Health Innovation West of England

Black Maternity Matters X North Bristol NHS Trust collaboration pilot training: Evaluation report

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Executive Summary

Background

Black Maternity Matters (BMM) X North Bristol Trust (NBT) BMM Collaboration is an anti-racist training programme, bespoke to NBT, that provides immersion in an expert-led training experience integrating critical race theory, whiteness theory, and critical pedagogy. The programme was piloted across NBT, with three cohorts: Senior Leaders, Champions and Online. The Senior Leaders and Champions cohort training was six-months long and in-person. The online cohort received one three-hour training session online. This paper reports on the results of three pilot training cohorts between November 2024 and March 2025.

Evaluation methods

This mixed methods evaluation primarily took a questionnaire-based approach. Participants from each cohort completed a comprehensive questionnaire after receiving the training covering discrimination, cultural competency, leadership environment, skills, psychological safety, and behavioural change; and free-text questions on experiences. The findings of the evaluation were triangulated with insights from the trainers' perspectives and presented to participants in a rapid insights workshop where feedback was requested.

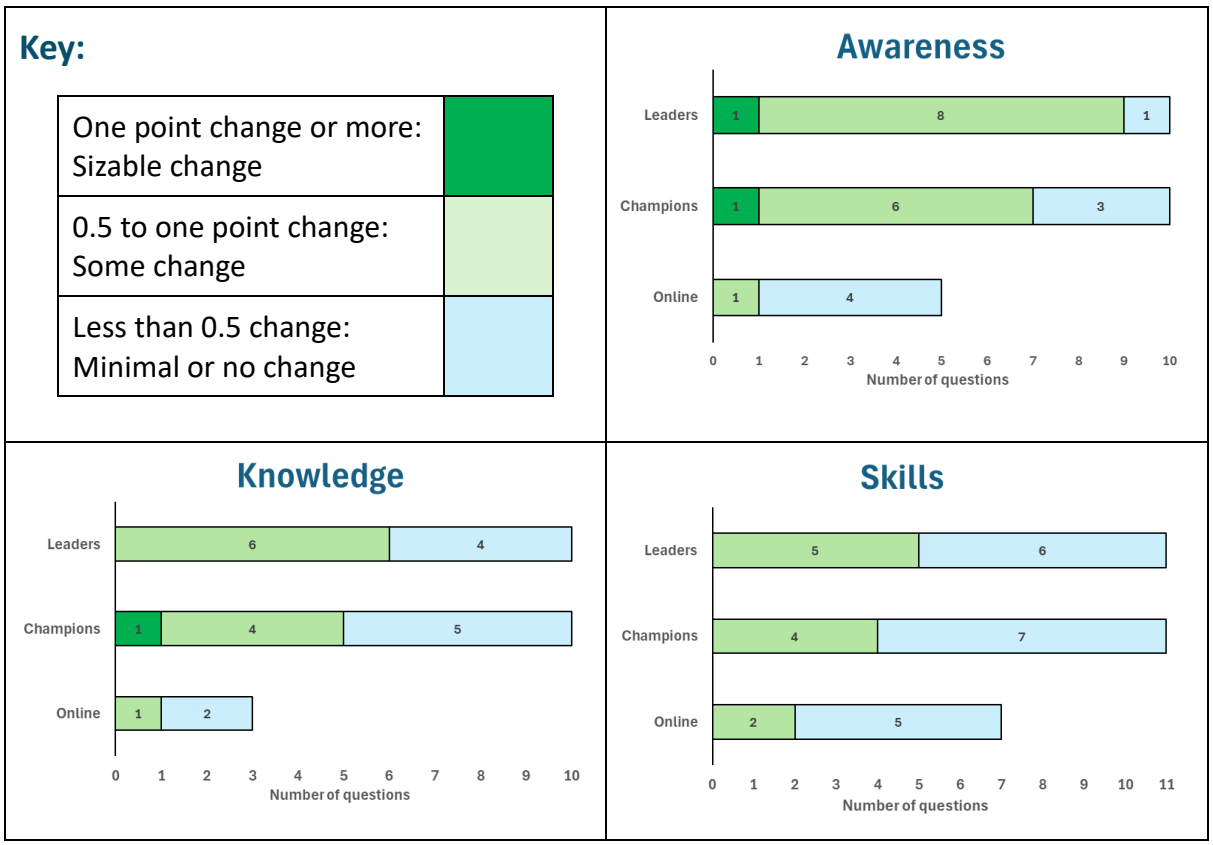
The evaluation questions were:

1. Did the training make a difference to the **cultural competency** of the participants?
2. Are participants in a position to put their **training into practice**?
    - Do participants have the leadership skills and environment necessary to make changes?
    - Do they feel psychologically safe to use their skills
    - Do they have opportunity, motivation and capability to change anti-racist behaviour?
3. What were the **overall impacts** of the training on the participants?

Cultural competency

Findings show an overall increase in cultural competency in the six-month Senior Leaders and the Champions cohorts but less of an increase in the three-hour Online cohort. The largest change in all three cohorts was in participants increasing their awareness of themselves, their privilege, and the biases they hold. Participants rating of their cultural competency knowledge and skills somewhat increased after the training.

The improvements observed in Senior Leaders and Champions, while positive, were less pronounced than the previous two cohorts of Senior Leaders where much greater increases of cultural competency were shown.



Putting training into practice

We assessed the extent to which participants had the right skills and environment to put their training into practice.

Leadership skills & environment: Most respondents agreed that following the training they had some of the necessary leadership skills to address racism. Most participants agreed that white culture is the norm in NBT and racially minoritised people are expected to assimilate into this culture.

Psychological safety: Most respondents from the Senior Leaders and the Champions cohorts generally agreed that they felt psychologically safe at NBT having clear expectations and feeling confident asking for help.

Behaviour change: Nearly all respondents from the Senior Leaders, Champions and Online cohorts felt they had the capability, opportunity and motivation to make changes following the training. Most respondents felt highly motivated but some from each cohort felt change would require conscious effort and it would not be automatic.

Overall impacts

Impact and usefulness of the training: The training was rated as useful and impactful. Participants took a range of different actions, with those attending the Senior Leaders course demonstrating a commitment to implementation. Suggestions for improvements in the course content varied and included spending more time on case studies, having more practical tools available to support implementation and doing further follow-up sessions to refresh the content and support implementation.

Recommendations

The course content needs to be tailored with NBT: The content needed to be tailored for the audience as well as adjusting for accessibility. NBT needs to better communicate the aims or targets before and after the courses so the participants clearly understanding the 'local' rationale for them undertaking the training, and its relevance to their role.

There is a continued need for ongoing learning: Extended training sessions were suggested, including the need for refresher training courses after the initial training course.

There is a need for a supportive environment at NBT: There was concern from participants about being a lone voice. There is a need to bring together all those who have received training at NBT within the existing community of practice to provide a space for opportunities to be shared and thus lead to wider scaling and spreading of this training within NBT.

Acknowledgements

The Evaluation and Insights Team in Health Innovation West of England would like to acknowledge and thank the following people for their contributions to the evaluation report: Noshin Emamiannaeini – Menzies, Ann Remmers, Nathalie Delaney and Jelena Ivanovich from the BMM Project Group, members of the BMM Steering Group (Aisha Thomas, Katie Donovan-Adekanmbi, Sonah Paton and Tarnia Mason) and the participants who attended the training and took part in the evaluation.

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1. Introduction

1.1 Background

The 2021 MBRRACE-UK report highlighted Black, mixed-race and Asian women are at a greater risk of maternal mortality. Following this, in 2021, the Black Maternity Matters (BMM) Collaboration was launched. This is a partnership between Health Innovation West of England, Representation Matters and BCohCo. The aim of the collaboration is to deliver targeted anti-racism[1] education, peer support and encourage Quality Improvement (QI) transformation projects.

Following participation in the BMM Senior Leadership training, the Chief Executive Officer and the Chief Nursing Officer at North Bristol Trust (NBT) committed to piloting a NBT-wide version of BMM. This adapted the programme from solely perinatal to being accessed by all directorates of the trust. The BMM X NBT pilot training programme was delivered to three cohorts between November 2024 and March 2025:

1. **Senior Leaders**: aimed at the Senior Leadership Team.
2. **Champions:** a comparable level of seniority to the Leaders who have either completed a previous iteration of BMM training, have lived experience of racialisation or who can demonstrate a high level of understanding of anti-racist theory and practice.
3. **Online:** all staff could attend.

1.2 The BMM X NBT anti-racism training course

The BMM X NBT anti-racism pilot training course was based on the BMM training model of six months training and coaching, with adapted elements for the NBT context. The BMM model is one of immersion in an anti-racism training experience integrating critical race theory, whiteness theory, and critical pedagogy led by expert anti-racism educators, complemented by a community of practice sessions and access to QI coaching. Whilst the standard BMM model is focused on reducing inequities for women, families and babies racialised as Black using perinatal services, the aim of the BMM X NBT training programme was to improve the experience of staff and patients from the Global Majority. The content was informed by learning from BMM training to date as well as co-design activities and collaboration with staff at NBT. This involved forming a co-production working group with representatives from NBT who were enthusiastic about designing bespoke training within the trust.

1.2.1 Training content co-design workshops

Workshops were held to develop an understanding of how racism manifested at all levels of the organisation and inform the training. The three co-design workshops revealed several key themes:

1. A need for education around the language used to describe people with lived experience of racialisation or from the Global Majority.
2. An awareness and understanding about different forms of racism and their implications
3. A need to not conflate power and respect with NHS staff pay banding.

[1] *Anti-racism means active and deliberate actions to oppose, challenge, and dismantle racism in all forms: individual, institutional, and structural.*

4. An appreciation of international staff, their qualifications and contributions.
5. An acknowledgement, and ownership, of the organisation working to become anti-racist.

Based on these themes, the training was adapted to focus on the following specific areas:

For all cohorts	• Building a common language and understanding of racism, its forms, and its impacts. • Practical scenarios that reflect real workplace situations to enhance empathy and understanding.
For the Senior Leaders cohort	• Emphasising the responsibility of Leaders to actively engage in anti-racist practices. • Handling and responding to racial issues with sensitivity and awareness. • Recognising the responsibility of running an anti-racist organisation.
For the Champions cohort	• Equipping with skills to lead discussions and train others within the organisation, focusing on operational and practical aspects of anti-racism.

