# **Contents**

# Let’s Start at the Beginning

## Introduction

* Our engagement
* How we will monitor progress
* Scope
* Our Vision, Values and Principles
* Our Goals
* Conclusion
* Acknowledgements

# **Let’s Start at the Beginning**

To work effectively together we all need a shared understanding of the relevant diversity and inclusion terminology, putting people at the forefront of our thinking and behaviour.

**Diversity**: Who we are, our identity and our experiences make us unique, and contribute to how we think and feel. This diversity, or difference, is not simply about a specific characteristic or demographic and is to be celebrated.

**Inclusion:** How people feel respected, welcomed and valued through our structures, systems and behaviours. The important factor here is that it is about how people feel.

**Equity:** Achieving fairness through treating people according to need. Practising equity requires understanding a range of factors, including how historical disadvantages continue to impact how some people experience the world. Equity leads to equality.

**Equality**: Ensuring individuals or groups of individuals are not treated differently or less favourably, based on their specific protected characteristic. Equality without equity can perpetuate negative outcomes for groups of people.

**Power**: The ability to influence the behaviour of others or the course of events. In a diversity and inclusion context within the workplace, power is traditionally held by society’s dominant groups and can be applied at an individual or structural level.

**Privilege**: A set of unearned benefits given to people who fit into a specific social group including race, class, gender, sexual orientation, language, geographical location, ability, religion, among others.

**Systematic oppression**: Institutional, structural and historic forms of power that keep traditionally oppressed groups of people down.

**A person with arthritis:**  An individual whohas identified themselves as having a condition that we would classify in one of our 3 groups: conditions of musculoskeletal pain, inflammatory conditions or fragility conditions.

**Anti-racism:** Anti-racism is about actively identifying and opposing racism. The goal of anti-racism is to challenge racism and actively change the policies, behaviours, and beliefs that perpetuate racist ideas and actions. Anti-racism is rooted in action and is about taking steps to eliminate racism at the individual, institutional, and structural levels.

**Intersectional:** The complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or intersect especially in the experiences of marginalised individuals or groups.

**Privilege:** A set of unearned benefits given to people who fit into a specific social group including race, class, gender, sexual orientation, language, geographical location, ability, religion, among others.

## **Introduction**

Our vision is a world that no longer tolerates the impact of arthritis. We refuse to accept arthritis insidiously stealing life from people. Our goal is together, with and for people with arthritis, to demand and deliver better answers. We create impact through funding world-leading research, providing arthritis support and information, through influencing governments and by giving people with arthritis a voice.  We know that diversity and inclusion principles need to be embedded in our work if we are to reach the broadest range of people, addressing health inequities and defying arthritis together.

We are determined to focus on where we can make the greatest impact, challenging discrimination within everything we do for people with arthritis, including the 38% of our staff who have arthritis or care for someone with an MSK condition. We want to co-create a holistic, integrated and positive approach to supporting our staff with arthritis. We make this commitment in this strategy, and the multiple strategies that will follow, on our journey to become a more diverse, inclusive and accessible charity for all people with arthritis. Everyone has the right to be treated with dignity and respect and we commit to create an organisational culture that is diverse and inclusive, a culture that nurtures and empowers every individual to flourish and reach their full potential through an equitable experience for all.

We know that we are at the beginning of our diversity and inclusion journey at Versus Arthritis and we acknowledge that we haven’t always got it right for all our people and that some of our staff have lacked trust in us to deal with issues effectively. That our people have experienced bullying and racism is not acceptable and is not in line with our values or the charity we want to be. We take full responsibility, and we are sorry this has happened. We recognise the hurt and trauma some of our people have experienced and we commit to work with our staff and volunteers to ensure we have a psychologically safe charity.

We must also have honest conversations about not only where we have got things wrong recently, but where we have got things wrong historically. Our staff have told us we failed to listen when we merged two charities to become Versus Arthritis and as a result, we need to work hard to develop one inclusive and accessible culture that works in partnership with our staff and volunteers.

Even when we have started work on diversity and inclusion in the past, we have not progressed past the planning stage. We have stalled on this work, losing the trust of some of our people and being accused of ‘all talk, no action’. We accept that criticism and we will do better. We want this strategy to enable people to feel positive and proud to be part of Versus Arthritis, full of hope for what is still to come through our work together to defy arthritis.

