



National Ambulance BME Forum

Working to improve the
experience of Black and
minority ethnic staff and
communities

Copyright © NABMEF, 2020

ANTI-RACISM



Mark Johns
Ludlow Johnson
October 2020



What is racism?



National Ambulance
BME Forum



Racism can occur between individuals on an interpersonal level, and is embedded in organisations and institutions through their policies, procedures and practices.

It is the prejudice, discrimination or antagonism directed against a person or people on the basis of their membership of a particular racial or ethnic group; typically one that is a minority or marginalised.





National Ambulance
BME Forum

A brief history; the roots of racism

Racism isn't new and is steeped in the world's history. Britain became the biggest trader of slaves and dominated the trade for over 150 years.

To justify the slave trade, invasion and colonisation, the Europeans - including Britain - created a hierarchy with White Europeans at the top and Africans and Asians at the bottom and suggested non-White people were an inferior species.

By the early eighteenth century, Britain was one of the richest slave trading nations in the world.

Over 30 million people were taken from West Africa to the Caribbean and America to work on plantations. They were exchanged for sugar, cotton, spices and rum and Britain sold these goods.

Racism became embedded into the nations structures of power, culture, education and identity

During the expansion of the Commonwealth, colonies were dehumanised and stripped of their assets. For example, India was responsible for 26% of world GDP pre British-Empire and only 5% post war.

In 1833, the Slavery Abolition Act was passed, this paved the way for the abolition of slavery across the empire.

In 1919, there were large-scale racist attacks on 'coloured' communities in many part so the UK. However, during the first and second world wars, the UK relied on people from across the colonies to help.

People from Africa, the Caribbean and Asia were encouraged by the UK government to come to England. On arrival, they often faced racism and discrimination; not illegal in Britain until 1965.



A brief history



National Ambulance
BME Forum

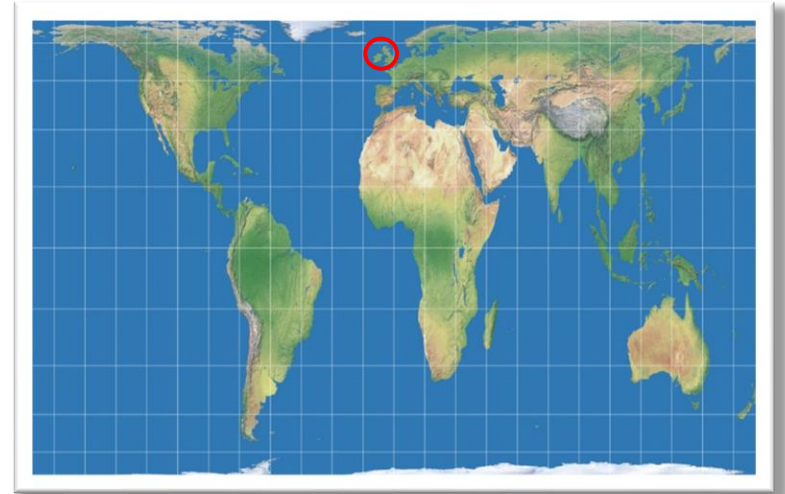
Throughout western history, there have been many examples of atrocities committed, often racially motivated. Such as the periodic extermination of Jewish people in Europe, the slavery of Black and Indian people and colonisation across the world.

The map of the world many of us are familiar with is not a true representation. Peters map of the world shows a more accurate scale. The map many of us are familiar with was used in the 16th Century to make Europe look larger than it was and make it look like it was at the centre of the world.

Typical map of the world (not to scale)



Peters Map of the world (to scale)



Individual racism



National Ambulance
BME Forum

Individual racism is a person's belief that they are superior to others because of the colour of their skin or their ethnic background.

It is "*a form of racial discrimination that stems from conscious and unconscious personal prejudice*" Henry & Tator, (2006).

This refers to an individual's racist assumptions, beliefs or behaviours.

See [I'm not a racist'](#) in other sources of info section.

Some examples can include:

- Racial slurs
- Racist jokes / banter
- Inappropriate and illegal language
- Isolating people
- Ignoring people in a work or social setting
- Acts of violence, aggression and hate
- Not hiring someone because of their ethnicity.