1.2.2 Training Structure

After the co-design workshops, the training structure was outlined and finalised:

Senior Leaders

- Three face-to-face training days
- Three online book/film clubs, discussing the following:
  - Divided by Dr Annabel Sowemimo[2]
  - The Anti-Racist Organization: Dismantling Systemic Racism in the Workplace by Shereen Daniels[3]
  - Origin (2023)[4]
- QI sessions and coaching

Champions

- Three face-to-face training days
- Three online book clubs, discussing the following:
  - Why I am no longer talking to white people about race by Reni Eddo-Lodge[5]
  - Divided by Dr Annabel Sowemimo[2]
  - The Good Ally: The indispensable guide to anti-racism by Nova Reid[6]
- QI sessions and coaching

[2] *Divided – Dr Annabel Sowemimo.* [Book]
[3] *The Anti-Racist Organisation – Shereen Daniels.* [Book]
[4] *Origin (2023)*. [Film]
[5] *Why I am no longer talking to white people about race - Reni Eddo Lodge.* [Book]
[6] *The Good Ally - Nova Reid*. [Book]

Online

- One online three-hour workshop
- Three facilitated one-hour online workshop sessions

1.2.3 Support provided for participants with lived experience of racialisation

In recognition of the additional burden carried by people with lived experience, NBT staff who participated in this BMM pilot training programme were invited to an in-person 'Brave Space' workshop for participants with lived experience of racialisation or from the Global Majority.

1.3 Document Purpose

This report presents an evaluation of all three cohorts by providing both quantitative and qualitative analyses of questionnaire responses, triangulated with insights from the trainers' perspectives and feedback from a rapid insights workshop. This report addresses the following evaluation questions:

- Did the training make a difference to the cultural competency of the participants? (Section 3.3).
- Do participants have the leadership skills and environment necessary to make changes? (Section 3.4.1).
- Do they feel psychologically safe to use their skills? (Section 3.4.2).
- Do they have opportunity, motivation and capability to change anti-racist behaviour? (Section 3.4.2).
- What were the overall impacts of the training? (Section 3.53.5).

2. Methods

2.1 Overall Approach

The participants were asked to complete a questionnaire before and after their training covering cultural competency, working environment and the impact of the training. The questionnaires were sent to trainees via email. This was followed up with a rapid insights workshop, hosted online via Microsoft Teams, where the findings and recommendations were presented to participants and feedback was requested. The full questions from the rapid insights workshop can be found in appendix 6.7. In addition, reflective logs were created by those delivering the sessions to provide insights from the trainers' perspective.

2.2 Analysis methods

For analysis of the **questionnaires**, we used descriptive statistics for quantitative data points and thematic analysis for open-ended questions.

For the **rapid insights workshop**, the session was recorded and transcribed via Microsoft Teams. The transcript and the chat function were analysed by two members of the Evaluation and Insights Team. The initial findings and recommendations from the survey provided the themes for the workshop and the subsequent analysis.

To analyse the **reflective logs**, we used conceptual content analysis to conduct a secondary analysis according to the type of session and cohort.

We then subsequently conducted relational content analysis to synthesise between the themes and content derived from the other data sources included in the evaluation.

2.3 Evaluation contributors

Petronella Downing (PD), Ben Newton (BN), Ruth Barker (RB) and Mairead Murphy (MM) are members of the independent Evaluation and Insights Team at Health Innovation West of England (HIWE). Both PD and MM have attended BMM training in different cohorts. Noshin Emamiannaeini - Menzies (NEM) is part of the programme team at HIWE, and co-designed and supports the implementation of the anti-racist training. PD and NEM have lived experience of being racialised as mixed-race and Brown respectively. PD delivered the quantitative analysis, supported by MM. BN carried out the qualitative analysis supervised by MM. RB analysed the reflective logs. PD and RB analysed the rapid insights workshop content. MM designed the report structure; RB oversaw delivery of the report. MM and RB reviewed the recommendations to ensure that they were grounded in the data. MM signed off the final evaluation report.

2.4 Language used in this evaluation

The BMM X NBT pilot training programme is an immersive and sustained anti-racist training programme. Anti-racism means **active and deliberate actions** to oppose, challenge, and dismantle racism in all forms: individual, institutional, and structural. Some of the questionnaires we adopted used the phrase 'cultural competency'. This refers to the ability to interact effectively and respectfully with people from different cultures.

We did not adjust the wording of the questions from 'cultural competency' to 'anti-racism' in section 3.3 because the constructs measured by the cultural competency questionnaires address multiple aspects of anti-racism, and this is evidenced in the questionnaire analysis and discussion within this evaluation report.

2.5 Topics covered by the questionnaires

The questionnaires covered experiences of discrimination, cultural competency, leadership skills and environment, psychological safety, behaviour change, QI and experiences of the training course. The post-training questionnaire also included questions that asked the participants to rate their pre-training competency again retrospectively. This type of retrospective pre-test is standard practice for this training course as it has previously been found that participants overrate their own cultural competency prior to training. Table 1 lists the different topics covered by the questionnaire completed by the course participants and cites the validated questionnaires which were used.

In the results section, a description of each topic is provided.

Table 1: List of sub-sections in the questionnaire sent to BMM X NBT training participants.

Section	Topic	Summary	No. of questions	How was the data captured?	Cohort	Reference
3.1	Attendees' backgrounds.	Length of time in current role and Leadership experience.	*2*	Post-training questionnaire.	All	
3.2	Experiences of discrimination.	Experiences of being discriminated against and witnessing discrimination	*4*	Post-training questionnaire.	Online	
3.3	Cultural competency – awareness.	Awareness, knowledge and skills in own biases and engaging with diverse cultures in their organisation.	*10*	Retrospective pre-training / Post-training questionnaire.	All (Online cohort had reduced questions)	Adapted from Cultural Competence Self-assessment Checklist. Central Vancouver Island Multicultural Society. (2012, September 19).
	Cultural competency – knowledge.		*10*	Retrospective pre-training / Post-training questionnaire.		
	Cultural competency – skills.		*11*	Retrospective pre-training / Post-training questionnaire.		
3.4.1	Leadership Skills and Environment.	Leadership aspects to each role.	*8*	Post-training questionnaire.	Leaders	
3.4.2	Psychological Safety.	Feeling they have a safe environment as a leader and creating one in the wider team.	*10 (Leaders) 9 (Champions only)*	Post-training questionnaire.	Leaders (Champions cohort had reduced questions)	Adapted from: 04. PSAP. Measuring Psychological Safety.
3.4.3	Behavioural Change.	Confidence in applying anti-racist Leadership at work (COM-B).	*6*	Post-training questionnaire.	All	Adapted from Keyworth et al (2020). Acceptability, reliability, and validity of a brief measure of capabilities, opportunities, and motivations ("COM-B"). British Journal of Health Psychology, 25(3), 474 – 501.

Section	Topic	Summary	No. of questions	How was the data captured?	Cohort	Reference
3.5	QI.	How the training has impacted involvement in quality.	*4*	Post-training questionnaire.	Champions	Internal non-validated measure.
	Overall training impacts.	Value of different aspects of the training.	*9*	Post-training questionnaire.	All	Internal non-validated measure.

3. Results

There were 91 training attendees across all the cohorts, and a total of 53 responded to the questionnaire.

3.1 Training attendees

Table 2 reports the number of people who completed the training, how many returned a completed questionnaire and how many attended the rapid insights workshop, across the three cohorts. The percentage of questionnaire responses from each cohort is shown in Figure 1. Leadership experience from the Champions and Online cohort is shown in Figure 2. **Please note that not every questionnaire respondent answered every question.**

Table 2: Number of participants in the training and gave feedback in the questionnaire and rapid insights workshop.

Cohort name	Completed training (n)	Completed questionnaire (n)	Completed questionnaire (%)	Participants in rapid insights workshop (n)
Senior Leaders	25	18	72	4
Champions	25	17	68	3
Online	41	18	44	1
Total	**91**	**53**	**58**	**8**

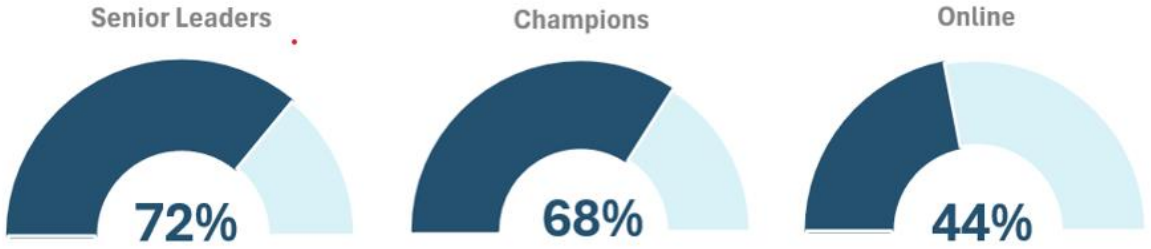


Figure 1: Percentage of questionnaire responses from each cohort.

3.1.1 Leadership responsibilities

71% (n=12) of respondents from the **Champions cohort** said they **did have a leadership aspect** to their role

61% (n=11) of respondents from the **Online cohort** said they **did have a leadership aspect** to their role

Figure 2: Leadership experience from the Champions and Online cohorts.

3.1.2 Time in current role

The majority of questionnaire respondents had been in their role for more than 3 years. The distribution of length of time in their current role is shown in Figure 3.

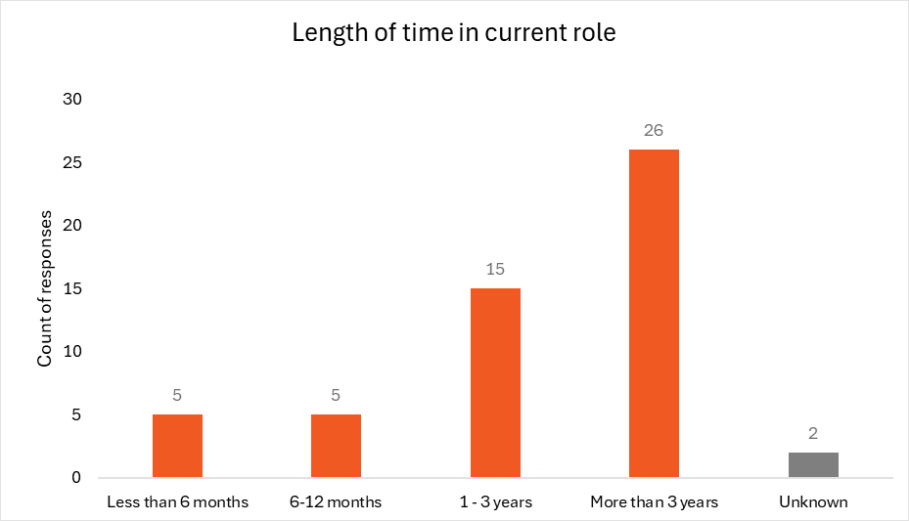


Figure 3: Length of time in current role of all respondents in the questionnaire.

