

Maternity Equity Conversation

A safe and supportive space to explore equity and inequity in maternity and neonatal services



Report on a pilot of a co-produced introductory Maternity and Neonatal Equity and Cultural Competence training course

'I think the nature of the sessions being conversational and not the traditional teaching sessions that NHS staff are used to in their mandatory updating, is brilliant and refreshing. Giving people the permission to be in a complex space that is challenging and opening the door to be more comfortable with the uncomfortable in a safe and non-judgemental space works well with this subject matter.'

'This is all rare and part of the uniqueness of the sessions.'

'You can see participants going on their own journey and some becoming so motivated and driven to become part of the change by the end of it.'

Nell Blane and Joy Goddard

The Jen Group

on behalf of

Buckinghamshire, Oxfordshire and Berkshire West Local Maternity and Neonatal System

April 2023



'Fantastic day. An important and sometimes heavy subject held in a safe space with warmth & kindness. Perfect environment for good learning!'

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Executive Summary

1. There is justifiable nationwide concern about the relatively poor outcomes in maternity and neonatal care for women and babies from Black, Asian and Mixed ethnic groups and those living in the most deprived areas as identified in the MBRRACE-UK reports¹ over several years. There is also increasing concern about poor experiences for Black, Asian and Minority Ethnic staff working in the NHS².
2. Bob Local Maternity and Neonatal System (BOB LMNS) agreed internal funding through their 2022/23 application process for an online equity and cultural competence training package, to be delivered by The Jen Group LLP³. This training would be offered system wide to the maternity and neonatal workforce. It would be an initial pilot programme with process and outcome evaluation undertaken. The intention was not to replace current standard training but to enhance this further, such as skilling up the workforce to challenge and have difficult conversations.
3. This project aimed to contribute to the aims of the BOB perinatal equity strategy⁴ by collaborating with people with lived and/or professional experience of racial and/or socioeconomic inequity in maternity and neonatal services to design and deliver a pilot programme of short courses focusing on cultural competence and cultural safety. This would enhance the current standard mandatory training offer by skilling up the workforce and contributing to positive system change, strengthened leadership within maternity system and a culture of openness and trust.
4. Improved outcomes and experiences for the maternity workforce were also anticipated. The training would provide safe spaces for participants to understand the lived experience of co-workers and colleagues. Exploring difficult conversations, power imbalances and allyship would be important components of the training, using an inequalities lens.
5. The initial plan was for The Jen Group to consult with local stakeholders, then design and deliver a course. It quickly became clear that this would be an inauthentic and potentially inequitable approach so a redesign was agreed whereby a cohort of 'partners' would be recruited to a longer and genuine co-production and delivery process.
6. The group called themselves the 'Maternity Equity Collaborative' or the Collaborative, and the courses were named 'Maternity Equity Conversations' or Conversations, as their chosen approach was to open up a safe and supportive space for participants to explore issue of equity and inequity, rather than delivering a lecture.
7. The Collaborative agreed a set of 'non learning outcomes,' defined this way to emphasise the conversational rather than didactic nature of the course. These were improvements in:
 - a. understanding of the case for maternity equity
 - b. knowledge of the impact of inequity in maternity and neonatal services
 - c. skills in creating and maintaining equity in maternity and neonatal services
 - d. ability to challenge inequitable practice
8. 98 people registered and 51 people participated in Conversations. There was a good range of representation from all the BOB component areas as well as Frimley, and there was uptake from a range of junior, senior and voluntary roles.
9. Participants reported that the Conversations resulted in them improving in all the intended areas, The average improvement across all four outcomes was 7.2 out of 10. The trendlines

¹ <https://www.npeu.ox.ac.uk/mbrpace-uk/reports> (accessed 31/3/23)

² <https://www.england.nhs.uk/ourhpeople/> (accessed 31/3/23)

³ <https://www.thejengroup.com> (accessed 31/3/23)

⁴ <https://www.bucksoxonberksw.icb.nhs.uk/media/2538/bob-local-maternity-neonatal-service-equity-action-plan-2023.pdf> (accessed 31/3/23)

show a steady improvement in these outcomes overall although there was some variation across courses as would be expected with different facilitators and different groups.

10. 93% of the comments about the Conversations were positive.
11. Collaborative partners reported that the co-production process was fascinating, enriching and empowering although quite lengthy and frustrating at times.
12. Involvement had an impact on the partners both personally and professionally. They wrote in their reflections about becoming more confident as trainers and as people and having an enhanced understanding of equity and how to effectively challenge inequity and support those experiencing inequity.
13. When asked about the impact of the project, partners wrote about observing participants changing during the courses, having received positive feedback, noticing changes in maternity and neonatal environments including increased and improved conversations about equity. They also observed that some participants wanted more answers to how to challenge inequitable practice, although they felt this would be too directive for this particular course.
14. There is a strong sense that more such Conversations are needed, more Collaborative partners, more advanced courses, more widespread courses, and that this is a model of good practice that should be shared. Consensus from the MEC partners is that a much needed 'movement' has started, one that allows for a complex and triggering subject to be explored safely and that it should not stop here.
15. This pilot programme has created an impactful and potentially marketable product which, given additional financial and operational support, can further impact inequities in maternity and neonatal services and beyond. It is an innovative, adaptable and scaleable model that could provide a significant return on investment.

'Been a wonderfully positive and insightful day. Has given me space to challenge my own thoughts and actions, and enabled me to have confidence to go on to challenge others.'



Introduction

There is justifiable nationwide concern about the relatively poor outcomes in maternity and neonatal care for women and babies from Black, Asian and Mixed ethnic groups and those living in the most deprived areas as identified in the MBRRACE-UK reports⁵ over several years.

There is also increasing concern about poor experiences for Black, Asian and Minority Ethnic staff working in the NHS. There is strong evidence as highlighted in the People Plan⁶ that where an NHS workforce is representative of the community that it serves, patient care and the overall patient experience is more personalised and improves. To achieve this the NHS needs to recruit, retain and fairly promote staff that are representative of the diverse cultural, racial, ethnic and religious groups being served.

With all this in mind, Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) developed a perinatal equity strategy⁷ with the overarching aims to improve:

- equity for mothers and babies from Black, Asian and Mixed ethnic groups and those living in the most deprived areas, and
- race equality for staff.

These aims are underpinned by three values, proportionate universalism, collaboration and co-production.

The strategy sets out ambitions against five priority actions to improve outcomes for these groups. Underpinning all these ambitions is the need for staff to understand why this work is required and the impacts of injustice and inequality. Alongside the equity strategy, the four NHS pledges to improve equity for mothers and babies and race equality for staff⁸ help create a shared understanding of why work on equity and equality is needed and the aims and outcomes of this work. The four pledges help ‘set the scene’ in local co-production work.

Within the equity strategy Local Maternity and Neonatal Services (LMNS) are asked to:

- equip maternity and neonatal staff to provide culturally competent care
- ensure maternity and neonatal staff experience race equality in the workplace.

This is also outlined in the NMC proficiency standards⁹ which state that midwives must be able to ‘*demonstrate an understanding of and the ability to challenge discriminatory behaviour to promote equity and inclusion for all*’ and consistently provide and promote non-discriminatory care.

