

Better
Health
Briefing

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**Achieving
equality in organ
donation and
transplantation
in the UK:
challenges and
solutions**

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Key messages

- 1 Minority ethnic groups are disproportionately affected by inequalities in transplant services in the UK
- 2 The UK Organ Donation Taskforce's explicit recommendations to tackle the needs of the UK's multi-ethnic and multi-faith population demonstrate the significance of this issue
- 3 Policy interventions should take a two-pronged approach: to employ preventive strategies to decrease the number of minority ethnic patients requiring a transplant in the long term; and to increase the number of organ donors from minority ethnic groups in the short term
- 4 There are a number of targeted interventions designed to tackle inequalities in transplant services, but increased guidance, training and awareness are still necessary.

Introduction

Minority ethnic groups in the UK experience many health inequalities. Transplant services are not immune to this phenomenon and significant variation exists – in relation to demand for, access to, and waiting times for these services – between minority ethnic groups in particular (Roderick *et al.*, 2011). Demand for transplantation can largely be reduced if there is a sustained commitment to public health interventions and tailored management of long-term conditions, recognising the heterogeneity of the UK's population. Improved access to transplantation and reduced waiting times can be achieved if there are concerted and adequately resourced efforts to increase the number of organ donors from minority ethnic groups.

1 Inequalities in transplant services

Minority ethnic communities are at greater risk of developing organ failure for a number of complex reasons. These range from genetic predisposition, increased prevalence of underlying conditions, and poorer access to, and uptake of services. Prevalence of Type 2 diabetes is up to six times greater among South Asians and African-Caribbean communities than in the white population (Riste *et al.*, 2001; Forouhi *et al.*, 2006). Around 20 per cent of South Asians aged 40–49 have Type 2 diabetes, and by the age of 65 the proportion rises to one-third (Forouhi *et al.*, 2006). South Asian and African-Caribbean patients receiving renal replacement therapy (RRT) (either by dialysis or transplantation) have a four times greater relative risk of end-stage renal failure (ESRF) caused by diabetic nephropathy than their white counterparts (Roderick *et al.*, 1996).

There are currently approximately 8000 people waiting for transplants in the UK – with a disproportionately greater number from minority ethnic backgrounds. The majority are waiting for kidney transplants, but there are also long waiting lists for heart, lung and liver transplants. For example:

- People of South Asian origin represent 15 per cent of those waiting for a kidney transplant even though they comprise only 4 per cent of the general population. For African-Caribbean patients, the figures are over 7 per cent on the waiting list compared to 2 per cent of the UK population (Table 1).
- Conversely, only 2.1 per cent of people who donate kidneys after their death are South Asian and 1.2 per cent African-Caribbean (Table 1).

Table 1 Ethnicity of deceased heartbeating kidney donors and recipients (1 April 2007 – 31 March 2009) and transplant list patients at 31 March 2009 in the UK

Ethnicity	Donors				Transplant recipients				Active transplant list patients				UK pop.
	2007–08		2008–09		2007–08		2008–09		2008		2009		
	N	%	N	%	N	%	N	%	N	%	N	%	
White	568	95.6	554	94.9	934	83.5	867	79.1	5298	76.0	5378	74.8	92.1
Asian	10	1.7	12	2.1	101	9.0	138	12.6	998	14.3	1077	15.0	4.0
Black	11	1.9	7	1.2	62	5.5	70	6.4	507	7.3	552	7.7	2.0
Chinese	1	0.2	2	0.3	10	0.9	8	0.7	74	1.1	78	1.1	0.4
Other	4	0.7	9	1.5	11	1.0	13	1.2	98	1.4	104	1.4	1.5
Not reported	0	–	0	–	0	–	0	–	5	–	1	–	–
Total	594		584		1118		1096		6980		7190		

(Source: NHS Blood and Transplant, 2009)

- Viral hepatitis – hepatitis B and C – is also more prevalent in the South Asian population, leading to increased likelihood of liver damage and liver failure. South Asians comprise over 10 per cent of the liver transplant list (Table 2).

