The Invisible Human Cost of Racism in the NHS: "Healing in the System"

Lancaster University
in partnership with Anti Racist Cumbria

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Executive Summary

This report examines the often-overlooked issue of racial trauma among Black and Brown NHS staff and explores the potential of racial trauma-informed care as a means of reducing harm resulting from racism to employees and improving organisational outcomes. It's important to state at the outset that racial trauma support doesn't directly address or prevent racism, but it is an essential tool which can address the harm of racism which we know is happening in NHS environments. While extensive evidence already demonstrates the prevalence of racism within the NHS and its adverse consequences for staff wellbeing, retention, recruitment and organisational performance, relatively little attention has been paid to the traumatic impact of these experiences or to approaches that support healing.

The report argues that racism should be understood not only as an equality issue but also as a workplace health and safety concern due to its profound psychological and physiological effects on staff.

The report introduces the concept of racial trauma, defined as the emotional, psychological and physiological harm caused by racism. Drawing on existing scholarship, it highlights how racial trauma may result from direct experiences of racism, indirect racism, including microaggressions, vicarious exposure to racism, collective racialised experiences and intergenerational forms of trauma.

Rather than viewing trauma solely through a psychological lens, the report emphasises embodied understandings of trauma, demonstrating how racism affects the nervous system and can trigger fight, flight or freeze responses

leading to persistent states of hypervigilance, anxiety, emotional distress and physical health problems.

To explore how racial trauma-informed care might support NHS staff, Anti Racist Cumbria (ARC), in partnership with Lancaster University, conducted phase one of a project titled, Healing in the System. The study involved ten Black and Brown NHS staff members and medical students who participated in three monthly sessions.

The project, led by Black researchers and practitioners, combined research and healing by creating racial trauma-informed spaces where participants could share experiences of racism and engage in somatic (body) and creative practices designed to support self-regulation, resilience, and recovery. Activities included breathing exercises, body awareness techniques, somatic illustrations, poetry, drawing, zine-making and group reflections.

Participants described experiences of racism across NHS settings because of their race[1] and ethnicity, including racism-based bullying, exclusion and challenges to professional competence based on skin colour, racist assumptions and stereotypes, racial slurs and physical aggression from patients. These experiences generated significant embodied responses, including headaches, heart palpitations, chest tightness, nausea, memory disruption, sleep difficulties, hypervigilance and feelings of fear, anger and anxiety.

The findings demonstrate that racism leaves lasting physiological and psychological impacts that often remain hidden within organisations or are

[1] It is important to note that race is understood to be a category created by society to group people, which can affect people's opportunities, experiences, and life chances. Race also interacts with other categories such as class, age, gender, sexuality and disability to shape opportunities, experiences and life chances.

masked through absences or attrition. Importantly, trauma responses could persist long after incidents occurred and even after moving to new workplaces.

The first phase also found promising evidence that somatic interventions can help staff manage the effects of racial trauma. By this, we mean tending to the harm caused by racism and finding ways to navigate the situation or the reporting process, which can often compound trauma. Prior to the project, participants were aware of the racism experienced in their NHS workplaces and could articulate to some extent what was happening in their bodies.

Through the project, participants reported becoming more aware of their bodily responses, learning techniques to regulate stress and experiencing increased confidence when navigating racism in workplace situations. Several participants described reduced anxiety, improved emotional regulation and relief from longstanding physical tension. While the project was small and exploratory, the findings suggest that embodied approaches to healing may offer valuable support for Black and Brown staff experiencing racism in healthcare settings. This is essential care which needs to/ could run alongside anti-racist initiatives which aim to directly address and prevent racism from happening.

The report concludes that racial trauma-informed care should become a core component of NHS anti-racism strategies. Key recommendations include increasing awareness of racial trauma through training; establishing peer, trade union and therapeutic support pathways and embedding trauma-informed approaches into reporting and investigation processes.

Other recommendations include strengthening responses to racist incidents; and ensuring that Freedom to Speak Up mechanisms and other organisational systems explicitly address racism in all its forms, not just through the lens of overtly racist incidents or hate crimes. By recognising and responding to racial

trauma, the NHS can better support staff wellbeing, improve retention and reduce the human and organisational costs of racism.

