

# 7 ANTI-RACISM PRINCIPLES

## 1 DEMONSTRATE LEADERSHIP BY NAMING RACISM

**Demonstrate leadership by naming racism**, engaging seriously and continuously with the ways in which racism impacts the lives of patients and the public, and actively working to dismantle it.

## 2 UNDERSTAND & ACKNOWLEDGE

**Understand and acknowledge** that structural, institutional and interpersonal racism all impact on health and be clear about where accountability lies for improvement and progress. Create transparent pathways for raising concerns and tangible steps for addressing them.

## 3 MEANINGFULLY INVOLVE RACIALLY MINORITISED INDIVIDUALS & COMMUNITIES

**Meaningfully involve racially minoritised individuals and communities** in every stage of developing a service or intervention, including ensuring that teams and decision-making structures themselves are racially diverse and fundamentally inclusive.

## 4 COLLECT & PUBLISH DATA

**Collect and publish data** on race inequity in its entirety, ensuring it directly informs policy, strategy, and improvement. Where data is not available, change policies to ensure that data is collected.

## 5 IDENTIFY RACIAL BIAS

**Identify racial bias** in policies, decision making processes, and other areas within your organisation.

## 6 APPLY A RACE-CRITICAL LENS

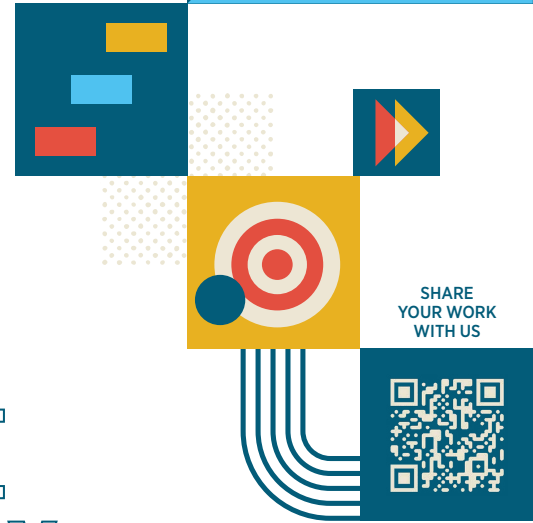
**Apply a race-critical lens** to the adoption of any interventions or improvements to be tested, and to the design and delivery of services.

## 7 EVALUATE & REFLECT

**Evaluate and reflect** on interventions using metrics that recognise the role of racism as determinant of health. These evaluations should seek to understand the extent to which interventions mitigate the impacts of racism.

# ANTI RACISM PRINCIPLES

Anti-racism is about more than pledges and good intentions. To meaningfully combat racism in healthcare, we need to think about tangible actions. This series of briefings highlights concrete steps that healthcare providers can take to ensure that their services work for everyone, regardless of the colour of their skin.



## 1. DEMONSTRATE LEADERSHIP BY NAMING RACISM



### INTRO

To effectively tackle racism, it's vital that those in positions of authority demonstrate leadership by naming racism and engaging seriously and continuously with the ways in which racism impacts the lives of patients and the public. We've found that in organisations where leaders acknowledge and name racism, it starts to signal that it's 'safe' for staff and others to discuss racism. This recognition acts as an enabler for the conversations that need to happen to start addressing it. As well as naming racism, leaders at all levels of an organisation should aim to understand the ways in which structural and institutional racism impact on health and be clear about where accountability lies for improving access, experience, and outcomes.



### WHY IS THIS IMPORTANT?

The first step to solving a problem is by acknowledging that there's a problem in the first place. We've seen that a driving factor for inaction on tackling racism is the fact that people – especially leaders – are afraid to speak about it, often because they don't want to appear complicit. Many leaders will not acknowledge the existence of racism in their organisation through fear that it will reflect on their leadership and their personal character. The impact of this fear, however, is that racism remains hidden. Where leaders are reluctant to speak about racism, this informs the culture of entire institutions – staff don't feel safe to enter discussions about how racism manifests



## AN EXAMPLE IN PRACTICE

Professor Camara Jones, epidemiologist and public health clinician, describes the act of 'naming racism' as [three distinct actions](#):

- acknowledge racism exists
- ask 'how is racism operating here?'
- commit to organising, strategising and acting to address it<sup>1</sup>.

