**Transcript – Jeremy Taylor**

**PART 1**
**Anusree Biswas** 0:34
Welcome to our new podcast Talk in Equalities where we will be looking at how we can try and address health inequalities in health and social care research with a specific focus on racialized minority groups in the UK.

 **Lillian Ndawula** 0:57
I am Lillian Ndawula from ethnic minorities in Canterbury.

 **Anusree Biswas** 1:01
And I am Anusree Biswas Sasidharan from Bridging Change.
Health inequality experienced by Minoritised ethnic groups have been well documented. In this series we will explore with funders, researchers and community organisations the role that can be played by health and social care research to help address these inequalities and perhaps looking to increase representation in participation and involvement. We will discuss the importance of engagement and what funders are going to do to address the lack of representation from minoritised ethnic communities in research.
In today's episode, Lillian and I will be speaking to Jeremy Taylor OBE, who is Director of Public Voice at the National Institute for Health and Care Research, also known as NIHR. He joined NIHR in 2020 and leads its work on public engagement and dissemination of research evidence. Until 2019, Jeremy was chief executive of National Voices, the national charity Umbrella, which advocates for person centred care. He's also a former senior civil servant. Jeremy was awarded the OBE in 2019 New Year's Honours list for services to healthcare charities.
So welcome Jeremy to our podcast.

 **Jeremy Taylor** 2:49
Thank you very much. Thank you for having me.

 **Lillian Ndawula** 2:54
Thank you, Jeremy. And we're going to start with our first question. Could you please tell us about yourself?
What to do and about the NIHR.

 **Jeremy Taylor** 3:05
Sure. Well, I think we gave a little bit of the answer to that in your very kind introduction. So the NIHR is one of the big research funders in the area of healthcare, but also social care and public health. So health and care in the broader sense were there to fund research and also support the research community through training programmes and building the research workforce and were there to ensure that there is research that leads to changes in our understanding of health issues and in the quality of the services provided to the public and to improved health and wellbeing outcomes. So we spent over a billion pounds a year on different aspects of our role, but we're all about trying to improve knowledge and get that knowledge into practise.
As for me? Yes, I'm the director of public voice and my responsibilities include ensuring that we are engaging with patients and the public in a way that helps them to shape and influence the research we do and also I’m in charge of some of our key work on dissemination and knowledge mobilisation, which in plain English means making sure the research gets out there to people that need to know about it.
And ensuring they're in a position to act on it, If the research tells us that we should be doing things differently?

 **Lillian Ndawula** 4:42
Thank you very much. Do you think there's something else that funders can do more, especially in reducing health inequalities within minorities, ethnic groups?

 **Jeremy Taylor** 4:55
Yeah, it's a really important part of the work of any research funders now.
UK and indeed in other countries too, because we know that there are big health inequalities. We also know that there's inequalities patterned in a number of ways,

I mean one example that is always at the forefront of my mind is the much higher rate of death amongst women giving birth in black communities compared with white communities. We have a real inequality of mortality in maternity services, so it is really important for funders to be addressing inequalities both in terms of the kind of research that we funded Commission both in the way that we ensure the right people are represented in that research, but also what we then do to ensure that research is acted upon.

 **Anusree Biswas** 6:00
Thank you, Jeremy. I'd like to sort link to that really I'd like to ask about how you are sort of increasing that representation and participation and involvement in research. I wonder if you could tell us a little bit more about what you're doing or what your plans will be.

 **Jeremy Taylor** 6:17
Certainly, I mean, I think just to give you a sense of the NIHR trials, overall strategic intent in the air of inequalities and race.
We have a number of areas of strategic focus. One of those is bringing research to underserved regions and communities with major health needs. So there's a specific focus on ensuring that research goes where it's most needed. The second related area strategic focuses is around embedding equality, diversity and inclusion across NIHR research and systems and culture. So both in terms of the research we support, but our own ways of working.

