

Anti-racism strategy and action statement



2023

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Purpose of Report	This document outlines our strategic approach to Anti-racism and proposed anti-racism action statement
<p>Executive Summary</p> <p>Our problem statements have been well documented through our Workforce Race Equality Standard (WRES) and Staff Survey results. Patients too, have seen report after report published to try and address health inequalities for racially minoritised communities. Not enough progress has been made to deliver change against these persistent and unacceptable disparities.</p> <p>To address this more intentionally and directly, our Trust Board held an anti-racism workshop with our Race Equality Network (REN) Chair and members of our Equality Diversity and Inclusion team. This helped to develop an anti-racism action statement and underpinning strategy, informed by engagement with our colleagues and communities.</p> <p>The purpose of this document is to:</p> <ul style="list-style-type: none"> Share the feedback and themes from our engagement around anti-racism. Propose our Trust anti-racism action statement that has been co-created with REN, colleagues and community. Share our approach to transforming Berkshire Healthcare into an anti-racist organisation. Share the actions that we will take in becoming anti-racist, that have been informed by, and co-produced from our engagement work. 	
Recommendation	The Board is asked to note and approve the anti-racism action statement and subsequent anti-racism strategy.

Executive summary

Nationally and locally, we recognise that racism impacts the lives of our staff and patients with well documented persistent and unacceptable inequality. Our anti-racism approach looks at existing models and our Trust values to build structure to our work, with an abundance of insights. We have also reflected on our progress so far to build momentum with our activity.

Engagement with our staff and communities has helped to develop our action statement (p.**Error! Bookmark not defined.**) and set priorities which are mapped to our values to address disparities in outcomes, access, and experience.



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Foreword

What does anti-racism mean?

Being anti-racist means **actively** opposing racism by advocating **changes** that promote racial **equity**. Whilst most people would not consider themselves to be racist or hold racist views, anti-racism requires **positive action to oppose** racism in all its forms.

Limitations and language

There is lots of information about language and how it continuously evolves. Equality, Diversity, Inclusion (EDI) is a widely used term, but we recognise it isn't perfect. The terms 'BAME' Black, Asian and Minority Ethnic, BME 'Black and Minority Ethnic, 'mixed' and 'other' can also be problematic. This is quoted in reference to the name of recognised network groups or the collection of historical data, they are still used by NHS England for example in our regulatory Workforce Race Equality Standard (WRES) Submissions. Microaggressions is another widely used term, which can be problematic. This is used to reference the everyday ways that marginalised groups experience often; subtle, slights, indignities, put-downs and insults, that are often unconsciously reinforcing stereotyping.

Words are important along with self-determination, and so too is action. We have balanced our limitation in the use of language with our drive to take action and commitment to continue dialogue. This is not intended to oversimplify the complexities of racism or invalidate experiences, but more so to ensure we begin.

Understanding racism

Exploring our approach

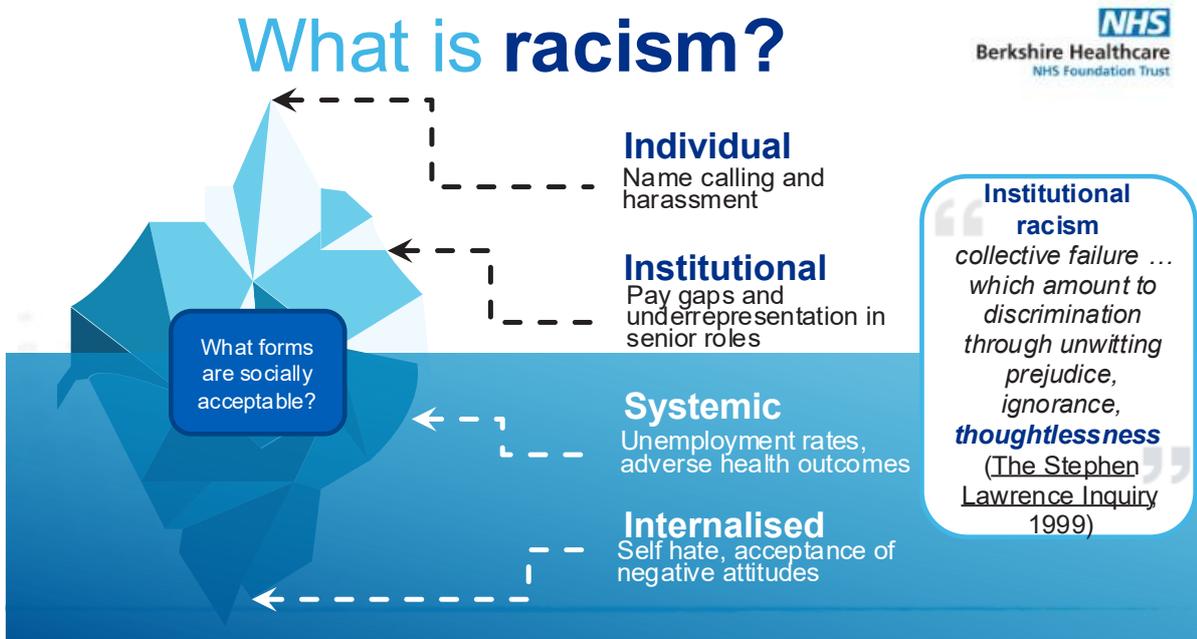


Figure 1 Understanding racism Reference used, Macpherson (1999)

Racism is complex, deep rooted and harmful. Underlying socioeconomic factors like education, unemployment and poverty are other factors that contribute to health inequalities. The impact of racism is well documented and by taking a critical race theory approach to understand the processes that sustain race inequality in the UK allows us to better target action, rather than recycle trauma.