Acknowledging racism exists involves recognising what the data and information about your organisation, system, or service are indicating about the experiences of your racially minoritised patients, staff, and communities. For example, what does your organisation's [Workforce Race Equality Standard](#) data report tell you about the culture of your organisation?

Understanding how racism is operating in your context involves reviewing indicators for inequalities of access, experience, and outcome and asking questions that recognise racism as a determinant of health. What does your outcome data look like when stratified by race or ethnicity (see Principle 4); who is advantaged or disadvantaged by the formal and informal policies and practices in place in your context? (see Principle 5); and what are the accountability mechanisms for ensuring that approaches designed to address racial and ethnic inequalities are addressed (see Principle 2).

People working at all levels of an organisation can demonstrate leadership by naming racism, this responsibility doesn't lie solely with people with 'equality' or 'equity' in their job titles. Everyone can commit to addressing racism wherever they find it and senior leaders have a critical duty to model the culture they expect by explicitly and actively naming racism.

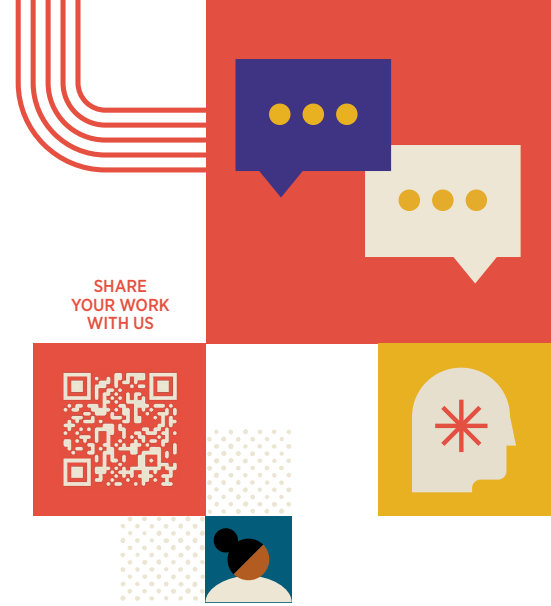


## HOW TO GET STARTED

- If you're a **leader**, *explicitly* name racism in communication with your staff and other stakeholders. Make space for potentially challenging conversations by signaling your support for anti-racism work. This might mean making
- If you're a **practitioner**, use data and information to understand where racial and ethnic inequalities are and to monitor progress against initiatives to address these.
- If you're a **commissioner**, request and review data disaggregated by race or ethnicity and enable the allocation of resources required to facilitate an understanding of where and how inequalities are being introduced or perpetuated.
- **Everyone** should share their learning about approaches that effectively reduce racial and ethnic inequalities in their context.
- **Everyone** should educate themselves about racism in health, and anti-racism strategies and approaches.

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## 2. UNDERSTAND AND ACKNOWLEDGE RACISM



### INTRO

For leaders and organisations to effectively tackle racism, they need to first understand the nuances and complexities of how racism can manifest. This involves reading about racism, talking to experts, and listening to the views from staff of different ethnicities (see Principle 3). The British Medical Journal's 2025 special issue, [Racism in medicine](#), highlighted some of the multiple ways that racism manifests in medicine for both patients and staff.

We must not just name racism, but acknowledge it wherever it has an impact, and be clear about the role that everyone must play in eliminating it.



### WHY IS THIS IMPORTANT?

We know that racism takes many forms and that it impacts health in [different and interconnected ways](#). Structural racism impacts the social determinants of health - the conditions in which people are born, grow, work, and age - and that these social determinants directly influence people's health. In the NHS, we also see institutional racism, where policies and practices are shaped around entrenched biases or assumptions, leading to people of certain racial backgrounds being [refused pain medication](#) or [referred to different services](#) for example. Finally, experiences of covert and overt interpersonal racism in the NHS damage people's health and weaken the health workforce.