Third one I think is very relevant is building capacity and capability in preventative public health and social care research. The area of prevention, I think is absolutely key in addressing and tackling some of the worst health inequalities in the country. So those areas of strategic focus very much guide our work. In addition to that, we have a head of research inclusion, who's an important leader within the NIHR and she works closely with me in a number of other colleagues to ensure that the work we're doing it is addressing inequalities in a variety of different ways.
So within my own work, which is very much focused on engaging with patients and the public, there's a big strand of work that's both part of the inclusion strategy and part of our own public partnership strategy, which is around ensuring that we are increasing the representation of minoritised groups and unrepresentative groups more generally.
Both in studies as participants, but also those who become public contributors and help to shape the research through their own lived experience.
Part of the way we do that is to publish data, we published some data in 2022 that gave a first kind of public presentation of how diverse our activities are in terms of the participation of the public, in terms of the research workforce itself. And that data is a spur to us to improve the representation and we have a number of work streams in place to ensure that we do get more inclusive in the people that were engaging with.

So that just gives you a kind of flavour of the work we're trying to do. I mentioned public health. I think that's really important because it's at the level of community where you can really start to develop understanding of what needs to change and how to change it. So last year the NIHR launched a scheme called Health Determinants Research Collaborations. There are ten of them. They're all over the UK. It's a £50 million budget and they're all about doing research on what are the needs of different communities with a focus on the most deprived communities. And what can we do through research to narrow health inequalities.

 So there's a wide range of things that we're doing.
From detailed operational all the way to the kind of strategic to address the issue of inequalities and racial inequalities as a key part of that.

 **Anusree Biswas** 9:51
Ohh, that's great Jeremy. Thank you. It's really interesting to hear about how you're trying to make a more inclusive workforce and try to reach out to those communities. I mean I just had a sort of a question to just you made you prompted some thoughts and I just wondered how are you sort of working with community development organisations who are often bridging the gap between researchers and communities who they work with regularly? And I mean in terms of you know trying to reach out to those groups and also in terms of perhaps testing out coproducing with these groups as well. I wondered if you were doing any work around that.

 **Jeremy Taylor** 10:32
Ohh yes we are. I mean there's quite a lot of work across NIHR, both at the kind of national level and within some of the schemes like the arcs, the applied research collaboratives of which obviously you are part of that community within in NIHR. So the reaching out programme builds our understanding of how to work with community groups. I want to give an example from the work that happens within the following programmes, so there is a programme called the programme grants for applied research.
Which last year we launched what we hope will be an annual funding call where we asked people to come with proposals. **Jeremy Taylor** 11:17
That was specifically about how they were going to develop inclusive ways of partnership, working between researchers and communities. That was very much focused on kind of building. **Jeremy Taylor** 11:32
A kind of body of knowledge around how to work inclusively with communities as part of research and we initially set aside something like half £1,000,000 for funding in that area. We were massively oversubscribed and increased the amount of funding accordingly. Actually I think it went up to a couple of £1,000,000. There was a huge amount of interest from the research community in exactly the area that you're describing, which is, you know, let's try out getting closer to communities. And I think working with those bridging organisations like the voluntary sector and community development groups, really important part of that. And I think a number of the proposals did contain plans to work in partnership with those bridging organisations

and I think it's really important, particularly when you're working with communities as researchers who are maybe not familiar with research or suspicious of research, and there's a need to kind of build relationships and build trust. So researchers working in partnership with community based organisations that can provide a kind of link between the communities and the researchers. Therefore, as one very important I think often quite fruitful way to explore.

 **Lillian Ndawula** 12:57
 thank you Jeremy. Just wanted to also follow up on one of the things that you said around prevention.
As a community organisation, one of our things that we do is around prevention work. However, how is the research that you're doing right now, how can we make sure that that research informs the kind of projects that we as community organisations can do because it's been one of the issues that we find difficult.
especially with minoritised communities where there's very little or no research and many people don't want to invest in prevention yet we know that if you prevent it then we might mitigate a lot of the other issues that come after that. But we're finding that a lot of the other funders who might not be mainly around research, but the ones that fund projects that actually do the work to raise that awareness, the prevention of whatever issue it is, might not find it profitable. Or maybe they don't see it as important to find more prevention because they have a lot of money goes into the secondary treatment and all that. So how can we make sure that we get that information to those other funders, to make sure that projects around prevention are funded.

