Reflecting on the North West Public Health Conference 2025
Exploring Anti-Racism, Health Equity and Public Health

The North West Public Health Conference 2025 brought together public health leaders, practitioners and community voices from across the region for a day of learning, collaboration and action on anti-racism and health equity.

Held at the University of Central Lancashire, the conference offered a rich programme of keynote presentations, panel discussions and interactive workshops aimed at driving meaningful change. The day began with a warm welcome from Dr Andrew Furber, Regional Director of Public Health, OHID North West, followed by Bryan Jones, Dean of the School of Health, Social Work & Sport at UCLan. Together, they set the tone for a day dedicated to advancing equity and inclusivity in public health.

Throughout the morning, speakers shared powerful insights on embedding anti-racist practice into public health work. Professor Dawn Edge (University of Manchester) framed the conversation with an exploration of the intersections between racism, health equity and mental health. Evelyn Asante-Mensah OBE (Pennine Care NHS Foundation Trust) highlighted the work of the North West BAME Assembly in championing anti-racist action, while Adil Javed (Alchemy Arts) spoke about leveraging culture and community to provide stigma-free support. Uma Krishnamoorthy (East Lancashire Hospitals NHS Trust) shared practical ways organisations can embed anti-racist approaches through quality improvement.

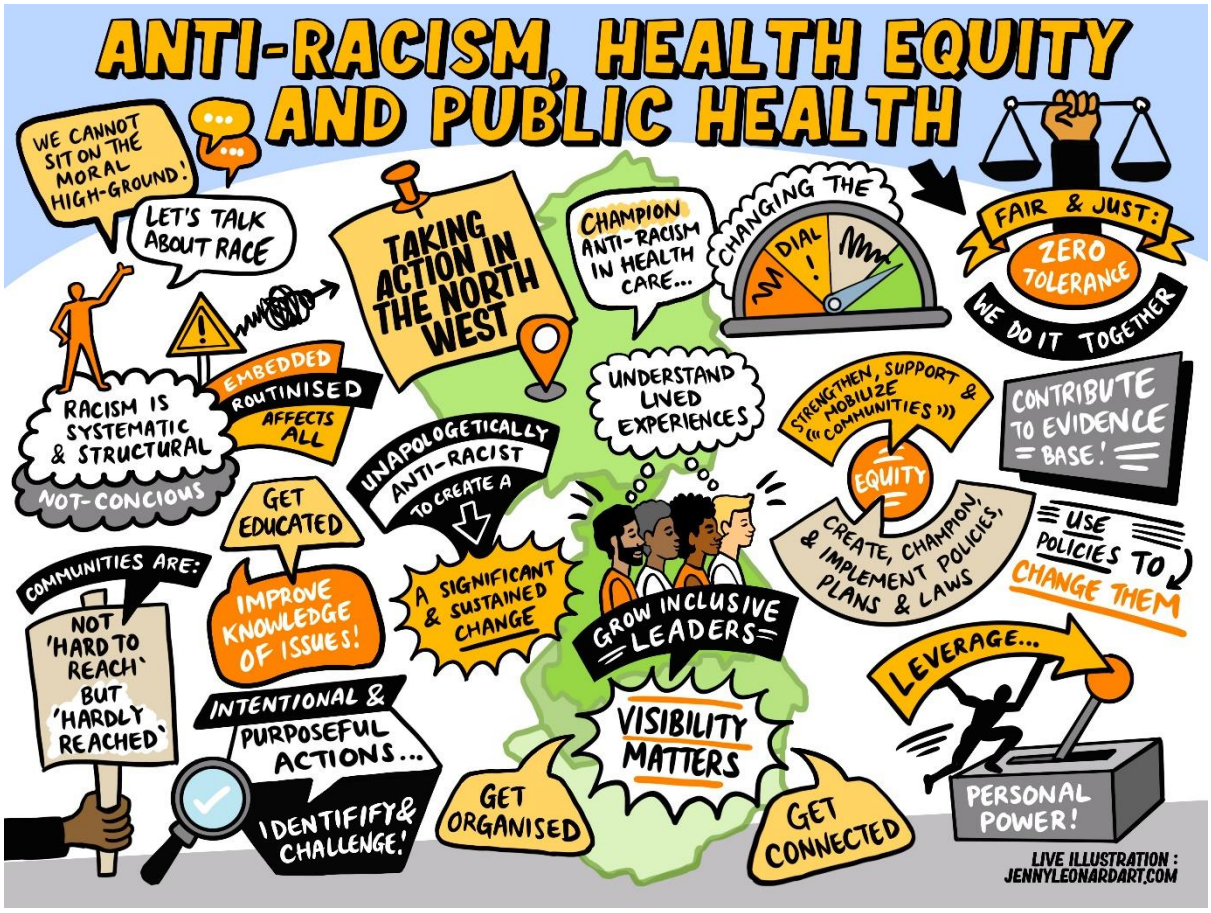
A dynamic panel discussion gave attendees the opportunity to delve deeper into these themes.

The afternoon offered a choice of three workshops designed to equip participants with practical tools and strategies. Topics included anti-racism leadership, creating lasting legacies of change, and adopting intelligence-informed actions in practice. These interactive sessions fostered lively discussion and generated actionable ideas to take back to local systems.

The day concluded with a live illustration by Jenny Leonard, capturing key themes, and closing reflections from Cordelle Ofori, Director of Public Health, Manchester City Council.

The conference was a timely reminder of the collective responsibility and opportunity we have to make public health truly equitable and inclusive. Thank you to all who attended, contributed and helped shape such a meaningful day.