People with arthritis are not one homogenous group of people. people with arthritis are a broad range of people across the four nations of the UK and beyond, but we are not reaching them all effectively, and they are not consistently experiencing the excellent support we can offer. We must develop our partnerships and relationships with organisations already working with the people we know are underserved by our charity. We must be clear that the aim of reaching everyone with arthritis will never end. We aim to be a person-centred charity for people with arthritis of any age, any background. We hope that this strategy will give our staff, volunteers and supporters the confidence that we mean what we say about our commitment to becoming a diverse, inclusive, anti-racist and anti-discriminatory charity that is sector leading in this work.

We recognise our responsibility in adhering to the Equality Act 2010 in terms of the 9 Protected Characteristics: age, disability, [gender reassignment,](https://www.equalityhumanrights.com/en/equality-act/protected-characteristics#reassignment) [marriage and civil partnership,](https://www.equalityhumanrights.com/en/equality-act/protected-characteristics#marriage) [pregnancy and maternity,](https://www.equalityhumanrights.com/en/equality-act/protected-characteristics#pregmat) [race,](https://www.equalityhumanrights.com/en/equality-act/protected-characteristics#race) [religion or belief,](https://www.equalityhumanrights.com/en/equality-act/protected-characteristics#rob) [sex,](https://www.equalityhumanrights.com/en/equality-act/protected-characteristics#sex) sexual orientation. But we want to go further than our legislative responsibilities and we will support staff and volunteers who face barriers including being a lone parent, having caring responsibilities and/or having an accent, for example. We must adopt an intersectional approach when considering our staff and volunteers and anyone involved in our charity. We need to help each other understand how aspects of a person's social and political identities combine to create different modes of discrimination and privilege and adjust to remove barriers to inclusion.

This strategy is our starting point, setting out our immediate and long-term activity. We will be continuously learning and refining our approach, developing our understanding in partnership with our staff and volunteers, whilst recognising that true organisational and cultural transformation will take time. We are committed to addressing areas of imbalance, adjusting our policies and processes if required.We aspire to be a truly reflective charity and that reflection will deepen our learning and enable us to make sense of what we've learned, why we learned it, and how each addition of learning took place. We have not adopted this method enough in the past but being more reflective will help us become a person-centred charity.

Our strategy is a ‘live’ document, and our vision is deliberately ambitious as we want to do more than simply meet our legal obligations. This strategy is a positive step forward in our fight against arthritis.

Thank you to everyone who has contributed to our first diversity and inclusion strategy. At Versus Arthritis, we are excited to progress our diversity and inclusion work, engaging and learning along the way.

**Our engagement**

We approached the shaping of this strategy in a few ways:

* Over 30 engagement events with staff and volunteers.
* Anonymous survey for all staff.
* [‘Understanding our People’ diversity demographic survey](https://versus-arthritis.sharepoint.com/%3Aw%3A/r/sites/equalitydiversityandinclusion/_layouts/15/Doc.aspx?sourcedoc=%7B19E40DBB-BA81-46B6-85D8-1D75D430DC6A%7D&file=Appendix%202%20Understanding%20Our%20People%20Data%20.docx&action=default&mobileredirect=true) (appendix 2).
* Engagement sessions with our Board and Organisational Leadership Team.
* Engagement sessions with our Employee Forum and Staff Networks.
* Diversity modelling - to identify new targets that are stretching but achievable.
* External diversity and inclusion practitioner expertise.
* Appraisal of The Parker Review: Ethnic Diversity Enriching Business Leadership, The McGregor-Smith Review: Race in the Workplace, NHS Workforce Race Equality Standard, Business in the Community Race at Work Charter.
* Reflection on our recent history ([appendix 3](https://versus-arthritis.sharepoint.com/%3Aw%3A/r/sites/equalitydiversityandinclusion/_layouts/15/Doc.aspx?sourcedoc=%7B08133A14-8AAC-478E-B313-55CBE1501DB3%7D&file=Appenidx%203%20Reflecting%20on%20our%20history.docx&action=default&mobileredirect=true))

