healthwatch Greenwich

Anti-Racism for Health Equity Community of Practice

Strengthening Anti-Racist Practice in Health and Care

March 2025

Contents

Acknowledgements

We would like to express our sincere thanks to everyone who contributed to the evaluation of the Anti-Racism for Health Equity Community of Practice. This evaluation was co-designed and facilitated by Healthwatch Greenwich in collaboration with the Royal Borough of Greenwich and participating members. We especially acknowledge the commitment and insight of Dr Nupur Yogarajah, Catherine Hannafin, Alexia Fergus, Kelly-Ann Ibrahim, and Victoria Smith, whose dedication to creating and supporting the Community of Practice helped shape a space for meaningful reflection, learning, and progress toward anti-racist practice in health and care.

Summary and Recommendations

The Anti-Racism Community of Practice (CoP) for Health Equity has played a role in fostering collaboration, shared learning, and dialogue among health and care staff and practitioners in Greenwich. Evaluation findings indicate the CoP has successfully provided a dedicated space for reflecting on anti-racist practice, developing knowledge, building confidence, and, in some cases, applying new approaches. However, there is an appetite for a more structured approach to translating learning into actionable change.

Using the evaluation framework, we summarise the key findings and outline recommendations for strengthening and sustaining the CoP.

Purpose of the CoP

Evaluation question: to what extent are the CoP's goals clear and well-communicated?

The CoP's goals were co-produced with members, ensuring their relevance and inclusivity. However, as they were broad and constantly evolving, this led to ambiguity around their overall purpose. While the CoP was framed as a space for learning, sharing and networking, its overall role in driving change was not always explicitly reinforced.

While some members expected the CoP to focus on individual development, others saw it as a vehicle for influencing organisational and policy change, leading to differing expectations. In addition, differences in attendance meant that some members missed key discussions on the CoP's objectives, contributing to inconsistent understanding.

Recommendations

- Clarify the CoP's purpose. Distinguish between its role in supporting individual learning and driving broader change.

- Communicate goals. To support members' clear, common understanding of the CoP, regularly revisit objectives during sessions and through brief post-event summaries.
- CoP Introduction. Create a concise, accessible document outlining the CoP's mission, values, and expected outcomes for new and existing members.

Safe Space and Psychological Safety

Evaluation question: to what extent is the CoP a safe space for discussing anti-racist practices for health equity?

Overall, members agreed the CoP fostered a psychologically safe environment, but the concept of "safety" was interpreted differently by global majority and non-global majority members.

Global majority members emphasised the need for a space that is both supportive and free from the burden of educating others, while non-global majority members saw safety as a space for reflection and learning.

Racial identity caucuses were positively received, offering a space for identity-specific conversations without the power imbalances of mixed-group discussions.

Recommendations

- Acknowledge different definitions of safety. Communicate the CoP's approach to psychological safety.
- Continue racial identity caucuses. Offer optional identity-based spaces alongside mixed discussions to balance learning, validation, and accountability.
- Reinforce ground rules for engagement. Develop a set of agreed-upon discussion principles, ensuring that conversations remain respectful, reflective, and trauma-informed.

Vision for the Future

Evaluation question: To what extent is the CoP a space for collaboration and sharing best practices?

The CoP's diverse membership shows that different organisations in the system are interested in sharing best practices. Members valued the CoP's role in knowledge-sharing and professional networking. A significant proportion of members attended only one event, raising concerns about retention and sustained participation.

While expert-led discussions on key anti-racist health topics and approaches are insightful, members want more opportunities to apply learning and develop action-oriented solutions.

Members shared best practices within their organisations, demonstrating peer-to-peer knowledge exchange. However, while the CoP facilitated meaningful cross-sector collaboration, engagement from senior leadership and system-wide decision-makers was limited.

Recommendations

- Introduce an "Action Planning" component. Allocate time in sessions for members to develop practical implementation strategies for their roles or organisations.
- Expand peer-to-peer learning opportunities. Introduce case study sessions where members share real-world applications of anti-racist for health equity practice.
- Strengthen engagement with senior leaders. Invite executives, directors, and policymakers to sessions to ensure that CoP insights influence strategic decision-making.

Sustaining Engagement

Evaluation question: To what extent is inclusive programming important to staying engaged?

The CoP offers high-quality events. Members valued the flexibility of attending either online or in-person events but highlighted that workload pressures made regular engagement difficult. A digital resource hub would support knowledge sharing and help members who missed sessions stay updated or refresh their knowledge.

Aligning the CoP's programme with larger strategic priorities, existing equity initiatives, and incorporating greater lived experiences could boost engagement and feelings of ownership.

Recommendations

- Develop a Resource Hub. Create a centralised digital space where members can access past presentations, toolkits, and key takeaways to accommodate those with limited availability.
- Provide dedicated resources to work with external experts and CoP members to develop an inclusive programme that aligns with the strategic objectives and needs of the CoP.
- Confirm the programme six months in advance to enable members to see the long-term vision of the CoP and block out time in their schedules to attend.
- Introduce a concise joining process. Ensure new members receive a CoP introduction, including its purpose, structure, and opportunities for participation.
- Strengthen links with existing equity initiatives. Map out ongoing anti-racist programmes among system partners and align the CoP with efforts that have a similar mission, allowing it to enhance existing work rather than duplicate it.

Reflection and Impact: Moving from Learning to Action

Evaluation question: To what extent has participating in the CoP led to specific changes (outcomes or actions)?