Research shows that poor morale and engagement among NHS staff has an impact on the quality of patient care (West & Dawson, 2012). “Discrimination disrupts team working, undermines patient safety, accelerates turnover and reduces productivity” (Kline, 2023).

Many national reviews and reports have been completed to highlight racism in the NHS, but not enough progress has been made. Some examples over the years have included ‘Snowy White Peaks of the NHS’ (Kline, 2014), ‘Perspectives from the frontline’ (Farrah & Saddler, 2020), ‘No More Tick Boxes’, (NHS East, 2021), ‘Messenger review’ (Messenger & Pollard, 2022), ‘Delivering racial equality in medicine’ (British Medical Association, 2022) and ‘Ethnic Inequalities in Healthcare’ (NHS Race & Health Observatory, 2022).

To structure and articulate our strategic approach with our colleagues and community, we have explored various models (see Figure 2) featuring, ‘Becoming Anti-Racist’ zone infographic (Ibrahim, adapted from Kendi, 2020), McKinsey 7s (Peters & Waterman, 1982) and the four factor R.A.C.E model (Daniels, 2022). This exploration is underpinned by our Berkshire Healthcare values: caring, committed and working together.

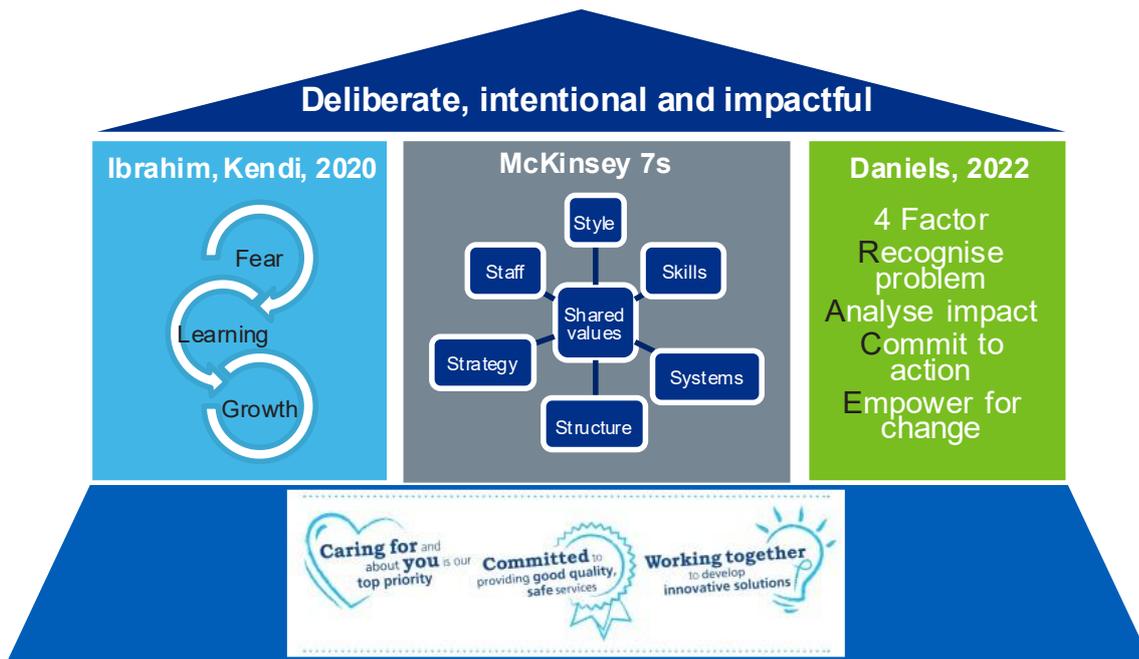


Figure 2 Exploring models to structure our approach.

Racism shows up in many ways as Figure 1 above demonstrates. Often, when we discuss or acknowledge racism, we do so at an individual level. This can cause a failure to see extensive harm that causes racism to persist. Instead, racism manifests in complex ways such as: internalised, individual, institutional, and systemic.

We need to consider the transformative change required, which examines the independent relationship between how systems, policies, decisions, and people collide to create consistent disparities for our racially minoritised communities. The Mckinsey 7s Organisational Development model shown in Figure 2 is useful to help frame how we must use our anti-racism lens when working through our organisation to dismantle racism and reconstruct relationships that have created consistent unfavourable outcomes.

Overall, taking a multifaceted, structured, evidence and value centred approach will support sustainable anti-racist activity.

Looking at data

National context

Recent turbulent social times impacted by the significance of events such as, the Windrush scandal, the disproportionate impact of the covid pandemic on racially minoritised communities (Mathur, et al., 2021) and the death of George Floyd with resultant Black Lives Matter protests, have emphasised a need and demand to shift perspectives on normalised racial inequity.

The international landscape further calls for action to tackling structural racism in health (World Health Organization, 2022), and reducing health inequality is one of 17 cross cutting sustainability development goals being rapidly committed to by organisations worldwide, since adoption by United Nations members in 2015.