**How we will monitor progress**

To ensure the progress of this strategy is scrutinised appropriately, we have established Versus Arthritis’ first ‘Diversity and Inclusion Action Group’ ([appendix 1](https://versus-arthritis.sharepoint.com/%3Aw%3A/r/sites/equalitydiversityandinclusion/_layouts/15/Doc.aspx?sourcedoc=%7B9F1FEF34-CB03-43BE-B703-FAAEEDCF52E4%7D&file=Appendix%201%20Diversity%20and%20Inclusion%20Action%20Group.docx&action=default&mobileredirect=true)) which is chaired by the CEO and includes representatives from our staff networks, Employee Forum and across every directorate. The group has helped shape and influence the development of this strategy and will monitor the key areas of our diversity and inclusion performance in relation to agreed indicators, drawing relevant issues to the attention of the leadership of Versus Arthritis, holding them to account for progress. This diversity and inclusion strategy is endorsed at the highest level in Versus Arthritis by our Board of Trustees and Organisational Leadership Team.  Creating accountability for diversity and inclusion progress within the most senior leadership structures of the charity ensures that diversity and inclusion remains a strategic priority and that we create a consistent and inclusive experience for our people.

We want to make sure that everyone at Versus Arthritis knows what their role is in implementing our, diversity and inclusion activity and that we share progress internally and externally. To do this, we will:

**•** Communicate the strategy and its initiativesto staff, volunteers and stakeholders.

**•** Make every directorate responsible for implementing activity for their staff, volunteers and stakeholders.

• Report quarterlyto the Organisational Leadership Team on progress of activity.

**•** Review and discuss progress against the strategy annuallywith our Board of Trustees

**•** Publish an external annual updateon our progress against our aims

### **Scope**

This strategy is our approach from April 2021 to March 2024, to help us achieve our diversity and inclusion priorities and it won’t be the last. It provides a shared commitment and direction for us, so we can work together to respect, value and increase diversity and build a more inclusive and accessible charity.  It is comprised of three goals and key actions we will take over the next three years and outlines how we will track progress and measure success and governance arrangements.

#### **Our Vision, Values and Principles**

What we want to achieve with our new strategy:

**Vision:**

***Diversity and inclusion will be at the heart of everything we do.  Our research, services and influencing work will reflect the diverse needs of all those living with arthritis and our employees, volunteers and Trustees will represent the broad diversity of the communities of which we are a part.   Everyone will feel they can belong to the Versus Arthritis community and feel comfortable and valued in bringing their whole self to our charity.***

**Values**

Our values are our framework for our behaviours and decision-making and set out what we expect from our people at Versus Arthritis, including in how we go about implementing this strategy.  We know that if our people feel empowered to make values-based decisions then we will deliver better research, support and influence for people with arthritis and our people will feel involved, productive and energised to deliver our diversity and inclusion goals. Through this strategy, we want to become a values-based charity which will encourage consistent behaviours in support of our mission to defy arthritis.

|  |  |
| --- | --- |
| **Our Values**  | **How this relates to our Diversity and Inclusion work**  |
| We value our contribution to a truly inclusive and flexible organisation, that prioritises people’s health and wellbeing.   | We continuously develop our understanding of the positive impact that diverse and inclusive practice and decision making has on people’s health and wellbeing. |
| We value learning to increase our impact for people affected by arthritis.  | We consistently support each other to learn and develop, recognising people have varying levels of understanding and will need equitable support.  |
| We value being accountable for our actions and have high expectations of each other  | We create safe environments, recognise our individual privilege and are comfortable to challenge ourselves and each other in our work on diversity and inclusion |
| We value persevering with challenges when we know it’s the right thing to do.  | We know that diversity and inclusion work is not always comfortable or easy, but we will be tenacious in our efforts to progress our goals. |

|  |  |
| --- | --- |
| **Our principles** | **How this relates to our Diversity and Inclusion work**  |
| We share and understand challenges together. | We systematically collate diversity data to understand gaps in our support, research and influencing activity, action planning to ensure the broadest reach and impact.  |
| We give strength whenever it is needed. | We ensure our research, support and influencing activities are inclusive and accessible so no one is left behind. |
| We never stop our search for new answers. | Using recent external research and practice, we continuously improve and review our diversity and inclusion work, striving for excellence.  |