Introduction

Many studies detail experiences of racist behaviour in the NHS (Batnitzky & McDowell, 2011; Likupe, 2015; Likupe & Archibong, 2013; Royal College of Nursing, 2026; West et al., 2017; Woodhead et al., 2022) while others highlight higher rates of stress, burnout, and related mental health issues (Bécares et al., 2025; Karlsson and Nazroo, 2002; Lever et al., 2019) which directly impact on staff morale, retention and recruitment (Kline and Warmington, 2024).

There have also been many recommendations from these studies on how to tackle racism in the NHS, with varying degrees of focus on tackling the root causes and impacts of racism (Kline, 2025; Mann, 2026). In addition to being unjust and resulting in health costs for Black and Brown staff experiencing racism at work, these factors contribute to higher costs for the NHS through turnover, sick-pay, agency use, and tribunals (NHS Race and Health Observatory, 2025).

The invisible cost of racism arises from negative mental health outcomes for staff, lowered productivity from ill or absent employees, high attrition rates and diminished communication and creative capabilities (Carter and Scheuermann, 2012). It matters significantly that we look to reduce the cost of racism both to the Black and Brown NHS workforce and to the NHS itself. The NHS Workforce Race Equality Standard shows an upward trend in the number of Black and Brown staff in the NHS. The latest figures released in 2025 show that approximately 31% of NHS staff are from Black and Brown backgrounds, with this figure rising to 50% in the medical and dental workforce.

What this report seeks to do is to bring the language of racial trauma and the practices of racial trauma-informed care into the discussions of racism in the NHS. For instance, the latest review of racism in the NHS by Lord Mann (2026) makes no mention of the trauma that racism engenders. In 2024, Anti Racist Cumbria (ARC) was commissioned by an NHS Trust to support it in tackling racism experienced by the staff it employs. ARC delivered an "Antidoting Racial Trauma Course" for Black and Brown clinical staff due to concerns over the impact racism was having on them, which was contributing to sick leave and retention issues.

Facilitating these sessions confirmed what research (Kinouani, 2021; Menakem, 2021) has long recognised: that racism leads to deep racial trauma and must be understood and challenged with this in mind. This project demonstrated that a trauma-informed approach is not being taken into consideration in this Trust's work practices that seek to address racism. A paradox exists: the NHS as a whole recognises the importance of trauma-informed care but does not consistently or fully apply it to its own workforce.

The argument for applying trauma-informed care already exists (e.g. Miller et al., 2021). However, trauma-informed care, as an approach to addressing the harm caused by racism, is not yet a well-established practice within the NHS. Furthermore, there is limited research on the forms of such care, the impact on Black and Brown staff and whether it reduces the cost of racism to the NHS.

This report first introduces what is meant by racial trauma and racial trauma-informed care, particularly using embodied practices. In partnership with Lancaster University, ARC conducted phase one of a research project, Healing in the System. The project centered healing practices that encourage people to notice what is happening in their bodies as they encounter racism and

to use gentle practices to help their bodies feel safer, calmer, and more supported during and after experiencing harm from racism.

This report details how we worked with 10 Black and Brown staff and medical students, presents the project's findings, and concludes with policy recommendations and the requisite actions to embed racial trauma-informed care in the NHS.

Racial trauma and racial trauma-informed care

Stevenson (2022, p. 217) defines racial trauma as 'the physiological, psychological and emotional damage resulting from the impact and experience of racial harassment or discrimination. Racial trauma can range from a negative, sudden and uncontrollable experience or crisis, to on-going physical or psychological threat that produces feelings of fear, anxiety, depression, helplessness and post-traumatic stress disorder (PTSD)'.

For others, there are higher thresholds to count experiences of racism as racial trauma. Carter includes replaying instances of racist incidents and avoidance of the stressor (person or workplace) as evidence of the presence of trauma, but what is common among the frameworks is the agreement that racism is the cause of psychological distress (Kinouani, 2021, p.37 - 38). Harrell (2000) offers a six-level framework to highlight how Black and Brown people are impacted by racial trauma both individually and collectively:

- Racism-related life events in which racism is personally experienced.
- Vicarious racism experiences that go beyond direct personal experience but are experienced vicariously, through observation and reports of others' experiences.
- Microaggressions refer to the everyday verbal or non-verbal slights, snubs or insults which communicate hostile, derogatory or negative messages to Black and Brown people (Pierce, 1974).