Key Messages from the Speakers



In their opening comments, Andrew Furber (Regional Director, OHID North West) and Bryan Jones (Pro Vice Chancellor, University of Lancashire) highlighted that in an environment of institutional discrimination and unequal access to healthcare, *"Public Health cannot sit in the moral high ground"* and that the phrase *"'hard to reach' is a comfort blanket; hardly reached is a more accurate term*. Are we really making enough effort to reach people or is the phrase *'hard to reach'* easier to use?"

The *left-shift* plan for the Ten Year Plan will be a key opportunity to change the dial.

Evelyn Asante-Mensah (Chair of Pennine Care NHS Foundation Trust and Co-chair of the North West Black, Asian and Minority Ethnic Assembly) spoke about **Driving Anti-Racist Action with the Assembly** and spoke about the need to speak truth to power and *"wanting an NHSE that was unapologetically anti-racist – it's not just about saying it: it's about action."* The Assembly was established in July 2020 as a strategic advisory group for senior NHS leaders from Black, Asian and Minority Ethnic backgrounds to shape an agenda for longterm structural change. She described the BAME Assembly's Anti Racist Framework, consisting of 15 key deliverables over three levels of recognition. Bronze status focuses on building antiracist foundations, silver on

embedding structures and accountability while gold ensures that antiracism is everyone's business.

The Framework has been taken up by the three ICBs in the North West Region, by NHSE NW and 28 of 31 NHS Trusts have confirmed their commitment to adopting the framework and are at various stages of progress. This represents an uptake of 90%. Around 43% of NHS organisations in the region have been awarded Bronze status.

Anti-Racist Principles – What does this mean for Public Health?

Prioritise anti-racism: Lead from the front, dedicate EDI resource, mission critical, action not words.
Understand lived experience: Listen and learn, empower your talent, grow cultural competency, data.
Act to tackle inequalities: More than a tick-box, zero tolerance matters, we do this together, fair and just.
Review progress regularly: How are we performing, what is our approach? Our voices matter. Open and transparent.

Her speech closed with a reminder that we cannot tackle inequalities unless we address race and racism and she concluded that this issue should not be about only black and brown people talking.

Dawn Edge (Professor of Mental Health and Inclusivity, University of Manchester) challenged the audience to **Talk about (Anti) Racism, Health Equity and Public Health** reminding us that we need to *"to talk about race and racism before we make the leap to anti racism. In the UK, we're only just beginning to talk about race – 'ethnicity' was a bit nicer."* Structural racism is *"routinised, normalised and embedded"*.

Racism affects health

- Physical Health (CVD, immunity)
- Mental Health (Psychosis, anxiety, depression)
- Maternal Health
    - 2019: 5 times higher poorer maternal outcomes for black women
    - 2024: 2 times higher poorer maternal outcomes for black women

What can you do?

- Intentionality: fight racism
- Use evidence to push the agenda: acknowledge limitations but keep pushing forward.

There was an audible shocked intake of breath across the conference hall as she described the misguided Serie A approach to kick racism out of football.

She concluded with advice on the actions that conference attendees could take:

- Leverage: Use your personal power & influence; Use your personal and professional networks
- Get educated: Lived realities, racial history, and tools
- Get organised: Policies, training, data → learning organisational cultures
- Get connected: Build relationships, partner with those who experience racism
- Advocate; Highlight the health effects of racism and lobby for change

