VERSUS ARTHRITIS
DIVERSITY AND INCLUSION STRATEGY
LET’S START AT THE BEGINNING

To work effectively together we all need a shared understanding of diversity and inclusion terminology to help us to put 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
Ensuring 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 an understanding of 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 and religion.

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

A person with arthritis
An individual who has 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 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.
Our vision is a world that no longer tolerates the impact of arthritis. We refuse to accept arthritis insidiously stealing life’s fundamentals and we demand and deliver better answers for people with arthritis who face pain, fatigue and isolation. We create impact through funding world-leading research, providing support and information, campaigning for change and 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, address health inequities and defy arthritis together.
We will focus on where we can make the greatest impact, challenging discrimination within everything we do. Everyone has the right to be treated with dignity and respect. We are committed to creating an organisational culture that is diverse and inclusive; a culture that nurtures and empowers every individual to flourish and reach their full potential, providing an equitable experience for all.

To become a more diverse, inclusive and accessible charity for all people with arthritis, we must also co-create a holistic, integrated and positive approach to supporting the 38% of our staff who have arthritis or care for someone with a musculoskeletal condition.

We are at the beginning of our diversity and inclusion journey at Versus Arthritis. 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 some of 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 where we have got things wrong recently and 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 in partnership with our staff and volunteers.

Though we have started work on diversity and inclusion in the past, we have not progressed past the planning stage, losing the trust of some of our people and being accused of being ‘all talk, no action’.

“we need to work hard to develop one inclusive and accessible culture in partnership with our staff and volunteers”
We accept that criticism and we will do better. We want this strategy to enable everyone to feel positive and proud to be part of Versus Arthritis and full of hope for what we will achieve through our work together to defy arthritis.

People with arthritis are not one homogenous group. Arthritis affects people from all cultures, of all ages, class, religions and gender, across the four nations of the UK. However, we are not reaching everyone living with arthritis consistently and effectively, with 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 and 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 nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. But we want to go further than our legislative responsibilities, so we will support staff and volunteers who face other barriers, including being a lone parent, having caring responsibilities and/or having an accent.

We must adopt an intersectional approach when considering our staff and volunteers and anyone involved in our charity. We need to help each other to understand how aspects of a person’s social and political identities combine to create different modes of discrimination and privilege and adjust our approach to remove barriers to inclusion.

This strategy is a live document, committing to a deliberately ambitious vision as we want to do more than simply meet our legal obligations. It is a 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, while 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.

Our first diversity and inclusion strategy is a positive step forward in our fight against arthritis. Thank you to everyone who has contributed so far and we look forward to progressing this work with our staff and volunteers.

“We want this strategy to enable everyone to feel positive and proud to be part of Versus Arthritis and full of hope for what we will achieve”
Our engagement

We approached the shaping of this strategy by engaging with staff, volunteers and stakeholders and deepening our understanding of diversity and inclusion. For example:

- Running over 30 engagement events with staff and volunteers.
- Conducting an anonymous survey with all staff.
- Collecting data through our ‘Understanding our People’ diversity demographic survey.
- Running engagement sessions with our Board, Organisational Leadership team, Employee Forum and staff networks.
- Undertaking diversity modelling - to identify new targets that are stretching but achievable.

- Learning from external diversity and inclusion practitioner expertise.
- Reflection on our recent history.

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 which is chaired by our chief executive officer and includes representatives from our staff networks and Employee Forum 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. It will draw relevant issues to the attention of the leadership of Versus Arthritis, holding them to account for progress. This diversity and inclusion strategy is endorsed 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, allowing us to 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 initiatives to staff, volunteers and stakeholders.
- Make every directorate responsible for implementing activity for their staff, volunteers and stakeholders.
- Report quarterly to the Organisational Leadership team on progress of activity.
- Review and discuss progress against the strategy annually with our Board of Trustees.
- Publish an external annual update on our progress against our aims.

Scope

This strategy sets out our approach from April 2021 to March 2024, to help us achieve our diversity and inclusion priorities for the next three years. It provides a shared commitment and direction, 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
**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 the framework for our behaviours and decision-making and set out what we expect from our people at Versus Arthritis, including in the implementation of this strategy. We believe empowering our people to make values-based decisions will deliver better research, support and influence for people with arthritis. It will also help our people to feel involved, productive and energised to deliver our diversity and inclusion goals. By delivering this strategy, we want to become a values-based charity which encourages consistent behaviours in support of our mission to defy arthritis.

