



## **Evaluation of Wellcome Anti-Racism**

### **Programme Final Evaluation Report - Public**



**Prepared by:**

**The Social Investment Consultancy and The Better Org with advisory from Ngozi Cole, Lyn Cole Consultancy.**

**Please note:**

**A small number of redactions have been made to protect individuals from being identifiable; in doing so we have aimed to maintain the context of the quotes given.**

**For public release on Wednesday 10 August 2022.**

**Submitted on Tuesday 26<sup>th</sup> July 2022**

Acknowledgements	3
Abbreviations	4
Executive Summary	5
1. Introduction	6
2. Wellcome as an Inclusive Employer	8
3. Wellcome as an Inclusive Funder & Inclusive Research	31
4. Our Assessment	52
5. Recommendations	57
6. Conclusion	62
Annex One:	63
Methodology	63
Data sources	75
Annex Two: Case Studies	77
Inclusive Employer	77
A: Mental Health team, Wellcome	77
Inclusive Funder & Researcher	79
B: Data for Science and Health team, Research programmes, Wellcome	79
Annex Three: Documents shared by Wellcome	83

# Evaluation of Wellcome Anti-Racism Programme

## Acknowledgements

The following report has been prepared by an evaluation team from The Social Investment Consultancy and The Better Org with advisory from Ngozi Cole, Lyn Cole Consultancy. This engagement was at the request of the Culture, Equity, Diversity and Inclusion (CEDI) team at Wellcome as part of Wellcome's efforts to become an Anti-Racist organisation.

The evaluation team is grateful to Wellcome staff and grantees that participated in the evaluation interviews, focus group discussions and online surveys. We appreciate their time and their inputs which are invaluable. The team is also grateful to the CEDI team members who have graciously facilitated interaction with Wellcome staff, leadership and grantees.

## Abbreviations

A-R	Anti-Racism
AREG	Anti-Racism Expert Group
ARSF	Anti-Racism Staff Forum
ARTP	Anti-Racism Training Programme
CEDI	Culture, Equity, Diversity and Inclusion
ELT	Executive Leadership Team
FGD	Focus Group Discussion
GN countries)	Global North Countries (often used to refer to developed
GS	Global South Countries (people who are Black, Asian, Brown, dual-heritage, indigenous to the global south, and or have been racialised as 'ethnic minorities')
IE	Inclusive Employer strand
ICR	Institute of Cancer Research
IF/IR	Inclusive Funder/Inclusive Research strand
LMIC	Low Middle Income Countries
OD	Organisational Design exercise
PI	Principal Investigators
PoC	People of Colour
RFE CEDI	Research and Funding Equity team in CEDI
SLT	Senior Leadership Team
TBO	The Better Org
TSIC	The Social Investment Consultancy
WREN	Wellcome Race and Equity Network

## Executive Summary

In June 2020, Wellcome publicly launched its Anti-Racism Programme and a set of Anti-Racism commitments, '[Our Commitment to tackling racism at Wellcome](#)'; the aim of which was to eradicate racism and implement anti-racist practice across both its internal and external work.

The Anti-Racism Programme and commitments were welcomed by staff and grantees; there was a recognition by staff, grantees and leadership of the impact that Wellcome could have on promoting Anti-Racism within the science and health research sector, and a desire for Wellcome to achieve its goal of becoming a leading Anti-Racist organisation within this space. Staff at Wellcome were also committed to improving Anti-Racism Practice within Wellcome and their day-to-day work.

However, through this evaluation we find that since the programme was launched, limited progress has been made on Anti-Racism at Wellcome internally (within the Inclusive Employer) or externally (within the Inclusive Funder and Inclusive Research strand).

Whilst it is acknowledged that the past two years have presented Wellcome with specific external and internal challenges, we however note that the scale of the problem as identified by Wellcome within their commitment statement (*'As a funder, an employer and a museum and library we have perpetuated racism'*), warranted a commensurate and consistent response.

In the course of this evaluation, we also uncovered a number of significant challenges across the organisation as well as within the wider research sector which currently does and will continue to impede progress on anti-racism if left unaddressed.

These challenges speak to deeply rooted cultural and structural deficits in the organisation embedded across policy and practice. This in turn is regrettably impacting the wider sector.

We noted that whilst these challenges impact all Wellcome staff, the evidence suggests that staff and grantees identifying as Black or People of Colour are disproportionately affected.

It is our conclusion that whilst there has been a commitment made toward anti-racism, supported by a number of targeted interventions which have resulted in some positive behavioural and practice shifts, there has been insufficient action taken to allow this commitment to take root. We conclude that this is due to a myriad of cultural and structural factors, many of which serve to disproportionately impact staff and grantees who identify as Black or People of Colour.

This leads us to an assessment that not only has Wellcome failed to meet its original commitments to implement anti-racism practice, due to a series of harmful action and inaction, *institutional racism* has been allowed to fester within the organisation. Similarly, we also find that through harmful action and inaction, Wellcome is perpetuating and exacerbating *systemic racism* within the wider research sector which it operates.

# 1. Introduction

In August 2021, The Social Investment Consultancy (TSIC) and The Better Org (TBO) (TSIC/TBO) were engaged by the Culture, Equity, Diversity, and Inclusion (CEDI) team within Wellcome to conduct an evaluation of Wellcome's Anti-Racism (A-R) programme, specifically looking at the Inclusive Employer (IE) and Inclusive Funder/Inclusive Research (IF/IR) strands.

Given the lack of Wellcome specific documentation on Anti-Racism issues, the following report provides an overview of the key findings drawing mainly from a series of interviews and focus group discussions with the Wellcome staff, including separate interviews with staff and leadership working on research and funding. Internal stakeholders included staff from the ELT, SLT, CEDI and a cross section from other teams and staff levels, members from the Wellcome Race Equality Network (WREN) and the Anti-Racism Staff Forum. We also spoke to a selection of external stakeholders, including Wellcome grant holders to understand their perspectives on Wellcome's funding and research as well as a short interaction with a key member of the former Anti-Racism Expert Group in the early stages of the evaluation. We also draw a lot from Wellcome's publicly stated anti-racism commitments and principles on the Wellcome website. The complete methodology with details of the scope of the work agreed with Wellcome staff in the early stages of the assessment can be found in Annex One; the list of documents shared by Wellcome and reviewed for the purposes of this evaluation can be found in Annex Three.

TSIC/TBO were engaged to explore the following evaluation questions.

1. *What have been the early results of the anti-racism work so far, including any unintended consequences? [Noting that this is likely to be limited due to the OD and a push back of the anti-racism training, and that any results will be limited to very early outputs and outcomes, rather than any long-term outcomes or impact]*
2. *How likely is Wellcome, with its current work under the anti-racism programme, to achieve the desired impact?*
  - a. *Is Wellcome on track to deliver its publicly stated anti-racism commitments?*
  - b. *What role have leadership at Wellcome had in driving forward the anti-racism agenda?*
  - c. *Have the anti-racism activities implemented so far by the CEDI team contributed to progress at different levels (individual awareness; team dynamics; organisational culture), and how?*
3. *What lessons can be learned to improve the effectiveness and value of the anti-racism programme to achieve its objectives and the D&I outcomes?*
  - a. *Are there key enablers or barriers to achieving our objectives, and how can we seek to address these?*
  - b. *What are the remaining gaps, challenges and needs in tackling racism at Wellcome and in our funding that require further attention?*

4. *What systems and processes could the CEDI team develop to better track and understand progress of the anti-racism programme in the future and enable continuous learning and improvement?*

It should also be noted that while TSIC/TBO sought to focus on these questions, emerging stakeholder consultations with staff and grantees surfaced a number of issues relating to the experiences of staff and grantees identifying as Black or People of Colour within Wellcome, which have substantial significance not just for Wellcome's work on Anti-Racism, but also Wellcome's reputation as an Inclusive Employer and Inclusive Funder. As such the findings and recommendations contained in this report extend beyond the scope of the evaluation questions, and provide additional insights into Wellcome's culture, processes and policies, Wellcome's leadership, and staff and grantee experiences of these.

It should also be noted that at the request of CEDI, this evaluation focuses only on Wellcome's work as an employer and a funder and does not include the Wellcome Collection or the Museum; neither does it look at Wellcome's Investments Team or Investment Portfolio.

The report is structured in the following way: Given the complexities and nuances, we have divided up Sections 2 and 3 into addressing the evaluation questions under each strand, therefore, Section 2 addresses the evaluation questions, drawing from Wellcome staff perspectives on Wellcome as an *Inclusive Employer*; while Section 3 addresses the evaluation questions with a focus on Wellcome's *Inclusive Funder* and *Inclusive Research* strand, drawing from staff working on research and funding, and Wellcome grantees; Section 4 provides our assessment of Wellcome's Anti-Racism programme based on Wellcome's publicly stated commitments; Section 5 provides recommendations and Section 6 provides conclusions. As mentioned above, in Annex One we include the methodology used for this work; Annex Two includes case studies on some best practices of how teams within Wellcome are implementing Anti-Racism in the two strands of work. Annex Three provides a list of all key Wellcome documentation reviewed for this work. We note that if the report is read in its entirety, some elements may appear repetitive; however, this has been done deliberately to particularly cater for readers who may only focus on specific areas of the report.

## 2. Wellcome as an Inclusive Employer

**Evaluation Question 1:** *What have been the early results of the anti-racism work so far, including any unintended consequences? [Noting that this is likely to be limited due to the OD and a push back of the anti-racism training, and that any results will be limited to very early outputs and outcomes, rather than any long-term outcomes or impact]*

### **2.1. Staff and leadership were able to identify early results of the Anti-Racism programme, however over time their perceptions of the impact of these actions have shifted, with some staff expressing concern and confusion over the direction of this work.**

According to the Anti-Racism Training programme Survey 2021 which explored staff perceptions and experience of diversity and inclusion at Wellcome, 71% of respondents (n=476) believed that Wellcome's Anti-Racism interventions to date had resulted in some positive organisational change, specifically around growth of organisational understanding of Anti-Racism (demonstrated by visible leadership statements) an increase in opportunities to learn about Anti-Racism, and changes to policies to better reflect the organisation's commitment.

However, an undertaking of further qualitative exploration of employee experience in 2022 (n=80) showed that over time staff perceptions of the impact of Wellcome's Anti-Racism work have changed, with some staff being unaware of this work (indeed, for some their understanding of the programme appeared to increase by virtue of their participation in this evaluation process), other staff being increasingly unclear about the direction of this work, and staff generally being fatigued and unsure about the organisation's ability to meet its 2020 Anti-Racism commitments.

*"I haven't seen any huge shifts in what Wellcome has stated they will do, no shifts in policy or in practice" - Evaluation Interviews/FGDs 2022*

*"[I] would need more support to understand what anti-racism practices are and what we mean by it. <...> We [have] put a commitment out to the world, but I don't feel it's clear within the organisation what we mean by that and what are the practical steps? I'm not sure what steps are being taken inside Wellcome and what is being done for Wellcome employees" - Evaluation Interviews/FGDs 2022*

*"There is a sense that a lot of the communications is written for people who've been at Wellcome for a long time. It assumes that you already know about the Anti-Racism programme, so we don't need to introduce it to you again. We'll just tell you about most recent changes and give you an update" - Evaluation Interviews/FGDs 2022*

### **2.2. The two flagship outputs of the Anti-Racism programme have so far failed to have a positive impact.**

As it relates to the Anti-Racism Programme, by which we refer specifically to the Anti-Racism Principles & Toolkit, and the Anti-Racism Training Programme, there has been a mixed level of engagement to date; specifically:

- a. Not all staff have been aware of the Anti-Racism Principles and Toolkit and where staff are aware, there has been limited effort made to integrate these assets into their day-to-day work, mainly due to:
  - Not knowing how to access the assets
  - Lack of training in how to use the assets
  - Staff not believing these assets have relevance for their work (particularly for those in junior roles)
  - Staff not being encouraged and supported by their leadership to engage with these assets

*“The toolkit is very extensive and helpful. But how it's used in practice remains to be seen” –  
– Evaluation Interviews/FGDs 2022*

*“I was disappointed that the toolkit actions didn't seem to apply to me. I felt angry that in a bid to pursue equity, Wellcome continued to only consider those already in power”  
– Evaluation Interviews/FGDs 2022*

*“I wasn't aware of the toolkit as an actual resource. I was aware of some of the action/reflection points, and I feel that they're not aimed at people at my level/in my type of role” - Evaluation Interviews/FGDs 2022*

Despite the lack of consistent awareness and application of the Principles, there are however pockets of good practice across the organisation, where teams have engaged with the Principles and Toolkit. A prime example is the Mental Health Team who have created an Anti-Racism Working Group to support the implementation of the Anti-Racism Principles and Toolkit into their day-to-day work (see Annex Two for a case study).

- b. The delay in delivering the Anti-Racism Training programme for Wellcome staff (originally scheduled to commence in 2021) has limited the ability of staff to begin building competency and skill around engaging in anti-racist practice. Whilst we are therefore unable to assess the impact of staff engagement in the training, we have observed a strong appetite from staff and leadership for this opportunity to participate in training, and alongside the large number of staff who engaged in the Anti-Racism Training Survey 2021, this strongly suggests the likelihood of a robust engagement once the training programme is implemented.

*“More training, more soft skills, more education on how I as a manager can support a Black person or a Person of Colour or a minority person, what I can do to make them feel more comfortable and appreciated, what I shouldn't be doing and what language I shouldn't be using” – Evaluation Interviews/FGDs 2022*

*“I think obviously, anti-racism training is really helpful and I want all of them (Wellcome staff) to take that but I also just want them to be more open to taking any kind of training, a lot of the training at Wellcome is optional and I think it shouldn't be. If Wellcome is saying this is the environment that we want to create, then, you know, inclusion training shouldn't be optional.” - Evaluation Interviews/FGDs 2022*

### **2.3. There are, however, a number of ‘unexpected outcomes’ which have been observed resulting from the introduction of the Anti-Racism programme.**

Whilst the two formal elements of the Anti-Racism Programme have so far been limited in their impact, the introduction of Anti-Racism into Wellcome’s cultural lexicon has resulted in some interesting cultural shifts across the organisation. Specifically:

- a) Anti-Racism is no longer ‘swept under the rug’ at Wellcome, and staff members notice an increase in Anti-Racism related conversations at both interpersonal and team levels.

*“I think within my team, it's definitely been quite high on our agenda. So we have a call, a team meeting every week. And on that agenda, we have anything we may have watched to educate us. All kinds of things that have happened in the media or news or external or within the team to try to educate everybody within the team that's going on. <...> But certainly, as a team we are hopefully doing it. Well, I think we can always do more, but I think we're educating ourselves with what are the issues ...” – Evaluation Interviews/FGDs 2022*

- b) Staff are starting to increase their understanding of nuance within anti-racism with some staff (both presenting as Black or People of Colour and presenting as White) recognising the specific challenges that Black staff face within the organisation.
- c) D&I is now being included within the performance setting and management process of some staff, who have now been asked to consider D&I as they develop their personal objectives.

**Evaluation Question 2a:** *How likely is Wellcome, with its current work under the anti-racism programme, to achieve the desired impact? Is Wellcome on track to deliver its publicly stated anti-racism commitments?*

**2.4. An assessment of Wellcome’s activity in response to each Inclusive Employer commitment presents a mixed picture of some pockets of progress, but a lack of consistency of action, and therefore very little in the way of measurable impact.**

In June 2020, the Wellcome Executive Leadership Team issued a [public statement on Anti-Racism](#), within which they committed to a number of actions which would serve to transform the organisation by embedding Anti-Racist Principles and approaches more deeply across all aspects of their operations, programming, and funding. For the purposes of this evaluation, we have identified and extracted the relevant sections of the statement, which relate to specific commitments. In response to this evaluation question, we have also indicated the commitments which most closely relate to Wellcome’s role as an Inclusive Employer:

	<b>Wellcome Commitments</b>	<b>Inclusive Employer</b>
1	“we have committed to developing anti-racist principles, resources and training at Wellcome. This will support us to recognise, talk about and tackle racism and microaggressions”	Y
2	“We will be changing our guidelines on funding committees, reporting on ethnicity as well as gender, and looking at how we might provide targeted support to BAME and especially Black British grant applicants”	Not applicable
3a	“We will also use the anti-racist principles to inform our internal and external policies..;”	Y
3b	“... including specific reference to racism and <u>putting in place safe and robust processes for people to challenge racist behaviours and processes</u> , including anonymous reporting via our Speak Up Reporting Line.”	Y
4	“Most importantly, our new strategy commits us to equitable funding processes and health outcomes”	Not applicable

5a	“It is our aim to achieve BAME representation at every level of Wellcome, including ELT ...”	Y
5b	“...The anti-racist principles described above will apply to all our recruitment and appointment processes”	Y
6	“Each of us will commit to our own plans for developing our understanding of racism and allyship, drawing on the range of suggestions already put forward on our intranet by colleagues from our BAME Network. Some of us have already undertaken coaching and reverse mentoring, and we will extend these programmes”	Y
7	“Work we do across Wellcome will cover Wellcome Collection, but we will also support Melanie Keen, Director of Wellcome Collection, and the Wellcome Collection Leadership and Access, Diversity & Inclusion teams as they develop their own anti-racist action plans for collections, programming and engagement with audiences.	Outside the scope of this evaluation

Here follows an assessment of progress against each commitment that relates to the *Inclusive Employer* role.

**Commitment 1:** *Develop anti-racist principles, resources, and training*

**2.5. Wellcome has made significant strides to meet this commitment, however has faced delays in design and implementation which has impacted staff engagement.**

As discussed in response to Evaluation Q1, Wellcome has developed or is in the process of developing and delivering the Anti-Racist Principles and Toolkit and the Anti-Racism Training programme. However, neither programme has fully achieved the desired impact: there have been challenges in the communication and limitations in the implementation of the Anti-Racism Principles and Toolkit. Similarly, the delay with the Anti-Racism Training programme has meant staff and leadership in Wellcome, have not yet been provided with the learning to support them develop their anti-racist competency and capability.

**Commitment 3a:** *Using Anti-Racist Principles to inform internal and external policies, including specific reference to racism*

## **2.6. Staff identifying as Black or People of Colour are still experiencing structural inequities in the areas of progression, promotion, and pay, with no measurable change since the commitments were issued.**

*'As an employer we know from our staff surveys that Black staff are least likely to agree that Wellcome is an inclusive organisation' - Wellcome Executive Leadership Team, Commitment Statement 2020*

*"I had a series of negative experiences at Wellcome and I was unable to thrive here. Many of these negative experiences (including issues related to career progression and pay) were linked to my identity as a Woman of Colour. This was recognised and acknowledged by more senior individuals within my team and these issues were not addressed sufficiently." – Exit Interview Analysis 2022*

Staff spoke of a number of barriers faced in their career development at Wellcome, which did not align with their commitment to the organisation or the indicative career development support they received. In the Anti-Racism Training Programme Survey 2021, Wellcome staff identifying as Black and People of Colour were more positive about the performance and development conversations they received (73%) compared with White colleagues (56%), however they were nearly three times less likely to believe they could develop their careers at Wellcome, again compared to their White colleagues. Similarly, Black and People of Colour felt more positive about how their role contributed to and supported Wellcome's purpose (91%) compared to their White colleagues (71%). However, only 55% of staff identifying as Black or People of Colour felt they had the opportunity to utilise the skills and talents for which they were hired, compared to 74% of White colleagues, with further qualitative data highlighting Women of Colour as having a particularly challenging experience as it relates to pay and promotion:

*"Concerning that at a lead/management level there is not enough representation and the people getting promoted or hired into those roles are time and time again not PoC" - Evaluation Interviews/FGDs 2022*

*"I know multiple other Women of Colour at Wellcome who have had similar experiences to me. I had a long string of negative experiences related to my pay and progression - there is already a pattern here, and this is typical of the experiences of multiple Women of Colour at Wellcome" – Exit Interview Analysis 2022*

*"[Senior Leader] asked me if I had experienced tokenism in my career, which implied that I may have got some career opportunities because of my identity as a woman of Colour rather than because of my skills and experience. He also made a concerning comment about [redacted] identity as a Black woman and her getting the job as [redacted]." - Exit Interview Analysis 2022*

34% of all staff who participated in this survey in 2021 also did not feel like performance and promotion decisions are made fairly at Wellcome, regardless of identity, with 50% of participants identifying as Black or People of Colour agreeing with this sentiment. This was particularly

relevant in the Research programme area of the organisation, with roughly 45% of all respondents disagreeing that performance and promotion decisions are made fairly at Wellcome.