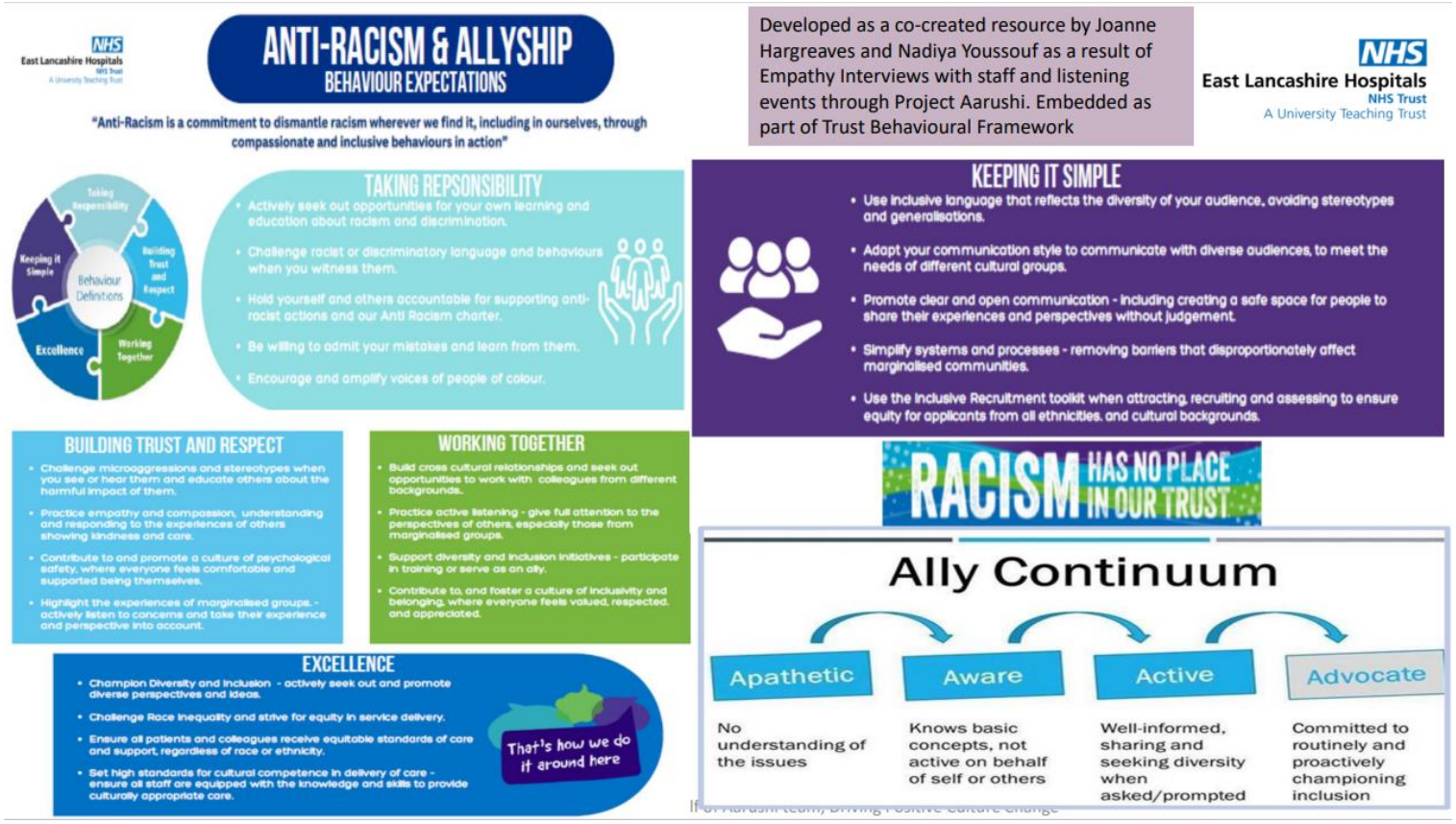
Reinforcing Bryan Jones's earlier comments, **Adil Javed (Founder, CEO and Artistic Director of Alchemy Arts)** reported: *"We are told that we're hard to engage but maybe the system just isn't trying in the right way."* Discussing **Support Without the Stigma: Anti Racist Approaches to Health Through Culture and Community**, one of his key messages was the need for visible representation in portrayals of illness – he cited an example where an Asian woman's dementia was not recognised by her husband as all he had seen were images of white people with the disease. BAME Communities in Manchester face higher rates of diabetes, cancer, mental health stigma and lower access to culturally relevant services.

Adil also broached the issue of racist messaging: *"Far right tension is making our young people sick."*

So what works? Co-design with communities; use mother-tongue media; work with community facilitators and have respect for faith, food and identity. This needs to underpinned with longterm, trusted funding; more diverse leadership and delivery teams; and a need for services to embrace complexity – culture is a health asset. *"Health begins where we feel seen."*

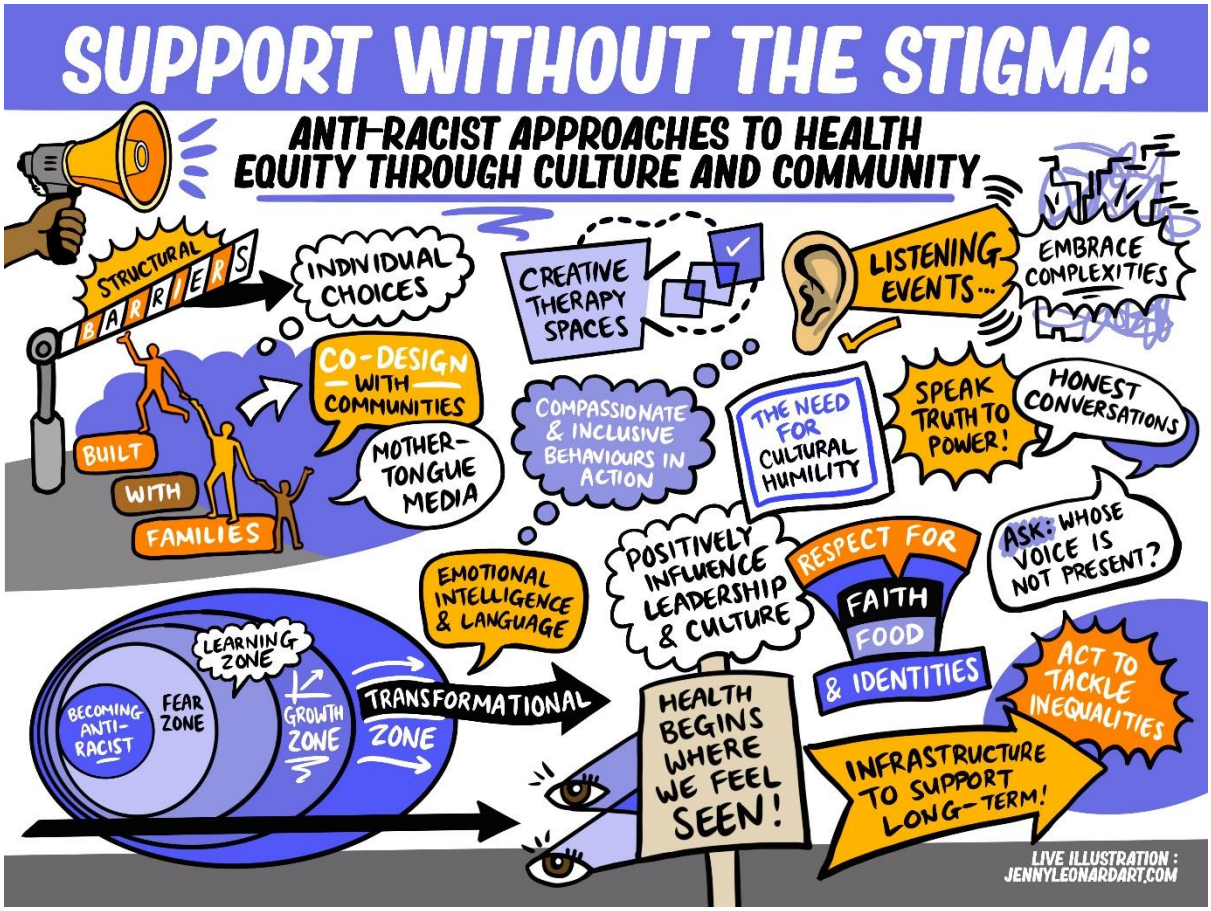
Uma Krishnamoorthy (Associate Medical Director and Consultant Gynaecologist at East Lancashire Hospitals NHS Trust) spoke on **Intentionally becoming an Anti-Racist Organisation: Addressing Inequities through Quality Improvement Methodologies.** She opened by reminding the audience that a change cycle can take five to seven years and we are dealing with a problem that has lasted centuries. *"We hope that we can reach a point that others can build upon."*