I've worked for the Ambulance Service for 23 years. I have experienced many direct and indirect incidents of racism over my career.

Unfortunately, indirect racism is a daily occurrence and one almost becomes immune to it. I guess that is my way of dealing with it but it is never right and never acceptable.

The mess room of a station is often a hub of my indirect racism. The terms 'Paki' and 'darkie' are regularly used - this has left me feeling upset, vulnerable and disappointed at people who are friends and close colleagues. Being the only BAME person on a station has resulted in a feeling of isolation and loneliness. Nobody to talk to, to share with and seek advice and support from. This has impacted on my health and wellbeing.

Representing the service nationally on diversity and inclusion provoked positive and negative reactions. I was on the front cover of our staff magazine having won several national awards for my work. The first time a BAME colleague graced the front cover! This provoked a backlash from some, "do I have to get browned up to get on the front cover of the magazine". Such comments have resulted in me losing confidence when applying for promotion. However, it also

makes me increasingly determined to promote diversity, inclusion and understanding and change our organisation for others.

Direct racial incidents are also a common in my daily work life. These have included patients refusing treatment by me due to the colour of my skin and I quote 'I don't want that Paki touching me'.

I have been subject to verbal and physical assaults. Whilst dealing with a patient, out of the blue they turned, called me a 'black terrorist bastard', leapt up, punched and kicked me - throwing me on the floor and they continued to punch, kick and verbally abuse me. This incident left me with severe physical and emotional scars. The physical injuries included a dislocated shoulder, bruised ribs and bruising across my body. Due to the post-traumatic stress I had to take a 2-year career break to recover.

The way that the service reacted and dealt with me after the incident caused more pain and anxiety – more than the actual incident. No officer was present on my return to station to support me and it was three days later that I was contacted. My manager wasn't trained to deal with racially motivated assaults. Eventually, I supported the Trust to develop some guidance for local managers.

People don't often realise the impact and emotional scarring racist incidents have. They leave a psychological trauma which can last years and even a lifetime. However, being who I am, I have applied my energies and experiences into making a positive change to make our service a more diverse and inclusive workplace.



Institutional and systematic racism

Racial discrimination established through institutional systemic policies, practices and economic and political structures are seen as normal behaviour. It can be so ingrained it becomes commonplace and hard to spot.

They place BAME people at a disadvantage.

After the killing of Stephen Lawrence, McPherson (1999) highlighted “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”.

Often this form of racism is less visible, less overt and far more subtle and thus receives much less public condemnation than individual racism.

Some examples can include:

- Racial profiling by security guards and police
- Use of stereotyped racial caricatures
- Under-and misrepresentation of certain racial groups in the media
- Race-based barriers to gainful employment and professional advancement
- Differential access to goods, services, and opportunities
- Health inequalities relating to Race and access to healthcare and information
- Allowing racism to breed and grow unchallenged in workplaces
- Apartheid is a classic example of systemic and institutional racism



Implicit bias



National Ambulance
BME Forum

Implicit bias refers to the attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner.

These are mental shortcuts that help us more easily make sense of our incredibly complex world. These biases, which encompass both favourable and unfavourable assessments, are often activated without our awareness, intentional or control.

These associations, stereotypes and ways of thinking develop over our lifetime; beginning at a very early age through exposure to direct and indirect messages from parents, friends, experiences and the media.

We all have implicit biases regardless of our identities and regardless of our education or upbringing.

Implicit Bias is...

Attitudes, Stereotypes & Beliefs
that can affect how we treat others



Implicit bias runs contrary to our stated beliefs. We can say that we believe in equity (and truly believe it). But then unintentionally behave in ways that are biased and discriminatory.