⁵ <https://www.npeu.ox.ac.uk/mbrpace-uk/reports> (accessed 31/3/23)

⁶ <https://www.england.nhs.uk/ournhspeople/> (accessed 31/3/23)

⁷ <https://www.bucksoxonberksw.icb.nhs.uk/media/2538/bob-local-maternity-neonatal-service-equity-action-plan-2023.pdf> (accessed 31/3/23)

⁸ <https://www.england.nhs.uk/wp-content/uploads/2021/09/C0734-ii-pledges-to-improve-equity-for-mothers-and-babies-race-equality-for-all-staff.pdf> (accessed 31/3/23)

⁹ <https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/> (accessed 31/3/23)

Further, the Royal College of Obstetricians and Gynaecologists' (RCOG)¹⁰ core curriculum states that doctors must 'promote non-discriminatory practice and (be) aware of broader social and cultural determinants of health as well as an individual's social wellbeing.'

Previous to this project, NHS clinicians were required to attend or participate in mandatory equity and cultural competency training which is delivered via short in-house or e-learning sessions¹¹. This provides information about culture and health and how these might influence healthcare outcomes. However, racial and socioeconomic disparities persist in maternity and neonatal services, as do issues around staff equality, so an enhanced approach was considered necessary.

This project aimed to enhance the current standard training with a bespoke model, which sought to further explore people's understanding of racial and other health inequalities to help create a system wide culture where the workforce can role model a culture of belonging and deliver personalised care where service users expect to be treated equitably and as individuals. It would also ensure that the workforce can be treated equitably and have positive lived experience.

Buckinghamshire, Oxfordshire and Berkshire West Local Maternity and Neonatal System (BOB LMNS) agreed internal funding through their 2022/23 application process for an equity and cultural competence training package, to be delivered by The Jen Group LLP¹². This training would be offered online and system wide to the maternity and neonatal workforce. It would be an initial pilot programme with process and outcome evaluation undertaken. The intention was not to replace current standard training but to enhance this further, by skilling up the workforce to challenge and have difficult conversations.

Aims and objectives

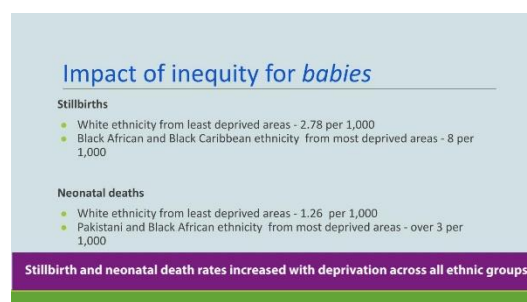
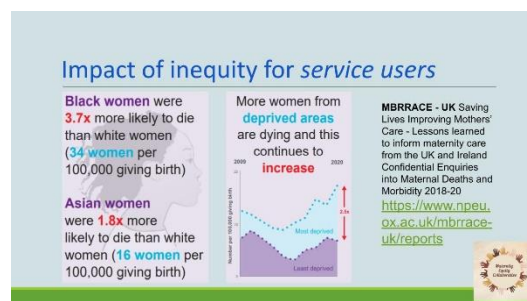
The overall aims of the BOB perinatal equity strategy¹³ are to improve:

- equity for mothers and babies from Black, Asian and Mixed ethnic groups and those living in the most deprived areas
- race equality for staff.

Local objectives reflect these aims and include:

- % of maternity and neonatal staff attending training

This project aimed to contribute to the above aims by collaborating with people with lived and/or professional experience of racial and/or socioeconomic inequity in maternity and neonatal services to design and deliver a pilot programme of short online courses focusing on cultural competence and cultural safety. This would enhance the current standard mandatory training offer by skilling up



¹⁰ <https://www.rcog.org.uk/careers-and-training/training/curriculum/core-curriculum/> (accessed 31/3/23)

¹¹ <https://www.e-lfh.org.uk/programmes/cultural-competence/> (accessed 31/3/23)

¹² <https://www.thejengroup.com> (accessed 31/3/23)

¹³ <https://www.bucksoxonberksw.icb.nhs.uk/media/2538/bob-local-maternity-neonatal-service-equity-action-plan-2023.pdf> (accessed 31/3/23)

the workforce and contributing to positive system change, strengthened leadership within the maternity system and a culture of openness and trust.

Improved outcomes and experiences for the maternity workforce were also anticipated. The training would provide safe spaces for participants to understand the lived experience of co-workers and colleagues. Difficult conversations, power imbalances and allyship would be important components of the training, using an inequalities lens.

Impact of inequity for staff

- Staff from ethnic minority backgrounds are 1.16 times more likely to enter formal disciplinary process compared to white staff
- White applicants were 1.61 times more likely to be appointed after being shortlisted for a role than ethnic minority applicants.
- Only 40.7% of ethnic minority staff felt the organisation provided equal career opportunities compared to 88.3% of white staff

Methods

The two programme leads from The Jen Group are white women; careful consideration was required to ensure that the project was, to the best of their ability, both equitable and authentic.

The initial plan was for The Jen Group leads to consult with local stakeholders, then design and deliver an online course. It quickly became clear that this would be an inauthentic and potentially inequitable approach so a redesign was agreed whereby a cohort of 'partners' would be recruited to a longer and genuine co-production and delivery process.

Recruitment of partners

The recruitment phase started in January 2022. Criteria for inclusion in the project were agreed at the outset. The aim was to recruit around 6-10 people with a mixture of backgrounds and experiences, some being service users, some being staff, with lived and/or professional experiences of socioeconomic and/or racial inequity. They needed to be able to attend co-production meetings and to deliver courses. Separate electronic flyers were designed for service users and staff, and these were distributed across established networks and via social media with support from BOB LMNS. The programme leads networked via forums, meetings and social media taking every opportunity to describe and promote the project and answer questions.

In total 10 individuals applied to the project. Each was given an informal interview and each one demonstrated that they could contribute to the programme and had the capacity to do so. At this stage any barriers to their engagement were discussed and flexible solutions were explored.

Not all members were able to continue for the length of the programme due to other factors in their lives. At the end point five members remained engaged.

Co-production and iteration

Co-production meetings started in July 2022. The Jen Group's knowledge and experience of working co-productively was framed by some key principles¹⁴:

- Recognising people as assets

¹⁴ <https://www.scie.org.uk/co-production/what-how> (accessed 31/3/23)

- Building on people's capabilities
- Developing two-way, reciprocal relationships
- Encouraging peer support
- Blurring boundaries between delivering and receiving services
- Facilitating rather than delivering

Genuine co-production requires a larger investment of pre-delivery time and a different distribution of funding than mainstream service and training delivery. Co-produced programmes, projects, services and learning spaces offer a range of predicted quantitative and qualitative outcomes, however, vast amounts of additional learning, knowledge, skills and added value are gained throughout.

The group called themselves the 'Maternity Equity Collaborative' (MEC) or the Collaborative, and the courses were named 'Maternity Equity Conversations' or Conversations. This reflected their chosen approach which was to create and hold a safe and supportive space for participants to explore issues of equity and inequity, rather than positioning themselves as experts and delivering more formal training or a lecture.

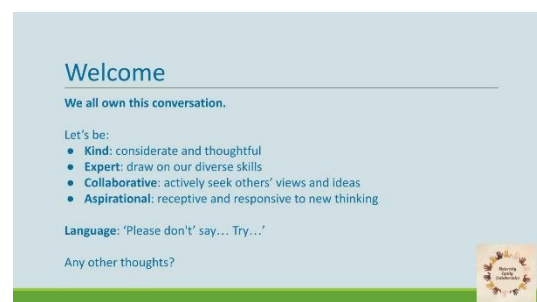
Working co-productively requires a high level of focus on communication, understanding, empathy and boundaries. A large part of The Jen Group's role was to help create the initial safe space for MEC partners to work in, to encourage them to both trust the process and to offer respectful challenges to their own and their peer's practice.