 **Jeremy Taylor** 14:33
Yeah, that's a very good question. And I think well part of the answer to that is that it is the role of NIHR to build up research in prevention and public health, not just in the secondary care hospital based services.
So we very explicitly cover a very broad waterfront but recognising that in some areas of research that the capacity to do the research that the kind of the strength and depth the research community is less developed and that's why one of our strategic goals is to build up prevention capacity in that area of research. So I think it's a whole chain of things that needs to happen. First of all, you need to have the capacity to do the research, you need funding for the research, you need the expertise. So some of the work that we've been doing is around working with local authorities to identify what their research needs are, what their research
capabilities are and how they can tap into the kind of ecosystem of research in public health and prevention. I mentioned the health determinants research collaboratives, which have just been launched, and I think they will be in the 10 areas of the UK where they're operating will hopefully bring a lot of additional oomph to the area of prevention research. I think there's also something about this is where the link goes back to patient and public involvement because I think you need to have research that’s shaped by the priorities of the communities that you're seeking to serve. So I think research that's driven by the priorities of communities who have a say in shaping that research and then in the dissemination of that research, I think is an important element. I think the final thing is it is important that the research then
has an afterlife. There's no point doing research if it just sits in journal articles, and nobody does anything with it. And I think one of the issues that we have in the area of health inequalities is that we already know quite a lot about what needs to happen, but we're not very good at mobilising that knowledge and making sure that it's reflected in service developments and changes. So I think the certainly one of the things NIHR that we're very conscious of is that we need to be close to the NHS, we need to be close to local authorities, public health.
And we need to get closer to communities and those, if you like communities, the research community and the kind of service delivery community all need to get closer together so that the research is relevant to the needs of the communities and the service providers. But then also the research once done is more likely to be taken up and adopted where it has implications for change. So a lot of this is about collaboration and partnership working and the health determinant research collaborations are meant to foster collaboration between the research community, the service community, the people living in their different communities. So I think that offers a model for doing research that’s more likely to be relevant and then more likely to be used. But you raise a very, very good point about the relative weakness of prevention in the kind of ecosystem of research and certainly NIHR were consciously trying to address that weakness and strengthened the that that discipline and it's linkages with other parts of the system.

 **Lillian Ndawula** 18:09
Thank you very much. I think you did touch on this and some of your answers have actually answered this around the trust.
 I'm talking specifically about the trust between our community, grassroots communities and research community and how we can best build that trust because when we did the reaching out project. One of the things that came back from the communities that we worked with was around that lack of trust between the researchers and the communities themselves. So just to focus a bit more on that trust, what is the NIHR doing? What more can we do to make sure that we build that trust between the communities and the research world?

 **Jeremy Taylor** 19:02
Yeah, I know it's a really good question. It goes to a heart, a lot of the issues I think it's worth mentioning some of the specific initiatives that NIHR has undertaken. So we have an initiative called INCLUDE which is an acronym and now realise I can't remember what INCLUDE stands for, but if you Google NIHR you will get quite a lot of stuff guidance which is basically all focused on what researchers should be thinking about doing um and doing in order to improve the participation in their studies from communities who have traditionally been underrepresented in research, and that was certainly include minoritised ethnic communities as part of that. So we have some specific guidance. My part of it, not sure, recently launched another toolkit called the Race equality framework, which is a self-assessment framework that allows people to reflect on how inclusive their work is from a racial equity point of view and to reflect on how they can improve that. So we have tools and guidance
and initiatives that are designed to improve the inclusivity of our activities. I think other things are required as well to build trust. I think the trap that researchers can fall into is to be very obsessed by their research and very interested in it and want to get people involved but fail to think that the people they want to involve may be coming from a different starting point. And I think there is always, to my mind this is very much a personal view, but I think it reflects the conversations that I've had over the years. There's a danger of research being exploitative in the sense that people want communities to give something into their research that it's well-intentioned, but it can be perceived as well you, you just want to take something from us. What are you going to give back? Why does it have to be a one way process? So I think establishing a way relationship is really important and actually starting with a desire to understand what matters to people living in particular communities which may not be primarily about research.
And I think there's a need to kind of address and acknowledge some of the issues that face people that have an impact on their quality of life and on their wellbeing and on their health before immediately getting into the subject of how can you help us with our research. And it may be that the researchers are positioned to help people, So for example, is there education and information about different health conditions that the research community is able to provide so that they're putting something back into the community?
Are there opportunities to enable people to shape the research questions? Um. So they're not just coming into a research project that's already been, you know, designed before they came on the scene. So for me, trust is about being willing not to immediately launch into your own project, but to build a relationship, and those things are obviously difficult for researchers to do, which is why they need a wider infrastructure, such as provided by the research design service, by the public engagement teams in higher education institutions. Whatever Connections they have, so that they've got some support and help with that, and going back to your earlier points I think about, you know there is also an opportunity at that point to involve Community groups and the voluntary sector has a kind of bridge. So I think it's very easy to abuse trust or act in a way which appears to be exploitative and very much one way. And I think that can put people off.
So um, yeah, building trust isn't just a question of following a toolkit. It's also, I think, being mindful of the need to foster something that feels more reciprocal and equal in the relationships.