3.2 Experience of discrimination

To understand more about the Online cohort's experiences of racial discrimination, we asked them to describe their ethnicity and their **experience of racial discrimination at work during the last 12 months**. Nine respondents in the Online cohort described themselves as identifying as white and eight respondents identified themselves as an ethnic minority. Table 3 visualises the extent to which respondents have experienced and witnessed racial discrimination at work based depending on whether they identify as an ethnic minority or as white.

3.2.1 Personal experiences of discrimination

Of the respondents who identified as an ethnic minority:

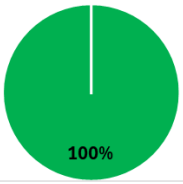
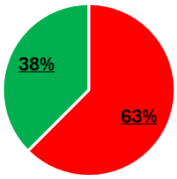
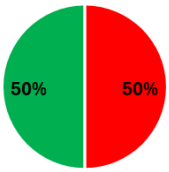
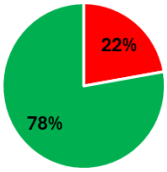
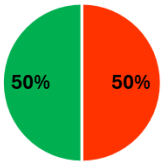
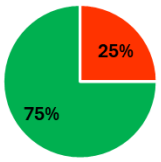
- 63% reported experiencing discrimination **from a manager or other member of staff** due to their race or ethnic background.
- 50% reported experiencing discrimination **from patients, relatives or members of the public** due to their race or ethnic background.

3.2.2 Witnesses to discrimination

Of all the questionnaire respondents:

- 35% reported having witnessed racial discrimination **towards another work colleague.**
- 12% reported having witnessed racial discrimination **towards a patient, service user or their family**.

Table 3: Discrimination experienced/witnessed categorised by self-reported ethnicity.

	Respondents self-reporting as white (*n*=9)	**Respondents self-reporting as an ethnic minority** (*n*=8)
Experienced discrimination	From a manager or other member of staff  From patients, relatives or members of the public 	From a manager or other member of staff  From patients, relatives or members of the public 
Witnessed discrimination	Towards another work colleague  Towards a patient, service user or their family 	Towards another work colleague  Towards a patient, service user or their family 

Key: ■ Yes ■ No

3.3 Cultural competency

This section addresses the evaluation question: **Did the training make a difference to the cultural competency of the participants?**

Throughout this section of the report, we have adopted specific visuals to communicate the change we have measured (see Table 4 for the legend). The full questions for all sections can be found in appendix 6.1 to 6.3. The data used was from the post-training questionnaire and asked participants to rate how they were 'before' the training based on recollection and how they were after the training. In the tables, these are indicated as 'before' and 'after' respectively.

Table 4: Legend of change in difference in the cultural competency questions.

Visual	Change in difference	Interpretation of change
⇧⇧	One point change or more	Sizable change
⇧	0.5 to one point change	Some change
⇔	Less than 0.5-point change	Minimal or no change

Note. *A grey box indicates a question was not asked of that cohort. The Online cohort's training course was shorter therefore they were asked reduced questions.*

3.3.1 Awareness

Figure 4 shows self-assessed changes in **cultural competency awareness** for all cohorts. The average scores increased in seven out of the ten questions. For one out of ten answers, the change was sizable (more than a 1-point change), for six out of ten answers there was some change (between 0.5- and 1-point change) and for three out of ten answers there was minimal or no change (less than 0.5 change). **The largest change was seen in participant's awareness of their own privilege** and the next largest was in people's ability to feel comfortable in an unknown situation.

The greatest changes were seen in the Leaders' cohort, and the next greatest in the Champions. There was less change in the Online cohort (unsurprisingly, as this training was shorter). In the Online cohort, the only question to show change of > 0.5 points was people's awareness about how their cultural perspective informs their own judgements.

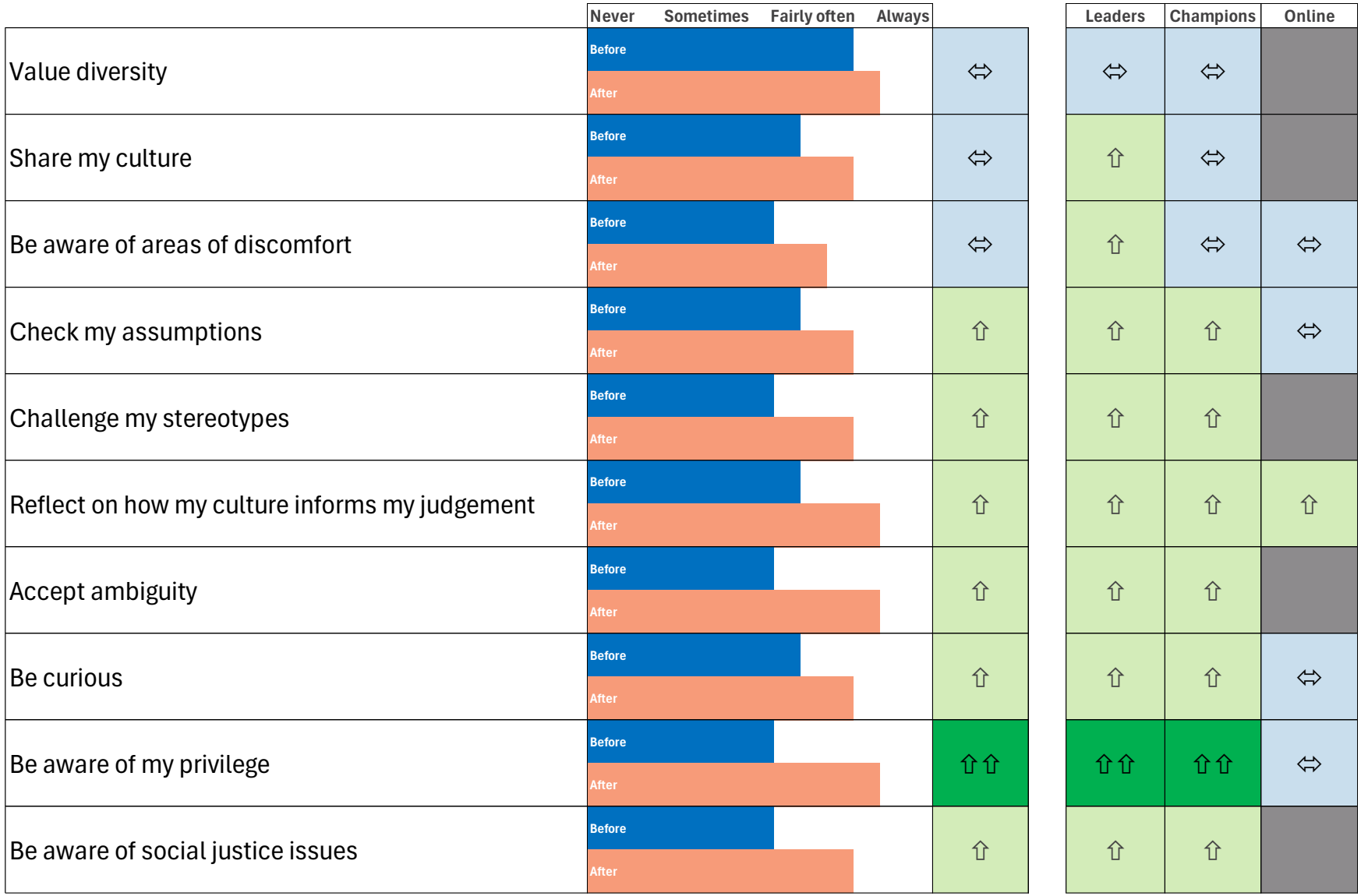


Figure 4: Self-assessed pre-post changes in cultural competency awareness.

3.3.2 Knowledge

Figure 5 shows self-assessed changes in **cultural competency knowledge**. The changes in knowledge were slightly less marked than the changes in cultural competency awareness, but average scores increased across six out of the ten questions. These six questions all showed some change (more than 0.5-point but less than 1-point change difference) only.

The greatest increase in scores was in participants' knowledge of the **historical incidents and current day practices that demonstrate racism and exclusion**; this question had the lowest baseline score when participants were asked to rate themselves retrospectively.

	Never Sometimes Fairly often Always		Leaders	Champions	Online
Gain from my mistakes	Before / After	⇔	⇔	⇔	
Assess the limits of my knowledge	Before / After	⇧	⇧	⇧	⇧
Ask questions	Before / After	⇧	⇧	⇧	
Acknowledge the importance of difference	Before / After	⇧	⇧	⇔	
Know the historical and current experiences of those I label as 'others'	Before / After	⇧	⇧	⇧⇧	⇔
Commit to life-long learning	Before / After	⇧	⇧	⇧	⇔
Understand the impact of racism, sexism, homophobia, and other prejudices	Before / After	⇔	⇔	⇔	
Know my limitations	Before / After	⇧	⇧	⇧	
Be aware of multiple social identities	Before / After	⇔	⇔	⇔	
Understand point of reference to assess appropriate behaviour	Before / After	⇔	⇔	⇔	

Figure 5: Self-assessed pre-post changes in cultural competency knowledge.

3.3.3 Skills

Figure 6 shows self-assessed changes in **cultural competency skills**. Six out of eleven answers showed some change (more than a 0.5-point change but less than 1-point) and for the other five there was minimal or no change (less than 0.5). The greatest change was seen on the question asking participants to rate the degree to which they **challenge discriminatory and/or racist behaviour**.

The Senior Leaders showed the greatest improvement with five answers increasing more than 0.5 followed by the Champions cohort with an increase across four answers. The Online cohort only had an increase on two answers.

