, or sexual orientation). Health equity involves a commitment to reduce disparities in health and in its determinants. It emphasises the need to address the underlying social, economic, and environmental factors that contribute to health disparities and to provide resources and opportunities tailored to the needs of those who are disadvantaged. Health equity is achieved when everyone can attain their full potential for health and well-being. (A Strategic Framework to Tackling Ethnic Health Inequalities through an Anti-Racist approach)
Inclusion	Inclusion is the practice of including people in a way that is fair for all, values everyone's differences, and empowers and enables each person to be themselves and achieve their full potential and thrive at work. (Equality, diversity and inclusion (EDI) in the workplace)
Institutional Racism	See racism.
Intersectionality	The term 'intersectionality' has its roots in Black feminist activism and was originally coined by American critical legal race scholar Kimberlé Williams Crenshaw in 1989. Crenshaw used the term intersectionality to refer to the double discrimination of racism and sexism faced by Black women. The term recognises that people's lives are shaped by their identities, relationships and social factors, and that multiple forms of inequality and

	disadvantage compound to create complex obstacles, barriers and challenges that are often not understood. Intersectionality focuses on implications for the most marginalised within a group, seeking to understand how individual experiences within already marginalised and underrepresented groups differ, identifying and tackling hidden structural barriers. (Using intersectionality to understand structural inequality in Scotland: evidence synthesis; UN Women Intersectionality Resource Guide and Toolkit)
Islamophobia	Islamophobia is rooted in racism and is a type of racism that targets expressions of Muslimness or perceived Muslimness (All-Party Parliamentary Group, 2017)
Lived Experience	Refers to the firsthand knowledge and understanding that individuals gain from their personal life events and circumstances. This is different from theoretical or learned understanding. Lived experience provides wholesome valuable insights.[6] It is worth noting that it can be difficult and draining for people to share their experiences of racism and discrimination. Therefore, it is crucial to respect the boundaries of those who may be unwilling or reluctant to share their personal stories. Alternative methods, such as empathetic listening, creating safe spaces, and consulting documented accounts, should be employed to gain a comprehensive understanding of these experiences.

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Microaggression	This is an act or a remark, often indirect or subtle, that discriminates against one or more members of a minority group, either deliberately or by mistake. Examples of microaggression include making assumptions about people's abilities and preferences based on race or gender. ('Act Against Racism)
Minority Ethnic Group(s)	Scotland's 2022 Census uses the term 'minority ethnic group' to encompass all racial and ethnic groups that are not classified within the majority White categories ('White Scottish' and 'White Other British'). The term therefore includes a diverse range of backgrounds, such as African, Caribbean or Black, Pakistani, Irish, Polish and Gypsy/Traveller. The census 2022 ethnic group analysis, is now available here.

[6] LIVED EXPERIENCE | English meaning - Cambridge Dictionary

	Some sources of research and evidence we draw on may use a different definition of 'minority ethnic group', e.g. one that excludes people from a minority White background. Where that is the case, we will ensure this is clarified in the text, or via a footnote. It is worth noting that minority ethnic communities have been minoritised through social processes of power and domination rather than existing as distinct statistical minorities. Also, minority ethnic communities are not a homogeneous group, in the same way that groups of people that share another protected characteristic (e.g. disability, sex, sexual orientation) have diverse identities, experiences and needs. Therefore, we endeavour to be as specific as possible, and will avoid using collective terms and composite categories where possible. See Scotland's Census 2022 - Ethnic group, national identity, language and religion | Scotland's Census (scotlandscensus.gov.uk), Anti-Racism in Education Programme: factsheet - gov.scot (www.gov.scot), Advance HE Use of language: race and ethnicity.
Person-Centred Care	Person centred care is about ensuring the people who use our services are at the centre of everything we do. It is delivered when health and social care professionals work together with people, to tailor services to support what matters to them. See NHS Education for Scotland
Prejudice	A preconceived and unjustified negative judgment or attitude toward individuals or groups based on their perceived characteristics, such as race, ethnicity, or gender. See Cultural Humility | Turas | Learn (nhs.scot)
Protected Characteristics	One of nine personal characteristics or situations that cannot be used as a reason to discriminate against someone / treat them unfairly, according to discrimination law.[7] The protected characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation. See Equality and Human Rights Commission
Public Sector Equality Duty (PSED)	The PSED is a legal requirement for public authorities, and organisations carrying out public functions, to have due regard to the need to: • put an end to unlawful behaviour that is banned by the Equality Act 2010, including discrimination, harassment and victimisation.