- Chronic-contextual stress occurs because in a racialised society, there is an unequal distribution of resources and limitations on opportunities, which negatively impact the life chances and quality of life of Black and Brown people (Bonilla Silva, 1997). For example, some Black and Brown groups are less likely to be employed and more likely to live in overcrowded housing as a result of the interaction between race and class.

- Collective experiences differ from personal experiences and vicarious racism because this source of stress is derived from an awareness or observation of how racism affects the lives of Black and Brown groups they identify with. For example, how the brutal murder of George Floyd by police officer Derek Chauvin echoed across the world through the #BlackLivesMatter movement, or more recently in the UK the far-right racist riots and the targeting of Black and Brown people.

- Intergenerational trauma recognises that aspects of oppression-related historical events and ongoing oppressions can be transmitted across generations through discussion, storytelling, and lessons taught to children. For example, Black and Brown children are being told they need to work twice as hard to succeed.

While there are psychological and psychoanalytical approaches to providing racial trauma-informed care, the project focused on how racial trauma shows up in the bodies of Black and Brown people. As Menakem (2021) argues, racial trauma is not primarily an emotional and psychological response; trauma always happens in the body.

The body responds with an automatic protective mechanism to what it perceives as a threat (physical or psychological) to avoid further (or future) potential

damage. Trauma responses 'manifest as fight, flee or freeze, or some combination of constriction, pain, fear, dread, anxiety, unpleasant (and/or sometimes pleasant) thoughts, reactive behaviours or other sensations and experiences' (Menakem, 2021, p.7).

These reactive behaviours also lead to anger, hypervigilance, withdrawal, depression, numbness, memory loss and confusion. Dyer (2026) writes that the nervous system learns through months of accumulated experience because of how bodies are designed to learn from repeated experience what signals danger and preparing accordingly. Experiences of racism are both chronic and ambient, many times, acute and visible too meaning that the body's preparation never fully switches off. The threat response becomes a resting state. And a resting state of hypervigilance is, over time, genuinely physically harmful (Dyer, 2026). Consequently, racism in the workplace is a health and safety concern.

Using the body as part of racial trauma-informed care

As advocated for by Menakem (2021), the body becomes the site through which healing from racial trauma originates. He suggests somatic steps that engage the body to allow healing as one encounters racism. These steps can also avoid fight, flee or freeze responses. They include:

- Soothing oneself, quietening the mind, calming one's heart and settling the body through breathing exercises, for example.
- Noticing the sensations, vibrations and emotions in the body without responding to them. The body activates physical sensations when something feels unfair, frightening, or not right, e.g., a tingle at the back of the neck, a sinking feeling in the belly, or tightness in the shoulders.

- Accepting the discomfort, resisting the urge to suppress or push it away, or to strategise on how to respond, and noticing when the speed, focus, or quality of thoughts changes.

- Staying in the present and remaining connected to the body, act from the best part of oneself. The first three steps might need to be repeated to remain connected with the body.

- Do something physical and harmless to the person or others as soon as it is reasonably possible to dissipate the energy that is built up from racist encounters. Collective practices of healing, such as singing together, clapping, and drumming, are also relevant here.

While this report focuses on the body as a site of healing, as a way of coping within a racist system, a focus on transforming the system is also necessary.

These somatic practices offer a way to heal as an important tool in the toolbox for building an anti-racist system.

Phase One:
Healing in the System

Adverts were posted on ARC's social media platforms and on the lead researcher's social media pages. Direct invitations were also sent to key contacts in the Lancashire and Cumbria region. Black and Brown clinical staff and students were invited to express their interest in participating in the project. We received 21 expressions of interest and selected 10 to represent a diversity of roles, genders, ethnicities, locations and ages.