Table 2 Number registered on list for a liver transplant in UK at 31 December 2008, by age decade and ethnic origin

Age (years)	Ethnic origin						Total
	White	Asian	Black	Chinese	Mixed	Other	
0–9	14	1	0	0	0	0	15
10–19	8	1	0	0	0	1	10
20–29	15	3	1	0	0	3	22
30–39	21	1	1	0	0	1	24
40–49	55	11	0	0	0	2	68
50–59	109	16	4	0	0	2	131
60–69	75	4	0	2	0	3	84
70–79	1	0	0	0	0	1	2
Total	298	37	6	2	0	13	356
Total %	83.7%	10.4%	1.7%	0.6%	0.0%	3.7%	–
Pop. %	92.1%	4.0%	2.0%	0.4%	1.1%	0.4%	–

(Source: NHS Blood and Transplant, 2009)

- Minority ethnic communities are represented in disproportionately lower numbers on the Organ Donor Register: 1 per cent of people registered are South Asian and 0.3 per cent of people registered are African-Caribbean (Rudge *et al.*, 2007).
- South Asian and African-Caribbean people wait on average twice as long as white people for a kidney transplant. White patients wait on average 719 days, Asian patients wait 1368 days and black people wait 1419 days (Rudge *et al.*, 2007).

2 Tackling inequalities in transplant services

Explicit recommendations to tackle the needs of the UK's multi-ethnic and multi-faith population have been developed by the UK Organ Donation Taskforce. Its first report highlighted 'an urgent requirement to identify and implement the most effective methods through which organ donation and the "gift of life" can be promoted to the general public, and specifically to the BME (Black and minority ethnic) population' (Department of Health (DH), 2008a), while its second report recommended that 'the Programme Delivery Board builds on the foundations of the interviews with faith and belief groups ... to ensure that the valuable dialogue that was established is maintained' (DH, 2008b). These recommendations demonstrate recognition of the inequalities that exist within transplant services. The challenge now is to ensure that there is urgent and appropriately resourced action to ensure a tangible benefit for the population.

3 Prevention and management of long-term conditions

A range of studies have documented the lower quality of diabetes and renal care, patient compliance, and knowledge of diabetes and its complications among South Asians and African-Caribbeans (Randhawa *et al.*, 2010c; Gholap *et al.*, 2011; Wilkinson *et al.*, 2011a). In an effort to address these inequalities, national policy documents have drawn attention to them with the aim of influencing clinical practice. The Diabetes National Service Framework (NSF) highlights the importance of access to services, in particular to meet the needs of minority ethnic groups (DH, 2002). The Renal Services NSF also focuses on 'renal disease complicating diabetes' and emphasises inequalities experienced by minority ethnic groups (DH, 2004). The Quality and Outcomes Framework (QOF) introduced standards for monitoring diabetes and kidney disease in 2006 which were aimed at improving primary care practice among GPs. Preliminary analyses from a UK-wide study suggest that these national policy developments may be beginning to yield some benefits (Wilkinson *et al.*, 2011b).

Increasing awareness of the need for organ donors among the African-Caribbean and South Asian communities

It is evident from Table 1 that there are disproportionately lower numbers of organ donors from minority ethnic communities. Although there are a range of complex reasons for this, one key issue stands out: a lack of awareness concerning organ donation and transplantation among these communities, which then manifests itself in increased refusal rates among non-white families in hospitals (Barber *et al.*, 2006; DH, 2008a; Perera and Mamode, 2010).

Studies consistently demonstrate that while African-Caribbeans and South Asians are supportive of organ donation and transplantation, they are not aware of the specific needs of their community for organs (Exley *et al.*, 1996; Darr and Randhawa, 1999; Hayward and Madill, 2003; Alkhawari *et al.*, 2005; Davis and Randhawa, 2006; Morgan *et al.*, 2006). These studies, however, do not identify what would motivate these communities to come forward as potential organ donors. It is hoped that the Donation, Transplantation, Ethnicity (DonaTE) study, funded by the NHS National Institute for Health Research, will contribute to bridging this knowledge gap in the next few years.