[7] PROTECTED CHARACTERISTIC - Cambridge English Dictionary

	• advance equal opportunities between people who have a protected characteristic and those who do not. • foster good relations between people who have a protected characteristic and those who do not. See The Public Sector Equality Duty (PSED), and Public Sector Equality Duty: specific duties in Scotland

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Race	Race is a social construct, used to categorise and group people based on physical characteristics such as skin colour, facial features, and hair texture. It is not based on any biological or genetic reality but rather on social perceptions and historical contexts.. Under the Equality Act 2010, the definition of 'race' includes colour, nationality, and ethnic or national origins. See Advance HE Use of language: race and ethnicity, Racialising genetic risk
Race and ethnicity	Race and ethnicity are social constructs; neither term describes fixed biological or genetic characteristics of a population[8]. However, the health consequences of living in a racially stratified society are illustrated by a myriad of health outcomes that systematically occur along racial and ethnic lines, such as disproportionately higher rates of infant mortality, obesity, deaths caused by heart disease and stroke, and an overall shorter life expectancy for Blacks in comparison with Whites.[9] The categories and terminology relating to race and ethnicity are dynamic and vary, depending on context and time; the terms are often used interchangeably (see definition of 'ethnicity' and 'race'). As a result, the Health and Care Race and Ethnicity Data Short-Life-Working Group are following updated international guidance by using the collective term 'race and ethnicity' to include subcategories of race and subcategories of ethnicity.[10] See 'Updated Guidance on the Reporting of Race and Ethnicity in Medical and Science Journals', and Critically Appraising for Antiracism
Racism	Racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks, that unfairly disadvantages some individuals and communities,

[8] Racialising genetic risk: assumptions, realities, and recommendations - The Lancet

[9] Professor Kevin Fenton 'A public health approach to incorporating anti-racism in tackling racial and ethnic health disparities'

[10] Flanagin A, Frey T, Christiansen SL, AMA Manual of Style Committee. Updated Guidance on the Reporting of Race and Ethnicity in Medical and Science Journals. JAMA. 2021;326(7):621–627. doi:10.1001/jama.2021.13304

	unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources (Professor Camara Jones). Racism is considered a fundamental determinant of health as it influences behaviours, policies, practices, and pathways that influence health. Individuals subjected to racism and discrimination also experience higher rates of chronic stress, which further impacts health, as well as systemic biases and inequalities in healthcare. Professor Kevin Fenton 'A public health approach to incorporating anti-racism in tackling racial and ethnic health disparities', Professor Michael Marmot's 'Tackle discrimination, racism and their outcomes', Structural racism: what it is and how it works,
Racism – Institutional Racism	The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness, and racist stereotyping, which disadvantage minority ethnic people. (Macpherson Report definition)
Racism – Systemic and Structural	These terms emphasise that racism is not always conscious, intentional, or explicit. Instead, these forms of racism are invisibly and deeply embedded in and throughout our systems and structures. Systemic racism emphasises the involvement of whole systems, such as political, legal, economic, healthcare, education, and criminal justice systems, as well as their structures. As such, the term systemic racism includes structural racism. Structural racism emphasises the role of structures, such as laws, policies, institutional practices, and entrenched norms. See Health Affairs' Systemic And Structural Racism: Definitions, Examples, Health Damages, And Approaches To Dismantling; Racism and Health: Evidence and Needed Research; Call to Action: Structural racism as a fundamental driver of health disparities;
Racialisation	The process of categorising or dividing based on race, or superficial racial features, and ascribing meaning, qualities and value to those socially constructed racial categories. This process positions each racial category within a social hierarchy, influencing how individuals and groups are perceived and treated. The term highlights that race is a sociopolitical concept. See Professor Kevin Fenton 'A public health approach to incorporating anti-racism in tackling racial and ethnic health

	disparities', the racialisation process (Oxford University Press) and The Canadian Encyclopaedia
Racialised Minority	A term used to reflect the process of placing people in set categories and who subsequently experience negative effects from being in a certain category because of the way different groups are assigned different identities as decided by society. Scottish Government is using the terms "adversely racialised communities", "racially minoritised/racialised minorities", and "racialisation" to show that it is systems and structures that do not work for those who are categorised based on "race", and because of this, are sometimes treated differently or disadvantaged. These terms are becoming more widely used across Scottish Government, in line with our acceptance that racism is a structural issue. We support everyone's' right to self-identify according to the term they relate to or are most comfortable with. Terminology changes as societal and systemic understanding grows. See Anti-racist employment strategy – A Fairer Scotland for All
Racially minoritised	The term recognises that people have been actively minoritised (made to feel as though they are a minority, in a way that is unfair[11]) and treated differently through social processes of power, rather than being a statistical minority. See Queen Mary University of London – Short Guide to Understanding Race and Ethnicity Language and Terminology