Many members report increased confidence in discussing anti-racist practices for health equity in professional settings and applying these principles in their work. In addition, some shared CoP insights with their teams, influencing workplace discussions and small-scale changes.

While non-global majority members recognised their learning journey, global majority members highlighted how emotionally taxing it is to keep explaining racism and its impact.

Overall, there was a strong desire for more structured pathways from learning to implementation, enabling knowledge to lead to measurable action.

Recommendations

- Develop a governance model, providing long-term strategic direction and accountability.
- Develop an Impact Framework. Introduce metrics for evaluating CoP influence in contributing to development and growth in learning, professional development practice and policy.
- Encourage self-directed learning. Reduce reliance on global majority members to educate others by providing reading materials, toolkits, and guided reflection exercises for non-global majority members.

Introduction

Health inequalities rooted in systemic racism continue to shape health and care outcomes across the UK, with racialised communities experiencing disproportionate barriers to health and care access, poorer health outcomes, and lower levels of trust in services. These disparities are embedded in institutional structures, decision-making, resource allocation, and workforce inequalities. Addressing these issues requires a sustained commitment to anti-racist practice at all levels of the health and care system, alongside a willingness to critically examine policies, challenge deep-rooted norms, and take meaningful action to advance health equity.

In response to these challenges, the Anti-Racism for Health Equity Community of Practice (CoP) was launched in January 2024 to provide a dedicated space for learning, reflection, and collaboration among health and care practitioners, policymakers, and voluntary sector representatives in Greenwich. Unlike traditional training programmes, the CoP was designed as a peer-led, ongoing learning space where members could engage in open discussions, share best practices, and explore structural barriers to health equity together. The CoP aimed to create a supportive environment where members could critically reflect on their practice while contributing to broader system change.

Throughout its first year, the CoP hosted a series of thematic webinars, an in-person event, and racial identity caucuses to facilitate learning, reflection, and development. These sessions covered key issues in anti-racist health and care practice, including the impact of structural racism on service delivery, approaches to embedding anti-racist practice, and the role of culturally competent care in improving health outcomes for racialised communities. The introduction of racial identity caucuses in January 2025 further enabled discussions to be centred on lived experience and acknowledged the different ways members engaged with anti-racist work for health equity. These caucuses created intentional spaces for both global majority and non-global majority members to reflect on their respective roles in progressing health equity, fostering an environment where learning could take place without reinforcing existing power imbalances.

Recognising that real change requires more than discussion, the CoP encouraged members to apply learning in their organisations. However, as the CoP approached its one-year milestone, members began to reflect on whether it was successfully translating learning into actionable change, how it could sustain engagement, and what its role should be in driving transformation beyond individual reflection.

To assess the impact, effectiveness, and sustainability of the CoP, Healthwatch Greenwich (HWG) was invited to conduct an independent evaluation, exploring how well the CoP has supported members in deepening their understanding of anti-racist practice for health equity, influencing their professional roles, and shaping wider change. This evaluation was co-designed with CoP members to reflect their priorities, experiences, and goals for the CoP. A trauma-informed approach was used, recognising that conversations about racism and health equity are often emotionally complex, particularly for those with first-hand experience of discrimination within the health and care system.

Scope of the Evaluation

This report presents the findings of the evaluation, structured around five areas:

- Purpose of the CoP – Assessing the clarity and communication of the CoP's goals: The CoP was designed as an open and responsive space, with members having a range of expectations for its role in learning, advocacy, and policy influence. This section explores how well the CoP's objectives were understood by members and the extent to which the CoP's objectives met member's needs.

- Psychological Safety and Inclusion – Examining whether the CoP provided a safe and inclusive space for discussing anti-racist practice for health equity: Discussions on race and racism can be challenging, and creating a space where all members feel valued, heard, and able to participate fully is crucial. This section explores how different members experienced the CoP, what worked well in fostering psychological safety, and what challenges arose.

- Membership, Sharing, and Collaboration – Exploring how effectively the CoP fostered knowledge exchange and peer learning: One of the CoP's key aims

was to facilitate cross-sector collaboration, allowing members to share strategies, discuss challenges, and collectively problem-solve. This section assesses the extent to which the CoP achieved these goals and opportunities to strengthen its impact.

- Sustaining Engagement – Understanding engagement, accessibility, and barriers to involvement: While the CoP successfully brought together staff and professionals from a wide range of organisations, engagement varied over time. This section examines what factors influenced engagement.
- Reflection and Impact – Evaluating whether the CoP has led to changes in members' professional practice and beyond: This section explores how members have applied insights from the CoP in their work and organisations.

This report identifies both the strengths and limitations of the CoP's first year and gives insight into how it can evolve to sustain engagement, strengthen its impact, and support broader change in health and care. The findings offer suggestions for refining the CoP's approach, enabling it to continue to be a space where members not only learn and reflect but also take meaningful steps toward embedding anti-racist practice to increase health equity within their roles and organisations.

Methodology

Co-Designing the Evaluation Framework: A Participatory and Trauma-Informed Approach

The CoP recognised that members engage with anti-racism from different personal contexts, therefore, the evaluation needed to reflect these perspectives. As such, a trauma-informed approach was essential in ensuring that the evaluation process itself did not create further harm or place an undue burden on those most affected by racism. As a result, the evaluation used racial identity caucuses to create a safer environment for open dialogue. Members were invited to self-identify and join one of two groups – one for global majority members and one for non-global majority members. This approach is used in anti-racist and trauma-informed methodologies, to support those taking part to speak freely without the pressure of justifying their experiences or managing the reactions of others. By structuring discussions in this way, the evaluation aimed to uncover honest reflections of the CoP while acknowledging the different ways in which racism is experienced and confronted.

