

Equity, Diversity & Inclusion

Strategy

2020 – 2023



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Equity

Diversity

Inclusion

CEO introduction

Our People & Culture

Active Prospects recognises that providing equal opportunities, valuing diversity and promoting a culture of inclusion are vital to our services, and is fundamental to our core values. We value our staff, together with the people we support, volunteers and Board Members. I am therefore delighted to be able to share with you our three-year Equity, Diversity and Inclusion strategy.



Our mission is for Active Prospects to enable people with learning disabilities, autism, physical and mental health needs to live full and aspiring lives.

This strategy is our promise to tackle inequalities and promote equity, diversity and inclusion and human rights – and in doing this, ensure the highest possible standards of care and outcomes for people we support, and create a better and aspiring working environment for our people.

We embrace our commitment to Equity, Diversity and Inclusion (EDI) by contributing to a fairer, more equal and just society and ensuring there is no unjustified discrimination in any of our policies or processes because of any protected characteristic.

We will monitor our EDI objectives with rigour, involving those we serve, our stakeholders, partners and staff to ensure transparency, accountability and tangible progress. Together we will work towards a representative and inclusive workforce, governance and engagement structure, that enable the People We Support to live aspiring lives, our staff to have a full range of opportunities, be respected and included as their authentic whole selves. We aim to deliver above and beyond our statutory duty to:

Eliminate unlawful discrimination, harassment and victimisation or any other conduct that is prohibited by the Act.

- Advancing equity of opportunity between people who share a protected characteristic and those who do not.
- Fostering good relations and understanding between people who share protected characteristics and those who do not.
- Embracing people's lived experiences and cultures to inform and enrich our work.

In response to the Black Lives Matter campaign, we have also been working alongside other organisations to raise awareness of any systemic racism within the care and voluntary sectors and working together to promote best practice and shared learning.

We will enforce a zero-tolerance approach to all unlawful discrimination and will take positive steps to tackle it in everything we do.

All staff, together with the People We Support and Board members, have a duty to uphold the principles of our EDI Strategy, its supporting policies and contributing to delivering our EDI outcomes.

Our Vision

We are committed to embedding equity, diversity and inclusion in all our approaches, behaviours and processes to ensure the wellbeing of our people, the people we support, their families and carers, ensuring that everyone has access to the services they need, while treating people with respect, dignity and fairness.

The key to our success is strong leadership evidenced by a well-led environment in which our staff are valued for their diversity, experience, knowledge and skills.

Every person working for Active Prospects has a responsibility for implementing and promoting equity, diversity and inclusion.

The implementation of the strategy and achieving its aims will ensure our people are empowered

and feel supported in their roles and development. Their knowledge of equity, diversity and inclusion will result in even more quality care delivered for the people we support. We seek to create an inclusive environment that is supportive to everyone and delivers a brilliant care culture at Active Prospects.



Our Active Prospects values

We integrate our values into everything we do and in every way in which we interact and behave.



Aspiring

We see potential in others and ourselves and strive to reach this

Caring

We care about others, and are considerate and approachable

Trusting

We act with integrity, and are honest and transparent

Including

We are inclusive, and recognise and celebrate difference and diversity

Valuing

We value others, and actively promote dignity and respect

Enabling

We shape our organisation and services together

Our Profile

The EDI profile of our workforce (as at August 2020), shows a higher proportion of BAME staff than in our local communities; however, this becomes less pronounced the higher up the organisation.

However, when we look at our Board diversity it is currently under-represented in terms of ethnicity. We have already started working towards making it more representational by targeting our recruitment at under-represented groups. At Executive Management level, 20% of Directors are BAME and 60% are female. 31% of our managers and staff are BAME, and 70% are female.

For our sexuality data, both Board and EMT have disclosed their sexuality as being 100% heterosexual. 87.5% of our Senior Managers disclosed they were heterosexual and 12.5% of individuals said they did not wish to disclose their sexuality. In our Managers and staff groups 76% disclosed they were heterosexual, 4% declared they were either bisexual or gay, however, we had 18.5% state that they preferred not to disclose their sexuality. We need to work hard to break down any reservations or barriers people are facing in order for them to feel secure to be themselves in the workplace.

12.5% of Senior Managers and Managers have disclosed they have a disability, compared to 5% in the wider staff group. Both these figures are well below the national average; clearly there is some work to be done to ensure people feel confident they can declare any disability.