The paths of progression at Wellcome are seen as obscure and many staff do not have a clear idea of who gets promoted and why in the organisation. They feel the opaqueness of the process creates an environment within which personal biases and preferences affect decisions surrounding promotions. Staff wish to see a clear and transparent career framework in place:

*“How you progress at Wellcome has always been very blurry and very obscure. And that’s to cover up the fact that it’s about who you know, as much as what you can do. <...> I’ve worked in places where they will have really clear checklists: if you do X, Y and Z, then we will promote you to level P. And if you do these additional things, we will reach level Q and level R. <...> Wellcome does not have those. And the lack of those clear paths of how do I progress and get promotion and seniority within the organisation is probably disproportionately affecting staff from ethnic minority backgrounds” - Evaluation Interviews/FGDs 2022*

### **2.7. These perceptions of inequity have in some part been borne out by specific analyses of pay and promotion equity, which were carried out directly by Wellcome 2022.**

The most notable findings from these analyses are as follows:

#### *Performance Review and Pay Awards Manager Briefing Pack – January 2022*

This analysis evidenced a bias in how 2021 performance ratings at Wellcome were allocated, based on ethnicity, with White staff (in comparison to Asian and Black staff) achieving the highest ratings for the mid-level rating classification (Exceeded) and the highest rating classification (Far Exceeded). This suggests a bias against Black or People of Colour in the organisation.

However, if the data is analysed further, it is noted that this bias disproportionately impacts staff identifying as Black in a dramatic fashion, as staff identifying as Black are more likely to be assigned an ‘Achieved’ rating, and less likely to achieve a mid-level or highest-level rating. Indeed, in 2021, not one member of staff who identified as Black was assigned a ‘Far Exceeded’ rating (compared to 7% for staff identifying as White, and 6% for staff identifying as Asian).

#### *Equal Pay Audit – February 2022*

This analysis evidenced that Wellcome staff identifying as ‘Black’ or ‘Mixed and Other’ ethnic groups are more likely to experience a negative pay difference in comparison to other racial and ethnic identities of greater than 5% than the average pay at the *Core*, *Affect*, and *Shape* job levels. It is noted that in response to this finding Wellcome has stated that all cases that were investigated could be objectively justified, so were explained by time in role, length of service or performance, however, based upon the evidence presented in the Performance Review and

Pay Awards Manager Briefing pack there is a chance that the decision-making processes could be biased in some aspects.

## **2.8. The lack of diversity within leadership and management is seen by staff as a key impediment to progress, particularly if you are Black or a Person of Colour.**

There is a distinct lack of diversity within Wellcome's leadership ranks. This lack of diversity is not simply a visible deficit in representation of the different countries, communities, and cultures Wellcome engages with in the course of its work, but this also translates into a deficit in management capability and the robustness of organisational process. This problem is compounded by the lack of transparency and oversight over line-managers in the decision-making process surrounding promotion of staff. In many teams, decisions are made by line-managers who are not held accountable for their decisions and operate without a clear decision-making framework.

Many staff believe that their managers underestimate their skills and that they must overperform to prove their ability to do their job, while White colleagues benefit from presumption of capacity. As mentioned earlier in this report, Wellcome has a powerful cultural default in the organisation defined by the demographic and socio-cultural majority, against which all behaviour is measured. The impact of this can be seen in the perception managers and leaders hold of the skills and attitude needed to access leadership positions. Employees are assessed against an established perception of what leaders should be (assertive, confident, etc.), traits that are more often viewed as more 'natural' and commonly observed in White, upper-class, well-educated men. This means that people who have different personality traits (e.g., considerate, shy), which are often determined by their own socio-cultural roots are excluded from such roles or are often given lower performance ratings:

*"I feel like I am overlooked or not considered 'leadership material' based on my personality type and I am who I am because of my culture/how I was brought up. E.g. I was constantly being told that I need to be more assertive and speak up in meetings and be seen as being more proactive." - Evaluation Interviews/FGDs 2022*

Some staff identifying as Black or People of Colour have observed their White colleagues with the same or a similar set of skills or performance scores given more responsibilities; when challenged, managers have often been unable to provide sufficient reasons to justify their decisions.

*"Concerning that at a lead/management level there is not enough representation and the people getting promoted or hired into those roles are time and time again not PoC" - Evaluation Survey 2021*

*"I feel like I am overlooked or not considered 'leadership material' based on my personality type and I am who I am because of my culture/how I was brought up. E.g. I was constantly being*

*told that I need to be more assertive and speak up in meetings and be seen as being more proactive” - Evaluation Survey 2021*

## **2.9. Wellcome has had a number of opportunities to apply the Anti-Racist Principles in practice to key organizational initiatives and processes which it has unfortunately failed to leverage.**

There is a strong perception from staff across all demographic identities that the Organisational Design process did not fully adopt equitable and inclusive approaches, and as a result of this staff identifying as Black and People of Colour were disproportionately negatively impacted.

*“I am lucky to be able to be myself at Wellcome, but many colleagues do not feel the same, especially Black colleagues, who have been treated far worse in the OD.” - Evaluation Interviews/FGDs 2022*

According to the Organisational Design Lessons Learnt review conducted by Wellcome (2022):

- There was a lack of adequate planning and preparation, leading to inconsistencies in the process that led to significant negative impact on staff from minority groups. For example, the report notes inconsistencies with *‘VR availability, mapping and redeployment, support for assessing wellbeing offer and deprioritising work during the OD, line-report numbers, interview requirements and processes, and a perception by some that redeployment was based on the whim of the hiring manager rather than a clear, transparent process’ (p.9)*
- There were perceived discrepancies between ‘the language of inclusion and fairness’ emphasised in the OD communication, and the actual experience of staff from minoritised groups during this process.
- There was a lack of sufficient protective measures put in place to support staff wellbeing, with staff from minoritised groups being significantly impacted by concerns about their psychological safety as well as practical concerns about the impact of job losses.
- The process demonstrated a lack of awareness or understanding about the impact of bias within such processes.
- Staff trust in leadership was impacted by the lack of consistency in how their input into the OD process was requested and how it was received. It was noted that a lack of acknowledgement of the negative impact of the OD from senior leaders, and waning involvement in the process from senior staff may have contributed to a lag in action/enthusiasm, follow through and organisational consensus
- It was also felt that leadership did not sufficiently acknowledge the negative impacts of the OD process on staff, specifically staff identifying as Black and People of Colour. The section *EDI Insights - Race* (page 16) noted: *‘these inconsistencies in the process (a theme also raised by non-network staff) were perceived to have a more significant negative impact on staff identifying as people of Colour ... [However] the loss of people of Colour from certain teams has not been properly acknowledged and makes the organisation feel less safe and more isolating for other people of Colour’*

The fact that two members of staff who were key architects of the Anti-Racist Principles left Wellcome as a result of the Organisational Design, was also not lost on staff:

*“I’ve heard that the D&I team were really under a lot of pressure towards the end and that’s why they all left. It’s a striking indictment that lots of people left across the entire organisation but have the entire team dedicated to that leave – that does not give confidence <...>” - Evaluation Interviews/FGD 2022*

Wellcome’s Anti-Racist Principles advocate five actions organisations should take to integrate anti-racism into everyday organisational process and practice. They are:

1. Prioritise anti-racism
2. Investigate racial inequity
3. Involve People of Colour
4. Counteract racism
5. Make measurable progress

The evidence shows that Wellcome has undertaken efforts to investigate racial inequity in some aspects of its work, as seen in the Organisational Design Lessons Learnt 2022, the Equal Pay Audit 2022, and the Performance Review and Pay Award Manager Briefing Pack (January 2022). However, as of the date of this report, there is limited evidence to show that:

- Wellcome has taken measurable action to counteract any identified racism or racial bias,
- Wellcome has involved People of Colour in a meaningful manner in discussions, planning, or implementation of initiatives that might impact them,
- Wellcome has made measurable progress.

If anything, the negative experiences of staff identifying as Black or People of Colour over time which were shared as part of this evaluation, are evidence of minimal action taken which lead us to conclude that so far Wellcome has failed to prioritise anti-racism in its day-to-day work.

**Commitment 3b:** *Putting in place safe and robust processes for people to challenge racist behaviours and processes*

**2.10. Staff have experienced discrimination and harassment in the course of their time at Wellcome. In some situations managers and leaders have been perpetrators of this harassment, and there is a perception that Wellcome leadership is not dealing with cases of discrimination and aggressions adequately, causing staff members to feel unsafe.**

*“We still don’t have ‘zero tolerance’ for racism at Wellcome”- Evaluation Interviews/FGDs 2022*

Wellcome staff who identify as Black or People of Colour have directly experienced discriminatory practices based upon race; Wellcome staff who identify as White have also observed such practices.

According to the Anti-Racism Training Programme Survey 2021:

- **25%** of staff identifying as Black and People of Colour agreed or strongly agreed that they have been treated unfairly or discriminated against due to an aspect of their identity.
- **20%** of staff identifying as Black and People of Colour have experienced racist or classist comments targeted at them or regular micro-aggressions.
- Issues of informal discrimination and harassment are more common than formal discrimination, with **40%** of staff not trusting Wellcome to handle it properly.

Staff do not only experience discrimination and microaggressions from peers but also from managers and leaders in the organisation:

*“When I went to a social event in the office with a White teammate, the Head of [redacted] introduced me as ‘diversity’ and my White teammate as ‘inclusion’ to someone else at the event. When he saw our facial expressions, he switched it around and said ‘or this [White colleague] could be diversity and this [me] could be inclusion!’” - Exit Interview Analysis 2022*

*“On a separate occasion he [senior leader] compared my personal experiences of racism with his childhood experience of having a different accent to others at his school” - Exit Interview Analysis 2022*

*“There is a lack of understanding from managers and leadership and colleagues ...people try to be funny and inclusive but end up offending ... someone in my team is Korean and mistaken as Chinese” - Evaluation Interviews/FGDs 2021*

Incidents have not received consistently appropriate responses and there was little accountability, especially when senior managers were involved. Some employees, even though they have not been the targets of such aggressions, do not feel safe or comfortable at Wellcome, knowing that incidents have happened and not been dealt with properly.

*“[Senior Leader] discouraged me from raising a point about racial inequity in a training session, saying I should consider whether it’s the right time to talk about racism and I ‘don’t always need to have your D&I hat on’. She said she didn’t ask to be White, that George Floyd’s murder was difficult for her too, and as a White person she has a lot of guilt” – Exit Interview Analysis 2022*

*“You see one post, think whether actions have been made to address the post – and then see another similar post two months later – there was nothing [done] to help that situation” – Evaluation Interviews/FGDs 2022*

*“By talking about things like this you worry you will be seen as a troublemaker. I censor myself as I don’t want to be seen as a troublemaker” - Evaluation Interviews/FGDs 2021*

### **2.11. Staff require more dedicated and visible support - including safe spaces and channels for reporting and seeking help.**

Many staff members also expressed a need for safe spaces, clear channels or platforms dedicated to speaking up about experiences of racism, discriminatory or unequitable behaviours. They suggested that talking to their line managers is not always the preferable option and offered several ideas on how to address this need. Staff would like to see more robust processes to address experiences of discrimination, as well as clear follow-up actions.

*“[Wellcome should] give an opportunity for people to speak up, because lots of resentment [currently] goes up on Glassdoor and Trustnet. [There should be] productive channels for people to express themselves” - Evaluation Interviews/FGDs 2022*

*“[Wellcome should] make people more comfortable – create an anonymous feedback channel. <...> Anonymous Channel cannot be on Trustnet. <...> Who would look at these emails? I don't know where to begin with submitting a complaint. <...> You might want to discuss an issue without lodging a formal complaint. You can do that already but if it's someone within that team it's hard. Someone to go to who is independent” - Evaluation Interviews/FGDs 2022*

### **2.12. Staff identifying as Black or People of Colour, i.e.the individuals at the receiving end of the harassment, discrimination, and microaggressions, are often the individuals who shoulder the responsibility of creating change, with no support for their mental and emotional wellbeing.**

It must also be noted that whilst Wellcome's Anti-Racism commitments from June 2020 speak to the role of Wellcome leadership in moving this agenda forward, in practice the 'weight' of progress on anti-racism appears to fall on the shoulders of mid-level staff who either have a formal responsibility for working on Anti-Racism as part of the CEDI team, occupy a position on the WREN Employee Resource Group, or are simply individuals who are Black or People of Colour.

*“Something that often happens in the organisation is that they say ‘We're going to consult with the racial equity network or the disability interest group, and we're going to get them to write a proposal for us and tell us what to do’, and these are the people who have full-time jobs. <... > Rather than coming up with a list of pros and saying, ‘This is what we think, is this any good?’, they say ‘Please create new proposals for us’. That can be quite frustrating” - Evaluation Interviews/FGDs 2022*

*“Engage staff OUTSIDE of WREN to do this work. We're relying on staff from minority backgrounds to do the work and it is exhausting. This is probably my fifth workshop on D&I where I'm invited to give thoughts” - Evaluation Interviews/FGDs 2022*

*“‘Involve People of Colour’ is sometimes used as a synonym for “get them to do free emotional labour for us” (this is true of other axes of marginalisation)” - Evaluation Interviews/FGDs 2022*

Staff working on Anti-Racism have spoken of experiencing organisational resistance to their work, high expectations, and excessive workloads, and when coupled with the emotional aspect of the work being done, has led to burnout and higher rates of turnover.

This situation was also noted by ELT, during their 1-2-1 interviews conducted in January and February 2022. The role of staff networks was raised in several interviews - it was recognised that whilst the staff networks have been safe spaces, they have in essence been “*left to their own devices*” according to one ELT member, suggesting there has been little of the needed follow-through or anchor from the leadership team. This has put a burden on the network members, and other staff who are mainly from the marginalised groups that the networks were set up to support. This heavy Anti-Racism work has been, as one ELT member describes, “*high energy*” with no remuneration.

Staff would like Wellcome leadership to take back the responsibility for progress against this agenda and implement support which takes into account the impact upon the mental and physical wellbeing of their colleagues.

There has however been no identified action taken to date by ELT to address this particular ‘burden’ that they themselves have identified.

**Commitment 5a:** *Achieve BAME representation at every level of Wellcome including ELT*

**2.13. There have been some positive changes in demographic diversity at Wellcome, however as these changes have only occurred within staff levels, and not the most senior leadership levels, there has not been any significant challenge to the cultural status quo.**

*So many People of Colour are like the only person of Colour in their teams or in their departments. And it's such a fundamental part of making Wellcome good - is building relationships outside of your team, and having those people who are having a similar experience to you – OD Lessons Learnt 2021*

*“With Wellcome I would add White and upper class as the intake is very elite and is more representative of the UK private education system.” - ARTP 2021*

Wellcome has an acknowledged diversity problem as it relates to the demographic diversity of its staff. When asked to respond to the statement “*the teams I work with are diverse*”, 42% of respondents to the Anti-Racism Training Programme survey strongly disagreed or disagreed; it is noted that the response was particularly high amongst four parts of the organisation (Corporate Affairs, Operations - Wellcome Collection, Research programmes, Strategy).

The dominant staff and leadership profile at Wellcome is White, female, upper middle class, highly educated, with socio-cultural roots within Global North countries and communities. Wellcome has made some strides to improve diversity of staff, especially in the wake of the OD

in 2021. Whilst these changes have been welcomed by staff and leadership, in some quarters there is a concern that these changes are superficial; there has been little change in the demographic composition of ELT, who are the most powerful and influential group in the organisation.

*“It feels like there's been almost like a photo dump of Black and Brown people. But it doesn't necessarily reflect a culture change at Wellcome. I feel it's more of an external view: when you look at it, it looks diverse. <...> But it does not represent the people who actually have the power or are decision makers – they are two separate things. It just feels like ‘here are the numbers you wanted’, rather than actually doing something different” - Evaluation Interviews/FGDs 2022*

*“ELT are White, public faces are all White. It's good we are seeing changes at the bottom, but what about the top? Decision makers should be inclusive – if it happens in the ELT, then it can happen everywhere” – Evaluation Interviews/FGD 2022*

In fact, if anything since the commitments were made in June 2020, the racial diversity of Wellcome's Executive Leadership Team appears to have regressed:

*“So first of all, ELT has got actively worse since I've been here. Admittedly, it wasn't great when I joined [REDACTED] and then we are two years later, and there's not been any progress on the issue ... it actually feels like to some degree we've gone backwards. [REDACTED]*

*[REDACTED] – Evaluation Interviews/FGDs 2022*

#### **2.14. The dominant culture at Wellcome serves to exclude and ‘other’ staff whose demographic markers, and socio-cultural roots, ‘do not match’.**

The dominance of specific demographic and socio-cultural groups often has a proportionate impact upon the nature of the organisational culture, particularly where these demographic and socio-cultural markers are held by those in positions of power and influence. This creates a powerful cultural default in an organisation, against which all behaviour is measured. This cultural default exists at Wellcome, which results in staff who present and identify with different demographic and socio-cultural markers – for instance, staff identifying as Black or People of Colour, staff who identify as working class, staff with lower levels of education, and staff with cultural roots in the Global South – being made to feel like ‘outsiders’, that they cannot be their authentic selves, and where these staff often experience ‘othering’<sup>1</sup>.

---

<sup>1</sup> The phenomenon of Othering as defined by John A. Powell from *The Othering and Belonging Institute* at the University of Berkeley as ‘a set of dynamics, processes, and structures that engender marginality and persistent inequality across any of the full range of human differences based on group identities.’ <http://www.otheringandbelonging.org/the-problem-of-othering/>

*“So you have to be able to fit in. There are no two ways about it. The culture does and will not bend to you. I don't think White employees have any awareness of this as it is the default/dominant culture” - Evaluation Interviews/FGDs 2022*

*“I feel as if I have to associate with White British people more (as they are the management) in order to succeed at my role, as in, have more White British values, support English values and culture more than my own in order to fit in with management better as not be considered a Black swan” - Evaluation Interviews/FGDs 2022*

**Commitment 5b:** *Apply anti-racist principles to recruitment and appointment*

**2.15. Whilst some action has been taken, there is still significant work to be done on consistently implementing new recruitment approaches for both Wellcome staff, and external contractors.**

Wellcome has undertaken steps to revise its recruitment processes to increase the percentage of Black or People of Colour recruits into the organisation. These actions have resulted in a 7% increase overall of that demographic group within non-Executive Leadership roles.

*“I've just gone through a massive recruitment round and it was really refreshing to see some of the processes that have been adopted and not seeing certain bits of information on a CV, not necessarily to do with anti-racism, but just generally across diversity and inclusion” - Evaluation Interviews/FGDs 2022*

*“SLT in IT are keen on recruiting equally and without bias, but this isn't the same in all areas. Out of 6 new recruits, 4 are people of Colour. It's not tokenism but chosen equally based on skills. However, the same can't be said about promotions and fixed contracts” - Evaluation Interviews/FGDs 2022*

However, more leadership, guidance and appropriate resources are needed to ensure these recruitment practices achieve their intended impact of anti-racism, diversity, equity and inclusion.

Some staff members said that more attention should be given to implementing anti-racist principles and practices across the People team as that is where the majority of decisions affecting staff's experiences are made:

*“If you think about the types of areas where racial bias shows up: our recruitment, performance, career development processes, the cases of racism I've dealt with, all of that sits in the People team. Some of the decisions, processes and practices in the People team actually perpetuate racial bias and inequality. For a long time it hasn't been taken as seriously as it is now, but the data now is overwhelming and can't be ignored” - Evaluation Interviews/FGDs 2022*

## **2.16. There are questions as to whether Wellcome's commitment to recruitment and appointments are genuine.**

Whilst Wellcome has begun making some shifts to embedding anti-racist principles into the process of recruiting staff, we would like to draw the organisation's attention to two points:

- Some staff identifying as Black or People of Colour have expressed concerns about Wellcome's commitment to fully integrating anti-racist principles into recruitment practices.
- Staff question the degree of resource allocated to staff *recruitment*, and question whether the organisation is just as committed to staff *retention*. Specifically, staff have low confidence that the organisation's appetite for an increase in a demographically diverse staff, is not yet matched by the organisation's readiness for such a change:

*"I have been working with a recruiter, he's really interested in [anti-racism] but he's also hiring 50 roles. So, what can he really do to help me [REDACTED] No wonder inclusivity is getting dropped, no wonder these mistakes are being made. And I have a lot of compassion for the recruitment team; I think it actually stems from higher up because if you're hiring all these roles in the biggest recruitment [period], but you've hired one external contractor, what does that say about your commitment to D&I?" - Evaluation Interviews/FGDs 2022*

*"[There is] lots of focus on hiring "diverse talent" without fixing the culture alongside it, so therefore [we are] bringing these people into a potentially hostile environment" - Evaluation Interviews/FGDs 2022*

*"We've brought more People of Colour into the organisation, which is terrifying for some of us who know what some of these people might go through" - Evaluation Interviews/FGDs 2022*

We question the degree to which this approach is being applied to the recruitment of contractors and consultants. We undertook a review of a random sample of nine Requests for Proposals (RfPs) issued by different Wellcome teams over the period of this evaluation. Whilst all RfPs referred to Wellcome's D&I commitment and the organisation's commitment to accessibility, not one RfP referred to Wellcome's commitment to Anti-Racism. As we do not have visibility of the full selection cycle outside of the RfPs, we cannot say with certainty whether an anti-racist practice was embedded into the rest of the process. However, the fact that anti-racism was excluded from the RfPs does call into question the organisation's commitment here.