There were two answers for which all cohorts showed an increase in scores: 'effectively and consistently intervening when I observe others behaving in a racist and/or discriminatory manner' (Challenge discriminatory and/or racist behaviour) and 'I recognise my own cultural biases in a given situation and I'm aware not to set a bad example based on my biases.' (Recognise own cultural biases).

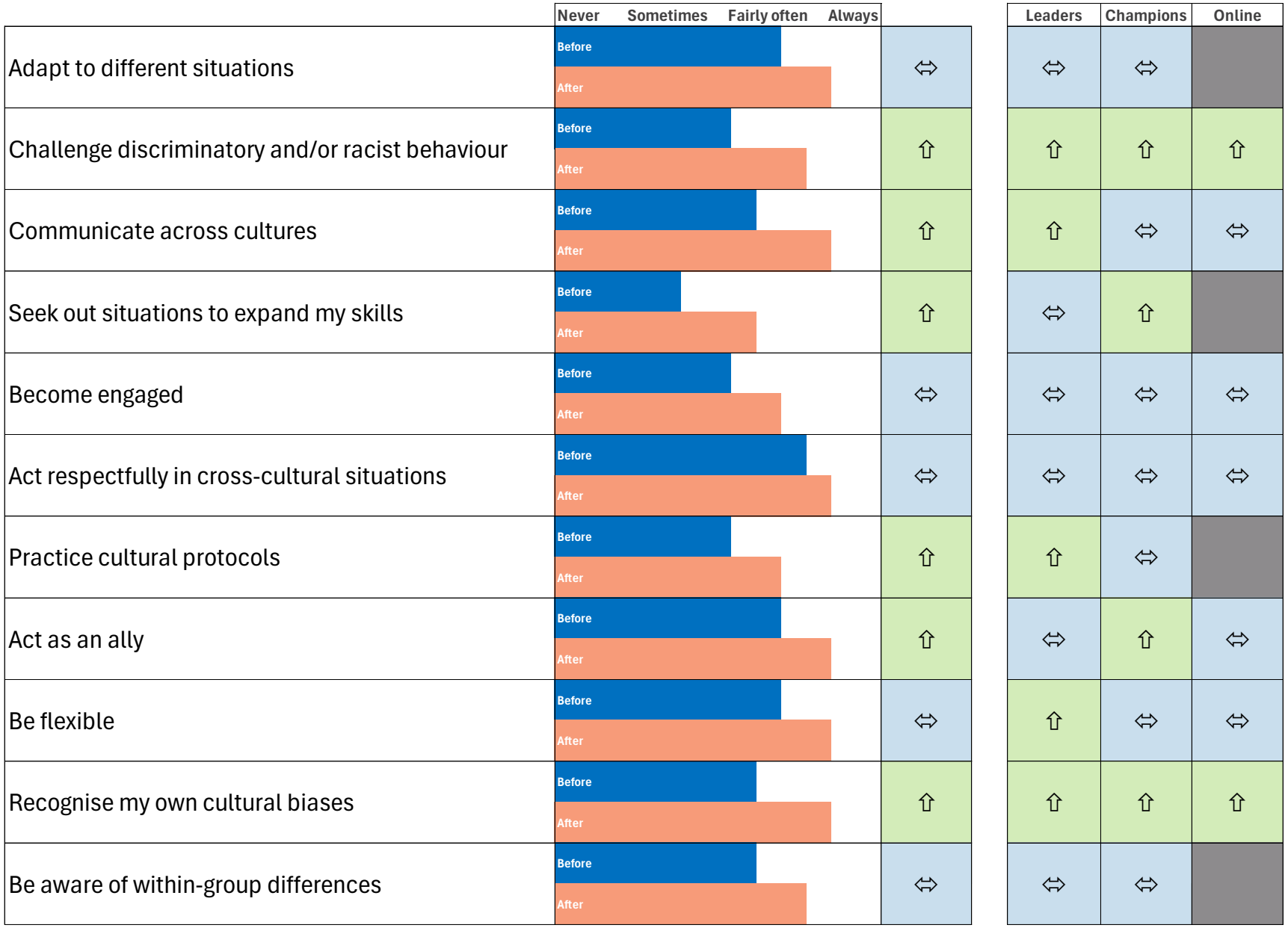


Figure 6: Self-assessed pre-post changes in cultural competency skills.

3.4 Putting training into practice

This section addresses the evaluation question: **Are participants in a position to put their training into practice?**

Three factors were investigated to answer this question:

1. Leadership skills and environment
2. Psychological safety
3. Behaviour change

3.4.1 Leadership Skills and Environment

To assess leadership skills, participants in the Senior Leaders cohort were given a series of statements about both their personal leadership skills, and the leadership skills inherent in their organisation. The full questions can be found in appendix 6.4. They were asked to rate these statements from strongly agree to strongly disagree. The average scores after the training are shown in Figure 7.

In terms of personal leadership skills and actions, the results showed that most participants agreed they had **prioritised anti-racism** and were **growing inclusive leaders**. Participants mostly agreed they now had the skills to address racism and to understand lived experience of others within their team. Participants responded neutrally (neither agreed nor disagreed) when asked if they had taken steps in the last month to address racial inequalities.

Most participants agreed that white culture is the norm in their organisation and racially minoritised people are expected to assimilate into this culture. They were neutral about whether their organisation creates visible representation of diversity through the workplace through arts, messaging or design.

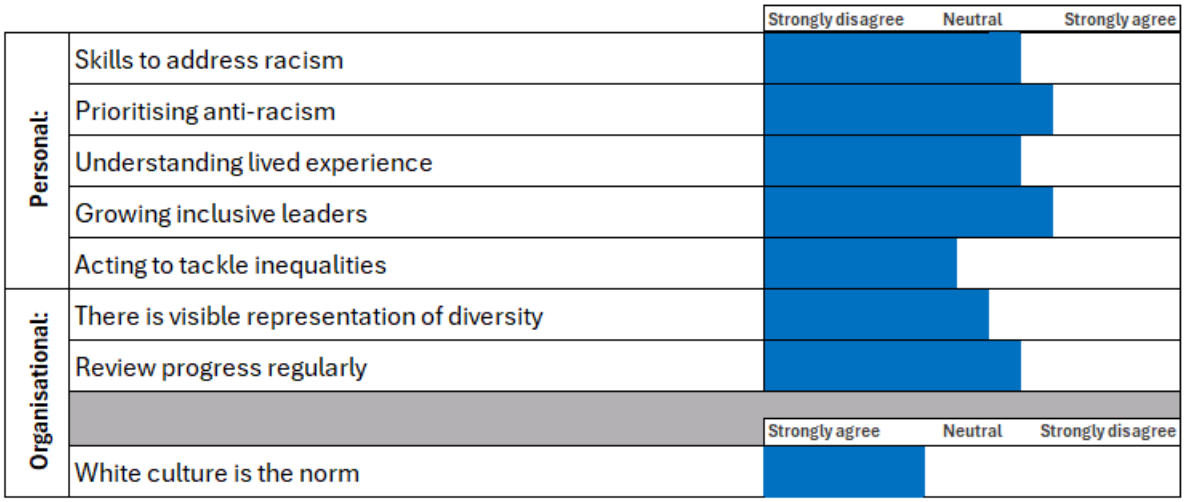


Figure 7: Self-assessed responses to individual and organisational anti-racist Leadership skills and the key.

3.4.2 Psychological Safety

Psychological safety is how safe a person feels that they are allowed to make mistakes, raise issues and ask for help. The Senior Leaders and the Champions cohorts were asked questions to assess whether they felt psychologically safe to use their skills in the context of their Leadership. The full questions can be found in appendix 6.5. They were given a series of statements about psychological safety and asked to rate these from strongly agree to strongly disagree. The Senior Leaders cohort was asked one extra question ('within my Leadership team, I understand what is expected of me') as not all participants on the Champions cohort had leadership experience. The average scores after the training are shown in Figure 8, represented in a spider diagram.

The responses from the Senior Leaders cohort show most of the average scores are around the central level of 'agree'. The two highest scored questions were having **clear expectations** ('within my Leadership team, I understand what is expected of me') and **feeling safe asking for help** ('it is easy for me to ask other members of my team for help').

The highest scored question within the Champions cohort was also **feeling safe asking for help**. The lowest scored question for this cohort were in feeling safe taking risks ('it is safe for me to take a risk on my team') and not feeling undermined ('nobody on my Leadership team would deliberately act in a way that undermines my efforts').

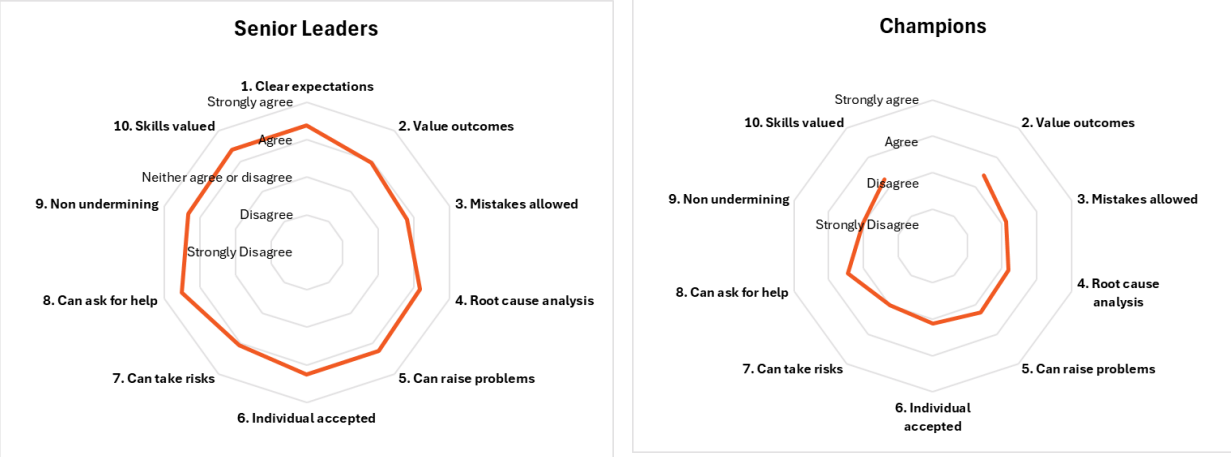


Figure 8: Spider diagram of psychological safety questions from the Senior Leaders and Champions cohort.