The Conversations were co-produced over 15 two-hour meetings with MEC and the programme leads. At this point the whole group delivered a dry-run, following which there were a further 11 meetings for debriefing, reflections, mutual support and continuous redesign while the courses were being delivered.

The collaborative agreed a set of 'non learning outcomes,' defined this way to emphasise the conversational rather than didactic nature of the Conversations. These were improvements in:

- understanding of the case for maternity equity
- knowledge of the impact of inequity in maternity and neonatal services
- skills in creating and maintaining equity in maternity and neonatal services
- ability to challenge inequitable practice

MEC considered it vital that the course provided a safe space for people of all backgrounds and ethnicities to explore equity and inequity. There were specific challenges around ensuring people with lived experience of inequity were not further traumatised by the Conversations, and that those who might have previously contributed to inequity were not turned off and unable to learn or to change. This was managed in several ways. One was by creating a group agreement at the beginning of each conversation (see right).



Another was to minimise any potentially triggering content, or to provide a trigger warning should there be a possibility that someone might find the content distressing. This included using safe and non-stereotyping films and scenarios as springboards for conversations about language and microaggressions.

Another, which became more entrenched through the iterations, was to provide opportunities for people to respond anonymously to the questions the Collaborative posed, using the medium of Mentimeter¹⁵. By the last course, the whole presentation was on Mentimeter rather than PowerPoint and this worked well to keep people safe.

All these techniques were grounded in behaviour change theory, creating a safe emotional space for people to contemplate and to come up with their own solutions.

Iterations continued all the time the Conversations were being delivered, based on feedback from participants and the reflections of the partners. This resulted in the final Conversation being different to the first. There was less focus on information and statistics, and more on practical skills, a greater focus on racial equality for staff, and a more explicit and detailed section on microaggressions.

Course delivery

Course delivery began in December 2022 after a 'dry-run' in November 2022 and ran until February 2023. BOB LMNS supported the promotion and recruitment of participants to the courses. The criteria agreed for participation were that they should be working in BOB or Frimley LMNS or be a chair/vice-chair of a Maternity Voices Partnership (MVP). Bookings were managed via Eventbrite¹⁶. Each course was delivered by a different combination of facilitators consisting of two of the MEC partners and one programme lead in support. The courses were delivered over Zoom¹⁷.

Evaluation methods

All participants were asked to complete a post-course evaluation asking them to rate from 0-10 how much the course had improved their:

1. understanding of the case for maternity equity
2. knowledge of the impact of inequity in maternity and neonatal services
3. skills in creating and maintaining equity in maternity and neonatal services
4. ability to challenge inequitable practice

They were also asked to comment on the course using an open text format.

Follow-up feedback

Participants were emailed a post-course feedback form which asked them to provide more detailed reflections. This had three open text boxes with these headings:

¹⁵ <https://www.mentimeter.com/> (accessed 31/3/23)

¹⁶ <https://www.eventbrite.co.uk/> (accessed 11/04/23)

¹⁷ <https://zoom.us/> (accessed 11/04/23)

1. Please record your thoughts on the overall day (You might like to include pace, style, content, facilitation, your learning, whether it met your expectations, whether it was pitched at the right level)
2. Which section/s did you find most helpful and least helpful. Please say why.
3. Any further comments?

Reflections

Collaborative partners and programme leads were asked to write their own reflections on the project, with several headings given as prompts.

Uptake

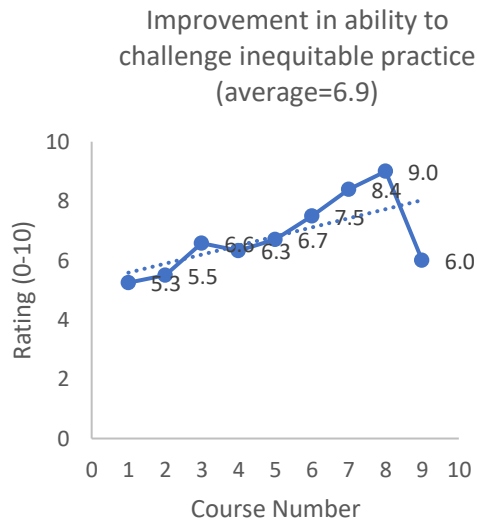
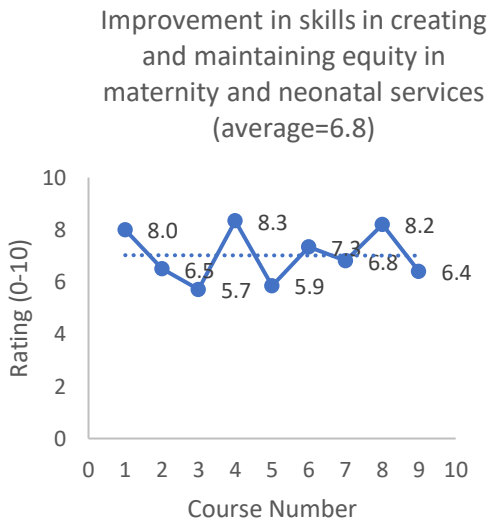
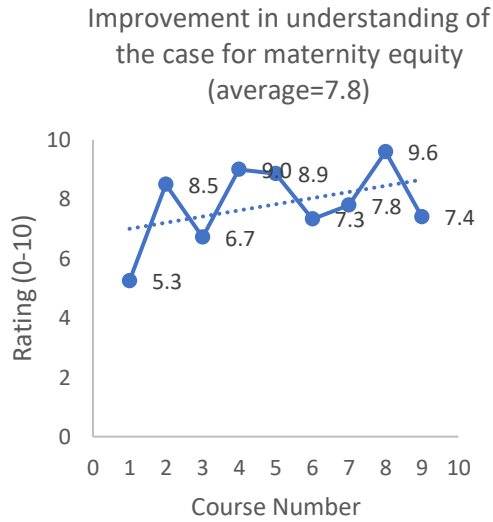
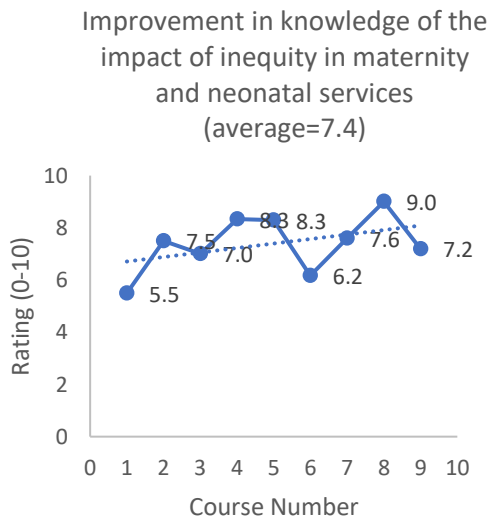
98 people registered and 51 people attended courses.

At booking, registrants were asked to provide their organisation and job title. There was a good range of representation from all the BOB component areas as well as Frimley, and there was uptake from a range of junior, senior and voluntary roles.