Significant national context also includes the NHS Workforce Race Equality Standard (WRES), introduced in 2015 and our: NHS Long Term Plan (NHS, 2019), People Promise (NHS, 2020), Core20PLUS5 – an approach to reducing healthcare inequalities (NHS, 2021) and recently published the NHS equality, diversity and inclusion improvement plan (NHS, 2023). Additional non-exhaustive factors include the Public Sector Equality Duties under the Equality Act (2010) and pivotal recent case law such as Ms A Cox v NHS Commissioning Board, 2023 and Ms S Shaikh v Moorfields Eye Hospital NHS Foundation Trust, 2023.

The NHS WRES shows consistently that white and 'BAME' colleagues have vastly different, unequal experiences of the NHS as a workplace. Despite 'BAME' staff making up ¼ of the workforce BAME are just 10% of the most senior positions. Furthermore, a third of 'BAME' NHS colleagues have experienced racism or bullying, demonstrating the complex challenge the NHS has in failing to address systemic levels of discrimination. Levels of bullying and harassment of 'BAME' colleagues have not improved in the past five years with almost 30% saying they have been targeted in the past year, compared to 20% of white colleagues (British Medical Association, 2022).

Unfair and avoidable health inequalities for racially minoritised communities is also well documented with overlapping causes, such as socio-economic deprivation and racism (Robertson, Williams, Buck, & Breckwoldt, 2021). There are differences in health patterns across ethnic minority groups which is researched across, for example, overall health, child health, cardiovascular disease, diabetes and perception of progress (Raleigh, 2023). **In short, it would be challenging to find an area of health service that doesn't require anti-racism review.** Challenging what constitutes high quality care and for whom, through a decolonial approach would focus on identifying and addressing the systemic imbalances of power within and between societies that lead to inequities, thereby increasing the chance of better health outcomes (Yanful, Kumar, Ellorio, Atim, & Roder-DeWan, 2023).

Local context

The WRES puts the spotlight firmly on our culture but, on its own, it can only tell us so much about the environment in our Trust. In Berkshire healthcare, 28% of our workforce is ethnically diverse and 69% is white (2022-2023). We have seen a 2% increase in our 'Asian' workforce in the last 3 years, but relatively insignificant shifts across other broad categories (Appendix:

Workforce demographic data 2020-2023 by broad ethnicity categories).

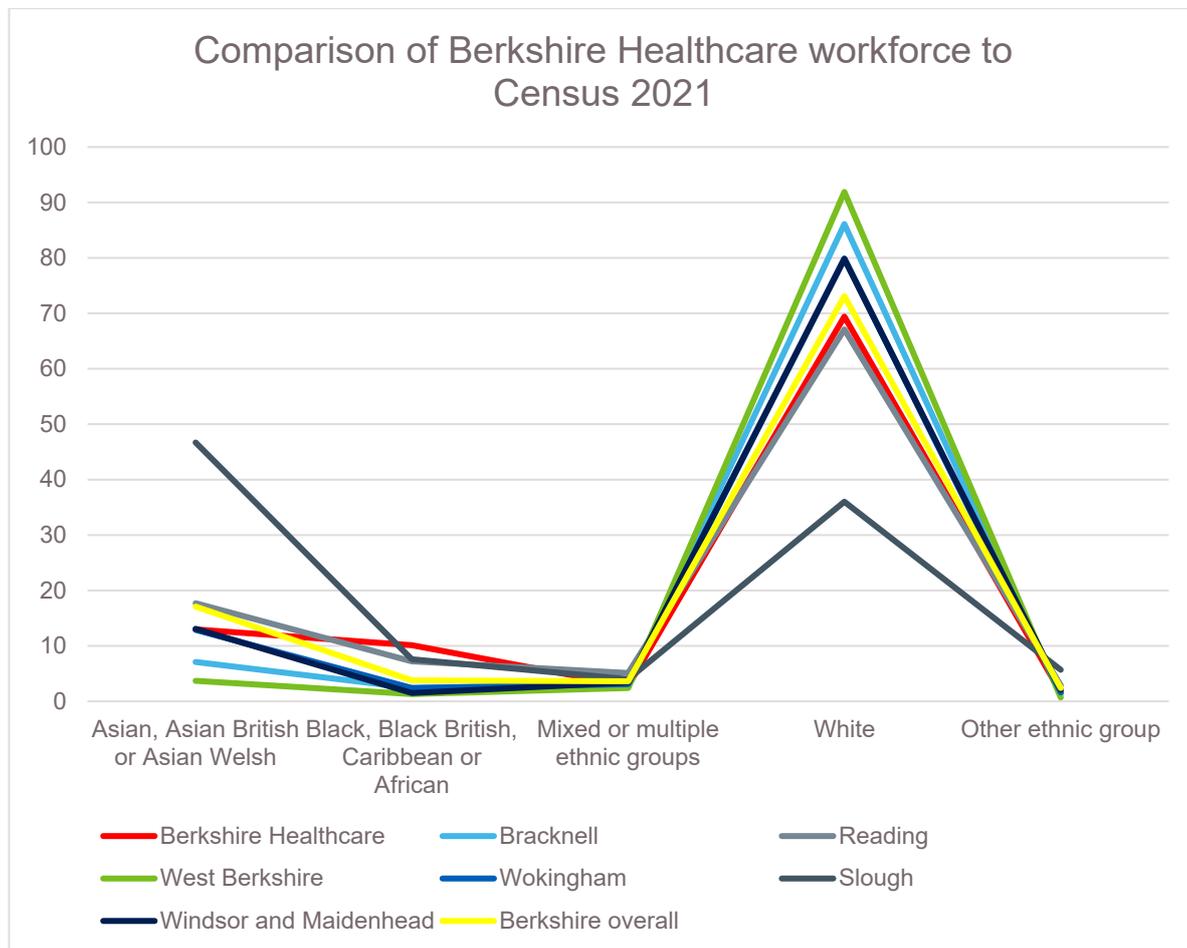


Figure 3 Comparison of Berkshire Healthcare workforce to Berkshire Population 2021