The impact of racism

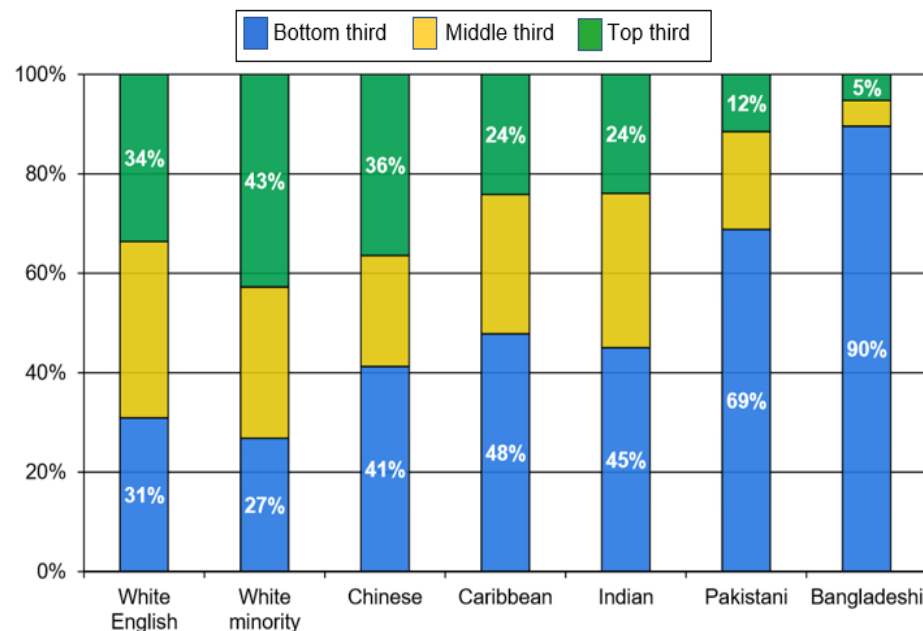


National Ambulance
BME Forum

Structural racism is obvious through disparities in wealth, income, criminal justice, employment, housing, health care, political power and education.

Some examples include:

- BAME people are 4 times more likely to be stopped and searched by the police
- BAME people need to send 60% more CVs to get the same number of call-backs as White people
- The ethnic minority pay gap in London is 21.7% despite is having the biggest BAME workforce
- Health inequalities – how long people live, access to services, prevalence of diabetes, sickle cell, etc.
- The percentage of BAME communities featuring in the bottom third of income is much greater than White English people.



Source: Nazroo (2019)



If you are a person of colour, you've probably experienced or at least witnessed some racism. I personally have been verbally abused in shops, people have moved seats in trains and preferred standing rather than sit beside me.

I have been advised at an interview that the job was already filled only to find out that my White friend got offered the job after going for an interview the next day. The list of these prejudices goes on and on like a virus. Racism has evolved particularly at work into a new form which is difficult to recognise sometimes and hard to deal with.

There are only two people of colour in my work area. This year, a colleague whom I have interacted with for a while confused me with the only other non-White person that normally works with him. I realised that all brown people looked alike to him. After he finished talking I had to correct him, he laughed and brushed it off saying "oh very easily done" and left.

Unfortunately, these acts of subtle racism have become like water off a ducks back. But on occasions they catch me and make my eyes well up or my blood boil.

How can someone who has dealt with both me and my other non-White colleague for so long still confuse us?

Very often, a subtle act of racism can go largely unnoticed to everyone but the person who is at the receiving end. In this case, no one else was around and the person who committed the offence had no idea how his behaviour has affected me. As an underrepresented minority, I was hurt to realise that this person could not see our difference in age, role at work or individualities but the only thing we had in common: the colour of our skin. We look nothing alike!

As far as I was concerned, learning your co-worker's name is a pretty basic concept. However, it felt that as an individual, I did not matter. I was just one of the two brown people who work in the office. I have learned not to let my emotions get the better of me at work and I swallowed my pain and got on with the day. It was yet another one to add to the thousands of cuts a person of colour always feel whenever we are judged by the colour of our skin.

I spoke to a couple of people about it and the responses were as I expected; "you are reading too much into it", "what can you do about it!". I felt if I spoke to a manager it would be seen as me causing trouble or as someone being too sensitive. So, like all other previous racist incidents in my working life, I tried at the time to point to the person who offended me where they have gone wrong and hoped they will think twice next time. Meanwhile, I build another layer of thick skin and move on with my life.