Organisations		
<ul style="list-style-type: none"> • BOB ICB • BOB LMNS • Buckinghamshire Health Care Trust • BOB ICS • Bucks MVP • Frimley and Wexham Park MVP • Frimley Health Foundation Trust 	<ul style="list-style-type: none"> • Frimley park hospital • MVP • NHS • OUH Maternity • OUH NHS Foundation Trust • OUHFT, Oxford • Oxford Brookes 	<ul style="list-style-type: none"> • Oxford University Hospital • Oxfordshire Maternity Voices Partnership • Royal Berkshire NHS Foundation Trust • TVW ODN • West Berkshire CCG
Job titles		
<ul style="list-style-type: none"> • Antenatal Clinic Sister • Co-chair • Community Matron • Compliance Midwife • Consultant Midwife • Deputy HOM • Doctor • Frimley & Wexham MVP Co-Chair 	<ul style="list-style-type: none"> • Head of Midwifery Deputy SRO • Lead Perinatal Mental Health Midwife • Lead Professional Midwifery Advocate • Midwife • MVP Chair • Nurse • Nurse/ Student Midwife • Perinatal Risk Coordinator 	<ul style="list-style-type: none"> • Quality and Safety Lead, BOB LMNS • Registered Midwife • Registrars • Specialist Midwife & Lead for Data Collection • ST6 Obs and Gynae • Student Midwife • Transformation Midwife • Trust Doctor

Quantitative feedback

Participants reported that the Conversations resulted in them improving in all the intended areas, demonstrated in the graphs below. For each question participants were asked to rate how much they had improved against the outcome from 0 (not at all) to 10. The average improvement across all four outcomes was 7.2 out of 10. The trendlines show a steady improvement in these outcomes overall although there was some variation across courses as would be expected with different facilitators and different groups.



Qualitative Feedback

Co-production

The Jen Group worked hard to support the MEC partners into a place of safety thus increasing their ability to share knowledge, experience, ideas and contribute fully. The MEC partners exhibited great

responsibilities. This was managed through keeping communication channels open and throwing out ‘the rule book,’ e.g. assuring partners that talking and cooking or talking and breast feeding in a meeting was absolutely fine. This resulted in having partners free to contribute in a meaningful way thus providing a far richer and more creative conversation.

It was vital not to exploit partners, particularly those with lived experience of racial and/or socioeconomic inequity as this would be antithetical to the aims of the programme. From the outset it was decided to reimburse partners either financially or in other ways, offering flexibility to meet their individual circumstances.

‘Having been involved in other co-producing projects and struggling to get payments processed, it was a great relief that the reimbursement process was seamless.’

‘We were equal facilitators in the design and flow of the conversations’

In terms of improvements the Collaborative would have liked more forewarning of how long the process might take and what commitment it might require.

The subject matter was challenging but the group created safety to explore and to be heard and valued this safe space.

Reflections

Partners went into the project with passion about the aims but not so experienced in authentic co-production, or how long this might take.

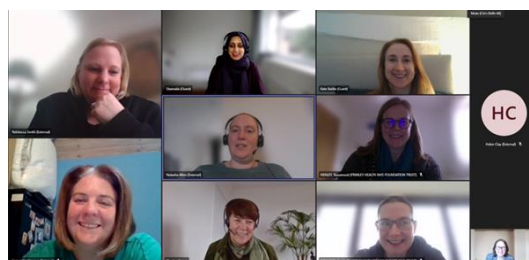
Involvement had an impact on the partners both personally and professionally. They talked in their reflections about becoming more confident as trainers and as people and having an enhanced understanding of equity and how to effectively challenge inequity and support those experiencing inequity.

‘If anything, I’ve learned that grace is so important when walking alongside and supporting myself and others on the journey of having a better understanding of the impact that racial and socioeconomic equity and inequities have on individuals and communities. We all come from different backgrounds and experiences and humility is a key ingredient in the battle to influence.’

‘I have felt my delivery and facilitation skills have improved as a result of this work. I have worked hard on being able to sit with the uncomfortable and hold a safe space to facilitate growth in others.’

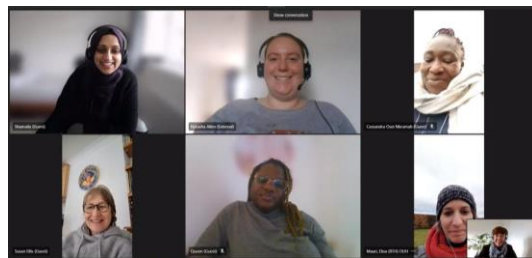
When asked about the impact of the project, partners wrote about observing participants changing during the courses, receiving positive feedback, noticing changes in maternity and neonatal environments, and increased and improved conversations about equity. They also observed that some participants wanted more answers to how to challenge inequitable practice, although they felt this would be too directive for this particular course.

They had some suggestions for next steps which were to evaluate the pilot, deliver more Conversations, bespoke Conversations for senior leaders and individual Trusts, recruit more Collaborative partners, promote the pilot as a model of good practice, attract further funding and develop a more advanced offer.



Maternity Equity Conversations

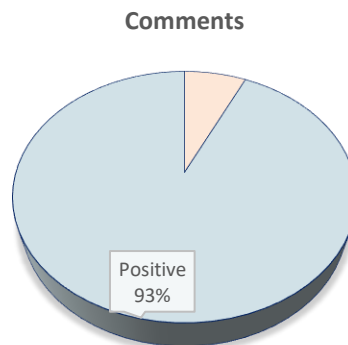
[Appendix 1](#) provides a full list of all the comments provided by participants at the end of each Maternity Equity Conversation, and at follow-up.



MonkeyLearn¹⁸ was used to carry out a sentiment analysis of the comments which indicated that they were 93% positive (see right).

It is noteworthy that many participants felt uncomfortable at the beginning of the Conversation, but by the end felt empowered to make a change.

'Found the day challenging and had concerns of using the wrong terminology, felt more at ease as the day progressed.'



In terms of improvements, the most common request was for more practical advice about how to challenge inequity.

Below is a word cloud created from all these comments, which provides a picture of participants reflections on the courses. The most frequently used words were 'good,' 'great,' 'safe-space,' 'challenging,' 'interactive,' 'learning,' and 'thought-provoking.'

'I am now more than confident and empowered to ensure equitable care for all especially women of colour.'



¹⁸ <https://monkeylearn.com/> (accessed 31/3/23)

Summary

BOB LMNS must be congratulated on sponsoring this co-produced pilot programme of cultural competence and cultural safety training for midwifery and neonatal staff. This required a degree of trust in the programme leads, Collaborative partners and training participants.

The co-production process was lengthy and at times frustrating, but resulted in an authentic, impactful, marketable and scalable product with some robust evaluation data to support its further roll-out.

Instead of a traditional course, the Collaborative's chosen approach was to co-create Maternity Equity Conversations as safe and supportive spaces for participants to explore issues of equity and inequity. This style of learning requires a level of commitment and vulnerability from participants which the facilitators became adept at naming, role modelling and encouraging. It became clear that most people had not experienced 'training' in this way and took time to become comfortable and familiar with immersing themselves and reflecting rather than being 'taught'. The process of change is uncomfortable, and these Conversations were intended to provoke change, so a level of discomfort was an important part of the journey both in the co-production process and in meeting the challenges of equity head on.

Collaborative partners could have benefited from a better understanding at the outset of how much time and commitment the project would require but overall had a very positive and empowering experience which they will take into their future lives. Genuine co-production offers a challenge to existing models of project planning and delivery, a level of trust in the process is required to allow the creative and equitable space for all involved. This can prove frustrating to those of us who are used to controlling both the pace and outcome of projects.

The uptake of the Conversations was disappointing at first but by the end there was a waiting list. As often happens with free training, there were people who booked but did not turn up. We heard that some were expected to attend in their own time, as no backfill was available. Those that did turn up reported that the course had provided improvements against the desired outcomes and that they had felt the Conversations created a safe space to explore issues of equity and inequity.

