North West Public Health Anti-Racism Framework:

What Good Looks Like

A Framework for Anti Racism Practice and Accountability

Executive Summary

This framework defines what excellence in anti-racism looks like for public health professionals in the North West. It moves beyond awareness and cultural competence toward transformative action that dismantles structural racism within health and local government systems, communities, and institutions. Excellence requires sustained commitment to equity, accountability through measurable outcomes, and centering the voices and leadership of communities most harmed by racism.

Context: Racism as a Public Health Crisis in the UK

The Evidence Base

Racial health inequalities in the UK are pervasive, persistent, and growing. Black Caribbean people are four times more likely to be detained under the Mental Health Act. Maternal mortality is four times higher for Black women compared to White women. South Asian communities experience disproportionate rates of cardiovascular disease and type 2 diabetes. During COVID-19, mortality rates for Black, Asian, and Minority Ethnic groups were significantly higher, even after adjusting for age, geography, and comorbidities.

These inequalities are not biological or cultural deficits - they are the direct consequences of structural racism operating through housing, employment, education, criminal justice, and health and care systems.

Key UK Policy and Institutional Context

- **Equality Act 2010:** Legal framework requiring public bodies to advance equality and eliminate discrimination.
- **NHS England Core20PLUS5 Framework:** Targets the most deprived 20% and specific inclusion groups with focus on five clinical areas.
- **Public Health England 'Beyond the Data' (2020):** Documented ethnic health disparities and COVID-19 impacts.
- **Race Disparity Unit:** Central government monitoring of ethnic disparities across sectors.
- **NHS Workforce Race Equality Standard (WRES):** Annual metrics measuring ethnic disparities in NHS employment.

- **Social Care Workforce Race Equality Standard (SC-WRES)** is a continuous improvement programme designed to support social care organisations achieve anti-racist workplaces.

What Good Looks Like: Core Principles

1. Structural Analysis and Systems Thinking

What Good Looks Like:

- Understanding racism as a system of power, not individual prejudice.
- Analysing how policies, practices, and resource allocation perpetuate inequities
- Recognising intersectionality—how racism intersects with class, gender, disability, migration status.
- Rejecting genetic or cultural deficit explanations for health disparities.

2. Community-Led Action and Partnership

What Good Looks Like:

- Centering lived experience and leadership from racially minoritized communities.
- Genuine co-production with communities from problem definition through evaluation.
- Redistributing power, resources, and decision-making authority to communities.
- Fair compensation for community expertise, time, and emotional labour.
- Building long-term relationships, not extractive consultation.

3. Critical Data Practice

What Good Looks Like:

- Collecting, disaggregating, and analyzing ethnicity data systematically.
- Understanding race as a social construct measuring exposure to racism, not biology.
- Using data to identify systemic barriers, not to pathologise communities.
- Transparent reporting of inequalities with accountability mechanisms.
- Community involvement in data governance and interpretation.

4. Institutional and Policy Transformation

What Good Looks Like:

- Conducting equity impact assessments for all policies, programs, and budget decisions.
- Addressing workplace racism through representative leadership and inclusive cultures.
- Allocating resources proportionate to need, using progressive universalism.
- Challenging discriminatory practices in commissioning, procurement, and service delivery.
- Advocating for upstream policy changes beyond health sector.

5. Reflexivity and Accountability

What Good Looks Like:

- Ongoing critical self-reflection on positionality, privilege, and complicity.
- Willingness to be uncomfortable, make mistakes, and learn from harm caused.
- Creating mechanisms for community-defined accountability.
- Public transparency about anti-racism commitments, actions, and outcomes.
- Moving beyond performative allyship to sustained solidarity.

Anti-Racism Action Framework by Domain

Domain 1: Individual and Team Practice

Knowledge and Understanding

- Understand UK-specific history of racism, colonialism, and migration.
- Recognize how Windrush generation, Commonwealth citizens, asylum seekers face systemic barriers.
- Grasp social determinants frameworks through explicitly anti-racist lens.
- Stay current on UK race equality legislation, policy, and debates.

Direct Service Delivery

- Ensure culturally safe, trauma-informed, and linguistically accessible services
- Challenge racist assumptions in clinical encounters and health promotion
- Advocate for patients experiencing racism within health settings
- Use interpreters appropriately and avoid over-reliance on family members

Professional Development

- Participate in continuous anti-racism education led by experts with lived experience.
- Engage in reflective practice through supervision, peer learning, and action learning sets.
- Challenge racist language, jokes, and microaggressions in workplace.
- Support colleagues from racially minoritised backgrounds experiencing workplace racism.

Domain 2: Organisational Practice

Leadership and Governance

- Board and senior leadership reflect ethnic diversity of population served.
- Anti-racism embedded in organisational vision, values, and strategic plans.
- Executive sponsor and dedicated resources for equity work.
- Regular board-level review of race equality metrics and community feedback.

Workforce Development

- Proactive recruitment from underrepresented communities using positive action.

- Equitable progression pathways with monitoring of promotion, pay, and discipline by ethnicity.
- Anonymous recruitment processes and diverse interview panels.
- Staff networks and mentoring for racially minoritized employees with institutional backing.
- Clear reporting mechanisms for racism with zero tolerance and restorative approaches.