Her presentation took us through the steps that the Trust has been following, sharing the models and techniques using a QI approach to drive the inclusion agenda to make a difference to recruitment and highlighted the required Allyship actions.



The Q&A Panel with the speakers elicited these points:

- *"Common humanity comes from humility."*
- Funding is usually a problem: Projects are funded for the short term, therefore sustainability is not possible. It is important to always consider long term funding.
- We need to move the conversation from unconscious bias to conscious inclusion when discussing the reasons and solution for racism.



Key Messages from the Workshops

Three workshops took place during the afternoon:

- **Practical Tools to inform best practice and adopting intelligence informed actions: Led by Abdul Razaq, Director of Public Health, Blackburn with Darwen Council and Liz Johnston, Public Health Specialist, Blackburn with Darwen Council**
- **Anti Racism Leadership: Led by Dr Gunjit Bandesha, Director of Healthcare Public Health, NHSE North West; Professor Devina Halsall, Deputy Chief Pharmacist, NHSE North West and Chair, Strategic Advisory Group on Race Equality NHSE NW; and Rachael Gosling, Consultant in Public Health, NHSE North West.**
- **A Tangible Legacy: Led by Keisha Thompson, Programme Manager, The Guardian (Manchester) – Legacies of Enslavement Programme**

The **complete reports on each are included in the appendix**. Recommendations for action are included here:

Practical Tools to inform best practice and adopting intelligence informed actions:

- Acknowledging at local/ individual/ stakeholder level- if its not acknowledged then nothing can change
- None of the tools are perfect. It's a good way of challenging and reflecting ourselves and a good a starting conversation. Not being too performative, be more holistic in engaging in communities
- Public Health Collaborative to undertake the privilege walk

Anti Racism Leadership: What is in the gift of a public health leader (to take action)?

- Leadership and Influence
- Policy and Data
- Knowledge and sharing best practice
- Personal experience and skills
  - Share lived experiences
  - Use voice to call out racism
  - Communicate effectively and raise awareness

A Tangible Legacy:
Participants discussed changes they could implement into their own lives both personally and at work. These changes involved bringing awareness to topics covered throughout the duration of the workshop with people discussing what small yet achievable steps they could take after the conference to bring about helpful change.

Conference Poem: We Are Here

We are here: transforming, brainstorming, reforming.
We are shining a lens; we are making amends.
We are raising our voices and bucking the trends.

While the roots of racism are thick with intention,
and the soil of society is begging for attention,
we can fight deliberate with deliberate.
Guerilla gardeners armed with the seeds of change,
We are overflowing and expanding our range.

We are here: standing in truth and discomfort.
Agitators transforming anger into action.
We are unapologetic as our mission gains traction.
We are here, knowing what's ahead.
We are creating the future with each woven thread.

We know the impact of a mother tongue - deep and true,
Creating space for the dignity of me and for you.

It is the simple humility of kneeling down to say,
“Aunty, are you okay?”

The ripples we make now gather up into a wave.
It’s the just use of our privilege that makes us brave.
It’s in knowing who we are and how our biases come up.
It’s knowing when to use our agency, and when to speak up.

While communities are told they are “hard to engage.”
Let’s deconstruct the system and channel our rage
at the normalised othering, the insidious every day,
so, it’s the institutions and not people who pay.

We can set the foundations from which others can build.
We can breathe as our lungs expand and are filled.

We are shining a lens; we are making amends.
We are raising our voices; and bucking the trends.
We are here: transforming, brainstorming, reforming.

Evaluation

All of the feedback is available within the appendix. A summary of the key points is provided here. Comments covered the organisation of the event, the venue, the lunch and the structure of the day. The results highlighted below are focused on the content and the views on the necessary actions.

Overall the **Conference was rated** (by 49 attendees who completed evaluation forms) at **9.18/10**. Almost 50% gave the event a score of 10/10. Comments are overwhelmingly positive.

When asked what people had **enjoyed most** about the conference, the response was overwhelmingly: ***speakers***. 42% (19) of the respondents gave this answer. As for why the speakers were so popular – answers included: thought-provoking, insightful, powerful, inspiring, challenging, engaging, honest, thoughtful and amazing.

"So much good stuff on offer, so little time."

As for how to **improve it**... the results are more mixed in terms of specifics but... the overarching theme could be described as people **seeking to engage meaningfully**. A number of the responses describe a need for *deeper engagement:* more time for audience participation to engage with the speakers (a desire to see more questions answered and a request for an additional afternoon panel session with the workshop facilitators); sending pre-reading out to attendees; some variance in views around the workshops (some felt the option to attend more workshops was needed while others felt that the time within them should have been increased).