Racism is not something that can be eradicated by having the right policies at work, but depends on people changing their attitude and mind set. Despite huge strides made over the past 50 years, people sometimes do not recognise their own behaviour or their discrimination because it goes unchallenged by others. Hence, I encourage colleagues that see or hear their co-worker being submitted to passive aggressiveness or prejudices, to speak up.

NHS Workforce Equality Standard



National Ambulance
BME Forum

The WRES was introduced by the NHS Equality and Diversity Council for all NHS Trusts and Clinical Commissioning Groups in April 2015. This was in response to 'The Snowy White Peaks', a report by Roger Kline detailing compelling evidence that barriers including poor data are deeply rooted within the culture of the NHS. The report highlights a clear link between workforce diversity of NHS organisations and better patient access, experience, care and outcomes.



- White applicants were **1.46 times** more likely to be appointed from shortlisting compared to BAME applicants
- BAME people were **1.22 times** more likely to enter the formal disciplinary process compared to White people
- **8.4%** of Board members in NHS trusts were from a BAME background compared to 19.7% of NHS staff overall.
- **29%** of BAME staff had experienced harassment of abuse from staff compared to 24.2% of White staff
- **15.3%** of BAME people have experienced discrimination from a manager or team leader compared to 6.4% of White people
- **69.9%** of BAME staff felt the trust provides equal opportunities for employment and career progression compared to 86.3% of White staff.

Understanding your Privilege



National Ambulance
BME Forum

White privilege doesn't mean your life hasn't been hard. It means the colour of your skin isn't one of the things making it harder. Bhopal (2018) states *"individuals from black and minority ethnic backgrounds, by virtue of their racial identity, are positioned as outsiders in a society that values whiteness and 'White privilege'".*

White people in Western societies enjoy advantages that non-Whites do not experience; an invisible package of unearned assets, both obvious and less obvious passive advantages. Some examples include;

- I can turn on the tv, social media or open a newspaper and see people of my race widely represented
- I can if I wish arrange to be in the company of people of my race most of the time.
- I can be pretty sure that my neighbours will be neutral or pleasant to me
- My children will be given schools materials and books that feature people that look like them
- I can easily buy picture books, dolls, toys, and children's magazines featuring people of my race
- I'm not racially stereotyped by the police and subject to increased levels of stop and search because of my race
- I can be pretty sure that if I ask to talk to "the person in charge," I will be facing a person of my race
- I can do well in a challenging a situation without being called a credit to my race
- I can easily choose bandages in "flesh" colour and have them more or less match my skin
- I am never asked to speak for everyone of my racial group.

Adapted from Peggy McIntosh's Invisible Knapsack

[CLICK HERE](#)
Privilege
Checklist



I have been the victim of several incidents relating to my race while working for the ambulance service.

I have faced a number of challenges and dangers in my career. I have been assaulted and racially abused by a woman I was trying to help, had a knife pulled out on me, threatened with a needle and I have been spat on.

I went to a job with the intention of helping someone because they contacted our service as they needed urgent assistance. While attending to a woman in her home, she threatened me with an offensive weapon and racially assaulted me.

When somebody rings an ambulance for help it shouldn't matter about the skin colour of the paramedic or crew member. We are attending the scene to offer help and assistance in an urgent or emergency situation. I was really disappointed that she couldn't get past her prejudices to get the help she needed and instead felt the need to use

inappropriate racial language and threaten me. In the end, police back up was called and she didn't get the treatment she called for. She was taken into police custody and later sentenced to a nine month community order for racially aggravated assault. Sometimes there are underlying medical conditions that mean some patients unintentionally react aggressively without any malice, but there are also those instances in which people make a conscious decision to behave poorly and use inappropriate and discriminatory language.

My advice to other colleagues would be to always report racist incidents and don't tolerate abuse or accept it as just another negative experience. By doing this it helps organisations to build a picture of what is happening to staff and in what areas. This can be really useful to help them to take action and support staff.

My advice to managers would be to never dismiss another person's experience. If you don't know about the issues people of colour can face; educate yourself, pick up a book, attend some training and improve your understanding.



Black Lives Matter



National Ambulance
BME Forum

Black Lives Matter is an international human rights movement, which campaigns against violence and systemic racism towards black people.