Procurement and Commissioning

- Social value weighting in contracts that supports community-led organisations.
- Equitable funding for grassroots and minority-led voluntary sector groups.
- Equity impact requirements in service specifications.
- Accessible tendering processes that don't favor large organisations.

Service Design and Delivery

- Co-design with communities from inception, not consultation on pre-formed plans.
- Culturally adapted interventions developed with, not for, communities.
- Accessible locations, times, and formats accounting for work patterns and transport.
- Trust-building through long-term presence and authentic relationships.

Domain 3: Population Health and Systems Change

Health Needs Assessment

- Routine ethnic disaggregation in all population health assessments.
- Qualitative research exploring lived experiences of racism and health.
- Analysis of intersectional inequalities, not single-axis approaches.
- Community asset mapping highlighting strengths and resilience.

Advocacy and Policy Influence

- Public statements naming racism as root cause of health inequalities.
- Evidence submissions to government inquiries, consultations, and select committees.
- Coalition-building with race equality organizations beyond health sector.
- Challenging austerity, hostile environment policies, and discriminatory practices.
- Amplifying community voices in policy spaces, not speaking over them.

Cross-Sector Partnership

- Health in All Policies approach across local authorities.
- Joint strategies with housing, education, employment, and criminal justice sectors.
- Integrated Care System partnerships prioritizing equity.
- Community wealth-building initiatives supporting economic justice.

Research and Evidence

- Participatory action research prioritising community knowledge and benefit.
- Research questions shaped by community priorities, not academic agendas.
- Diverse research teams with lived experience represented.
- Accessible dissemination returning findings to communities first.
- Challenging epistemic racism that devalues community expertise.

Key Measures for Success

Excellence in anti-racism requires robust accountability through quantitative and qualitative metrics. Measurement should be participatory, with communities defining what success means and having access to results.

Domain	Key Performance Indicators
Population Health Outcomes	• Reduction in ethnic inequalities for key health indicators (life expectancy, infant mortality, preventable deaths, mental health admissions) • Disaggregated data showing progress for specific ethnic groups • Community-reported health and wellbeing improvements
Service Access and Experience	• Equitable uptake rates for preventive services, screening, immunization by ethnicity • Patient experience surveys showing reduced discrimination and improved cultural safety • Lower rates of involuntary detention, restraint, and coercion for minoritized groups • Complaints and incidents involving racism tracked and addressed
Workforce Equity	• Representative workforce at all levels, especially leadership (Board, senior management) • Pay gap analysis showing equity across ethnic groups • Promotion and development opportunities accessed equitably • Staff survey results showing inclusive culture and lower discrimination • Discipline and grievance processes fair across ethnic groups
Community Partnership	• Community organisations co-designing and co-delivering programs

Domain	Key Performance Indicators
	• Financial investment in community-led initiatives with fair remuneration • Community representatives on decision-making boards and committees • Community accountability frameworks co-developed and implemented
Organisational Systems	• Equity impact assessments completed for all major decisions with published outcomes • Budget allocation analysis showing proportionate investment in addressing inequalities • Procurement and commissioning supporting community wealth and minority-led organizations • Anti-racism embedded in organisational policies, procedures, and job descriptions
Policy and Advocacy	• Public statements and campaigns addressing structural racism • Evidence submissions and policy briefings highlighting racial inequalities • Cross-sector partnerships advancing health equity • Local policies adopted that address social determinants (living wage, affordable housing)
Learning and Development	• Mandatory anti-racism training for all staff, delivered by experts with lived experience • Continuous professional development opportunities on race, equity, and social justice • Reflective practice spaces where staff examine power, privilege, and practice • Inclusion of anti-racism in annual appraisals and competency frameworks

Implementation Roadmap

Phase 1: Foundation Building (Months 1-6)

- Establish senior leadership commitment and dedicate resources.

- Conduct assessment using Race Equality Framework or equivalent.
- Initiate community listening exercises and partnership development.
- Baseline data collection across workforce, service access, and outcomes
- Launch staff anti-racism training program.

Phase 2: Strategic Development (Months 6-12)

- Co-develop anti-racism strategy and action plan with community.
- Establish accountability structures and reporting mechanisms.
- Embed equity impact assessment processes.
- Pilot co-produced programs in priority areas.
- Review procurement and commissioning for equity.

Phase 3: Transformation (Years 1-3)

- Scale successful interventions based on evidence and community feedback.
- Implement workforce diversity and inclusion action plans.
- Launch cross-sector partnerships addressing upstream determinants.
- Public reporting on progress with transparency and learning orientation.
- Embed anti-racism in all organisational systems and cultures.

Phase 4: Sustainability (Years 3+)

- Demonstrate measurable reduction in racial health inequalities.
- Continuous improvement cycle with community accountability.
- Share learning and support other organisations' journeys.
- Anti-racism becomes integrated into organisational DNA, not separate initiative.