**Commitment 6:** *Each ELT member will commit plans for developing understanding of racism and allyship*

## **2.17. ELT have been undertaking collective learning work to increase their understanding of Anti-Racism, both as it relates to concepts and behaviours. However it is acknowledged that there is a lot of work still to be done.**

During the ELT interviews which took place in January - February 2022, members of ELT confirmed that they had commenced their individual anti-racism learning journeys; some members saw these interventions as helpful, whilst others expressed a lack of clarity as to how this work could be helpful in guiding and strategising for the organisation's Anti-Racism journey.

Most members of ELT also highlighted a desire for coaching to help frame the work for the next steps, *"to gain the trust especially from communities with deep-seated reasons not to trust us."* One outlying view at that point was that departments should focus on developing team strategy "before" engaging on the Anti-Racism agenda. However, the overwhelming majority of the ELT is ready and appear to be "waiting for the next steps".

Since that time, ELT has begun a formal process of coaching in anti-racist practice. We understand that the coaching has only been in progress for a short period of time, and we have not been provided with any detail of the scope of the coaching, and as such are unable to provide any assessment of any immediate progress. However, in the concluding days of this evaluation, we have been made aware anecdotally that ELT has made public commitments to Wellcome staff to develop and deliver Anti-Racism plans for each of their departments, which will be linked to their individual performance reviews. Whilst we cannot say if this action has any correlation to the coaching the ELT is undertaking, it does suggest continued progress with this particular commitment.

**Evaluation Question 2b:** *How likely is Wellcome, with its current work under the anti-racism programme, to achieve the desired impact? What role have leadership at Wellcome had in driving forward the anti-racism agenda?*

**2.18. The public commitment in June 2020 by Wellcome's Executive Leadership, alongside the allocation of resources towards the Anti-Racism Principles and Toolkit, and the Anti-Racism Training Programme have demonstrated a commitment to driving forward anti-racism at Wellcome.**

The Executive Leadership Team's willingness to participate in a series of 1-2-1 interviews held in January and February 2022 as part of this evaluation, where they spoke to the importance of this work, also indicates a continued commitment to change.

However, members of the Executive Leadership Team (ELT) recognise that organisational progress on anti-racism has not been sufficient, especially in redressing and remediating concerns raised by staff identifying as Black and People of Colour, with one ELT member describing it as *"painfully slow"*. During the interviews ELT members agreed that there has been limited progress in Wellcome's Anti-Racism journey to date, with some members stating that nothing much has happened until very recently, from January 2022. ELT were not able to provide many examples of what has been working well so far within the Anti-Racism agenda (citing more examples of challenges); the examples they provided were limited to recruitment, as these processes now include criteria for DEI and transparency in pay. Also a few ELT members highlighted that the new pay structure had helped to address some of the inequities.

Some ELT members raised concerns that this lack of accountability could lead to regression and would lead to fewer reports of unfair treatment and inequitable practices from staff identifying as Black and People of Colour, which would exacerbate the lack of trust felt by the staff within the organisation. They also recognised that the organisation has a significant retention issue in relation to Black and People of Colour and career progression. Leaders suggested that the Anti-Racism agenda is getting caught up in an intellectual trap that values data over experiences and anecdotes. Few ELT members expressed the concern that this makes leadership revert to a defensive and unhelpful reaction to the negative experiences of staff identifying as Black and People of Colour.

**2.19. Both leaders and staff recognise that the lack of momentum on Anti-Racism and the lack of visible leadership from the top has negatively impacted trust between these two groups.**

It is quite striking that although ELT is the highest decision making group in the organisation, they also believe that there has been insufficient leadership or strategic direction on how the organisation would practically execute the Anti-Racism agenda, including to the CEDI team. ELT recognised that this gap in implementation has been detrimental to the organisation and one leader mentioned that this has *“left the leaders exposed”* and caused anger, discontent and lack of trust among the staff. Interestingly, most ELT members feel they are much more engaged now since the conclusion of the OD project.

This sentiment has been echoed by Wellcome staff. The overall trust in Wellcome and its leadership is low, which affects staff motivation and morale. Staff believe that restoring this trust should be seen as leadership’s priority, particularly by recognising how leadership have exacerbated racist structures and processes currently and in Wellcome’s past.

*“Trust in ELT is at an all-time low and has been for a few years now” - Evaluation Interviews/FGDs 2022*

*“The word “sorry” would be a good one to introduce into their personal vocabularies” - Evaluation Interviews/FGDs 2022*

**2.20. The resignation of the Anti-Racism Expert Group was a significant factor in shifting staff sentiment towards ELT.**

Staff distrust in leadership has been exacerbated by the resignation of the Anti-Racism Expert Group (AREG) in March 2022, and the All Staff Sessions facilitated by the ELT that followed. Some staff felt frustrated that this was the first time they ever heard about AREG, moreover, some thought that the leadership should have taken more responsibility for the incident that took place.

*“The Q&A sessions organised to respond to the resignation of the expert group were poorly handled in tone & in transparency” - Evaluation Interviews/FGDs 2022*

*“[I would like to see] an official and sincere apology for the lack of action and incident with the expert advisory group” - Evaluation Interviews/FGDs 2022*

*“Things have to fail (like the anti-racism expert group resigning) for ELT to recognise that they need to take Anti-Racism seriously and make change at a personal level” - Evaluation Interviews/FGDs 2022*

**2.21. Staff would like to see ELT ‘lead from the front’ in the delivery of the Anti-Racism agenda, and believe ELT have the capability to do this with the right internal and external support.**

However, some staff members shared that there are members of the ELT that are more willing to collaborate in tackling racism, but the existing power dynamics within the ELT itself meant that whilst actions of individual members were well received, they would have little effect if the entire group was not fully on board.

Moving forward, staff would like to see leadership teams present clear action plans as well as accountability mechanisms, e.g. reporting to all staff on their progress in regard to anti-racism. They also would prefer the leadership to be open and transparent about their mistakes and own limitations (e.g. the ELT team being all-White) rather than ‘manicuring’ the reality.

*“Openness is critical. I know it’s not overnight, but I hope with the training it gets better. They shouldn’t think that findings are personal attacks, they shouldn’t think “how do we manage this and brush under the carpet; it’s honesty and conversations which staff want. We saw with the OD process, there just needed to be an acknowledgement” - Evaluation Interviews/FGDs 2022*

*“[The leadership] keep talking about what they’re going do and then they fail (for example, [Anti-Racism Expert Group] resigning); then they say they’ll try again but nothing actually gets done. These situations are trial and error, but they are about people’s lives, it’s not your home painting project – it is serious and needs to be taken seriously. Very frustrating. They should acknowledge that change starts with them, they should lead by example. They should hire expertise if they don’t have the skills. I want action and a time frame about how things will change” - Evaluation Interviews/FGDs 2022*

Recent development suggests that some of these staff concerns and aspirations have been heard at the very highest levels of the organisation. Wellcome has recently launched an EDI Committee which has a formal remit to progress the EDI agenda within Wellcome. This Committee is chaired by the Wellcome Executive Director, with direct oversight provided by Wellcome’s Board of Governors. This is a very welcomed demonstration of commitment to change by Wellcome’s leadership.

**Evaluation Question 2c:** *How likely is Wellcome, with its current work under the anti-racism programme, to achieve the desired impact? Have the anti-racism activities implemented so far*

*by the CEDI team contributed to progress at different levels (individual awareness; team dynamics; organisational culture), and how?*

**2.22. Whilst the full Anti-Racism programme has not yet been implemented, staff believe that the Anti-Racism work so far has demonstrated some change in Wellcome's Anti-Racist practice with some measurable impact around opportunities for formal learning and engagement, policy development, and a slight increase in opportunities for staff identifying as Black and People of Colour.**

Staff and leadership have spoken of an increase in personal awareness of anti-racism issues, as well as greater opportunity at both an interpersonal and team level to engage in dialogue with colleagues around this issue. Some staff have spoken of changes being implemented in their teams to advance anti-racism work specifically, and D&I work more broadly, examples being the Mental Health Team and their use of the Anti-Racist Principles in their work, and the Communications Team who have undertaken a full programme of work around embedding anti-racism into their work processes and outputs. Staff across the organisation have also demonstrated a willingness and eagerness to engage in the upcoming Anti-Racism programme.

However, whilst the Wellcome Racial Equity Network (WREN) and the Culture, Equity, Diversity, and Inclusion Team (CEDI) are recognised as playing a role in the Wellcome's Anti-Racism efforts, there is a mixed degree to which these roles, particularly that of CEDI, is fully understood. It is recognised that the absence of the communication to staff of a clear strategy and direction for the Anti-Racism work, particularly coming after the launch of the Anti-Racism principles, may have impacted this.

**Evaluation Question 3a:** *What lessons can be learned to improve the effectiveness and value of the anti-racism programme to achieve its objectives and the D&I outcomes? Are there key enablers or barriers to achieving our objectives, and how can we seek to address these?*

**2.23. Goodwill and support, available resources, and a strong reputation serve as enablers to delivering on the Anti-Racism agenda at Wellcome.**

A common thread that we have seen over the course of this evaluation from multiple data sources, and that we have heard from staff and leadership alike, is an understanding of the need for Anti-Racism approaches, and a clear commitment and willingness to engage in improving Wellcome in this respect. This degree of support and good will is without doubt the most important enabler Wellcome has in delivering its Anti-Racism agenda.

Wellcome as an institution also serves as a key enabler for this work. Not only does the organisation have considerable financial and people resources that made it possible to develop and deliver significant Anti-Racism interventions, including the Anti-Racism Principles and Toolkit, the organisation's strong reputation as a leader in the research and health space has

meant Wellcome has been able to attract experts in Anti-Racism to support the design and delivery of their Anti-Racism work.

Finally, the Anti-Racist Principles themselves provide Wellcome with a robustly developed set of guidelines for how to adopt an anti-racist approach across all areas of work. If Wellcome were to adopt these principles in practice, the organisation would be very well placed to achieve positive outcomes.

#### **2.24. There are a number of operational and cultural barriers which serve to impede progress towards achieving the Anti-Racism agenda at Wellcome.**

A number of barriers have been identified in response to Evaluation Questions 2a through 2c. Some of the key barriers identified include:

- There has been a lack of consistent momentum on Anti-Racism work at Wellcome, which has affected the degree of support and goodwill that exists for the programme amongst staff and leadership.
- There is a bias inherent in Wellcome's existing processes and practices which impacts staff who do not hold global majority group identities (Global North, middle/upper class, white, educated) and which runs counter to Wellcome's commitment to embed Anti-Racism into organisational processes and practices.
- The low visibility and representation of Black and People of Colour within senior roles and forward-facing roles in the organisation has a significant impact on the degree of confidence of staff in the effectiveness of the Anti-Racism agenda at Wellcome, particularly staff identifying as Black and People of Colour. This is compounded by the perceived disconnect between the commitment Wellcome has made to improving Anti-Racism practice, and the daily experiences of Wellcome staff who identify as Black and People of Colour.
- There is a lack of shared common knowledge and understanding of Anti-Racism concepts and issues and how these manifest within the Wellcome ecosystem, across staff and leadership. This impacts the degree to which individuals, and departments at Wellcome feel comfortable integrating an Anti-Racism lens into their day-to-day work. The lack of shared understanding of Anti-Racism concepts and issues also translates into discriminatory and inequitable behaviours experienced by staff at Wellcome (from peers, management, and leadership) particularly those from marginalised groups.

#### **2.25. To mitigate these barriers, Wellcome must take a much more strategic approach to delivery on its Anti-Racism agenda and a more intentional and visible approach to addressing current cultural and structural deficits.**

Wellcome needs to adopt a more strategic approach to the delivery of this Anti-Racism programme. Specifically, Wellcome is encouraged to develop a clear Anti-Racism strategy and action plan, against which available resources should be allocated in a coordinated manner, and from which staff are provided with regular measurable indicators of progress and change, and to

maintain strong levels of support for this work. Planning, risk mitigation and intention can combat some of the issues staff have had about the inconsistencies and pace of work so far. Additionally, a clearer pathway can provide the space for staff to hold space for this work, and to be innovative and creative in how the work is delivered, and to do so with anti-racist principles in mind.

Wellcome must also match this strategic effort with an equally intentional effort to improve the quality of the employee experience by addressing the cultural and structural challenges outlined in this report.

**Evaluation Question 3b:** *What lessons can be learned to improve the effectiveness and value of the anti-racism programme to achieve its objectives and the D&I outcomes? What are the remaining gaps, challenges and needs in tackling racism at Wellcome and in our funding that require further attention?*

**2.26. Wellcome does not currently possess a sophisticated enough understanding of the concepts and dynamics of Race, Racism, and racial inequity and injustice. As such the organisation has not implemented interventions that can effectively respond to manifestations of these concepts and experiences.**

Wellcome has been very forthright in speaking about the importance of Anti-Racist practice, and in the June 2020 public statement ELT also acknowledged racism as “*a central and defining part of our societies and our lives*”.

Since that time, the organisation has undertaken efforts to embed anti-racist practices and approaches into its work, however, it has not undertaken a similar level of effort to address and respond to racism that is experienced by staff, and which is upheld by biased and hostile organizational systems, processes, and behaviours. This lack of action has impacted, and will continue to impact upon the experiences of all staff, particularly those who identify as Black or People of Colour who often shoulder much of the mental and emotional weight of this work:

*“I think we were asked to complete [a survey] on anti-racism in the last couple of years. It said – ‘It can be quite traumatising in our system; have you been a victim of racism and what happened?’ And then it asks you to reflect on your experience at Wellcome. And even if you haven’t had a negative experience at Wellcome, it makes you go back to that place where you don’t want to go back to. <...> Why aren’t we asking people who belong to the majority, ‘Can you reflect on when have you unconsciously been racist?’” – Evaluation Interviews/FGDs 2022*

Wellcome needs to integrate a stronger understanding of how racism, oppression, and harmful practices have historically manifested and still manifest in the global health space, and the practice of extractive non-consensual knowledge production within the research space. These issues cannot be divorced from any meaningful engagement on Anti-Racism, particularly if the organisation aims to take a more restorative and transformational approach going forward.

**Evaluation Question 4:** *What systems and processes could the CEDI team develop to better track and understand progress of the anti-racism programme in the future and enable continuous learning and improvement?*

**2.27. Wellcome is advised to implement a clear, robust, and well coordinated project plan for the Anti-Racism programme, to support the efficient tracking of progress against the June 2020 commitments, and the rigorous assessment of the impact of actions taken.**

Wellcome's Anti-Racism programme is currently devoid of a clear strategy, with well-defined outcomes and outputs, sequenced activities and identified inputs. The commitments listed in the June 2020 leadership statement do not appear to be underpinned by any clear strategy, as such staff have spoken of the lack of clarity around the direction of the work, and lack of clarity around accountability and ownership.

*"I think what's missing is a sufficient focus on next steps and being even more deliberate than is referred to in the principles about exactly what will happen at what point in time and being clear on how success will be measured. Then, communicating all of that in real time as the anti-racism principles are embedded in the organisation. It's not just about the principles themselves but it's about the Gantt chart, it's about what happens when and sticking to it, measuring it and making people aware of it." - Evaluation Interviews/FGDs 2022*

ELT has also made this observation, with members of the group stating that the agenda has lost its *"priority, clarity and focus"* (Evaluation Interviews/FGDs 2022), partly due to the domination of COVID-19 and the OD. This lack of structure makes monitoring of progress and measuring of impact an almost Sisyphean task. As such CEDI in partnership with Wellcome ELT are encouraged to revisit the existing list of commitments and align with a clear strategy and time bound delivery plan. The organisation should also hold regular assessment of progress and impact, inviting staff from across the organisation to provide inputs.

In the process of conducting this evaluation, we have observed an assumption of competency in the organisation, which the evidence suggests is not currently fully present. As such, and connected to the implementation of a clear strategy, CEDI is encouraged to partner with members of the People Team to create an anti-racist behavioural competency chart which can be integrated into organisational systems, and which will form the basis of any future training or coaching service.

Staff have identified the presence of opportunities to discuss anti-racism as a benefit. We have also observed that data sources which include qualitative data to be rich with nuanced insights into staff experiences in the organisation over time. CEDI is encouraged to explore how to create regular moments to capture qualitative information from staff and leadership (partners and grantees also), which can supplement quantitative data gathered via routine assessments, for example the *Performance Review and Pay Awards Manager Briefing Pack*.

Finally, there is a structural challenge with how anti-racism work is viewed and delivered across the organisation, which impedes CEDI's ability to consistently and comprehensively track progress. As mentioned earlier in this report, both staff and leadership have expressed concern about the lack of visible leadership for Anti-Racism work at Wellcome, with some staff concerned that only a small group of people are engaged with Anti-Racism work in the organisation, which gives the impression that Anti-Racism work not being a priority, and other staff unclear about CEDI's role in relation to Leadership:

*"I am not actually clear - who is in charge of the roll out of the AR principles and the AR work? I think this goes down to the governance of the work and for someone to take control"*

*"It's still the leadership and everyone at Wellcome [who have] to do the activities. I guess we are the implementing partner to the leadership" - CEDI team member, Evaluation Interviews/FGDs 2022*

*"There is a tension between how much CEDI does themselves and how much other staff do it. Treading the line on how much resources is CEDI supposed to do to embed the tool and get the staff to embed or to get the senior managers to help to embed in the staff work plans" - CEDI team member, Evaluation Interviews/FGDs 2022*

CEDI's position within the Wellcome organisational structure has presented an additional challenge in terms of the visibility and importance of this work, and questions have been raised by staff as to why the Anti-Racism agenda which has strategic and cultural implications for both Wellcome's Inclusive Employer, and Inclusive Funder/Research strands, is effectively 'hidden' within the People and Culture Team.

### 3. Wellcome as an Inclusive Funder & Inclusive Research

This section draws mainly from the perspectives of staff from the Inclusive Funder and Inclusive Research (IF/IR) strands at Wellcome as well as the perspectives of Wellcome grantees on Wellcome's Anti-Racism work in research and funding.

***Evaluation Question 1:*** *What have been the early results of the anti-racism work so far, including any unintended consequences? [Noting that this is likely to be limited due to the OD and a push back of the anti-racism training, and that any results will be limited to very early outputs and outcomes, rather than any long-term outcomes or impact]*

#### **3.1. Leadership, staff and grantees appear to agree that the Anti-Racism agenda is important to Wellcome's research and funding work.**

The majority showed that they are pleased that Wellcome is aiming to take a lead in the sector as well as be an exemplary anti-racist funder. Although the majority are not aware of the specifics of the program as it relates to research and funding, the majority consulted for this evaluation are pleased to engage with and incorporate the principles immediately in their work.

A few grantees interviewed were keen to get more guidelines from Wellcome so that they could do more: *“it would be good to get more training on it so we can include it in our research”*. (IF/IR Staff, Evaluation Interviews 2022). Similarly, IF/IR staff are keen to incorporate the work into their work plans. Moreover, staff are more aware of Anti-Racism principles and issues through increased voluntary engagement with WREN activities and *“helpful articles on TrustNet”* (IF/IR Staff, Evaluation Interviews 2022).

### **3.2. Although there is a current organisational focus on IE strands, IF/IR teams have already started to incorporate Anti-Racism into their work.**

Some teams have already started work and have started discussions within their teams - this is showcased in the case studies in Annex Two. Research and Research funding staff highlighted some positive parts of the work that have gone well in relation to research and funding. FGDs with staff highlighted how Anti-Racism training is scheduled for Committee Chairs and how the majority have responded well to invites to the training *“10 out of 11 Committee Chairs responded quickly to invite and responded favourably about receiving training”* (IF/IR Staff, Evaluation FGDs 2022). The 3 Health challenge areas (the main pillars of Wellcome’s Research programmes) have scope to design their own funding calls and *“[they] are open about including Anti-Racism and equity”* (IF/IR Staff, Evaluation FGDs 2022).