Note. *there are difference scales for the questions, Senior Leaders (5-point scale) and Champions (4-point scale). Also, the Champions cohort was not asked the first question on "clear expectations", which is why there is a gap in the right-hand chart.*

3.4.3 Behaviour Change

The COM-B framework considers three aspects that support behaviour change; individuals must believe they are capable of change (Capability), have the opportunity to change (Opportunity) and the motivation to change (Motivation). This theoretical framework is illustrated in Figure 9. To assess whether all participants felt they had the capability, opportunity and motivation to change behaviour, we used a validated questionnaire based on

the COM-B model of behavioural change[7]. The full questions can be found in Appendix 6.6. The results from the questions on behaviour change are shown in Figure 10.

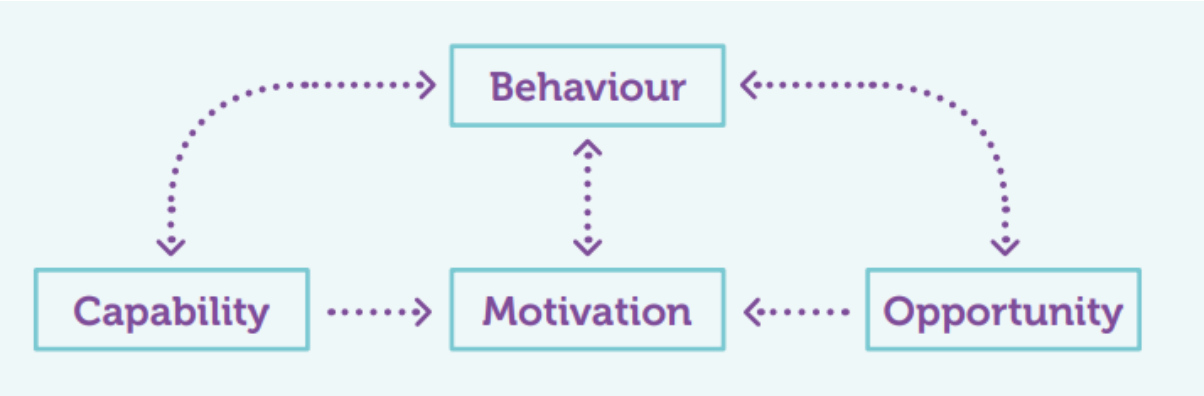


Figure 9: Diagram of COM-B method of behavioural change[7].

Capability: Almost all respondents across the three cohorts broadly agreed that they had both the **physical** (e.g. 'you have the physical stamina, strength or skill') and the **psychological** (e.g. 'the right knowledge, interpersonal skills and cognition') **capability** to make changes at work. 19% of the Leaders' cohort disagreed they had the physical or psychological capability to make changes. All of the Champions and the Online cohort agreed or strongly agreed they have the physical and psychological capability to make changes in their workplace.

Opportunity: All respondents from Champions and Online cohorts strongly endorsed that they have the **social opportunity** to make behavioural changes at their workplace (e.g. 'having good relationships with colleagues, support from their manager'). However, 31% of the Leaders' cohort, 38% of the Champions cohort and 7% of the Online cohort felt they do not have the **physical opportunity** (e.g. 'the necessary time or resources') to make changes.

Motivation: All respondents across the three cohorts agreed or strongly agreed they were **motivated** (e.g. 'you desire or see the need to do this') to make changes. Most, but not all, participants across each cohort strongly agreed or agreed it would be an **automatic behaviour change** (e.g. 'it happens without much thought').

[7] *The Social Change: A guide on the COM-B Model of Behaviour*

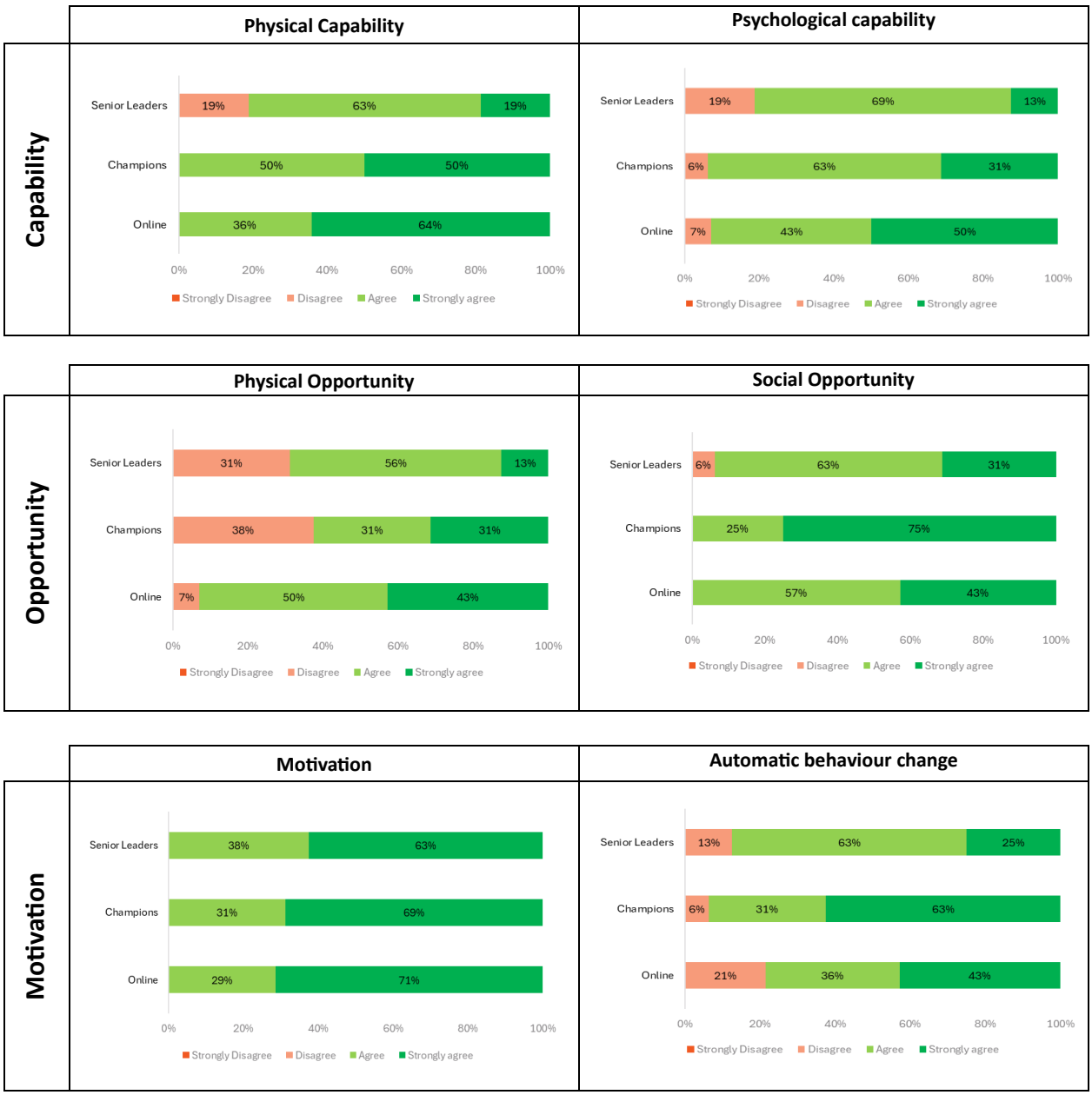


Figure 10: Self-assessed responses to behavioural change questions.

3.5 Overall training impacts

This section addresses the evaluation question: **What were the overall impacts of the training?**

This was assessed through both quantitative and qualitative analysis and the reflective logs provided by the trainers. Participants rated the impact and usefulness (section 3.7.2) of the training and provided open-text feedback about the course. The reflective logs corroborated the findings from the questionnaire, with no new or discernible differences between participant and trainer views.

3.5.1 Confidence and change in leadership approach

Figure 11 shows the participants' views on the overall impact of the training, from the Senior Leaders' cohort and the Champions' cohort. 79% of participants said they had felt either 'a great extent' or 'somewhat' confident in taking action as a result of the training. Meanwhile,

79% of participants said they felt either ‘a great extent’ or ‘somewhat’ confident in anti-racist understanding. 96% of participants responded that they had noticed a change (either ‘to a great extent’ or ‘somewhat’) in the way they lead (at individual, team or system level) since participating in the programme.

3.5.2 Written reflections

Leadership cohort
Eight leaders responded to a single question inviting their reflections on the programme. Whilst some participants had positive experiences, there were others who were more critical of the programme. The dataset is also too small to derive meaningful themes; we therefore summarise it below:

- 👍 Five participants described how **informative** the course was, supporting their learning. The course offered a lot of contextual information.
- 👍 The course facilitated **reflection** among participants. It enabled them to think differently, challenging them and promoting curiosity.
- 👍 After the course, two participants made a **commitment** to implementation.

> *“This was one of the most informative and challenging courses I have done.”*

> *“The learning around historical issues and the harm that these have caused particularly in health care has been important.”*

- 👎 Two participants raised concerns about the **over-focus on the role of white culture** and racism. One noted the course underexplored racism within Global Majority groups.
- 👎 Training was **tailored to clinical** rather than corporate contexts.
- 👎 Two participants noted the **lack of practical tools** to implement although one person valued the tips and tools provided.
- 👎 One participant found the book clubs **unhelpful**, with another saying the same thing about the support provided.
- 👎 One participant felt **isolated** given the disconnect between feedback on how great the course had been vs. the lack of challenge about how it had changed practice.

> *“I think the support to staff was slow, unhelpful and this has resulted in me being more unconfident in my ability to manage this.”*

> *“The book clubs were unproductive and unhelpful and the face-to-face sessions were repetitive and patronising.”*

- 💡 More practical, nuanced **tools** might be required on the face-to-face course.
- 💡 Spend more time on the **case studies**.
- 💡 Spend **less time doing ‘check-ins’** during the book club plenary.
- 💡 **Reduce the spacing** between face-to-face sessions.

> *“Having the face-to-face sessions closer together would have maintained the impact better.”*

"While COIN[8] is useful, it didn't seem to cater for the scale of problem. More focus on practical tools is needed."