###### **Our Goals**

We are setting out to become a more diverse, inclusive and accessible charity and to reach the broadest range of people living with arthritis that we can.  To hold ourselves accountable for the changes we seek, we have translated our ambition into three goals, each supported by a range of cross-charity actions.   We recognise achieving our vision is going to take time and our goals set out the steps we will take to realise our ambition. To ensure transparency, and to assist in the performance of our duties in line with the Equality Act 2010, we will measure and report on our progress in a rigorous and transparent way. Each goal has its own measures and progress with be tracked at quarterly Diversity and Inclusion Action Group meetings. The strategy action plan is [Appendix 4](https://versus-arthritis.sharepoint.com/%3Aw%3A/r/sites/equalitydiversityandinclusion/_layouts/15/Doc.aspx?sourcedoc=%7B6392BE6F-553E-414B-8589-1A8905A55BB9%7D&file=Diversity%20and%20Inclusion%20Strategy%20Action%20Plan.docx&action=default&mobileredirect=true) .

**Goal One: An inclusive and accessible culture that fosters belonging**

**By 2024, all our people will feel that they belong at Versus Arthritis, irrespective of their background.**

**Our starting point for change**

We know that an inclusive culture supports diversity, fosters a sense of belonging within the workplace and ensures our people are not unfairly discriminated against.  Our people are happiest and perform best when they can be themselves and their experiences, backgrounds and ways of thinking are celebrated.  We want to make sure our people do not have to ask for adjustments so they can do their work, but are listened to if they do, and that we are proactive in creating a culture in which everyone has the awareness and understanding of people’s needs. We know that inclusive organisations have more highly engaged, motivated and productive people who are confident to make better decisions.    We do not underestimate the task in hand nor the benefits to health and well-being that an inclusive culture delivers.  We also recognise the long-term commitment to delivering and sustaining a truly inclusive culture and how a truly inclusive charity will ultimately better meet the diverse needs of People with arthritis. Within this key goal, we include activity to help us become an anti-racist and anti-discriminatory charity, so all our staff thrive without enduring negative experiences linked to their identities.

**Key activities to achieve this goal:**

* Our staff and volunteers will attend a mandatory diversity and inclusion workshop and anti-racism training and will feel confident in articulating our shared understanding of diversity and inclusion and anti-racism.
* We will provide a suite of diversity and inclusion resources and toolkits for manager and leaders and for all staff and volunteers.
* We will support staff and volunteers with raising concerns and further develop our skills in effectively managing concerns about bullying and harassment.
* We will fully review our approach to Access to Work and reasonable adjustments to ensure that they are accessible and effective.

**Goal Two: Broaden the diversity of people against arthritis**

**Our staff and volunteer profile, notably our Board, OLT and Heads and Directors, will better reflect the broad range of People with arthritis and we will explore how to broaden the diversity of our communities against Arthritis.**

**Our starting points and targets for change**

We are a broad range of people at Versus Arthritis and we bring a variety of perspectives, skills and experiences. We celebrate our diversity as a strength and recognise that what brings us together is our desire to support people with arthritis. We undertook our first ‘Understanding our People’ diversity demographic survey as part of the development of this strategy in April 2021 with a 79% response rate. This is a high response rate in comparison with other organisations and demonstrates support for our diversity and inclusion work amongst our staff. We also undertook a diversity demographic survey of our Trustee Board in April 2021 with 100% response rate. We acknowledge that in order to make our Board more representative, we need to work with Trustees to help them appreciate ‘standing aside’ can free up positions that can be filled by a broader range of Trustees and to fully understand what inclusive recruitment and practice looks like. We also need to explore with our Board how to progress the concept of ‘sharing power’ with our staff.

Our current demographics, based on the surveys, can be found in tables 1, 2 and 3 (below) and a wider summary can be found in Appendix 2.

Our current workforce is underrepresented in terms of ethnicity, gender and age. While we are a multi-faith workplace just over half the workforce report having no religion and we are significantly under representative of those from a Christian faith compared to the population as a whole. Although small numbers, we are on par or ever so slightly over representative of all other religions within our workforce compared to the population as a whole, apart from Islam where there is a slight under-representation.