It became popularised following the shooting of American Trayvon Martin in 2012 and the acquittal of George Zimmerman. It continues to fight against the killing of black men by police.

Black Lives Matter regularly campaigns against institutional racism and violence towards black people and speaks out against racial inequality.



The Black Fist of Power was first used in the late 40's by Black Africans as a form of acknowledgement. Though its meaning changed over the decades the symbolic use of the fist diminished, until in 2012 three women formed the Black

Lives Matter movement and brought back its use. The protest group was founded by Alicia Garza, Patrisse Cullors and Opal Tometi in protest at the killing of 17-year-old Trayvon Martin. Now used worldwide, its use by the BLM is peaceful and the group in its current form aims to change ideology through peaceful channels.

Many people are saying “All lives matter”

A US Professor, Goldberg states, ‘All Lives Matter’ reflects a view of racial dismissal, ignoring and denial. Black Lives Matter doesn't mean White people lives are not important. It means that we need to recognise that black people are subject to a variety of institutional and societal issues that White people don't face, as the colour of their skin is not one of the factors that impact on them every day.

Barack Obama spoke in a Black Lives Matter debate in 2015. He said, "I think that the reason that the organisers used the phrase ‘Black Lives Matter’ was not because they were suggesting that no one else's lives matter ... rather they were suggesting there was a specific problem that is happening in the African American community that's not happening in other communities”.

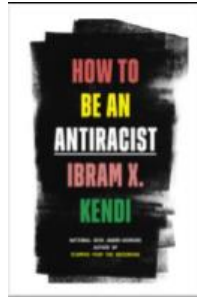


What can I do?



National Ambulance
BME Forum

Ibram Kendi (2016) states in his book 'How to be an antiracist' we should:



1. Stop saying "I'm not racist"
2. Identify racial inequalities and disparities
3. Confront the racist ideas you've held or continue to hold
4. Understand how your anti-racism needs to be intersectional
5. Champion anti-racist ideas and policies

Make sure wherever you go, people know where you stand on racism - don't be a bystander. Let people know that you're an anti-racist, speak up, challenge, listen with empathy, become a beacon and someone who makes other people want to be anti-racist too.

Our group highlights six things we can all do to be better allies:

1. Recognise your privilege.
2. Listen: The most important of all.
3. Be prepared to be uncomfortable and brave
4. Be strategic.
5. Look at who is in your in-group.
6. Amplify the voices of others

Check out our website

www.nabmef.uk

Also see the Association of Ambulance Chief Executives 5 commitments on race equality (slide 20).





I am the only person of colour the station I work at and it can be difficult.

Sometimes my colleagues don't understand that their throw away comments, references to race and micro aggressions have a huge impact on me, and my mental health.

It's often not a single comment about race, asylum seekers, or faith issues the impact me, it's the build-up of these issues over time. These comments have a 'weathering' effect on me and other people of colour, if you're subjected to them all the time.