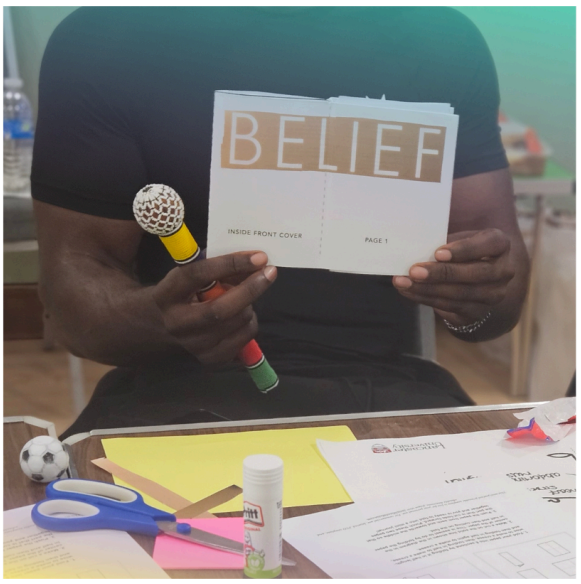
Participants were paid for their time because we value the experiential knowledge they offer, the time they gave, and the fact that engaging with racial trauma can take energy beyond attending the sessions (Walker and Annand, 2026). We met for 3 hours each month in March, April and May 2026. All participants attended all the sessions. This project created a methodology underpinned by racial trauma-informed care in the design of the 3 x 3-hour sessions.

In accessing experiences of racial trauma in the NHS, we were keen to offer care-full spaces that provided participants with practices to rewire their bodies' abilities to self-soothe and counteract the harm that racism causes. Our core aim was to offer opportunities to begin to heal from racial trauma.

The research design adhered to principles such as developing caring communities; offering choice; providing comfort and challenge as appropriate; holding space with care; safe-enough spaces; listening; multisensoriality and embodiment (Sunderland et al., 2023). We advocate for arts-based research approaches as part of broader trauma responses (Lenette, 2019). Therefore, the

sessions included creative methods such as drawing, I-poetry, somatic illustrations, zine-making and singing as part of healing strategies. Each creative activity served a purpose. For example, the I-poetry task asked participants to write up to 10 statements beginning with "I" about how they resource themselves daily, particularly in racist workplaces. The somatic illustration task involved labelling a stick figure to indicate where participants felt physical sensations in their bodies as the somatic practitioner guided participants through a particular racist incident they had faced in the past.

The somatic practitioner was a core part of the research team and was involved in the design and facilitation of these sessions. He took participants through breathing, body and movement exercises following discussions of trauma, he encouraged participants to make embodied commitments such as dignity poses to reclaim oneself when a racist encounter occurs. Throughout the project, the research team co-created a healing space with the participants.



Findings

Experiences of racial trauma

Participants shared various experiences of racism in different NHS settings, ranging from racist name-calling to isolation to bullying to questioning expertise to physical assault from a patient because of their racial or ethnic identity. These experiences are distinct from bullying and harassment per se because they are rooted in and draw on racist societal structures and systems in ways that reinforce racial inequalities.

From the Harrell (2000) framework, the project found evidence of personal experiences, vicarious racism where no action is taken when a colleague reports racist encounters, microaggressions and collective experiences.

These participants recounted their racist experiences from colleagues, managers and patients. These findings echo previous research on racism in the NHS.

This report is distinct in that it deepens existing research by illuminating the embodied responses to these racist encounters. Figures 1 and 2 are examples of the somatic illustrations that helped participants to reflect on their embodied responses to racism.

The excerpts provided below have been slightly amended to improve readability but remain mostly verbatim quotes from their discussions of somatic illustrations.

Lived Experience examples of racial trauma

"Oh, that's a racist comment that's been made to me. I had this severe headache and then I could feel my heart pounding. I had some palpitations".

Midwife

"For me, I hold it in the centre of my chest. which I feel like a tightness when I enter a room, and I don't see anybody who looks like me. Not because of anything anyone has said, but because of this anxiety that not me, but the people there think I'm not meant to be there. And then I also said that in my stomach".

Medical student

"It's like every time I walk on the street, and I see any white lady with a fringe, I see that woman. Literally, she harassed me and the trust did not query that...and they've closed down my grievance until today and no one has revisited that. It's all because of my colour and nothing else, but it's real. When I started my new role, when you see someone and my heart sinks, started having tachycardia, my heart started beating fast and things like that, I think it's the trauma response that then made me to be hypervigilant, which you were talking about. But I must say they are more supportive than my previous experience, but the trauma wouldn't let me leave them be. So, I'm sort of on guard because the whole system I trusted failed me woefully".