From the facilitated discussions with members, four core areas emerged as important for evaluating the CoP:

- Purpose: Members reflected on the extent to which they understood the purpose of the CoP and how successful it had been in creating a "safe space" for discussions.
- Vision for the Future: Members expressed a strong desire for the CoP to be sustainable and action-oriented beyond its first year. As a result, the evaluation included questions about long-term goals, opportunities for collaboration, and mechanisms for ongoing development.
- Sustaining Engagement: A key priority was assessing the accessibility of the CoP, the extent to which it was inclusive, and its relevance to a wide range of organisations, staff, and practitioners. As a result, the evaluation explored participation, the effectiveness of different formats (webinars, in-person events, racial identity caucuses), and whether members felt adequately supported to engage and apply their learning.

- Reflection and Impact: Members wanted to understand the impact of the CoP and the extent to which involvement in the CoP had led to change in personal, professional, or even broader organisational change.

A simplified version of the evaluation framework can be found below:

Key area	Evaluation Questions	Objective
Purpose of the CoP	1. To what extent are the CoP's goals clear and well-communicated?	Evaluate the clarity of the CoP's purpose
	2. To what extent is the CoP a safe space for discussing anti-racist practices for health equity?	Evaluate the CoP's ability to create a safe and inclusive space for addressing racism
Vision for the Future	3. To what extent is the CoP a space for collaboration and sharing best practices?	Evaluate the CoP's role in promoting collaboration and sharing best practices
Sustaining Engagement	4. To what extent is inclusive programming important to staying engaged?	Evaluate the inclusivity and accountability of the CoP's programme
Reflection and Impact	5. To what extent has participating in the CoP led to specific changes (outcomes or actions)?	Evaluate the personal and professional growth of CoP members

A Multi-layered Approach to Assessing the CoP

To assess the CoP, the evaluation used a multi-method approach that combined qualitative and quantitative data sources.

Webinar Content Review:

Since webinars were a key component of the CoP's learning offer, three webinars were reviewed to assess their content and relevance. This involved:

- Examining presentation slides and video recordings to identify key themes, messages, and learning objectives.
- Analysing the focus areas of each session, assessing whether they addressed issues in anti-racist practice for health equity.
- Evaluating alignment with the CoP's goals, particularly in fostering learning, discussion, and practical application in members' professional contexts.

Surveys:

To measure engagement, learning, and impact, the evaluation incorporated data from five surveys:

- Three Post-Webinar Surveys

  A survey was sent out to those attending webinars to assess relevance of the topics covered, effectiveness in creating a space for meaningful learning and discussion, and the extent to which members felt equipped to translate insights into action.

- Racial Identity Caucus Survey

  A survey was conducted during the racial identity caucuses to gather insight into how members experienced the CoP, including whether they felt heard, valued, and supported, and if participation in the CoP helped them apply learning in their professional settings.

- CoP-Wide Survey

  A final survey was distributed to all members at the end of the CoP's first year. This survey explored engagement over time, patterns in participation and retention, and the practical impact of CoP activities. It also assessed whether members felt the CoP influenced their work, decision-making, and ability to advocate for anti-racist change. Barriers to participation and suggestions for improvement were also captured.

Discussion Groups

The evaluation incorporated both large-group and small-group discussions during an in-person CoP meeting, complementing the earlier webinar discussions. These discussions allowed members to share perspectives on the strengths and challenges of the CoP and explore ideas for its future direction.

Findings

Purpose of the CoP

From its inception, the Anti-Racism Community of Practice (CoP) for Health Equity was designed to be collaborative and responsive to the needs of its members. Recognising that anti-racist practice is an evolving process, the CoP deliberately co-produced its goals with members to ensure they were relevant, inclusive, and reflective of diverse perspectives.

Initial goals were shaped during the first session in January 2024 and revisited at a later meeting. The core goals of the CoP were defined as:

- Sharing best practices to improve anti-racist approaches in health and care
- Holding reflective conversations on how to apply learning to real-world practice
- Facilitating cross-sector networking to foster collaboration across the system
- Highlighting and celebrating successes to sustain motivation and momentum
- Identifying challenges and collectively seeking solutions
- Exploring the CoP's role in training and capacity-building for system-wide change
- Sustaining ongoing dialogue to ensure anti-racism remains a key focus in local health and care policy and practice

Some members wanted to keep the goals broad and flexible, acknowledging that individuals and organisations were at different stages in their understanding and implementation of anti-racist practices for health equity. While this flexible approach supported members' needs, it also created challenges for maintaining the aims of the CoP consistently, particularly as new members joined throughout the year.

To what extent are the CoP's goals clear and well communicated?

Between April 2024 and January 2025, the CoP held five events—four online and one in person. The purpose of the CoP was communicated verbally and on three occasions, using PowerPoint slides at these events:

> 'A dedicated space for sharing, learning, and networking. A collaborative forum to exchange insights, build knowledge, and strengthen professional connections.'

Beyond this framing, the CoP's broader, and longer-term ambition: to influence and support systemic change towards anti-racist health practices and greater health equity, was mostly implied. While the sharing, learning, and networking elements were clearly communicated, the wider potential of the CoP—to support and influence broader system change, was not always explicitly reinforced.