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Stereotypes	Oversimplified, generalised beliefs or assumptions about individuals or groups based on their perceived characteristics, often leading to biased judgments and expectations. See Cultural Humility | Turas | Learn (nhs.scot)
Structural Inequality	Structural inequality refers to a system where prevailing social institutions offer an unfair or prejudicial distinction between different segments of the population in specific society. See Anti-racist employment strategy – A Fairer Scotland for All
Structural Racism	The normalisation and legitimisation of an array of dynamics (historical, cultural, institutional, and interpersonal) that routinely advantages White people, while producing cumulative and chronic adverse outcomes for people of colour.

[11] MINORITIZE | definition in the Cambridge English Dictionary

	Structural racism concentrates power among privileged groups and devalues and limits opportunities for social, economic, and financial advancement which in turn results in a complex interplay between race, social determinants, and health. See Professor Kevin Fenton's lecture A public health approach to incorporating anti-racism and structural discrimination in tackling racial and ethnic health disparities.
Unconscious Bias	Unconscious Bias is the way we have been socialised from the time we were born to have various mental models and mental short-cuts. We make judgements or decisions based on our influences, assumptions, and interpretations without knowing that we are relying on these subjective inputs. Unconscious bias also manifests itself in stereotypes; mental models of how we expect others to be or to behave.

Abbreviations

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APPG	All Party Parliamentary Group
AREP	Anti-Racism in Education Programme
BMA	British Medical Association
BMJ	British Medical Journal
CIPD	Chartered Institute of Personnel and Development
CRER	Coalition for Racial Equality and Rights
CVD	Cardiovascular Disease
EMF	Ethnic Minority Forum
EQIA	Equality Impact Assessment
ERG	Expert Reference Group on COVID-19 and Ethnicity
GCPH	Glasgow Centre for Population Health
GMC	General Medical Council
MECOPP	Minority Ethnic Carers of People Project
NNAP	National Neonatal Audit Programme
PfG	Programme for Government
PHS	Public Health Scotland
PMRT	Perinatal Mortality Review Tool
PSED	Public Sector Equalities Duty
RCM	Royal College of Midwives
RCN	Royal College of Nursing
REF	Race Equality Framework for Scotland 2016-2030

RHO	NHS Race and Health Observatory
SAER	Significant Adverse Event Reviews
SMR	Scottish Morbidity Records
SPSP	Scottish Patient Safety Programme
T2D	Type 2 Diabetes

Annex 5: Actionable insights and resources

Jump to…

Building understanding

The resources listed in the table below will help build understanding of racialised health inequalities and anti-racism approaches and practice.

Anyone working within health and care in Scotland, is also invited to join the Community of Practice on Anti-racism and Racialised Healthcare Inequalities. The community is an informal network whose aims are to:

- **Build understanding and promote awareness** of racialised health inequalities and the impact of racism on health and healthcare;
- **Share resources, good/emerging practice,** ideas, experiences and strategies to tackle racialised healthcare inequalities and racism;
- **Foster collaboration,** partnership working, and collective action;.
- **Inspire** members and our wider networks to take tangible steps towards racial equity.

For more information and to join, please email HealthEquity@gov.scot

Resources to build understanding	Published by
Watch	
A public health approach to incorporating anti-racism and structural discrimination in tackling racial and ethnic health disparities (GCPH lecture with Professor Kevin Fenton, Regional Director for London at Office for Health Improvement and Disparities, Public Health Advisor to the Mayor of London, President of the Faculty of Public Health)	Glasgow Centre for Population Health
Anti-Racism and Health: Levels of Intervention (Professor Camara Jones) – Acknowledging racism and its systemic nature is the first step for reform	King's College London (2022)