A growing amount of literature has shown that religion plays an important part in the decision to donate organs (Hayward and Madill, 2003; Alkhawari *et al.*, 2005; Davis and Randhawa 2006; Randhawa *et al.*, 2010a). None of the religions object to organ donation in principle, although in some there are varying schools of thought. What is interesting, however, is that religion is cited by many people as informing their decision as to whether to donate or not (Randhawa *et al.*, 2010a). There is a need to identify how best to encourage religious 'stakeholders' to engage with their local community concerning the issue of organ

donation and transplantation. It is encouraging to note that the Organ Donation Taskforce initiated some preliminary meetings with faith leaders in the UK and has recommended that this dialogue should continue (DH, 2008b).

In recent years, the DH and NHS Blood and Transplant (formerly known as UK Transplant) have produced a range of educational materials (including leaflets, posters and videos) in the main South Asian languages to increase awareness of transplant-related issues, as well as launching some specific black and minority ethnic campaigns since 2009. Additionally, materials have been produced that set out the position of each religion regarding organ donation. However, current evidence shows that further thought is required with regard to the dissemination of this literature among African-Caribbean and South Asian populations (Morgan *et al.*, 2006; Perera and Mamode, 2010). There are indications from pilot work in the UK, and research overseas involving minority ethnic groups, that appeals for African-Caribbean and South Asian donors may be more effectively communicated by employing a grassroots, community networking approach (Morgan *et al.*, 2010). The Organ Donation Taskforce places great emphasis on achieving equity in organ donation and transplantation and has consequently recommended that further consideration should be given to ensuring that organ donation is relevant to all of the UK's multi-ethnic and multi-faith population (DH, 2008b).

The Potential Donor Audit (an audit developed to identify the true potential for organ donation from deceased donors, together with the reasons for non-donation) has highlighted that the refusal rate for non-white potential donors is 69 per cent, compared to 35 per cent for white potential donors (Barber *et al.*, 2006). The DonaTE study hopes to provide an improved understanding of the reasons why non-white families have a higher refusal rate than white families.

4 The way forward

It is evident that minority ethnic groups are disproportionately affected by renal health problems, both in terms of access to appropriate services, a higher prevalence of renal complications, reduced likelihood of a transplant, and longer waiting times on the transplant waiting list.

Kidney Research UK has recently launched the ABLE ('A better life through education and empowerment') campaign, which aims to redress some of the renal health issues through education and by raising personal awareness of kidney health issues among minority ethnic groups. Professor Gurch Randhawa led a national pilot study (with colleagues from Imperial College and the University of Leicester) to explore the above issues and the study was completed in September 2010. Initial findings from this study suggest low levels of awareness of kidney disease and risk factors among diabetic patients despite familiarity with diabetes (Wilkinson *et al.*, 2011a). However, the study does provide some evidence that quality of care for South Asian patients with diabetes is improving (Wilkinson *et al.*, 2011b).

Concomitantly, there needs to be an increase in the supply of organs from the African-Caribbean and South Asian populations to alleviate the burden on current waiting lists and for those patients on dialysis. This process can only begin if the public are in an informed position to consider and debate the issues surrounding organ donation and transplantation as part of their everyday lives. The need for informed debate has been given further impetus by the present government's emphasis on 'behaviour change' as a key method of increasing organ donation as described in the discussion paper *Applying Behavioural Insight to Health* (Cabinet Office, 2010). An example of its practical application has been to ask people to consider organ donation when they register for a driving licence (Cabinet Office, 2010).

The evidence in this paper suggests, however, that central to attaining this goal are increased levels of health education and awareness of the specific problems within the African-Caribbean and South Asian populations. This is a difficult challenge, as many of these communities live within the most deprived (and hard-to-engage) communities in the UK. Not only should health professionals engage the public with the

discourse of 'disease prevention' as well as 'organ donation', but there is a need to identify whether the social class of a patient and/or their family influences live donation, as this may have implications for current reimbursement arrangements. This issue may have particular relevance to minority ethnic groups who experience the greatest levels of deprivation in the UK.