Research nurse

“My heart is beating so fast. It's the same as like a stress response, but maybe something more physiological. Like you, I said cold feet as well. I felt like I want to run away, sweaty hands because I'm really nervous. My tummy gets a bit upset or like I kind of want to be sick. Umm my ears as well, like they get hot or I just keep remembering hearing it back again. Like your mind kind of repeats things visually as well, like flashbacks as well as to when that happened also. With microaggressions, sometimes you feel like, was I overthinking that? I mean, that constant pain in my back or spine because something's niggling and I can't do anything about it right now, but trying to”.

Nurse

“He [a white patient fully dressed in the Union Jack] just didn't speak with me, and I could tell why… I was in control, but I just forgot what I was looking at. Normally, I'm an expert at what I do. I do it every day. I can look at the screen, I can do whatever I need to do, but it was like a blank screen. We still managed to do what we needed to do, but it was like an uncomfortable sort of feeling you have… your heart will start beating a bit faster, so if you're looking at the news [the racist riots were happening at the time], things like that, if it's at nighttime, you probably can't sleep for a bit, because your heart will be working”.

Radiographer

*"[A patient said] you f******* n******. Then went back to where she was going. I didn't take it as anything. My colleague said, make sure you report it. What am I reporting? What are they going to do about it? So, you just overlook it".*

Mental health support worker

"I was really angry. Like my temples really hurt. I felt tense in my face. I was physically, like facially expressive, like anger. My teeth were clenching, like I was hurting, like my fists were clenched as well, and my feet were tingling rather than it being like cold. I was ready to fight. So, but that's the response…I was just, it was just full fight, it was just fight, there was no flight".

Speech and language therapist

What the embodied response in these quotes do is make visible the hidden physiological and psychological costs of racism to Black and Brown staff in the NHS.

Where staff are repeatedly experiencing these racist encounters, workplaces no longer become safe. Flight responses are engaged either through absences or resignations leading to costs to the NHS.

As illustrated by one of the quotes, even leaving for a new position does not necessarily relieve a person from trauma responses.

Fight responses are also possible, which are not healthy for the individual or workplace interactions.

fig.1

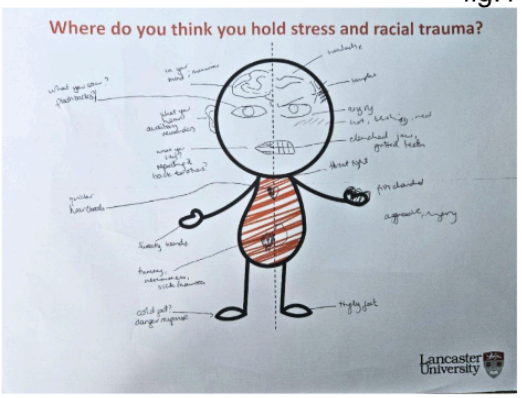
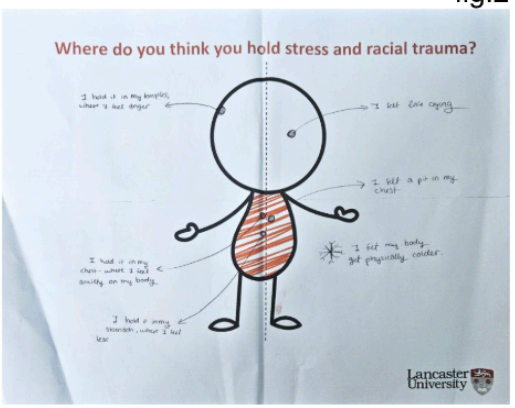


fig.2



Impact of embodied practices

After participants shared experiences of racism in the workplace, the somatic practitioner led various exercises with participants, and in subsequent sessions we spent time reflecting on how these practices helped them at work. What became clear was that people reconnected their minds with their bodies, they were more attuned to their bodily reactions and practiced self-soothing in ways that benefited them.