Anti-racism and Health (part 2): Tools for Confronting Racism Denial – using stories to communicate across divides (Professor Camara Jones)	King's College London (2023)
Critical appraisal for anti-racism webinar (recorded)	Healthcare Improvement Scotland
Understanding Racism	NHS Lothian
Risky bodies & risk assessments: melanin is not a risk factor	Dr Isioma Okolo
Listen	
Health inequalities associated with race	NHS Race and Health Observatory (2024)
Professor David Williams on racism, discrimination and the impact they have on health	The King's Fund podcast
Learn	
Anti-racism introductory resources (short films) covering definitions, discrimination and harassment, power and privilege and actions that can be taken. Available on Turas here.	NHS Education for Scotland (2024)
Anti-Racism Resources (scot.nhs.uk)	NHS Lothian
Resources **to improve collection and understanding of equalities data**. Resources include: Course: How to collect patient equality and needs data; Leaflets for patients and professionals Research findings	Public Health Scotland, 2024
Race | Turas | Learn (nhs.scot)	NHE Education for Scotland
Allyship Hub and toolkit	NHS Education for Scotland
Cultural humility e-learning on Turas	NHS Education Scotland
Equality and diversity zone on Turas	NHS Education Scotland
Introduction to Equality Impact Assessment (EQIA)	NHS Education Scotland
Critically appraising for anti-racism	University of Cambridge Medical Library
Read	
Racism and Health: A Public Health Crisis We Can Solve (Professor Kevin Fenton)	London Association of

	Directors of Public Health (2024)
The Lancet Series on racism, xenophobia, discrimination, and health	The Lancet (2022)
Racialising genetic risk: assumptions, realities, and recommendations	The Lancet (2022)
Advancing racial and ethnic equity in health	The Lancet (2022)
Excellence through equality: anti-racism as a quality improvement tool	NHS Confederation
Moving from not racist to anti-racist	The King's Fund (2024)
The enduring effects of racism on health: Understanding direct and indirect effects over time (Stopforth S, Kapadia D, Nazroo J, Bécares L.)	SSM Popul Health. 2022
Coalition for Racial Equality and Rights publications	Coalition for Racial Equality and Rights
NHS Race & Health Observatory publications	NHS Race and Health Observatory
Gypsy/Traveller resources	Minority Ethnic Carers of People Project (MECOPP)
Health Inequalities in the Gypsy, Roma and Traveller Community – How are we making change happen?	Public Health Scotland (2022)
Right to healthcare for people with no recourse to public funds	Public Health Scotland (2024)
Levels of Racism: A theoretic framework and a gardener's tale	Professor Camara Jones
Global Majority: Decolonising the language and reframing the conversation about Race. Also see the Centre for Race, Education and Decoloniality	Leeds Beckett University, Carnegie School of Education

Developing an anti-racism plan / strategy

Resources	Published by
Developing an anti-racism strategy	CIPD (The Chartered Institute of Personnel and Development)
Excellence through equality: anti-racism as a quality improvement tool	NHS Confederation
Tackling racism in the workplace: guidance for employers. Resources and guidance to help mental health employer organisations and employees (UK)	Royal College of Psychiatrists (2023)
Tackling racism in the workplace maturity matrix	Royal College of Psychiatrists (2023)
Act boldly – anti-racist principles, guidance and toolkit	Wellcome (2021)

Examples of what have others done

Resources	Published by
NHS Grampian anti-racism plan launch (anti-racism video statement)	NHS Grampian
NHS Grampian Anti-racism Plan 2023 - 2028	NHS Grampian
NHS Grampian's 'It's ok to talk about race' video	NHS Grampian
Becoming an anti-racist health board –	NHS Grampian
(Community of Practice recording) NHS Grampian: from Zero-Tolerance to Anti-Racism	PHS for Community of Practice to address racialised inequalities in H&SC
NHS Lothian commitment to being anti-racist and published commitments	NHS Lothian
Anti-Racism Resources (scot.nhs.uk)	NHS Lothian
A Strategic Framework to Tackling Ethnic Health Inequalities through an Anti-Racist Approach	Transformation Partners in Health and Care with OHID
Wellcome Anti-racist principles, guidance and toolkit	Wellcome Trust
Excellence through equality: anti-racism as a quality improvement tool	NHS Confederation
East of England Race Strategy 2021 – Making anti-racism a reality	NHS England and NHS Improvement
North West Black, Asian and Minority Ethnic Assembly Anti-racist Framework	NHS England North West