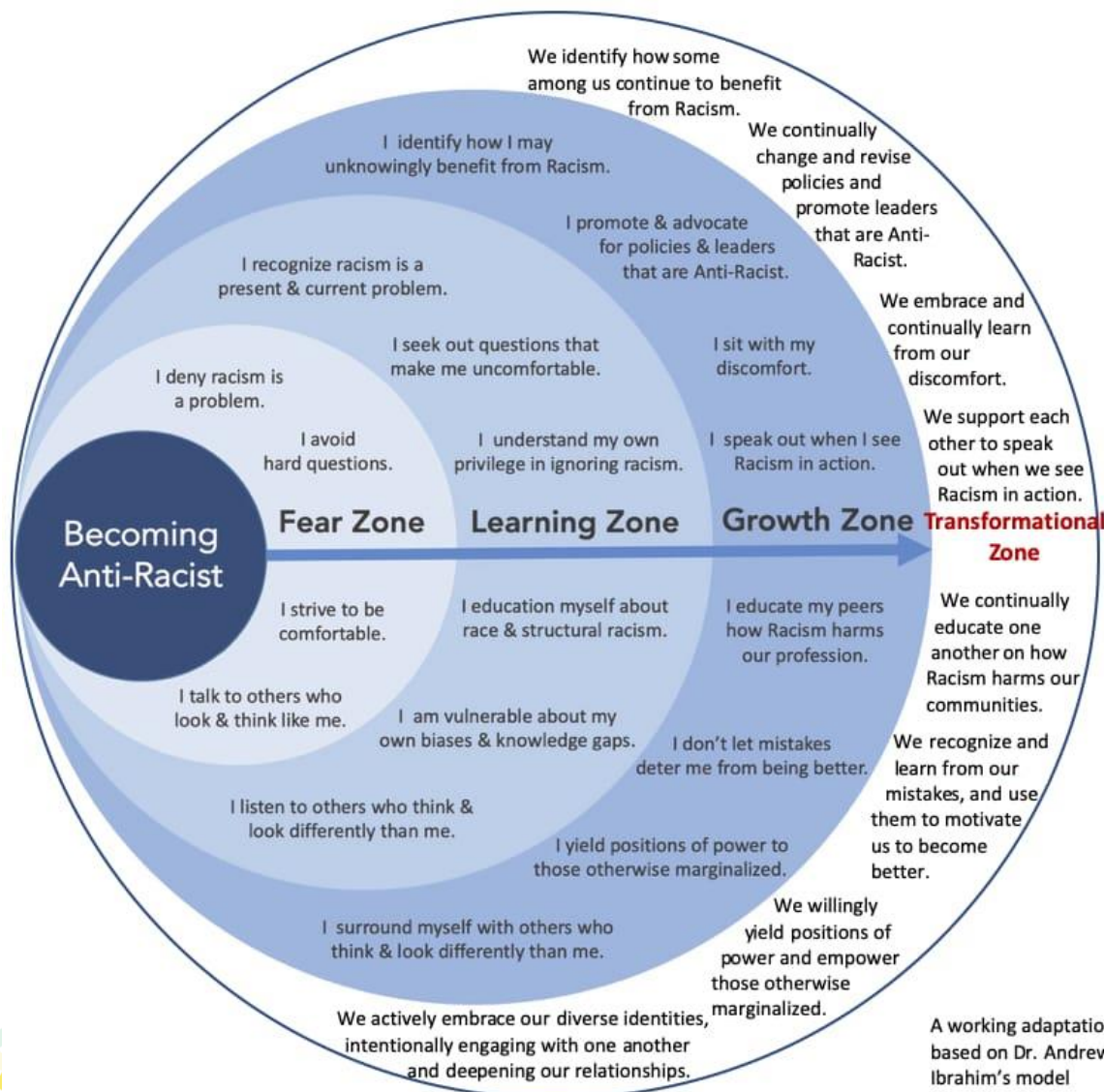
I'd ask that people are a little more thoughtful in the language they use and comments they make. I am born and raised in the UK, comments about race, whether about me or not do affect me. They make me feel withdrawn, isolated and that I've got no one that understands me.



How to be a better Ally



National Ambulance
BME Forum



A working adaptation
based on Dr. Andrew M.
Ibrahim's model



National Ambulance
BME Forum

*Adapted from Jourdan Durairaj,
Sussex Community NHS FT*

BE A BETTER WHITE ALLY

Checking-in

Check in with your BAME colleagues and patients. Acknowledge the pain of racism and ask what you can do to help.

Supporting

Risk assessments / PPE / hand hygiene / social distancing. It's not White against BAME it everyone against racism.

Noticing

Notice your biases and take care to correct them. Notice and understand your privileges.

Amplifying

Facilitate team meeting to include BAME voices. Challenge all-White panels or committees at work.

Networking

Join your Trust's BAME staff network. Promote BAME people (without tokenism).

Humility

Practice learning quietly, avoid defensiveness. Thank people who point out your privilege.

Educating

Diversify staff training, build in culturally relevant scenarios and staff competencies.

Developing

Participate in co-coaching or mentoring. Be an inclusive leader, provide placements and secondments.

Reducing Inequality

Review your service and co-produce a project to improve BAME health outcomes.

Speaking up

Call out racism and White supremacy in all of its forms. Affirm the Trusts 'zero tolerance' approach.