Members interpreted the CoP's purpose in different ways. Some viewed it mainly as a space for discussion and professional growth, while others expected it to have a more direct role in policy influence and structural change. For members who shared that the goals of the CoP were not clear or well communicated, two main themes emerged. These themes speak to the complexities of maintaining consistency and engagement within a dynamic, multi-organisation learning space while balancing the realities of members' work and professional responsibilities.

Variability in Attendance and Engagement

One of the most important factors affecting members' understanding of the CoP's goals was inconsistent attendance across meetings and events. Many health and care staff and professionals involved in the CoP manage demanding workloads, competing priorities, and operational pressures that can limit consistent engagement. As a result:

- Some members missed key discussions where the purpose was discussed or reinforced, leading to a broken understanding of what the CoP intended to provide.
- Those who joined mid-way through the year or attended irregularly may not have received enough context to fully grasp the CoP's intended purpose.

Without a structured way to revisit and reinforce the CoP's purpose, members who engaged less over time felt disconnected from its focus. Moreover, while the CoP was designed as an open and inclusive space, the absence of a concise summary of past discussions may have contributed to members feeling unclear about its purpose.

Broad and Evolving Goals

From the outset, the CoP intentionally adopted a broad purpose to accommodate the diverse perspectives, priorities, and approaches of its members. However, this accommodation may have increased uncertainty among some members around the CoP's focus. In addition, as the CoP responded to emerging challenges and opportunities, its focus areas naturally shifted, making it harder for members to see a clear throughline from initial discussions to later activities. While the flexibility of the CoP's structure helped make it more responsive, it needed more purposeful communication about its evolving goals- something that members felt was not always obvious.

Safe Space

Evolving Understanding of Safety in the CoP

From the outset, the CoP project team prioritised creating an environment where members could engage in meaningful, and sometimes difficult, conversations about race and health equity. When the CoP was first established, the term "safe space" was not used clearly to define how it would operate. Instead, the CoP began with the expectation that members would engage in open and honest discussions about anti-racist practice in health and social care.

In discussions about racism, power, and systemic inequalities, members bring deeply personal experiences, reflections, and emotions. Without clear guidelines for ensuring psychological safety, there was a risk that some members—particularly those from the global majority—might feel exposed or vulnerable. At the same time, having clearer guidelines could support non-global majority members in engaging with sensitivity, humility, and accountability, helping to navigate discussions in a way that fosters open and constructive dialogue.

To address this, one of the activities used by the CoP project team in January 2024 was the “stinky fish”[1] exercise, designed to help members surface and share their uncertainties, anxieties, and past challenges related to discussing racism in health and care. By encouraging openness about discomfort, the activity helped build trust among members who may not have previously had a structured space to discuss race and health equity, while acknowledging the emotional complexity of engaging in anti-racist work.

This early emphasis on "comfortable discomfort" opened a space where members felt encouraged to engage honestly and deeply. However, as the CoP evolved, perceptions of psychological safety became more complex and nuanced. By November 2024, discussions had grown increasingly personal and reflective, with members sharing their lived experiences of racism and trauma. Safety became an even greater consideration in structuring CoP activities. This led to a more intentional focus on establishing shared principles around respectful engagement, active listening, and accountability. The introduction of racial identity caucuses in January 2025 reflected this shift, acknowledging that members from different backgrounds experience and process conversations about racism in distinct ways.

Different Understandings of "Safe Space" in the CoP

While members broadly agreed that the CoP was a safe space, their interpretations of what "safety" meant in practice differed significantly based on their racial identity and lived experience.

For non-global majority members, "safety" was largely about intellectual and emotional growth—acknowledging that being uncomfortable was a necessary and productive part of the learning process. They largely saw safety as the ability to engage in conversations about race without fear of social repercussions, while still being challenged to reflect critically on their privilege and complicity in systemic racism. The CoP represented a space where they could:

[1] https://www.fearlessculture.design/blog-posts/how-to-address-the-stinky-fish-in-your-team-canvas-and-facilitation-guide

- Listen and learn about racial inequities in health and care from those with lived experience.
- Challenge their assumptions and deepen their understanding of systemic racism in health and care.
- Engage in difficult but necessary discussions about their role in anti-racist practice.

For global majority members, safety had a different meaning:

- A space where their lived experiences of racism are not questioned, minimised, or subjected to scrutiny.
- A space where they do not have to take on the burden of educating non-global majority members about racism.
- A space where they can express frustration, anger, or fatigue about racism without fear of judgment or professional consequences.

Unlike their non-global majority colleagues, they were not entering the space to "learn" about the impact of racism on health equity—they were living it. For them, the risk was not about challenging existing perspectives but about whether the space could provide genuine validation and solidarity without the expectation to explain their realities to those without lived experiences of racism. For some global majority members, entering a space that includes non-global majority members (who may have more institutional power or less lived experience of racism) can feel unsafe and raise questions on how freely they can participate. While many valued cross-racial dialogue, some global majority members noted challenges in these discussions. Power dynamics can hinder open conversations, particularly when non-global majority members hold greater decision-making power.

Global majority members questioned how learning was distributed within the CoP. Some felt that discussions shifted towards supporting the learning of non-global majority members, sometimes at the expense of deeper exploration of the experiences and priorities of global majority members. While the CoP aimed to be a space for collective growth, this dynamic raised questions about whose

needs were centred and how to ensure that learning was a shared, rather than uneven, responsibility.

