Glossary for anti-racism Principles

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Allyship: An active and consistent effort to use your privilege to support and advocate for people with less privilege, by understanding the struggles that they face. An ally is not a member of the marginalised group who they are supporting.

Bias interruption: The proactive strategies designed to identify and disrupt bias in real time by actively identifying and then challenging stereotypes or prejudices whether unconscious or conscious.

Cultural curiosity: The active desire to understand, learn about, and appreciate people from different cultural backgrounds, beliefs, and experiences.

Cultural respect: A positive feeling of esteem, admiration, or deference shown towards someone or something, acknowledging their worth, dignity, or views. It involves treating others with courtesy, avoiding interference with their rights, and is considered a vital component of healthy relationships, fair work, and social cohesion.

Cultural safety: The practice of creating an environment in which individuals feel secure and respected in their cultural identities. Cultural safety goes beyond mere cultural competence; it demands an active effort to understand, respect, and validate the diverse cultural backgrounds of individuals, thereby promoting inclusivity and equity.

Anti-racism: Policies, actions, or beliefs that oppose the unfair treatment of people because of their race. It represents an active approach to opposing racism rather than just a passive belief in equality, encompassing campaigns, legislation, and behaviours aimed at preventing discrimination.

Anti-racist practice: The active, consistent, and intentional process of identifying, challenging, and dismantling structural, institutional, and individual racism.

Antisemitism: A form of racism and discrimination directed against Jewish people, which can manifest in prejudice, hostility, stereotyping, exclusion, or unequal treatment. In healthcare, antisemitism may impact access to services, quality of care, psychological safety, and trust in health systems.

Bias awareness: The recognition of both conscious and unconscious biases. Everyone possesses these biases, which influence decisions and behaviours towards others, often leading to unfair treatment or discrimination in hiring and workplace interactions.

Differential attainment: Refers to the gap in educational or professional performance between different demographic groups, such as differences in exam pass rates or training outcomes based on ethnicity, gender, or background.

Intersectionality: A framework for understanding how a person's various social identities such as race, gender, class, sexuality, and ability overlap and intersect. Rather than experiencing discrimination based on one factor alone, people experience unique, combined, and compounding forms of inequality.

Psychological safety: The shared belief that staff can speak up, report errors, and express concerns without fear of retribution. It is essential for patient safety, staff retention, and wellbeing, fostering an open culture where team members feel included, valued, and safe to contribute.

Racially minoritised groups: Refers to groups actively marginalised through social, political, and power structures, rather than just being statistical minorities. This term highlights that racialisation is an active, ongoing process that subjugates people of racial or ethnic backgrounds, including people who are Black, Asian and ethnic minority.

Structural racism: The totality of ways in which societies foster racial discrimination, through mutually reinforcing inequitable systems (in housing, education, employment, earnings, benefits, credit, health care, criminal justice, and so on) that in turn reinforce discriminatory beliefs, values, and distribution of resources, which together affect the risk of adverse health outcomes.

Structural competency: The trained ability of healthcare professionals to recognise and act upon the upstream social, economic, and political structures.