Having a superficial understanding of racism can result in organisations taking actions that do not make a meaningful impact. In some cases, taking the wrong actions as a result of misunderstanding racism can actually make this worse for patients and staff of all ethnicities. Understanding how racism influences health is important to develop and implement approaches to address ethnic and racial health inequity. However, a clear culture of accountability is critical for ongoing prevention of harm and to enable redress.



## AN EXAMPLE IN PRACTICE

North East London Foundation Trust (NELFT) provides an extensive range of integrated community and mental health services for people living in the London boroughs of Barking and Dagenham, Havering, Redbridge, and Waltham Forest and community health services for people living in parts of Essex. Between 2016 and 2018, NELFT saw sustained improvements across all Workforce Race Equality Standard indicators from 2016 - 2018.

Through engagement with racially minoritised staff, working with race equality experts, and reverse mentoring, leaders in the organisation developed a deep understanding of racism in general, and in the NHS more specifically. NELFT's then CEO would acknowledge racism at induction sessions, on social media, and at board meetings. This public acknowledgement made it clear that eliminating racism was an organisational priority .

Understanding and acknowledging racism should also be reflected in the actions of organisations and leaders, practically embedded in resources, policies, and governance. Organisations that ensure that leaders and managers at all levels are engaged in developing, implementing and monitoring anti-racism strategies tend to be more successful in achieving their goals.



## HOW TO GET STARTED

- **Everyone** must educate themselves about racism. There are different types of books and resources to suit everyone, from textbooks and autobiographies, to documentaries and podcasts. It's important to realise that there are no homogenous ethnic groups and people should try to get a fuller understanding about racism in all its manifestations.
- If you're a **leader**, create and encourage the use of transparent, effective pathways for patients and staff to raise concerns about racism, and ensure concerns are addressed to enable accountability and action.
- If you're a **leader**, ensure that local data – for both your workforce and your patients – is split by ethnicity. You should engage with what this data tells you and take steps to eliminate any inequities (see Principle 1).
- If you're a **commissioner**, seek out, share, and incentivise examples of effective practice, including those below:
  - [Tackling racism in the workplace – mental health providers.](#)
  - [The Inclusive Recruitment Toolkit : Workforce Transformation](#)
  - [Transforming culture – an example from perinatal services.](#)
  - [Becoming an anti-racist organisation – the example of South London Health Innovation Network](#)

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## 3. MEANINGFULLY INVOLVE RACIALLY MINORITISED INDIVIDUALS & COMMUNITIES



### INTRO

Creating an anti-racist healthcare system requires the meaningful and sustained inclusion of racially minoritised communities from the outset. Too often, their involvement is tokenistic, transactional, or comes too late to effect real change. True inclusion means actively partnering with those typically excluded from healthcare decisions, ensuring their voices shape priorities, design, and implementation. By embedding them into planning and delivery, healthcare systems can begin dismantling long-standing power imbalances that contribute to racial injustice. Involvement must not 'symbolic', but system-wide, intentional, and ongoing to ensure equity is ingrained at every level, driving lasting transformation toward a more just and inclusive system.



### WHY IS THIS IMPORTANT?

Racially minoritised communities have long faced systemic exclusion in healthcare, leading to inequitable access, experience, and outcomes. These inequities, including higher illness rates, premature deaths, and cultural safety barriers, stem from long-standing patterns of exclusion and discrimination in the healthcare system. True healthcare reform requires meaningful involvement, not tokenistic consultation. By actively centring their voices, knowledge, and lived expertise, we can begin to challenge the imbalance of power and assumptions that has shaped the healthcare system. When services and care are designed with those most impacted by health inequities, it leads to improved trust, greater cultural safety, and ultimately, better health for everyone.



## AN EXAMPLE IN PRACTICE

[Evidence shows that HIV disproportionately impacts African and Caribbean communities in Bristol](#). Although they comprise 5.9% of the city's population, they accounted for 28% of HIV cases in 2022. Negative perceptions and shame associated with HIV and sexual health, alongside previous poor experience and mistrust of health services, can discourage African and Caribbean heritage communities from seeking HIV and sexual health services.