For global majority members, a key concern was the emotional labour required to engage in CoP discussions. Some described the added burden of explaining, educating, or responding to questions about racism, particularly when conversations revolved around the awareness-building of non-global majority members rather than the practical application of anti-racist practice. This placed unequal responsibility on global majority members to guide the learning process, even as they navigated their own experiences of racism in the health and care system. The expectation to provide personal insights, validate experiences, and correct misunderstandings could be exhausting, reinforcing an unequal dynamic where those most affected by racism were also expected to take on the role of educators.

This tension reflects the divided perspectives on whether the CoP should always remain a mixed space. Some members emphasised the inclusion of non-global majority members as essential for fostering allyship, accountability, and systems change. They further emphasised that non-global majority members needed to be present in these conversations, not just to learn but to take active responsibility for challenging racism within their spheres of influence. A mixed space, they argued, could help build solidarity and ensure that anti-racism work for health equity was not left solely to those experiencing its effects.

Others, however, felt that separate spaces were necessary to enable unfiltered conversations and self-expression without the need to restrict or suppress their opinions. A mixed space, sometimes meant modifying language, navigating white fragility[2], or softening experiences to avoid non-global majority discomfort. A dedicated space, they argued, would allow for more honest reflections and peer support without the added layer of managing how their experiences were received.

[2] https://en.wikipedia.org/wiki/White_Fragility#:~:text=An%20academic%20with%20experience%20in,to%20consider%20their%20own%20race.

Two Perspectives on Safety

The CoP's challenge is to hold both perspectives simultaneously – creating a space for learning and accountability for non-global majority members, while also providing validation and solidarity for global majority members.

Non-Global Majority Members	Global Majority Members
Safety means having space to learn and be challenged.	Safety means having space to be validated and not questioned.
Expect discomfort as part of growth.	Fear that the space is not truly safe for open expression.
Willing to be challenged but not always aware of the burden of emotional labour placed on global majority members.	Concerned about having to educate non-global majority members instead of focusing on their reflections.
See value in cross-racial dialogue for allyship.	Some prefer identity-specific spaces to avoid power imbalances and self-censorship.

To achieve this, the CoP could:

- Acknowledge differences explicitly to help set clearer expectations for discussions.
- Provide both mixed and identity-based spaces giving members opportunities for cross-racial learning and reflection, while also allowing global majority members separate spaces free from emotional labour.
- Encourage self-directed learning outside of the CoP to reduce the burden on global majority members to explain their experiences.
- Incorporate a wider range of facilitators and speakers who bring both professional expertise and lived experience of racism in health and care.

Membership, Sharing and Collaboration

Since launching in January 2024, the CoP has attracted 66 members from 20 organisations, spanning health, social care, community and voluntary sector, and academic and research bodies. By bringing together a wide range of organisations and roles the CoP creates a space where knowledge, strategies, and resources can be shared across different parts of the system. Moreover, this broad participation reflects a growing cross-sector commitment to embedding anti-racist principles in service delivery.

While the CoP has attracted participation from a range of organisations, engagement has been uneven. The Royal Borough of Greenwich (RBG) has the highest level of participation, with 26 members, reflecting the borough's strong commitment to embedding anti-racist practice. However, other key organisations and system partners have had little or no engagement. This raises questions about wider participation.

While we cannot confirm, it is suspected that some organisations may not know about the CoP or may not have received invitations. While the CoP has been promoted within RBG and among existing networks, it may not have reached all relevant sectors and organisations. Moreover, many organisations, particularly within the NHS, local authority, and voluntary sector, are operating under significant workforce pressures. With ongoing challenges such as high service demand, staffing shortages, and limited funding, staff often struggle to allocate time for non-mandatory learning spaces.

In addition, several organisations already have internal equality, diversity, and inclusion (EDI) programmes or race equity networks, which may reduce the perceived need for an external CoP.

If organisations see the CoP as separate from or duplicating existing efforts, they may be less motivated to engage.

Organisations	Members
RBG	26
Unstated	9
South East London Integrated Care System	6
Kings College London	4
Oxleas NHS Foundation Trust	3
Charlton Athletic Community Trust	2
Greenwich and Bexley Community Hospice	2
Health Innovation Network South London	2
Eltham Medical Practice	1
Gallions Reach Health Centre	1
Greenwich Inclusion Project	1
Groundwork London	1
Healthwatch Greenwich	1
Lewisham Refugee and Migrant Network	1
Lewisham and Greenwich NHS Trust (LGT)	1
London Borough of Lewisham	1
Mabadiliko CIC	1
METRO GAVS	1
Peabody	1
The Jenner Practice	1
Total	**66**

CoP Events	Member Attendance
January 2024	29
April 2024	15
June 2024	14
October 2024	28
November 2024	21
January 2025	17
Total	**124**

Number of Events	Frequency of Attendance
1 Event	34
2 Events	17
3 Events	8
4 Events	5
5 Events	0
6 Events	2
Total	**66**

While the CoP engaged a broad range of organisations, maintaining consistent attendance across sessions has been a challenge. Just over half (51%) of members attended only one event, suggesting that while many were initially interested, engagement was not sustained.