What would participants describe as the biggest takeaway from the conference that they would implement in to their work/ personal life?

The messages from the speakers had clearly resonated with the audience and some of these answers reflect some of the shock expressed in workshops and in the main session:

- *"Cultural humility... Cultural humility rather than competency, Conscious bias to Conscious inclusion."*
- *"Move from unconscious bias to intentional inclusion: The conference reinforced that anti-racism in public health requires intentional, systemic action—not just awareness."*
- *"Remembering that public health goes beyond equity and is about justice."*
- *"Value of collaboration on this wicked problem."*
- *"It is always good to have a reignition of that drive for change. As people of colour EDI can often feel like a chore and be physically and emotionally draining. The event*

was a great driver of focussed change, by starting locally, it helped me reset my mindset to focus on my circle of control."

- *"I will think more about how I can influence not just the people I work with but my family and friends… Discuss with personal and professional circles. Think about practical steps to reduce inequalities linked to racism in the public health space."*
- *"Collaborating with other areas who are further behind on their journey - including those who felt they couldn't even bring up racism as a health determinant. Commitment to working with those areas and helping everyone to get to this baseline level and beyond."*
- *"Be more confident in naming racism… The importance of building trustworthiness, and the difference between this and being trusted… We need to talk more about the issue of racism and what it means to be anti-racist. I will raise it much more at meetings, integrate it into strategic plans and generally begin to introduce it as I have conversations about strategic priorities within the population health programme I work in."*
- *"How much I need to do my own research on how to engage with racism."*
- *"The knowledge of racism emerging from slavery (as opposed to slavery emerging from racism), that the concept of "black" and "white" emerged in the 1660s… I've been talking to family, friends and colleagues about this."*
- *"How to be an effective antiracist leader - the set of criteria was presented in the practical tools workshop… The practical tools workshop and the ability to apply then in work/home life."*
- *For me - it is about 'intentionality'. Racism is and has been intentionally and deliberately part of systems and society - in my work I will 'intentionally' make sure how and what I am doing is 'anti-racist', the health interventions I commission, the evidence I look to, the organisations I work with.*

The **desire for taking action** continued in the responses to the question seeking feedback on future events:

- *"All speakers alluded to the need for action and encouraged us to think about what we could do. I think having more of the hard conversations around concrete actions would have been helpful for the next day."*
- *"More time to do activity work: support for people wanting to know where to start – structurally."*
- *"Having some community level activists to talk/share their views on anti-racism."*
- *"Stronger links to how we can identify Health Inequalities for patients potentially due to systemic racism. It seems easier to focus on workforce. Examples of systemic racism for patients, please."*
- *"Additional workshops/opportunities to build/create something."*
- *"Making this a regular event and making attendance mandatory for commissioners in public health."*

Continuing on this theme of a desire to take action, the responses to the question asking **for feedback on future events**, the responses virtually prescribed the **next steps for the Anti Racism Collaborative.**

- One respondent in particular carved out a number of linked actions:
  - ***Interactive Workshops:*** *While the panel discussions were excellent, incorporating hands-on workshops (e.g.,* ***"Designing Anti-Racist Public Health Interventions"*** *or* ***"QI Tools for Equity"****) would allow attendees to apply frameworks in real time and leave with actionable plans.*
  - ***Pre-Conference Resources:*** *Sharing key readings, case studies, or self-assessment tools ahead of the event could help attendees engage more deeply with the content and hit the ground running during sessions.*
  - ***Community Voices:*** *Amplifying even more grassroots perspectives—especially from youth, frontline health workers, or service users impacted by inequities—would further enrich discussions.* ***A "Community Spotlight" segment could highlight local initiatives****.*
  - *Networking Opportunities:* ***Structured networking breaks (e.g., themed small-group discussions or mentorship pairings) could foster deeper connections among attendees*** *committed to similar goals.*
  - ***Follow-Up Engagement****: A post-conference webinar or online forum to share progress, challenges, and lessons learned from implementing anti-racist strategies could sustain momentum.*
  - ***Accessibility:*** *Consider hybrid options for future events to include those unable to attend in person, along with live captioning and translated materials where possible.*
- *"An* ***annual antiracism event****."*
- *"****Dedicated workshops across the NW either in individual organisations or joined up, annually,*** *to give people an opportunity to understand the pertinent issues around racism and its impacts plus and update on yearly progress in the region."*
- *"Can we come back together as a group at some point to discuss what has happened since and share more learning?"*

Final Thoughts from the Conference:

In order to be anti-racist leaders, we need to:

- ***Ask the "why"***
- ***Learn AND unlearn***
- ***Get comfortable with asking uncomfortable questions***
- ***Allow ourselves to feel, but don't get stuck in the feelings***

APPENDIX: Workshops

Practical Tools to inform best practice and adopting intelligence informed actions Workshop Write Up

Abdul Razaq, Director of Public Health, Blackburn with Darwen Council and Liz Johnston, Public Health Specialist, Blackburn with Darwen Council, presented the group some practical tools that could be adopted in their public health practice.

1. LARA (Listen, Affirm, Respond, Add).
2. Privilege Walk
3. Implicit Bias Test
4. Asking the right questions to seek clarity of offer a new perspective
5. EDI Dashboard

Next, workshop participants were asked to discuss the following in groups:
Practical Tools
What are the strengths of the practical tools highlighted and how could you apply the practical tools in your day-to-day Public Health work?