To tackle these issues, [Common Ambition Bristol](#) was set up in 2021 with funding from The Health Foundation, and led by Brigstowe, a Bristol-based HIV charity, in partnership with African Voices Forum, University Hospitals Bristol and Weston NHS Foundation Trust, and Fast Track Cities Bristol. This included two dedicated testing clinics offering PrEP (a preventative HIV drug), weekly outreach with barbers and Black-owned businesses, and engagement with around 30 businesses. Awareness efforts spanned local media, community organisations, and social media influencers, supported by printed materials and a [website](#). A short film, [HIV: Talk. Test. Protect.](#), was created to challenge myths and stigma surrounding HIV and sexual health.

Securing support from local NHS organisations was also crucial, with a presentation to University Hospitals Bristol and Weston NHS Foundation Trust helping to highlight the project's impact. The [CEO personally joined outreach efforts](#) to witness its success firsthand, highlighting the importance of community involvement.

Common Ambition Bristol have shared their experiences through a [toolkit on co-producing health and care service](#).



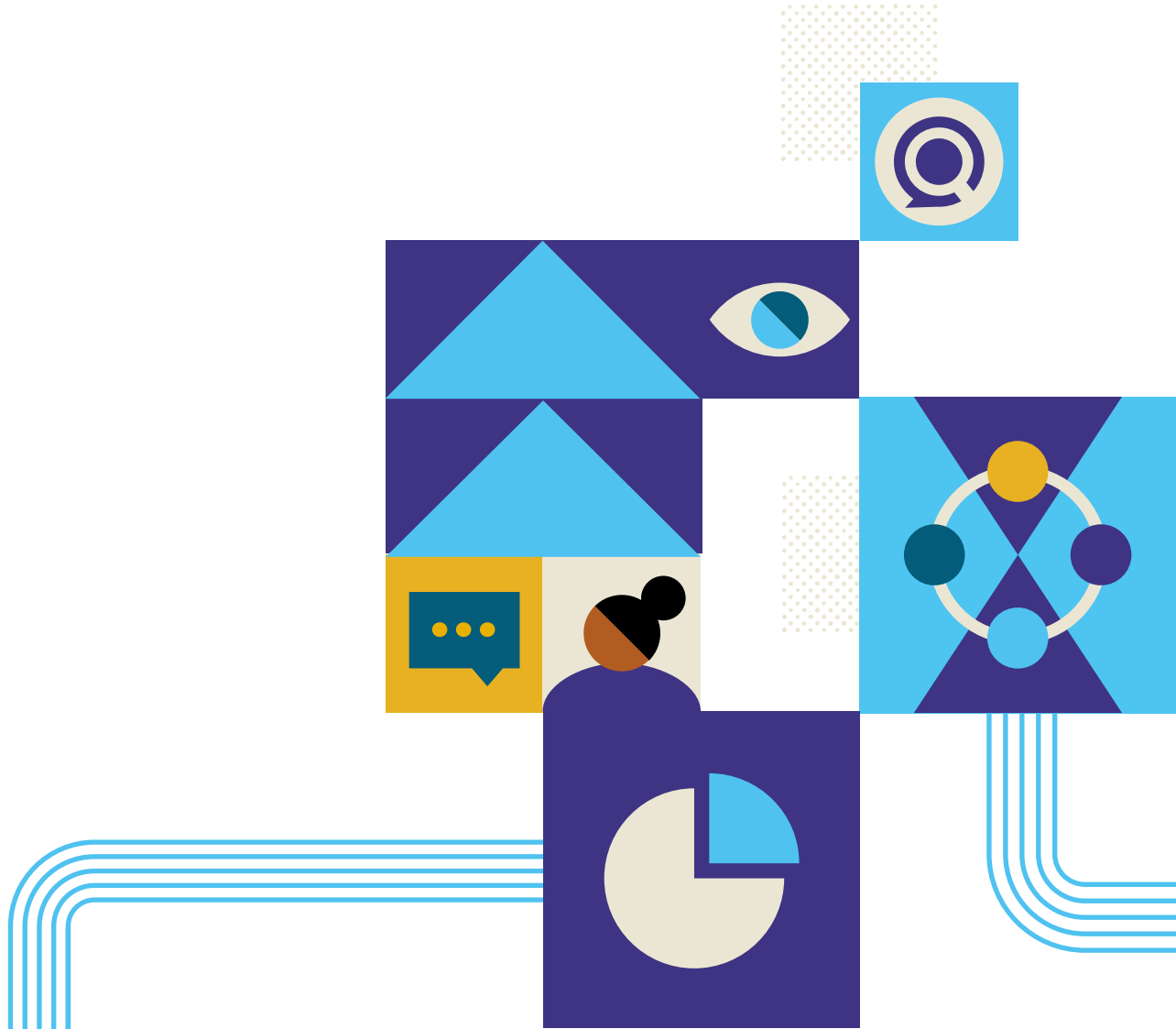
## HOW TO GET STARTED

- If you are a **practitioner**, , cultivate cultural humility through continuous reflection on personal biases and practices. Engage actively with racially minoritised individuals and communities, seeking their input on how services can better meet their needs. Build trust through genuine partnerships to improve care.
- If you are a **senior leader**, , integrate the voices of racially minoritised individuals and communities into governance, strategy, and accountability structures, ensuring they have real influence. Allocate funding and resources to foster meaningful relationships with communities.
- If you are a **commissioner**, collaborate with racially minoritised communities to co-design funding priorities. Streamline application processes and provide support to encourage greater grassroots and community involvement.
- If you are a **researcher**, partner with communities as co-investigators to shape research questions, design studies, collect data, and share findings in ways that are culturally relevant and impactful.



**HOW TO GET  
STARTED  
(CONT'D)**

- **Everyone** should advocate for decision-making processes that include racialised communities, remove barriers to participation—such as offering flexible involvement options—and ensure transparency in how community feedback is used. Strengthen trust and accountability by demonstrating the tangible impact of their contributions.



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## 4. COLLECT AND PUBLISH DATA