### **3.3. Leadership recognises that there has been limited work but some think that they are doing better in their role in the research sector as a funder than as an inclusive employer.**

Some members of the ELT feel that in the early stages, Wellcome is doing better externally than internally on this Anti-Racism work:

*“It feels like we have been more consistent with our external message that racism is not acceptable, that the research space is not in a good place and things need to change. We have maintained a consistent external line, but have not been so good maintaining that consistency internally.”* - ELT member, Evaluation Interviews 2022

### **3.4. However, there is limited progress on Anti-racism in research and funding.**

All agree that early results of the Anti-Racism work so far are limited and demonstrate the lack of progress in Anti-Racism work in research and funding. IF/IR staff were able to cite most of the Anti-Racism work done so far. They cite the development of the Anti-Racism principles and toolkit and the rollout of Anti-Racism training among leadership. The majority of IF/IR staff consulted see these pieces of work as not directly related to research and funding work.

*“I don’t know how to apply these principles to my work”. “I’m not sure how this [Anti-Racism principles] all fits in with grantees”* - IF/IR Staff, Evaluation FGDs 2022

Only 2 CEDI staff out of the CEDI IF/IR team (40%) mentioned an Anti-Racism intervention related to research and funding since the work began. It appears to be a recent funding initiative in the last 6 months – the launch of the Sanger Fellowship programme *“to support the next*

generation of Black scientists which is open exclusively to early-stage Black heritage researchers who studied at a UK institution”<sup>2</sup>. One staff member said that prior to this “nothing much has been done [in research and funding]” (RFE CEDI staff, Evaluation Interviews, 2022) to specifically increase the number of Black people in research funded by Wellcome. However, there is low awareness of this initiative among other staff and notably low awareness among IF/IR staff.

### **3.5. Leadership have not been engaged in Anti-Racism work in research and funding.**

Most ELT members were unable to speak to the positive impact of Wellcome’s Anti-Racism work on research and funding, as they were not really engaged in this side of the work. The few ELT members that were able to contribute to this discussion on early results felt that the data suggests that Wellcome is not doing well externally on this work. Most IF/IR staff interviewed were not aware of who in leadership is working on Anti-Racism in research and funding. “Not sure who in ELT is focused on Anti-Racism in our research and funding work”. Another IF/IR staff member elaborated on why this may be the case with leadership:

*“I know that in leadership discussions, the focus is more on what we can do as an employer rather than what we can do as a funder but likely as it’s felt that most has been done through the changing of the schemes” - IF/IR Staff, Evaluation Interviews 2022*

### **3.6. Staff perceive a lack of urgency and inappropriate efforts to incorporate Anti-Racism in research and funding despite the overwhelming data on lack of Black awardees.**

Despite 2019/2020 Wellcome data on the lack of grant awards to Black people, many IF/IR staff are concerned that there appears to be no real urgency or focus on Anti-Racism from leadership. Research and Funding staff indicate that efficiency of their traditionally long and complex funding process was a higher priority than EDI or anti-racism in the development of their new funding schemes and in their work programmes now.

Several staff, including PoC staff suggest that there has been little progress made “on the equity strand of EDI” in research and funding (RFE CEDI staff, Evaluation FGDs) – there have been few initiatives to tackle racism and to address the low representation of Black and PoC in the research community (this is discussed further in the sections below). IF/IR staff are concerned that there is still a lot of hesitancy among senior management and leadership around using positive action, likely due to a lack of knowledge and willingness to explore positive action further.

### **3.7. Staff, especially IF/IR staff in CEDI detail several unintended consequences of the lack of Anti-Racism focus in research and funding.**

---

<sup>2</sup> We come Sanger Institute website [Launch of Fellowship programme to support next generation of Black scientists – We come Sanger Institute](#)

Many describe how the new, current research and funding schemes were developed with D&I considerations in the design process rather than specific anti-racism initiatives. Staff are already predicting that in the next funding round, there will be very limited progress in increasing diversity and specifically Black and People of Colour from the UK and applicants and institutions from countries in the Global South.

Several IF/IR staff are concerned that the new funding schemes have favoured more established researchers which they feel will have a negative impact on the diversity. IF/IR staff further suggest that the new schemes are designed in such a way that excludes researchers from LMICs due to salaries and eligibility criteria. In their view, no appreciation has been given to different cultural contexts. During a FGD with staff, members provided an example of an actual past query on this:

*“I am concerned that some of us that work in LMIC research institutions that don’t fund tenured/permanent positions are already ineligible, Where I work, we live on personal fellowships/grants for salaries” (Query by a potential applicant sent to a Wellcome RFE CEDI staff; Evaluation FGDs, 2022).*

The staff dealing with this query *“felt embarrassed [to respond to the applicant]” (RFE CEDI staff; Evaluation FGDs, 2022).* Many IF/IR staff state that this eligibility criteria is likely to disadvantage Communities of Colour. Despite several staff flagging this risk, no amendments or concessions have been made to the Discovery Award scheme.

### **3.8. The strongest evidence of limited results of the Anti-Racism work in research and funding is demonstrated by grantees’ lack of awareness of the programme.**

*“I was not aware of it [Anti-Racism programme] as a grant holder but I did see it on their website” - Wellcome Grantee, Evaluation Interviews 2022*

Awareness of the programme among grantees was very low. The majority (almost 70%) of those interviewed stated that they were not aware of the programme before being asked to participate in this evaluation.

*“Getting involved in this exercise, I got to know the commitments.” - Wellcome Grantee, Evaluation Interviews 2022*

Among the few (less than 30%) grantees that were interviewed that were aware of the programme, most indicated that they were aware of it in a very light touch way. One grantee who is part of university faculty highlighted that other major funder like Wellcome, have a programme so *“I assume they have one.....this wouldn’t be a surprise to me” (Wellcome Grantee, Evaluation Interviews, 2022).*

However, none of the grantee respondents to the online survey, or grantee participants in the evaluation interviews, could provide any details of the programme, through for example, knowledge of any specific policies or having interacted with Wellcome on anti-racism. None of the grantees interviewed or survey respondents were able to cite any actions that Wellcome has

taken to address issues of under-representation and barriers for under-represented groups in their funding. Furthermore, overwhelmingly, the majority of grantees interviewed were not aware of the programme through a direct experience of the results of the programme, suggesting that most grantees do not perceive any early outcomes of the work. This is most notable among the grantees that were Black or People of Colour.

### **3.9. However, some grantees noticed Wellcome's focus on increasing diversity but not anti-racism specifically.**

Some grantees interviewed who are People of Colour did indicate that they perceived there was a focus on diversity and getting applications from people from other countries at the application process *"the person I spoke to [at Wellcome] was very helpful and encouraging". "I had the sense that they encourage and are keen to receive applications from LMICs" (Wellcome Grantee, Evaluation Interviews 2022).*

However, most indicated that they were not aware that there was a specific focus on anti-racism, *"wasn't clear to me that this was a focus" (Wellcome Grantee, Evaluation Interviews 2022).* None of the grantees interviewed indicated any examples of early results of the anti-racism focus.

*"Since getting the grant, apart from this interview – nothing was mentioned about racism or supporting Black scientists" - Wellcome Grantee, Evaluation Interviews 2022*

### **3.10. Early results in research and funding suggested a number of negative unintended consequences in research and funding.**

Based on answers provided by grantees, some unintended consequences of the new funding schemes is that early results on diversity and inclusion are also limited. All grantees interviewed that are PoC made comments which would suggest this. Some of the grantees who are PoC indicated facing challenges being international grantees. *"But as international students we have a huge amount of costs before."* (Wellcome Grantee, Evaluation Interviews 2022). A few grantees highlighted establishment costs which international students have to incur which make their experiences challenging. One grantee who is PoC suggested that other organisations have been more successful than Wellcome at increasing diversity, *"compared to Newton fellowships, it feels like there is more diversity there than Wellcome"* (Wellcome Grantee, Evaluation Interviews 2022) Some grantee respondents suggested that there is a lack of diversity within ethnic groups such as Asian ethnic groups.

### **3.11. Grantees note no interaction with Wellcome on anti-racism in application or grantsmanship stages.**

As grant holders also, almost all grantees interviewed stated that they have ever had any discussions with Wellcome about anti-racism, which suggests that there is even less or no discussion on diversity or anti-racism after the application stage. More specifically, this demonstrates that there is no follow up by way of support or monitoring of diversity or anti-racism efforts during the grant-holder or grant management stage. The only grantee that

indicated that they have ever spoken to Wellcome on anti-racism issues is through “*instigating conversations*” ...” *informally through Twitter or email*” (Wellcome Grantee, Evaluation Interviews 2022).

### **3.12. Few examples of grantee-Wellcome engagement on Anti-Racism are limited to grantee action and Wellcome reaction.**

Again as a result of grantee action, two grantees spoke of 2 occasions when interacting with Wellcome on anti-racism issues, but these were before the timeframe for this analysis. However, both occasions are worthy of note. One grantee mentioned engaging members of the CEDI team over the past 10 years, since they received their 1<sup>st</sup> grant. This engagement was based on enabling the CEDI to meet with members of the Black research community to understand why they feel that Wellcome has racist, inequitable policies which would deter them from applying for a Wellcome grant. The second incident we cannot describe as it would compromise the anonymity of the grantee. To summarise this point, it appears that Wellcome does not proactively engage grantees on anti-racism or even diversity issues after the application stage, the few occasions where grantees mentioned speaking with staff on these issues have been instigated by grantees themselves.

### **3.13. There is a lack of awareness among grantees of whether there are any Anti-Racism requirements in grant implementation.**

All grantees interviewed stated that they were not aware of any requirements by Wellcome to take action on anti-racism or diversity and inclusion at the grant-holding stage. Several grantees recounted that at the application stage that they were required to highlight diversity and inclusion provisions that they would include during their research, but none spoke of any reporting that they had to do or whether Wellcome followed up. One grantee interviewed highlighted how they are doing “*actively anti-racist....[in their research grant]...and leading by example*” (Wellcome Grantee, Evaluation Interviews 2022) but this has not been acknowledged by Wellcome, nor have they been actively supported to scale impact.

### **3.14. Incorporating Anti-Racism principles in funding committee decisions has been limited to discussions and no training or KPIs have been implemented yet.**

One grantee could recall a time that they had a discussion with Wellcome on anti-racism as a panel member. There was a discussion based on the perception that funding rates for researchers from LMICs was much lower compared to researchers from the UK. However, this grantee went on to say that it was just awareness raising during discussions, there was no training, or any follow up to ensure that anything was done about this difference in funding rates.

*“It was more about the country of applicants rather than race. We didn’t come up with anything concrete – more just to have it in your mind, that the funder is keen to fund LMIC applicants” - Wellcome Grantee, Evaluation Interviews 2022*

**Evaluation Question 2:** *How likely is Wellcome, with its current work under the anti-racism programme, to achieve the desired impact?*

*2a) Is Wellcome on track to deliver its publicly stated anti-racism commitments?*

*2b) What role have leadership at Wellcome had in driving forward the anti-racism agenda?*

*2c) Have the anti-racism activities implemented so far by the CEDI team contributed to progress at different levels (individual awareness; team dynamics; organisational culture), and how?*

In short, if no significant changes are made to the current processes surrounding research funding Wellcome is not likely to achieve its desired impact based on the current anti-racism work being done with regards to becoming an inclusive funder and funding inclusive research programmes. This is demonstrated by the low level of early results and lack of progress highlighted above.

### **3.15. The role of leadership in Anti-Racism work in research and funding has been limited.**

The absent role that leadership has played on anti-racism issues in research and funding highlighted above also demonstrates how Wellcome is not delivering on its publicly stated anti-racism commitments in research and funding. Most ELT members felt it is important to highlight the need for the funding and research work to take on a more internationally tailored framing, highlighting the need for a more decolonised approach because this is becoming more and more important in the world. Most ELT members also feel that events in geopolitics must also reflect in Wellcome's funding and research; these ELT members highlight the need to move away from White culture dominance as well as a British and even the London centric approach to funding and research that has dominated.

While ELT members are aware of this need for new framing in the research sector, no member was able to cite Wellcome anti-racist specific interventions towards this. These issues are discussed further in the next section on barriers faced by diverse communities based in the UK and especially from countries in the Global Majority. Also as indicated above, ELT members admitted that their engagement on Anti-Racism work in research and funding (albeit limited) is focused mainly upon internal process and practice, with very limited exposure to external application of Wellcome's Anti-Racism commitments.

### **3.16. Despite a willingness by both CEDI and IF/IR teams to engage, there has been a limited structured role of CEDI in Anti-Racism issues in research and funding work so far.**

It is clear that the IF/IR teams are aware that CEDI has been established and expanded to support the implementation of anti-racism, and D&I for the organisation. They recognise that they play a role in encouraging everybody to consider how to be more anti-racist and inclusive. However, the few IF/IR staff who have done some Anti-Racism work feel that what they have been doing has been more ad-hoc rather than structured and that a framework or guidance from the senior teams in CEDI has been missing.

Many IF/IR staff demonstrated a need and desire to engage CEDI more on Anti-Racism issues and commented that they have on many occasions requested “someone from CEDI” (IF/IR staff, Evaluation Interviews 2022) to get involved in some of their team and departmental meetings and processes that they think Anti-Racism and D&I is necessary, however, they note that “they [the CEDI team] seem a little too stretched” (IF/IR staff, Evaluation Interviews 2022). They recognise how busy the team is. When IF/IR teams were asked what the impetus for the few anti-racism activities or D&I has been more departmental or team level reaction to the emerging data on lack of diversity. This was the reason for the development of the new funding teams.

**3.17. Anti-Racism work in research and funding has been largely initiated by teams in reaction to the poor data on awards to Black and People of Colour and institutions from LMICs rather than CEDI’s Anti-Racism programme and informal interactions with CEDI.**

Most recognise CEDI’s involvement is needed “I guess they fed into” (IF/IR staff, Evaluation Interviews 2022). For the development of the new funding schemes IF/IR staff noted that “CEDI were a part of some of the workshops”, they “did flag some risks” with regards to Anti-Racism (IF/IR staff, Evaluation Interviews 2022). However, in terms of structured, systematic engagement of CEDI on A-R or CEDI playing a leadership role in Anti-Racism in research and funding work, both IF/IR and CEDI staff agree that this has been limited. Many IF/IR staff are aware of CEDI Anti-Racism activities “through more informal channels” (IF/IR Staff, Evaluation FGDs 2022).

**Evaluation Question 3:** *What lessons can be learned to improve the effectiveness and value of the anti-racism programme to achieve its objectives and the D&I outcomes?*

*3b) Are there key enablers or barriers to achieving our objectives, and how can we seek to address these?*

*3c) What are the remaining gaps, challenges and needs in tackling racism at Wellcome and in our funding that require further attention?*

**3.18. There are examples of key enablers for Anti-Racism in research and funding, however, more binding barriers impede scaling up of these efforts.**

The Case Studies provided in the Annex Two of this document present teams within IF/IR work who are successfully working effectively with an anti-racism lens in their work. In case study (B) on the Data for Science and Health team within Research Programmes, the team identifies 4 projects that they are implementing which contribute to the Anti-Racism objectives indicated in Wellcome’s commitments. These include:

- 1) Representing people from low- and middle- income countries across machine learning and open datasets;
- 2) Improving data diversity
- 3) Engaging Black and South Asian people in equitable patient data collection

#### 4) Funding paid internships to increase diversity in health data research

The case study also highlights how key enablers for the Anti-Racism work include the team intentionally taking time and creating space to apply an anti-racist lens to their work. And the team was able to engage “critical friends” (IF/IR Staff, *Case Study Interviews 2022*) or people with more expertise and lived experience from within the local contexts is very helpful when considering decisions or solutions that will be affecting communities within those contexts. The team also highlighted some barriers to their work and impediments to them scaling up their impact on the Anti-Racism objectives. They highlighted three main barriers:

- 1) The need to address the power dynamics created by the more conventional funding approaches, where researchers from a higher income country use their resources to research and offer solutions to issues affecting low- and middle-income countries.
- 2) The need to review funding mechanisms through an anti-racism lens.
- 3) Lack of a clear framework and expectations in regard to anti-racism work across research and research funding.

### **3.19. According to IF/IR staff, there are significant internal barriers to Anti-Racism work in research and funding.**

IF/IR staff highlight several internal barriers that they perceive as impeding progress in Wellcome’s anti-racism commitments in research and funding.

Several staff, including staff who are Black or People of Colour suggest that there has been little progress made “on the equity strand of EDI” in research and funding (RFE CEDI staff, *Evaluation FGDs 2022*). As indicated above, despite the overwhelming data which shows the lack of grants awarded to Black people, there have been few initiatives to tackle racism and to address the low representation of Black and People of Colour in Wellcome’s funding and in the wider research sector. This is discussed further in the section below.

Progress in Anti-Racism work in IF/IR has been constrained by the focus on Anti-Racism training of ELT and SLT. Staff in CEDI confirmed that this was the priority for now. This means that none of the Funding and Research Committee members have received the Anti-Racism training yet and members will not be able to incorporate Anti-Racism considerations into the funding decisions for the next funding round for this year. CEDI confirmed that training for funding committees will be in the “next wave of training...towards the end of the year”(CEDI staff, *Evaluation Interviews 2022*). Many funding and research staff are not aware of and have yet to see any evidence of how the ELT training outcomes will be embedded in research and funding work.

In the absence of an intentional Anti-Racism strategy, IF/IR staff perceive Anti-Racism work as extra to their already large workloads. In the absence of any clear direction on Anti-Racism, they feel compelled to prioritise other work. Almost all staff indicated that there is not enough space created to do Anti-Racism.

*“It’s not necessarily a core part of the job if I’m honest. If I stop some of the other tasks that would be more troublesome for me. Tricky not knowing what you can and can’t do in this space. Not sure how much power and influence I have to change things” - IF/IR Staff, Evaluation Interviews 2022*

A few staff highlighted that the current governance structure on EDI issues in IF/IR is problematic as EDI impacts all functions but is currently anchored in the People Team. Subsequently this creates a blind side and lack of ownership in the implementation of EDI issues and specifically Anti-Racism issues in IF/IR, especially at the leadership level. There has been no strategy for Anti-Racism in research and funding according to IF/IR staff, so it makes it difficult for them to incorporate into their work.

During the FGDs with IF/IR staff in CEDI, participants felt that *“[TSIC/TBO’s] summary at the start [of the FGDs] was useful, but we’ve been in the dark about what’s happening, where it’s going to, I don’t know where we sit in this, where we’re getting to. We have similar aims – we want to be more inclusive and diverse, but I don’t know how we’re getting there.” - IF/IR Staff, Evaluation FGDs 2022.*

Most staff highlighted that the new and current Funding and Research schemes were developed with EDI considerations, without any specific anti-racism considerations. Although many tended to cite EDI interventions which could be *“loosely related”* to anti-racism (IF/IR staff, Evaluation Interviews 2022). All recognised these as insufficient to improve outcomes on strengthening Anti-Racism in IF/IR.

**3.20. IF/IR staff recognise that current Wellcome thinking on Anti-Racism in research and funding work may be limited to staff’s own assumptions on the experiences of Black and People of Colour. They see this as challenging given the lack of diversity within.**

IF/IR staff and leadership recognise their limitations in this Anti-Racism work. The staff acknowledge that their limited actions may be hindered given their lack of engagement with grant holders *“we never really talk to them [grant holders]”* (IF/IR Staff, Evaluation FGDs 2022). Also staff and leadership recognise the lack of diversity in research and funding in leadership and among staff. Even though diversity has improved at the staff levels in recent years, it has not improved at the leadership level. This is contrary to Wellcome’s commitment to improve diversity among IF/IR staff.

**3.21. Few staff highlighted external constraints among the most significant barriers to progress in Wellcome’s funding and research, unlike grantees.**

Although staff do recognise that there are challenges emerging from the lack of diversity in the wider research sector, however, very few staff mentioned this as a main barrier to Wellcome’s success in research and funding. Contrary to staff, grantees focused on barriers emerging from the external and wider sector causing bigger impediments to or hindering success of any Anti-Racism work done by Wellcome.

As the next section shows, the need to address racism in the wider research and funding sector which Wellcome is a major part of, is critical to the success of Wellcome's Anti-Racism objectives. Grantees place a lot of emphasis on different forms of racism and the need to address racism within the research and funding sector.

**3.22. Despite very early bold commitments to tackle racism, action planning and implementation of efforts on tackling racism in research and funding have been non-existent. Similarly, efforts to recognise, understand and acknowledge racism have been very limited.**

In June 2020, Wellcome's Executive Leadership Team publicly released a statement which outlined a series of [commitments to tackling racism](#). This statement is publicly available on the main Wellcome website, it has also appeared internally on the staff intranet. The statement begins quite firmly to assert that racism requires Wellcome to take action *"not only to commit to inclusion and fairness"*. The statement details concrete steps on what Wellcome needs to do in order to take action on tackling racism. Among others highlighted in the IE section, the steps most related to research and funding include: reflecting more on how racism impacts on society and Black and People of Colour; declaring action that will be taken to tackle racism *"describe what we are committed to doing as individuals and as an organisation, and also to listen with humility to Black colleagues and other people of Colour about what more it takes to truly stand against racism"*.