 **Anusree Biswas** 23:36
Yeah, Jeremy, thank you. That feels very spot on.

 I did look up include the acronym on Google. I did what you said. So that's innovations in clinical trial design and delivery for the underserved. So that's not an easy one to remember.


OK.
**Jeremy Taylor** 37:47
I’m feeling better about not having remembered that

**PART 2**
**Anusree Biswas** 38:02

Uh, I think you sort of identified relationships and I just wondered because
researchers are often coming in and out. They're not a constant presence, while something like the NIHR is more, you know, established and ongoing. And is it about maybe organisations having relationships with community development organisations, all those bridging organisations or the voluntary sector, because there's something about researchers coming in to do their specific piece of work, not knowing the Community, jumping in there and often I mean increasingly community organisations and voluntary sector who are already quite hard pressed for time
and resources are pushing back because I wonder if it's around not having that ongoing relationship and if they have that with the organisation maybe that would be better. I wondered if you had a view.

 **Jeremy Taylor** 24:30
Yeah. No, I think that that is spot on. I think there's a problem about the project by project nature of research. You can't build relationships and trust on the back of serial projects where people come in and out of a community. I think there's a problem of coordination of requests. So we certainly are aware that our community keeps getting approached by lots of different people sometimes in relation to research, sometimes in relation to questions on feedback, on services and those requests can be quite frequent, but they're from different people, they're not coordinated. So I think certainly that's something that we're looking at in NIHR. I guess the questions are how can we get better coordinated as a research funder amongst all the various different offshoots of NIHR, and indeed with other funders as well, so that when we are approaching communities, we're doing it in a more coordinated way.
And a related question is, when we are making approaches that are about research, can we do it also in a more coordinated way with the NHS in particular so that we're not kind of appearing to constantly be approaching communities, not knowing who else has been talking to the same people and causing irritation as a result. So I think it’s a huge opportunity for sensible joining up and sharing of information and amongst the research community and with the NHS. So the coordination aspect I think is really important and you're right, that requires organisations.
To work together, you can't expect individual research teams to be able to do all this themselves. They need to be able to slot in to a set of relationships that have already been built so that when they come along, it doesn't feel so disjointed.

 **Anusree Biswas** 26:48
I was going to ask you a slightly sensitive question around money and resources, so Community development organisations and voluntary sector are often running on a shoestring and I wondered so these research projects often come and often ask Community development organisations offer them to do things for nothing which is a real problem and for us as community organisations ourselves, and I wondered if there was something in funding and from funders that could build in that resource.
And that time that it takes because also we're using our social and cultural capital to bring people in and it has a cost of time and expertise from the Community development organisations and voluntary sector. I wondered if you had a thought around the funding around that?