<table>
<thead>
<tr>
<th>OUR VALUES</th>
<th>How this relates to our Diversity and inclusion work</th>
</tr>
</thead>
<tbody>
<tr>
<td>We value our contribution to a truly inclusive and flexible organisation, that prioritises people’s health and wellbeing.</td>
<td>We continuously develop our understanding of the positive impact that diverse and inclusive practice and decision-making has on people’s health and wellbeing.</td>
</tr>
<tr>
<td>We value learning to increase our impact for people affected by arthritis.</td>
<td>We consistently support each other to learn and develop, recognising people have varying levels of understanding and will need equitable support.</td>
</tr>
<tr>
<td>We value being accountable for our actions and have high expectations of each other.</td>
<td>We create safe environments, recognise our individual privilege and are comfortable to challenge ourselves and each other in our work on diversity and inclusion.</td>
</tr>
<tr>
<td>We value persevering with challenges when we know it’s the right thing to do.</td>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OUR PRINCIPLES</th>
<th>How this relates to our Diversity and inclusion work</th>
</tr>
</thead>
<tbody>
<tr>
<td>We share and understand challenges together.</td>
<td>We systematically collate diversity data to understand gaps in our support, research and influencing activity, action planning to ensure the broadest reach and impact.</td>
</tr>
<tr>
<td>We give strength whenever it is needed.</td>
<td>We ensure our research, support and influencing activities are inclusive and accessible so no one is left behind.</td>
</tr>
<tr>
<td>We never stop our search for new answers.</td>
<td>Using recent external research and practice, we continuously improve and review our diversity and inclusion work, striving for excellence.</td>
</tr>
</tbody>
</table>
We have set out to become a more diverse, inclusive and accessible charity and to reach the broadest possible range of people living with arthritis. 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 this is going to take time and these 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 will be tracked at quarterly Diversity and Inclusion Action Group meetings.
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

An inclusive culture supports diversity, fosters a sense of belonging within the workplace and ensures people are not unfairly discriminated against. We know that inclusive organisations have more highly engaged, motivated and productive people who are confident and equipped to make better decisions.

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, so we will be proactive in creating a culture in which everyone has the awareness and understanding of people’s needs.

We do not underestimate the task in hand nor the benefits to health and wellbeing that an inclusive culture delivers. We recognise that this is a long-term commitment and that delivering and sustaining a truly inclusive culture across the charity will help us better meet the diverse needs of people with arthritis.

Within this 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 managers and leaders and for all staff and volunteers.
- We will support staff and volunteers when they need to raise concerns and will further develop our skills in effectively managing concerns about bullying and harassment.
- We will fully review our approaches 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, Organisational Leadership team, 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 pushing back against the injustice of arthritis.

Our starting points and targets for change

Versus Arthritis staff and volunteers are drawn from a broad range of backgrounds and we bring a variety of perspectives, skills and experiences to the organisation. We celebrate our diversity as a strength and recognise that what brings us together is our desire to support, campaign for and give a voice to people with arthritis.

In April 2021, we undertook our first ‘Understanding Our People’ diversity demographic survey as part of the development of this strategy. The 79% response rate we achieved is high 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, achieving a 100% response rate. We acknowledge that in order to make our Board more representative, we need to work with Trustees to help them appreciate that 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 under-represented 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 have significantly fewer staff from a Christian faith compared to the population as a whole. Although numbers are small, we are on par or 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, 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 city’s population. The most significant under-representation is those who identify as Black,
Black British, Caribbean or African (variance of -11%), closely followed by Asian or Asian British diaspora (variance of -10%). There is a significant lack of ethnic diversity at the top levels of the organisation, particularly at Board level, but also amongst directors and managers. As part of the strategy action plan, we will establish diversity demographic data for Wales, Scotland and Northern Ireland as we recognise that our current broad diversity data needs to be further analysed at nation level.

“We celebrate our diversity as a strength and recognise that what brings us together is our desire to support, campaign for and give a voice to people with arthritis”

44% of our staff have a disability or a long-term health condition. While this is a higher percentage than many 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 within the 25-64 age bracket and we are significantly under representative of the younger (19-24) and older (65-74) working age population. Overall, those with an office-based contract tend to be within the younger age brackets, while those who are contractually home-based are within the older age brackets.

This trend is particularly distinct when looking at London office-based employees, whereas those based at the Chesterfield office follow a similar pattern 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).

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Versus Arthritis 2021</th>
<th>Versus Arthritis 2024 target</th>
<th>Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian or British Asian, Black, Black British, Caribbean or African, other ethnic group</td>
<td>11%</td>
<td>15%</td>
<td>14% ONS 2011</td>
</tr>
<tr>
<td>Age (19-24)</td>
<td>1%</td>
<td>5%</td>
<td>10% ONS 2011</td>
</tr>
<tr>
<td>Sex (female)</td>
<td>80%</td>
<td>Does not fall below 50%</td>
<td>50% ONS 2011</td>
</tr>
<tr>
<td>Gender Identity</td>
<td>No data</td>
<td>Establish data collection</td>
<td>TBC</td>
</tr>
<tr>
<td>Disability</td>
<td>44%</td>
<td>Does not fall below 40%</td>
<td>19% ONS 2011</td>
</tr>
<tr>
<td>LGBTQ+ colleagues</td>
<td>10%</td>
<td>Does not fall below 10%</td>
<td>2.2% Annual Population Survey 2018</td>
</tr>
<tr>
<td>Caring responsibilities</td>
<td>55%</td>
<td>Does not fall below 50%</td>
<td>6.7% Carers UK 2019</td>
</tr>
<tr>
<td>People with a relationship with arthritis (have arthritis or care for someone with arthritis)</td>
<td>44%</td>
<td>50%</td>
<td>Not available</td>
</tr>
</tbody>
</table>
Table 2: Versus Arthritis' Board demographics (April 2021)

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

Table 3: Organisational Leadership team and Heads (April 2021)

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

Key activities to achieve this goal:

- We will 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 introduce a ‘licence to hire’ for all hiring managers, which will include inclusive recruitment training and best practice toolkits focused 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 people with arthritis, treating everyone 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. We also want to profile a diverse range of people in our communications work so that we are more representative of the experiences 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 achieve 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