Religion is used by many individuals to guide their decision as to whether to donate or not (Randhawa *et al.*, 2010a). The introduction of community-based information programmes needs to be evaluated to assess whether this impacts upon the number of African-Caribbeans and South Asians on the Organ Donor Register. Indeed, all public organ donor campaigns should be formally evaluated to identify which members of the public benefit from such campaigns and which are still not being reached. Moreover, research should be commissioned to identify how best to unravel public concerns that are 'cultural' as opposed to 'religious' (Randhawa *et al.*, 2010b).

Within hospitals also, there need to be clear guidelines on how to approach individuals with requests for the donation of their loved one's organs, coupled with specific training and counselling relating to working with families from a range of ethnic and faith backgrounds (Randhawa, 1997). The Organ Donation Taskforce has implemented training for all Specialist Nurses for Organ Donation (SNODs) and Clinical Leads for Organ Donation (CLODs) in how to approach families. The DonaTE study is considering how families from minority ethnic groups should most effectively and appropriately be approached regarding requests for organ donation.

Conclusion

There has been substantial recognition of the need to improve organ donation rates among minority ethnic groups in the UK, as evidenced by the plethora of initiatives led by NHS Blood and Transplant, including the following.

Timeline

- 2000 A multi-faith symposium organised by donor and transplant professionals aimed at the eight major faiths in the UK, supported by DH (Lord Hunt) and senior religious leaders (Bradford: 250 delegates from all major faiths).
- 2001 Debate arranged for Muftis and Imams in the Muslim school. Unable to go forward with this project for political reasons.
- 2002 Appointment of project worker by UK Transplant, to look at organ donation and ethnicity. Leaflets and booklet produced and another seminar held (Birmingham: 200 delegates).
- 2003 UK Transplant take over running of all black and Asian donor campaigns developed by DH. Black and Asian celebrities used to highlight the importance of organ donation and transplantation.
- 2005 Training developed for donor transplant coordinators and clinicians (Hospital development, Breaking bad news) with a significant component of the training applied to cultural differences.
- 2006 Research into attitudes of ethnic minority groups to organ donation, run and commissioned by NHS Blood and Transplant.
- 2006 Cultural guide developed for health care professionals as an aid for use in interviews when speaking to families with differing and diverse cultural backgrounds.
- 2007 NHS Blood and Transplant launch the 'Can we count on you?' campaign, an organ donation campaign targeted at minority ethnic groups.
- 2009 Two-year research study commissioned to explore how to make the gifting of organs relevant and meaningful to the UK's multi-ethnic and multi-faith population.
- 2009 DH commissions a two-year programme of faith-based engagement on organ donation.
- 2010 NHS Blood and Transplant launch the 'If you believe in organ donation, prove it' organ donation campaign for black and Asian people.
- 2011 NHS Blood and Transplant appeal for more minority ethnic organ donors on World Kidney Day.

Many of these initiatives are recognised to be at the forefront worldwide in the development of culturally competent organ donation educational materials. However, their success has been limited by the lack of a focused strategy that would bring together the various strands of a multifaceted problem and lead to a coherent implementation plan. It is hoped that the recent specific recommendations by the Organ Donation Taskforce, focusing on the needs of the UK's diverse population, will enable the development of a clear action plan to achieve equity in organ donation and transplantation. It is further hoped that this briefing paper contributes to beginning and shaping the framework for such a process, not only in the UK but for many other countries with a multi-ethnic and multi-faith society.

Resources

WEBSITES

African-Caribbean Leukaemia Trust

www.aclt.org

Promoting bone marrow and blood donation.

Anthony Nolan Trust (Be a Match, Save a Life)

[www.anthonynolan.org/Existing-Registry-](http://www.anthonynolan.org/Existing-Registry-Donors.aspx)

[Donors.aspx](http://www.anthonynolan.org/Existing-Registry-Donors.aspx)

Centre of Evidence in Transplantation, The Royal College of Surgeons of England

www.transplantevidence.com

Donor Family Network

www.donorfamilynetwork.co.uk

Run by donor families for donor families.