We were pleased to welcome some very senior managers into the Conversations as well as frontline staff and volunteers, and these represented all the constituent parts of BOB as well as Frimley. This blend of participants added to the richness of the learning environment. Participants of a variety of ethnicities participated and those with lived experience of racial inequity were able to share some of their experiences in the safe space created by the Collaborative, which again added to the learning.

There is a strong sense that more such Conversations are needed, more Collaborative partners, more advanced courses, more widespread courses, and that this is a model of good practice that should be shared. Consensus from the MEC partners is that a much needed 'movement' has started, one that allows for a complex and triggering subject to be explored safely and that it should not stop here.

'People that have attended that have lived experience of the inequities discussed have informed me that they have found the sessions so welcome and needed. Some have reported that it is one of the first sessions that they have been able to access in their careers that have actively addressed these topics in such a safe and meaningful way.'

Recommendations

This pilot programme has created an impactful and potentially marketable product which, given additional financial and operational support, can further impact the different layers and manifestations of inequity in maternity and neonatal services and beyond. It is an innovative, adaptable and scalable model that has the potential to provide a significant return on investment.

The following recommendations are drawn from the feedback from the programme.

- 1) Carry out a deeper evaluation of the completed pilot programme resulting in a report and a film for dissemination of findings (funds already agreed for this)
- 2) Consider including Maternity Equity Conversations in mandatory training requirements
- 3) Ensure those attending are 'backfilled'
- 4) Continue to financially and operationally support the Maternity Equity Collaborative (MEC) to:
 - i) Recruit, induct, train and support additional MEC partners
 - ii) Co-produce and deliver a Maternity Equity Conversations Training the Trainers programme
 - iii) Deliver additional Maternity Equity Conversations
 - iv) Co-produce and pilot a more advanced level 1 Maternity Equity Conversation
 - v) Market Maternity Equity Conversations outside the BOB and Frimley areas
 - vi) Design and deliver an in-depth induction package for MEC partners including detailed contract and expectations
- 5) Consider whether to formally constitute the Maternity Equity Collaborative (MEC)
- 6) Develop a social media identity for the MEC
- 7) Develop a MEC website and/or representation on the BOB LMNS website
- 8) Consider adapting and marketing the Equity Conversations model for other professional groups e.g. other NHS departments, local authorities, police, fire services.

Thank you from the Maternity Equity Collaborative ...



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Visit our padlet for more resources:
<https://padlet.com/admin2929/Bookmarks> (some of the content may be triggering)

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Appendix 1: Maternity Equity Conversation participants' comments

Overall experience

- A good skill mix, interesting conversations. A very heavy day.
- A really good, interesting day.
- A very well run session. Thought provoking and emotive but a real safe space was created to share our experiences.
- A warm and welcoming day, thank you. Maybe a little disappointing in attendance numbers.
- Amazing and unusual opportunity
- Amazing day, and agree mixed group as possible is best!
- Been a wonderfully positive and insightful day. Has given me space to challenge my own thoughts and actions, and enabled me to have confidence to go on to challenge others
- Interactive
- Right level of content and timing
- There were some really good conversations after lunch in particular.

The feel

- A very insightful day and also a very emotional day.
- A very well run session. Thought provoking and emotive but a real safe space was created to share our experiences.
- Brilliantly day, great facilitators, great learning together
- Challenging
- Challenging and emotive
- Empowered and driven to change culture
- Encouraged
- Enjoyable and interactive
- Fantastic day. An important and sometimes heavy subject held in a safe space with warmth & kindness. Perfect environment for good learning!
- Found the day challenging and had concerns of using the wrong terminology, felt more at ease as the day progressed.
- Friendly and approachable course leads. Good content and relaxed feel
- Great to keep us all safe by checking in. Thank you
- I have really enjoyed the day.
- I really enjoyed hearing everyone's views and thoughts.
- Informative, safe place to share thoughts.
- It felt like a safe space for discussion. It was interesting hearing different points of views from practitioners
- It felt safe to speak as I don't feel that I always can express myself well
- This has been a challenging and insightful day. Very valuable - thank you all for such an enlightening day!
- Thought provoking
- Very informative.
- Very interactive and interesting. Very useful to hear other people's experiences/ideas. I liked hearing the different ideas of how to put equity into practice. Excellent facilitators.
- Very thought provoking thank you 😊
- Very thought provoking.

Pace

- It felt like a bit of a slow start
- Liked the pace of the course, time to think and reflect

Activities

- Break out groups are great
- Different having lunch time homework!
- Film and discussion was great
- Found everyone sharing summaries of documents/papers a very good idea.
- Good use of break up sessions
- I liked the lunch exercise
- Interesting - good range of media to keep people engaged.

- Liked Mentimeter- really interactive
- liked the use of breakout rooms, felt more confident during these to speak openly
- Loved how interactive it was
- Loved the variety of activities
- Mentimeter was good, nice interaction
- The papers were particularly enlightening.
- Who knew a cartoon could provoke such discussion

Content

- Loved the non learning outcomes.
- The phrase'Please try saying....'

Suggestions for improvements

- Be good to end on a positive
- I feel like I was aware of a lot of the issues already so practical advice on ways to challenge behaviour or actions would have been really helpful.
- I would like ideas on changes we can make in practice
- I would like more practical ways to improve
- I would prefer some more direct learning from you. E.g. having a slide with common micro aggressions, maybe some tools on how to have challenging conversations
- It would be useful to share an rough agenda with times in advance. A glossary of key terms would also be helpful.
- More directly comparable statistics would be helpful.
- More info on how as individual to help improve inequity - suggestions for difficult conversations would be good when behaviours may need to be challenged
- More knowledge on the part I can especially in the area of allyship.
- Not a lot of new information from my perspective
- Precourse reading instead of working and reading during a previous lunch break
- Suggest micro aggression might be better before the blue sky and change suggestions
- Would be good to do this face to face
- Would be good to have some not applicable on the menti for those who aren't clinical
- Would be great could be available to all staff
- Would be nice to do blue sky thinking last so that we are leaving thinking about making change
- Would have liked longer on changes we can make after the blue sky thinking
- would have liked to have the opportunity to have an understanding of where everyone works at the start of the day.
- Would like more ideas or connections on how to reach our populations

Mix of participants

- A good skill mix
- A particularly valuable day having (*two participants*)' input and experiences. Thank you to you both.
- Amazing day, and agree mixed group as possible is best!
- Great to have the opportunity to share with such a great group
- I think this works best if as mixed a group as possible.
- Multi site attendees is really useful
- Really great group!
- The sharing of experiences was really insightful
- Wonderful group, deep reflections, vulnerable honesty, great learning

What next?

- Feel stronger to challenge
- I am more emboldened to advocate for service users.
- I am now more than confident and empowered to ensure equitable care for all especially women of colour.
- I have learnt a lot and can continue to put this awareness into practice/daily life
- I look forward to exploring the padlet
- I think this day will make a real change if we can roll out to all staff

- I'd like to know how we can make changes, the day identified so much but what now?
- It has motivated me to reflect more frequently and help make changes to my work environment.
- SMART goal, useful in thinking of QI projects
- So many things to take away-helpful eggs to use and lots of reflection.
- The interactive sessions were really valuable, great to share knowledge, experiences and ideas
- The slide about Justice and removing systemic issues
- Will impact care and conversations.
- Would be great to have a follow up session that offers more challenge

Facilitation

- As always humbled by the work you all do
- Humbled by commitment
- Inspired by courage
- Really good facilitation
- Really well facilitated.
- Safe hands
- The facilitators were excellent as well as the tech help person!