The census (ONS, 2021) shows a vast difference in ethnicity across Berkshire local authority areas, which coupled with broad categories can mask overall and average disparity figures.

Our current problem statements have been persistently evidenced through our WRES and Staff Survey results and more recently, our ethnicity pay gap report. For 2023 these are shown in the figure below.

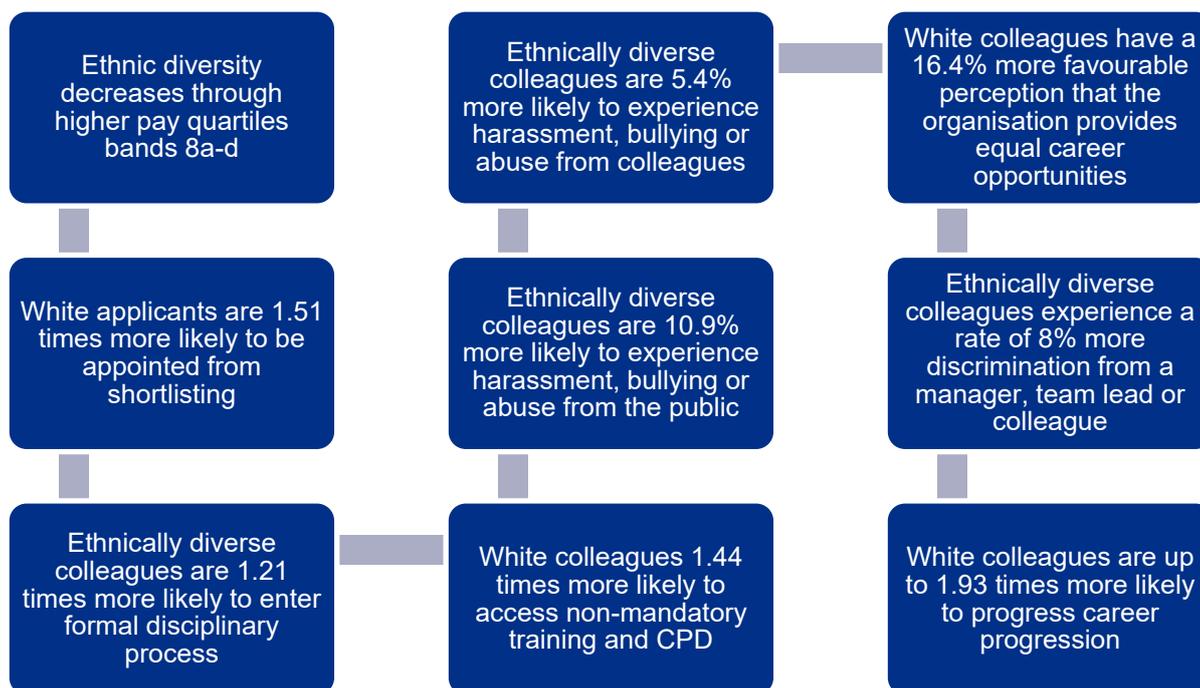


Figure 4 WRES and Staff Survey summary of disparities 2023

Our population health connected care data shows that Reading is the most densely populated region in Berkshire, followed by Slough, this is compounded by having the most deprived areas in Berkshire. Reading is the only region in Berkshire with the lowest deprivation score (1 out of 10), and Slough is the only region without the least deprived scores of 9 and 10. Slough and Reading have the highest populations of children under 5 years old, with children in these regions 40% more likely to be raised from the most deprived areas. This can impact access to services, and health inequalities.

Berkshire residents from the most deprived areas are 2x more likely to be admitted to Prospect Park Hospital (Mental Health Inpatient Hospital) than residents from the least deprived areas. Slough residents have 38% higher psychosis referrals, and 20% higher Adult Community Mental Health Team (CMHT) referrals than any other Berkshire residents. Recent local research also points to a number of areas of priority such as access to healthcare for ethnic minority women, impact of covid-19 on the mental health of ethnic minority men and the impact of covid-19 on the Nepalese community in Reading (Community Participatory Action - Research 2021-2022, 2022).

Access, experience, and outcomes play a significant role in helping us understand a more root cause analysis, and quality improvement approach to being able to effectively address inequality in healthcare.

Listening to our community

Taking accountability

In the journey of becoming an anti-racist organisation, our Trust Board held an anti-racism workshop with our Race Equality Network Chair and members of our Equality, Diversity, and Inclusion team. It was recognised not enough progress was being made with the differentials in experience, and persistent and unacceptable disparities remain.