Our promotional statistics (November 2020) are very positive in relation to enabling BAME talent:

We have 34 staff who are either an Assistant Service Manager (ASM), Service Manager (SM) or Area Manager (AM) position. Out of 34 staff, we have had 25 internal promotions, if we break this down further by ethnicity, our findings were:

- Out of 19 ASMs, 14 were internally promoted from their original role as Support Worker [note x1 individual is Acting Up], 73% are from the BAME Community
- Out of 11 SMs, 8 were internally promoted, 27% are from the BAME Community
- Out of 4 AMs, 3 of which have been internally promoted, 50% are from the BAME community.

Profile of the people we support

As at August 2020, the ethnicity of people we support was in line with the Surrey Consensus profile of 11%. However, the majority of key roles for people with learning disabilities within its speak up groups were held by people from White British groups.

It was also established that many people were not able to answer some questions around religion or sexual preference due to not fully understanding the options available or that they themselves could not identify. In 2018 we were not supporting anybody who openly identified a different sexual preference from heterosexual. In this survey this increased to three individuals and we are currently supporting them to express their needs.

Our Objectives



We are committed to developing a culture which values both our staff and the people we support and to have processes and systems in place which proactively promote inclusion and equity for all and embraces diversity. We will do this by:

- Ensuring our Governance, EMT and our workforce can demonstrate an understanding of and commitment to the EDI strategy.
- Our Leadership teams will review EDI implications and impact throughout their work and will review its performance on EDI issues annually.
- Ensure there is no unjustified discrimination in our recruitment, selection, performance management procedures and all other people related processes.
- Empowering individuals to take ownership of their responsibilities for creating a fair, open and transparent culture free from bullying, harassment and discrimination.
- Taking a zero-tolerance approach to all forms of racist, bigoted or hateful behaviour.
- Committing to collaborating in all areas of our business with people who use services. The

Pro-Active Community is an inclusive organisation run by people we support which focuses on social activities, inclusion, community involvement, being an active citizen and shaping of Social Care.

- Ensure that our marketing and communications promotes EDI across all channels.
To ensure that Active Prospects' organisational culture promotes the equity, diversity and inclusion of all its people and commits to real action which is measurable and regularly reported on progress.

How will we achieve our Objectives



Governance

Ensuring our Governance, EMT and our people can demonstrate an understanding of and commitment to the EDI strategy.

Our actions we commit to:

- Board, EMT and our people will receive training specifically on EDI (lead DPR December 2020)
- The Board and its Sub-committees will receive annual report outlining our EDI measures and delivery of our action plan (lead DPR June 2021)
- HR will look at taking positive measures to ensure all areas of the business are representational of our local communities EDI data (lead DPR, March 2021)
- We aim to ensure our Board EDI profile is increased to a minimum of 20% BAME, 40% female,
- and 10% people with disabilities (lead CEO/ DPR October 2021)
- The ethnicity and gender pay gap reports to be presented to the Board on an annual basis (lead DPR/DF June 2021)
- The EDI group will meet bi-monthly and consists of 12 group members across the organisation who are representative and inclusive of our workforce and help support the development and delivery of the EDI Plan (lead DPR/DC)
- We will support the Pro-Active Community to be more representative of its communities and incorporate EDI objectives in its strategic plans (lead DC March 2021)

Leadership & Talent Development

We will ensure that equity, diversity and inclusion are integral to our training and development offer to all of our staff.

Our actions we commit to:

- Opportunities for training, development and progression into management promoted to staff from different ethnic groups, who will be helped and encouraged to develop their full potential, so their talents and resources can be fully utilised to maximise the efficiency of the organisation (lead DPR/TM)
 - Ensure our management competencies for our leaders are fair, transparent and visible to all and feed through their employment from Recruitment, Probation and Appraisal (lead DPR, February 2021)
 - We will monitor and audit our Leadership programme to ensure it reflects at least 50% representation from the BAME community. To do this we will actively seek what support is required
- to encourage applications, interviews, development plans and opportunities for specific courses for the BAME community (lead DPR/TM, June 2021)
- Our leaders will review all annual service improvement plans for our services and identify areas for improvement in order to deliver equitable, diverse and inclusive services for our people which ensures equity of opportunity (lead DC, April 2021).
 - Source an external mentorship programme for our rising talent with clear EDI targets to provide support for their progression into leadership (DPR, March 2021).