Commendations

- Brilliant throughout!
- Everyone should attend this day, thought provoking.
- I am happy to have been part of this insightful interaction.
- Informative, very interactive.
- Lightbulb day
- Thank you so much!!

Appendix 2: Maternity Equity Collaborative partners' reflections

What were the aims of the project?

Equity in maternity learning

The project aimed to work with a group of relevant stakeholders to co-design a 'training package' for Maternity and Neonatal staff on the topic of equity in Maternity.

Commissioned by BOB LMNS. I knew the reasons for the project first hand, in view of working in maternity in BOB and was acutely aware of issues around systemic discrimination and the disproportionate poor outcomes for service users from ethnic minority backgrounds and those living in social deprivation, also those from ethnic minority backgrounds working in the NHS.

To provide a safe and supportive space to explore equity and inequity in maternity and neonatal services. Explore the relationships between staff just as much as to relationships between staff and people using maternity and neonatal services.

The overall aims of the B.O.B. perinatal equity strategy are to improve:

- Equity for mothers, babies from Black, Asian, and Mixed ethnic groups and those living in the most deprived areas, and
- Race equality for staff.

What were your expectations of the programme?

I went into the programme knowing why I wanted to join and felt passionate about the aims, however I had never worked in a co-production before, as in the pure dictionary definition sense. I have to say, I had very little understanding of what the journey would look like, I just knew I was excited to have the opportunity to work in a team that would be working towards the change we need to see.

I was very happy to join this programme. Having worked in the community and listening to the women's voices, I was very keen to be part of the solution and working collaboratively to bring positive change to the maternity services.

When I volunteered to participate in the project, I hoped that I would be able to help influence positive change within the maternity sphere around topics such as equity and justice. I anticipated that it would be a short-term project, perhaps a few months at most.

Initially design and deliver training – changed to forming a co-produced piece of training – changed to forming a co-produced conversation

My expectations were more around my contributions as opposed to the overall programme to begin with. I was working on other Health Inequalities projects and wanted to utilise this opportunity to co produce with a diverse group so I could learn and take away skills that would enable me to apply it to my other roles.

What were the barriers to you being involved? (What made it harder for you to engage in the project?)

Time was my biggest challenge. My working role is very much in this space and it was challenging to ensure my workload was managed for both my substantive job and the work with the collaborative. While striving to have a positive work/life balance.

The subject matter was challenging at times from a psychological perspective. I did however always feel safe working within the collaborative and always felt that I could be open with fellow partners.

Another barrier was the amount of facilitation and back up support I needed to provide, compared to the original expectation. This meant lots of diary shuffling and committing time that I did not really have to give at times. I know that this was not always the intention and we had to be flexible to the needs of group. My support for this project and the passion to deliver the conversations kept me going, however this way of working and providing back up would not be sustainable for me long term with my other commitments.

As a mother with a young child, my free time is limited and it at points it was very tricky to meet with the group weekly. I didn't anticipate how much time I would need to allocate to the project because I did it alongside other commitments.

I would have liked to be there from the onset of the project but I had to balance my work commitments. But, once I joined the team, Joy, Nell and the team made me feel at ease and ensured I was up to speed on the project.

The most significant barrier for me as a parent was trying to be present in meetings while having my two young children in the same room. I am very passionate about maternity services and my children were the very reason for me wanting to be as involved as possible - but it became clear after working on the project for some time that I would no longer be able to commit to day meetings and thus we switched to evening meetings which allowed me to be more present.

Evening meetings, being white, being female, being a little controlling

Being a post-birthing white female, knowing a bit about co-production but not worked with it in this forum, not familiar with clinical world of midwifery

What were the facilitators for you being involved? (What made it easier to engage in the project?)

I really valued that the Jen Group continually nurtured a space where we could all feel safe and empowered to take ownership and leadership on the development of the project. We were equal facilitators in the design and flow of the conversations. I also appreciated that the members of the group were flexible and accommodating of one another in arranging meetings and involvement in the project as a whole.

Having been involved in other co-producing projects and struggling to get payments processed, it was a great relief that the reimbursement process was seamless.

The subject matter is so akin to my values and belief system so that was one of the things that helped me to remain engaged and committed.

The safety and support of the group was always clear and supported my engagement with the project, no partner ever felt more able to make decisions than another. We all stuck to our group agreement to the best of our ability and that supported everyone in the group when other human factors came in e.g. life events. There was always a strong feeling of trust across all partners.

My involvement in community work in the past four years has allowed me to engage in community talks and hear what problems women are facing. The topic of maternal health is one that sparked my interest in listening to many women's pregnancy journeys, the highs and the lows.

In 2021-2022, I was among the 5 local researchers in Reading to co-produce and carry out the Community Participatory Action Research (CPAR) project. My interest was in maternal health, being a mother myself and reading the statistics on the MBRRACE report on the statistics of Black and Asian women shocked me.

My topic was "**Barriers to accessing maternal healthcare services faced by ethnic minority women as a result of Covid-19 and digitisation**".

I was especially interested in hearing the experiences of women who could speak English fluently. As previous research has shown, language has been a big contributing factor in the barrier to accessing maternal health care. However, what is the experience of ethnic minorities who can speak and understand the English language in accessing maternal healthcare services?

Commissioning of the Project

Public Health England's report, Beyond the data: Understanding the impact of Covid-19 on BAME groups (2020), demonstrates the widening of existing health inequalities and as a result, Health Education England South East implemented a programme of work to support Community Participatory Action Research (CPAR)¹⁹, in which researchers and community stakeholders engaged as an equal partner. Throughout the Covid-19 pandemic, inequalities in health, especially mental health, have become magnified amongst some Black, Asian, and minority ethnic (BAME) groups disproportionately affected.

The flexibility and friendly atmosphere that the Jen Group and MEC group members also welcomed me into - regardless of what time I was able to join a meeting and for how long, I always felt my opinion was vital for the progression of the project and I am truly grateful for this relationship with everyone as it made the process that much more enjoyable. The subject matter was crucial to my involvement as well. As someone who has experienced using maternity services for 3 pregnancies over the last 4 years, I not only have the insight and perspective of the service user but as someone who has always questioned and challenged when my treatment has been poor, it has made me even more determined to highlight the voices of my community that up until recently, were never heard.

Online, being white, being female, being feminist and anti-racist, being open-minded

Not needing to travel, having a level of education, English as 1st language, experience of working with a variety of people, VS, clinical, community reps, people with lived experience

What impact did your involvement in the project have on you personally?

As a stay at home mum who has not worked since having children, I believe this project and others that I have been involved in have truly enhanced my confidence in my abilities. There are trials and tribulations that one goes through in life that knocks you and its through this purposeful and truly fulfilling work that I have found my voice again. I do not say this lightly, I am extremely grateful for this opportunity to work with a team of such brilliance in their fields and would love to work with this group again in the future. It has also left a lasting impression on me in regards to how I view the world of equity, whether that be from the perspective of a service user or staff member - the inequitable practices that are currently still present in our maternity services are destructive and must be eradicated in order for their truly to be a better maternity experience for all nationally.

If anything, I've learned that grace is so important when walking alongside and supporting myself and others on the journey of having a better understanding of the impact that racial and socioeconomic equity and inequities have on individuals and communities. We all come from different backgrounds and experiences and we humility is a key ingredient in the battle to influence.