Lobbying

Write to your MP of sign a petition about racism and health inequalities faced by BAME people.

Fundraising

If you can afford to, donate or fundraise for anti-racism and BAME charities.

Buying

If you can, buy from BAME owned local and national businesses.

Understanding

Read books about race in Britain. Listen to 'About Race' and other podcasts





I was called to an older female patient who had fallen but was alert and talking. We were met by the patients' son outside and he gave a quick history of what had happened.

We tried to explain that given the fact that his mum had fallen, hit her head on the floor and was on blood thinners that she could potentially have a brain bleed. She was very agitated, repetitive and confused and could not retain information.

My colleague was trying to complete a capacity assessment, but the patient would not let him finish his sentences. They noticed that the patient had a 'respect form' and wanted to have a look at it but the son refused, even after several requests. The son became angry, he said that he did not like my attitude and that he no longer needed my help. I informed him I could not leave his mum in this condition. He became more angry, used several explicit words, told me to leave and I started to feel frightened and worried that he may physically assault me.

His wife tried to calm him down, he did not listen. He said that "he didn't want a black person treating his mum and he wants us to leave and have an all-White crew". He picked his mum up and slid her onto her arm chair, whilst doing this he caused a skin tear.

There are several lessons to learn from the investigation.

Although this behaviour is unacceptable, emergency service staff are subject to situations like this too often. It is difficult to gain witness statements which makes prosecution and further action very difficult.

I was asked if I had a witness, but there was no time given to my colleague to prepare a statement. In situations like this I should be able to report issues without the need for my statement to be collaborated.

I understand investigations can take time, however, it took over 5 months before I got an outcome. The team leader who dealt with it said to me in a passing comment that she's sorry, but the outcome would be the same as last time. How is no further action for blatant racist abuse acceptable? Racial abuse is still extremely prevalent in our line of work and unfortunately this isn't understood by people who are not from an ethnic minority.

In the previous incident, as a patient was deemed to imply a racial slur my team manager said there was nothing they could do about it. If the same thing happened where a man was making slurs to a woman because of her gender, then something would be done. The same protection should be given to people of colour.

A response from the Datix states "it is a fact that emergency service staff are open to abuse from the public". To me, this reads that because I joined the ambulance service it is ok for members of the public to treat me as they wish – it's not!

Association of Ambulance Chief Executives – 5 commitments to race



National Ambulance
BME Forum



National Ambulance
BME Forum



ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES

PROJECT D – VALUING DIFFERENCE AND CELEBRATING DIVERSITY

STAMPING OUT RACISM - OUR PROMISES

RAISE AWARENESS

We promise to create opportunities for discussion, listening, learning and education across our AACE network to increase individual, team and organisational cultural awareness and acceptance

RESPOND

We promise to campaign for lasting, positive change and improved experiences for our BME workforce and communities and to use our platform as UK ambulance services to take a stand against racism and race discrimination, harassment and victimisation

REPRESENT

We promise to improve access to jobs, training and education, career progression and wellbeing support for our BME workforce and members of our diverse communities to ensure greater representation across our services

RESPECT

We promise to put respect and compassion at the heart of our systems, processes, organisation behaviours and cultures to enable BME people to be confident, feel valued and express their true selves in the workplace

RESPONSIBILITY

We promise to call out racism in all its forms and to challenge racist behaviour whenever we encounter it or are made aware of it to create and nurture an anti-racist culture across the ambulance service

#BLACK LIVES MATTER

TAKING A STAND AGAINST RACISM

AACE NATIONAL AMBULANCE DIVERSITY FORUM



Books and Reading

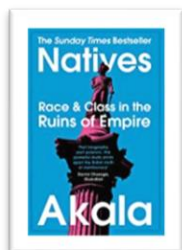


National Ambulance
BME Forum

Here are a few to get you started....

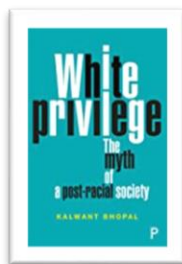


Why I'm No Longer Talking to White People about Race, Rene Eddo-Lodge. Award-winning journalist wrote about her frustration with the way that discussions of race and racism in Britain were being led by those who weren't affected by it.