Our People

We will strive to ensure there is no unjustified discrimination in our recruitment, selection, support and supervision, performance management procedures and all other people related processes. Empowering individuals to take ownership of their responsibilities for creating a fair, open, inclusive, valuing and transparent culture free from bullying, harassment and discrimination.

Our actions we commit to:

- Analysing the equality data for our staff, identify any improvements and take positive action to ensure we are representative of our local community (lead DPR, February 2021)
- Ensuring our value of 'Inclusion' is fully evaluated as part of recruitment, probation and appraisal processes and exemplary practice celebrated as part of the monthly and annual staff awards (lead DPR, on-going)
- Review all recruitment and training policies and procedures to include how support can be delivered and adapted to ensure inclusive and representative practice. This will include those who have English as their second language (lead DPR/TM on-going).
- Ensure all our staff are trained on EDI and unconscious bias which will be delivered by an external provider (DPR/TM, April 2021)
- Support and celebrate each month, key EDI initiatives by introducing an annual programme of events, e.g. BlackHistory Month, Pride, Inclusion week, (lead DPR/EDI group January 2021)
- Promoting dignity and respect for all our people, where individual differences and the contributions of all staff are recognised and valued in all our communication channels (lead DPR/DBD, on-going)
- Renew our Employers Disability Confident accreditation annually and plan to progress to Leader Status, making reasonable adjustments to enable full participation (lead DPR/DBD, September 2021)
- Conduct an annual EDI survey and identify areas of improvement to ensure there is equity of opportunity and inclusive culture for all (lead DPR, July 2021).



Co-Production

We are committed to collaborating in all areas of our business with people who use services and are experts by experience.

We will do this by using focus groups from the Surrey People's Group and the Pro-Active Community which are inclusive organisations run by people we support. We will be looking internally at Active Prospects but also the wider impact of inclusion within social care. We want to ensure that the people we support also have the right information and education around equity and discrimination and can have their voices heard.

Our actions we commit to:

- To provide an annual report on equality data on the people we support within Active Prospects which identifies improvements and further support for protected groups (lead DC February 2021).
- To support the Pro-Active Community and Surrey People's Group to the Board and members are reflective of their local community and reflect a range of issues and concerns that disabled people may face including the BAME and LGBTQ+ community (lead DC).
- To research and engage with the local community to access correct culture support and information from BAME groups and the impact on disabled people. To include guest speakers, presentations, easy read information and support staff education in different cultures (lead DC, April 2021).
- To improve access and services to BAME communities by Active Prospects reaching out to key areas such as places of worship, community centres, youth groups and social events. For Active Prospects to build up a network of resources and connections (lead DC, June 2021).
- As part of Supported Loving and Personal Identity initiatives, to ensure all people have an opportunity to understand diverse sexual and gender preferences and identities and make informed choices (lead DC, September 2021).
- To pro-actively raise awareness of hate crime against people with a disability and engage in local and national campaigns (lead DC, March 2021).
- To ensure that people we support have reflective plans and outcomes that reflect who they are and shapes the support they receive. To review support documents to include more cultural information and explanation when a person is not clear of their own E&D data (lead DC, March 2021).
- To annually strategically review our inclusive communication needs and identify actions to ensure everyone has a voice which is listened to (lead DC).
- To ensure the end of year report on Key Care Performance Indicators such as complaints, incidents, investigations, behaviours of concern are reviewed to ensure any patterns or concerns around discrimination or differential outcomes (lead DC, December 2021).

Marketing, Comms & Business Development



We will ensure our internal and external marketing and branding promote the importance of EDI and are representative and inclusive of our diverse workforce and the people we support.

Our actions we commit to:

- Monitor and plan our marketing and PR communications, notably our website and social media output, to ensure that visual and written content are representative of our workforce and the people we support which support our EDI objectives and diverse voices and experiences (lead DBD, ongoing).
- Consult with the EDI group and people we support to create a 'style guide' which sets out the language and terminology we use in all our internal and external communications (lead DBD, April 2021).
- Ensure that our monthly staff newsletter, Aspire, promotes our EDI objectives (lead DBD, ongoing).
- Seek grant funding opportunities or partnership opportunities which help us to make our services as targeted and representative as possible and which address underrepresentation or equity gaps (lead DBD, ongoing).
- Develop our use of assistive technologies and communication tools which enable everyone to participate and contribute (lead DC, ongoing).

Properties & Physical Environments



We will ensure that our properties and physical environments are accessible and in good locations that support proactive and inclusive community engagement.