### INTRO

We know that, in the NHS, what isn't measured tends not to change. The healthcare service is stretched, meaning too often, leaders are incentivised to bluntly prioritise national targets – such as tackling waiting lists and cost savings – over what are seen as more difficult and less politically popular initiatives such as race equity, without joining the dots that the latter directly improves the former. We believe that to really achieve ethnic and race equity drive, we must be collecting data to identify the inequitable access, experiences, and outcomes faced by racially minoritised groups. Critically, this data needs to be published and publicly available to promote mutual accountability.



### WHY IS THIS IMPORTANT?

Without accurate and up-to-date data about ethnic and racial health inequity, providers are working blind. Integrated Care Systems are increasingly expected to cater their provision to their local populations, but our research and the [research of others](#) has shown that ethnicity recording is inconsistent and that Black, Asian, and minoritised ethnic people are more likely to have either the wrong ethnicity or no ethnicity recorded on their health records. Elsewhere, key performance metrics are not being disaggregated according to ethnicity, meaning variation in the experience of care is not being recorded. A lack of consistently collected and high-quality data impacts not only the delivery of care and the development of policy today but also undermines efforts in research to better understand how inequity operates and will therefore continue to limit us in the future.



## AN EXAMPLE IN PRACTICE

Challenges around gathering ethnicity data are multi-faceted. In many organisations, as well as the NHS as a whole, there are data architecture issues that mean different healthcare records can contain contradictory information where the systems do not speak to one another. There are also challenges where clinicians and other healthcare workers are not equipped to confidently ask about a person's ethnicity and have a fear of causing offence. Equally, patients can be reluctant to share this information; this can be due to mistrust informed by previous poor experiences, a lack of clarity about why it's being collected, concerns about how it might be used, or fear that it could impact their care. These are not insurmountable challenges, and several NHS Trusts have taken steps to [improve the collection and use of ethnicity data](#), including:

- Leveraging Patient Navigators – primarily employed to reduce non-attendance at appointments – to verify patient ethnicity and update records.
- Developing resources for patients and carers in English and other frequently spoken languages locally, encouraging them to share their ethnicity with the healthcare workers treating them. Importantly, these resources are more effective where they explain why the information is needed, and the ways in which up-to-date data can improve care quality for local racially minoritised communities.
- Upskilling staff to ask about and record ethnicity by developing scripts and prompts for use with patients and carers and creating videos that demonstrate how to accurately enter ethnicity data into systems.