There were immediate impacts of the somatic interventions during and after the sessions, and participants used the exercises at work over the duration of the project. The somatic practitioner offered some exercises that could be implemented immediately following racist encounters, such as the smile intervention.

As participants are asked to recall a particular racist incident, the practitioner talks through how to regulate breathing with their eyes closed and then to smile. This intervention is not about laughing off racism or simply putting on a brave face. When done as a somatic exercise, it's about helping the brain think differently about that situation by changing how the body is positioned or postured, or the faces made when the brain flashes back to the event.

Importantly, the intervention is not intended to suppress or avoid the issue; rather, it increases the likelihood that the racist incident does not leave a traumatic response on the body.

Following the recalling of racist experiences at work during the sessions, the smile intervention was used and participants said:

"And then the moment you asked us to put that smile on, I felt like I was being liberated. I could break through those challenges. And I've never really thought about it this way. I think I'm going to take this with me".

Midwife

“Immediately I smiled, it seemed like everything just dripped down and I couldn't feel anything once again”.

Hospital support worker

Post sessions, participants reported using other interventions in work situations:

“Before now if I was going to have such meeting, sudden hot flushes would happen. My heart will sink in my belly everything. And then I come out of them feeling really like all energy lost. But I've just learned to really put my feet on the ground. And smile through it. And it's been working. So, it’s a very positive experience honestly. So yeah, got the power and energy I need”.

Research nurse

“So recently I had a presentation, and my heart was beating so quick. I don't know why. Like normally I just a chilled guy. My heart was beating really, really quick and I was like, wait, let me just think about it and tell my heart to calm down. Told it to calm down and [it worked]. I'm gonna use it more often”.

Medical student

As this was a project, the long-term impact and benefits of the somatic interventions could not be fully explored. However, two narratives are presented

below to illustrate the potential of racial trauma-informed care that uses the body as a channel for healing. These narratives demonstrate how two participants used somatic interventions in two different ways, one to handle a situation with a manager and the other to handle physical pain.

Case 1

"I remember I would dread having to go to work just looking on my shift, knowing that I have to go to work tomorrow was just terrible for me. However, since I've been able to kind of manage the experiences that goes on. I find myself going to work without any fear or anxiety. So, what I realised was there was a particular shift lead that would kind of second check everything that you do. But I realised she wasn't doing it with the white colleagues. I still had that fear, that panic, you know, it gives you that feeling of imposter syndrome makes you question your own skills. Am I qualified for this position? Because you have the idea that your colleagues are getting on with their work and not being questioned while yours is being questioned, so it makes you kind of ask yourself loads of questions. Apart from being fearful and anxious, it's like you freeze and you begin to stutter. Umm. And then you ask yourself you don't stutter, so why are you stuttering? Why are you finding it hard to speak? And you get this kind of chill through your body and sometimes you want to explode like you could. I could hear, like I could feel my heart beating like palpitating and all that. But then I remembered that breathing exercise. So, I did that...[therapist suggested] just throw it [questions] back to her and see what happens. So that's exactly what I did and it kind of worked."

Case 2

"You said something about holding onto pain somewhere. So, I think I'm beginning to understand that this pain I've held on my left leg was from my previous job and in all honesty, because I thought it was pregnancy. But I'm thinking, why was it not there all these years and suddenly started manifesting. Every time I was sat in that my office, I crossed my leg and held on to myself because I was protecting myself…that tension was just particularly going on that side because she comes [into my office on the side where my left leg is]. Well, for me it was very important discovery from the last time knowing that the left leg pain I have been experiencing for such a long time was related to accumulated tension. And it's improved so much. Honestly, yes, I've been doing all the stretches, and in fact, I've booked my next massage. My left leg certainly feels better than it was because I started doing those stretches and it was interesting to find how these things [tension] live in there [the body].

And I never thought of that until the last session."

These two cases point to future avenues for exploration of how racial trauma-informed care can provide support to address the harm caused by racism and move towards healing. Racial trauma-informed care should be viewed as one form of anti-racist action which sits within and is an integral part of a whole package of anti-racist initiatives.

Conclusion

This report has demonstrated the need to take seriously the idea that racism in the NHS can cause racial trauma for Black and Brown staff. From the project, we have revealed how experiences of racism evoke fight-or-flight responses for staff, as well as the invisible cost that racism exerts on their bodies.