Online cohort

Three of the Online participants completed the single question inviting their reflections on the training programme. One of the participants fed back that it was challenging to answer the questions accurately. Two of the remaining participants provided feedback on the outcomes of the course. The dataset is too small to derive meaningful themes; we therefore summarise it below:

👍 The course was **informative** and **insightful**.
👍 The trainers were **engaging**.
👍 The course **helped to challenge** participants and others.

👎 There was a lack of rotation, **limiting interactions** with others.
👎 There were **no clear actions** to take at the end of the course.

💡 Two **further follow-up questionnaires** would have helped bring more insight.

"I found the training very informative, and it has helped me really challenge myself on what it means to being anti-racist."

"I did feel like the course ended without any clear follow-up actions to take forward. I liked the discussions but was unsure of what to do afterwards."

3.5.3 Usefulness of aspects of the training

The Leaders and the Champions cohorts were asked to rate the usefulness of the training (Figure 12). Most of the participants (74%) found the book clubs, 'somewhat' or, 'to a great extent' useful. Seventy-seven percent of participants agreed peer support was useful. Only 4% found the WhatsApp support useful 'to a great extent'.

[8] The COIN Feedback Model: A Simple Feedback Process

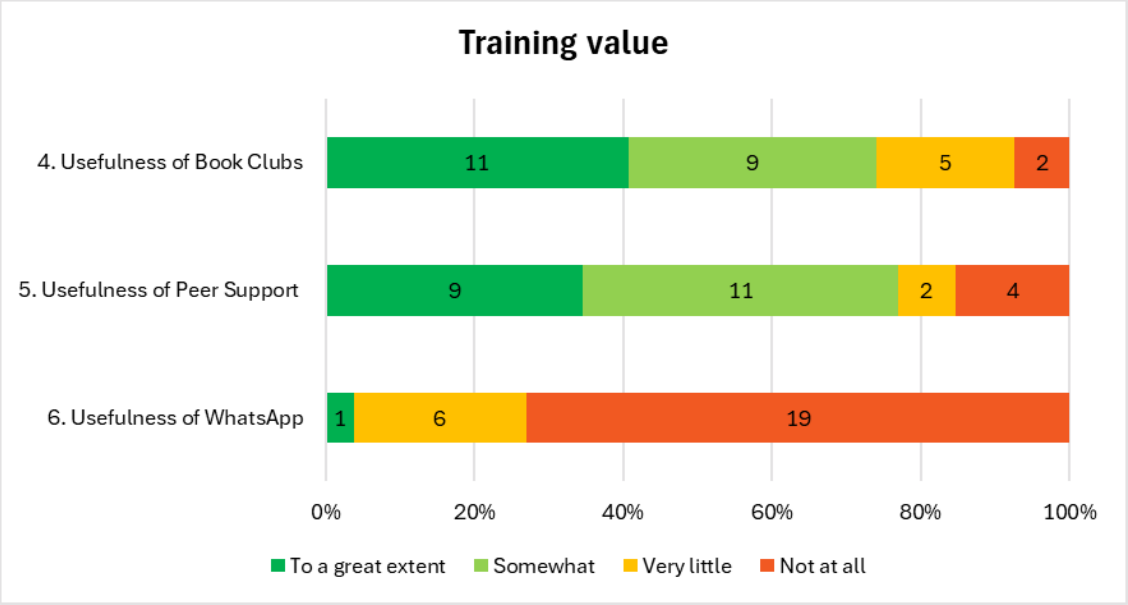


Figure 11: Self-assessed responses of the usefulness of different aspects of the training.

3.5.4 Sustaining knowledge sharing in the workplace

The Champions were asked about their ability to sustain this knowledge sharing in their place of work. Nine participants contributed to this section with three key ideas emerging. We have represented these ideas in a mind map (Figure 12).

As Figure 12 shows, participants identified the importance of **continuing the conversation**. This could be through having spaces to continue sharing learning, being involved in discussions or receiving regular updates. High value was placed on **education and training**. This ranged from the learning individuals undertook for themselves to the importance of ensuring other staff receiving this education. Finally, participants described **implementing practical improvements**. They offered ideas for improving the course itself as well as their work organisation.

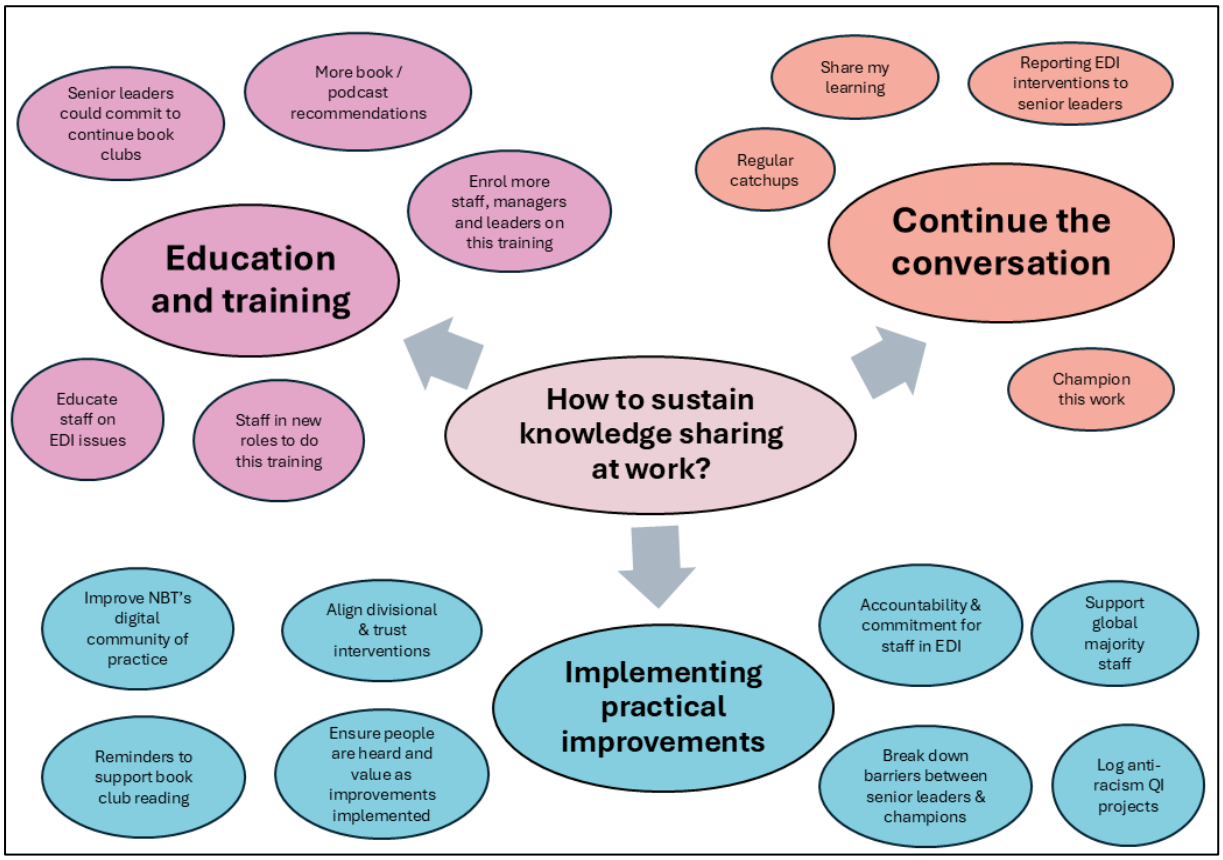


Figure 12: Ideas for sustaining anti-racism work post-training.

3.5.5 Delivery of change or improvement projects

We asked the Leaders' cohort whether they had **started or completed any change or improvement activities / projects** in their organisation related to anti-racist practice since joining the training programme. Seven responded, with three saying 'yes', four saying 'no'. Of the three that said 'yes', their activities included:

- starting work on reviewing recruitment practices
- supporting anti-racism listening events with a third engaging with staff on diversity issues
- looking at mandatory training to address bias
- reviewing equality impact assessments
- identified the role of trauma-informed approaches and was setting up a network to support staff

3.5.6 QI projects

The Champions cohort were asked if they had undertaken any QI activities, training or projects, since joining the programme, 36% said they had. The spider diagram (Figure 13) shows the percentage of participants, and the activities participants had engaged in. The two highest percentages were in **attending QI training** and **helping others with a QI project.** No participants had undertaken any formal QI training (e.g. BSc or MSc).

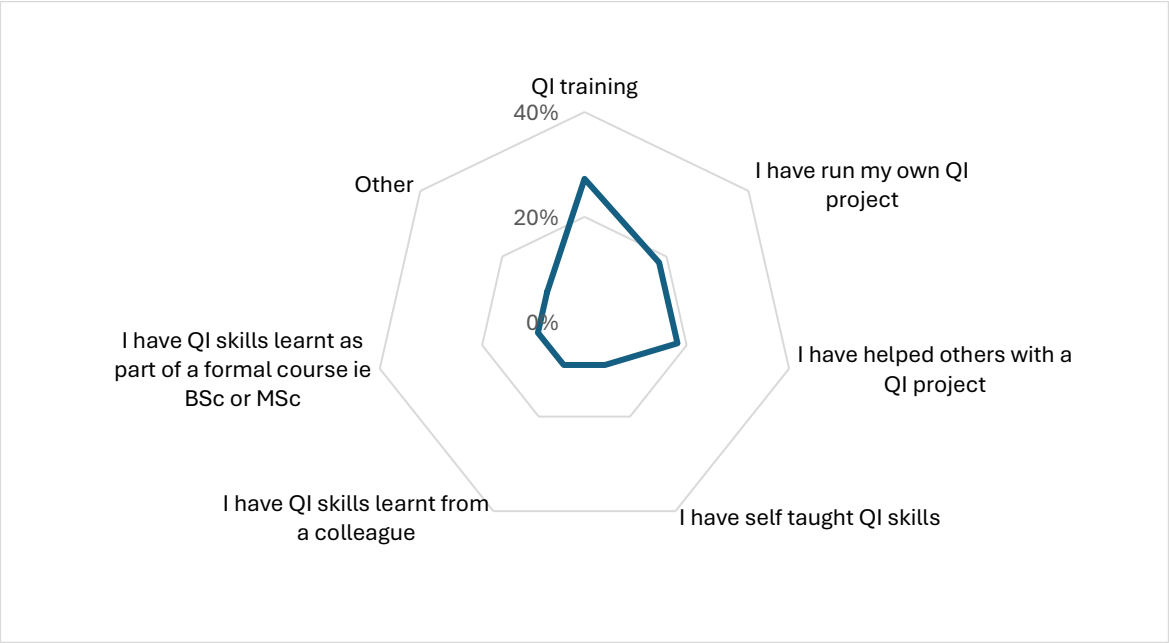


Figure 13: QI activities following the training.