¹⁹ <https://research.reading.ac.uk/research-blog/tackling-health-inequalities-in-reading-community-participatory-action-research-2021-2022/>

I'm so grateful for the people that I met on this project and the opportunity to have worked with them because they are all doing really amazing work within their sphere on influence and I learned more about working with people than I had anticipated!

I know it is a cliché, however I really feel that I have been on a real journey with the collaborative. As I stated before, I had never been part of a true co-production before, so did not have any preconceptions of what it would be like. It has surprised me how much this process has changed me. I feel that I have learnt so much from the collaborative and every conversation that we facilitated.

I feel that the bond we have as a collaborative will be there for many years to come, I have a real sense that I have had the opportunity to be part of something very special.

Personally, I am very proud to be part of the change I seek in my community, so working with the MEC team to bring about the change is important to me. I am confident to share the great work we are doing with the community and proud to report back to the women and midwives I interviewed about this great MEC work we are doing to bring change to the maternity services.

A deep and impactful learning journey of how institutionalised racism and inequity impacts the lives, physical, and mental health of both service providers, users and their babies

This represented me walking the walk. I've been involved in peer led /co-production programmes many times before, basing my approach on the teachings of Paul Friere. I've performed anti-racism to a degree, but this project gave me the opportunity to delve much deeper into my own thoughts, feelings and behaviours. Working alongside people with lived experiences, through reading research reports and anti-racism text books such as 'Me and White Supremacy' and watching powerful films about people's lived experiences.

What impact did your involvement have on you professionally?

I have worked with a team of really skilled individuals who have had a very positive effect on me and I have learned a thing or two from each of them.

Getting feedback from the sessions helped me articulate certain concepts better.

Be more mindful of the language/words we use, what words mean, and the impact of certain words.

Be more open to other people's opinions and thoughts.

It has enhanced my knowledge and understanding of individual perspectives on racial injustice, micro-aggressions and the overall subtleties of inequity that may on the surface seem harmless but can have a catastrophic impact on service users/staff who are repeatedly exposed to them. As a result, my work as Vice Chair for Bucks MVP makes me want to reach out to staff to understand the struggles of their daily work and the impact of unconscious biases in how they are treated/treat others.

I feel that I have developed skills in 'what good co-production looks like' which will be with me forever and will inform any co-production I do in the future.

I have felt my delivery and facilitation skills have improved as a result of this work. I have worked hard on being able to sit with the uncomfortable and hold a safe space to facilitate growth in others.

I feel that I have developed my confidence in working with new people and people that I have known for some time to work through challenge in collaboration.

It has greatly improved my knowledge and understanding of the subject matter through the shared learning opportunities.

Deeper connection with BOB, possibility for developing and rolling out the programme

What impact did your involvement have on your understanding of racial and socioeconomic equity and inequity in maternal and neonatal services?

Looking at the WRES report, the statistics highlighted the racial disparity in maternal and neonatal services. It was good to share the statistics with the participants and to listen to their views on racial inequity and what barriers they were facing.

I think prior to working with the collaborative, I had a good baseline understanding of this, in view of working in this environment. However, the level of shared learning and collaboration on such a challenging topic has meant that my knowledge of the subject matter has grown so much. I also feel that I have even more appreciation of the lived experiences of those living with inequity in Maternity and even more passion to drive for change.

I think as a minimum it has opened up a 'maternity equity conversation' which was started in the training and hopefully will continue to expand into the wider LMNS.

Actually shocked about how little has changed in the clinical education of people in this field globally. E.g. text books, models, descriptions of ill health. De-humanize birthing people e.g. "room 2" "African ..."

More appreciation of poor education in maternity and neonatal services about deterioration in Black and Brown skin, how 'old midwives tales' still persist – e.g. Asian women are princesses, Black women don't feel pain. Heard about the Simm's Speculum, shocking.

What impact did your involvement have on your understanding of racial and socioeconomic equity and inequity more generally?

I learned how intersectionality creates multiple disadvantages that leads to negative outcome in accessing maternity services.

I feel that working in the collaborative has given me the opportunity to broaden my knowledge and understanding in this space, in general and given me the appetite to keep on learning about this. Always wanting to hear and understand more.

Challenged my knowledge and education. Challenged my expectations of people identified as possibly being in a place of inequity – they may have less knowledge than me.

What impact do you think the project has had on racial and socioeconomic equity and inequity in local maternal and neonatal services?

In the Reading area, we have delivered the sessions to the maternity staff and their feedback has been positive. They're all working hard and trying to improve maternal services.

I work in this environment every day, so I feel that I have a unique insight into how this has made a difference in this workplace.

There is definitely a change in the environment that I am working in. The word 'equity' appears to be more widely understood and I am hearing more equitable discussions happening in meetings at multiple levels. Despite this, there is still a lot more work to be done and it is apparent that, in certain circumstances, people are still working in Maternity and Neonatal services that are not prioritising looking through the equity lens.

Early feedback has shown some active changes taking place within the services. Feedback from the conversations, on the whole, has been very positive – hopes of this being a mandatory piece of CPD

I've developed a deeper understanding of the cumulative impact of microaggressions, which can ultimately end in fatal outcomes for birthing people and babies. A deeper understanding of what stops white people from addressing their own unconscious bias and continuing perpetrating microaggressions. Learnt how behaviour change techniques, e.g. MI, can be applied to this agenda. How traumatising anti-racism training can be for people with lived experience, and how to minimise that trauma in a mixed space while still delivering an effective training intervention. How white shame can petrify people. Made me do lots more reading, look at more videos and websites. How some People of Colour don't see race or racism, and haven't looked into it in any detail, and will even justify it.

What particular aspects of the project enabled positive change in racial and socioeconomic equity and inequity in local maternal and neonatal services?

It is humbling watching participants in the equity conversations, explore where they are on their own knowledge journeys on the subject of equity, from a professional and personal perspective. I think the nature of the sessions being conversational and not the traditional teaching sessions that NHS staff are used to in their mandatory updating, is brilliant and refreshing. Giving people the permission to be in a complex space that is challenging and opening the door to be more comfortable with the uncomfortable in a safe and non-judgemental space works well with this subject matter.

This is all rare and part of the uniqueness of the sessions.

You can see participants going on their own journey and some becoming so motivated and driven to become part of the change by the end of it.

I think designing the conversations in a way that allowed participants to reflect, consider and learn from one another.

Participant safety was a key priority. Ensuring that participants felt safe to share their experiences, hopefully fostered an environment for learning and unlearning.

A few practical aspects of the conversations that I believed created a positive learning environment was steering away from job titles. It was a simple way to allow participants to connect on a human level as well as breaking away from stereotypes that come from rankings in the workspace.

Statistics and personal stories are powerful tools. These two tools hopefully helped information and knowledge pass from participants' head to their heart. It hopefully helped participants see and hear others who have been negatively impacted by inequities and the impact that it can have on people.

The snail and caterpillar video was very thought-provoking and allowed us to explore: Unconscious bias, privilege, microaggressions and allyship.

This allowed the participants to think about different situations, feelings, and the impact it had, in a safe way.

The description of being in the bus and some stepping on your toes also brought to life the feelings and impact this would have on someone.

A broad range of stakeholders coming together to identify areas of need/weakness, identify possibilities for change/working together to plan for short, medium long term change. Individual and personal change – people experienced an awakening

Time for partners to bond, explore, agree, disagree, plan, think, rethink, replan, reflect, make changes

What particular aspects of the project did not enable positive change in racial and socioeconomic equity and inequity in local maternal and neonatal services?