Nationally, the [Workforce Race Equality Standard](#) tracks several indicators that are disaggregated by ethnicity across all trusts in England to identify ethnic inequities experienced by the workforce. This has enabled NHS organisations to act on inequitable career progression practices, the underrepresentation of racially minoritised staff at senior- and Board-level, and the overrepresentation of racially minoritised staff in formal disciplinary processes.

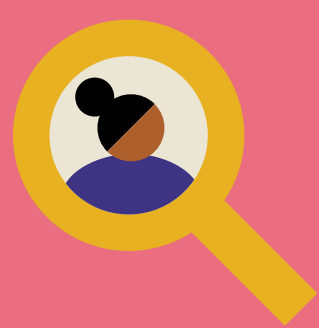


## HOW TO GET STARTED

- If you're a **leader**, ensure you understand the NHS England's statement on information on health inequalities, and make sure that the performance metrics it outlines are being by ethnicity for the purpose of annual reporting.
- If you're a **provider**, work with **practitioners** to ensure that everyone with a patient-facing role receives the appropriate training and resources to feel equipped to talk about ethnicity with patients. Healthcare staff should feel confident asking a person about their ethnicity and should understand how and where to record it.
- If you're a **provider**, produce accessible, patient-facing resources that explain why recording patient ethnicity data is important. These resources must be available in multiple languages, tailored to the local population to ensure understanding.

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## 5. IDENTIFY RACIAL BIAS



### INTRO

In a manifestation of institutional racism, racial bias is operationalised across healthcare organisations' policies and processes. From clinical guidelines and assessments, to care pathways and workforce procedures, racial bias can be entrenched throughout organisations. It systematically disadvantages racially minoritised people, leading to inequitable access, experience, and outcomes for patients, and inequitable working conditions for staff. These biases can be deeply embedded in the day-to-day running of an organisation, even where individuals are working to tackle racism. For this reason, it's vital that organisations continuously review their long-standing policies and practices to identify where racial bias persists unchecked.



### WHY IS THIS IMPORTANT?

Even where interventions or programmes of care are not explicitly aimed at the care of racially minoritised groups, racial bias can manifest in an organisation's policies and processes in a range of overt and covert ways. By failing to proactively identify it, we risk missing the key drivers of the very inequity we are seeking to tackle. Examples of this racial bias include:

- [Stratifying risk by ethnicity and using ethnicity alone as grounds for inductions](#) in maternity care guidelines, with poor outcomes for Black, Asian, and minoritised ethnic women. This study also found that educational materials often framed White bodies as 'normal', leading to inadequate care outcomes for racially minoritised people.
- [Refusal of registration for patients with no fixed address](#) in GP policies preventing care access for nomadic Gypsy, Roma, and Traveller communities. This is an example of a policy having unintended but deeply inequitable consequences for people in ethnic groups who already experience some of the worst health outcomes in the country.
- [Misapplication of unclear disciplinary policies and procedures that disadvantage minoritised ethnic staff](#), leading to their overrepresentation in disciplinary processes.



## AN EXAMPLE IN PRACTICE

The NHS Race and Health Observatory (NHS RHO) highlighted that devices and assessments used to detect jaundice and cyanosis in newborns were less reliable for dark skin tones, and that guidelines referred to 'pink,' 'blue,' or 'pale' skin without reference to skin changes in racially minoritised babies.

NHS RHO's recommendations have since been adopted by national organisations including the Department of Health and Social Care, NHS England and the British Association of Perinatal Medicine in their framework and standards, including the appropriate use of pulse oximetry over visual inspection and ensuring clinical assessments are inclusive of all skin tones.



## HOW TO GET STARTED

To proactively tackle racism in an organisation, **leaders, providers, and practitioners** need to systematically review and identify racial bias in the policies and processes that underpin staff practice. The process of debiasing policies is the only way to unpick institutional racism.