Through somatic interventions, this phase highlights the real potential for racial trauma-informed care, that uses the body as a healing mechanism, to be used within the racist system that they work in. As the NHS is the largest employer in the UK and among the largest employers in the world, research examining racial trauma-informed care will have implications for workplaces in the health sector and beyond.

In particular, further longitudinal and multi-site research is needed to examine how this form of racial trauma-informed care supports Black and Brown staff and the corresponding benefits to the NHS. There also needs to be a wider range of professions; for example, other medical and clinical staff, such as doctors and dentists, were not amongst the participants in this study.

Initial Recommendations

Presented below are participants' ideas for the provision of racial trauma-informed care as key actions that NHS workplaces could take to support the healing of Black and Brown staff:

1. Increase awareness of racial trauma in the workplace, providing people with the knowledge of what racial trauma is and the corresponding stress responses.
   Doing this sensitises the organisation to the causes, expressions, and possible ways to heal from racial trauma. It is important that this is not done through asking or accepting offers from Black and Brown people regarding sharing lived experience, which is a very common misunderstanding of how the issue should be addressed.

   Increasing awareness needs to be done by training, which is facilitated by Black and Brown racial trauma-informed practitioners, and needs to start with senior leadership so buy-in is centred and then filtered down to managers, leaders and senior employees

2. Provision of racial trauma-informed responses in the form of support through a variety of channels:

   a. Peer support: employee networks led by Black and Brown people where experiences of racial trauma are respected and honoured. Prior to becoming leaders of the peer support group, they also need to be trained in using the body to heal from racial trauma.

It is important to be clear that space needs to be made for employee networks to be specifically for Black and Brown employees – all too often these spaces are for wider groups, making the experience for those whom it is intended for, unsafe.

b. Trade union support: an employee representative that understands racial trauma and can provide the necessary support when a Black and Brown person wishes to act because of a racist experience at work. This requires employee representatives to also be trained in what racial trauma is, as previously stated.

c. Therapeutic support: employee assistance and wellbeing programmes that are available to staff should also include providers of racial trauma-informed care, both cognitively and somatically. The option to self-refer should be made available. A hotline should also be available for employees in the immediate aftermath of an incident to receive somatic care and soothe the harm.

   The function of the hotline will be to have a debrief with a Black and Brown therapist who understands racism and is somatically trained to help staff process what occurred. It is recognised that current wellbeing initiatives and programmes to which staff are signposted by default typically do not include this type of provision. Consequently, investment in and commissioning of this provision needs to be done.

3. Trauma-informed processes for reporting: in addition to increased awareness, sensitivity and response, it is crucial that an organisation also implements trauma-informed processes associated with reporting racist incidents and monitors their impact.

    a. Improve how data collection systems respond to reports of racist incidents. Different NHS workplaces have different reporting systems and mechanisms; therefore, an evaluation of current systems is needed. This audit will highlight areas for improvement to better address racial trauma.

    b. Extend and clarify that the Freedom to Speak Up programme can also be used to report racism, ensuring consistency across the NHS. There should be specific guardians and advocates training in providing racial trauma-informed care.

    c. A process is triggered when an employee reports an incident, an independent body is alerted, and an independent investigator is appointed. From the start of the investigation, during and after, the priority is to restore psychological and emotional safety and to avoid further harm or retraumatisation.

    The policies and processes are transparent with regular feedback. At the end of the investigation, the final outcome is communicated with recourse to an appeal as necessary.

Actions Preceding Recommendations

The above recommendations outline possibilities for improving the NHS as a workplace for Black and Brown staff. To explore these possibilities in depth, longer-term research with NHS workplaces is needed to examine the long-term impact and benefits of the somatic interventions and ensure they are sustainable and embedded.

To facilitate the implementation of these recommendations, NHS Trusts should:

1. Recognise the concept of racial trauma and the ways in which it can manifest and harm individuals internally and externally.
2. Recognise racial trauma as a workplace health and safety concern and release staff to attend racial trauma training and racial trauma-informed care sessions to receive care as necessary.
3. Robustly support a larger piece of work to fully consider and understand somatic interventions and how they can play a part in anti-racism practice.

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