Natives: Race and Class in the Ruins of Empire, Akala

From the first time he was stopped and searched as a child, to his first encounters with racist teachers - race and class have shaped Akala's life and outlook. He looks at the social, historical and political factors that have left us where we are today.



White privilege: The myth of a post-racial society, Kalwant Bhopal

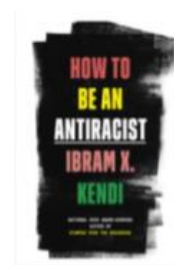
Bhopal explores how neoliberal policy-making has increased discrimination faced by those from non-White backgrounds. This important book examines the impact of race on wider issues of inequality and difference in society.



Brit(ish), Afua Hirsch. The daughter of a black Ghanaian woman and a White English man; her book is an interrogation of her own identity and an examination of the roots of prejudice, taking to task those progressives who claim they "don't see colour".



The Good Immigrant, Nikesh Shukla. A collection of 21 essays from Black, Asian and minority ethnic voices. The essays tell what it is to be a person of colour in the UK today.



How to be an Antiracist, Ibram X. Kendi
Kendi candidly identifies and confronts racism in America by telling the story of his life from his upbringing in Queens, New York, where he was, at best, an indifferent student, to his time as a PhD student at Temple University in Philadelphia and, later, to some of his experiences as a professor.



Other sources of information



National Ambulance
BME Forum

You Tube / Twitter

Allegories on race and racism -

www.youtube.com/watch?v=GNhcY6fTyBM

14 days in May- BBC 1987

<https://www.youtube.com/watch?v=iZpQwQxldD4&list=PLuNLPisWU7-p6S6s0felZQ9iH6YQQ8ZJQ>

I'm really not a racist

https://twitter.com/Valerie_JKD/status/1272854118772678656?s=20

BBC bitesize - Not-racist v anti-racist: what's the difference?

<https://www.bbc.co.uk/bitesize/articles/zs9n2v4?s=08>

Podcasts

- About race
- 1619
- Code switch
- Intersectionality matters with Kimberlé Crenshaw
- We need to talk about the British Empire

Movie and film

- 13th (Netflix)
- When they see us
- Dear White people
- Noughts and Crosses (BBC iPlayer)
- Get out
- Selma
- The colour purple
- I am not your negro
- To kill a mocking bird
- Just mercy (Amazon Prime)



How to support anti-racism in the UK



National Ambulance
BME Forum

Taking the time to learn and research is part of being a good ally. These are some of the organisations that can help to increase your awareness.



BLACK LIVES MATTER UK

Black Lives Matter is a global organisation operating in the US, UK and Canada and aims to eradicate white supremacy and "build local power to intervene in violence inflicted on Black communities by the state and vigilantes."



SHOW RACISM THE RED CARD

Show Racism the Red Card tackles racism in the UK with educational workshops, training sessions, multimedia packages and many other resources. Founded in 1996, it is the UK's leading anti-racism educational charity and delivers training to more than 50,000 people every year.



STOP HATE UK

Stop Hate UK was founded in 1995 as a direct response to the murder of Stephen Lawrence. The organisation works alongside local strategic partnerships to tackle hate crime and discrimination while supporting victims of racial harassment.



UK BLACK PRIDE

UK Black Pride is the largest celebration for LGBTQ+ people of African, Asian, Caribbean, Middle Eastern and Latin American descent in Europe. From its humble beginnings, UKBP has grown exponentially - attracting LGBTQ+ people of colour from around the country to unite and celebrate at the intersection of their identities.



Further support



National Ambulance
BME Forum

National Ambulance BME forum www.nabmef.uk

Guide to ally ship <https://guidetoallyship.com>

CIPD anti-racism hub www.cipd.co.uk/news-views/tacklin-racism-workplace

United Nations – Lets fight racism
<https://www.un.org/en/letsfightracism/>

Stop Hate UK
<https://www.stophateuk.org/help-in-the-uk-national-organisations/>

Equality and Human Right Commission
<https://www.equalityhumanrights.com/en/advice-and-guidance?who=individual>

Survivors network
<https://survivorsnetwork.org.uk/anti-racism-resources/>