Figure 5 Photos of the anti-racism board workshop

From this workshop the Trust Board committed to becoming an anti-racist organisation and outlined its desire to communicate our anti-racism intent by developing a Trust action statement and subsequent actions, which was co-developed and co-designed by our own people (further information appendix 0).

Anti-racism has been included as a priority in our revised overarching Trust strategy 2023. It will be intricately linked to the priorities and delivery of our EDI (Equality, Diversity, & Inclusion), People and Health Inequality strategies too.

Engagement with Race Equality Network and our colleagues

Throughout April, May and early June 2023 anti-racism engagement workshops were held for colleagues across the organisation to engage with our Race Equality Network Chair and Equality, Diversity, and Inclusion team to help us co-create our action statement and strategy. Specific sessions were held for our Race Equality Network members. Sessions were promoted through the 'all staff' communication channels, including our intranet and 'all staff briefing' to encourage participation and engagement, as well as through various decision-making forums such as our Strategic People Group, Diversity Steering Group, and Safety Culture Group.

The aims of engagement were to:

- Temperature check perception and understanding of anti-racism.
- Provide context, data and progress to date.
- Ask what our anti-racism action statement should include.
- Explore further actions across themes to better focus engagement:
 - a. Recruitment, retention, progression and conditions
 - b. Incidents, support and empowerment
 - c. Racial literacy development
 - d. Antiracism policy and practice



Figure 7: Photo of community leaders engagement workshop

The aims of engagement mirrored the approach with our Race Equality Network and colleagues, though the key themes for discussion differed. Dialogue explored:

- access
- experience and
- outcomes.

This led to development of action, priorities and seeking establishment of better governance around continual community engagement to scrutinise and develop anti-racist activity.

Actions taken so far

Part of developing our approach has included acting to better understand what we can do and how we can do it.

Table 1: Actions taken so far.

Action	Timeline	Outcome
Theme: Developing anti-racist systems		
Undertake a review into 'BME' staff entering formal disciplinary.	Throughout May with publication on revised WRES indicators and through work with our ICB.	Our approach has seen a decline in disproportionate disciplinary cases. We will be sharing the casework report with colleagues.
Undertake the Ethnicity Pay gap.	Completed in April and shared with the Board in May.	We have published our ethnicity pay gap and action plan.
Projects in Prospect Park Hospital.	From RIE event in 2021 into 2022.	Launched the Prospect Park Hospital Advocacy for Racial Equality Team (PPARET) to assist staff with racial abuse issues and signpost to further support services. Trained racial abuse advocates frequently visit the wards.
Review our Equality Impact Assessment process.	Planned from June onwards. Introduced a new step in policy governance to come through DSG for greater scrutiny.	As part of our programme of overall EDI work in 2023-2024 we have committed to making progress.
Theme: Develop visible commitment		
Staff engagement and workshops for development of action statement. Agreement and communication of Action statement from Board to staff, public, partners.	6 sessions throughout April and May. Interim communication plan agreed in May. Action statement scheduled for Board agreement July.	Sessions involved feedback on the action statement, priorities and action plan. Anti-racism taskforce mobilised to make continuous progress. Pace of activity maintained.
Developed a white allyship video, Deputy CEO.	To be published late June.	Showcase vulnerability, allyship and active progress, and senior level.
Listening events.	Sessions with community leaders and groups held. Also socialised in all staff briefing and staff network day.	Further work planned to establish governance over co-production, scrutiny and working together. Listening events in-year.

Theme: Engagement and education

<p>Development and Agreement of our inclusive and compassionate Leadership and Talent Strategy.</p> <p>Review of L&D and funded CPD opportunities by staff protected characteristics.</p> <p>Career progression 'BAME' transformation workstream.</p>	<p>Scheduled for launching in September 2023. Due to Executive in June. Coaching accreditation opportunity has already been shared through staff networks.</p> <p>During May and June further data has been analysed and scrutinised at our Strategic People Group.</p> <p>March to October 2022 With ongoing recommendations.</p>	<p>Our leaders and managers develop the competencies/behaviour that we need and want. Network members have taken up opportunity of coaching qualification.</p> <p>This has led to further work scheduled to arrange relevant action plans.</p> <p>Several insights from staff engagement that can be developed into action plans.</p>
<p>Build a repository of resources, learning, stories, case studies.</p> <p>Celebrating diversity and various event plans for the year.</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>EDI team, communications and staff networks work closely to develop plans throughout the year relevant to the EDI calendar.</p>

Our action statement

Feedback from our community resulted in change to our draft action statement. Colleagues and our community felt it needed to be unambiguous, shorter, and easier to understand.

Berkshire Healthcare commit to anti-racist practice that is deliberate, intentional, and impactful as part of our corporate strategy. We are active in identifying and eliminating racism at individual, institutional, and systemic levels.

The Board is accountable for the corporate leadership of our anti-racism and ensuring measurable objectives are delivered. We do not place the responsibility of anti-racism leadership and activity on racialised groups, as part of our approach to co-creation we will actively involve our Race Equality Network, colleagues, and communities.

We achieve this by:

- Actively opposing racism by advocating changes and positive action that promote racial equity in all forms.
- Commit the adequate level of resources for the agenda, and progress.
- Supporting colleagues and patients to be actively anti-racist.
- Regularly explain and communicate our commitments and progress internally and externally.

Our action statement helps us to remain accountable. It will be published on our website, shared with our people, patients and communities, and utilised as part of our communication plan to deliver our anti-racism strategy.