Participation

Resources	Published by
Health and social care – Planning with People: community engagement and participation guidance – updated 2024	Scottish Government (2024)
Participation Toolkit	Healthcare Improvement Scotland
Participation handbook	Scottish Government (2024)
Paying participant expenses and compensating time: guidance	Scottish Government (2024)
Engaging people and communities: step by step	Healthcare Improvement Scotland
Co-production (to note – co-production goes beyond participation and partnership working – it requires people to work together on an *equal* basis)	Scottish Co-production Network

Workforce

Resources	**Published by**
Bullying and harassment support	Royal College of Nursing
Experiences from health and social care: the treatment of lower-paid ethnic minority workers (2022)	Equality and Human Rights Commission
Fair to refer report – reducing disproportionality in fitness to practice concerns reported to the GMC (2019)	General Medical Council
Anti-Racism Resources (scot.nhs.uk)	NHS Lothian
Guidance for employers on taking an anti-racist approach to tackling women's workplace inequality	Close the Gap (2022)
Tackling racism in the workplace: guidance for employers. Resources and guidance to help mental health employer organisations and employees	Royal College of Psychiatrists (2023)
Tackling racism in the workplace maturity matrix	Royal College of Psychiatrists (2023)
On leadership that leads to racial justice	The King' Fund (2021)

Improving race and ethnicity data and evidence

Resource	Published by
Resources to improve collection and understanding of equalities data. Resources include: Course: How to collect patient equality and needs data; Leaflets for patients and professionals Research findings	Public Health Scotland, 2024
Scotland's Census 2022 – Ethnic group, national identity, language and religion	Scotland Census, 2024
Monitoring racialised health inequalities in Scotland – 30 May 2023	Public Health Scotland, 2023
What is Discovery? - Overview - Discovery - Services - Public Health Scotland Online management information system	Public Health Scotland
Scottish Morbidity Records (SMR): ethnic group recording data files	Public Health Scotland
How we can make better use of ethnicity data to improve healthcare services	BMJ, 2023
A guide for NHS leaders and policy makers on closing the gaps in patient data for Black & South Asian communities (specifically the section on how to reduce the risk of causing harm, pages 12 – 15)	Understanding Patient Data, 2022
A guide for healthcare workers – closing the gap in patient data for Black and South Asian communities	Understanding Patient Data, 2022
The dividing line: how we represent race in data	Open data institute (2020)

Equity-focused service delivery

Resource	Published by
General insights	
Ethnic Inequalities in Healthcare: A Rapid Evidence Review	NHS Race and Health Observatory (2022)
Racialising genetic risk: assumptions, realities, and recommendations	The Lancet (2022)
NHS Race & Health Observatory Research and Publications	NHS Race and Health Observatory
Mental Health	
Mental Health and Wellbeing Delivery Plan 2023 - 2025	Scottish Government and COSLA (2023)
Mental Health and Wellbeing Strategy	Scottish Government and COSLA (2023)
Racial Inequality and Mental Health in Scotland – a call to action (recommendations to Health Boards on p. 13)	Mental Welfare Commission for Scotland (2021)
Inequalities in Mental Health Care for Gypsy, Roma, and Traveller Communities, Identifying Best Practice (Recommendations for practice on p.13 and 55)	NHS Race and Health Observatory (2023)
Mental Health and Wellbeing of Black and Minority Ethnic Children and Young People in Glasgow (Includes key issues/challenges and recommendations)	Glasgow City HSCP (2022)
Mental Health Briefing Paper	Race Equality Foundation (2022)
Type 2 diabetes and cardiovascular disease prevention	
Ethnic disparities in quality of diabetes care in Scotland: A national cohort study (Study relating to racialised inequities in the quality of diabetes care in Scotland)	Scottish Diabetes Research Network epidemiology group (2024)
A Healthier Future – Framework for the Prevention, Early Detection and Early Intervention of type 2 diabetes	Scottish Government (2018)
Addressing Structural Racism Through Public Policy Advocacy: A Policy Statement from the American Heart Association.	American Heart Association (2024)