The statement acknowledges that Wellcome recognises its role in perpetuating racism and takes responsibility for its role: *"As a funder, an employer and a museum and library we have perpetuated racism"*.

More specifically for the discussion here on Wellcome's external research and funding work, as a funder, Wellcome states *"we know from our data that BAME, and especially Black, applicants are less likely to be awarded Wellcome research grants in the UK than White applicants."*... *"our museum and library collections reflect a history of health and medicine that has its roots in imperial and colonial power structures in which Black people, indigenous peoples, and People of Colour have been marginalised and exploited."* Consequently, the statement goes on to assert that Wellcome will, in addition to its well-developed Diversity and Inclusion strategy, *[Wellcome] will be "making specific and lasting commitments to tackling racism"*. The statement also states that Wellcome will extend its D&I strategy to include how *"[the organisation] are more specifically focusing on anti-racism work and inclusion of people of Colour"*.

Also in the statement, following the anti-racist commitments, and training, Wellcome committed to *"recognise, talk about and tackle racism and micro-aggressions"*. More specifically for funding and research, the statement commits to *"We will be changing our guidelines on funding committees, reporting on ethnicity as well as gender, and looking at how we might provide targeted support to BAME and especially Black British grant applicants."* The statement also asserts to enable staff and grantees the opportunity to report racism incidents that they face *"specific reference to racism and putting in place safe and robust processes for people to challenge racist behaviours and processes, including anonymous reporting via our Speak Up*

*Reporting Line.*” The new strategy set ambitious goals “*new strategy commits us to equitable funding processes and health outcomes.*”

The statement also commits to increasing representation throughout from leadership and to hiring and funding processes: “*BAME representation at every level of Wellcome, including ELT.*” And to “*ensure our hiring panels are more representative*”. Also in its external work, in response to tackling “*structural racism in science and health research and within Wellcome*”, Wellcome committed to adopting an approach which will “*reflect and respond to the experiences of Black people and other people of Colour*” from listening to the current internal Wellcome Race and Equity Network (WREN) and this suggests listening more to communities of Colour from the wider sector.

**3.23. Given these firm concrete commitments, the following sections highlight how stakeholder interviews and evidence from the online surveys for staff and grantees largely do not reflect much progress on tackling the different types of racism or that Wellcome is on track to these specific public commitments to tackling racism.**

At the leadership level, while all members acknowledged that racism within Wellcome and within the sector was prevalent, very few members of the ELT mentioned tackling racism in research and funding as a priority for their Anti-Racism work. As highlighted above, again in this discussion on racism, several IF/IR staff including PoC staff suggest that there has been little progress made “*on the equity strand of EDI*” in research and funding (*IF/IR Staff, Evaluation FGDs 2022*)– there have been few initiatives to tackle racism and to actively address the low representation of Black and PoC in the research community.

**3.24. Most grantees' responses highlight that Wellcome's approach should incorporate measures to address racism and structural inequities in research culture.**

Some grantees spoke about having experienced racism in their engagement with Wellcome. Although there were fewer Black grantees interviewed, 3 out of 5 highlighted specific racist incidents which they feel have not been resolved satisfactorily and demonstrate the lack of progress in anti-racism at Wellcome. In terms of experiencing racist or discriminatory behaviours, 81% of respondents to the online survey said they have never experienced such behaviours during the application and/or funding process at Wellcome. It is, however, worth noting that 67% of grantees responding to the survey were White, which might mean these results do not fully reflect the experiences of researchers of Colour.

**3.25. Grantees' experiences of racism range from several microaggressions; which may be intangible but appear as damaging as the few explicit racist experiences discussed.**

While racist experiences may have been acknowledged by Wellcome, grantees who have been impacted by racist experiences with Wellcome do not feel that their experiences have been

sufficiently or proactively redressed. However, based on responses from grantees, racist experiences are much more prevalent within grantees' institutions: 50% of survey respondents said they have experienced/witnessed racist or discriminatory behaviours during their research. Among others, these experiences included discrimination based on gender and race, micro-aggressions, structural barriers in academia, and biases against research or researchers from certain regions/countries.

### **3.26. The recent resignation of the Anti-Racism Expert Group may be a source for growing scepticism from the research community towards Wellcome's commitment to anti-racism.**

A few members of staff who interact with the community already sense this, because members of the group are all high profile Black and People of Colour in the field. Similarly, recent independent reviews have evidenced structural racism within two prestigious recipients of major funding from Wellcome. This will also lead to more scrutiny on the lack of anti-racist considerations in Wellcome's funding decisions.

*"[Wellcome should] recognise the hostile environment in the UK and be clearer on your messaging around not funding people in the UK – are you going to stop funding the Wellcome Centres?" -Wellcome grantee, Evaluation Interviews 2022*

### **3.27. Grantees want more clarity from Wellcome on whether they understand challenges faced by Black and People of Colour in the sector given that Wellcome's Anti-Racism efforts fall short on addressing the barriers.**

Only a small group (14%) of respondents to the online survey believe that Wellcome staff do not understand the barriers faced by minoritised grantees, in comparison to 45% of them who agreed or strongly agreed that the staff do understand the challenges faced. However, this was followed quite closely by the next majority of grantee respondents to the online survey who stated that they either '*don't know*' or that they answered that they are '*neutral*'. This demonstrates that many grantees feel they cannot comment on whether Wellcome staff understands the barriers faced by minoritised groups or communities of Colour.

Of those that do not think that Wellcome staff understand the barriers faced by these disadvantaged communities, they provided reasons which they think demonstrate Wellcome's lack of understanding. These factors include a focus on how the new funding schemes potentially could amplify inequities; lack of understanding of local contexts in academia beyond the UK; no existing policies or targeted funding for Black and People of Colour; and a general lack of tangible progress up to date (e.g. the new research strategy does not explicitly address racial inequities).

### **3.28. From staff responses overall, there appears to be a level of understanding on the barriers faced by applicants and grantees of Colour.**

71%<sup>3</sup> of staff respondents to the online survey stated that grantees are disadvantaged because of their race. Some staff attribute the source of the disadvantage to Wellcome and its selection processes. Bias are often unconscious and come from staff own experience and what they value. Other staff respondents feel as if grantees are disadvantaged based on their geography, as they might have access to less resources than UK universities, and do not speak English as a first language.

*"We like perfect English written applications; we like people who can communicate very fluently. We see this as 'intelligence'" - Wellcome staff, Online evaluation staff survey 2021*

*"Yes because of the relationships and behaviours etc that Wellcome has built up over decades of operation. The relationships, structures and behaviours that Wellcome have disproportionately favour the traditional power structures, including White people (as well as men, cis gender etc)" - Wellcome staff, Online evaluation staff survey 2021*

### **3.29. Most ELT members felt it is important to highlight the need for the funding and research work to take on a more internationally tailored framing, highlighting the need for a more decolonised approach.**

As this is becoming more and more important in the world, most ELT members also feel that events in geopolitics must also reflect in Wellcome's funding and research; these ELT members highlight the need to move away from white culture dominance as well as a British and even the London centric approach to funding and research that has dominated.

### **3.30. Some staff respondents agreed that grantees were disadvantaged because of their race, but not directly or only because of Wellcome.**

They face systemic barriers that staff think are not Wellcome's doing but the result of wider structural inequalities that the academic world has failed to address and that Wellcome doesn't consider in funding decisions.

*"Probably not DIRECTLY because of race, not overtly. But indirectly, because the system is designed to make certain applicants appear more "competitive" - Wellcome staff, Online evaluation staff survey 2021*

*"It's a systems problem, not one that Wellcome is specifically responsible for. The problem is compounded throughout the educational system at every stage. However, we can take some action to hold up role models and give more support" - Wellcome staff, Online evaluation staff survey 2022*

### **3.31. 30%<sup>4</sup> of staff respondents find that there is a lack of support from Wellcome towards grantees from diverse racial, cultural, and socioeconomic backgrounds.**

---

<sup>3</sup> N=155

<sup>4</sup> N=155

There is a lack of a sense of belonging among grantees and this is quite significant for both Black people and People of Colour. This is a problem for Wellcome grantees within the wider research sector also. Grantees feel that the research community is extremely UK and Global North biased.

**3.32. Another most frequent barrier mentioned by grantees interviewed was the socio-economic barriers faced by Black and Brown people.**

At the application process, this becomes prohibitive as Black and Brown researchers cannot afford to invest the long amount of time needed to prepare an application. Time spent on this *“long process...almost a year”* is time forgone in terms of earning (Wellcome Grantee, Evaluation Interviews 2022). Of those grantees that see socio-economic barriers as one of the major barriers, most of them see this barrier as being greatest at the university level, therefore, not a direct challenge created by Wellcome.

Most grantees feel that few Black and Brown people go for a PhD as it requires *“a lot of money or family”* (Wellcome Grantee, Evaluation Interviews 2022). Given the amounts associated with studying for a PhD, grantees feel that Black and Brown people tend to opt for paid employment. For Black and Brown people that do go to university, grantees interviewed speak of the need to take a side job to support them through the course, while their more privileged White counterparts are able to do unpaid internships or can volunteer to gain more targeted experience to add to their CVs.

**3.33. While again, this barrier is not created by Wellcome, this manifests itself in Wellcome’s selection process which favours applications with experience.**

Many of the grantees interviewed who are PoC feel that Wellcome favours experience over qualifications. Many Black and Brown people also lack publications experience, many grantees see that there is a major *“publications barrier”*. Also related to this barrier is the perception among many grantees and IF/IR staff interviewed, of the need for applicants to not just be well established but also for the institutions where they come from to be well reputed. One White grantee described this as *“People, person, place ..... general idea when you are applying for a grant application – you have to be an excellent person – people around you need to be supportive and the place needs to be conducive”* (Wellcome Grantee, Evaluation Interviews 2022).

More than half of the grantees interviewed alluded to the importance of the support from the institution, many indicated that without this support it is almost impossible to go through the application process. One grantee described it as *“Wellcome funding is based on white imperial methods and judge as such”* (Wellcome Grantee, Evaluation Interviews 2022). Most of the grantees indicated that this was not specific to Wellcome, but to large similar UK funding institutions in general.

**3.34. Some of the grantees also noted that providing equal opportunities should not be the end goal, and Wellcome should look beyond that.**

Wellcome should aim to move from equality to equitable approaches in the application process and the general grant making process, *“Simply saying the organisation does not discriminate based on race and other diversity dimensions is not enough because people don't truly have equal access. [...] There [should be] policies and resources in place to lift up individuals and groups who start with fewer opportunities and resources because they are more affected by systemic oppression than others”* (Wellcome Grantee, Evaluation Interviews 2022).

Grantees also noted the importance of supporting career progression of minoritised researchers to open up new opportunities for them in the long run.

*“Having worked at a Wellcome funded institution and now a member of a Wellcome Centre, I cannot think of a single BAME person in a position of power and/or large Wellcome grant holder in either place. I don't think this is Wellcome's fault, but that academic research is still a good old boys club selecting for White men ”* (Wellcome Grantee, Survey 2022)

### **3.35. Grantees, especially People of Colour, highlight challenges faced by Black researchers in the UK as being distinctively different to racism experienced by non-UK Black and People of Colour from around the world.**

One grantee noted that they have been given a free subscription to the race education and membership platform [Race Reflections](#) and indicated that perhaps this *“may be a Wellcome action to increase anti-racism”*, (although she was not sure). *“Race reflection seminars, I felt it was, the perception they were very UK based, it was more applicable for them. The discussions were very vague and philosophical rather than practical”* - Wellcome Grantee, Evaluation Interviews 2022

Several PoC grantees spoke of facing cultural barriers in the grant management stage, i.e. on the rare occasions that they deal with Wellcome staff, they don't always understand their jokes, or their tone.

*“I have always used English and worked in English so it [English language lessons] wasn't as necessary. For supervisors and the kind of reports that they want, I felt I needed additional courses but not in basic English. More in terms of soft skills and technicalities of writing a health assessment report. It's more the regular informal communication”* - Wellcome Grantee, Evaluation Interviews 2022

*“Connect me with other research fellows.....I am struggling with the processes, I am in a deep blue sea. I don't know how or where to get support from”* - Wellcome Grantee, Evaluation Interviews 2022

### **3.36 It is clear that within the various ethnicities of grantees – Black and PoC in the UK and Black and PoC from the Global South grantees - are facing different challenges.**

The common denominator is that these challenges culminate in a series of challenging experiences for Black and PoC grantees. Although it does not define their whole experience

with Wellcome but it certainly does hinder the capacity to feel that they belong to a community which is welcoming to their true authentic selves or a community which seeks to try to accommodate their challenges faced as an international student or from an institution that is not part of the London or a Russell group university.

Even in giving specific anti-racist actions that they would like to see Wellcome take, Black, Mixed, and People of Colour grantees focused on different aspects. Some recommendations were around the need for Wellcome to increase outreach among other LMICs, not only among African LMICs. *“There are a lot of LMICs in Asia and Latin America. They should do more outreach to these regions also.”* (Wellcome Grantee, Evaluation Interviews 2022). While Black and Mixed grantees tended to focus on recommendations to address the lack of Black researchers and so initiatives which address increasing the number of Black researchers at earlier stages in the academia life cycle at the undergraduate stage, before the PhD/postdoc stage.

### **3.37 All grantees found it difficult to comment on whether Wellcome’s grant-making decision making process is anti-racist and addresses racial inequalities.**

They felt that they *“don’t have any details on this”* (Wellcome Grantee, Evaluation Interviews 2022). Of the few grantees that were able to comment, one acknowledged that *“they are well meaning”* (Wellcome Grantee, Evaluation Interviews 2022). A PoC grantee felt that there was a particularly high level of interest in the fact that the selected research topic was on the caste system in India.

On the other hand, a Black grantee questioned whether the grant making process is anti-racist or addressing racial inequalities, *“Possibly it is not because you always hear about Wellcome funding the “golden triangle” – the great universities – Oxford, Cambridge, University of London”* (Wellcome Grantee, Evaluation Interviews 2022). One PoC grantee stated that they felt Wellcome’s anti-racist efforts in the grant-making process were not enough.

*“They need to do much more. It’s not enough to say. I remember that in the application form that there is an AR policy in place. But that in itself is not enough. It’s a question of how these things are executed.”* - Wellcome Grantee, Evaluation Interviews 2022

### **3.38. Wellcome should consider learning lessons from other funders around tackling racism.**

Grantee respondents to the online survey provided several examples of organisations and or movements/initiatives that they believe to be best practices on anti-racist organisations or anti-racist research funders specifically tackling racism. Further evidence to suggest that grantees place high importance on tackling racism as a priority for anti-racism. The majority (8 out of 11) of the examples given are focused on addressing racism and/or addressing racial inequity and inequalities. Furthermore, most of the examples provided are specific to higher education, research culture as well as in the science and health space. The remainder are powerful more general movement-building initiatives on tackling racism.

Grantees responding to the survey had a number of suggestions of how, moving forward, Wellcome could support research institutions and its grantees to become more anti-racist. These included: putting in place funding conditionalities for both grantees and institutions being funded by Wellcome: e.g. explicitly asking the grantees to commit to anti-racism and ensuring funded institutions have zero-tolerance policies on racism and discriminatory behaviours (e.g. partnering institutions should sign the Race Equality Charter: <https://www.advance-he.ac.uk/equality-charters/race-equality-charter>). It should be noted that only one Wellcome staff interviewed mentioned that Wellcome is part of this Charter, staff awareness of this is almost non-existent.

A grantee gave a good example of what Institute of Cancer Research (ICR) is doing to tackle racism and compared it with Wellcome's lack of engagement on anti-racism or racism.

*"We have to fill out for ICR a questionnaire on racism in the workplace. Not through Wellcome, there's a lack of direct engagement. Re: ICR, they had poor findings on racism, and ethnic minorities in the institute from students through to senior team members. They try to draw attention, they present the results, they collect information from all institute members. They have a BAME forum, I joined that forum – they've done great things, they have a specific week to celebrate BAME, we have a lot of different stalls where others can come. As PhD students we have been sent emails to let us know who to speak to if there any other issues. There's quite a drive at the moment." - Wellcome Grantee, Evaluation Interviews 2022*

### **3.39. One grantee suggested establishing an equity pot to invest in researchers and institutions who work with an anti-racist justice lens.**

This grantee elaborated on the need for this due to the difference between how much minoritised researchers are underfunded compared to their White counterparts. Examples were provided from the Joseph Rowntree Foundation (JRF), Stuart Hall Foundation and NERC-UKRI. An equity fund could be ring-fenced, dedicated to bridge the gap in funding received by Black and People of Colour compared to their White colleagues over time.

### **3.40. Both grantees and staff highlighted that funding anti-racist and inclusive research may mean funding other disciplines, and that inclusive research should build communities.**

ITV's Diversity Commissioning Fund is an example of an alternative fund using an approach which is very different to traditional science research. This example was provided by a grantee working in this area.<sup>5</sup> Grantees suggested that Wellcome could fund alternative inclusive research culture set ups that are more cooperative e.g. inclusive research platforms, which operate across several institutions and could facilitate cooperation with Wellcome centres who

---

<sup>5</sup> <https://www.tv.com/presscentre/press-releases/tv-announces-new-ps80m-diversity-commissioning-fund>

have the majority of the infrastructure. An example was given and the grantee highlighted that it is “not just red brick London universities”.<sup>6</sup> (*Wellcome grantee, Evaluation Interviews, 2022*).

### **3.41. Based on their lived experiences, grantees had a number of suggestions for Wellcome on embedding Anti-Racism in their Research and Research Funding.**

Grantees recommend that Wellcome should consider addressing anti-oppression within its funded and its own institution, to deal with the abuses of power and need for accountability and to prevent co-opting, allow for Co-PIs to have the same weighting, or for a collective of researchers to be funded by the same pot, to support one another and share practice and equipment as a cooperative collective.

Grantees also recommended that they should be encouraged and supported to work across the intersections of ethnicity, race, gender, disability. A few grantees felt it important to start with the intersections, all at once, because separating out ethnicity from disabled, LGBTQI+ and working class pushes the harm to minoritise other identities.<sup>7</sup>

### **3.42 Other recommendations provided by grantees for Wellcome’s funding approach include asking Wellcome to not only ask all grantees to demonstrate how their research will address (or not exacerbate) any inequalities.**

Staff and grantees noted that the current application form has a similar question. However, as indicated above, follow-up data collection and monitoring processes are needed. Some grantees feel that Wellcome could offer training, resources and tools on anti-racism to grantees. Based on the timetable provided by CEDI staff on the roll out of the A-R training, grantees do not appear to be on the schedule at the moment.

*“Wellcome’s anti-racist handbook was great. I sent a copy to my university anti-racism network. Materials like this to support other organisations (who are investing less in their efforts to tackle the issue) are useful” - Wellcome Grantee, Evaluation Interviews 2022*

Respondents to the grantee survey were also quite specific about the institutions that Wellcome funds and works with. They recommend that Wellcome have a clear partnership strategy: grantees feel Wellcome should partner more with organisations that have more expertise in anti-racism. At the same time, grantees feel that Wellcome should outright discontinue partnerships with organisations that do not address racism and discrimination adequately:

*“My institution has had no strategic partnership meetings with Wellcome in the last decade despite being a major recipient. I would expect partnership working to be a much more regular*

---

<sup>6</sup> 2 key nks: <https://earn.ngforfunders.candd.org/wp-content/uploads/sites/2/2018/12/equity.pdf> and [https://racaequity.org/wp-content/uploads/2020/01/GWARJL\\_15.pdf](https://racaequity.org/wp-content/uploads/2020/01/GWARJL_15.pdf)

<sup>7</sup> See for example barriers facing disabled researchers: <https://osf.io/uzsdl/>

*strategic and operational affair. This would require a transformation in operational approach and a much greater imagination in creating a shared research culture that is anti-racist” - Wellcome Grantee, Survey 2022*

**3.43 A few grantees who are Black or People of Colour felt it important to note pockets of good examples within Wellcome that all IF/IR teams can learn from.**

*“Credit where credit is due – the new climate and health team seem to be approaching people in the right way, respectfully, and listening, and thinking about framing their research differently by listening to Black and indigenous perspectives. This matters and felt authentic.” (Wellcome Grantee, Evaluation Interviews 2022).*

*“Wellcome should learn from Wellcome Collection, they seem to be doing so much better on this [Anti-Racism] issue” - Wellcome Grantee, Evaluation Interviews 2022*

Another grantee highlighted Wellcome’s laudable approach to research from LMICs.