As the CoP evolves, members — particularly those from the global majority — want to broaden the membership to include senior leadership. While frontline staff and middle managers can drive important changes at the service level, lasting transformation requires alignment with leadership priorities and buy-in from decision-makers who shape organisational policies, resource allocation, and strategic direction.

"We need more people in these higher-up positions (director level pushing onto maybe CEO) to really make those changes and be robust."

Suggestions to address this include inviting senior leaders to CoP sessions, developing leadership-focused briefings, and creating a senior advisory group.

CoP's Learning Sessions

To facilitate knowledge exchange and capacity building, the CoP invited expert speakers and facilitators to lead discussions on anti-racism in health and care. Through three webinars and one in-person event, members had the opportunity to gain both insights and tools for change. CoP learning sessions addressed:

- Both individual and organisational perspectives on dismantling racism in health systems.
- The structural impact of health inequities on vulnerable communities.
- Practical strategies for embedding anti-racist approaches in policy, service delivery, and frontline practice.

Members report finding sessions valuable, not just for their learning but as a resource to share with colleagues and within their wider networks. Learning from these sessions has extended beyond individual professional development—many members have actively shared knowledge and resources within their organisations, potentially influencing colleagues, teams, and wider networks.

Another key outcome of the CoP was the sense of community. Members described how engaging with like-minded colleagues reassured them that they were not alone in their efforts to promote anti-racist health equity.

Similarly, others noted that the CoP gave them greater trust in their peers and the "system," reducing doubt about whether meaningful change was possible. The peer support and shared commitment fostered through the CoP provided members with a renewed sense of confidence and belief in collective progress.

Inclusive Programming

Over its first year, the CoP balanced reflective discussions with practical, real-world examples, designed to reflect the breadth of issues that intersect with race and health equity. Sessions featured expert practitioners and sector leaders, who provided insights into both structural and frontline challenges. Each event was designed as a standalone session, meaning that members could engage without needing to have attended previously. Topics included:

- Becoming an Anti-Racist Organisation – The Health Innovation Network shared its journey towards embedding anti-racist principles within its work. This session provided practical strategies for shifting organisational culture.
- Addressing Hidden Health Disparities – King's College London presented research and strategies for tackling undiagnosed chronic kidney disease in Black communities, highlighting the intersection of racial bias, clinical practice, and patient outcomes.
- Anti-Racist Approaches to Housing and Health – RBG updated members on its anti-racist social housing strategy, demonstrating how housing policy directly affects health inequities.
- Migrant Health Exclusion – The Lewisham Refugee and Migrant Network explored how migrants face systemic barriers in accessing health and care, providing strategies for improving equity in service delivery.
- Race-Based Stress and Trauma – A session on the psychological and physiological impacts of racism and identifying how racism-related stress manifests in health outcomes.

Member feedback suggests high levels of satisfaction, and most would recommend the sessions to colleagues. For members, one of the key strengths of the programme was its flexibility, offering both online and in-person opportunities for engagement.

Opportunities to Strengthen Engagement

Members' suggestions to strengthen engagement include a digital resource hub, greater alignment with existing equity initiatives, and embedding lived experience in the programme design.

Resource Hub

One of the most frequently suggested improvements was the creation of a dedicated resource hub. Members flagged the need for a centralised digital space where materials could be easily accessed, allowing those who missed sessions to catch up and others to refresh, or build on, their understanding over time.

A resource hub could include:

- Key reference materials, such as articles, reports, and toolkits on anti-racist health equity.
- A glossary of key terms, including frequently used language such as “global majority” and “safe space”, to ensure all members share a common understanding.
- Guidelines for engaging in CoP discussions, setting clear expectations for respectful and constructive dialogue.
- Recordings of all CoP sessions.
- Links to local initiatives and equity-focused organisations.

Embedding Lived Experience in Programme Design

A key theme emerging from member feedback was the importance of enabling those with lived experience of racism, alongside expertise in anti-racist health equity, to play a central role in shaping the CoP’s programme. Members recognised that meaningful discussions on systemic racism and health inequalities must be informed by those who have first-hand experience of these challenges.

To strengthen this approach, members suggest drawing on lived experience perspectives when shaping the CoP’s learning priorities to ensure that its topics

remain relevant and rooted in real-world challenges. This would also help create a more inclusive and representative learning environment, where the voices of those most affected by racial health inequities are put at the centre.

Strengthening Alignment with Existing Equity Initiatives

The need for stronger integration between the CoP and other equity-focused initiatives within the RBG, and across the South East London Integrated Care System (ICS) could reinforce a system-wide approach to anti-racist practice for health equity. This could potentially amplify the impact of the CoP and embed anti-racist principles for health equity more deeply into institutional culture and decision-making processes. Without clear points of connection, there is a risk that the CoP's efforts remain siloed. Member suggestions to enhance alignment include:

- Mapping out existing anti-racist initiatives within RBG and across local health and care networks to identify areas of synergy and avoid duplication.
- Establishing regular touchpoints between initiatives, supporting insights from CoP discussions to inform broader equity strategies.
- Facilitate cross-network collaborations, such as joint events, knowledge-sharing sessions, or shared resource development, to build a more cohesive approach to anti-racist practice for health equity.
- Provide a pathway for learning from the CoP to feed into broader institutional change efforts, such as policy and strategy development.

Reflection and Impact

Personal Development

The CoP encouraged members to explore best practices in health equity and reflect on their roles in driving change. For many non-global majority members, the most immediate and visible impact of the CoP was at an individual level.