Perinatal care	
Birth Outcomes & Experiences Report (Scotland. The report shares experiences of often multi-marginalised women supported by Amma Birth Companions.)	Amma Birth Companions (2024)
SPSP Perinatal Webinar: Racialised Health Inequalities in Perinatal Services	Health Improvement Scotland, Scottish Patient Safety Programme (SPSP), August 2024
Listen to Mums: Ending the Postcode Lottery on Perinatal Care (The report shares evidence on importance of access to interpreting services. See chapter 7 for experiences of birth trauma on marginalised groups, noting most significant variations in maternal outcomes relate to ethnicity and deprivation and the impact of racism.)	All Party Parliamentary Group (APPG) on Birth Trauma (2024)
SPSP Perinatal Change Package (Includes resources to support quality improvement activity, including tackling racialised health inequalities recommended for adoption and use by NHS Boards).	Healthcare Improvement Scotland and Scottish Patient Safety (2023)
Perinatal Confidential Enquiry: A comparison of the care of Asian and white women who have experienced a stillbirth or neonatal death and A comparison of the care of Black and white women who have experienced a stillbirth or neonatal death (Stresses importance of linguistically appropriate services and information, follow-up non-attendance appointments, review and consider local data to identify, understand and respond to inequalities in outcome, esp. intersection of deprivation and ethnicity.)	MBRRACE-UK (2023)
Saving Lives, Improving Mothers' Care 2019-21 (Stresses importance of using local data to understand local demography and inform service planning).	MBRRACE-UK (2023)
The College's ambition for race equality and Workplace Behaviour Toolkit (2021)	Royal College of Obstetricians and Gynaecologists (RCOG)
National Neonatal Audit Programme Summary report on 2022 data (Importance of ensuring design and delivery of care includes parents with diverse backgrounds)	National Neonatal Audit Programme (NNAP) (2023)
Review of Neonatal Assessment and Practice in Black, Asian and Minority Ethnic Newborns: Exploring the Apgar Score, the Detection of Cyanosis, and Jaundice	NHS Race and Health Observatory (2023)

(Information concerning poor visual detections of jaundice, cyanosis and pallor in babies with darker skin tones. Need for anti-racism practice and cultural safety training).	
Learning from the experiences of Black and Asian bereaved parents (Stresses importance of service user feedback and complaints to identify and act on inequalities, and the need for sensitive and tailored conversations about risk markers connected to ethnicity)	The Sands Listening Project, sands.org.uk (2023)
Systemic racism, not broken bodies: An inquiry into racial injustice and human rights in UK maternity care (includes calls to action and actionable suggestions for change, with many applicable at local level)	Birthrights (2022)
Continuity of carer and local delivery of care: implementation framework (Scotland) (NHS Boards expected to prioritise roll-out of continuity of carer to women from Black and minority ethnic backgrounds and those experiencing multiple social complexity.)	Scottish Government (2020)
South Asian families' experiences of neonatal care Recommendations for neonatal service providers on p.15	Bliss for babies born premature or sick
Births in Scotland – Annual statistics reflecting a range of aspects of perinatal care, with breakdowns by NHS Board and ethnicity	Public Health Scotland

Annex 6: Checklists and reflection prompts to support planning

The checklists and reflection prompts can help to:

- **Periodically track progress** of anti-racism plan development/refinement;
- **Encourage open and ongoing dialogue**, including engagement with diverse voices and perspectives;
- **Help identify adjustments** needed, thereby ensuring the plan remains a living document and a priority;
- Help **identify specific next steps** in the planning process, and identify **gaps and areas of concern**.

Checklists and reflection prompts have been provided for each area of focus in the framework for action:

- Development of your action plan
- Leadership and accountability
- Data and evidence
- Workforce
- Equity-focused service delivery

Development of your anti-racism plan

Meaningful participation	
Are you ensuring development of your plans is informed by people who have experienced racism and by those who have insights into how racism operates? (Your staff network may be able to support you to consider how to do this without asking contributors to relive traumatic experiences).	
Have you agreed how you will involve minority ethnic staff and communities in the scrutiny and review process?	
Content and process – Have you agreed…?	
The **strategic priorities** for your organisation (aligned to framework for action areas of focus)?	
The **outcomes** you are seeking to achieve?	
Indicators you will use to measure progress?	
How the plan will be updated, reported on and scrutinised?	
Alignment – Does your plan align with the focus areas in the framework for action?	
Workforce (You may wish to complete the 'workforce' checklist for a more detailed assessment)	
Equity-focused service delivery (You may wish to complete the 'equity-focused service delivery' checklist for a more detailed assessment)	
Data and evidence (You may wish to complete the 'data and evidence' checklist for a more detailed assessment)	
Leadership & accountability (You may wish to complete the 'data and evidence' checklist for a more detailed assessment)	

Leadership and accountability

Governance Do you have clear governance arrangements and lines of responsibility for the delivery of your strategic aims?	
Are Board-level discussion and scrutiny of progress on anti-racism action effective?	
Commitment Has the senior leadership considered a public commitment to being an anti-racism organisation?	
Have you got a plan to engage staff and enable a collective effort on tackling racism?	