Priorities

As well as producing critical scrutiny on our action statement, engagement with our community (colleagues and community organisations) has helped to inform our objectives. Our Trust vision is to make Berkshire Healthcare a great place to get care and a great place to give care, for **everyone**. Our values guide our strategic approach.

We have developed our priorities, and where our activity will focus, further engagement with our colleagues and communities in true co-production is needed to co-design specific actions that are deliberate, intentional, and impactful.

Priority one: Caring for and about you is our top priority



Address persistent and unacceptable disparities in **outcomes** that our ethnically diverse communities have. We will make better use of data and evidence to inform anti-racist activity and understand causes.

Our activity will focus on

- Policymaking and review
- Inclusive recruitment
- Review and fully embed EqIA in all change, transformation and service delivery
- Retention, progression, and conditions
- Employee relations
- Patient outcomes

Priority two: Committed to providing good quality, safe services



Address persistent and unacceptable **access** disparities our ethnically diverse communities have. We will build on our visible accountability to ensure colleagues understand our standards and their role in being an anti-racist organisation.

Our activity will focus on

- Cultural awareness and competency in our communications and leadership
- Implement our leadership behaviours.
- Educational, support and engagement e.g., Racial inequalities and cultural intelligence training, resources, storytelling, develop conscious inclusion within leadership programme
- Mirror Board development
- Inclusive and compassionate Leadership, management, and talent development strategy
- Patient access

Priority three: Working together to develop innovative solutions



Address persistent and unacceptable **experience** disparities that our ethnically diverse communities have. We will work with and involve our community to deliver dynamic continuous change.

Our activity will focus on

- Clear accountability and allyship
- Listening and engaging
- Building psychological safety
- Incidents, support and empowerment
- Creating clear pathways of critical scrutiny and governance to involve our communities (internal and external)
- Patient experience

Monitoring, review, and evaluation

Our action plan will be developing over the coming months to establish specific, measurable, achievable, relevant and timely (SMART) activity aligned to this strategy under our priorities. This will be coordinated with our WRES actions to avoid duplication and confusion. Continually adopting actions from engagement, and accountably having dialogue to scrutinise our progress, are core principles of this strategy.

The anti-racism task force has been mobilised to maintain momentum and continuous progress. This will continue, and support us in delivering our anti-racism priorities, ensuring our actions are deliberate, intentional, and impactful and ensuring our action statement helps us to remain accountable.

Progress will be reported through the Strategic People Group, Diversity Steering Group, and Board.

Although SMART actions will be developed, a useful model to check ourselves against in our anti-racism journey is the 12 characteristics of an anti-racist organisation (Daniels, 2022).

Figure 7 The 12 Characteristics of an anti-racist organisation

1. Does our leadership understand nuances of racism, power and privilege? Do they know what the acronyms WRES and MWRES mean?
2. Do we have Board alignment, executive leadership and collective ownership of our anti-racism strategy? Does the anti-racism action plan or strategy have Board sign off?
3. Is anti-racism embedded in our vision, values and activities with equity goals? Is the anti-racism vision communicated to the whole workforce with roles?
4. Do we centre voices and experience of those impacted by racism? Are there listening events or anonymised means for black, Asian and minority ethnic colleagues to share?
5. Do we use credible quantitative and qualitative data for action plans? Are our anti-racism action plans based on quantitative (WRES) and qualitative lived experience stories?
6. Do we use root cause analysis to interrogate data and ask why racism is happening? Are WRES data patterns used for problem statement creations?
7. Have we equipped our workforce with anti-racism educational resources and tools? Are our leaders modelling anti-racist behaviours consistently?
8. Do we have an allocated budget and resources for anti-racism? Is there will to pay for subject matter expertise?
9. Do we know how our Black, Asian and Minority ethnic workforce feel on a regular basis? Do we engage in regular listening events with feedback?
10. Do we acknowledge previous initiatives centred on white colleagues' comfort? Measures success with KPIs focused on experience and outcomes for black colleagues.
11. Are we clear about anti-racism language; know how to speak to Black, Asian and minority ethnic staff? Speaks truth to power; knows difference between equality and equity.
12. The best anti-racist organisation leads with moral courage to dismantle systemic racism. Leads with humility, tenacity and compassion. Embraces discomfort and continues despite setbacks and negative feedback.

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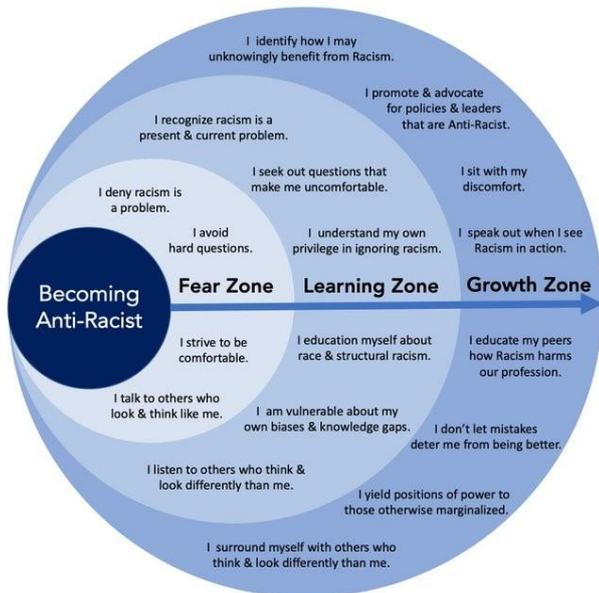
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Appendices