Members report that engaging with the content encouraged critical self-reflection, and to consider how biases influence their work in health and care.

"... confidence to address any racist/prejudiced language in the workplace and try to promote a more equal environment."

For some, the CoP has helped shape their approach to working with communities, reinforcing the importance of cultural competence.

While these discussions were valuable, some acknowledged that passive learning is not enough.

"It's easy to read about racism and agree that it's a problem but applying what I'm learning in real situations—calling out bias, questioning policies, or challenging colleagues—feels much harder."

To translate awareness into meaningful action, the CoP introduced an anti-racist learning framework to help members understand their own progression towards active allyship, offering a structured way for members to reflect on their current position and identify next steps in their journey.

Organisational Learning

Beyond individual practice, the CoP has served to support cross-organisational learning.

"I would like to share Ollie's informative presentation with our welfare team and social services team who have contact with housing/nil recourse clients who present themselves to our services. They may already be aware of some of these issues or can also be a new learning experience."

While members overwhelmingly valued the CoP as a space for dialogue, reflection, and shared learning, there is a desire for the CoP to move towards actionable outcomes that lead to measurable change.

Members recognise the importance of discussion in laying the foundation for action, but many felt the CoP needed stronger mechanisms for influence and accountability.

> "Developing clear pathways for translating our collective learning into concrete actions...establishing metrics for evaluating progress...with a framework to measure our impact..."

Learning and Action

While many agreed that success should be measured by its impact on personal and professional development, there was ongoing debate about whether the primary focus of the CoP should be on individual learning or collective action.

This uncertainty reflected a broader tension between learning as an end in itself and learning as a means to actionable change. For members from the global majority, success was closely linked to the practical application of anti-racist practices and system-level change to advance health equity.

Global majority members also challenged the (sometimes) simplistic narratives repeated in the CoP, and the need to take a more intersectional approach that acknowledges variations in privilege, marginalisation, and lived experience among and between racialised communities.

Among non-global majority members, some wanted to retain the CoP as purely a learning space.

While this perspective acknowledged the value of learning and self-reflection, others expressed concern that without a clear focus on action, the CoP risked becoming purely an intellectual exercise.

"I believe there is room for improvement in creating more structured opportunities for applying our learning into practice. Some discussions feel like they remain theoretical rather than translating into actionable steps."

The tension between reflection and action is not unusual in anti-racism work. While structured learning remains valuable, members would like to see more space for practical problem-solving. Possible approaches to facilitate this shift suggested by members could include linking each CoP session with practical actions, such as:

- Clarifying the distinction between individual and collective goals, so that members see both personal development and systemic change as complementary to each other, rather than competing aims.
- Identifying key takeaways that members can apply in their organisations.
- Facilitating small group discussions where members collectively tackle common challenges.
- Hosting structured conversations on key topics, allowing for deeper exploration and shared learning.

As the CoP continues to evolve, members suggest the need for a governance framework to ensure its purpose remains clear, adapts to changing needs and strengthens accountability. To support this, the CoP could consider establishing a steering group or advisory panel to provide strategic direction and facilitate member input into decision-making. Additionally, periodic check-ins could be introduced to assess whether the CoP is effectively meeting members' needs, driving meaningful change, and maintaining engagement over time.

Conclusion

The Anti-Racism for Health Equity Community of Practice (CoP) was established in January 2024 to provide a dedicated space for learning, reflection, and collaboration. Recognising that addressing racial health inequalities requires cross-organisational and cross-sector commitment, the CoP brought together staff, practitioners, policymakers, and voluntary sector representatives from across Greenwich.

Findings from this evaluation highlight the CoP's successes in raising awareness, building confidence, and strengthening professional networks. Members valued the expert-led discussions, thematic webinars, and opportunities for cross-sector engagement, which helped them reflect on their roles in advancing anti-racist practice for health equity. The CoP also created space for frank discussions about race and power, particularly through the introduction of racial identity caucuses, which provided members with an opportunity to share their experiences in settings designed to support psychological safety.

While members appreciated the opportunity to engage in open and reflective discussions, the evaluation uncovered challenges in sustaining engagement, translating learning into action, and accountability. A key issue was variability in attendance, with over half of members attending only one session. This inconsistency made it difficult to build on discussions over time, resulting in fragmented learning experiences for some participants. Additionally, while the CoP was designed to be a flexible and responsive space, this adaptability sometimes contributed to ambiguity around its long-term objectives and varying expectations about its role in influencing systemic change.

Global majority members noted the emotional labour involved in explaining racism to non-global majority colleagues, highlighting the need for stronger structures to support learning without reinforcing uneven burdens. At the same time, non-global majority members valued the CoP as a space for self-reflection and growth but acknowledged that moving from awareness to action was not always straightforward. The CoP's role in influencing organisational change and policy development remains an ongoing area for discussion, with some

members seeing it primarily as a learning space, while others expected it to have a more direct influence on system-wide anti-racist practice.

The evaluation highlights the complexity of creating psychologically safe spaces in anti-racism work. While members felt the CoP provided a unique and supportive environment, some found discussions prioritised non-global majority learning over global majority lived experience. The introduction of racial identity caucuses in January 2025 helped address this challenge by allowing for both identity-specific and cross-racial learning, but findings suggest that ongoing attention is needed to ensure that safety is not assumed but actively maintained.