Kids Kidney Research

www.kidskidneyresearch.org

Information and updates on kidney disease.

Live Life Then Give Life

www.lltgl.org.uk

NHS Blood and Transplant

www.organdonation.nhs.uk

www.organdonation.nhs.uk/ukt/how_to_become_a_donor/religious_perspectives/religious_perspectives.jsp

Religious perspectives on organ donation.

www.giveandletlive.co.uk/en

Give and Let Live, a resource for schools and educators.

Organ Donor Campaign

www.theodc.org.uk

Transplant Sport UK

www.transplantsport.org.uk

Organises sports and social events for transplant recipients.

Transplant Support Network

www.transplantsupportnetwork.org.uk/about.htm

Provides support for patients and their families.

UK National Kidney Federation

www.kidney.org.uk

Run by kidney patients for kidney patients.

References

- Alkhwari, F., Stimson, G. and Warrens, A. (2005) 'Attitudes towards transplantation in UK Muslim Indo-Asians in West London', *American Journal of Transplantation*, 5, pp. 1326–31.
- Barber, K., Falvey, S., Hamilton, C., Collett, D. and Rudge, C. (2006) 'Potential for organ donation in the United Kingdom: audit of intensive care records', *BMJ*, 332, 7550, pp. 1124–7, www.bmj.com/content/332/7550/1124.full (last accessed June 2011).
- Cabinet Office (2010) *Applying Behavioural Insight to Health*, London: Cabinet Office, www.cabinetoffice.gov.uk/sites/default/files/resources/403936_BehaviouralInsight_acc.pdf (last accessed June 2011).
- Darr, A. and Randhawa, G. (1999) 'Public opinion and perception of organ donation and transplantation among Asian communities: an exploratory study in Luton, UK', *International Journal of Health Promotion and Education*, 37, pp. 68–74.
- Davis, C. and Randhawa, G. (2006) 'The influence of religion on organ donation among the Black Caribbean and Black African population – a pilot study in the UK', *Ethnicity & Disease*, 16, pp. 281–5.
- Department of Health (DH) (2002) *National Service Framework for Diabetes: Standards*, London: Department of Health, www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4002951 (last accessed June 2011).
- Department of Health (DH) (2004) *National Service Framework for Renal Services*, London: Department of Health, www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4070359 (last accessed June 2011).
- Department of Health (DH) (2008a) *Organs for Transplants: A report from the Organ Donation Taskforce*, London: Department of Health, www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082122 (last accessed June 2011).
- Department of Health (DH) (2008b) *The Potential Impact of an Opt-out System for Organ Donation in the UK – An independent report from the Organ Donation Taskforce*, London: Department of Health, www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_090312 (last accessed June 2011).
- Exley, C., Sim, J., Reid, N., Jackson, S. and West, N. (1996) 'Attitudes and beliefs within the Sikh community regarding organ donation: a pilot study', *Social Science & Medicine*, 43, pp. 23–8.
- Forouhi, N.G., Merrick, D., Goyder, E., Ferguson, B.A., Abbas, J., Lachowycz, K. and Wild, S.H (2006) 'Diabetes prevalence in England, 2001 – estimates from an epidemiological model', *Diabetic Medicine*, 23, 2, pp. 189–97.
- Gholap, N., Davies, M., Patel, K., Sattar, N. and Khunti, K. (2011) 'Type 2 diabetes and cardiovascular disease in South Asians', *Primary Care Diabetes*, 5, 1, pp. 45–56.
- Hayward, C. and Madill, A. (2003) 'The meanings of organ donation: Muslims of Pakistani origin and white English nationals living in North England', *Social Science & Medicine*, 57, pp. 389–401, http://eprints.whiterose.ac.uk/1478/1/madilla2_Clare61.pdf (last accessed June 2011).
- Morgan, M., Adams, O.P., Seed, P.T. and Jones, R. (2010) 'Ethnicity and attitudes to deceased kidney donation: a survey in Barbados and comparison with Black Caribbean people in the United Kingdom', *BMC Public Health*, 10, pp. 266, www.biomedcentral.com/content/pdf/1471-2458-10-266.pdf (last accessed June 2011).
- Morgan, M., Hooper, R., Mayblin, M. and Jones, R. (2006) 'Attitudes to kidney donation and registering as a donor among ethnic groups in the UK', *Journal of Public Health*, 28, pp. 226–34, <http://jpubhealth.oxfordjournals.org/content/28/3/226.full.pdf> (last accessed June 2011).
- NHS Blood and Transplant (2009) *Transplant Activity in the UK*, Bristol: NHS Blood and Transplant, http://www.organdonation.nhs.uk/ukt/statistics/transplant_activity_report/archive_activity_reports/pdf/ukt/transplant_activity_uk_2008-2009.pdf (last accessed June 2011).
- Perera, S. and Mamode, N. (2010) 'South Asian patients awaiting organ transplantation in the UK', *Nephrology Dialysis and Transplantation*, 26, pp. 1380–4.
- Randhawa, G. (1997) 'Enhancing the health professional's role in requesting transplant organs', *British Journal of Nursing*, 6, pp. 429–34.
- Randhawa, G., Brocklehurst, A., Pateman, R., Kinsella, S. and Parry, V. (2010a) "'Opting-in or Opting-out?" The views of the UK's faith leaders in relation to organ donation', *Journal of Health Policy*, 96, pp. 36–44.
- Randhawa, G., Brocklehurst, A., Pateman, R., Kinsella, S. and Parry, V. (2010b) 'Utilising faith communities in the UK to promote the organ donation debate: the views of UK faith leaders', *Journal of Diversity in Health and Social Care*, 7, pp. 57–64.
- Randhawa, G., Jetha, C., Gill, B., Paramasivan, S., Lightstone, E. and Waqar, M. (2010c) 'Understanding kidney disease and perceptions of kidney services among South Asians in West London: focus group study', *British Journal of Renal Medicine*, 15, pp. 23–8.