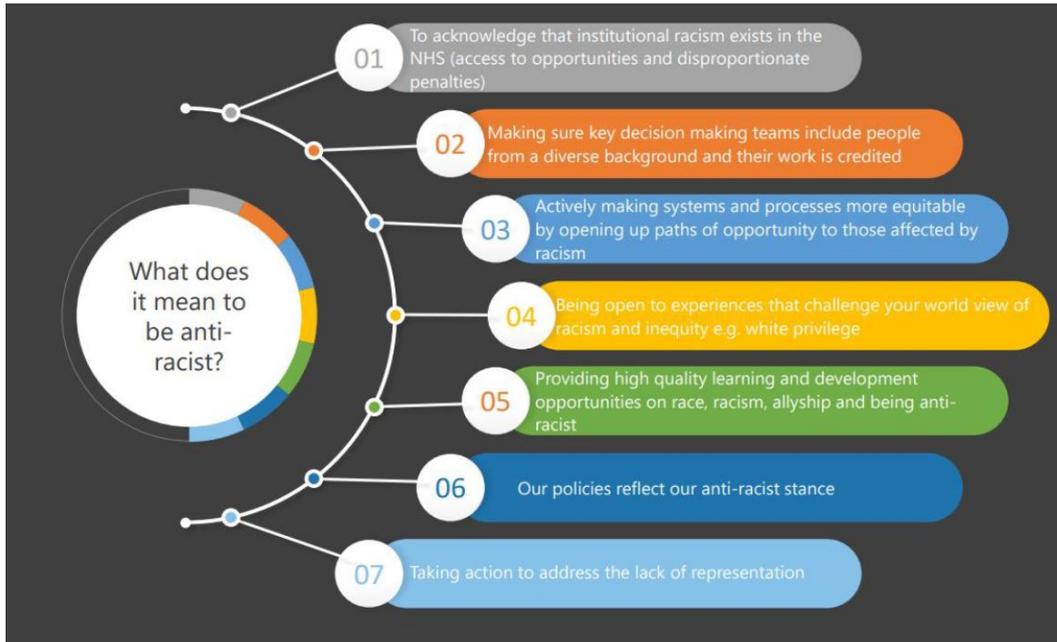
Further information about models explored to inform our approach



"The opposite of 'racist' isn't 'not racist.' It is 'anti-racist.' What's the difference? One either allows racial inequities to persevere, as a racist, or confronts racial inequities, as an anti-racist. There is not an in-between safe space of 'not racist.' The claim of 'not racist' neutrality is a mask for racism" (Kendi, 2019)

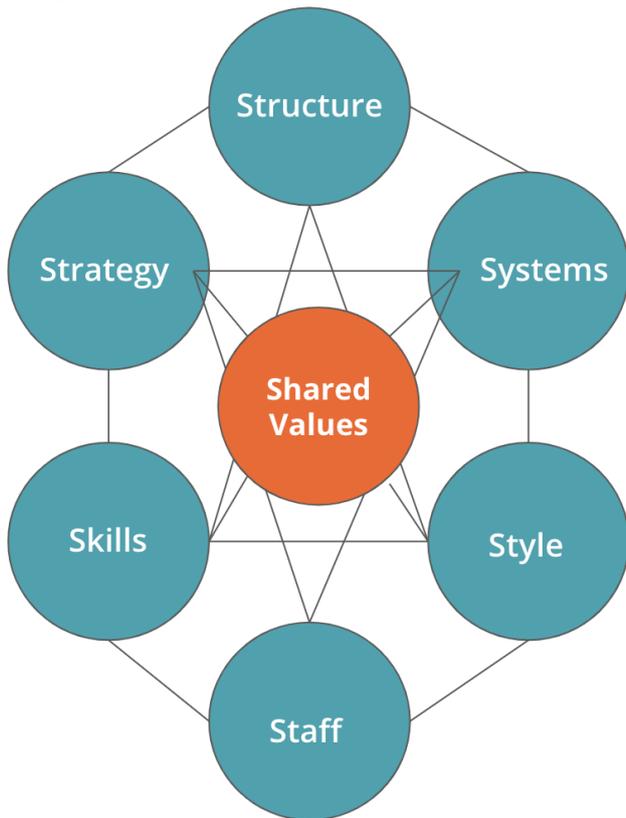
We want to be deliberate, intentional, and impactful with how we plan our approach. A useful model we introduced in the workshop is The Four-Factor RACE model (Daniels, The Anti-Racist Organization - Dismantling systemic racism in the workplace, 2022). RACE stands for:

- **Recognize the problem**
 - Our WRES, Staff survey results, and staff experience
- **Analyse the Impact**
 - Utilising QI (Quality Improvement) to understand the experiences, we need to discuss, listen, and think.
- **Commit to Action**
 - Our actions need to demonstrable, and outcomes focused.
- **Empower for Change**
 - We need to inspire our people to have the confidence, capability, and knowledge to pro-actively challenge and take action through their own choice.