Our actions we commit to:

- Ensuring that 50% of our homes are fully accessible to people with a mobility disability and 20% of new properties are fully wheelchair accessible (lead CEO ongoing)
- To access the Disability Facilities Grant or work with commissioners to seek funding to support adaptations to meet individual disability needs (lead DBD ongoing)
- To ensure all offices and workspaces are accessible with the right facilities and make reasonable adjustments as necessary (Lead CEO ongoing)



Suppliers & Corporate Engagement



We will ensure that all suppliers and formal relations support EDI standards.

Our actions we commit to:

- All suppliers to be evaluated on their EDI policies as part of the approval process (lead DF ongoing).
- To aim for 20% of all procurement to come from social business which add further to the social value agenda (lead DF, September 2021).
- To actively engage in EDI initiatives and partnerships in our communities and sectors contributing to collaborative change (lead EMT, ongoing).
- To provide leadership on EDI in our membership bodies and partnerships, sharing learning and driving forward best practice, reviewed as part of our annual EDI report (lead CEO, ongoing).

Abbreviation key:

DPR: Director of People and Recruitment, Kaushika Patel. DC: Director of Care, Jade Vallance.
DBD: Director of Business Development, Joel Hartfield. DF: Director of Finance, Ian Temple.
SCL: Senior Clinical Lead, Lynsey Way. EMT: Executive Management Team

Glossary

This glossary has been designed for all our staff as a reference for the language that we all use, the language we don't use and the reasons for both. The glossary has definitions of the most commonly used words.

	Definition
Age	The length of time that a person has lived, or a thing has existed.
BAME	Black, Asian, and minority ethnic (used to refer to members of non-white communities in the UK).
Disability	A physical or mental condition that limits a person's movements, senses, or activities.
Ethnicity	The fact or state of belonging to a social group that has a common national or cultural tradition.
LGBT+	Lesbian, gay, bisexual, and transgender (often used to encompass any sexual orientations or gender identities that do not correspond to heterosexual norms).
Race	A group of people of common ancestry, distinguished from others by physical characteristics, such as hair type, colour of eyes and skin, stature, etc.
Religion	A particular system of faith and worship.
Sexuality	A person's sexual behaviours and tendencies, and the strength of such tendencies

Words to use and avoid

Use	Don't use
Disabled people (in a UK context) or people with disabilities (in an international context)	"The disabled" as a collective noun
Disability or long-term condition	Disorder
Non-disabled	Able bodied
Non-visible disability	Hidden disability or invisible disability
Has a (condition), lived with, experience of...	Suffers from, is afflicted by, is the victim of (particular condition)

Words to use and avoid

Use	Don't use
Impairment	Handicap
Wheelchair user	"In a wheelchair", "confined to a wheelchair" or "wheelchair bound"
Person with a mental health condition or experiencing mental ill health	Insane, mad, mental, mental patient, mentally ill
Neurodiversity, autism, dyslexia	Learning difficulties
Person with a learning disability	Retarded
D/deaf, Deaf or deaf, hearing impairment, sign language user or BSL user (British Sign Language)	Deaf and dumb, the deaf, mute (but ok to refer to someone as "selective mute")
People with a visual impairment, blind people, blind and partially sighted people	The blind
Person with epilepsy, person with depression, person with diabetes	An epileptic, a depressive, a diabetic
A person of short stature	Midget, dwarf
Personal assistant, support worker	Carer, helper
People we support or people living with us ideally.	Customer, patient, client
Global South, low- and middle-income countries	Third World, least developed
Global South, low- and middle-income countries	Third World, least developed
Learning difficulties (in education)	Special needs (in education)
Working with disabled people. Organisation of people with disability (OPD), or disabled people's organisation (DPO)	For disabled people or "the disabled"
Share information	Disclose or declare information
Accessible toilet	Disabled toilet
Accessible facilities	Disabled facilities
Accessible parking space or blue badge	Disabled parking
Assistance dog, Working dog, Service dog, Guide dog, Hearing dog	Blind/Deaf dog, Helping dog

Explanatory notes

The preferred term in the UK is “disabled people”. This is because the social model of disability, developed by disabled people, says that people are disabled by barriers in society, not by their “impairment”. Don’t use collective nouns, e.g. “the disabled”. This suggests all disabled people are the same or part of a homogenous group.

From an international perspective, particularly in the context of the United Nations, the preferred terms that are used are either “people with disabilities” or “persons with disabilities”. The reason for this is the strong belief that disabled people are people first, irrespective of their “impairments” or any other characteristics that they may have.