 **Jeremy Taylor** 27:37
I mean, I couldn't agree with you more unless Anusree. I think that it's a matter of principle that you need to pay for the capacity that you are drawing upon that supports the research. The best example of that of where it is fully integrated into the NIHR’s way of thinking and doing is that where we invite public contributors to be part of the research process helping to shape the research then people are entitled to remuneration for their time and the work they put in. We have payment guidance and there are some complexities and difficulties around paying, but there's a well established process and underpinning philosophy that aside from people who are very keen to do things on a voluntary basis do not want to be paid, who need to provide payments for a number of important reasons. One is it's a very concrete way of demonstrating that you value the input that's being provided. Secondly, is that often if you not paying, then the only people who can take part will be those who have the means to do so, which means that you are essentially excluding those who don't have the financial means. So it's a way of reinforcing inequality. So we've established those principles and the practises that go along with them.
For individuals who take part in patient and public involvement, but exactly the same principles apply to community organisations who are supporting the research, so we need to approach in the same way, if we're going to work with volunteer organisations that do often, as you say, work on a shoestring, then we need to provide some recompense. For that it should be built into our budgeting and our general approach. I think that does happen, but it's not consistent, and I think it hasn't been as well established as our methods for paying individuals,

 **Anusree Biswas** 29:51
Thank you. That's really encouraging. And so we hope to be able to quote you when we see these come up, but that's really great. **Jeremy Taylor** 29:57
My only caveat is that I'm not in charge of the purse strings. **Anusree Biswas** 30:02
Okay I will have that in mind, but thank you. I'm just finally. Unless you had any other questions Lillian and I was gonna just come to our final question.
Um, so currently EDI is the vogue thing everyone and particularly around racialized communities and looking at inequalities. So you know, how are we going to sustain that as time goes on? How are we assured that this is gonna be a priority because often things fall by the wayside. And I wondered if you had a strategy or a vision as to how this was going to be sort of more a part of the ethos of the way that NIHR runs.

 **Jeremy Taylor** 30:44
The critique I often hear is one that's slightly different from that which is actually, EDI has been on the agenda for a long time.
And I don't see the reason why shouldn’t continue to be but, but the critique from some people is that you've been talking and it's particularly, you know, you white people in power have been talking about it equality for a long time, but nothing has changed. So I think the real challenge is that we actually need to deliver improvement, not just talk about it. So I don't think it will fall off the agenda and I think we've got to a point where I think it would be unlikely for people to.
say oh well, inclusion equality no longer matters. I think we've moved on quite a bit, but I think the real challenge is how do we make real change. I think what gives me encouragement is that NIHR is taking a strategic approach. So as I was saying earlier, we have strategic priorities around bringing research to underserved communities and having equality, diversity and inclusion as part of our ways of doing things which are which include.

Not only having greater inclusivity in the in terms of the patients and the public that we engage with, but also working to diversify the research workforce, which is still too wide.
Talking purely in terms of kind of racial equity, obviously there's a broader EDI agenda, but looking at race were too wide.
So we need to try harder 
and It's it's not just about us, it's about, I think, the research community itself is evolving. And when I I mentioned earlier about the oversubscription of the Community engagement call, the inclusivity work under the programme grants.
I'm a funding stream. I think there's a lot of.
 growing interest and commitment to the equality agenda in the research community doesn't mean to say we haven't got a lot more that we need to do. So I and I think the other thing, you know, COVID.
Was a wake up call. Black Lives Matter was another.
Wake up.
It's obviously there's always a risk that people go back to the railways of doing things, but I think one of the things that I think has changed as an increasing recognition that there's a kind of.
Moral dimension to raise equity in research, there's also, you know, if you're. If you're not being inclusive and your research, you're probably not doing the best research you can be. It's not so if you wanna do good research that has an impact that it's got to be more inclusive. I think the inequalities around the impact of COVID.
Really through that up very starkly. So I think people are getting the message that it it it it's important morally and it's important in order to do good science. So I don't think it will fall off the agenda, but I think we've still got an awful long way to travel. So I think that the real challenge is making sure that we are transparent, that we make commitments that people can hold us to and that we get better at working with.
Um.
People from racialized minority groups.
Um, in partnership and also that those of us who've got.
Positions of power and privilege are are, you know, are using hourly average to best effect in collaboration with people who are have been underserved by by research for too long.