LARA (Listen, Affirm, Respond, Add).
- Can be built into day-to-day life
- Provides a structure to guide conversation
- Quite prescriptive
- Flexibility

Privilege Walk
- Challenging
- Sitting comfortably with discomfort
- Multiple lenses- intersectional
- Create safety, build team

- Might help people recognise their privilege
- Helps to get you to think about other people's experiences

Implicit Bias Test

- Opportunity for reflection
- Can be completed individually

Asking the right questions to seek clarity of offer a new perspective

- Provides people with tools if something offensive is said
- Could be used as a framework for those who find having these conversations hard and might be scared to say the wrong thing

EDI Dashboard

- Lack of data available around race, particularly in the NHS

Informed Actions

How could you influence key stakeholders to adopt and embed intelligence formed actions?

- Data- and what next?
- Health literacy
- Informed conversations
- Communication
- Build processes in commissioned services – making tools an investment supported by data
- Know what to say or do- practice scenarios and comfort levels
- Being comfortable being uncomfortable

Key Learning Action

What is the one takeaway action from your table?

- How do we make leaders and stakeholders understand the WHY?
- Acknowledging at local/ individual/ stakeholder level- if its not acknowledged then nothing can change
- Privilege tool is not anti-racism enough. A lot of tools are workforce focussed not patient focussed – importance of leadership transport (EDI)
- Public health is not known, not acknowledged. Communities to get involved. Teach people why we are asking questions, why we want to know about ethnicity starting in schools around challenging behaviours
- Privilege walk. Bring elected members in on the journey and knowing them and how many are doing what we are saying. Political restrictions
- None of the tools are perfect. It's a good way of challenging and reflecting ourselves and a good a starting conversation. Not being too performative, be more holistic in engaging in communities
- PH Collaborative to undertake the privilege walk
- Try the snakes and ladders of health inequalities in each organisation

Anti-Racism Leadership Workshop Write Up

Led by Dr Gunjit Bandesha, Director of Healthcare Public Health, NHSE North West; Professor Devina Halsall, Deputy Chief Pharmacist, NHSE North West and Chair, Strategic Advisory Group on Race Equality NHSE NW; and Rachael Gosling, Consultant in Public Health, NHSE North West.

Objectives:

- Discuss our role as public health leaders in addressing systemic racism
- Reflect on public health practices to address racial inequalities in health
- Explore some of the factors that get in the way of making progress
- Reflect on your own leadership in this area and areas for development

First, we asked what people's motivations, hopes and fears were for the session (mentimeter and whole group discussion).

Motivations:

Learn

- Learn about anti-racism leadership

- Practical tools and strategies to apply in personal and professional contexts
- Learn from different professional viewpoints and lived experiences
- How to initiate conversations and help others reflect in a safe space
- How to implement behavioural change

Leadership and Strategic Influence

- Understand how to use leadership position to proactively address racism
- Understand how to influence leaders and raise the profile anti-racism in our organisations
- Understand what organisations should be doing to lead on this agenda
- Help when navigating the current political situation and its challenges
- Gain tools and knowledge to prepare for a future leadership position
- Learn how to become an anti-racist leader from the very start of career

Collaboration and Sharing Best Practice

- Exchange ideas and experiences
- Share best practice/ examples of anti-racism leadership
- Reflect on how learning can be shared wider

Greater Understanding of Systemic Issues

- Gain a deeper knowledge and understanding of systemic racism
- Better understand how racism impacts healthcare outcomes

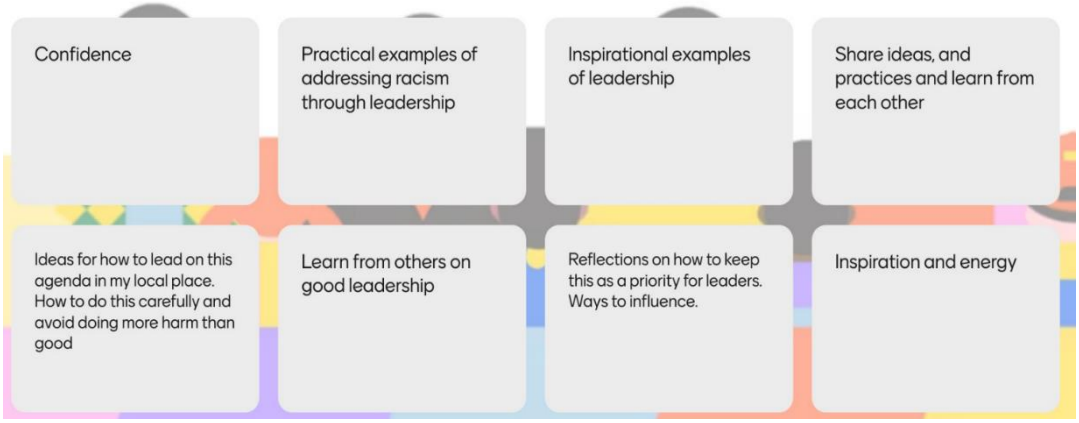
Personal Experience

- Living and growing up in a racist society
- To be heard
- Being around like-minded people
- Lived experience

Challenge

- Challenge unconscious biases

Hopes:



Practical Tools & Diverse Perspectives

- Learn practical examples of anti-racism leadership from various perspectives
- Learn practical tools and language to support meaningful conversations about race and health equity, both personally and professionally
- Gain strategies for leading on this agenda at a local level
- Learn techniques to influence others

Knowledge and Understanding

- Deepen understanding of anti-racism to drive change
- Understanding of anti-racism leadership