Some of these policies may be more obvious than others – if one group of staff is experiencing worse outcomes in disciplinary processes, for example, it's prudent to set up a diverse group of staff to review how the process works and where inequities are being embedded.

Certain other policies and processes, especially those relating to clinical decision-making and pathways, may seem more difficult to review. In these policies, it can be something as simple as the language used to refer to the patient. In both cases, **creating a debiasing framework** will enable consistency and focus when identifying racial bias in your organisation's policies and processes.

The framework should include considerations around:

- Who developed it and signed the policy off?
- Who was (or was not) engaged, consulted, or involved in its development?
- What evidence was used to inform it?
- Does it account for the specific needs of minoritised ethnic patients and communities/staff?
- Does it account for the structural factors driving ethnic health inequity?
- What assumptions about minoritised ethnic patients and communities might be embedded in it?
- Does it account for local, regional, or national targets to reduce ethnic inequity for patients and staff?
- Does it include ethnicity-specific monitoring and evaluation measures?
- Does it include mechanisms to ensure ongoing engagement, consultation, or involvement of minoritised ethnic patients and communities/staff?

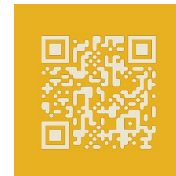
The nature of the framework will likely adapt over time, becoming more tailored to your organisation and focus. Existing debiasing frameworks can be helpful in informing this activity, and we encourage progress through timely action.

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## 6. APPLYING A RACE-CRITICAL LENS



### INTRO

Applying a race-critical lens means systematically examining interventions, including innovative treatment and service improvements, to mitigate how they might perpetuate or exacerbate ethnic and racial health inequities. This approach challenges organisations to move beyond surface-level approaches and promotes a deeper examination of structural or embedded biases. Unlike Principle 5, this is not about reviewing existing policies and processes, but about putting mechanisms in place to ensure that any new intervention is properly assessed for its potential impact on racially minoritised communities.

At its core, applying a race-critical lens requires asking fundamental questions about representation and equity.



### WHY IS THIS IMPORTANT?

Without the application of a race-critical lens, regardless of intention, interventions have the potential to worsen ethnic and racial health inequities. Over time, and through the prolific implementation of unconsidered innovations and improvements, can worsen ethnic and racial inequity in access, experience, and outcomes. Without accounting for their needs, the healthcare system risks excluding racially minoritised communities from innovative care, entrenching driving factors such as digital exclusion, language barriers, and a lack of trust.



## AN EXAMPLE IN PRACTICE

The impact of not adopting a race-critical lens has been seen countless times, with one such example being the use of pulse oximeters. The NHS Race and Health Observatory (NHS RHO) identified [evidence pointing to the inequitable functioning of these devices](#), which shine a light through a person's skin to measure the amount of oxygen in their blood. The evidence indicated that the readings could be different depending on a person's skin colour.

At the time, these devices were being rolled out rapidly as part of the NHS response to the COVID-19 pandemic, with patients being asked to take their own readings at home. While there was an urgency to this, the failure to do a substantive equality impact assessment could have put lives at risk. Such examples of not adopting a race-critical lens demonstrate how new approaches to care can inadvertently cause greater inequity, improving access and outcomes for some, while further raising the barrier for others.



## HOW TO GET STARTED

There are steps that everyone in the system can take to apply a race critical lens to their work:

- If you're a **commissioner**, carefully assess the evidence base behind any new innovation or technology to understand the potential impact it could have on racially minoritised communities. For example, whether the AI or machine learning training datasets represent the full diversity of local patient demographics. You must also consider the inherent bias within those developing the innovations, and how such bias could be further embedded and mitigated.
- If you're a **provider** procuring or developing innovative interventions, you should embed equity considerations into your requirements and evaluation criteria. This includes requiring evidence of diverse community involvement in development processes, documentation of bias testing and mitigation strategies, and plans for ongoing monitoring of differential impacts across population groups. Community involvement could come in many forms, through focus groups and co-development, and should be present throughout the process.
- If you're a **provider** designing and delivering services, develop proactive mitigation strategies where inequities are identified, including implementing alternative access routes for communities who may face barriers to digital technologies and providing culturally appropriate and accessible communication and support materials.
- If you're a **practitioner**, take steps to collect specific ethnicity data around uptake and outcomes. It is through this monitoring that it becomes possible to evaluate any resulting inequity, including the creation of further barriers or differing outcomes across population groups.
- **Everyone** must commit to the effective use of Equality Impact Assessments when developing and implementing any innovation, technology, or new intervention.