 **Lillian Ndawula** 34:53
I'm wondering also you talked about increasing the diversity within the research community, would there be any way of having?
Training a built in into the those projects where you're training more community researchers from these communities who can then be part of the research So that's something that can be done within the the the research projects.

 **Jeremy Taylor** 35:25
 I mean nihr has such a broad range of funding programmes and schemes. some of which have focused on the development of the research workforce within that, there's an opportunity to develop um, um, the capacity of Community researchers from minority communities. I think that's I think that there is definitely.
Um, I yeah, it's not something that I know much about. Um, but um, I feel that would be possible. The other thing that I am aware of is that.
Um, they there's a kind of disjoint between the the.
Um, demographic makeup of the NHS workforce and the research workforce so very bluntly.
The NHS workforce is pretty diverse, although not nearly enough at the senior end. But but but, but it is very representative of the diversity of the population, but if that's less so in relation to the research workforce. So for me, I think one of the big opportunities that we need to grasp is better understanding why it is the NHS professionals who are black and Asian are less likely.
To develop research careers alongside their clinical careers, um, that's one of the main ways in which people come into the research workforce through the NHS, so we need to get cleverer at understanding what the barriers are and overcoming those barriers. It's not that there are race equity problems in the NHS itself, but I think the HSE obviously further forward in terms of its diversity and inclusion compared with the the research workforce. So for me that would be an important strategic area to understand the blockages and barriers.
Why do we not have more?
Um early career researchers from black and Asian communities going into research and why we're not having more who develop and go into more senior research positions. I think that's an A priority for us to grapple with us in our child.
 **Lillian**
Thank you very much um so If the goal is to reduce inequalities within Minoritised ethnic groups, what is the one thing that you would change in the world of health and social care, which will help us reach that goal?

 **Jeremy Taylor** 39:01
It's a really difficult question because I don't think there is. I think there's lots of things we should be doing in tandem rather than one thing. So it's it's a tough question, but if there was one thing it, it would be.
Um, it kind of echoes some of the things I was saying earlier about dissemination and getting research into practise.
So I think the one of the reasons that people shy away from any involvement in research is because they're not convinced it's going to make any difference. You know, you, you scientific people, come along, ask us lots of questions. Do your research. It gets written up and the world goes on and nothing changes. I think that's a perception. So for me.

 **Jeremy Taylor** 39:45
Making research more inclusive. Um.
Minorities, communities.
It's very much bound up with making research.
May have an impact in the real world.
So. So I would like to see research funders.
I'm putting more effort into making sure that they're doing the kind of research that's likely to have practical implications to improve stuff.
And when the research has been done and it shows how we can do things better that that, that we're getting it out into the hands of people who can make things better. So we actually deliver change and impact that people can see. Research makes a difference. Research makes a difference to real people. It's worth getting involved in it. So I'd love to see us get better at that. It's not that we don't do that, but I think we could do it better and smarter. We could be smarter about targeting the research at the people who best able to do something.
That I could get smarter about what kinds of research that we choose to do, so that would be my one thing, but obviously you need to do lots of stuff.
Ohh.

 **Lillian Ndawula** 40:54
Lots of other things to get there. Thank you. Thank you very much. And I think that's one of the things that we found from our reaching out events that people were not feeling that research they were saying, this research being done and every now and then we are asked to give information. But we don't feel that it's affecting us as a community. So you were spot on there.

**Anusree Biswas** 43:58
So could you tell us a little bit more about evidence and I HR evidence we really interested to know a little bit about it.