Collaboration

- Share ideas and best practice to learn from each other
- Learn from examples of good leadership

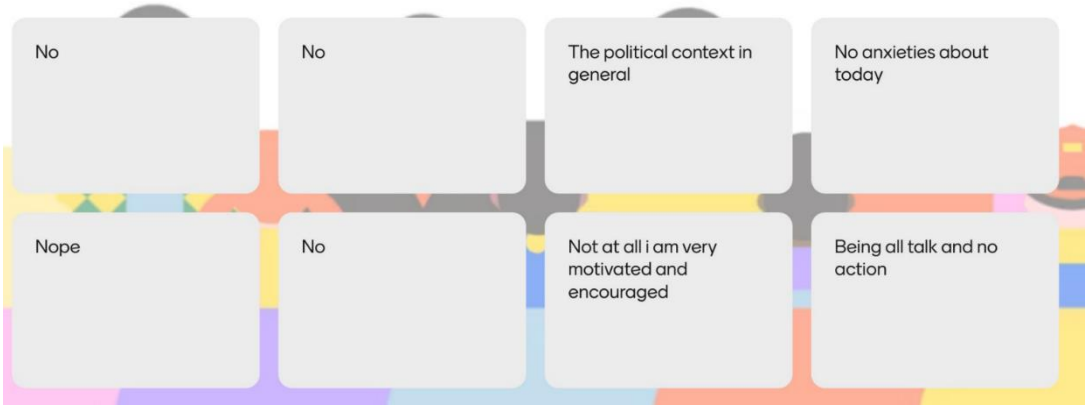
Personal

- To feel seen and heard
- To gain confidence
- Gain inspiration and energy
- Hope that racism stops in the next generation

Challenge

- Support and challenge to develop leadership, understanding, skills and influence
- Reflect on how we can keep this as a priority for leaders

Fears:



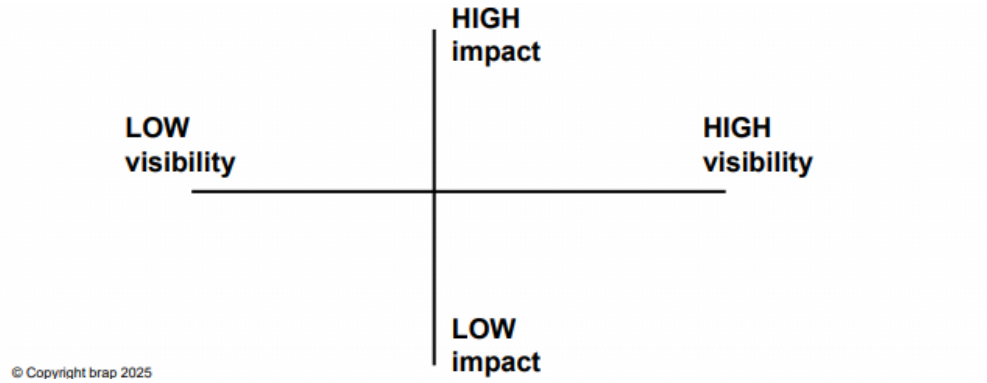
The majority did not feel apprehensive or anxious. Some felt motivated and encouraged to create change, while others expressed frustration that the conversation hasn't progressed.

However, some expressed apprehensions and anxieties about:

- Using the wrong language and lacking the right knowledge or understanding
- The current political climate
- Being all talk and no action
- Potential unconscious biases
- Influencing sectors outside of public health

Next, on individual tables, we did an exercise to explore what are some of the public health, or organisational approaches used to address racial inequity. The purpose of the exercise was for people to reflect on what we currently do, the impact it has and then to reflect on their responses. Note; there are some overlaps in answers here as people on different tables had differing views.

High



Impact, High Visibility

- Social prescribing
- Training (in person with a follow up and space to discuss)

    - Anti-racism and unconscious bias
    - Let's talk about race
    - Training healthcare workers & cultural competence
- Lived experience and co-production
- Focus on recruitment
- Race as a protected characteristic in EIAs & EIA rigour panel (when done properly)
- Data analysis – place-based data to drive decision making
- Advocacy and leadership (DPH position, but dependent on organisational structure)
- Ethnic minority women's centre
- Engagement roles embedded as business as usual

High Impact, Low Visibility

- Access to reverse mentoring initiatives
- BHM initiatives to challenge organisations and improve practices
- Health equity audit
- JSNA
- Targeted NHS staff recruitment
- Ethnicity recording
- Engage faith & community leaders
- Calling out racism in the workplace

High Visibility, Low Impact

- Unconscious bias training
- Reverse mentoring
- Whistle blowing policy and practice
- Mandatory training (tick box exercise)
- EDI in interview panels (potential tick box, does this happen in practice)

Low Visibility, Low Impact

- WRES – doing it and exploring what it means
- EIA training and completing EIAs
- Cultural competency training
- Mandatory online training
- EDI statements
- Ad hoc projects

Next, we asked what do people think gets in the way of leading change?

Finally, we asked delegates to think about what is in their gift as a public health leader and what they need to support them to do this?

