

Title: Urgent actions to protect children from racism in the UK health system

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According to the United Nations Conventions on the Rights of the Child, all children have the right to the highest attainable standard of health 'without discrimination of any kind'.¹ The UK has committed to upholding this right. However, not all children in the UK are equally protected. Racism is a known risk factor for health in children, ranging from preterm birth and low birthweight, to major depression and asthma, and childhood is a vital period that can shape health throughout the life course.² When this combines with other inequalities, poorer experiences and outcomes are exacerbated, for example minoritised children with a learning disability are likely to die at a younger age.³ These intersectional inequities are not natural or the

result of biology. Rather, racism is undermining children's right to equitable, fair, and good health.

Health systems are the very institutions designed to keep us well; their primary purpose is to promote, restore and maintain health. This objective is incompatible with racism. Racism and discrimination in health systems deter people from seeking timely care, cause harm to patients, create inequity in the care minoritised people receive, and contribute to misdiagnosis and delayed treatment, just to name a few. In other words, racism diminishes every aspect of the World Health Organization's quality of care framework including availability, accessibility, acceptability, and quality of care, thus undermining the ability to promote health.²

Racism pervades the UK health system, and urgent action to combat it must be prioritised. In October 2023, Race & Health and the Race Equality Foundation, organised a hybrid roundtable discussion to support holistic action on racism and child health in the UK. This roundtable discussion focused on racism in the UK health system, with the aims of identifying; 1) key areas of exposure to racism in the UK health system for children, and 2) main barriers to uprooting racist structures and practices in the health system.

The roundtable discussion highlighted that racism shapes children's experience of the health system and their pathways to accessing it. For example, under racist 'hostile environment' policies, migrant children have been excluded from free access to secondary healthcare and must pay 100% to 150% of their costs for care upfront for non-urgent care, restricting their access to essential services. These policies are enforced by healthcare institutions, embedding racism and carcerality into the delivery of care. Meanwhile, the racist construction of criminality within social and mental health services shapes Black children's pathways to accessing mental healthcare:⁴ compared to White children, Black children are more likely to be referred to mental healthcare through social services and the policing system, and these referrals are less likely to be voluntary,⁵ often contributing to a lack of trust in healthcare systems. Expert participants in the roundtable discussion also noted that racism in the UK health system is present in the

delivery of care, as demonstrated by unequal care outcomes, lack of access to translators and overt interpersonal racism. Children's experiences of racism in the UK health system are compounded by their families' and caregivers' experiences, exacerbating racism's health impacts on children.

A flourishing health system that supports good health for all children must be free from racism. Combating racism within the health system requires concerted effort and there are still many persistent barriers to overcome. Significant barriers identified during the roundtable discussion in October 2023 included: lack of high-quality data, NHS workforce issues, and failures of leadership, resourcing, and accountability. We need better data to capture racism experienced by children in the UK health system, including higher-quality and more complete data disaggregated by race, ethnicity, and other forms of categorisation.⁶ This must be complemented by qualitative data that captures patients' experiences of discrimination in their own voices. Vast ethnic inequalities in leadership representation in the NHS and failure to combat inequity within the NHS workforce⁷ also presents a major stumbling block in the fight for health equity. To combat racism and White supremacy in the UK health system, increased accountability amongst health professionals for dismantling structural racism is essential. Additionally, resources must be allocated to combating racism and better understanding the health care needs of racialised children.⁸

Despite the barriers and the state of crisis in the NHS, the experts convened for this roundtable discussion stressed that action is needed now to protect children's rights, beginning with the seven actions outlined below (Panel 1). Change cannot wait for a convenient time, perfect data, or an abundance of political will to facilitate change and increase accountability. There are enough resources to be able to provide the right healthcare for all children, we simply have to prioritise them.⁸

(Panel) Actions needed now:

- Adopt a human rights-based approach that upholds children's rights to the highest attainable standard of health without discrimination and abolish policies that undermine this right for minoritised children.
- Incorporate anti-racist health and research practice into the health system's functioning and commissioning, including by increasing engagement during decision making, and co-creation of processes, policies, and procedures with minoritised communities in order to foster greater trust.
- Integrate anti-racist training within healthcare curricula to ensure that the next generation of health workers have the information and skills to recognise and combat racism in the health system.
- Embed professional accountability to uphold anti-racist principles and practice into the health system, including by embedding anti-racism within the annual appraisal process as a professional requirement.
- Ensure that data and evidence collected and valued by the health system incorporates the voices and inputs of communities, delivering epistemic justice.
- End structural discrimination in institutions and systems that shape children's interactions with the health system, including social care systems, and separate policing and prison systems from healthcare.
- Uphold EDI commitments and funding and allocate funding to dismantle racism and White supremacy in the UK health system.
- Co-create anti-racist and anti-oppressive services with minoritised communities, providing a viable alternative to oppressive systems and structures.

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DD, JB, LB, SE, TAD conceived of and co-delivered the roundtable discussion. SE drafted the letter contents and recommended actions. All authors edited and critically revised the draft.

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