Our workforce has an under representation, compared to the UK population, in terms of people identifying as Ethnically Mixed, Asian, Black or Other Ethnicity.  The most under-represented are those who identify as Asian, followed by Black staff. Our London Office based workforce is significantly less ethnically diverse than the population in London. The most significant under-representation is those from who identify as Black, Black British, Caribbean or African (variance of -11%), closely follow by Asian or Asian British diaspora (variance of -10%).  There is a significant lack of ethnic diversity at the top levels of the organisations, particularly at Board, but also under-representation from Directors to Managers.  As part of the strategy action plan, we will establish diversity demographic data for Wales, Scotland, Northern Ireland as we recognise that our current broad diversity data needs to be further analysed at this level.

44% of our staff have a disability or a long-term health condition. Whilst this is a higher percentage than other organisations, we have further work to do on ensuring that we are truly inclusive and accessible and that our percentage of staff with a disability does not decrease.

Most of our workforce fall between the 25-64 age bracket and we are significantly under representative of the younger (19-24) and older (65-74) working age population. Overall, the distribution of those contractually based from our offices tend to be weighted towards the younger age brackets while those who are contractually home based are weighted to the older age brackets.

This is particularly distinct when looking at the distribution of London office-based employees, whereas the distribution of those based from the Chesterfield offices follows a similar distribution to homeworkers based in England.

We are at the very beginning of our journey to gather data on our volunteer and involvement pool with a very small sample of diversity demographic data. Our data tells us that we should focus on increasing the number of male volunteers, volunteers from Asian or British Asian, Black, Black British, Caribbean or African or other ethnic group backgrounds and volunteers under the age of 40.

**Table 1: Versus Arthritis’ staff demographics (April 2021.**

|  |  |  |  |
| --- | --- | --- | --- |
| Characteristic    | Versus Arthritis 2021    | Versus Arthritis 2024 target    | Benchmarks    |
| Asian or British Asian, Black, Black British, Caribbean or African, Other ethnic group     | 11%    | 15%   | 14% ONS 2011    |
| Age (19-24)    | 1%    | 5%   | 10% ONS 2011    |
| Sex (female)  | 80%    | Does not fall below 50%    | 50% ONS 2011    |
| Gender Identity    | No data    | Establish data collation    | TBC     |
| Disability   | 44%   | Does not fall below 40%   | 19% ONS 2011   |
| LGBTQ+ colleagues   | 10%    | Does not fall below 10%    | 2.2% Annual Population Survey 2018 |
| Caring responsibilities   | 48%   | 50%    | 6.7% Carers UK 2019 |
| People with a relationship with arthritis (have arthritis or care for someone with arthritis) | 38%   | 50%   | Not available |

**Table 2: Versus Arthritis’ Board demographics (April 2021)**

|  |  |  |  |
| --- | --- | --- | --- |
|  Characteristic    | Versus Arthritis 2021    | Versus Arthritis 2024 target    | Benchmarks    |
| Asian or British Asian, Black, Black British, Caribbean or African, Other ethnic group     | 0% |   15% | 14% ONS 2011    |
| Age (Under 44) |  9% |  50% | 50% Annual Population Survey 2018 |
| Age (over 44) | 81% | 50% | 50% Annual Population Survey 2018 |
| Sex (female)  |  43% | 50% | 50% ONS 2011    |
| Gender Identity    | No data    | Establish data collation    |     TBC |
| Disability   | 9% |  19% | 19% ONS 2011   |
| LGBTQ+ colleagues   |  9% |  10% | 2.2% Annual Population Survey 2018 |
| Caring responsibilities   | 57% |  Does not fall below 50% | 6.7% Carers UK 2019 |
| People with a relationship with arthritis (have arthritis or care for someone with arthritis) |  No data |  Establish data collation    | Not available   |