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## 7. EVALUATE AND REFLECT



### INTRO

Too often in the NHS, good practice is lost where it's not properly evaluated and recorded. It's vital that, when we implement new practices or take steps to mitigate or eliminate racial bias, we evaluate and reflect on those interventions using metrics that recognise the role of racism as a determinant of health. These evaluations should be practical, identifying what works well - and what doesn't work - for whom, why, and how. This should be made publicly available so that effective interventions can be spread across the NHS.



### WHY IS THIS IMPORTANT?

Structural, institutional, and interpersonal racism pervade our society and our healthcare system, influencing the [social determinants of health](#). System-wide approaches at multiple levels will be needed to address these inequities, but the evidence base for the effectiveness of interventions to address racism in the NHS is [relatively sparse](#). The Observatory's own [work on effective interventions in maternal and neonatal care](#) found that, even where interventions were thought to be effective in mitigating ethnic and racial inequity, they were often not evaluated in a systematic way. This meant that the effectiveness of the interventions could not be easily understood and assessed, and, more concerningly, information about the implementation of the intervention was not adequately captured, hindering efforts to replicate good practice across the system.

There is potential to improve the evidence base through the development and publication of well-evaluated interventions and improvement approaches. Under Principle 4, we have outlined the importance of data to identify racial and ethnic health inequity, and to inform approaches to address them. Ongoing monitoring and evaluation enable an understanding of the effectiveness of interventions aimed at tackling racial and ethnic health inequity; and support accountability for, and learning from, such initiatives.



## AN EXAMPLE IN PRACTICE

The [Black Maternity Matters initiative](#) - developed by the [West of England Health Innovation Network](#), in partnership with [Black Mothers Matter](#), [Representation Matters](#) and [BCohCo](#) - aimed to deliver meaningful, actionable improvements to reduce inequity of outcomes for Black women within maternity systems. The initiative had a pilot phase which saw 14 midwives and maternity support workers undertake anti-racism and quality improvement training. The pilot was evaluated, and [the evaluation](#) demonstrated that the project had been successful in increasing the cultural competency of the service. Thanks to the effectiveness of the evaluation, learning could be captured, and the training programme has gone on to be rolled out in three more areas.

There are also examples of organisations building reflective tools that allow them to review how they're working and, crucially, who they're working for. In the London borough of Newham, they've developed a [Does it look like Newham \(DILLN\) tool](#). The tool is a dashboard that allows service providers to compare the demographic data of their service users against that of the population more generally - this allows providers to quickly evaluate whether or not they're adequately serving the true diversity of their community and to adjust their services accordingly.



## HOW TO GET STARTED

Evaluation is not something to do once - it's an ongoing commitment to monitoring and capturing the effectiveness of your interventions and thereby improving access, experience, and outcomes for racialised minority communities. Here are some steps that you can take:

- If you're a **leader**, ensure that when teams within your organisation are making improvements, that resource is made available to evaluate those improvements and capture learning.
- If you're a **commissioner**, require where possible that any new approach to be adopted has been properly evaluated, and ringfence resource for the evaluation of any new intervention you propose to test.
- If you're a **practitioner**, ensure you are confident in understanding and using anti-racist approaches to evaluation, including by using the below resources:
  - [How Do We Know It When We See It? By Sally Liederman](#)
  - [Race Equity Tools' Evaluate Approach](#)
  - [Anti-racist evaluation strategies: A guide for evaluation teams by WestEd](#)
  - [Fighting racism and discrimination: a UNESCO toolkit](#)
  - [Research Methods: A Practical Guide - Research Methods Course - FutureLearn](#)