Long-term condition is often used instead of “disability” to describe someone’s “impairment”. People identify differently and they may relate this term to themselves as they see it as more “friendly” or “familiar” language. Some use “long-term health condition” but we have dropped the “health” as not all long-term conditions relate to health, e.g. autism, ADHD, dyslexia.

Use “non-disabled” because “able bodied” implies disability only relates to the body.

Do use “non-visible disability”. Avoid “hidden disability” as it implies disability is a “secret” or “big deal”. “Invisible” implies something is unable to be seen. The impact of a condition can be seen, so “non-visible” is correct in terms of semantics, but more importantly it doesn’t propagate the idea that you can’t tell if someone has a disability just because the disability isn’t visible.

In some context you might say someone has (a particular condition), e.g. talking to a GP. However, if what is being written or spoken about is a lack of access or someone facing a barrier then refer to the person as being, e.g. a wheelchair user or visually impaired. This takes the focus away from the individual and moves it to the responsibility to resolve it.

Don’t use language that defines disabled people as frail, weak, or the object of sympathy, e.g. “suffers from” or “victim of”.

Impairment is used to describe someone’s long term condition. Mobility impairment, visual impairment, hearing impairment and speech impairment are all commonly used.

Do use wheelchair user, don’t use ‘in a wheelchair’, ‘confined to a wheelchair’ or ‘wheelchair bound’. These terms suggest the use of a wheelchair is limiting, when many wheelchair users are empowered by using a wheelchair.

Do use person with a mental health condition or experiencing mental ill health.

Neurodiversity was originally used to describe the neuro-difference of all humans. Neurodivergence is used to describe people that have a condition related to the mind like autism, dyslexia, dyspraxia and ADHD. Neurotypical is a term used to describe people without neurodivergence. However, neurodiversity is now also commonly used to describe people that have condition related to the mind.

Do use D/deaf, Deaf or deaf. Big “D” Deaf people regard deafness as part of their culture and identity as a linguistic minority of sign language users. Small “d” deaf people are often people that acquire deafness during their lifetime. We use Deaf or deaf when we know what individuals use to describe them self and D/deaf when describing people both Deaf and deaf people. People that are Deaf may refer to the “Deaf Community” which is seen as a distinct group that share a difference.

Do use people with a visual impairment, blind people, blind or partially sighted people.

Don't define someone by their disability, e.g. a diabetic or epileptic. However, people may define themselves as "dyslexic" or "autistic". This relates to identity and people seeing their condition as a whole part of them, opposed to something they "have" which is part of them.

Do use a person of short stature instead of midget, dwarf. However, some individuals do prefer Dwarf.

Do use personal assistant or support worker.

Do use people we support or people living with us.

Do use Global South or low- and middle-income countries.

Do use learning difficulties in relation to people in education.

Do use working with disabled people or people with disabilities.

Do use terms like "share" information or "tell" someone about disability. This is neutral language compared to "disclose" and "declare" which make disability out to be a secret, big issue or something best kept concealed.

Do use accessible toilet, accessible facilities, accessible parking, and accessible spaces. Don't worry about common expressions like "see you later", "let's go for a walk", "speak soon".

Disability confidence or being disability confident refers to an organisation's ability to remove barriers for groups of disabled people and individuals across the organisation. The Government adopted the term for its Disability Confident scheme.

Don't describe disabled people as being brave or inspirational simply because they are disabled. Always be aware and consider the context.

"Independence" does not mean that people can do everything for themselves. It is the right to have choice and control how the person lives, learns and works. Everyone is dependent to some extent, e.g. on employment, income, education, banks, travel etc. in a similar way support works enable disabled people to access choice and control afforded to others.

There are words and phrases that should be avoided, examples are listed in the table above. Many disabled people find these to be harsh or see them as bearing no relation to their experience or insulting. Even if used without the intention of causing offence, these words and phrases suggest disabled people:

- Are helpless.
- Are to be pitied or victims.
- Are a homogenous group.
- Are entirely defined by their impairment.
- Or have negative connotations and become used in an abusive way.

The use of language relates to identity and how someone defines them self. People with the same impairment may identify differently and use different words to describe them self.

In general, and where appropriate, reflect the language that disabled people use to describe themselves. If you're not sure about the language someone is using, you can ask them.

Thanks for reading



Keep up to date with news, events and more
activeprospects.org.uk/getinvolved