**Table 3**:  **Organisational Leadership Team and Heads (April 2021)**

|  |  |  |  |
| --- | --- | --- | --- |
| Characteristic     | Versus Arthritis 2021     | Versus Arthritis 2024 target     | Benchmarks     |
| Asian or British Asian, Black, Black British, Caribbean or African, Other ethnic group       | 12% | 15% | 14% ONS 2011     |
| Age (under 44)    | 55% | Does not fall below 50%    | 10% ONS 2011     |
| Age (over 44) | 45% | 50% | TBC |
| Sex (female)  | 79% | Does not fall below 50%     | 50% ONS 2011     |
| Gender Identity     | No data | Establish data collation     |    TBC   |
| Disability    | 48% | Does not fall below 40%    | 19% ONS 2011    |
| LGBTQ+ colleagues    | 21% | Does not fall below 10%     | 2.2% Annual Population Survey 2018  |
| Caring responsibilities    | 55% | Does not fall below 50%     | 6.7% Carers UK 2019  |
| People with a relationship with arthritis (have arthritis or care for someone with arthritis)  | 44% | 50%    | Not available |

 **Key activities to achieve this goal:**

* Fully review our approach to recruitment through a diversity and inclusion lens, taking steps to ensure we are inclusive at the point of the entry and at every stage of our recruitment process.
* We will improve how we collate and analyse the diversity demographics of our staff and Trustees and track our progress through the introduction of new HR and ATS systems.
* We will introduce a ‘licence to hire’ for all hiring managers, which will include inclusive recruitment training and best practice toolkits focussed on decreasing bias in decision making and increasing and supporting diversity.

**Goal Three:  An inclusive and accessible experience for people with arthritis**

**We will always provide inclusive support for all people with arthritis, treating them with dignity and respect at every stage of their journey with us, providing a platform for people with arthritis to influence our work and policy makers, regardless of age, gender or background.**

**Our starting point for change**

We know that people with arthritis of any age and background, can face barriers when accessing services, meaning that some will simply not access the support that they need. Inclusive services and support, delivered with an understanding of the barriers to involvement, can make a real difference to the lives of people with arthritis.  We will take active steps during the lifetime of this strategy and beyond to meet the needs of everyone with arthritis, identifying and removing barriers that prevent people from accessing our services and support.   We recognise that people have different communication needs, and we need to develop our services and materials accordingly. This will ensure as many people as possible can access the information we provide, in a user-friendly way, ensuring we communicate in a way which is accessible to the broadest range of people possible. We also want to profile the broadest possible range of people in our communications work so that we are more representative of the range of People with arthritis. We know that we need to get better at collating information about People with arthritis so that we baseline our data and measure our progress.

**Key activities to achieve this goal:**

* We will improve the accessibility, inclusivity, and reach of our communications and information using a diverse range of communication channels.
* We will develop relationships with organisations already working with our underserved communities.
* We will develop one model for all groups and branches who wish to continue to support Versus Arthritis with equitable, appropriate, proportional governance, support and procedures.

**Conclusion**

Delivering Versus Arthritis’ first three-year strategy and action plan will help us meet our vision to put diversity and inclusion at the heart of everything we do. By 2024, we will have created a transformed, modern charity of which our staff, volunteers and stakeholders feel proud to be a part of.

**Acknowledgements**

**Diversity and inclusion strategy project team**

* Helen Timbrell, Director of People and Organisational Development
* Siobhan Corria, Head of Diversity and Inclusion
* Alice Hockey, Senior Project Manager

**Diversity and Inclusion Action Group**

* Ellen Miller, CEO
* Kerry Jones, Employee Forum
* Mo McAllister, Disability Inclusion Network
* Tracy Toussaint, Race Equity Network
* Alaska Bailey, Race Equity Network
* Erin Elkins, LGBTQ+ Equality Network
* Devon Doeiub, LGBTQ+ Equality Network
* Helen Saxon Jones, Involvement and Volunteering Officer
* Yash Puri, Organisational Development Partner
* Katie Mosses, Senior New Business Manager
* Paul Melhuish, Media Manager (News and Campaigns)
* Asmitha Maharaj, Digital Manager
* Svetlana Burkova, Directorate Business Manager
* Maria Glover, Project Manager
* Shereen Sabbah, Research Programme Manager
* Ailar Hashemzadeh, Public Affairs Manager
* Emma Perry, Directorate Business Manager

**Groups that were engaged**

* Trustees
* Staff
* Volunteer Engagement Groups
* People Insight Partners
* Young People’s Group
* Employee Forum
* Disability Inclusion Network
* Race Equity Network
* LGBTQ+ Equality Network