Gift:

Leadership and Influence

- Local and regional influence
- Secure political and corporate buy in
- Use voice and position as a senior leader and ally
- Be disruptive by asking the difficult questions
- Lead by example
- Foster an environment where people feel empowered to be brave
- Allocate resources to anti-racism and allyship training

Policy and Data

- Influence strategies, programs of work, commissioning
- Include anti-racism in as a cultural competency in service specifications
- Improve data collection through commissioned services
- Use data to highlight the problem

Knowledge and sharing best practice

- Share knowledge with colleagues
- Link in with EDI colleagues
- Community engagement
- Deepen understanding of EDI, inequalities, racism

Personal

- Share lived experiences
- Use voice to call out racism
- Communicate effectively and raise awareness

Support Needed to take action:

Education and Awareness

- Opportunities to share lived experience
- Enhanced knowledge and education
- Development of a culturally and emotionally aware workforce
- Racism in the FPH curriculum
- Shareable information in an easy and understandable format
- Examples of good practice

Support and Resources

- Time and funding to do in-depth work
- Mentoring / coaching
- Support from leaders
- Improved data and evidence
- Toolkits, networks, peer support, conferences

Leadership and Policy

- Political support for anti-racism
- Senior leadership buy in/ allyship
- Sincere leaders committed to change
- Buy in from all departments in LAs/ NHS, ensuring a corporate-wide approach
- Power to influence and make policy
- Greater uniformity across the NHS, LAs, EDI, EIA
- Support to embed racism into commissioning and service specifications
- Maintain visibility of the anti-racism charter
- A clear expectation from the NW Anti- Racism Collaborative
- Continued focus and empowerment of the NHS BAME Assembly

Community and Collaboration

- Strong community partnership
- Opportunities to connect with like-minded people
- Peer challenge and support

Tangible Legacy Workshop Write Up

Led by Keisha Thompson- Programme Manager at The Guardian based in Manchester, (Legacies of Enslavement Programme)

Introductions and context overview of the Guardian and its programme:

A slideshow was presented with the following information detailed below, leading to engaging discussions between participants and sharing of thoughts and opinions .

The Guardian Legacies of Enslavement Programme: *"Atoning in the present for injustices of the past."* Links with the cotton trade in Manchester with a strategy around 'Restorative Justice.' Restorative Justice involves former colonial powers engaging in good faith with descendants of colonised/enslaved people and addressing systematic inequalities. It's the process of dialogue between those that caused, and those that affected, by wrongdoing to repair harm.

Discussions around what it means for an organisation to be progressive despite being formed out of the profits of enslavement and how they can support descendant communities in a meaningful way. Three key areas: Acknowledgement, Apology and Action

The next slides covered an apology sent out by the Guardian owners that was addressed to surviving descendants of the enslaved due to the part the organisation and its founders had in slavery.

Scott Trust Legacies of Enslavement Programme Overview: this part of the slideshow covered what the programme was about with three main areas:

- Acknowledgement: Research- truth seeking and telling, more research into Guardian's links to transatlantic enslavement including Brazil. Honouring the lives of enslaved people and exploring Manchester's links and wider context. Openly recognising our economy's post-colonial legacy

- Redress: Restorative Justice- Partnerships in Jamaica and Sea Islands, engagement with descendant communities
- Reckoning: Raising Consciousness- Partnerships and programmes to raise awareness about the Guardian, Manchester and the UK's links to transatlantic enslavement

Context: The Guardian has launched a restorative justice programme because of its founder's links with transatlantic slavery- John Edward Taylor along with other Manchester businessmen. Taylor had links to slavery through partnerships in cotton manufacturing with other men who had loaned him money also having similar links to the slavery economy.

Keisha's focus for Manchester in 2025: Convening, Education and Advocating/ Partnering

There was an initial engagement activity for the group where they discussed what thoughts they had upon seeing the word – *Dog*. This exercise explored people's associations with the word, their feelings, initial thoughts and how we all experience different things. The purpose of this exercise was to cover assumptions and how easily we use knowledge based on sources that we trust but do not question. The knowledge and sources we do have can be challenged and we can experience things differently yet still trust one another and have conversations. Concept of race, not at face value.

Next, Structural Racism was discussed.

Workshop participants were put into pairs and smaller groups to discuss their own interpretation of what structural racism encompasses. Feedback was shared from some participants to the rest of the group:

- Racism in systems
- Policies in systems contributing to racism
- White privilege, colonialism
- Colonists driven be economic gain
- Enslavement, linked to religion
- Concept of 'whiteness' created for economic reasons
- Informed by policies that uphold whiteness
- Economic benefit, continue to be oppressed, links to institutions

Key point of the discussions: shifting the focus to individuals and their roles, addressing assumptions

The next slides covered the link towards the health sector with discussions around people relating this to their own places of work and roles:

Holding Her Space: Doula service based in Manchester- helping to improve outcomes for mothers from African and Caribbean communities.
The group collectively looked at the direction of the health sector and how its data driven. Keisha mentioned an event she had attended in Leeds that talked about the health sector and public trust. Goldacre review, trustworthiness, life sciences and data. Programmes can only have true impact if those upholding them have a good understanding of equity and what it means to be community led. One key example: CAHN research with the NHS foundation surveyed African and Caribbean communities in South Manchester, 50% were not signed up to a GP.

Participants then discussed what it means to be seen as trustworthy in their own organisations and provided examples of this. Each individual had the chance here to explore how their actions have a direct impact on people around them alongside proposals for organisations to consider. Some key points from these discussions included:

- Looking at other people and being considerate
- Investing more collectively
- Looking at where each individual stands
- De-constructing barriers
- Making changes to policies within organisations
- Use of art/music therapy needing to be championed
- Reducing recruitment bias

Closing statement:

The workshop ended with discussions around next steps, involving 'Emergent Strategies'

Participants had the chance to discuss changes they could implement into their own lives both personally and at work. These changes involved bringing awareness to topics covered throughout the duration of the workshop with people discussing what small yet achievable steps they could take after the conference to bring about helpful change.