Common Barriers and Mitigation Strategies

Barrier	Why It Happens	Mitigation Strategy
White fragility and defensiveness	Discomfort with examining privilege and complicity in racist systems	Normalise discomfort as part of learning; create brave spaces with skilled facilitation; focus on impact, not intent
Tokenism and performative allyship	Desire for quick wins without structural change or uncomfortable truth-telling	Community-defined accountability; public transparency about actions and resources; long-term commitment over statements
Resource constraints	Austerity, competing priorities, equity seen as 'extra' not core business	Reallocate existing budgets based on equity; mainstream equity into all work; advocate for adequate funding
Data gaps	Poor ethnicity recording; insufficient disaggregation; lack of qualitative insights	Invest in data systems; train staff; explain value to communities; combine quantitative and qualitative approaches
Historical mistrust	Legacy of colonialism, medical experimentation, institutional racism; extractive research	Acknowledge harms; authentic apology; consistent presence; shared power; demonstrate tangible benefits
Lack of diversity in leadership	Homogeneous networks; unconscious bias in recruitment; hostile cultures	Positive action; diverse panels; transparent processes; mentoring; tackle workplace racism
Short-term thinking	Project funding; electoral cycles; staff turnover; demand for quick results	Embed in core funding; multi-year plans; succession planning; realistic timelines for systems change

Essential Resources for UK Public Health Professionals

Resources, Policy and Guidance

- Structural Racism, Ethnicity and Health Inequalities in London - Structural Racism, Ethnicity and Health Inequalities in London - IHE
- NHS Race and Health Observatory – Research, data, and policy analysis on ethnic health inequalities - https://nhsrho.org/
- Public Health England – Health Equity Assessment Tool (HEAT) (formerly "Beyond the Data" report) – Guidance and downloadable tool - https://www.gov.uk/government/publications/health-equity-assessment-tool-heat
- NHS Workforce Race Equality Standard (WRES) – Annual metrics, reports, and implementation resources - https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/equality-standard/
- Race Equality Foundation – Evidence summaries and practice briefings – Health and care-focused briefing papers - https://raceequalityfoundation.org.uk/health-and-care-briefings/
- Government Equality Office – Equality Act 2010 guidance for public authorities, covering the Public Sector Equality Duty - https://www.gov.uk/government/publications/public-sector-equality-duty-guidance-for-public-authorities/public-sector-equality-duty-guidance-for-public-authorities

Organisations and Networks

- BAME Health and Wellbeing Network: Peer support for minoritised health professionals - https://bamehealthcollaborative.org.uk/
- Runnymede Trust: Race equality think tank with health focus - https://www.runnymedetrust.org.uk/
- Black Thrive: Community-led initiative addressing Black mental health in Lambeth, replicable model - https://lambeth.blackthrive.org/
- NIHR Applied Research Collaboration initiatives on co-production and health equity - https://www.nihr.ac.uk/about-us/what-we-do/infrastructure/applied-research-collaborations
  ARC Kent, Surrey & Sussex co-production guide: https://arc-kss.nihr.ac.uk/news/unlock-the-power-of-co-production-fresh-ideas-proven-tools-and-real-impact
- Local Healthwatch organisations: Community engagement and patient voice

  National hub: https://www.healthwatch.co.uk/
  Healthwatch England overview: https://www.nhs.uk/services/service-directory/healthwatch-england/N10992620

Training and Development

- Faculty of Public Health: Anti-racism and health equity resources - https://www.fph.org.uk/policy-advocacy/anti-racism-and-edi/
- Royal Society for Public Health: Courses on addressing health inequalities - https://www.rsph.org.uk/
- Kings Fund: Leadership programs incorporating equity and inclusion - https://www.kingsfund.org.uk/about-us/diversity-inclusion
- Centre for Equalities and Inclusion: Bespoke organisational development support - https://www.ons.gov.uk/aboutus/whatwedo/programmesandprojects/centreforequalitiesandinclusion
- Local community organisations: Often deliver most authentic and impactful anti-racism training:

  Show Racism the Red Card:
  https://www.theredcard.org/training-and-workshops/

  No Boundaries (training consultancy):
  https://noboundaries.org.uk/

  The Anti-Racist Social Club:
  https://www.theantiracistsocial.club/

Conclusion

Excellence in anti-racism for UK public health professionals demands courage, humility, and sustained action. It requires acknowledging the health sector's complicity in perpetuating racial inequalities while committing to transformative change. This work is not peripheral or optional - it is central to the core mission of public health: to ensure conditions in which all people can be healthy.

Success will not come from diversity statements or one-off initiatives, but from fundamental shifts in how power, resources, and decision-making are distributed. It requires public health professionals to use their positions, privilege, and platforms to challenge unjust systems - even when that means confronting uncomfortable truths about our own institutions and practices.

Most importantly, this work must be led by and accountable to the communities most harmed by racism. Our role is not to be saviors but to be accomplices—standing alongside communities in their struggles for justice, following their leadership, and ensuring our actions create meaningful, lasting change.

The framework outlined here provides a roadmap, but the journey belongs to each organisation and individuals committed to this work.

May we have the wisdom to listen, the courage to act, and the persistence to see this through.