I think this is a difficult thing to answer. I personally feel that each individual task and conversation that the collaborative facilitated had its own place and purpose.

Some feedback that we encountered was that there were some participants that wanted to gain more tools and answers on how they would manage things like unconscious bias and microaggressions in practice. This would obviously be something that could be addressed in a more advanced course. I do think if we introduced too many tools then it has a danger of the conversational style being lost and it becoming more directional. There is probably a way that the collaborative could develop some content on this that meets this need.

Overall I think we managed the project well, as a team.

Mandatory training going forward to support full attendance. Busy people with lots of additional work. People not being paid for their time to attend. Full day. Open to broader audience.

Not enough partners involved, not enough attendees, not being mandatory training

Other priorities of partners

What have other people said to you about the impact of the project?

It is great to hear people change their views, the language and be more sensitised to the issue of inequity and racial

The participants felt it was a safe space to voice their concerns and questions.

I have heard exclusively positive feedback from anyone that has heard of the project or attended the conversations. One aspect that I have found interesting is at the start of the pilot we did not always have the desired number of participants, however by the end of the pilot we had a waiting list and many people wanting to do the session that did not get a place.

This shows that the appetite for the subject matter and style of teaching had increased substantially by osmosis.

People that have attended that have lived experience of the inequities discussed have informed me that they have found the sessions so welcome and needed. Some have reported that it is one of the first sessions that they have been able to access in their careers that have actively addressed these topics in such a safe and meaningful way.

Many of participants that had not had much experience or background knowledge of this topic have reported the session has been so eye opening. Many have come away reporting that they will take much of what they have learnt back to their work place and home lives.

One of the MEC reported overhearing a midwife identified being aware of who has done the session in seeing behaviour change in that person.

How did you find the co-production process?

Very enriching and empowering. Joy and Nell created a very conducive space, to discuss ourselves, our feelings, our biases, and our thinking, and never to be sorry. I felt supported and even though I joined halfway through the project.

In the beginning, I found the co-production process extremely frustrating. The initial conversation felt extremely vague, non-specific and around each members own perspective and ideas that I felt would be difficult to incorporate successfully throughout the training. It was also a very lengthy process as it required multiple meetings with individuals that I was not familiar with and thus coming up with a training package seemed like a far fetched dream. However, once the core MEC group had been established and with some prompting from the Jen Group in meetings to stick to agendas and focus on the tasks set, we begin to make headway. This was still a relatively lengthy process but the conversations felt much more productive, insightful and useful in helping us to establish exactly what and why we were creating the MEC training package. We then began having regularly scheduled meetings with clear instructions on how to progress by making decisions regarding the vision, the format, the non learning outcomes but most importantly by discussing in depth the urgency to address these health inequalities in relation to the MBRACE report and others like it - reminding us of the harrowing statistics that affected the likes of US, the members of the MEC group. Being pregnant on this journey only added another dimension to my learning as the reality of the 'stats' we so often discussed hit home and how as a pregnant Pakistani muslim, the outcomes for those like me were increasingly difficult to face.

Fascinating! At first I was thinking – how are we ever going to get something meaningful and useful together? Especially when we had spent many hours together debating every detail. I can see why true co-production does not happen often as it takes a lot of time and energy to get things moving.

I always remember one of the Jen Group team advising us to 'trust the process' this is something that felt uncomfortable for me at the time, however it couldn't have been more right!

Things really started coming together and before long we were delivering a full day of content confidently as a team.

Invigorating, amazing learning journey, challenge to control enthusiasm. Assurance that co-production is a really powerful tool.

Frustrating, rollercoaster, fascinating, exciting

How did you find delivering the Maternity Equity Conversations?

I can honestly say I have loved every minute! I have felt emotionally and physically drained after each conversation, but in a really positive way.

Each conversation has been unique and I have enjoyed not knowing where the session will take us.

It is a true privilege to work with a group of such inspiring and dedicated individuals. Whatever the combination of facilitators I always knew that I was in a safe space. We had so many ways of the collaborative supporting each other prior to sessions, during sessions and after.

I liked how we were flexible and iterative with the content, ever developing and growing it to meet the needs of the audience. Each change and decision made by the whole collaborative.

We had a dry run to see how the slides and the conversations would flow which helped me be very conversant with the presentation.

The training days were different with different groups of professionals who brought in a different levels of knowledge, and challenges each time.

The conversations were thought-provoking and reflective.

The delivery process was an absolute joy! Not only was I comfortable with the materials and resources but I was extremely enthusiastic about finally being able to open up this 'conversation' with those who were fighting on the front line daily - whether as the victim of racial injustices or the bystander of such - it was about allowing people in the room to reflect and ponder on their own experiences that had led them to this very training.

Scary, satisfying

Deeply satisfying and liberating

If the project was to start again at the beginning, how would you recommend it was designed and delivered?

I don't think anyone knew how the project would shape out. It had not been done before so I think it was hard to really help people understand what they are getting themselves into with regards to the commitment, initially. However, now that there is more understanding of what something like it entails, it would be good to help members understand the time commitment and explain the process of co-production. Perhaps that might set the scene and help people arrange their time in such a way that they are able to honour other members who are showing up.

It is impossible to say purely because a truly co-produced piece of work is very much dependent on the individuals co-producing it. The skills, experiences and values of those individuals should be at the heart of the co-production process in order to truly transform not only the members of the group, but in order for their work to be delivered in a manner that is transformative to the recipient. Delivering excellence is beyond the scope of just a single individual and at its most authentic, should be a matter of trusting the process as I have learnt - which is wholly reflected in the way the training is delivered too.

I am not sure I would change anything.

This is a challenging question, particularly where I have had such a positive personal journey. I think the nature of co-production is that it is unique to the time and space it was conducted in. Even with the same partners the content may have been different and the process in how we got there.

I think the format of the process has worked well for this group. We are all very busy people, professionally and personally, and it has been great being able to be flexible around other commitments. Testament to this is we have still not managed to meet face to face in the same room before. I have been surprised how well I have bonded with people from around the country, despite never have met.

More MEC partners to deliver, life happens and would be good to have a bigger pool to deliver from.

Face to face meeting with partners – together bond.

Course to be mandatory

What do you think the next steps for this project should be?

This project has felt like a brilliant first step to opening up the conversation around health inequalities for staff and service users. It is instrumental that the next stage is more of an advanced stage, whether this be a two day course or a series of workshops over a period of time where individuals are able to apply the tools they develop in such sessions actively and have the opportunity to grapple with this subject in a safe space while being facilitated to challenge, cope with and question scenarios in the workplace in order to truly try and eradicate the disparity in health outcomes in maternity

- To evaluate the current content and project set up

Maternity Equity Conversations pilot

- To put on more Maternity Equity Collaborative Conversations
- To recruit more partners into the collaborative to facilitate the sessions, so that each partner has to commit less time to facilitation and being on standby as back up.
- Promote the work as an example of good practice across local, regional and national platforms
- Explore funding opportunities
- Build on the foundations that the co-production has created so far

The project should continue and be available for more maternity staff to be part of this equity conversation.

It is important to evaluate the impact that the project have had on participants. It would be great to perhaps design a 'course' that caters toward senior members within Trusts. Perhaps also looking at offering bespoke conversations for individual Trusts as a way of tailoring content and helping teams get access to the same knowledge??

MEC basic rolled out

Train up more MEC partners

Have a promotional pack for forums, meeting conferences.

MEC next level designed and delivered.

Quality assured package of MEC to sell to other areas of UK.