We asked the Champions cohort whether they were aware of any factors that either help **drive, hinder or restrain** QI in their organisation. Eleven participants responded and five respondents said they were aware of factors that helped drive QI, whilst seven respondents were aware of factors that hindered or restrained QI. We analysed the free-text data in which participants were invited to describe these factors. Five themes were identified from the dataset:

1. ***Organisational values, culture and focus***

The values held by the organisation can help shape the culture and the day-to-day focus of activity. Factors believed to help QI include keeping the focus on patients and clinical outcomes, driving up standards, ensuring trust is built with staff, and aligning goals with the Trust's values. In contrast, factors that participants believed could hinder QI include a lack of staff buy-in, attitudes in Senior Leadership, a lack of curiosity around QI, not addressing workplace culture, and not having an equity lens on key metrics.

2. ***Governance standards and metrics***

Ensuring that an external body can review standards that are worked towards, is important. Quality and performance metrics should be understood from an equity lens with the functionality of segmenting data by ethnicity and deprivation. This would allow QI to be targeted to specific groups. There should be an alignment across Trust goals and values.

3. ***Financial pressures***

Participants noted the context of financial pressures including staffing levels and its role in hindering QI. Addressing budget constraints would help with delivering QI.

4. ***Operational priorities***

The pressures of day-to-day clinical work and the time and attention this demanded of staff, was identified as a key factor. Respondents described the lack of time for QI, training and development as a real barrier, with clinical work needing to take priority.

5. ***Staff engagement and education***

The importance of the role of staff engagement alongside staff education. For QI to work, staff need to have the time and motivation to engage. Staff may need education and training.

3.5.7 Changes in how participants work or lead

We asked the Champions cohort whether they noticed a change in the way they **worked**. We asked Senior whether they noticed a change in the way they **led**. Nine Champions and nine Senior Leaders provided comments. These were analysed together, with the two groups contributing to each theme near equally. The following four themes reflected the changes articulated by participants, and these were supported by the views of the trainers in the reflective logs:

1. I notice my perspective has changed.
2. I notice my confidence has changed.
3. I am more ready for action.
4. I have enacted change.

I notice my perspective has changed
Participants described how the training led to a change in their knowledge, awareness and mindset. They described how their knowledge of race and cultural issues had grown, contributing to an increased understanding and awareness. Such knowledge was empowering, leading to action or a change in focus.

> *"This training gave me additional insight and more awareness so that even in carrying out day to day duties, everything is seen through the lens of fairness and inclusion."*

Participants began to notice bias and cultural differences, seeing their present moment through a different lens. Some participants described developing a mindset shift or a new way of seeing things.

> *"I find my 'radar' has been turned on and I'm noticing more and seeking to notice more."*

I notice my confidence has changed
The course appears to have contributed to increased confidence for some and a challenge to confidence for others. Three participants described how the training increased their confidence or self-efficacy, enabling them to take positive action.

> *"More confident in discussing issues with colleagues who are not involved in programme."*

Conversely, two participants described how the training had led to them feeling either less confident or more vulnerable and one participant did not feel more confident.

> *"Feeling more vulnerable about being racist - although not meaning to."*

I am more ready for action

Participants described how the training supported them to be more prepared for taking steps to address racial inequalities. Participants were clearly thinking about action in their day-to-day lives. They described how the awareness and tools provided by the course supported them to be ready to act.

> *"I believe this course has enhanced my fundamental understanding and provided me with additional tools to challenge myself and better appreciate the additional challenges that others may carry."*

Participants described a sense of determination, a motivation to act, to be an ally and to help others. Individuals were prepared to challenge bias where needed – within themselves or with others.

> *"I have made a commitment to show-up more in the anti-racism space and challenge current views and stereotypes."*

Although this readiness for action was widespread, it was not universal, with one participant expressing they felt the training had not prepared them to address issues practically.

I have enacted change

The final theme is about changes that participants have made. Participants described some of the practical changes as a result of the course. Some individuals described single actions, whilst others described multiple changes. Changes could reflect actions focussed on themselves, such as further reading or addressing internal biases.

> *"I have become much more aware of my own biases and as such I can work harder on addressing them."*

They could also reflect practical steps in their interactions with other people. For instance, individuals engaged in actively challenging bias, offering practical support to colleagues impacted by racism, or considering the diverse health needs of the local population.

> *"I have been ….directly supporting staff members who have raised concerns regarding racism."*

3.5.8 Rapid insights Workshop

The findings from the rapid insights workshop identified a number of key themes related to the training:

The course content needs to be reviewed in the future

There were several respondents from the rapid insights workshop who fed back that the course content needs to be reviewed in the context of NBT. Some respondents expressed that they felt the course content was appropriate for corporate colleagues. However, there could still be development in content of the course.

> *"It would be helpful with topping and tailing the content with content specific to NBT and how to course fits in."*

"Having a fourth day that was more practical in terms of how to address anti-racism within NBT, could have been led by NBT transformation/leadership to look at practical actions that SLTs could take in their area."

There was feedback from a few participants about accessibility to the books for the book club for participants who did not have the time and pre-empting accessibility issues for the future.

"From an accessibility point of view, people's…reading age and ability will vary across the organisation potentially"

"Signpost to a couple of chapters because I honestly think reading those books, particularly…around health history. It absolutely made such a difference to my thinking."

A supportive environment at NBT where people have time and space

It was noted from participants about the value of scale, spread and collaboration in NBT. Participants spoke about not wanting to feel like the lone voice. Also, they highlighted the need for having dedicated time in their role to put these actions into practice and clarity on what is expected from NBT.

"Many people just aren't on the same page and haven't got that insight. So you could feel a bit of a lone voice."

"Time, organisational alignment with other processes, clarity of what's expected next (is it behaviour change, is it targets)."

4. Discussion

4.1 Findings of this Evaluation

Main Findings

Data showed many of the participants across the three cohorts had **higher levels of cultural competency** following the training. However, the overall increase in cultural competency in this pilot was less than in the two previous SLT cohorts. Results from this questionnaire showed that many respondents felt that NBT was **a psychologically safe place to work** – where, for example, they felt confident asking for help. Feedback from the questionnaire showed that, following the training, participants were **motivated to put training into practice**. However, there were some barriers in place such as those changes being automatic and having the necessary environment at work to support participants such as having time in their role. Qualitative feedback supported these findings and showed that, following the training, participants felt confident sharing the knowledge they learnt with colleagues and felt empowered. The reflective logs and the rapid insights workshop corroborated these findings from the qualitative feedback.

Cultural competency

The cultural competency results showed the training was effective in increasing the overall cultural competency of attendees. Higher level of post-training cultural competency results was seen in the Senior Leaders compared to the Champions and the Online cohorts. This is unsurprising as the Online cohort's training lasted three hours on one day in comparison to three days across six months. All cohorts showed the training increased awareness and understanding of personal privilege and biases held. Although there was an increase in overall cultural competency, increases were much less pronounced compared to the previous evaluation of a previous Senior Leaders BMM cohort. This was not the same training content as the previous two SLT cohorts that were the basis of the commissioning of this pilot. This is due to the training content being adjusted to be broader than maternity services and co-designed with participants. As a result, the central message may have been weakened. This was highlighted by a participant feeding back in the questionnaire that the content felt 'too clinical'. This finding was presented to the rapid insight workshop but most of the workshop participants did not agree with this finding. However, feedback showed that there were elements to the course that would benefit from being adjusted to strengthen the central message (e.g. adding context around the course, input from NBT about how this course will feed into their work and adjustments for accessibility in the book clubs).

Putting training into practice

The results show that most participants across the three cohorts felt they had the necessary relationships with their colleagues and managers to implement anti-racist practice at work. Many of the respondents from the Senior Leaders and the Champions cohorts rated NBT as psychologically safe, and this was corroborated by the qualitative feedback which shows participants were challenging their thinking and increasing their curiosity of anti-racism. The qualitative feedback from the Senior Leaders cohort supported this; participants reported feeling motivated to put training into practice. Half of the respondents from the Champions

cohort have taken part in their own, or supported colleagues with, service improvement projects.

All cohorts showed positive results in their ability to put training into practice following the training programme. However, some participants in the Senior Leaders cohort did not feel they had the physical capability (e.g. time). This was echoed in the qualitative feedback and the rapid insights workshop where participants mentioned lack of time in their role as a factor which prevented them from putting this training into practice. All cohorts agreed or strongly agreed they had the motivation, however, some participants felt they would have to make a conscious decision to change their behaviour rather than experiencing automatic behaviour change. This was corroborated in the rapid insights workshop where participants suggested a refresher training and an additional session of practical training after the three-day course.

Impacts of the training

Overall, the training programme was rated as useful and impactful. Participants took a range of different actions, with those attending the Senior Leaders course demonstrating a commitment to implementation. Across all cohorts, there were many respondents who had made changes in their role, how they work and started a range of QI projects.

4.2 Limitations of this Evaluation

- This evaluation was limited to a post-training questionnaire designed to measure the impact of the training on those who attended.
- The training was not mandatory and there is a potential risk of bias in the self-selecting sample of staff from NBT who chose to attend; these staff may be early adopters of change.
- As the original evaluation plan used matched pairs of participants, identifiers were requested from participants. This may have caused participants to be less authentic in their responses as they may have felt they could be identified. This was later amended to remove identifiers on request from the participants.
- Completion of the feedback questionnaire was not mandatory, so there may also be some level of response bias in who was completing the questionnaire.
- The qualitative data was limited by the low level of participants responding to the questionnaire and attending the rapid insights workshop. The lack of data prevented a detailed analysis from being carried out, limiting insight. However, the findings from the questionnaire quantitative data, qualitative feedback and the rapid insights workshop corroborated each other, which adds strength to the conclusions.