The CoP's impact on individual learning and professional practice is evident, with many members reporting increased confidence in applying anti-racist principles in service delivery. Some members have used CoP discussions to challenge service delivery norms, advocate for change, and share best practices with their colleagues. However, there is a growing recognition that sustaining momentum requires stronger mechanisms to track progress and translate short-term learning into long-term change. Without clear structures to document and evaluate the CoP's influence, its contributions to health equity risk being limited to individual efforts rather than embedded in organisational and system-wide transformation.

As the CoP moves beyond its first year, the evaluation findings suggest both a strong foundation and a need for further refinement. Members remain committed to advancing anti-racist practices for health equity, but the CoP must continue to evolve. This includes addressing challenges related to participation, clarifying its long-term role, and ensuring that discussions lead to meaningful and sustained impact within health and care settings.

Limitations of the Evaluation

Variability in Participation

A key challenge in the evaluation process was inconsistent participation among CoP members. Not all members were able to attend every session, contribute to discussions, or complete surveys. This variability means that certain voices may have been overrepresented in the findings, while those with more limited engagement may not have had an equal opportunity to shape the evaluation or findings.

Self-Selection Bias

Participation in the CoP—and the evaluation—was voluntary, which may have led to self-selection bias, where those who were already committed to anti-racist practice or had positive experiences with the CoP were more likely to engage. This means that perspectives from those who were less engaged, more sceptical, or faced barriers to participation may not have been fully captured, leading to an overrepresentation of more engaged or motivated voices.

Power Dynamics and Psychological Safety in Data Collection

Although the evaluation was designed to be trauma-informed and inclusive, power dynamics within discussions and surveys may have influenced responses. Members—particularly those from racialised communities—may have felt pressure to moderate their feedback in group settings. This means that some critical perspectives may not have been fully captured.

Gaps in Capturing Intersectional Experiences

While the evaluation was designed to assess the effectiveness of the CoP, it did not explicitly explore how other intersecting factors—such as gender, sexual orientation, disability, or socioeconomic background—shaped members' experiences. As a result, the evaluation may not fully reflect how multiple forms of oppression interact. For example, members from racialised communities who also navigate gendered or disability-related barriers may have unique perspectives on how inclusive or supportive the CoP felt, but these experiences were not gathered.

Low Survey Response Rates

One of the key challenges in the evaluation was the low response rate to surveys, which limited the ability to capture a comprehensive and representative picture of members' experiences. The post-webinar surveys for April, June, and October 2024 received only 11, 3, and 7 responses respectively. Given the number of people who attended these sessions, these response rates provide only a partial view of members' reflections. Similarly, a CoP-wide survey sent to 66 members who had attended at least one event over the past year received just 8 responses, significantly limiting the generalisability of the findings. As such, the evaluation only reflects a subset of member experiences, rather than capturing the full diversity of perspectives within the CoP.

Appendix

Overview of Key Terms

Community of Practice

A structured and collaborative learning group where individuals with a shared profession, interest, or expertise come together to exchange knowledge, develop skills, and collectively address challenges[3].

Anti-Racist Practice

A proactive approach to identifying, challenging, and dismantling racist policies, structures, and behaviours within institutions, organisations, and systems. Anti-racist practice moves beyond passive non-discrimination to active engagement in addressing racial inequities and meaningful participation of racialised communities in power and decision-making.

Global Majority

A term used to describe all ethnic groups except White British and other White-identifying groups, including White minorities. It reflects the fact that racialised communities collectively represent the majority of the global population, challenging Eurocentric perspectives that position these groups as minorities.[4].

Non-Global Majority

A term used to refer to individuals who do not identify as part of the global majority, including White British and other White-identifying groups.

Trauma-Informed Evaluation

A methodological approach to evaluation that prioritises the physical, emotional, and psychological well-being of participants, particularly those with lived experiences of discrimination or marginalisation. It is designed to foster trust, transparency, and collaboration by ensuring that the evaluation process is clear, participatory, and sensitive to past trauma. This approach actively seeks to

[3] https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2015/08/learning-handbook-communities-of-practice.pdf

[4] https://www.ncvo.org.uk/news-and-insights/news-index/why-language-matters-in-building-belonging/ - what-do-we-mean-by-the-term-global-majority

minimise harm, validate personal experiences, and centre the agency of participants, avoiding cultural biases, stereotypes, or re-traumatisation[5].

Safe Space

Safe space refers to an environment—both physical and psychological—where people feel secure, respected, and empowered to share their views and experiences without fear of harm, judgment, or re-traumatisation. It is a space where people, particularly those who have experienced trauma, feel a sense of control, choice, and validation.

Racial Identity Caucuses

Racial identity caucuses are intentional spaces where people come together based on their racial or ethnic identity to discuss their experiences, perspectives, and challenges in a supportive and reflective environment. These caucuses are widely used in equity work to acknowledge that experiences of race and racism differ based on personal context, and that separate spaces can enable more honest, unfiltered conversations. They provide psychological safety for racialised communities to share without restriction or suppression of their views, while also encouraging non-global majority participants to engage in reflective learning without burdening those directly impacted by racism.[6].

Intersectionality

Intersectionality is the idea that people can experience discrimination or unfair treatment in more than one way at the same time. It helps us understand that people's struggles are often connected, and solutions need to simultaneously address multiple issues.[7].

[5] https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice
[6] https://www.nejm.org/doi/full/10.1056/NEJMp2212866
[7] https://chicagounbound.uchicago.edu/cgi/viewcontent.cgi?article=1052&context=uclf

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