*“If I was to apply for funding, I would choose Wellcome for LMIC – and the kind of research they’re supporting, applied research. It’s established itself as an organisation which is enabling rather than negotiating. I find that sometimes funders are negotiating – you can do this if you do this. “The perception of Wellcome in Pakistan is similar. It comes from its establishment in the region. It becomes a ripple effect, people become more comfortable in engaging with these funders.” - Wellcome Grantee, Evaluation Interviews 2022*

**3.44 Grantees think it is important for Wellcome to communicate and demonstrate to the wider public in a clear, consistent way about how Wellcome is tackling racial inequity externally as well as internally.**

Both grantee and staff responses suggest that policies on diversity and inclusion, anti-bullying and harassment which are very prevalent within research institutions and Wellcome are insufficient to address the specific needs faced by Black and People of Colour.

**Evaluation Question 4:** *What systems and processes could the CEDI team develop to better track and understand progress of the anti-racism programme in the future and enable continuous learning and improvement?*

**3.45. CEDI team should aim to be more deeply involved in all external systems and processes involved with research and funding in a more structured and meaningful way.**

This should begin with working closely with leadership to develop a more intentional Anti-Racism strategy in research and funding which includes reviewing (and perhaps overhauling) the research and funding schemes with an anti-racist lens. This strategy should provide clear direction and focus. Broadly the strategy should also ensure that it addresses racism and racial

inequities decisively and supports and influences anti-racism within the science health research world – both globally and within the UK. The execution of the strategy should be closely linked to leadership and staff KPIs and there should be clear lines for monitoring, reporting and accountability as well as review mechanisms for any amendments required.

**3.46. CEDI team and IF/IR staff should take stock of all the work being done, and done for increasing D&I in research and funding and ensure that an Anti-Racism lens is used.**

The evaluation team noted several pieces of work set to be commissioned by IF/IR teams and the RFE CEDI team on research and funding. It is essential that anti-racism should be embedded in this work moving forward. Similarly, the research agenda should also include a decolonialised lens and an exploration of power dynamics in order to impact Black and Brown people meaningfully. IF/IR staff also spoke of other key useful pieces of work that IF/IR and CEDI teams can learn from for the research and funding work. A few examples cited by IF/IR staff during the evaluation interviews include a report on comments provided by funding committee members on the grantee selection process and a few pieces being done on inclusive research.

**3.47. There should be more proactive engagement with Communities of Colour and diverse institutions within the UK and LMICs globally.**

To improve and better the existing knowledge and skills on implementing best Anti-Racism practices, we suggest there should be more proactive engagement with Communities of Colour and diverse institutions in the UK and LMICs.

First of all, more diverse staff working with funding and research (including funding committees) is critical to ensure that the decision making processes are reviewed through an anti-racist lens.

Additionally, engagement with communities of Colour and diverse institutions within the UK and LMICs globally is critical for recruiting potential applicants for funding. Wellcome should also create positive action schemes for Black People and People of Colour in line with the Equalities Act, 2010. Wellcome should be encouraged by examples of the effective use of positive action provisions in the law such as the recent Supreme Court guidance on “positive action and proportionality” to enhance inclusion of communities of colour in social housing in London.<sup>8</sup> At the very least, the current funding schemes must be reviewed and transformed in order to remove barriers which are currently perpetuating racist and hindering Black and People of Colour. More positive action is needed to attract and retain Black and People of Colour and institutions from LMICs to engage with Wellcome in the application process.

Once recruited, induction processes for IF/IR staff must include specific training on implementing anti-racist policies in research and funding. Similarly, existing IF/IR staff and members of funding committees need to be continuously trained on implementing anti-racist

---

<sup>8</sup> Cloisters News, 2020, [Positive action and proportionality: Supreme Court guidance in Agudas Israel Housing Association - Cloisters - Barristers Chambers](#)

policies in research and funding. Moreover, CEDI can support regular sessions with IF/IR staff and members of funding committees and Chairs to check in on progress on incorporating anti-racism in decision making processes.

Grantsmanship processes need to be expanded to be more engaged with the people and institutions that Wellcome funds. CEDI staff should support IF/IR staff to engage grantees and funded institutions regularly on anti-racism issues and well-being especially of Black and People of Colour. Similarly, institutions and grantees need to be supported to be anti-racist in their research. Regular conferences among grantees on anti-racism and inclusive approaches to help grantees will also be extremely useful and appreciated by grantees.

### **3.48. Accountability and transparency mechanisms around Anti-Racism need to be embedded across all procedures and practices in research and funding.**

Leaders and quite a few members of staff from research and funding would like to see statistics and numbers which indicate success rates, increases over time in funding to Black and People of Colour. Statistics on funding to various communities to ensure that there isn't a funding gap based on race, gender, ableism etc. Data on staff, funding selection committees/Chairs and grantee diversity should be collected and analysed specifically for Anti-Racism insights for strategy development and continuous review and learning.

## **4. Our Assessment**

*'Wellcome will no longer tolerate racism, and will work to ensure our actions and decisions do not sustain racial inequity'* - [Wellcome Anti-Racist Principles](#)

1. It has been two years since the Wellcome Executive Leadership team publicly issued a set of clear commitments to tackling racism across their funding/research and employment. These commitments were ambitious in scope and aimed to address substantial deficits in the organisation's acknowledgement of and action on addressing structural racism within its environs. Since this commitment was issued Wellcome has begun the implementation of change interventions in addition to the Anti-Racism Principles Toolkit, including the Anti-Racist training programme, and a programme of coaching for the Executive Leadership Team. There have also been pockets of good practice which has been adopted by different teams across the organisation, who have begun exploring what it looks like to embed the Anti-Racist Principles and general anti-racist practice into their work. The teams included are the Mental Health team, and the Data for Science and Health team under Research programmes. It is recognised that efforts have been made to improve the demographic diversity of Wellcome staff, which has resulted in a 7% increase of non-leadership staff identifying as Black or People of Colour. It is also acknowledged that visible leadership on EDI has been improved at Wellcome with the recent introduction of the EDI committee.

2. However, in spite of these interventions, there has been a significant lack of momentum in delivering against the June 2020 commitments. Specifically there has been a distinct absence of consistent, measurable inputs and outputs related to addressing structural racism and adapting and implementing an anti-racist philosophy, practice, and process across the organisation.

	<b>Wellcome Commitments</b>	<b>Inclusive Employer</b>	<b>Inclusive Funder and Inclusive Research</b>	<b>Progress - Red (R) Amber (A), Green (G)Rating</b>
1	“we have committed to developing anti-racist principles, resources and training at Wellcome. This will support us to recognise, talk about and tackle racism and micro-aggressions”	Y	Y	A
2	“We will be changing our guidelines on funding committees, reporting on ethnicity as well as gender, and looking at how we might provide targeted support to BAME and especially Black British grant applicants”	N	Y	R
3a	“We will also use the anti-racist principles to inform our internal and external policies..;”	Y	Y	R
3b	“... including specific reference to racism and putting in place safe and robust processes for people to challenge racist behaviours and processes, including anonymous reporting via our Speak Up Reporting Line.”	Y	Y	R
4	Most importantly, our new strategy commits us to equitable funding processes and health outcomes.	N	Y	R
5a	It is our aim to achieve BAME representation at every level of Wellcome, including ELT.	Y	N	R
5b	The anti-racist principles described above will apply to all our recruitment and appointment	Y	Y	R

	processes			
6	Each of us will commit to our own plans for developing our understanding of racism and allyship, drawing on the range of suggestions already put forward on our intranet by colleagues from our BAME Network. Some of us have already undertaken coaching and reverse mentoring, and we will extend these programmes	Y	Y	R
7	Work we do across Wellcome will cover Wellcome Collection, but we will also support Melanie Keen, Director of Wellcome Collection, and the Wellcome Collection Leadership and Access, Diversity & Inclusion teams as they develop their own anti-racist action plans for collections, programming and engagement with audiences.	Outside the scope of this evaluation		

3. We have also observed that that whilst Wellcome has been a strong public advocate for the Anti-Racist Principles, and has emphasised that the Principles are '*primarily for people with leadership responsibilities at Wellcome, including the Executive Leadership Team, Senior Leadership Team, Board of Governors, and funding committee chairs*', there is very little evidence to show that Wellcome Leadership has fully adopted or consistently applied the Wellcome Anti-Racist Principles in the implementation of strategic organisational initiatives, a key example of this being the Organisational Design 2021 process.
4. We acknowledge the pressures of COVID-19 and the Organisational Design in 2021, which required significant allocation of organisational attention and resources and which may therefore have impacted the ability to implement some of the committed structural and cultural interventions.
5. However, we strongly believe that the significance of Wellcome's own admissions within the June 2020 statement ('*As a funder, an employer and a museum and library we have perpetuated racism*'), merited a commensurate level of sustained attention and action over this period. This has not transpired, and instead as a result of Wellcome's inaction, both Staff and Grantees have experienced the following:

**6. The continuation, replication, and normalisation of behaviours and actions that perpetuate harmful cultural environments for Staff and Grantees who identify as Black and People of Colour**

- a. Wellcome staff who identify as Black or People of Colour have directly experienced discrimination, harassment, and microaggressive practices based upon their racial identity; Wellcome staff who identify as White have also observed such practices.
- b. Although overall most grantees do not report experiencing discrimination, harassment and microaggressive practices by Wellcome directly, the majority of grantees who identify as Black and People of Colour have experienced discrimination, harassment and microaggressive practices within the science and research health sector of which Wellcome is a big part of. Additionally, the few direct racist incidents experienced by grantees committed by Wellcome have not been met with decisive or appropriate response from Wellcome. Similarly, Wellcome has not sanctioned institutions funded by Wellcome which have been found to be racist.
- c. We observed, on aggregate and across staff and leadership, a lack of shared common understanding of Anti-Racism concepts and issues and how these manifest within the Wellcome ecosystem. This impacts the degree to which individuals and departments at Wellcome feel comfortable integrating an Anti-Racism lens into their day-to-day work. More importantly this also translates into discriminatory and inequitable behaviours experienced by staff at Wellcome (from peers, management, and leadership) particularly those from marginalised groups.
- d. Limited management competency and proficiency to be able to identify and address discriminatory practices and behaviours across the organisation. This has then resulted in low levels of trust and confidence of staff in management to take appropriate action.
- e. The lack of consistent follow through on the Anti-Racism agenda, the impact of the Organisational Design process (2021) upon staff from demographically minoritised groups, the lack of trust in leadership (caused by lack of visibility and consistency in engagement), as well as the negative staff experiences of Wellcome culture have impacted the level of staff morale and staff confidence that the Anti-Racism work will be fully delivered upon.
- f. The recent resignation of the Anti-Racism Expert Group may be a source for growing scepticism from the research community towards Wellcome's commitment to anti-racism. A few members of staff who interact with the community already sense this, because members of the group were all high profile Black and People of Colour in the field. Similarly, recent independent reviews have evidenced structural racism within two prestigious recipients of major funding from Wellcome. This will also lead to more scrutiny on the lack of anti-racist considerations in Wellcome's funding decisions.
- g. Lack of a sense of belonging among grantees is quite significant for both Black people and People of Colour due to Wellcome's lack of engagement with grantees on anti-racism issues or well-being. This is a problem for Wellcome grantees within the wider research sector also. Grantees feel that the research community is extremely UK and Global North biased.

**7. The maintenance of policies and processes which continue to uphold structural and systemic inequities in terms of visibility and access of Staff and Grantees who identify as Black and People of Colour.**

- a. Absence of clear strategy, leadership, ownership and accountability mechanisms around Anti-Racism in the organisation.
- b. There is a bias inherent in Wellcome's existing processes and practices which impacts staff who do not hold global majority group identities (Global North, middle/upper class, White, educated). This results in tangible disadvantages in pay, promotion, and other access opportunities for non-majority group staff, with particular disadvantages being experienced staff who identify as Black or People of Colour.
- c. The low visibility and representation of Black or People of Colour within senior roles and forward-facing roles in the organisation has a significant impact on the degree of confidence of staff in the effectiveness of the Anti-Racism agenda at Wellcome, particularly staff identifying as Black and People of Colour.
- d. Despite concrete examples of how People of Colour grantees and especially Black grantees have been disadvantaged in the application process and as Wellcome grantees, there is no clear specific Anti-Racism leadership or strategy focused on research and funding.
- e. The current research and funding schemes are focused on D&I considerations with early signals indicating that progress in anti-racism is impossible. Even success with D&I outcomes will be limited due to the lack of direct interventions to tackle racism within Wellcome and the research sector.

**8. The absence of visible leadership and accountability mechanisms to provide clear direction and maintain momentum and accountability for addressing racism and racial inequities across all elements of Wellcome's work.**

- a. There is a noticeable gap between the experiences of Executive Leadership and Wellcome staff, a feeling of 'us and them', as it relates to the culture at Wellcome, particularly around practices and behaviours that uphold inequitable systems.
- b. There has to date been a lack of direct leadership action to mitigate the experiences of racial discrimination, harassment, and microaggressions, which has contributed to the normalisation of behaviours which maintain a harmful culture for all staff, particularly staff who identify as Black or People of Colour.
- c. Staff do not feel like they can trust Wellcome leadership to deal appropriately with issues of inequity, discrimination, or harassment. Whilst Wellcome promotes anti-racism and D&I in language, in practice many staff members feel unsafe and uncomfortable in their working environment - it is felt that Wellcome is not 'walking the walk'.
- d. The main barriers and challenges to anti-racism in research and funding stem mainly from the leadership and governance structure of EDI issues in research and funding teams, the focus on efficiency and D&I issues rather than proactive measures. This may actually perpetuate and exacerbate the lack of diversity in the research sector.

## 9. Based upon these findings we conclude:

- a. Wellcome has failed to meet its own commitments to addressing racism and racist practice.
- b. Wellcome has failed to meet its responsibilities as outlined in its Health, Safety, and Environment Policy as it relates to ensuring the wellbeing of Staff and Grantees.<sup>9</sup>
- c. Due to the prevalence of the cultural, structural, and leadership deficits across the organisation, and the harmful impact they have had particularly on Staff and Grantees identifying as Black and People of Colour, we draw the conclusion that Wellcome is culpable of *Institutional Racism*, defined within The Macpherson Report (1999) as:  
*'The collective failure of an organisation to provide an appropriate and professional service to people because of their Colour, culture, or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness, and racial stereotyping.'* (Section 6.34 pg 49).<sup>10</sup>
- d. *Through Wellcome's failure to take appropriate action on racism, we also find that Wellcome is culpable of contributing to the replication of harmful practice within the research sector.*

## 5. Recommendations

1. Wellcome has a unique opportunity to reset its Anti-Racism work, reposition itself as an Inclusive Employer and Inclusive Funder/Research, and deliver a programme that will achieve positive outcomes for staff and grantees, particularly those identifying as Black or People of Colour.
2. Below we have laid out a number of recommended *short term*, *medium term*, and *long term* actions the organisation can take (these are numbered purely for ease of reference and do not denote any additional prioritisation).

---

<sup>9</sup> Taken from the policy statement of the *Wellcome Health, Safety, and Environment Policy*: 'We will promote and support the physical and mental health, safety and wellbeing of our people by doing what we reasonably can to provide a safe working environment ...' (Document location: Trustnet)

<sup>10</sup> 'It is acknowledged that the use of the term 'Institutional Racism' within the MacPherson Report referred specifically to the institutional failings of the Metropolitan Police, however since the report issue the term 'Institutional Racism' and the MacPherson definition is widely accepted within Race and Racism discourse within the UK. The term and definition were most recently being used within The Fawcett Society report *Broken Ladders* issued in 2022 ( <https://www.fawcettsociety.org.uk/broken-ladders> (Page 6) and The International Development Committee Report on Racism in the Aid Sector (2022)<https://committees.parliament.uk/publications/22698/documents/166821/default/> (Page 4)'

	<b>Cultural Change</b>	<b>Structural Change</b>	<b>Leadership actions</b>
<b>Short Term (start now implement within 0-6 months)</b>	<p>1.Funding and Research teams should incorporate anti-racism approaches to how they allocate funds and commission research. (IF/IR)</p> <p>2.Outreach: active targeting for groups/institutions that are underrepresented in funding. (IF/IR)</p> <p>3.Regularly engage with grantees/funded institutions on Anti-Racism issues for well-being and for the purposes of encouraging research which impacts underrepresented communities. (IF/IR)</p> <p>4.Those involved in funding decision-making processes should be continuously educated on and address systemic barriers certain people face because of their identity. (IF/IR)</p> <p>5.People and institutions funded by Wellcome must also commit specifically to Anti-Racism and must also be held accountable and be transparent about actions taken to tackle racism as well as to promote Anti-Racism. Traditional D&amp;I, Anti-Racism and harassment policies and approaches are not sufficient to address</p>	<p>1.Wellcome should undertake extensive strategy development and planning around the next phase of the Anti-Racism work, with a resulting output being the development of a formal Anti-Racism Strategy that covers both the IE and IF/IR strands. Following the development of the Strategy, wellcome should develop an action plan which will support the mainstreaming of the strategy objectives. (IE) (IF/IR)</p> <p>2.Anti-Racism work requires permanent and dedicated staff and resources from both IE and IF/IR strands to ensure that Wellcome’s commitments both within the organisation and externally in the research sector are met. It is time for this work to be a priority within Wellcome. (IE) (IF/IR)</p> <p>3.All Anti-Racism efforts across the organisation should formally be coordinated by one central department, to ensure progress and impact of all efforts are being tracked and quality assured. As CEDI has led the way in all of Wellcome’s D&amp;I efforts to date, across all strategic pillars and across both the Inclusive Employer and Inclusive Funder/Research strands, we suggest that CEDI is formally given this role, and recognised as a department separate from People &amp; Culture,</p>	<p>1.Leadership should proactively share these report findings with staff and grantees, as this will be viewed as a sign of openness, transparency, and humility. (IE) (IF/IR)</p> <p>2.Wellcome should demonstrate a recognition of the ‘sweat equity’ being disproportionately given by staff identifying as Black or People of Colour who, in addition to their substantive jobs, are playing significant roles in the progression of the anti-racism agenda, whether through their roles in WREN or in their positions as employee representatives on ELT, by offering remuneration for their efforts. (IE)</p> <p>3.Wellcome’s Executive Leadership and Wellcome’s Board of Governors should publicly recommit once more to holding a zero tolerance to racism, harassment, and discrimination and should implement clear accountability mechanisms where behaviour in the organisation falls foul of this. (IE)</p> <p>4.Wellcome will need to take decisive action on grantees and institutions found to be racist. (IF/IR)</p>

	<p>Wellcome’s bold Anti-Racism objectives and commitments to the global science and research culture and sector.</p> <p>6. Wellcome are encouraged to retire the use of the term ‘BAME’ to refer to non-White staff and grantees. This term serves to erase the unique experience of different racial and ethnic groups and also serves to uphold the idea that White is the default racial group, against which other groups are measured. (IE)</p>	<p>headed up by a new senior level position with a place on ELT. (IE) (IF/IR)</p>	
<p><b>Medium Term (start now and fully implement within 0 - 18 months)</b></p>	<p>1. Leverage provisions in the Equalities Act (2010) to develop positive action funding schemes for underrepresented groups/institutions within the UK and globally. (IF/IR)</p> <p>2. Wellcome should review existing mental health and well-being support provided to staff to ensure that staff are provided with support to navigate through experiences which lead to racial trauma. (IE)</p> <p>3. Shift understanding of excellence, particularly in areas of funding: critically review explicit or implicit assessment criteria to move</p>	<p>1. Wellcome should undertake a review of current employment policies and practices that impact progression and access to opportunity in the organisation for staff identifying as Black and People of Colour, with a particular focus on removing aspects which might be (implicitly or explicitly) biased against this group. (IE)</p> <p>2. Wellcome should update their existing performance management mechanisms so all staff and leadership are required to have an objective relating to Anti-Racism and/or the implementation of the Anti-Racist Principles in their day to day work as well as within the wider sector. (IE)</p>	<p>1. A clear action plan should be developed for ELT engagement in delivering the Anti-Racism agenda. This will allow ELT to hold much greater visibility and provide much clearer support of and direction for the Wellcome’s DEI agenda, particularly the current Anti-Racism work. (IE)</p> <p>2. ELT should be provided with a curated coaching programme to support their learning around Anti-Racism. This coaching should focus on behaviours associated with inclusive leadership or feminist leadership principles, and should look to support ELT with building up their leadership competency and capability to confidently and visibly lead this work without</p>