Antiracism approach (NHS East, 2021)

McKinsey 7s Model (Peters & Waterman, 1982)



Workforce demographic data 2020-2023 by broad ethnicity categories

Table 2

	2020-21	2021-22	2022-23
Asian	11.84%	12.97%	13.85%
Black	9.96%	10.13%	9.96%
Mixed	2.44%	2.80%	2.90%
Not Stated	4.15%	3.12%	2.76%
Other	1.57%	1.57%	1.69%
White	70.05%	69.41%	68.84%

Berkshire census population figures by broad ethnicity category 2021

Table 3

1/2	Bracknell	%	Reading	%	West Berkshire	%	Wokingham	%
	124,605	100	174,223	100	161,447	100	177,502	100
Asian, Asian British or Asian Welsh	8,879	7.1	30,841	17.7	5,990	3.7	22,868	12.9
Black, Black British, Black Welsh, Caribbean or African	2,993	2.4	12,532	7.2	2,030	1.3	4,306	2.4
Mixed or Multiple ethnic groups	3,843	3.1	8,962	5.1	3,857	2.4	5,574	3.1
White	107,269	86.1	116,886	67.1	148,384	91.9	141,851	79.9
Other ethnic group	1,621	1.3	5,002	2.9	1,186	0.7	2,903	1.6

Table 4

2/2	Slough	%	Windsor and Maidenhead	%	Total	%
	158,500	100	153,497	100	949,774	100
Asian, Asian British or Asian Welsh	74,093	46.7	20,072	13.1	162,743	17.1%
Black, Black British, Black Welsh, Caribbean or African	11,992	7.6	2,358	1.5	36,211	3.8%
Mixed or Multiple ethnic groups	6,311	4	5,238	3.4	33,785	3.6%
White	57,134	36	122,551	79.8	694,075	73.1%
Other ethnic group	8,970	5.7	3,278	2.1	22,960	2.4%

Exploring at Board level

Exploring at Board level



- Strong actions to drive change
- Psychological safety into induction
- Use mission to engage and agree actions
- Expectations of behaviour; accountability & consequences
- Scenarios/stories to org

- Set expectations early
- Actively challenge
- Explain why doing this
- Lift hood on what it looks like
- Action Statement
- This is why you don't walk past this
- This is how you respond to this

- Our approach must be tangible, real, and meaningful –
- Assess and communicate outcomes of initiatives
- Work with REN and stakeholders to ensure mission is owned
- ACTIONS (what are they?)
- Outcomes and communication

Staff engagement

Word cloud summary

A safe space	Heard about	Representative management
Accented	How to be an ally?	Representative Workforce
Accessible	Humility	Respect
Achievable	I don't know	Responsibility
Across all domains	Illuminating disadvantages	Role models
Action	Important	Safe
Action, not words	Important topic	Shared stage
Activism	Inclusion	Side-lined
adaptability	Invisible	Solidarity
Advocacy	Involved	Speaking up
All for one one for all	Just at the start	Standing and speaking up
All of us	Lip service	Starting point
Awareness of privilege	Many shades of people	Stop Start
Being white, I don't know	More action needed	Supporting colleagues
Capable	More education needed	Supportive
Challenge	More work needed	To feel comfortable How to communicate?
Change	Motivating	Tokenistic
Colour	Needs action	Tolerance
Courageous	Needs more discussion	Training
Data shows equality	Needs more transparency	Uncomfortable to discuss
Developing	No bullying	Understanding
Different	No excuse for abuse	Unequal
Different races now	Not entitled	Unimportant
Dignity and respect	Not ignoring issues	Unsafe
Discrimination	Not sufficient	Unsure on action
Diversity of promotions	Nothing	Using a lens
Educating yourself	One sided	Valued
Engaging with allies	Personal reflection	Village voice
Equal opportunities	Prioritising access	We are in it together
Equal platform	Psychologically safe	We feel Belong
Equality	PTSD at times	Without labels or group
Equity	Race	Zero tolerance
Fair	Reach the right people	
Feels Supportive	Recognition	
Flexibility	Reflect us	
Forming	Reflective of population	
Full acceptance	Removing barriers	

Community leader engagement session

Organisations represented

Alliance for Cohesion and Racial Equity (Acre)

Based in Reading, "Acre aims to eliminate discrimination, promote positive relationships between communities and advocate equal opportunities for all. Our work is delivered through engagement, empowerment, and integration of the diverse communities including minority, marginalised, communities associated by faith, cultural heritage" (Alliance for Cohesion and Racial Equality, 2023).

Berkshire Against Racism

A group dedicated to campaigning against racism and discrimination in Berkshire and the surrounding areas with the mission to listen, learn and educate (Berkshire Against Racism, 2023).

Health Watch Reading

Are the independent champion for people who use health and social care services. They help make sure that those running services put people at the heart of care (Healthwatch Reading, 2023).

Utulivu Women's Group

A Reading based organisation that works with women, children, elderly and with the support of men from an empowerment point of view aimed at promoting Health & Wellbeing and positively integrating into the wider community through events and activities that address: Healthy Family Relationships, Career Progression, Health & Wealth Creation, Drugs & Alcohol, Knife Crime among others. This is mainly among the 'Black, Asian, Minority Ethnic and Refugees (BAMER)' communities (Utulivu, 2023).

Younger People with Dementia

A charity working to help all those affected by young onset dementia (Younger People with Dementia, 2023).

Community leaders representing charities covering refugees and experience of domestic abuse were also a valuable contributors.