References (continued)

- Riste, L., Khan, F. and Cruickshank, K. (2001) 'High prevalence of Type 2 diabetes in all ethnic groups, including Europeans, in a British inner city: relative poverty, history, inactivity, or 21st century Europe?', *Diabetes Care*, 24, 8, pp. 1377–83, <http://care.diabetesjournals.org/content/24/8/1377.long> (last accessed June 2011).
- Roderick, P., Hollinshead, J., O'Donoghue, D., Matthews, B., Beard, C., Parker, S. and Snook, M. (2011) *Health Inequalities and Chronic Kidney Disease in Adults*, London: NHS Kidney Care, www.kidneycare.nhs.uk/Library/CKD_Inequalities_Report_web.pdf (last accessed June 2011).
- Roderick, P., Raleigh, V., Hallam, L. and Mallick, N. (1996) 'The need and demand for renal replacement therapy amongst ethnic minorities in England', *Journal of Epidemiology and Community Health*, 50, pp. 334–9, www.ncbi.nlm.nih.gov/pmc/articles/PMC1060292/pdf/jepicomh00183-0106.pdf (last accessed June 2011).
- Rudge, C., Johnson, R.J., Fuggle, S.V. and Forsythe, J.L. (2007) 'Renal transplantation in the United Kingdom for patients from ethnic minorities', *Transplantation*, 83, 9, pp. 1169–73.
- Wilkinson, E., Randhawa, G., Farrington, K., Feehally, J., Choi, P. and Lightstone, L. (2011a) 'Lack of awareness of kidney complications despite familiarity with diabetes – a multi-ethnic qualitative study', *Journal of Renal Care*, 37, pp. 2–11, <http://onlinelibrary.wiley.com/doi/10.1111/j.1755-6686.2011.00199.x/pdf> (last accessed June 2011).
- Wilkinson, E., Randhawa, G., Roderick, P., Rehman, T. and Abubacker, T. (2011b) 'The impact of quality improvement initiatives on diabetes care among South Asian people', *Diabetes & Primary Care*, 13, pp. 90–8.

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