	<p>away from funding the “usual suspects”; make assessment transparent (e.g. for discretionary funding routes). (IF)</p>	<p>3. Wellcome should integrate the Anti-Racist Principles as standard into the planning and design of all organisational initiatives, with a particular purpose to ensure the perspectives of staff from minority groups, particularly those identifying as Black and People of Colour are integrated in the design and development stage. (IE)</p> <p>4. Frequent and tailored communication on the progress on the Anti-Racism agenda, should be made available to all staff, with staff being provided opportunities to input and feedback. (IE)</p>	<p>being overly worried about making mistakes. (IE)</p>
<p><b>Long Term (start now and fully implement within 0 to 3 years)</b></p>	<p>1. Implement a continuous programme of training across the organisation, to build up competency and knowledge of Anti-Racism. The training should not focus solely on concepts and anti-racist behaviours, but should also incorporate learning on the historical and socio-political roots of the global health and research sectors. Wellcome are encouraged to engage with Wellcome Collection to identify lessons learnt from the development and the delivery of their Social Justice Curriculum. (IE)</p> <p>2. The culture of anti-racist practice should be</p>	<p>1. Wellcome should commit to undertaking more rigorous and regular data collection, as it relates to both the implementation of the anti-racism programme, and the experiences of staff and grantees as applicable, particularly those identifying as Black and People of Colour. The data collection should focus on: i) promotion, pay, and performance data, ii) recruitment and exit data, iii) reports of harassment, discrimination, and other types of hostile behaviour, iv) demographics, and v) general measures of staff engagement. This data should not simply be used to illustrate the current state of the organisation, but</p>	<p>1. Wellcome should fully adhere to the Race at Work Charter’s Seven Calls to Action, which include the following commitments:</p> <ul style="list-style-type: none"> <li>a. Appoint an Executive Sponsor for race.</li> <li>b. Capture ethnicity data and publicise progress.</li> <li>c. Commit at board level to zero tolerance of harassment and bullying.</li> <li>d. Make clear that supporting equality in the workplace is the responsibility of all leaders and managers.</li> <li>e. Take action that supports ethnic minority career progression.</li> </ul>

	<p>integrated across all Wellcome divisions, including its Investment Team and its Investment portfolio. (IE) (IF/IR)</p>	<p>should be integrated into decision making to inform how the organisation might maintain or transform the status quo. (IE) (IF/IR)</p> <p>2. Wellcome should undertake extensive review of new research and funding schemes to ensure that Anti-Racism is mainstreamed. Stronger frameworks around scoping research can help the organisation strengthen the success of this work and increase organisational foresight. (IF)</p> <p>3. People and institutions funded by Wellcome must also commit specifically to anti-racism and must also be held accountable and transparent about actions taken to tackle racism as well as to promote anti-racism. Wellcome should also consult regularly with grantees within their institutions, not only to give professional support for their research but also on well-being. Traditional D&amp;I, Anti-Racism and harassment policies and approaches are not sufficient to address Wellcome's bold Anti-Racism objectives and commitments to the global science and research culture and sector. (IF)</p> <p>4. Improve accessibility: identify &amp; remove formal barriers to access for researchers or institutions, e.g. remove</p>	<p>f. Support race inclusion allies in the workplace.</p> <p>g. Include Black, Asian, Mixed Race and other ethnically diverse-led enterprise owners in supply chains.</p> <p>2. Leadership should ensure regular critical assessments of anti-racism progress and impact at Wellcome, with a particular focus on identifying the degree to which any shifts and changes (positive or negative) within the research landscape are as a result of Wellcome's anti-racist interventions. (IF/IR)</p>
--	---	---	---

		requirement to have a Research Office Support or Authorised Organisational Approver for organisations in low-resource countries; access languages other than English. (IF)	
--	--	--	--

## 6. Conclusion

*'This commitment is not a finite one. It will sit within our wider shared commitment to diversity and inclusion but recognise the specific challenge of racism and its impact on people of colour, and especially Black people. **We won't achieve change overnight, nor will we get everything right, but our commitment as individuals and as an organisation is to change, by taking action, learning from it and continuing to make it better'***

*- Wellcome Executive Leadership Team, 'Our Commitments to Tackling Racism at Wellcome' - June 2020 (emphasis in bold ours)*

We remind the Wellcome Executive Leadership Team of the above statement within which they acknowledge the specific challenges of racism, and recognise their commitment to anti-racism as distinct from their commitment to diversity and inclusion.

We note that within this statement, the Executive Leadership Team have also highlighted the need for sustained action, persistence, and humility in the pursuance of this commitment.

Given Wellcome's actions to date on anti-racism, and the organisation's very prominent role within the global health and research funding space, more and more comparisons will be made to larger funding organisations such as the government institutions who have to be more accountable and transparent on tackling racism and increasing anti-racism.

We encourage Wellcome's leadership to fully lean into the principles of sustained action, persistence, and humility, and act now to ensure Wellcome makes the necessary changes in policy and practice, internally across all its organisations and externally within the research and funding sector, so it is best placed to achieve an aspiration shared by both staff and grantees alike: that Wellcome becomes a truly anti-racist organisation.

# Annex One:

## Methodology

### a. Approach

The evaluation made use of both **formative** and **developmental evaluation** approaches. This combination ensured a sufficient level of methodological rigour while taking into account the developmental nature of the programme, which has only been partially implemented. The two approaches, our rationale for selecting them, and how they were used in the evaluation are summarised below:

Approach	Suitable for	Link to the evaluation	Methods and resulting outputs
<b>Formative Evaluation</b>	When fine-tuning a model; when a future summative evaluation is expected and baseline data will likely be needed.	To strengthen the delivery of CEDI support and anti-racist work, and to prepare for future summative evaluation by establishing a baseline	More traditional methods that ensure rigour: combining quantitative surveys and desk research with qualitative research to capture a formal baseline. Result in formal reports.
<b>Developmental Evaluation</b>	When working in situations of high complexity; when working on early-stage social innovations.	To feed into ongoing development of CEDI support as anti-racist work is being delivered. To uncover areas that have not been considered yet within CEDI and to understand deeply the organisational culture.	Innovative methods in the form of: workshops and co-creation, open-ended questions, combined with observations by evaluators. Result in ongoing feedback to team members.

This was a **mixed methods** evaluation, collecting and analysing both qualitative and quantitative data. Given the recent implementation of the CEDI support and the Anti-Racism programme, qualitative data was well-suited to capture small changes experienced by staff and grantees over a relatively short period of time. However, to complement qualitative data and establish a baseline for future evaluations, quantitative data was also used in the form of surveys for the staff and grantees.

The main data collection methods that were used in the evaluation were a) online surveys; b) one-to-one interviews; c) focus groups. Interviews and focus groups were held remotely. The full details on the data collection methods can be found below.

b. Sampling

*Staff sampling approach*

For staff interviews and focus groups we made use of **stratified sampling**, i.e., sampling from a population which can be partitioned into subpopulations, as well as **purposive sampling**, based on those who have in-depth insights into the anti-racism programme, e.g. members of the CEDI team or the Anti-Racism Forum.

Ethnicity and seniority were the two criteria that were prioritised for stratified sampling to ensure the variety of responses from staff of different ethnicities and seniority levels. Both characteristics were divided into subcategories based on Wellcome’s classification system (for seniority level) and diversity data collected to date (for ethnicity). The percentage of research participants represented in each subcategory reflects their overall representation in the organisation, based on analysis from diversity data collected by Wellcome and analysed by TSIC. The final sampling frame used for inviting Wellcome staff participants was as follows:

Seniority level				
	Core	Implement	Affect	Shape/Lead
Proposed percentage of staff	20%	40%	30%	10%
Ethnicity				
	Black	Asian	Mixed & Other	White
Proposed percentage of staff	30%	20%	10%	40%

Purposive sampling was used to select staff members who have in-depth knowledge of anti-racism at Wellcome, for example members of the CEDI team or the Anti-Racism Forum.

The survey was sent to all staff members.

### Staff sample overview

Overall, the **survey** respondents were representative of Wellcome's staff as of October 2021. 77% of the survey participants were White, which corresponds to the proportion of staff (as of October 2021, 80% of Wellcome staff were White), and 64% of the survey participants were female (in comparison to 66% at Wellcome).

Table #: demographics of survey participants compared to Wellcome's staff

Characteristics	% of survey participants - N=476	% of overall population (Wellcome's staff, as measured by EDI data from October 2022, N=761)
<b>Ethnicity</b>		
White	77%	80%
Black	6%	4%
Asian	9%	8%
<b>Seniority level</b>		
Seniority: Implement	36%	42%
Seniority: Affect	28%	27%
Seniority: Shape/Lead	12%	12%
Seniority: Core	22%	19%
<b>Gender</b>		
Female	64%	66%
<b>Disability</b>		
Identify as having a disability	11%	8%
No disability	88%	88%
Prefer not to say	1%	4%
<b>Socio-economic background (when growing up)</b>		
Middle class	46%	No comparable data

Upper middle class	10%	No comparable data
Lower middle class	20%	No comparable data
Working class	10%	No comparable data
Skilled working class	13%	No comparable data

Given that the survey sample reflects the overall makeup of Wellcome’s staff in terms of ethnicity, seniority, gender and disability and the relatively high number of staff members who participated, it is reasonable to suppose that the opinions gathered through the survey represent staff opinions accurately. Learning from intersectionality research suggests that these characteristics are likely to impact one’s experience of racism.

Due to Wellcome’s data storage procedures we were not able to review the final sample of Wellcome’s staff who attended interviews and/or focus group discussions, as per Wellcome’s GDPR policy, the samples were too small to report on this data in a fully confidential manner. However, a wide variety of staff in terms of their gender, ethnicity, and seniority were engaged in the primary data collection during this evaluation.

*Staff engagement*

Wellcome staff members were first invited to participate in the interviews and focus groups in November 2021. However, the evaluation was paused shortly after the invitation was sent, and the staff was invited to participate again in March-April 2022.

Due to high staff turnover and staff members going on extended leave for diverse reasons, the sampling had to be redone multiple times. In the end, 92 staff members were invited to participate in the **interviews and focus groups** for the **Inclusive Employer** strand (60 members participated) and 24 staff members working with Research Funding were invited to participate in the evaluation for the **Inclusive Funder** strand (17 of them participated). Overall, the response rate for interviews (the number of people who were invited and responded positively) is relatively high, with between 65% and 70% of all staff members invited participating in interviews. Non-Research Funding staff were slightly less likely to participate, potentially due to an overall fatigue when it comes to Anti-Racism at Wellcome or them already participating in the Anti-Racism survey that was open for all staff members in November 2021 (which was completed by 476 people).

*Table #: interview/FGD response rate for Wellcome staff members*

<b>Evaluation strand</b>	<b>Number of staff members who participated</b>	<b>Number of people invited</b>	<b>Interview/FGD response rate</b>
Inclusive Employer	60	92	65%

Inclusive Research/ Inclusive Funder	17	24	70%
---	----	----	-----

### *Grantee sampling*

For the **grantee interviews**, we used a purposive sampling approach, with the aim of interviewing grantees who might have experienced racism in the context of their work with Wellcome. Approximately 13% of grantees are of Black, Asian and Mixed/Other ethnicity (based on the grantee diversity data shared by Wellcome). As the sample size for grantees interview had to remain relatively small for time and budget reasons, the focus of the interviews was on capturing grantees' experience of racism at Wellcome. For this reason, grantees from Black, Asian and Mixed ethnic backgrounds were purposefully overrepresented in the sample. Women from those backgrounds were also overrepresented and constituted a third of the sample, as it was key to capture their perspective at the intersection of gender and race.

We used the following framework to invite grantees to participate:

- 33% - grantees of Black ethnicity (including Black or Black British-African, Black or Black British-Caribbean, Mixed-White and Black African, Mixed-White and Black Caribbean and other Black backgrounds)
- 33% - grantees that were women of Colour (including Asian or Asian British-Pakistani, Asian or Asian British-Indian, Asian or Asian British-Bangladeshi, Arab, Chinese, Black or Black British-African, Black or Black British-Caribbean, other Asian and other Mixed backgrounds)
- 33% - grantees randomly selected from the grantee list.

### *Grantee sample overview*

In total, 17 grantees were interviewed: 8 Black grantees, 7 women of Colour (one of which asked for a 2-hour interview, therefore 8 hours in total) and 2 randomly selected grantees (a male from other Mixed background and a White British female grantee).

All grantees received their grants in 2020 or 2021 to ensure their perceptions of Wellcome were based on recent interactions after the Anti-Racism work was launched

For the **grantee survey**, we used convenience sampling and the survey was shared through the grantee newsletter (the link was included in the April and May newsletters). Only 27 responses were collected, with the sample including:

- 89% of grantees represented academic institutions (11% - non-profit organisations)
- 85% were based in the Global North with 70% in the United Kingdom, 12% in Europe and 4% in the United States. The remaining 15% were based in Sub-Saharan Africa
- 67% of the respondents were of White ethnicity, with 7% being Asian, 4% Indigenous, 4% Black, 7% Mixed and 11% Other
- 19% of the grantees stated they had a disability or a long-term health condition

- 59% of the survey participants were female (30% male, 11% did not disclose their gender)
- 52% of the grantees were between 40 and 59 years old

Based on the diversity data available for Wellcome grantees between 2020 and 2021, we see that some groups may have been more likely to respond to the survey than others. For example, 44% of Wellcome grantees are female, but 59% of survey participants were; 3% of Wellcome grantees identify as having a disability, but 19% of survey participants did.

#### c. Data collection

The data collection methods used for this research are presented in the table below.

Strand	Data collection method	Notes
Inclusive Employer/ Inclusive Funder	14 interviews with senior management team, CEDI and WREN members	
Inclusive Employer/ Inclusive Funder	9 interviews with Executive Leadership Team	
Inclusive Employer/ Inclusive Funder	Anti-Racism survey for all Wellcome staff	476 responses
Inclusive Employer	12 interviews with staff members	
Inclusive Employer	2 focus groups with staff members	6 staff members attended
Inclusive Employer	1 case study interview	Mental Health team
Inclusive Funder	11 interviews with staff members working in Research Funding	
Inclusive Funder	1 focus group with staff members working in Research Funding	6 staff members attended
Inclusive Funder	2 case study interviews	Data for Science and Health; Policy and Advocacy teams
Inclusive Funder	17 interviews with Wellcome grantees	1 grantee had a 2-hour interview
Inclusive Funder	Survey for grantees	27 responses

#### d. Data analysis

The approaches adopted for data analysis depended on the type of data at hand, as well as the quality of the data. There were two main types of data collected:

**Quantitative data from surveys:** we used Excel to analyse quantitative data. In terms of analysis techniques, we made use of summary and descriptive statistics. Where demographics data were available about participants, we disaggregated data based on those characteristics and looked for patterns in the data. We also paid close attention to any other characteristics that might be relevant in the context of the research.

**Qualitative data:** data from interviews and focus groups were transcribed by the interviewers. Qualitative data were analysed using in vivo coding, an inductive technique whereby the researcher creates codes / labels based on the data they are observing. This approach requires researchers to read through all the data before starting the analysis, create codes based on each interview, and then refine them once they have a complete overview of the data. It enabled the research team to capture unexpected narratives and stay closer to what interviewees have shared, which is critical in the context of diversity and inclusion projects.

e. Quality Assurance

To ensure the quality of this evaluation, we adopted the Bond’s evidence principles to undertake a diagnostic of this evaluation. The diagnostic can be found in the table below.

Dimension	Definition	Self-assessment and considerations
<b>Voice and Inclusion</b>	1a. Are the perspectives of beneficiaries included in the evidence?	Yes, the perspectives of Wellcome staff and grantees have been incorporated through interviews, focus groups and surveys.
	1b. Are the perspectives of the most excluded and marginalised groups included in the evidence?	Yes, our sampling approach aims to capture the voices of staff and grantees facing intersecting forms of social disadvantage. The sample frame for staff members includes representation from non-dominant ethnic minority groups. The sample frame for grantees also corrects for the over-representation of White grantees and includes representation from ethnic minority groups and also groups facing intersecting forms of vulnerability such as women of Colour.

	<p>1c. Are the findings disaggregated according to sex, disability and other relevant social differences?</p>	<p>Yes, the research team was attentive to the effects of specific forms of social disadvantage on the perspectives and experiences of staff and grantees in the process of analysing data. The perspectives of staff and grantees facing intersecting forms of social disadvantage is spotlighted in the analysis to the extent of not compromising anonymity.</p>
	<p>1d. Did beneficiaries play an active role in the assessment process?</p>	<p>Yes, our approach for the collection of qualitative methods is based on the principles of Participatory Action Research, where the goal is not only to understand a problem from the participants' perspective, but also to solicit their ideas for potential solutions in a structured way. We included feedback loops to ensure that beneficiaries are not only who we extract data from.</p>
<p><b>Appropriateness</b></p>	<p>2a. Are the data collection methods relevant to the purpose of the assessment and do they generate reliable data?</p>	<p>Yes, we mapped the data collection methods to the evaluation questions and used a range of quantitative and qualitative methods.</p> <p>We took several steps to bring rigour and reliability into the qualitative components of the data collection process. Qualitative data from interviews and focus groups were transcribed by the interviewer, though were not always recorded in order that participants feel comfortable and safe in sharing their views.</p>

	<p>2b. Is the size and composition of the sample in proportion to the conclusions sought by the assessment?</p>	<p>One of our main aims in this evaluation was to incorporate the voices of staff members and grantees who are the most marginalised by their social locations. In our report, we make clear that our sampling strategy for both staff and grantees has been designed to be intersectionally sensitive, providing breadth and depth of insight into the experiences of grantees and staff who face multiple forms of social disadvantage.</p> <p>Through our evaluation, we used a wide number of different data sources to draw conclusions, including primary data (interviews, focus and surveys with Wellcome staff, including senior management and ELT, and Wellcome grantees) as well as secondary data provided by Wellcome (exit interview data, analysis of the OD review exercise).</p>
	<p>2c. Does the team have the skills and characteristics to deliver high quality data collection and analysis?</p>	<p>Yes, the core team individually have a strong track record of delivering high quality data and analysis, as well as applying anti-racism principles and inclusive and participatory methodologies. All have strong expertise in qualitative data collection and some, having worked for international development organisations, are familiar with OECD-DAC evaluation criteria. As a team we highly value lived experience alongside our professional expertise and experience, as majority of the team have experienced race-based discrimination. Most of our team are UK-based, but all of us have worked in multicultural teams and international settings.</p>

	2d. Is the data analysed in a systematic way that leads to convincing conclusions?	Yes – refer to the data analysis section in the report.
<b>Triangulation</b>	3a. Are different data collection methodologies used and different types of data collected?	Yes, this evaluation was a mixed methods evaluation, collecting, analysing and mixing both qualitative and quantitative data. Given the evolving nature of the CEDI support and anti-racism programme, qualitative data were well-suited to capture the nuanced changes experienced by staff and broader stakeholders. Nonetheless, to improve methodological rigour, quantitative data was also used.
	3b. Are the perspectives of different stakeholders compared and analysed in establishing if and how change has occurred?	Yes, where possible, we compared staff and grantees experiences and perspectives based on the sampling characteristics (e.g. race, gender).
	3c. Are conflicting findings and divergent perspectives presented and explained in the analysis and conclusions?	Yes, we ensured to draw these out <a href="#">GN11</a>

	3d. Are the findings and conclusions of the assessment shared with and validated by a range of key stakeholders (eg. beneficiaries, partners, peers)?	The sharing of the findings and conclusions both internally and externally depend on Wellcome processes and priorities, however, we support and promote holding sense-making workshops to discuss findings where possible, as well as share findings with its grantees and staff in a transparent way.
<b>Contribution</b>	4a. Is a point of comparison used to show that change has happened (eg. a baseline, a counterfactual, comparison with a similar group)?	Due to the nature of the evaluation, it was not possible to establish a baseline before Anti-Racism work was launched, however, during the qualitative data collection we made an effort to note experiences and perceptions of changes in Wellcome over time from the staff members that have been working for a longer time. We also generated some historical insight through secondary data sources shared by Wellcome.
	4b. Is the explanation of how the intervention contributes to change explored?	Yes, this question was explored through quantitative analysis of our survey data and an outcomes harvesting approach to analysing the qualitative data.
	4c. Are alternative factors (eg. the contribution of other actors) explored to explain the observed result alongside an intervention's contribution?	Yes, we looked at the contributions of other actors by asking interviewees and focus group participants to discuss these during the research.