**Jeremy Taylor** 44:09
Yes. So I've been talking about the importance of dissemination of evidence and making sure it gets out into the real world so people can use it, understand it, and know what it's about and use it. So one of the ways that which nirjhar does that is that we have a website called NIHR evidence. And if you Google that, you'll find the website and what we do is that we provide plain English summaries of recent research that's been funded primarily by NIHR.
Sometimes we take research from other funders, too, but it's a kind of showcase. When our child research, either individual studies or collections of studies on a particular theme, it's a really good site. We're still developing it, and it keeps growing as we put new material on it. But it's fantastic window into the research that we do. It's also a place where we can highlight the research that's been done that's directly relevant to underserved communities
So just to give an example, some recent examples on the site, there's some research on how mental health services can best meet the needs of people from ethnically diverse groups. There's a piece of recent research on how people in healthcare can get better at communication with people from LGBT communities.
Um, this piece of research on how to increase uptake of vaccination amongst migrant communities. So just some examples of the sort of work that research work that is supported by an hour and is then put into a plain English format so that we can maximise the awareness of it and hopefully the uptake of the learnings from that research so that people can develop their practise. So it's a really important part of the role of research funder to make sure that we get the research out there.
Obviously there's a whole job to do by other people to implement research where that's necessary, which is slightly beyond what we can do, but it is our job to make sure that people are aware of the research and that's one of the vehicles that we use.


**Anusree Biswas** 46:15
It's a wonderful resource. I was just looking at it and it it does look like, um, very deep in the pictures are really beautiful. Actually, I think the images are really important to see sort of inclusive pictures and their new and they're not ones that have just been pulled out from somewhere. I really like them. I'm just looking at the ones I've seen. So I think.


**Jeremy Taylor** 46:31
But I'm glad you're lucky we've put lots of work into both of the kind of design and the content of of the site. And we we produce um, you know, dozens of these summaries every year. So it's a big part of our work.

 **Anusree Biswas** 47:41
That's OK. I was just going to say the only other thing I was going to say looking at this, I I was saying the easy read is such a wonderful vehicle to get information out, not only to people who you know, they're traditionally supported for people with learning disabilities, but actually people for minorities, ethnic communities. And actually I know, Commission. It's really easy read because it's just quite easy to access. And I wondered if you had any thoughts.

 **Jeremy Taylor** 48:07
I agree. I think he's really is great. Obviously our plain language summaries and not at the level of easy read that they require a slightly. I think they're aimed at.
The centre will be a higher reading age.
Um, I know we have discussed it internally that the question of easy read. I'm not quite sure where we've got to on that, but I think you're right. There's probably more than Archer could be doing.
Terms of producing material in easy read and as you say.
Actually it the good thing is we just it works for the audiences that it's targeted at but actually works for everybody.

 **Anusree Biswas** 48:47
Hmm.

 **Lillian Ndawula** 48:47
Yes it is.

 **Jeremy Taylor** 48:47
Particularly busy people are too struggle to digest vast amounts of information that they're kind of Blizzard.
OK, split it with everyday. I think he's ready in a way, is a as a courtesy to to busy people as well as to the audiences that specifically needed.

 **Anusree Biswas** 49:05
Yeah, I think I think we're great maybe in partnership with an organisation with brilliant, you know, maybe when it's appropriate, when you're perhaps exploring a particular area and say you're looking at.
Im a diabetes for instance and creating some resource based on that cause that would you know it makes sense and and then I think might be easier to access people who have you know if you're trying to access minoritised I think people where English is not a first language or it's sometimes not even around ethnic minorities. There's a lot of literacy issues within sort of you know, English speaking people as well, which would be particularly helpful.

 **Jeremy Taylor** 49:43
Things are really interesting point. I'll take that away and discuss it with my team actually.
Um.
Because I think you're right. I think easy read can be very helpful.

**Lillian Ndawula** 50:12

Do you have any other follow up questions Anusree?

**Anusree**

I'm just wanted to thank you so much for for taking the time to speak to us. It really appreciate. I know you have you have busy, you must be.

Um, really fascinating insights. Um around. Um, the kind of exciting initiatives that you're building and kind of the future vision you have and about maintaining sort of and and and thinking about equalities. And yeah, really, really lovely for you to give your time.

 **Jeremy Taylor** 50:14
Yeah. Now you're very welcome. It's lovely talking to you.

 **Jeremy Taylor** 50:17
Thanks for the opportunity.

 **Lillian Ndawula** 50:17
OK. Thank you.

 **Jeremy Taylor** 50:19
Okay. Thank you.