4.3 Key learnings for the programme team

This evaluation highlighted a wide range of anti-racist activities and increased confidence by participants of the programme. Feedback on the course content was helpful and suggests that future sessions need to be tailored to the audience in the cohort. There were some aspects of the course such as book club that could be adapted in the future to increase learning.

It is important to recognise the evolving geopolitical context and the impact that this continues to have on some participants. The cultural shift towards deprioritising, minimising and dismantling Equality, Diversity and Inclusion (EDI) initiatives needs to be considered when

assessing impact and when promoting this work in the future. There may be resistance from both commissioners, and from potential future participants, to engage in anti-racist training. This should be anticipated, addressed and the shifting political climate acknowledged in discussions with people who may not see the need for anti-racism training.

Additionally, through experience of delivering the programme to approximately 400 participants, it is recognised that not every participant will be receptive to the critical race theory approach, nor is it appropriate to insist on conversion to this methodology of thought. Therefore, it is important to not conflate a small number of participants' resistance to this methodology as indicative of overall reception and impact of the BMM programme within NBT. There was less resistance evident in the two previous SLT cohorts, which suggests that adjustments to the course as per the recommendations may increase overall acceptance.

There was feedback from the Champions training about sustainability and how they can increase the impact of the training by continuing the conversation, implementing practical improvements and support education and training. As highlighted previously, this is an action for the cohort to take forward; exploring the role of the champion as a formal role within NBT. This will need engagement with the wider staff to ensure it is meeting an identified need.

The trust wide adoption of the use of the term 'Global Majority' is an early indicator of the whole system transformation to becoming anti-racist. The use of Global Majority is more than nomenclature, as it acknowledges the problematic conflation of the wide range of nuanced experiences of 'Black and Minority Ethnic' people and acknowledges the role of racialisation in perpetuating racial harm.

5. Recommendations

The course content needs to be tailored with NBT

Despite the course having an impact on cultural competency levels, it did not have as much of an impact as results from the two previous SLT training cohorts. It was noted in the qualitative feedback, and from the rapid insights workshop, that the overall content needed to be tailored to the audience. There is a need to add context around the course at NBT, input from NBT about how this course will feed into their work and adjustments for accessibility in the book clubs. Future courses need to take this into account and be tailored appropriately to maintain the central message. A suggestion would be to monitor future cohorts of this training and the views of participants explored further to understand if aspects of the course can be adjusted to increase learning.

There is a continued need for ongoing learning

This training course is built on the foundations that this is a learning journey and not a single period of knowledge acquisition. The virtual delivery was shown to be a less effective mode of delivery caution should be exercised in delivery via this modality in the future. A suggestion is to deliver extended training courses across multiple days rather than concentrate the training on one day followed up with refresher training.

There is a need for a supportive environment at NBT

In the rapid insights workshop, participants fed back they were concerned about feeling that they are the lone voice in their department implementing change and it would be beneficial to have more staff undertake this training across NBT. In the qualitative feedback, lack of time in their roles to do QI projects was highlighted. Suggestions would be to a) look at scaling and spreading to more colleagues within NBT and b) allocating time in their roles to undertake projects in this area.

6. Appendices

The tables below show the full-text version of the questions from the questionnaire.

6.1 Cultural competency questions: awareness

Value diversity: I view human difference as positive and a cause for celebration.
Share my culture: I am aware that in order to learn more about others I need to understand and be prepared to share my own culture.
Be aware of areas of discomfort: I am aware of my discomfort when I encounter differences in race, religion, sexual orientation, language, and/or ethnicity.
Check my assumptions: I am aware of the assumptions that I hold about people of cultures different from my own.
Challenge my stereotypes: I am aware of the stereotypes I hold as they arise and have developed personal strategies for reducing the harm they cause.
Reflect on how my culture informs my judgement: I am aware of how my cultural perspective influences my judgement about what I deem to be 'appropriate', 'normal', or 'superior' behaviours, values, and communication styles.
Accept ambiguity: I accept that in cross-cultural situations there can be uncertainty and that I might feel uncomfortable as a result. I accept that discomfort is part of my growth process.
Be curious: I intentionally make opportunities to put myself in places where I can learn about difference and establish diverse connections.
Be aware of my privilege: If I am a white person working with people from racialised minorities, I recognise that I have inherently benefited from racial privilege, and may not be seen as safe, 'unbiased,' or as an ally.
Be aware of social justice issues: I'm aware of the impact of social context on the lives of culturally diverse populations, and how power, privilege, and social oppression influence their lives.

6.2 Cultural competency questions: knowledge

Gain from my mistakes: I make mistakes and choose to learn from them.
Assess the limits of my knowledge: I recognise that my knowledge of certain cultural groups is limited. I make an ongoing commitment to learn more through the lens of cultural groups that differ from my own.
Ask questions: I listen fully to answers and make the time to advance my knowledge from a variety of existing culturally diverse resources before asking additional questions. I do this so that I don't unduly burden members of marginalised communities with addressing gaps in my cultural knowledge.
Acknowledge the importance of difference: I know that differences in race, culture, ethnicity etc. are important and valued parts of an individual's identity—I do not hide behind the claim of "colour blindness."
Know the historical and current experiences of those I label as 'others': I am knowledgeable about historical incidents and current day practices that demonstrate racism and exclusion towards those I label as 'others.'
Commit to life-long learning: I recognise that achieving cultural competence and cultural humility involves a commitment to learning over a lifetime. I consistently demonstrate my commitment to this process.

Understand the impact of racism, sexism, homophobia, and other prejudices: I recognise that stereotypical attitudes and discriminatory actions can dehumanise, even encourage violence against individuals because of their membership in groups that are different from mine.
Know my limitations: I continue to develop my capacity for assessing areas where there are gaps in my knowledge.
Be aware of multiple social identities: I recognise that people have intersecting multiple identities drawn from race, gender identity, sexual orientation, religion, ethnicity, etc., and the potential influence of each of these identities varies from person to person.
Understand point of reference to assess appropriate behaviour: I'm aware that everyone has a "culture" and my own "culture" is not to be regarded as the singular or best point of reference to assess which behaviours are appropriate or inappropriate.

6.3 Cultural competency questions: skills

Adapt to different situations: I develop ways to interact respectfully and effectively with individuals and groups that may differ from me.
Challenge discriminatory and/or racist behaviour: I effectively and consistently intervene when I observe others behaving in a racist and/or discriminatory manner.
Communicate across cultures: I adapt my communication style to effectively interact with people who communicate in ways that are different from my own.
Seek out situations to expand my skills: I consistently seek out people who challenge me to increase my cross-cultural skills.
Become engaged: I am actively involved in initiatives, small or big, that promote interaction and understanding among members of diverse groups.
Act respectfully in cross-cultural situations: I consistently act in ways that demonstrate respect for the culture and beliefs of others.
Practice cultural protocols: I learn about and put into practice the specific cultural protocols and practices that make me more effective in my work with diverse individuals and groups.
Act as an ally: My colleagues from different ethnic groups consider me an ally and know that I will support them in culturally appropriate ways.
Be flexible: I work hard to understand the perspectives of others and consult with diverse colleagues and diverse resources about culturally respectful and appropriate courses of action.
Recognise my own cultural biases: I recognise my own cultural biases in a given situation and I'm aware not to set a bad example based on my biases.
Be aware of within-group differences: I'm aware of within-group differences and I do not generalise a specific behaviour presented by an individual to the entire cultural community.

6.4 Leadership skills and environment

Personal	**1.** Skills to address racism: I have the skillset to appropriately address racism within the workplace and the teams I manage.
	2. Prioritising anti-racism: during the last month I have spent time on anti-racist work in my organisation.
	3. Understanding lived experience: during the last month I have ensured the voices and experiences of racially minoritised women are heard, and have supported others to share their lived experience.
	4. Growing inclusive Leaders: I create the opportunities for racially minoritised colleagues to grow and be included, and to expand the diversity of Leaders in my organisation.

	5.	Acting to tackle inequalities: during the last month I have taken actions to address racial inequalities and measure the impact these actions have made.
Organisational	**6.**	There is visible representation of diversity throughout my workplace that conveys our commitment to racial justice from our Equality, Diversity and Inclusion (EDI) statements and policies. This could be through arts, messaging or design.
	7.	Review progress regularly: my organisation has built anti-racism into its EDI targets and measures their progress.
	8.	White culture is the norm in my organisation and those who are racially minoritised are expected to assimilate into our existing organisational culture.

6.5 Psychological safety

1. Clear expectations	Within my Leadership team, I understand what is expected of me.
2. Value outcomes	We value outcomes more than outputs or inputs, and nobody needs to "look busy".
3. Mistakes allowed	If I make a mistake on my Leadership team, it is never held against me.
4. Root cause analysis	When something goes wrong, we work as a Leadership team to find the systemic cause.
5. Can raise problems	All members of my Leadership team feel able to bring up problems and tough issues.
6. Individual accepted	Members of my Leadership team never reject others for being different and nobody is left out.
7. Can take risks	It is safe for me to take a risk on my Leadership team.
8. Can ask for help	It is easy for me to ask other members of my Leadership team for help.
9. Non undermining	Nobody on my Leadership team would deliberately act in a way that undermines my efforts.
10. Skills valued	My unique skills and talents are valued and utilised in my work as part of my Leadership team.

6.6 Behavioural Change

Physical Capability	I am PHYSICALLY able to implement anti-racist practice at work (e.g. you have the physical stamina, strength or skill).
Psychological capability	I am PSYCHOLOGICALLY able to implement anti-racist practice at work (e.g. you have the right knowledge, interpersonal skills and cognition).
Physical Opportunity	I have the PHYSICAL opportunity to implement anti-racist practice at work (e.g. the necessary time or resources).
Social Opportunity	I have the SOCIAL opportunity to implement anti-racist practice at work (e.g. good relationships with colleagues, support from manager).

Motivation	I am motivated to implement anti-racist practice at work (e.g. you desire or see the need to do this).
Automatic behaviour change	Changing my behaviour to implement anti-racist practice at work is something that I do automatically (e.g. it happens without much thought).

6.7 Rapid insights workshop

Question 1: What are your reflections of these findings? Any surprises? Anything unexpected?
Question 2: What changes to the training would you recommend for future cohorts?
Question 3: What has prevented you from putting the training into practice?
Question 4: What has helped you put the learnings into practice?
Question 5: What more do you need to put the learnings into practice?