	4d. Are unintended and unexpected changes (positive or negative) identified and explained?	Yes, we also looked at this through utilising the outcomes harvesting approach.
<b>Transparency</b>	5a. Is the size and composition of the group from which data is collected explained and justified?	Yes, the report provides a detailed description of the sampling strategy for grantees and staff.
	5b. Are the methods used to collect and analyse data and any limitations of the quality of the data and collection methodology explained and justified?	Yes, these were comprehensively explained in the report.
	5c. Is it clear who has collected and analysed the data and is any potential bias they may have explained and justified?	Yes, the report explains that data will be collected by members of the team who are experienced at interviews and surveys. The report also explains that we took measures to alleviate bias and create a safe space for our respondents.
	5d. Is there a clear logical link between the conclusions presented and the data collected?	Yes, the conclusions are drawn directly from the data collected, and all conclusions presented are evidenced across multiple data sources available.

## Data sources

Both primary and secondary data sources were used for this evaluation. Across primary data sources, 74 members of Wellcome staff and 44 grantees were consulted, however, the unique number of participants might be lower due to surveys being open to all staff / grantees and thus some of them potentially participating in two data collection exercises. A more detailed review of the data collected can be found in the Methodology section.

Primary data sources			
Evaluation strand	Data collection tool	Participants	Count
Inclusive Employer/ Inclusive Funder	1:1 Scoping interviews	Senior management staff	14
Inclusive Employer/ Inclusive Funder	1:1 Interviews	Executive Leadership team	9
Inclusive Employer/ Inclusive Funder	Case study interviews	Team managers	3
Inclusive Employer/ Inclusive Funder	1:1 Interviews	Staff members	23
Inclusive Funder	Interviews	Grantees	18
Inclusive Employer	Focus groups	CEDI, AR Forum, staff members	4 (22 people attended)
Inclusive Funder	Focus groups	Research Funding staff members	1 (6 people attended)
Inclusive Employer	Survey	Staff members	476
Inclusive Funder	Survey	Grantees	27
Secondary data sources			
Inclusive Employer	Analysis of 62 exit interviews following the Organisational Design developed by CEDI	Staff members	N/A
Inclusive Employer	Analysis of the Organisational Design (OD) review exercise by Wellcome's Research	N/A	N/A

	and Insights team		
Inclusive Employer	Analysis to inform the Anti-Racism training by Anti Racism Social Club	Staff members	N/A
Inclusive Employer/ Inclusive Funder	Document and policy review	N/A	N/A

## Limitations

We recognise that there have been multiple research limitations:

- **Effects of organisational redesign.** We are aware that the ongoing organisational review has caused a lot of restructuring and changes to the organisational design and staff organogram. We are also aware that several staff have exited and more importantly for this evaluation, several People of Colour have or are in the process of leaving Wellcome. Given the focus of this evaluation, their perspectives would be very useful as a source of information for Wellcome's future learning as well as to assess Wellcome's progress so far. However, we know that the exit interview process - which includes asking questions about their experience at Wellcome - is at best quite nascent. Their input would have been very useful for Wellcome's learning process for the future. Regrettably, the impact of the organisational redesign may signal limited progress of the anti-racist programme so far, and therefore impact the results from this exercise.
- 
- **Low stakeholder engagement: staff members.** Interview and survey fatigue that staff may have experienced during the timeframe of this evaluation affected their motivation to take part in the research. This hindered their level of engagement and willingness to fully participate in the interviews, focus group discussions or surveys. In close collaboration with the evaluation reference group, we sought to determine the realistic expectations and minimal requirements from Wellcome and its stakeholders. The minimum level of engagement was reached, with more than 70 staff engaged throughout the evaluation.
- **Low stakeholder engagement: grantees.** The lack of regular engagement between Wellcome and grantees, especially on the topic of anti-racism, impacted the evaluator's ability to gather data from grantees around their experience at Wellcome and resulted in low response rates for the survey. Although measures aimed specifically at creating a safe space for respondents (e.g. anonymisation) or increasing engagement (e.g. justification for the research and details on how the data will be used) were put in place, only a few grantees decided to fill in the form. While low response rates for online

surveys can be expected, the lack of frequent contact with grantees, and therefore the absence of a sense of involvement with Wellcome, can be seen as a contributing factor.

- **Extended Timeframe of the evaluation.** Due to some changes at Wellcome related to the delivery of the Anti-Racism Training, and the implementation of additional Anti-Racism activities, the scope of this work has changed to include a review of existing data collected by Wellcome. Consequently the evaluation questions were updated and the time-frame for data collection was extended. As such some experiences initially identified in data collected between September 2021 and November 2021 may have developed since then.

## Annex Two: Case Studies

### Inclusive Employer

A: Mental Health team, Wellcome

#### **Background:**

The Mental Health team at Wellcome came about 4-5 years ago and is one of the four major areas of focus (Mental Health, Infectious disease, Climate and health, Discovery Research). The main goal of the Mental Health team is to create transformative change by finding better ways to intervene early in cases where people experience mental health challenges. This is done by gaining a better understanding of depression, anxiety, and psychosis, finding better ways of identifying it and identifying groups which suffer from these conditions or are at risk and discovering new ways to intervene and improve intervention. There are 4 subgroups: Evidence team, Field Building team, Mental Health Translation team, Lived Experience team. There are a total of 24 people throughout all teams.

Currently, the Mental Health team is focusing on funding projects regarding workplace mental health, anxiety, and depression in young people, and building a global and mental health databank.

#### **Anti-Racism Practice: Implementation to Date**

The mental health team is implementing Anti-Racist practices by looking at how they are funding in an equitable way, as well as how they are building Anti-Racism principles through their work.

**Anti-Racism Working Group:** The mental health team has an Anti-Racism working group within the team which has been reviewing what current work and activities the mental health team is doing and what to focus on going forward. Every 5-8 weeks the Mental Health team has

a meeting to review what has been done so far, what is working and what is not. The Mental Health team also has team away days to do a retrospective of the last three months to review the Anti-Racism principles and to plan the following three months ahead. This allows the Mental Health team to look at what has been achieved so far, make new objectives, and focus on the resources surrounding Anti-Racism.

**Funding:** Funding principles include built-in criteria and research culture and research environment, which look at how people build a more equitable research environment. Research team is involved in reviewing applications, as well as looking into what else can be built into funding processes. For the next funding round, the Mental Health team is looking into more innovative funding models in order to make the funding more equitable.

*“Whether it’s the kind of model where we give people seed funding to build much more equitable relationships, or address some of the issues around research culture and research environment in equity, we’re kind of resourcing people to do that”*

**Lived Experience Team:** Within the mental health team there is a ‘Lived Experience Team’ which makes sure that they are involving and embedding lived experience expertise in their day to day work. This role ensures that any work, any research or any projects they fund involves people with lived experience and that lived experience expertise is embedded in the mental health field more broadly. The lived experience team has 5 staff members and 13 consultants based in the UK, South Africa, Rwanda, Kenya, Indonesia, India, and Australia.

**Mental Health Research:** Mental Health team has pointed to a lack of adequate data sets. The datasets are often very small and coming from a high-income context and not particularly diverse, equitable, or representative. There is an evident lack of data sets around mental health in low- and middle-income contexts, thus one of the mental health strategies taking place is developing bigger datasets that are more representative and inclusive.

## Looking ahead

The Mental Health team has already begun embedding Anti-Racism within their internal practices and to continue this and extend these practices they intend to take a series of steps:

1. Build a bigger and more equitable mental health dataset.
2. Investigate more innovative funding models for the next funding round, learning from past ones.
3. Focus on keeping Anti-Racism practices alive within the team and bringing in new and different resources to better embed Anti-Racism in their work.
4. Make sure that the good intentions around Anti-Racism don’t get lost around in order to meet busy timelines and deadlines.
5. Increase diversity of the team: *“We have made quite a conscious effort to increase the diversity of our team in terms of, you know, gender, and race and all other aspects to try and make sure that we don’t get in a bit of a bubble. I think we’re*

*getting better but I think we've got more to go. So I would hope that as our team grows, so does the diversity in our team, we continue on that."*

6. Bringing more people into the team through different avenues, e.g., apprenticeships.

## **Conclusion**

To summarise, the Mental Health team has been on a good trajectory in identifying and implementing Anti-Racism principles within their work, through the ways they are funding and intend to fund, and the methods they are using in building Anti-Racism in their work and through their work. Much of this work is a result of the team's internal drive and motivation, the lived experience consultants within the Mental Health team, and Miranda Wolpert, director of the mental health team, who has focused a lot of energy on outreach, building relationships and learning from other people's experiences. Their work has been very successful so far, and many other teams in Wellcome could take example from the Mental Health team. This work could be even more successful by providing them with more resources, guidance, and more clarity on the processes currently in place, and what work is happening regarding DEI.

## **Inclusive Funder & Researcher**

B: Data for Science and Health team, Research programmes, Wellcome

### **Background**

Data for Science and Health team at Wellcome belongs to the Research programmes department. It works concurrently on technology, policy and community to realise its key ambition: to ensure that *trustworthy data science transforms how science solves health challenges and makes discoveries*.

The team focuses on three strands of work: 1) Digital Technology; 2) Digital Policy & Systems; and 3) Digital Equity and delivers a number of different active projects.[1] These projects aim to build trust in health data practice by changing how data and software in health are funded, developed and governed, and support data scientists to innovate with health data in the public interest through equipping them with tools and opportunities. The Data for Science and Health team works on a global scale and has a particular focus on ensuring people in low- and middle-income countries benefit from innovation with health data.

### **Anti-Racism Practice: Implementation to Date**

While the Data for Science and Health team were able to identify a number of projects to some extent relating to the programme, they were also clear that the work that has been done or planned to date came to being organically and due to the nature of the issues identified, rather than as a direct result of guidance from senior teams or CEDI.

*“To be very honest, we didn’t intentionally pick up the anti-racism agenda. After identifying the problems in the field, we saw that the solutions to our problems were anti-racist solutions. We started with the framing and then we found ourselves doing the anti-racist work”*

There were four projects identified as contributing to the Anti-Racism work:

### **1. Representing people from low- and middle- income countries across machine learning and open datasets**

In May 2022, [Lacuna Fund](#), partly funded by Wellcome, announced the winners of its first round of funding to support the creation, augmentation, and aggregation of open datasets that are representative of affected populations, reducing the biases and increasing equitable health outcomes worldwide. The selected eight projects will address the inequities in health outcomes across the US and low- and middle- income countries through developing locally-owned datasets that can then be used within AI to deliver solutions globally.

*“Most of AI products in USA were developed based on three datasets [...] where all individuals come from higher income backgrounds. That’s why we thought – these wouldn’t be tools to use if you wanted to work with middle-income individuals. That’s how we ended up funding the Lacuna project – their mechanism is to pick an important topic and then invite people from low- and middle-income countries”*

### **2. Improving data diversity**

Another focus of the Data for Science and Health team surrounds improving the overall diversity of the data available and identifying ‘who is being left out of the conversation’ in regard to different characteristics, including race. These issues become particularly important in the light of the climate crisis and its impact on communities globally, as often there is not enough data or research done with those communities – the models built are based on populations in other areas, usually the higher income countries. In May 2022, a [12-month project](#) was launched on combining health monitoring data with climate datasets, bringing together afrimapr (Liverpool School of Tropical Medicine), WorldPop (University of Southampton), and Talarify (based in South Africa). This project is funded by Wellcome and will aim to increase the representation of data from low- and middle- income countries in the climate and health research field.

*“The global models of predicting climate change and impact on health are built on data from high income countries. If you are a health policy officer in South America and are trying to understand what impact will [climate change] have on malaria and its prevalence – when you do that for low and middle income countries, the results are very skewed [...] and the relationships are inverse”*

### **3. Engaging Black and South Asian people in equitable patient data collection**

The Data for Science and Health team hosts the [Understanding Patient Data](#) programme, which combines research, policy and advocacy to make the patient data use more visible, understandable and trustworthy. As part of its work, the programme launched a [research](#)

[initiative](#) to understand the views of Black and South Asian people in the UK around the collection and use of health data, which was identified as a priority after attention was drawn to health inequalities in the UK as a result of the COVID-19. The first results of the research, published in April 2022, showed that many Black and South Asian people have low levels of trust in the NHS and data protection and are worried that that sharing their data would lead to racial discrimination and poorer health outcomes. They have now started the second stage of the project which will include engaging the healthcare staff responsible for health data collection and formulating further recommendations for the healthcare system.

#### 4. Funding paid internships to increase diversity in health data research

[Outreachy](#) is a US-based diversity initiative of [Software Freedom Conservancy](#) supported by Wellcome's Data for Science and Health team. It provides internships in open source and open science to people subject to the systemic bias and underrepresented in the technical industries, including women, transgender, genderqueer, non-binary people, as well as people of Colour or people from historically disadvantaged castes or tribes. Through these internships, the open source communities around the world that tackle major global health issues are enriched, strengthened and developed.

##### Key enablers

Whilst the team was quite autonomous in identifying how and where they can focus their efforts to contribute to the Anti-Racism programme and work at Wellcome, they also identified some of the key enablers that have supported them so far.

- Firstly, the team created space for and spent time on identifying challenges their team aims to address as well as what could the anti-racist solutions to those challenges be. While they recognised this scoping work required clear intentions and allocated resources, the success of the initial stage directly contributes to the success of the work that follows.

*"[...] we agreed to fund an East African digital infrastructure and data project to build those resources. That was something we were very intentional about, worked on that for 9 months"*

- They also felt that having 'critical friends' or people with more expertise within the local contexts is very helpful when considering decisions or solutions that will be affecting communities within those contexts. However, such support is only available due to the team's self-awareness and acknowledgement of their own limitations, and enough resources are allocated to have such experts in the team.

*"We've been very lucky to have a critical friend who has answers on how to do better; also acknowledging the issue and the harm we are creating – people often will turn a blind eye if you*

*can justify the science. [...] it also depends on the team's priorities, and using those opportunities as a feedback loop where we've made a not ideal solution"*

## **Challenges**

A number of challenges, which align with the wider challenges experienced by the teams at Wellcome working with the research and research funding, were also identified. These include:

- Wellcome's resistance to fund experimental projects to test new ideas. The team felt that to develop meaningful, anti-racist research means at times having to do something that 'hasn't been done before'; moreover, for anti-racist research to take place there should be more co-designing with the local communities, which might create some resistance from the Fund. Finally, considering that in some cases meaningful changes might take a long time to appear, so reviewing the expectations for the grantees and for internal Wellcome teams might be beneficial.
- The internal and structural barriers to promote new approaches to research. The team recognised that it is crucial to recognise what Wellcome can and cannot do in the field, as well as budget and resource restrictions and other competing priorities of the team.

*"From an external facing perspective, they misunderstand how research funding works – they think we can just get money and solve problems. [...] People misunderstand Wellcome's role – we can't be the architect of change, we can just show good practice"*

- Lack of a clear framework and expectations in regard to anti-racism work across research and research funding. While the team was aware that CEDI has been right in bringing it up and encouraging everybody to consider how to be more anti-racist and inclusive, they also felt that the work they have been doing has been more ad-hoc rather than structured and that a framework or guidance from the senior teams would be helpful.

## **Looking ahead**

The Data for Science and Health team has taken a number of steps already to contribute to embedding anti-racism within their external-facing work as well as reflecting on what could be their upcoming priorities. While recognising the limitations of the team, they are already looking ahead and considering these themes:

- Capacity building and decolonial approaches. The team is aware of the power dynamics created by the more conventional funding approaches, where researchers from a higher income country use their resources to research and offer solutions to issues affecting low- and middle-income countries. They believe that in order to truly embed anti-racism in their work, they need to focus more on capacity building programmes for researchers in the low- and middle-income countries, as well as identify and address any barriers that they might face to produce high-quality research.

*“The issue Wellcome faces is that there can be brilliant questions, but what ends up happening is that a high income country is a host that takes care of the analysis and the evaluation. Within our Anti-Racism work, it is very difficult to live those principles because those countries don’t have the resources, so they end up having to partner with another country who will have cloud computing, etc. We now have to push for capacity building so we could directly award those countries”*

- Reviewing funding mechanisms through an anti-racism lens. The team felt that to make the funding more accessible and equitable to researchers from low- and middle-income countries, it is important to review the current funding mechanisms and identify any barriers that might arise. This could include reviewing the budget range (if the budget offered is too large, it might discourage institutions that are not used to dealing with such large budgets), eligibility criteria, and the resources required to secure the funding.

*“We shouldn’t spend our time helping the Oxfords of the world”*

## **Conclusion**

To summarise, the Data for Science and Health team has been relatively successful in identifying and implementing Anti-Racism principles within their work through a number of projects, both looking at the situation in the UK as well as the situation within low- and middle-income countries. However, this work has mostly been a result of the team’s internal drive and motivation, and there is potential to enhance this work further through providing them with more resources (time, people and money) and guidance (either from the SLT / EDI Committee or CEDI).

## **Annex Three: Documents shared by Wellcome**

The following is a list of documents shared with TSIC and TBO by Wellcome CEDI staff between August 2021 - July 2022 for the purposes of this evaluation. These documents were both used to develop a better understanding of the context the evaluation is taking place as well as secondary data sources.

1. Anti-Racist Principles and Guidance
  - a. Anti-Racist principles, guidance and toolkit (published June 2021)
  - b. Anti-Racism progress tracker
  - c. Design brief for the Anti-Racism principles, guidance and toolkit
  - d. Anti-Racism key information (for internal D&I team use)
2. Anti-Racism Staff Forum
  - a. Anti-Racism Staff Forum Terms of Reference
  - b. Anti-Racism Staff Forum meeting slide deck and update (November 2020)
  - c. Input from Anti-Racism Staff Forum (November 2020)

- d. Staff Forum minutes (March 2021)
- 3. Anti-Racism Training
  - a. Wellcome Anti-Racism Training RfP (May 2021)
- 4. D&I Strategy 2020-2030
  - a. D&I 10-, 5- and 2-year goals
  - b. D&I Narrative
  - c. D&I Theory of Change
  - d. D&I Strategy - Accompanying information
- 5. Grant holder data
  - a. Anonymous grant holder diversity data (2021)
- 6. Staff diversity data
  - a. Organisation Design Adverse Impact analysis (May, July, September 2021; Additional charts)
  - b. OD Outcome Status for non-ELT staff (May, June 2021)
  - c. Wellcome Staff diversity data (2020)
- 7. Staff surveys
  - a. Staff inclusion survey results (2019; Cleaned data; Summary of findings; Comments)
  - b. Exit Survey Analysis (2021)
  - c. Lessons learnt from the OD process: Insights and recommendations (December 2021)
- 8. Trustnet communications
  - a. D&I Narrative
  - b. ELT Statement - Tackling Racism at Wellcome (June 2020)
  - c. I am already woke - isn't that enough? (Women of Wellcome, September 2020)
  - d. Introducing Wellcome's Anti-Racism Staff Forum and Expert Group (November 2020)
  - e. More about job levels (January 2021)
  - f. Social Justice Curriculum: Anti-Racism & Anti-Ableism (May 2021)
  - g. Turning words into action: Wellcome's anti-racist principles, guidance & toolkit (June 2021)
  - h. An update on our work with the Anti-Racism Expert Group (March 2022)
  - i. Feedback and discussion on anti-racism - Session one (March 2022)
  - j. Anti-Racism: what we heard and what we will do next (April 2022)
- 9. Wellcome policies
  - a. Bullying and Harassment Policy
  - b. Code of Conduct
  - c. Diversity and Inclusion Policy
  - d. Grievance Procedure
  - e. Health, Safety and Environment Policy
  - f. Safeguarding Policy
  - g. Speak Up Policy
- 10. Wellcome privacy statements
  - a. Wellcome Staff Privacy Statement (June 2021)

- b. Wellcome Grants Privacy Statement (October 2020)
11. Other
- a. Wellcome Collection Strategic Direction for Access, Diversity & Inclusion (2018)
  - b. KO2 ELT Progress Report (February 2019)
  - c. Reverse Diverse Mentoring: Pilot phase evaluation report (May 2019)
  - d. Equality Impact Assessment: SLT Org Design Preparation Phase Guidance (January 2021)
  - e. Progress Report for Priority Areas for ELT (May 2021)
  - f. Wellcome organisational charts (post-OD)
  - g. New CEDI Team Structure (November 2021)
  - h. Ethnicity Pay Gap Report (November 2021)
  - i. Summary of recommendations for the Policy and Government Relations & Strategic Partnerships teams by The Advocacy Team (December 2021)
  - j. Critical Race Theory (Rollock & Gillborn, 2011)
  - k. Article “Wellcome Collection’s statement on anti-Blackness and racism” (June 2020)
  - l. Wellcome Collection Social Justice Curriculum information for internal stakeholders
  - m. Article “Wellcome Collection is on a journey to becoming an anti-racist and anti-ableist organisation” (October 2021)

---

[1] Digital Equity: Key purpose of this stream is to work with various communities to improve the inclusivity and reach of data science/digital tools, including transitioning the UPD programme.