Reflection prompts for leaders

❶ What steps are you taking to understand how racism is operating in your setting/area of responsibility through policies, practices, norms and values?

❷ What examples of racialised inequality have you identified in the areas where you hold power/influence? How are you planning to address the inequality?

❸ How are you diversifying decision-making spaces, including at Board level?

Data and evidence

Confidence & Understanding Are you taking steps to improve staff and patient understanding of why race and ethnicity data is collected, and how it is used?	
Board level data Have you considered and discussed the quality (accuracy and completeness) of race and ethnicity data collected by your Board, identified gaps, and agreed actions needed to improve it?	
Do you have a process in place for bringing together data and wider evidence to understand the racialised inequity experience by your workforce and minority ethnic communities in your area?	
Are you sharing the findings of analysis and actions to address inequality with staff to increase awareness of the impact of data collection?	
Evaluation Do you have a mechanism in place to bring together data, service and equality leads to develop a monitoring and evaluation framework for the anti-racism plan?	

Reflection prompts for leaders

❶ How confident and comfortable are staff to request and share race and ethnicity information?

❷ What would help you create a culture where staff and patients feel confident and comfortable to share their data?

❸ What steps are you taking to improve the accuracy and completeness of race and ethnicity data?

Workforce

Staff networks	
Do you have an active staff network focussed on race/ethnicity?	
Do staff have protected time to participate?	
Do you have effective mechanisms in place to ensure issues from networks are fed into senior leadership?	
Incident reporting	
Have you assessed and evaluated the effectiveness and person-centredness of your routes for reporting incidents of racism and discrimination?	
What specialist support is available to staff dealing with discrimination? Is this support clearly signposted?	
Are those investigating incidences of discrimination suitably trained in understanding the impact of racism?	
Talent pipeline	
Do you understand the barriers relating to recruitment, retention and progression for talent from minority ethnic groups?	
Do you have a plan / mechanisms to increase workforce diversity at senior and executive levels?	

Reflection prompts for leaders

❶ How do you monitor incidents relating to racism/discrimination, and the effectiveness and person-centredness of reporting mechanisms?

❷ How do you ensure your talent pipeline is equitable for people from minority ethnic and marginalised backgrounds?

❸ How many senior leaders are active allies? What support do they need to be confident and effective in their role?

Equity focused service delivery

Questions applying to all service delivery areas	
Do you promote the use of PHS equalities data resources to improve race & ethnicity data recording in core datasets?	
Do you understand the demography of your local population?	
Do you have a process in place to ensure early and meaningful completion of equality impact assessments to inform development and delivery of services and decisions?	
Are equality impact assessments living documents that are regularly reviewed and updated?	
Have you got effective mechanisms in pace to enable collaboration with staff networks, the third sector, community and faith groups?	
Do you use patient feedback/complaints to inform improvements relating to service planning and design?	
Specific questions on T2D and CVD prevention	
Do you understand inequalities in the receipt of care for your Health Board, e.g. in HbAiC monitoring?	
Are you promoting and using the PHS equalities data resources to improve race and ethnicity data on the weight management T2D prevention core dataset?	
Specific questions on Perinatal care	
Have you got active maternity engagement groups in your Board area?	
Are you taking a proactive approach to gaining feedback, particularly from minority ethnic and seldom heard communities, to identify opportunities for learning and improvement?	
Are you making use of the support packages offered through participation in the SPSP Perinatal Programme?	
Specific questions on Mental Health	
Are you taking a proactive approach to gaining feedback from minority ethnic communities concerning the quality of care and treatment provided to inform improvement work?	
Do you understand the barriers to access to mental health services and support for minority ethnic communities in your area?	

Reflection prompts for leaders

❶ How do you identify and understand any variation in quality and experience of services/treatment, particularly for underrepresented and seldom heard communities?

❷ How do you ensure feedback and complaints mechanisms are accessible and person-centred?

❸ How have you meaningfully and respectfully involved minority ethnic staff networks and communities in improvement work?

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